

Nursing Annual Report

.....
2020-2022



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.

Table of Contents

Introduction	4
Points of Pride.....	6
Transformational Leadership	9
A New Strategic Plan for Nursing	10
Development of a New Professional Practice Model for Nursing	11
Improving Transition of Care with SmartPhrase Documentation	12
Improving the Onboarding Experience Through Preceptors' Notes	12
Care Coordination Across State and Local Agencies for Behavioral Health Patients	13
Structural Empowerment	15
The Center for Nursing Excellence	16
Nursing Excellence Council	18
Nurses Support Clinical Practice with Continuing Education	18
ANCC Success Pays Program Joins the No Pass No Pay Program to Support Nursing Specialty Certification.....	19
Nursing Students at Nationwide Children's.....	19
Clinical Value Analyst: A Nurse Liaison between Supply Chain and the Clinical Team	20
Support for RN Growth and Advancement: Introduction of Education Nurse Specialists for Support for Two Nursing Professional Paths	20
Transition to Practice Nurse Residency.....	21
Naloxone Licensed Professional Initiative Protocol to Support the Opioid Epidemic	21
Lifting Our Culture of Safety When Using Patient Lifts.....	22
Unplanned Extubation in a Neonatal Intensive Care Unit: A Journey to Best Outcomes.....	22
Paving the Path to a New Career: Nationwide Children's Hospital Neonatal APRN Fellowship	23
Behavioral Health Fellowship	24
Summer Nurse Extern Program	24
Clinical Nurse Leads Initiative to Collect School Supplies for Children in Need	24
Implementation of the International Dysphagia Diet Standardization Initiative (IDDSI)	25
Night Shift Friendly Steering Committee: Nurse-led Quality for Patient Safety and Staff Support	26
Creating a Unit Culture for Retention	26
Improving Nursing Culture Through Culture Coaches.....	27
Improved Workplace Safety in Behavioral Health	27
APRN Session Model to Improve Workload and Efficiency.....	27
A Holistic Approach to Decreasing Anxiety and Burnout in Nursing Orientation	28
Outpatient Psychiatry Improves Percentage of Certified Nurses.....	28
Riverside NICU Creates Professional Development Program in Caring for Small Babies	29

Exemplary Professional Practice	31
Rooming-In Nursing Education: A Quality Improvement Initiative	32
Breast Pump Check Ins Increase Success of Providing Breast Milk to NICU Infants.....	33
COVID-19 Response by Nationwide Children’s Nurses	33
Documenting Patient Vitamin D Levels in Complex Care Clinics	34
Inclusive Care through Acknowledging Pronouns.....	34
Standardizing Wheelchair Weight Documentation	35
Collaborating to Reduce Infusion Reaction Rates.....	36
Nurses Partner With Patients and Families to Achieve Hair Care Equity at Nationwide Children’s Hospital	36
Creating New Policy to Allow RNs to Perform Laser Hair Removal.....	37
Revising Practices for Patients Undergoing MRI Procedures	37
Health Equity Initiative in ENT Clinic	37
SWEET Guidelines to Improve Small Baby Outcomes.....	38
New Knowledge & Innovation	41
Research Studies and EBP Projects.....	42
Nursing Grand Rounds Returns Post Pandemic.....	44
Using Technology to Improve Patient Monitoring of Glucose Levels.....	44
A Technological Advance to Improve Coordination of Care in the New Fetal Medicine Program	45
An Evidence-Based Project to Promote Quiet Time at Night.....	45
In Recognition.....	47
Awards	50
Publications and Presentations	51, 54

Sources of Information for this report:

- Nursing Strategic Plan Presentation
- Magnet Document
- Nursing Innovations Database
- Everything Matters in Patient Care

Introduction from Lee Ann Wallace, CNO



Dear Colleagues and Friends,

I am proud to share our 2020-2022 Nursing Biannual Report from Nationwide Children's Hospital. This issue highlights the accomplishments and triumphs during the challenging COVID-19 pandemic and pediatric respiratory viral surges. Through it all, our extraordinary nurses demonstrated their continued commitment to quality, safety, excellence and compassion while advancing new knowledge and innovations within pediatric nursing practice.

In this publication, you will be inspired to learn how our clinical nurses as transformational leaders forged new paths and innovated solutions to meet ongoing equipment and supply issues, developed new protocols for safety and implemented process changes to practice to our full scope. You will see how we are creating a culture to attract and retain new graduate nurses and how we cared for each other through measures to reduce anxiety and burnout. You will read how we are committing to a culture that is diverse and inclusive of all, and that not even a global pandemic and workforce challenges could stop us from achieving our vision to create Best Outcomes for Children Everywhere.

To take us into the future, our nurses created our new Professional Practice Model that highlights how patients and families are at the center of our nursing practice. It exemplifies how communication, collaboration, expert care, a laser focus on quality and safety, and the importance of professional development guides our daily practice. It truly represents how empowered nurses are at Nationwide Children's to create and implement practice environments that celebrate and support our unique knowledge and contribution to patient outcomes.

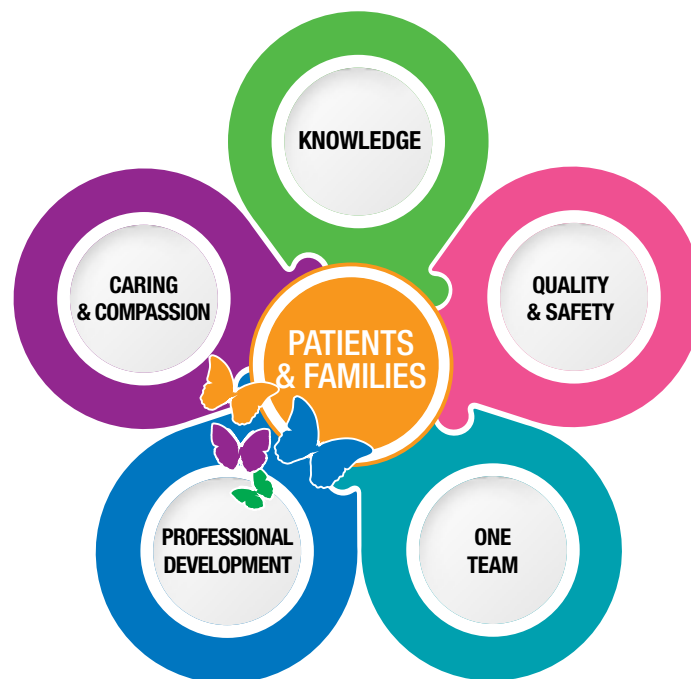
I am inspired daily by our incredible nurses and their exemplary professional practice that has helped us achieve Magnet Recognition and redesignation four-times. We are proud of the accomplishments of the last two years, but we are even more excited for the future. Please join me in celebrating our nurses.

Lee Ann Wallace, MBA, BSN, RN, NEA-BC

Senior Vice President, Patient Care Services

Chief Nursing Officer

Nationwide Children's Hospital



**Nationwide Children's
2022 Nursing Professional Practice Model**



Points of Pride

MORE THAN **1.7 MILLION** PATIENT
ANNUALLY FROM **ALL 50 STATES** AND
45 COUNTRIES



MORE THAN **65 SITES**



RANKED NO. 9
AMONG ALL NATIONAL
HOSPITALS



RANKED NO. 16 TO
FORBES AMERICA'S BEST
EMPLOYERS FOR DIVERSITY



RANKED NO. 9 ON U.S
NEWS & WORLD REPORT'S
BEST CHILDREN'S HOSPITAL
HONOR ROLL

Diverse Practice Settings

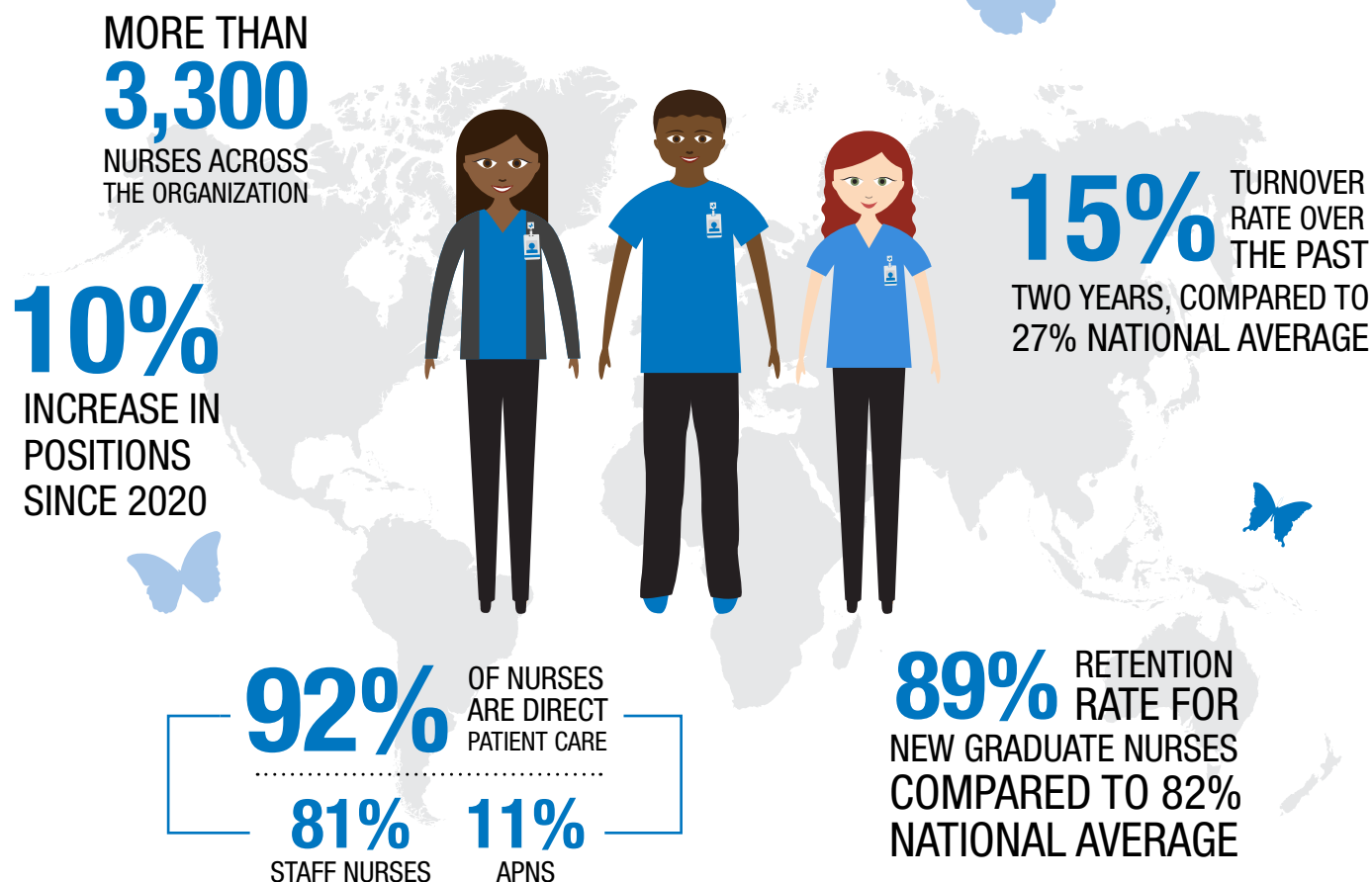
- Ambulatory/Primary Care
- Behavioral Health
- Burn
- Care Coordination
- Complex Care
- Critical Care
- Emergency/Urgent Care
- Fetal Medicine
- Homecare/Hospice
- Infectious Disease
- Medical/Surgical
- Neonatal Intensive Care
- Oncology
- Peri Op/Surgery Center
- Rehabilitation
- School Health

Academic Partners

AFFILIATIONS WITH
59 DIFFERENT
COLLEGES/
SCHOOLS OF NURSING

1,450 **200** **10**
UNDERGRADUATE MASTERS DOCTORAL

Nursing Fast Facts



National Presence

Surlina Asamoa, MSN, MHA, RN, CCM, Led Hair Equity Project featured on “Good Morning America”

Gail Bagwell, DNP, APRN, CNS, President of National Association of Neonatal Nurses

Mary Church, BSN, RN, 2022, Donna Pruzansky Fund for Maternal & Child Health Nursing Grant Awardee through the American Cleft Palate-Craniofacial Association

Sheila Giles, BSN, RN, CPN, Helped create a new Burn Specialty in Nursing with the American Nurses’ Association

Erin Keels, DNP, APRN, NNP-BC, President, Ohio Board of Nursing

Tim Landers, PhD, RN, CNP, CIC, FAAN, Director for the Association for Professionals in Infection Control and Epidemiology

Cathleen Opperman, DNP, RN, NPD-BC, Board of Directors, Association for Nursing Professional Development

Kim Regis, DNP, RN, NEA-BC, CPNP-PC, BCC, Co-Chair, DEI Taskforce, American Academy of Ambulatory Care Nursing

Vicki von Sadovszky, PhD, RN, NPD-BC, FAAN, Editor-in-Chief, “Journal for Specialists in Pediatric Nursing”

Sharon Wrona, DNP, CPNP-PC, FAAN, Past President, American Society for Pain Management Nursing





**TRANSFORMATIONAL
LEADERSHIP**

A New Strategic Plan for Nursing

Lee Ann Wallace, MBA, BSN, NEA-BC, Senior Vice President, Patient Care Services & Chief Nursing Officer

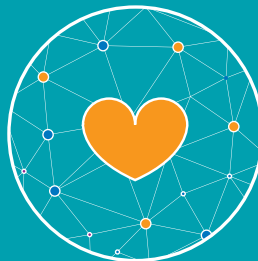
A new strategic plan was developed to provide direction for the future of Nursing at Nationwide Children's Hospital. The plan was developed by nurses representing all professional paths and clinical areas across the organization. The vision is to develop all nurses as leaders in their professional practice, recognize their unique contributions and provide the infrastructure to support a healthy work environment. To meet this vision, the plan has four main aims. The first is to recognize nursing's unique contribution in achieving and leading to best outcomes for our patients and families across the many and diverse practice settings. The second is to create an infrastructure to support an environment in which our nurses can grow, thrive and advance their practice. The third centers around maximizing the professional practice environment for our nurses, an environment that supports nurses practicing at the top of their scope, measuring and reporting your direct contribution to patient outcomes, expanding opportunities for fellowships and professional advancement, and the development of a formal structure for nursing research. We know our aspirational vision for nursing can only happen through our final aim around ongoing recruitment and retention of the best and the brightest.

NURSING STRATEGIC PLAN 2022

Our vision is to develop all nurses as leaders in their professional practice, recognize their unique contribution in achieving best outcomes for patients and families, and provide the infrastructure to support a healthy work environment.



NURSING
PRESENCE



INFRASTRUCTURE



PROFESSIONAL
PRACTICE

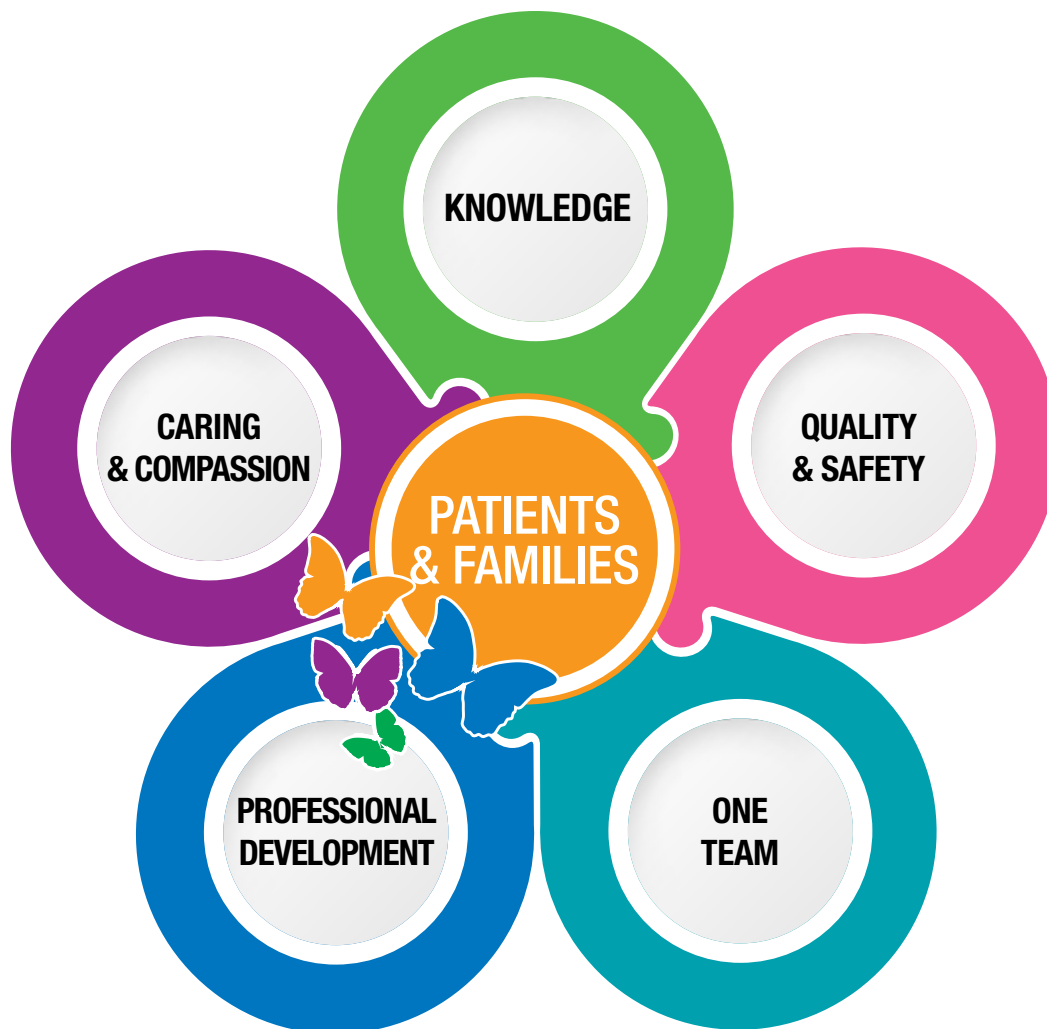


TALENT AND
DEVELOPMENT

Development of a New Professional Practice Model for Nursing

Tim Landers, PhD, APRN-CNP, FAAN, Cathleen Opperman, DNP, RN, NPD-BC

A new professional practice model (PPM) for nursing practice was developed in addition to a new strategic plan. The goal was to develop a model by nurses for nurses and reflecting nursing practice. A PPM committee was formed and charged with development of the model and included nurses from all professional paths (expert clinicians, leaders, education and clinical inquiry (research and EBP)). The committee developed a process by which nurses within the organization were surveyed and themes were developed from their responses. They used a technique called PAPRIKA (Potentially All Pairwise RanKings of all possible Alternatives), a way to sort multi-criteria decision making to develop the final constructs of the model. The final constructs were validated with nurses throughout the organization. The constructs included Patients & Families (at the center of everything nurses do), Knowledge, Quality & Safety, One Team, Professional Development, and Caring & Compassion. The PPM Committee worked with Marketing to create a visual model of the PPM. In fall of 2022, nurses were asked to give one or two words to see what the concepts in the model meant to them. Those words were incorporated into the rings of the model, a true reflection of Nationwide Children's Nurses' practice.



Improving Transition of Care with SmartPhrase Documentation

Heather Foley, BSN, RN, Jan Baldwin, MSN, RN, ACM-RN, CSSGB, CMAC, Linda Mount, BSN, RN, Sharon Winters, BSN, RN, Meghann Rice, MSN, RN, Mary Fleming, MPH, RN, Heidi Dillon, BSN, RN, Brenda Lutsch, MSN, RN, Melanie Pinnow, MSN, Susan Tortora, BSN, RN

Inconsistent use of the Transition of Care (TOC) Handoff Tool in Epic created staff confusion and put continuity of care at risk due to inconsistent communication practices. There was a need for improved patient handoff communication at admission and discharge. To find a solution, Jan Baldwin, MSN, RN, ACM-RN, CSSGB, CMAC, created the TOC Workgroup, which included Heather Foley, BSN, RN; Linda Mount, BSN, RN; Sharon Winters, BSN, RN; Meghann Rice, MSN, RN; Mary Fleming, MPH, RN; Heidi Dillon, BSN, RN; Brenda Lutsch, MSN, RN; Melanie Pinnow, MSN; and Susan Tortora, BSN, RN.

Heather developed a SmartPhrase, which is a templated Epic note that incorporates standardized verbiage within discrete fields through a dropdown menu, allowing standardized communication between Outpatient Care Coordination clinicians. The workgroup successfully piloted the SmartPhrase tool and collected feedback, with nurses using a form to test functionality and usefulness of the tool. Heather requested to have the SmartPhrase built into Epic and began developing an automated Epic report to monitor compliance with the process. Jan and Meghann led initiatives to educate unit staff on use of the SmartPhrase and manually monitored compliance through chart reviews. Nurse collaboration to incorporate the SmartPhrase within the Outpatient Care Coordination communication practice became the vehicle for enculturating standardized communication about patient care needs while within and outside the hospital. Our inpatient discharge planners and outpatient care coordinators now call each other on a routine basis while their mutual patients are hospitalized, with discharge planners including outpatient care coordinators in care conferences and consulting them for assistance in finding post-acute services. Discharge planners are also now able to escalate cases where post-acute services are scarce to the patients' payers for additional assistance. These nursing activities were not in existence prior to the implementation of this process.

Improving the Onboarding Experience Through Preceptors' Notes

Jill Rowekamp, MSN, RN, CPN, Erica Robinson, BSN, RN

Nationwide Children's Hospital utilizes Registered Nurses (RN) preceptors to onboard new RN staff. A standardized process was not in place for preceptors or for evaluating preceptors. The inpatient nursing Senate, under the leadership of Jill Rowekamp, MSN, RN, and Erica Robinson, BSN, RN, proposed a project to address these gaps with the goal of improving the onboarding experience for staff and decreasing turnover. In September 2020, the SOP was finalized and next steps for the project were determined. The inpatient cardiology unit H4A was selected as a unit to pilot the preceptor project. The paperwork process is now standardized with completion of the Performance Anecdotal Note and Feedback form for the preceptor. New hires will have an assigned primary and secondary preceptor and will follow shifts that one of their assigned preceptors are working. Prior to this intervention, there was a 93% retention rate of new staff. Post-intervention retention rates were 100%.

Improving Transition of Care with SmartPhrase Documentation

Tracy Timbrook, BSN, RN, Deb Grayson, BSN, RN, Kimberly Conkol, RN, MSN, CCM, Stacey Nemith, BSN, RN, Cara Skaggs, BSN, RN, Rachel Bruck, BSN, RN, Erin Donnelly, BSN, RN, Christina Ward, BSN, RN

The Integrated Care for Kids (InCK) grant ensures care coordination across the spectrum of health services to improve child health, prevent unnecessary out-of-home placement (OOHP), and reduce unnecessary inpatient stays and inappropriate Emergency Department utilization. The challenge was developing an integrated cross-agency state data system that could be used for needs assessment and outcomes tracking, while focusing on children with behavioral health needs and using an approach that leveraged state and local initiatives, partnerships, payment models, etc. The initiative supports children who may not be identified via pre-existing structures in places that are at or near capacity.

Kimberly Conkol, RN, MSN, CCM was involved in writing the grant application to initiate a cooperative agreement with the federal Centers for Medicare and Medicaid Services for patients in Licking and Muskingum Counties. The Partnership Council was formed with members from Nationwide Children's Hospital, including Tracy Timbrook, BSN, RN, and the Ohio Department of Medicaid. The council met with local stakeholders and community agencies from Licking and Muskingum Counties to plan what they would do with the grant funds. Tracy assessed which local organizations, such as I Am Boundless, Licking County Board of Developmental Disabilities and Muskingum County Protective Services, would be best to partner with based on license, capacity, transition management, etc. Deb Grayson, BSN, RN worked as the intervention lead for schools. The council created care coordination workflows to be used by service integration coordinators (SIC), a position created for the project. SICs follow the workflow to verify information in referrals, build beneficiary profiles, complete risk assessments, and connect beneficiaries to local agency partners. Five SICs were hired: Stacey Nemith, BSN, RN; Cara Skaggs, BSN, RN; Rachel Bruck, BSN, RN; Erin Donnelly, BSN, RN; and Christina Ward, BSN, RN. Behavioral health patients have support in navigating health care systems and accessing resources they might not have had otherwise.







**STRUCTURAL
EMPOWERMENT**

The Center for Nursing Excellence

Vicki von Sadovszky, PhD, RN, NPD-BC, FAAN, Director, Center for Nursing Excellence

The Center for Nursing Excellence was formed in response to the new Nursing Strategic Plan, from the department of Professional Development. Currently, the Center has five major foci. The first is the education of nurses on their professional path. This education includes everything from orientation and transition to a new role to expert education to help them develop on one of four professional paths: expert practitioner, leadership, education or clinical inquiry.

A second focus is nursing research, innovation and evidence-based practice. Team members in this area focus on developing new knowledge for nursing practice, basing practice on evidence, and creating opportunities for nurses to learn and conduct clinical inquiry within the organization.

The next focus of the Center is nursing recognition. The purpose of this focus is to track nursing outcomes and celebrate nursing achievement through Magnet, nurse-sensitive indicators, and nursing celebrations such as Nurses' Month.

Nursing Student Experience is the next focus, and this team works with student placement and creating an excellent experience for students to learn and develop into professional nurses. This includes working with our academic partners to develop innovative models of learning.

The final focus is on nursing knowledge resources. Our interdisciplinary library is a part of this team, but the future goal is to develop a repository of pediatric nursing knowledge to guide nursing standards and practices around family-centered nursing care.





The Center for Nursing Excellence

Nursing Professional Paths

Orientation Programming

- LAUNCH
- UAP

Professional Path: Expert Leader

- Courses
- Mentorship
- TTP

Professional Path: Expert Educator

- Courses
- Mentorship
- TTP
- Educator/Symposia

Educator Forum

- Professional Development
- Unit Educators
- External Educators (i.e. Schools of Nursing)

Professional Path: Expert APP* Clinician

- Fellowship
- Courses
- Mentorship

Professional Path: Expert RN Clinician

- New Grad/Residency
- And Academy*
- 2nd Year Program*
- RN Fellowship*
- Novice to Expert Education
- Preceptor/Mentorship

Continuing Education

- Joint Accreditation/Cloud CME
- Professional Certifications

Nursing Student Experience

Clinical Placements

Clinical Instructor/Preceptor Education

Nursing Community Engagement & Development

- Schools of Nursing Liaisons
- Extern Program
- RN Bound Program*
- High School liaison
- Annual Nursing Student Conference
- Adjunct Faculty from local colleges

Nursing Research, Innovation & EBP

Research

- Project mentorship
- Grants/funding
- Design through dissemination

EBP

- Project Mentorship
- Grants/funding
- Design through dissemination

Post-Doctoral Experiences*

Professional Path: Clinical Inquiry (Develop super users) (Stoverock Scholar)

- Courses
- Mentorship
- TTP

Research/EBP Practitioners Council

- Each region (BH, Ambulatory, Med Surg etc.)
- Liaison to Schools

Nursing Recognition

Magnet/NDNQI

Awards/Recognitions

- Professional Path Awards*
- Daisy Awards

Nursing Recognition Committee

Nurses' Month

Ongoing Recognition

Professional Image

- Annual Report
- Everything Matters in Patient Care
- Web page*

Talent Retention

- Work with internal Partners

Nursing Knowledge Resource

Nursing Knowledge Repository*

Library

*Planned Development

Nursing Excellence Council

The Nursing Excellence Council was formed after the introduction of the new Nursing Strategic Plan. The council's members include the Chief Nursing Officer, Director of the Center for Nursing Excellence, strategic partners co-chairs, staff nurses, advanced practice providers, managers, educators, nurse scientist and an EBP practitioner. The primary purpose of the council is to facilitate eminent Nursing care to achieve excellence in patient and family outcomes through attainment of the Nursing Strategic Plan. The council oversees nursing practice, standards and education within the organization. The council has been operating for a year and in that year has overseen the development of the Professional Practice Model, focused on how to enact, pertinent to our new Nursing Strategic Plan, and discussed issues that affect nursing practice, recruitment and retention in alignment with the goals set for the year.

Scope: Facilitate eminent nursing care to achieve excellence in patient and family outcomes.

Vision: Inspire the best nurses to achieve the best outcomes for every child and family.

Mission: Facilitate a mechanism by which Nationwide Children's Nurses are internationally known for:

- Delivering quality, holistic nursing care focused on the optimal health of patients and families
- Creating a care environment respectful of all patients, families and practitioners
- Discovering and utilizing nursing knowledge for best practices and quality outcomes
- Developing nurses to their fullest scope of practice and expertise
- Creating an environment where nurses thrive and can advance their practice

Nurses Support Clinical Practice with Continuing Education

To create a practice environment for nurses to develop professionally, Nationwide Children's Hospital provides a wide range of continuing education opportunities, including conferences, unit and centralized educational courses, Pediatric Learning Solutions and Nurse Builders modules. During 2022 Nationwide Children's nurses demonstrated their commitment to professional development and lifelong learning by attending increasing numbers of educational programs.

While some education courses remain virtual, 2022 brought the return of in person education and increased educational opportunities. During 2022, more than 14,575 nurses participated in approximately 557 different Nationwide Children's based continuing education courses, recurring series and enduring material modules. These education programs were presented in over 1,583 different sessions, offering over 2,944 contact hours. More than 29,840 contact hours were awarded to nurses through the Nationwide Children's Hospital Joint Accreditation providership during 2022. This represents a substantial increase over 2021 in available education opportunities, attendance and contact hours earned.

In addition to educational programs developed at Nationwide Children's, nursing staff have free access to educational programs from Pediatric Learning Solutions and Nurse Builders. Pediatric Learning Solutions modules, located in The Learning Center, provide education on a variety of patient care, behavioral health and leadership topics. The Nurse Builders certification review modules are internet based, providing quality review content, handouts and review questions for more than 28 different nursing certifications.

	Total Number of education opportunities offered	Total Number of Nurse Completions	Number of contact hours offered	Total Number of Contact Hours Awarded to Nurses
Nationwide Children's Based Programs	1583	14,577	2,944	29,840
Pediatric Learning Solutions Modules in The Learning Center	205	6,874	169	4,471
Nurse Builders Certification Review Modules	28	113	183	1156

Nurses Support Clinical Practice with Continuing Education

Susan Copeland, MSN, NPD-BC

During 2022, the American Nurses Credentialing Center's (ANCC) Success Pays Program was implemented to support Nationwide Children's nurses to become certificated in a variety of specialties. Like the No Pass No Pay program for the Certified Pediatric Nurse exam, the Success Pays Program enables the applicant to register for an eligible certification exam without paying for the exam upfront. When the applicant passes the exam, Nationwide Children's is billed directly for the exam fee. If the applicant should not pass the exam, they can retest without an additional cost. The hospital is only billed when the exam is passed. Both the Success Pays and the No Pass No Pay programs help alleviate financial and test anxiety barriers related to becoming certified. Through these programs the certification exam options have increased from Certified Pediatric Nurse (CPN) to several more including Ambulatory Care Nursing, Informatics Nursing, Nurse Executive, Nurse Executive – Advanced, Nursing Case Management, Nursing Professional Development, Pain Management Nursing and Psychiatric-Mental Health Nursing.

Nursing Students at Nationwide Children's

In the past two years we have provided learning opportunities to more than 3,000 undergraduate nursing students from 16 different local colleges and schools of nursing. These students are placed on 14 different inpatient units. We have placed more than 400 graduate students that require one-to-one mentorship with our Advanced Practice Nurses (APN). As our Behavioral Health program grows, we were able to place 12 APN students there, representing a 140% increase in placements in this area.

We are grateful for all our practitioners, units and service lines that mentor our next generation of pediatric nurses.

New Innovative Nursing Roles

Nationwide Children's developed several new nursing roles to assist with operations and education.

Clinical Value Analyst: A Nurse Liaison between Supply Chain and the Clinical Team

Dorcas Lewe, DNP, RN, CPPS, EBP (CH), Marsha Ratliff, MS, RN, Kerri Jutte, BSN, RN

Andrea Manning, RN, VP, Clinical Services identified the need to have a nurse liaison for multiple patient care equipment failures and facilitate decision-making for challenges with clinically appropriate replacements of equipment and devices. The Clinical Value Analysis (CVA) role was developed through a collaboration with the Chief Supply Chain Officer and is a liaison between the supply chain and the clinical team. While the role initially focused on medical equipment used for patient care, the role quickly changed to include disposable products in relation to need during the COVID-19 and respiratory pandemics. The CVA role has become an integral part in strengthening, expanding and defining the process for acquisition of products and equipment for patient care use to contribute to improved patient outcomes. Dr. Lewe utilizes EBP methodology to guide decisions related to quality, facilitates the Product & Equipment Value Analysis (PEVA) Teams, shortage management, and new building implementations. In 2022, the CVA team expanded with the addition of Marsha Ratliff, MS, RN and Kerri Jutte, BSN, RN. Over the past year, the CVA participated in 16 PEVA Teams and managed approximately 200 product and equipment projects including clinical validation for decision making.

Support for RN Growth and Advancement: Introduction of Education Nurse Specialists for Support for Two Nursing Professional Paths

Ruth Ferroni, MSN, RN, CNL, CCRN-K, Vicki von Sadowsky, PhD, RN, NPD-BC, FAAN,
Christine Maihle, DNP, MBA, RN, NEA-BC, Pamela Creech, MSN, RN, CPN, NEA-BC

Nationwide Children's Hospital has supportive infrastructures for new graduates and these structured programs increase retention. However, a gap was noted for our emerging nursing leaders. A few mid-level managers proposed a new role to support new and existing leaders and educators with a goal of developing transition to practice programs for these roles.

In the summer of 2022, two experienced RNs stepped into these new roles:

- Ruth Ferroni, MSN, RN, CNL, CCRN-K was hired into The Center for Nursing Excellence as our Education Nurse Specialist - Educator Pathway Expert
- Pamela Creech, MSN, RN, CPN, NEA-BC was hired into The Center for Nursing Excellence as our Education Nurse Specialist - Leadership Pathway Expert

These two advanced nurses have a combined 80 years of professional experience with foci on critical care nursing education and nursing leadership, as well as operational expertise. In their new roles they develop education, meet with new managers or educators, and provide support for transitioning into a new professional path. They have consulted with numerous nurses within the institution wanting to understand opportunities and potential fit for professional paths as future educators and nursing leaders. They are currently implementing multiple initiatives such as a Tiered Acquisition model to onboard new nurses across multiple roles, Leadership Needs Assessment, symposia that support ongoing professional needs, Financial Bootcamp pilot for program managers, and creating a standardized infrastructure in which to onboard and orient to these roles.

Transition to Practice Nurse Residency

Lauren Fairchild, MSN, NPD-BC, Kelsey Harn, MSN, NPD-BC, Susan Orme, MSN, NPD-BC, Roxann Tyner, MSN, RN, CCRN-K

The yearlong Transition to Practice Nurse Residency Program (TTPNRP) provides support for newly graduated RNs in their first year of professional practice. New graduate nurses from participating units are placed into a cohort based on their start date and each cohort meets monthly for four hours. Evidence-based content for the monthly seminars includes a focus on safety, patient/family centered care, communication, teamwork and collaboration, organizational enculturation, and professional growth in alignment with the American Nurses' Credentialing Center's (ANCC) recommendation for transition to practice. The Center for Nursing Excellence has six to seven cohorts each year. Over the past two years, our TTPNRP program has had 13 cohorts with a total of 456 new graduate nurses from 22 different units. Our retention rate of these new nurses is 88%, well above the national average of 82.5%.

Naloxone Licensed Professional Initiative Protocol to Support the Opioid Epidemic

Maureen Sims, MBA, BSN, RN, NE-BC, Kim Housden, MSN, MHA, RN, NPD-BC

In 2020, ambulatory nursing and pharmacy leaders developed an ambulatory-wide licensed professional initiative protocol (LPIP) that allows nurses to administer naloxone for any visitor or patient suspected opioid overdose. Since Ohio has one of the nation's highest rates of death to opioid overdose, Nationwide Children's nursing leaders acted on this information and developed a plan of care. All ambulatory areas were supplied with naloxone in their emergency boxes. Education was developed and delivered to all nursing staff through in person sessions, printed resources and 10-minute overdose simulation sessions. Since the implementation, ambulatory nursing leaders have worked closely with state officials and have expanded the protocol to include administration by any trained nurse, athletic trainer or medical assistant.



Lifting Our Culture of Safety When Using Patient Lifts

Julie Apthorpe, MSN, RN, CRRN, Program Manager H9B, Inpatient Rehabilitation

Patient safety is a cornerstone to the culture of Nationwide Children's Hospital. In the fall of 2019, it became clear there were opportunities for enhancing patient safety when it came to the use of Guldman™ overhead ceiling lifts and portable Hoyer devices. A comprehensive team was pulled together to analyze practice, identify needs, implement change and create a structure for addressing future concerns. This systematic approach helped in implementing change with the goal of patient safety and zero harm.

The hanger bar on the Guldman™ overhead ceiling lifts was replaced throughout the hospital to provide a more secure holder for the slings. Portable Hoyer devices used throughout the hospital were standardized to ensure that the slings provided were compatible with the equipment in use. Additionally, standardized training documents and resources were developed. A sizing guide was created to help staff be successful in determining the correct sling size for each patient. Videos for both lift systems were also created and published on ANCHOR for any staff member to reference. Comprehensive training was offered to all staff including inpatient, ambulatory and off-site employees to ensure that safe practices were being followed throughout the entire organization.

Great strides in safety were made with the standardization of equipment and training but there was a further need to make sure that the hospital does not experience the same gaps in the future. Therefore, the Safe Patient Handling committee was created. There is representation from inpatient and ambulatory settings, professional development and various disciplines including nursing and clinical therapies. Since the inception of these initiatives, there have been no safety concerns while using these lifts. Patients and families come to Nationwide Children's expecting to receive the highest quality and safest care. Through the efforts of staff and the Safe Patient Handling committee, we look to deliver on that expectation.

Unplanned Extubation in a Neonatal Intensive Care Unit: A Journey to Best Outcomes

Erin Wishloff, MBA, RRT-NPS, CPFT, Program Manager, Neonatal Respiratory Therapy,
Marissa Larouere, MBA, BSN, RN, Vice President Neonatal Network

Unplanned extubations (UE), a common adverse event in the Neonatal Intensive Care Unit (NICU), may result in airway trauma, cardiopulmonary resuscitation, and, in extreme cases, death. Historically, unplanned extubations were considered unpreventable, particularly among our extremely premature infants. In our 72 level IV NICU beds, the care provided is family-centered, encourages skin-to-skin care, avoids routine sedation to prevent UEs and provides neurodevelopmentally focused care. These practices, while in the best interest of the infant, create additional risk for UE.

We utilize unique approaches via simulation, behavioral use of economic principles and nurse-respiratory therapy dyads to elicit culture change. Our UE mitigation strategies include leadership rounds, utilization of Kamishibai cards to reinforce best practices, event huddles, real-time feedback, use of airway guardians, RT-RT airway securement, simulation and interactive learning modules to optimize airway management.

Our baseline UE rate was 1.6 per 100 vent days, or one UE every two to three days in 2021. As we implemented interventions, we noted a steady decline in UEs beginning in Q4 2021 through the first quarter of 2022. Present rate is 0.9 UEs per 100 vent days, or one event every nine to 10 days. Sustainability will be achieved through continuing our current intervention bundle and educational efforts. UE prevention is now integrated into the annual curriculum for RNs and RTs.

Paving the Path to a New Career: Nationwide Children's Hospital Neonatal APRN Fellowship

Allison Zara Kelly, DNP, APRN, NNP-BC, NPT-C, Neonatal Nurse Practitioner and Neonatal APP Education and Development Specialist

Fellowships exist in many different work environments and occupations. A fellowship is designed to provide specialty training and support to a person desiring advancement of their career. While the advancement of one's career is a positive occurrence, it is also noted in the literature to be a significant stressor. Transition to the Advanced Practice Registered Nurse (APRN) role has been noted to be especially difficult as the Registered Nurse (RN) moves from a bedside expert to a novice APRN.

The fellowship program begins with sessions for the new-to-practice neonatal APRNs with an introduction to the timeline of their clinical orientation, expectations for evaluations and paperwork, and an orientation to the fellowship program. The meetings progress weekly for five weeks, and then transition to monthly. Content of the weekly meetings is multifaceted including introductions of the multidisciplinary team and their collaborative roles within the Neonatal Network. Fellows participate in a comprehensive procedural skills review using simulation while also having access to written and video resources related to procedural skills. Additionally, fellows are introduced to Neonatal Morbidity and Mortality Review.

The advantages of the Nationwide Children's Neonatal APRN Fellowship encompass several facets of the development of a new-to-practice neonatal APRN: introduction to multidisciplinary collaboration; exposure to advanced practice professional development topics; opportunities to review cases and neonatal-specific health conditions; guidance to develop a professional capstone project; and the ability to have a space to decompress and interact with new-to-practice peers.

On May 23, 2022, the Nationwide Children's Neonatal APRN Fellowship was awarded accreditation by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation in Practice Transition Programs and as a Department of Labor Industry Recognized Apprenticeship (LIRAP). We are only the second Neonatal APRN Fellowship accredited by ANCC. We continue to refine and develop our processes to ensure we are on par with best practices associated with accredited transition-to-practice fellowships. Thank you to the entire Neonatal Network team for supporting our new-to-practice neonatal APRNs.



Behavioral Health Fellowship

The Barbara Trueman Child and Adolescent Psychiatric Nurse Practitioner Fellowship at Nationwide Children's Hospital became the first program of its kind in the United States to earn accreditation in September 2019 and was re-accredited in July 2022 by the National Nurse Practitioner Residency and Fellowship Training Consortium. Through clinical experiences and didactic lectures that encompass a depth and breadth of mental health disorders, fellows will learn to care for a culturally diverse population of children and adolescents with acute mental illnesses, behavioral concerns and co-morbid medical diagnoses in both inpatient and outpatient settings.

In addition to becoming well-rounded clinicians, fellows will gain the knowledge and tools to improve patient care. The Behavioral Health service line at Nationwide Children's has its own team of quality improvement professionals who currently manage a portfolio of more than 20 quality improvement projects. Fellows will either participate in existing quality improvement initiatives or elect to do an evidence-based project. Experts in quality improvement and research provide individualized education and mentorship during a weekly quality improvement seminar.

This fellowship program was the first of its kind to be developed and accredited in the United States. To date, we have had five fellows complete the one-year fellowship program.

Summer Nurse Extern Program

Surlina Asamoah, MSN, MHA, NPD-BC

The Summer Nurse Extern Program is a 12-week program designed for baccalaureate nursing students during the summer prior to their senior year. Goals of the program include recruiting and retaining the best possible future nurses within and outside Central Ohio by showcasing the RN opportunities at Nationwide Children's Hospital, providing an opportunity for externs and Nationwide Children's managers to determine fit for future employment. While the program was suspended at the beginning of the pandemic, in 2021 and 2022, 30 and 31, respectively, nurse externs were hired for positions in 15 units. While most participants were from nursing programs within central Columbus, five were from northern and southern Ohio schools and one was from an out-of-state school (University of Alabama). The retention of these externs into RN programs has been up to 90%.

Clinical Nurse Leads Initiative to Collect School Supplies for Children in Need

Michelle Trunick-Sebben, RN, Cheri Bragg, BSN, RN, Lee Ann Wallace, MBA, BSN, NEA-BC

Nationwide Children's Hospital is in an area of Columbus where one in four children live in poverty. Many of our low-income patient families struggle to buy required school supplies for their children and the lack of supplies can be a source of social stigma and low self-esteem for a child going to school. Michelle Trunick-Sebben, RN, with other staff from the T4D Infusion Clinic, began the Back-to-School Backpack Project, in conjunction with the "Tom Fennessy/Mike Harden Back-to-School Project" to help procure school supplies for local children. Michelle wanted to take the project beyond the T4D clinic and worked with her clinical leader, Cheri Bragg, BSN, RN, to do so. Lee Ann Wallace, MBA, BSN, RN, NEA-BC, made sure there was enough storage space for all the collected school supplies. All T4D Infusion Clinic staff participated in collecting and organizing supplies, and the project was an overwhelming success.

Implementation of the International Dysphagia Diet Standardization Initiative (IDDSI)

Rebecca Patton, MSN, RN, CPN, CPST, Maria Vegh, MSN, RN, Sara Eiselstein, BSN RN, CPN, Melanie Sevens, MS, CCC-SLP, BCS-S, Shelley Coleman Casto, MS, OTR/L, BCP, CPST, Sara O-Rourke, MOT, OTR/L, BCP

Nutrition is important in the clinical care of patients. Adverse outcomes such as aspiration, delayed development, poor healing and inadequate weight gain may result when the patient's diet is not a consistency they can tolerate. During 2020, Nationwide Children's Hospital treated more than 1,000 inpatients who were prescribed a modified diet. At that time, Nationwide Children's Hospital utilized the National Dysphagia Diet (NDD) standards when providing care to patients with swallowing difficulties. Operationalizing the NDD standards to all patients across practice settings was difficult and inconsistent. During January 2020 work began on implementing the International Dysphagia Diet Standardization Initiative (IDDSI) at Nationwide Children's. IDDSI provides all health care organizations with a common language and objective flow tests to determine the proper diet consistency, regardless of the location of care. The Nationwide Children's core project implementation team quickly realized that due to the extensive nature of the project with multiple stakeholders, they would need a large interprofessional team. The interprofessional teams assembled consisted of members from:

- Nursing
- Clinical nutrition/dietitians
- Nursing informatics
- Physicians
- Advanced practice nurses
- Pharmacy
- Speech language pathology
- Information services
- Clinical therapies/occupational therapy
- Feeding therapists
- Nursing education specialists
- Business process improvement

Initial education for project implementation was to have occurred during March 2020. With the onset of COVID-19, the planned in person education was put on hold. Throughout 2020, however, the interprofessional teams continued to meet and refine their implementation plans. The education plan and IDDSI standards were implemented in February 2021 with more than 100 nurses and clinical staff attending sessions to become super users. The superuser sessions enabled attendees to obtain IDDSI tool kits which included step by step instructions and resources for educating their area's staff, including competency check off documents and flow testing supplies. This training supported the implementation of IDDSI across the organization, providing the patient population with swallowing difficulties consistent, high quality nutritional care.



Night Shift Friendly Steering Committee: Nurse-led Quality for Patient Safety and Staff Support

Nikkole Hernandez, RN, Clinical Leader C4C (chair), Kayleen Faine, RN, Clinical Leader H10B (new co-chair Q4 2022), Kelly Volpe, RN, Clinical Leader H5A (co-chair through Q3 2022)

Night shift friendly committee inception began in 2010 to increase engagement and retention of night shift staff through educational offerings and operational decision making. The goal is to support all nursing and allied health practitioners who work night shift. Education in 2021 included rolling refresher skills education for six high-risk/low-volume items identified by night shift nursing staff through previously collected needs-based surveys. Other activities in 2021 included collaboration with Employee Recognition and Benefits for end-of-year employee gift distribution, and health-screening times were offered at convenient times. Additionally, the committee planned and sponsored numerous celebrations to show appreciation to those staff members, such as treats for Valentine's Day, Daylight Saving Time fallback night (extended coffee shop hours and treats in the Magic Forest) and Hot Cocoa for the Holidays. In 2022 the support and celebrations continued with multiple snack delivery events to show appreciation, including an end-of-year delivery by hospital and nursing administrators. Other activities included coordination with Employee Recognition to help distribute donations of popcorn and annual gifts. These efforts continue to support night shift recognition and subsequent engagement of our off-shift workforce. A complete list of activities is listed below.

2021	2022
February: Valentines Snack handed out	January/February: Monthly Anniversary lunch boxes
March: Rolling Refresher skills	March: Daylight Saving Time snack bags
June: Rolling Refresher Skills	May: Nurses Week snacks
August: Rolling Refresher Skills	August: Popcorn/Snacks in Magic Forrest
October: Rolling Refresher Skills/Candy bags	October: candy bags for Halloween
November: Daylight Saving Time Fall Back	November: snacks for Daylight Saving Time
December: Holidays Hot Cocoa packets	December: Holiday Cocoa Packets

Creating a Unit Culture for Retention

Amelia Robison, BSN, RN, Stephanie Ishmael, MSN, RN, CPN, Mandy Fessler, BSN, RN

Amelia Robinson, BSN, RN, H4A Cardiac Stepdown Unit, was concerned about her unit's turnover rate. She wondered what she could do to help and started working to find answers. After talking with staff about morale, especially after COVID-19 and staffing challenges, Amelia felt if staff knew each other better, it would create a stronger team. Amelia worked with her manager, Stephanie Ishmael, MSN, RN, CPN, to brainstorm ideas that would engage team members. Amelia planned after-work social gatherings and set expectations that work talk and complaining about work were not allowed. She started conversations to help get staff members to know each other. The second phase of creating a supportive culture came from talking with a unit mentor, Mandy Fessler, BSN, RN. Amelia and Mandy devised a plan to help new graduate nurses deal with caregiver stress to reduce turnover. They paired new graduate nurses with experienced mentors on the units. Expectations were set for the mentoring relationship and pairs were matched by personality type. The results of these efforts was a sustained decrease in a turnover rate from 3.6% to 0%.

Improving Nursing Culture Through Culture Coaches

Dana Cubic-Sawalha, BSN, RN, Julie Getzendinger, BSN, RN, Elizabeth Faz, BSN, RN, Kim Housden, MSN, MHA, RN, NPD-BC

In 2021, Nephrology clinic culture coaches Julie Getzendinger, BSN, RN, and Dana Cubic-Sawalha, BSN, RN, felt that through the pandemic, the team's work culture started to suffer as employees were spread out due to social distancing. Dana and Julie discussed this with their clinical leader, Elizabeth Faz, BSN, RN who consulted with their educator, Kim Housden, MSN, MHA, RN, NPD-BC. The group used evidence-based social capital theory as a framework to develop an action plan, using the NCAT culture survey to track their progress and provide outcome data. The team developed a plan for didactic content and teambuilding activities. The nursing team attended classes on positive intent, organizational values, hostility and lateral violence, and communication techniques. These classes occurred monthly with Dana and Julie holding activities for team building concurrently. Team building activities included: guacamole contest, over-the-door basketball contest, nab the nephrologist scavenger hunt, wellness bingo, a world gratitude day event and starting a book club. Outcomes from the initiative resulted in a 21% increase in the Nursing Culture scores for teamwork. The group reports that they gained trust, respect and felt more connected to each other with overall improved job satisfaction.

Improved Workplace Safety in Behavioral Health

Megan Dawson, MSN, RN

Megan Dawson, MSN, RN, serves on the Behavioral Health Quality and Safety Committee and noticed that staff injuries had increased despite the many protective measures currently in place. Megan formed an interdisciplinary team and began looking at data concerning the injuries. The team found the majority of injuries involved newer employees who had not completed Therapeutic Crisis Intervention (TCI) training or were still in orientation. As a result, the team developed orientation badge identifiers so that during a behavioral escalation that required staff intervention, newer employees were easily identified and assisted in support roles instead of direct patient care. The team also worked with the TCI trainers and sent all staff through TCI booster classes, including simulations, case studies and new content on patient holds during patient transitions. These interventions resulted in a sustained outcome of reducing employee injuries.

APRN Session Model to Improve Workload and Efficiency

Jenni Young, CPNP-AC

Jenni Young, CPNP-AC, in the Hematology/Oncology Division wanted to improve and balance workloads of the Advanced Practice Providers in that division. The team was curious about time for patient care activities and how to best manage these activities and time. Jenni reached out to the Business Process Improvement department and was paired with an analyst who assisted her in capturing monthly data with the purpose of analyzing allocated work. After looking at the data, they found discrepancies in how APRNs were utilized and working to full scope of practice. Jenni worked with BPI and her service line administrator to create a structured system where APRNs use 80% of their time for clinic utilization and 20% for administration utilization, including QI, research and education requirements. They implemented Qgenda scheduling for the APRNs to assist with this process. This new scheduling system allowed for ongoing assessment of data to assess balance of workloads in relation to budget.

A Holistic Approach to Decreasing Anxiety and Burnout in Nursing Orientation

Corinne Kempf, BSN, RN

Nursing burnout is a significant issue with broad implications. Prevention of burnout has benefits for the health of the individual nurse and the health care system. Hospital educators have seen a significant increase in new nurses with high anxiety causing burnout in or shortly after orientation. An EBP project led by Corinne Kempf, RN, addressed how to decrease anxiety with time to reflect and journal throughout the 14-week NICU orientation. The orientees were given a pre-survey to assess their anxiety levels and coping strategies. Everyone expressed some level of anxiety in the pre survey. Journal prompts were then given during two of the NICU Orientation classes along with 15 minutes for staff to spend journaling. At the end of the session, staff were given the opportunity to share their reflections if they wanted to discuss it with the group. At the end of the final journaling session a post survey was given to the nurses. It was noted that staff's anxiety levels had greatly decreased with the journaling sessions. A few people said they would continue to do journaling on their own. Others stated in the survey the importance of implementing coping strategies such as exercise, yoga, and deep breathing. In general staff appreciated the quiet time to reflect and felt the journal prompts were helpful in decreasing their anxiety. Overall, the staff felt that implementing some form of self-care helps to build resilience and decrease burnout in orientation.

Outpatient Psychiatry Improves Percentage of Certified Nurses

Sue Orme, MSN, RN, PMH-BC, NPD-BC

When the Big Lots Behavioral Health Pavilion opened in 2020, health care providers needed to be recruited and educated to support the provision of the extensive mental health services offered. Many of the nurses hired were new to psychiatric/mental health nursing, thus required additional specialty education to become experts in their roles. Nursing leadership recognized nursing specialty certification validates a nurse's education and knowledge in a specific nursing specialty. In the fall of 2020, the Behavioral Health nursing leadership team allocated resources to encourage eligible nurses to become certified in Psychiatric-Mental Health (PMH-BC). The Outpatient Psychiatry department set a goal of increasing the percent of RNs certified by 1% per year between 2020 and 2022. To achieve this goal a review course was developed and taught by a PMH-BC certified education nurse specialist, Sue Orme. The review course consisted of 13 sessions with a total of 20 continuing education contact hours, offered once per year. Each session was recorded for repeat viewing. For those attending the course, an expectation was set for each attendee to take the exam within three months of course completion. Exam fees were paid through the ANCC Success Pays program for staff passing the exam. Additional resources provided included:

- Homework activity assignments
- Peer to peer support
- Individual coaching/tutoring
- Additional CE courses relating to exam content
- Purchased certification related texts available for staff use

As a result of these interventions, the Outpatient Psychiatry department increased the percent of RN staff certified from 20% to 48%.

Riverside NICU Creates Professional Development Program in Caring for Small Babies

Josie Dotson, BSN, RNC-NIC

In 2021, Josie developed a small baby interdisciplinary team for the Riverside NICU consisting of physicians, respiratory therapy, occupational therapy, neonatal nurse practitioners, registered nurses and management. The team developed a professional pathway for developing newer NICU nurses to gain experience and become a part of the small baby core team. For a nurse to be able to provide care to a small baby, identified as those born less than 27 weeks gestation, these nurses must have a minimum of two years of level III or IV NICU experience, undergo annual team simulations/education, and participate in small baby team meetings focusing on safety and outcomes for these patients. This program has created expert bedside staff to care for our smallest patients.







**EXEMPLARY
PROFESSIONAL PRACTICE**

Rooming-In Nursing Education: A Quality Improvement Initiative

Erin Fisher Kenny, BSN, RN, Staff RN, Annaka Gilmore, BSN, RN, Heart Center RN Program Coordinator, Roxann Tyner, MSN, RN, CCRN-K, Nurse Education Specialist, Timothy Landers, APRN-CNP, PhD, RN, Nurse Scientist

Rooming-in is a technique used to assess the homegoing readiness of families of complex patients prior to discharge. This process encourages parents or guardians to room in with their child to learn the intricacies of care in anticipation of discharge. While this technique has been used often in NICUs, the process was new for our Cardiology unit. The inpatient cardiology unit, H4A, utilized rooming-in; however, Roxann Tyner, MSN, RN, CCRN-K, noticed there was a gap in knowledge and practice. The unit did not provide standardized rooming-in education for nurses as part of the orientation process. A committee was formed and the rooming-in process was reviewed by a team of nurses, discharge planners and a nurse education specialist. A rooming-in packet was developed, and standardized education plan was presented at education days. To assess changes in knowledge, a pre- and post-knowledge test was given to participants. The new education resulted in a 57% improvement in rooming-in knowledge. The project was submitted to the 25th Annual Update on Pediatric and Congenital Cardiovascular Disease Conference in Huntington Beach, CA and out of 160 nursing abstracts, chosen for an oral presentation with recommendation to disseminate at other pediatric hospitals. A secondary project is in development to examine impact patient outcomes



Breast Pump Check Ins Increase Success of Providing Breast Milk to NICU Infants

Kathryn Rogier, BSN, RN, CLC

Kathryn and a team at the Mount Carmel St. Ann's NICU developed a plan to increase the number of infants discharged to home on breast milk. Research shows that the feeding of human milk during NICU stays reduces the risk of short- and long-term morbidities in these infants. The team found that 70% to 75% of infants being discharged home were on breast milk. They assessed barriers and found the following: moms were not pumping enough, moms were not producing enough volume, mom were not switching pump mode at first week, pain barriers and general education needs. The team followed 53 patients in a one-month time frame and found at the one-week mark, 31 mothers needed additional education and/or referral to a Certified Lactation Counselor (CLC). They implemented a plan in May 2021 that the RN assigned to each infant would have a touch base with the mom at the one-week mark to assess pumping for barriers and educational needs. They have increased the number of infants being discharged on breast milk to 90% through this initiative.

COVID-19 Response by Nationwide Children's Nurses

Kelly Kranz, MS, NEA-BC, Director, Clinical Communications, Kristie Fiorella, MS, RN, COHN-S, Manager, Employee Health Services, Maureen Sims, MBA, BSN, NE-BC, Clinical Manager, Ambulatory Services, Sheila Kelley, BSN, RN, Ambulatory RN, Infectious Disease Clinic, Tiffany Bryant, BSN, RN, Ambulatory RN, Infectious Disease Clinic

In March 2020, the hospital made the decision to put numerous initiatives in place to respond to the emerging pandemic. In a week's time, COVID-19 call centers were created for the hospital employees and the community. Two practice areas were developed within a week: a testing center and a COVID-19 call center. Computer and phone systems, integrating employee information with Ready Set, developing a scheduling process for the testing center, lab orders and protocols were all operationalized under interdisciplinary leadership. As call volumes increased, the line was transitioned to be managed by furloughed nurses from various units. Algorithms and protocols were developed and maintained by Kelly Kranz, BSN, MS, RN, NEA-BC, director of clinical communications and Kristie Fiorella, MS, RN, COHN-S, manager of employee health worked diligently with their nursing teams in conjunction with Matthew Washam, MD. These teams managed more than 198,000 calls throughout the pandemic.

On September 23, 2020, the U.S. Department of Health and Human Services reported to Congress a detailed strategy for Operation Warp Speed. This strategy was to deliver a safe and effective vaccine to Americans who wanted it by January 2021. Responding to this request, Maureen Sims, MBA, BSN, RN, NE-BC, ambulatory clinical services manager, put together a team of pharmacists and nurses and began to develop a response plan. This plan included prioritization plans for vaccinating patients and employees, distribution strategy, Epic builds needed, workflows and educational materials. Job action sheets were created for key workers in the vaccine clinic that included registration staff, scheduling staff, a runner, nurse observer, provider, clinic manager, child life specialist, vaccinators and operations coordinator. To ensure patients returned for a second vaccine, Shelia Kelley, BSN, RN, and Tiffany Bryant, BSN, RN, infectious disease clinic, developed a QR code linking to COVID-19 online scheduling to provide to parents on after visit summary documents. This provided easy access for scheduling vaccinations. The team also worked with the Ohio Department of Health to ensure flow from Epic into their immunization database registry. By the end of the pandemic, nurses working with interdisciplinary teams had helped our COVID-19 response with more than 400 nurses administering over 128,000 vaccines and testing over 120,000 patients for COVID-19 through drive-through testing.

Documenting Patient Vitamin D Levels in Complex Care Clinics

Jennifer Tinto, MS, BSN, RN, CLC, Lamara Love, BSN, RN, CPN, HNB-BC, Karissa Madison, RN

The Complex Care department includes the Complex Care Clinic and the Comprehensive Cerebral Palsy Program, which treats patients with complex conditions like cerebral palsy. With symptoms like limited motor function, patients with cerebral palsy may undergo physical therapy as part of their treatment. Low Vitamin D levels can cause fractures, which limits the patient in their ability to undergo physical therapy. A QI project co-led by Jennifer Tinto, MS, BSN, RN, CLC, addressed this concern by increasing the percentage of non-ambulatory patients who have a documented Vitamin D level within the last fifteen months or have a Vitamin D test ordered during their clinic visit. Clinical nurses were directed to use the Gross Motor Function Classification System, which categorizes the gross motor function of children and young people with cerebral palsy into five different levels, with Level 5 being the most limited. The nurses flagged patients that qualified as Level 4 or 5, which, because of the severity of their disability, would be the patients that would benefit most from increased Vitamin D levels. After flagging, nurses would discuss getting a Vitamin D test with the patient and their caregivers and request a Vitamin D test if they agreed. Jennifer oversaw the implementation of the project across the Complex Care department, and Lamara Love, BSN, RN, CPN, HNB-BC, and Karissa Madison, RN, monitored and audited the initiative in their respective clinics. Documented Vitamin D levels for patients have increased, and with it, nurses are able to be proactive about preventing fractures in their patients, and patients are able to do more physical therapy as part of their treatment. Patients and their caregivers are also more educated on how to treat their disability.

Inclusive Care through Acknowledging Pronouns

Michelle Maynard, BSN, RN, Jill Rowecamp, MSN, RN

Michelle Maynard, BSN, RN, and Jill Rowecamp, MSN, RN, identified an opportunity to close the gap in providing inclusive care to patients. Correct name and pronoun fields are easily identified in the medical record to assist staff in properly addressing patients. However, if any hospital staff member is not logged into the medical record, this information is not accessible. Staff entering rooms to address call lights, alarms, deliver food trays or address other needs are not normally logged into the medical record where a patient's pronouns are placed, making it difficult to know how patients wanted to be addressed. Jill and Michelle began creating temporary paper door signs for pronouns. They received positive feedback from patients and families on their unit. Michelle and Jill then reached out to their program manager who suggested they submit to the Business Process Improvement team. It was suggested to create pronoun magnets for use across the hospital system that could be placed in the exterior of the patient's hospital room door or clinic exam room. Working with BPI, Michelle and Jill met with the Employee Resource Group (ERG) All Equal, surveyed patients and families, and worked with physician providers from the Adolescent Medicine Thrive program to identify what pronouns should be included in the project. The outcome was to create a total of four new magnets for the door placards. The magnets created include she/her/hers, he/him/his, they/them/theirs, and other please ask. Additionally, the All Equal ERG volunteered to cover the cost of the magnets. This has allowed all employees and volunteers entering rooms to address patients using correct pronouns, creating an inclusive and personalized care delivery approach for our patients and families.

Standardizing Wheelchair Weight Documentation

Shauna Smith, BSN, RN

Shauna Smith, BSN, RN, orthopedic clinic, encountered a safety concern when weighing patients. In 2020, orthopedic clinics had more than 36,000 clinic visits and approximately 349 of those visits were patients who used a wheelchair. For all clinic visits, weights are obtained, as medications are often weight based and thus accuracy in weight is a medication safety need. When patients are weighed in their wheelchair, the weight of the chair is needed to accurately calculate the patients' weight. If a wheelchair weight is not known, the patient must be removed from the chair, often requiring use of a Hoyer lift so the chair can be weighed empty. The problem Shauna found was there was not a standard field for the weight of the chair to be documented. Therefore, if the nurse rooming the patient was not able to find the weight of the chair in previous notes, the process of removing the patient from the chair and weighing the chair would need to be repeated. Lifting patients from a wheelchair to exam table does pose a safety risk that may be unnecessary. In August 2020, Shauna presented her idea of having a standardized field in Epic for the weight of wheelchairs to the Nursing Informatics department and by the end of October 2020, the new field for wheelchair weights had been created and available for use across all ambulatory settings.



Collaborating to Reduce Infusion Reaction Rates

Cherri Bragg, BSN, RN

Cherri Bragg, BSN, RN, and other T4D Infusion Clinic nurses noticed an increase in the number of Rituximab infusion reactions. Cherri began to track the number and severity of reactions. She consulted with pharmacists, and they reached out to other hospital pharmacies and suppliers to see if there were trends of increasing Rituximab reactions. There were no conclusive findings. Cherri created precautions within the clinic to help manage potential reactions. She also started looking at the literature. She found that priming IV lines with Rituximab instead of compatible saline helped reduce the reactions. Cherri worked with an interdisciplinary team to put a new Rituximab administration protocol into effect that included priming the IV tubing and a premedication schedule to reduce side effects. Since the protocol has been put into place there have been no Rituximab infusion reactions.

Nurses Partner With Patients and Families to Achieve Hair Care Equity at Nationwide Children's Hospital

Surlina Asamoah, MSN, MHA, RN, CCM

Basic care of hospitalized patients includes washing the patient's hair. Not all hair care products are comparable for different hair types. Without proper hair care, patients with dry, brittle or curly hair might suffer damaged hair resulting in potential baldness. To remedy this gap, the current practice was to have the parents bring the needed hair care supplies from home. This practice caused extra stress on patients and families, and, for families who had barriers to obtaining home products, such as transportation or distance from the hospital, there were times when needed supplies were not obtained.

After this problem was identified, a complete needs assessment and review of internal data was completed. At the conclusion of the needs assessment and data search, Surlina Asamoah, MSN, MHA, RN, CCM, assembled a work group to begin the project. In September 2020, Surlina started the Hair Care Equity Committee. The committee consisted of 31 members, including key stakeholders from within Nationwide Children's: clinical nurses and representatives from Administration, Supply Chain, Purchasing, Occupational Therapy and Pediatric Dermatology. The committee decided to bring in community partners such as parents of Nationwide Children's patients, board-certified cosmetologists and community business leaders for their expertise. The committee focused on four goals: build hair care equity staff education, develop family education, create hospital policy and guidelines, and secure appropriate hair supplies to add to the supply chain. The committee determined a computer-based learning module best fit as the teaching strategy that would include a video demonstration by local cosmetologists.

In February 2021, the committee was successful in developing an approved hair care policy and guidelines used across all areas of Nationwide Children's. The initiative is impacting change outside of the hospital. Surlina presented a poster at the 2022 Society of Pediatric Nurses Conference (SPN) and the 2022 National Black Nurses Association Conference. The project received the Innovation award at the SPN conference. In addition, the project was broadcasted on "Good Morning America" in April 2022. The story included a video of a Nationwide Children's patient (volunteer model) for the video and photos that were included in the broadcast. Surlina has received requests from hospital systems across the country for information on how to implement this change.

Creating New Policy to Allow RNs to Perform Laser Hair Removal

Jen Smith, BSN, RN, CNOR, RNFA, Lauren Parrish, RN, Dee Perry, BSN, RN, CPN

The surgery clinic uses lasers for hair removal to treat pilonidal disease. Only physicians with laser credentials were able to operate the laser. However, since the number of patients seen at the clinic has increased dramatically since 2019, more staff needed to be trained to meet the demand. Jen Smith, BSN, RN, CNOR, RNFA, Lauren Parrish, RN, and Dee Perry, BSN, RN, CPN, worked with the Laser Safety committee to create a new policy to allow RNs to perform laser hair removal, based on guidelines from the Ohio Board of Nursing. The policy requires RNs to observe credentialed physicians perform laser hair removal 15 times, and the physician must observe the RN operate each laser 20 times before permitting them to perform the treatment. RNs must also complete an annual education program on laser safety and an annual competency and direct observation check-off for each laser for hair removal. Every five years, RNs must also pass a laser safety course reviewing laser physics, laser-tissue interactions and laser safety program management. Lauren and Dee reached out to Laser Rockwell Industries to offer this course. As of December 2022, four RNs in the surgery clinic completed the training and became laser operators for laser hair removal. This expanded role increases autonomy for RNs, and the scope of our hospital's nursing practice has been broadened to meet the needs of our patient population. This also leaves open the possibility of opening more laser clinics, with more laser users available.

Revising Practices for Patients Undergoing MRI Procedures

Erica Janita, MSN, RN, CPN, Alison Hazen, BSN, RN

The surgery clinic uses lasers for hair removal to treat pilonidal disease. Only physicians with laser credentials were Alison Hazen, BSN, RN, questioned the existing practice of removing Mepilex dressings on patients undergoing MRI procedures. There was concern that the dressing was not safe for MRI machines. Alison and Erica Janita, MSN, RN, CPN, reviewed the manufacturer guidelines and searched for evidence related to this practice. They found that Mepilex dressings are safe for MRI. Erica reached out to the MRI department and worked with the MRI physicist, Mark Smith, who consulted with outside physician experts. The experts conducted independent testing and confirmed the safety of Mepilex dressings in the MRI environment. This resulted in a practice change to no longer remove the Mepilex dressings for MRI studies.

Health Equity Initiative in ENT Clinic

Kristy Moss, BSN, RN, CCM, CPN, Dia Gardner, BSN, RN

ENT physician Meredith Lind, MD, identified that patients who have a primary language other than English had much higher post-operative tonsillectomy return to the urgent care, ER or readmission rates that were 2% to 4% higher than patients who had English as their primary language. To address this, Dr. Lind worked with nurses Kristy Moss, BSN, RN, CCM, CPN, and Dia Gardner, BSN, RN, to develop a plan. They built an interdisciplinary team and had post-surgical education documents translated into multiple languages. Kristy and Dia discovered caregivers experienced confusion and difficulty understanding pain medication dosing when multiple medications were being given at different times, such as every four hours and every six hours, so they developed medication tracking forms for caregivers to easily document when medications were given and would be due next. Kristy and Dia placed calls on post-op day one to all patients who were identified as having English as a second language to follow up on post-op teaching instructions and answer any questions. Together they were able to reach approximately 80% of the caregivers. The outcome is that English as second language patients now have a lower readmission rate than patients who have English as their primary language.

SWEET Guidelines to Improve Small Baby Outcomes

Josie Dotson, BSN, RNC-NIC

Josie and the Riverside NICU Small Baby team developed the SWEET Initiative for delivering care to babies less than 28 weeks gestation. SWEET describes the care process for interacting with these NICU babies. These babies endure many stressful events during their hospitalization stay beginning with how providers touch and interact with the baby through activities such as exams, vital signs, suctioning, early light and sound exposure. Providers following SWEET guidelines follow these daily care principles:

- Skin to Skin
- Keep me Warm
- Eliminate unnecessary sound
- Protect my Eyes
- Coordinate positive Touch with hands on cares

Josie presented a poster on the SWEET initiative for the 2022 Nationwide Children's Hospital Neonatal Conference. Daily cares including physician rounds are coordinated with nursing staff and follow the SWEET initiative guidelines. Education is provided to all small baby team members and parents with specific examples of how to incorporate SWEET guidelines such as taking Vocera calls away from the bedside, keeping a calm atmosphere, preventing hypothermia and clustering care. Parents are encouraged to have skin to skin as often as possible throughout the entire NICU stay. These initiatives promote improved outcomes including better weight gain, decreased mortality, improved organization of sleep states, increase in EEG complexity, fewer respiratory complications, temperature stability and modulation of pain. Mothers also experience increased milk production and longer breastfeeding, while both parents experience increased parenting confidence and are more adaptive to infant cues.









**NEW KNOWLEDGE
INNOVATION**

Research and EBP Projects

EBP

Let Them Sleep

Caitlin McGee, MSN, RN, CPN

Nikki Hernandez, BSN, RN, CLC

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Introducing Quiet Time hours at night to optimize patient rest.

Ambulatory Lab Errors

Beth Dillon, BSN, RN

Surlina Asamoah, MSN, MHA, RN, CCM

Mary Jeanette McEvoy, MSN, MBA, RN

Abby Hammack, MSN, RN-BC, CNL

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Eliminating preventable lab errors by improving communication through staff education and EMR flagging.

Daily Interprofessional Rounds

Jennifer Weiner, DNP, APRN-CNP, CPNP-AC/PC

Danielle Hatfield, MSN, APRN-CNP, CPNP-PC

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Improving communication between interdisciplinary teams with daily interprofessional rounds and a standardized rounding tool to improve staff and patient satisfaction and decrease length of stay.

Deterioration in Ambulatory Settings

Beth Dillon, BSN, RN

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Screening for clinical stress/deterioration in ambulatory settings to identify at-risk patients earlier.

Epilepsy Knowledge and Competence

Shivani Bhatnagar, DNP, RN, CPN, CPNP-PC

Allison Nelsen, MSN, RN, CPNP-AC

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Requiring all Epilepsy Monitoring Unit nurses to complete the American Association of Neuroscience Nurses' Certificate Program for the Seizure and Epilepsy Professional to ensure nurses' knowledge and confidence in caring for the patient population.

Laceration Management

Scott Oman, MS, APRN-CNP, CPNP-PC

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Creating a standing order for nurses to apply topical anesthetic to lacerations in triage to decrease length of stay in the Emergency Department.

Lipid Screening Compliance

Lindsey Shaw, MS, BSN, RN, CPNP-PC

Cathleen Opperman, DNP, RN, NPD-BC, NEA-BC, CPN

Implementing routine point-of-care testing for lipid screening to decrease patient risk for heart disease.

Nurse Orientation Resources

Abby Hammack, MSN, RN-BC, CNL

Chris Hetzer, BSN, RN

Providing an orientation resource and weekly check-in meetings for ambulatory nurses to improve staff satisfaction and retention.

Rooming-In Education for Nurses Quality Improvement Initiative

Erin Fisher Kenny, BSN, RN

Annaka Gilmore, BSN, RN

Roxann Tyner, MSN, RN, CCRNK

Timothy Landers, APRN-CNP, PhD, RN

Improving rooming-in practices by standardizing staff education.

Improving Psychiatric Patient Throughput with a Patient Flow Coordinator

Ashley Alexander, MSN, RN, CNL, PMH-BC, CPN
Sysilie Hill, MPA, MS, APRN

Implementing a patient flow coordinator to assist with patient flow through the Psychiatric Crisis Department and improve communication and ease of process for patients and unit nurses.

Implementation of a Safe Car Program for Transportation of Adolescent Psychiatric Patients

Sysilie Hill, MPA, MS, APRN

Ashley Alexander, MSN, RN, CNL, PMH-BC, CPN

Implementing a “Safe Car” vehicle to safely transport psychiatric patients between the main hospital and the Big Lots Behavioral Health Pavilion, to decrease burden on ambulances and decrease stigma of psychiatric care.

Adolescent to adult care transition in behavioral health

Megan Gerberick, MSN, APRN-CNP

Lia Pinkus, MSN, APRN-CNP

Nancy Noyes, PMHCNS-BC

Timothy Landers, PhD, APRN-CNP, FAAN

Defining and outlining the concept of transitional care for adolescents with mental health issues as they move from a pediatric setting to an adult setting.

Reducing Perceived Stress in Pediatric Critical Care Nurses with a Mindfulness-Based Stress Reduction Intervention

Amanda Brown, MSN, RN

Implementing the eight-week Palouse Mindfulness-Based Stress Reduction program to decrease perceived stress in critical care nurses.

Association of Pediatric Gastroenterology and Nutrition Nurses Modules

Amy Donegan, CPNP-PC

Timothy Landers, PhD, APRN-CNP, FAAN

Assessing learning modules for a Certificate in Pediatric Gastroenterology, Hepatology, and Nutrition Nursing.

Research

Healthcare Use and Case Characteristics of Commercial Sexual Exploitation of Children: Teen Victims versus High-Risk Teens

Gail Hornor, DNP, CPNP, SANE-P

Timothy Landers, PhD, APRN-CNP, FAAN

Comparing patient demographic characteristics, pediatric healthcare use, familial psychosocial characteristics, and child sexual abuse case characteristics present in youth identified as high risk for commercial sexual exploitation of children (CSEC) victimization to a sample of known victims to determine CSEC risk.

Burnout Tool Comparison

Jennifer Tinto, MS, BSN, RN, CLC

Timothy Landers, PhD, APRN-CNP, FAAN

Reducing burnout in ambulatory nurses through evidence-based strategies such as mindfulness-based stress reduction, Reiki, aromatherapy, and diaphragmatic breathing.

Effects of COVID-19 on Vaccine Perceptions

Micah Skeens, PhD, APRN, CPNP

Describe vaccine hesitancy in parents of children with cancer.

Nursing Grand Rounds Returns Post Pandemic

Avery Anderson, MS, PMHNP-BC, APRN, Susan Copeland, MSN, RN, NPD-BC

After a hiatus over the COVID-19 and respiratory pandemics, Nursing Grand Rounds made a return. In 2021 only two were offered online for online.

March	Rethinking Documentation & Practice in Order to be More Anti-Oppressive	Jeanette Foster, MSW, LISW-S Meredith Brink, LISW-S
December	Cultivating Resiliency: The Psychology of Developing Health Habits	Brandon Kozar, PsyD, MBA

The celebratory return in person Grand Rounds was in June 2022 with the introduction of the new Nursing Strategic Plan and Professional Practice Model by Lee Ann Wallace, MBA, BSN, RN, NEA-BC, Senior Vice President of Patient Care Services & Chief Nursing Officer. Grand Rounds have continued monthly ever since with a variety of topics and speakers and great audience response.

June	A New Era of Nursing	Lee Ann Wallace, MBA, BSN, RN, NEA-BC
July	Strategic Priorities for Nursing Research	Tim Landers, PhD, APRN, FAAN
August	Diversity, Equity & Inclusion Practices for Patient Care	Cara Harasaki, MD, MPH
September	How Safe is this Milk? Understanding the Pharmacokinetics of Drugs in Breast Milk	Gail Bagwell, CNS, DNP, FAAN
October	High Reliability Nursing Care in Neonatal ICUs	Heather Tubbs-Cooley, PhD, RN, FAAN
November	Food Insecurity and Child Health: Insights from Research with Refugee Adolescents	Jennifer Dush, RN, FAAN
December	Quiet Time Project	Cathleen Opperman, DNP, RN, NPD-BC Caitlin McGee, MSN, RN, CPN Nikki Hernandez, BSN, RN, CLC

Using Technology to Improve Patient Monitoring of Glucose Levels

Beth Edwards, BSN, RN, CPN

Diabetic nurse educators wanted to embrace some new technology in their clinic to improve outcomes for their patients. They wanted to encourage more newly diagnosed patients to use continuous glucose monitoring devices (CGMs) so patients could better monitor their response to treatments, such as a reduced A1C and health complications. Beth Edwards, BSN, RN, CPN, contacted the legal department to start a sample CGM program, where the nurse educators could give out sample CGMs to patients while they waited for their insurance's approval. The diabetes nurse educators also began offering weekly classes where they taught patients about CGMs and how to use them. The nurse educators worked with Language Services to offer the classes in English, Spanish, and Somali. As each CGM device lasts 10 to 14 days and insurance approval can take up to 30 days, Beth obtained permission to supply each patient with up to three CGM devices so they would not have to revert to fingerstick tests. Because of the sample CGM program and the offered classes, patients were less intimidated by and more willing to try CGMs. Since the start of the program and the classes, CGM use by newly diagnosed diabetes patients has increased from 24% to nearly 100%.

A Technological Advance to Improve Coordination of Care in the New Fetal Medicine Program

Rebecca Corbitt, RN, MSN, CNL

The Nationwide Children's Fetal Medicine program provides care for families facing potentially complex birth defects and recently expanded are to offer advanced diagnosis and treatment. Care delivered is collaborative with multiple subspecialties involved based on the needs of each patient situation. Coordination with accurate and timely information between all service lines is critical for best outcomes. Rebecca Corbitt, RN, MSN, CNL, fetal center nurse coordinator, would spend hours preparing cases for review at the fetal board meetings where each case is reviewed, and updates are provided to the team. Rebecca had a manual process, updating a spreadsheet when new testing results were received. With this process, data within the documents was not kept in real time and depended on manual entry, increasing the opportunity for human error.

In January 2021, Rebecca worked with her manager to develop a plan for creating a new dashboard in Epic. In May 2021, Rebecca was able to begin working with an Epic analyst who was able to create a Fetal Center Registry which pulls information from discrete data fields into a fetal center summary report. This new process has improved accuracy and efficiency for all the clinical team. This project has a time savings of approximately 576 hours of nurse time per year with an estimated ongoing cost savings of \$16,427 per year.

An Evidence-Based Project to Promote Quiet Time at Night

Caitlin McGee, MSN, RN, CPN, Nikki Hernandez, BSN, RN, CLC, Cathleen Opperman, DNP, NPD-BC

Caitlin McGee, MSN, RN, CPN, and Nikki Hernandez, BSN, RN, CLC, formed a sub-group of the Night Shift Friendly Committee to look at best practices around quietness of the hospital environment. They saw lower scores in patient satisfaction in this area and engaged EBP Specialist, Cathleen Opperman, DNP, NPD-BC, to help look at the evidence for solutions. The team set to answer the PICO question of "In hospitalized children, how does a designated quiet time compared to current practice, affect patient and family satisfaction?" The group reviewed more than 160 articles to look for evidence of best practices and processes, environmental modifications and care routine modifications to promote quiet time. They created a plan and after collecting baseline evidence, started a pilot on five units. The interventions included employing trained Rest Warriors or unit champions, reducing lights and noise, creating an interactive education model for unit staff, having unit entrance signs to designate when quiet time was employed, and education bursts to remind staff to change the culture. At the end of the pilot, the number of labs drawn vital signs, baths and aerosols were all reduced between 1 and 5 a.m., allowing for more quality sleep for patients.





IN RECOGNITION

Points of Pride

Nurse Employee of the Month

2022

- Adam Kelley, RN (Surgery Center)
- Denise Howe, RN (Gastroenterology)
- Allison Kelly, RN (NNP)
- Stephen Humphrey, NP (H9A)
- Erika Roberts, RN (H5A)

2021

- Lauren Renner, CPNP-PC
- John Cleghorn, NNP
- Sherry Combs, BSN, RN
- Surlina Asamoah, MSN, RN

2020

- Pam Hulls, BSN, RN-BC
- Autumn Lane, MS, APRN, NNP-BC
- Holly Hale, BSN, RN
- Jennifer Pauken, MSN, RN

Nurse Manager of the Month

- Kristie Fiorella, RN, MS, COHN-S

Manager of the Year 2022

- Tallyn Hicks, MS, RN, NEA-BC

Daisy Award Recipients

2022

- Kimberly Stumpf, CRNA (Anesthesia)
- Kayla Cape, RN (H12)
- Molly MacKay, RN (C5B)
- Kristen Schlosser, RN (H8A Pulmonary)

2021

- Amber Ball, RN, BSN, CPEN, P-SAN
- Kendra Sauter, BSN, RN
- Kwasi Minta, RN
- Lauren Montaine, RN

2020

- Sophia Pierce, BSN, RN
- Stacey Cruikshank, MSN, APRN
- Marissa Kabbaz, RN
- Danielle Aquila, RN

2022 Service from the Heart Recipients

- Annaka Gilmore, BSN, RN (Heart Center)
- Nadia Richardson, BSN, RN

Singing Orderly Award 2022

- Annaka Gilmore, BSN, RN (Heart Center)

Clinical Excellence Awards 2022

Outstanding Contributions to Quality and Safety

- Michelle Mckissick, MSN, RN

1000 Zero Hearo Award

- Jessica Dopkiss, MSN, BSN, RN
- Stephanie Ishmael, MSN, RN, CPN
- Dawn Wilcox, RN, MS, NE-BC

Patient Care Supervisors

- Amber Bell, RN, BSN
- Cassandra (Cassy) Bright-Hause, RN, BSN
- Cassandra (Cassie) Casanova, RN, BSN
- Michelle Erdy, RN
- Marissa Kabbaz, RN, BSN, CPEN
- Ellen Kosnik, MHA, RN, BSN, BA
- Jaime Kramer, RN, BSN, CPEN
- Kelli Mavromatis, RN
- Gina Saunders, RN, CNPT
- Janice Schroder, RN, BSN
- Shea Stammen, RN, BSN
- Lori Wentzel, RN
- Jeni Wilson, RN, BSN, CPN

DIISC Team

- Madison Allen, PA-C
- Gwynne Briggs, CPNP
- Emily DeCrane, MSN, FNP-C
- Kelly Friesner-Gephart, MSN, FNP-C
- Dan Gallant, CPNP
- Chelsea Hayman, PA-C
- Grant Lescallet, PA-C
- Mary Joy Okafor, BSN, RN
- Sarah Powers, CPNP
- Amy Thompson, MSN, FNP-C

Unplanned Extubation Team

- Julie Gutentag, BSN, RN
- Marissa Larouere, MBA, BSN, RN
- Jennifer Layman, RN Leeann Pavlek, MD
- Kristin Pietrykowski, RN, BSN
- Stephanie Stafford, MSN
- Leslie Thomas, MSN, APRN, NNP-BC
- Jennifer Thompson, MBA, BSN, RN

Units that received 1000 Zeros Award in the areas of:

1000 Central Line Days & Zero Central Line –
Associated Blood Stream Infections

- H4B
- H4A
- H2B
- H4B
- C4B
- H5A
- H12
- C4A
- C4C



Publications and Presentations

Awards

Bagwell G.: National Association of Neonatal Services President, October 2020

Christensen C.: Knowledge Translation Lectureship Award, APTA, February 2022

Eneli I.: Academic Pediatric Association Health Care Delivery Award, April 2021

Foster J.: Society for Social Work Leadership in Healthcare President, July 2021

Jeffries T.: Elected to Board of Directors for American Red Cross Greater Columbus Chapter, July 2021

Meiring P.: DAISY Award Nominee, 2021

Minta K.: DAISY Award Recipient, September 2021

Mould V.: American Therapeutic Recreation Association Outstanding Professional Award

Nationwide Children's Hospital Therapeutic Recreation Behavioral Health Team: American Therapeutic Recreation Association Organization/Institution Citation Award, September 2021

Pommering T.: NCH Career Contribution Award, August 2021

Porter C.: 2021 COSI Science Festival STEM Star Award, May 2021

Regis K.: Co-Chair of American Academy of Ambulatory Care Nursing Diversity, Equity, and Inclusion (DEI) Task Force, June 2021

Renner L.: Jo Eland Pediatric Nurse Exemplar Award, American Society for Pain Management Nursing, September 2021

Sheldon S.: Ohio Recreational Therapy Association Leading through Heart Award, February 2021

Smith J.: 2021 Athletic Trainer of the Year, Ohio Athletic Trainers' Association, December 2021

Steiner S.: Hem/Onc/BMT Division Patient and Family-Centered Care Contributor, January 2022

Stringer A.: September Epic Superuser of the Month, August 2021

Sympson J.: Ohio Recreational Therapy Association PRIDE Award, June 2021

Warren A.: Ohio Recreational Therapy Association Resiliency Award, December 2020

Wilson L.: DAISY Award Nominee, June 2021

Poster Presentations

Baylis A., Kirschner R. "3D MRI Investigations of the Musculus Uvulae in Children with 22q11.2 Deletion Syndrome." ASHA National Convention; November 2021.

Baylis A., Kirschner R. "Asymmetry of Velopharyngeal Structures in 22q11.2 Deletion Syndrome." ASHA National Convention; November 2021.

Baylis A., Kirschner R. "Variations of the Nasopharynx in Children with 22q11.2 Deletion Syndrome." ASHA National Convention; November 2021.

Bellantis K., Exner M. "Evidence Based Practice in Action: A Process for Ensuring Best Practice for Early Intervention." ASHA National Convention; November 2021.

Burch M., Rossiter S., McGinty-Kolbe K., Fredwall M., Tschirner C., Enciso L., Iskander J., Trott K., Jackson K., Albert D. "Multidisciplinary Care Helps Reduce Disparities Associated with Race in Children and Adolescents with Psychogenic Nonepileptic Events." American Epilepsy Society Annual Meeting; December 2021.

Selhorst M., MacDonald J., Martin L., Rodenberg R., Krishnamurthy R., Ravindran R., Fischer A. "A Pilot Study Assessing An Immediate Functional Progression Program In Adolescent Athletes With A Spondylolysis." American College of Sports Medicine Annual Conference; June 2021; Virtual.

Zacharias A., Froelich S., Morgan K. “Adjusting Therapeutic Recreation Services to Meet Emerging Pediatric Mental Health Needs Related to the COVID-19 Pandemic: One Program’s Response.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Presentations

Alexander A., Hill S. “Improving Psychiatric Patient Throughput with a Patient Flow Coordinator,” American Psychiatric Nurses Association in Long Beach, CA, October 2022

Amagnoh E. “Profile: Edwina Amagnoh,” The Voices of Black Nurses: Our Challenges and Triumphs During the COVID-19 Pandemic, May 2022

Asamoah S. “It’s Not About Hair: Making the Case for Hair Care Equity,” Ohio Society of Pediatric Nurses in Columbus, OH, May 2022

Asamoah S. “It’s Not About Hair: Making the Case for Hair Care Equity,” National Black Nurses Association in Chicago, IL, July 2022

Atwell G., Kaletta S., Van Hest E. “Help, There’s an Adolescent in my Office! Conceptualizing Adolescent Substance Abuse.” The Addictions Studios Institute at The Ohio State University Wexner Medical Center; June 2021; Virtual.

Bass A., Cooley J., Hoffman A., Smith S. “The Uncertain Path: Building Inter-Team Trust in Complex.” The Academy for Professionalism in Health Care: February 2021.

Baylis A. “Adapting Nasopharyngoscopy Training Approaches in the COVID Era.” ASHA National Conventions; November 2021.

Baylis A., Cummings C., Findlen U. “Early Speech-Language Development in Infants and Toddlers with 22q11DS: An Exploratory Analysis.” ASHA National Convention; November 2021.

Baylis A., Kirschner R. “3D MRI Investigations of the Musculus Uvulae in Children with 22q11.2 Deletion Syndrome.” ASHA National Convention; November 2021.

Baylis A., Kirschner R. “Asymmetry of Velopharyngeal Structures in 22q11.2 Deletion Syndrome.” ASHA National Convention; November 2021.

Bibart M., Barrett K. “When Two Become One: Joining Two Programs to Promote Family-Centered Care for Pediatric Patients Undergoing Bone Marrow Transplantation.” Association of Pediatric Hematology/Oncology Nurses 2021 National Conference; October 2021.

Bican R., Mould V. “Utilizing Evidence Based Practice within Therapeutic Recreation: A review of Nationwide Children’s Hospital Clinical Therapy Evidence-Based Practice Program.” American Therapeutic Recreation Association; September 2021; Virtual.

Boster J. “AAC Assessment and Intervention for Adults with Developmental Disabilities: A Systematic Review to Inform Practice.” ASHA National Convention; November 2021.

Boster J. “Collaborative Learning Frameworks and AAC: Results of an Online Training Program for Speech-Language Pathologists.” ASHA National Convention; November 2021.

Boster J., Brown K. “Exploring Assessment and Intervention for Individuals with CVI: Results of a Scoping Review.” ASHA National Convention; November 2021.

Christensen C. “Electrical Stimulation to the Lower Extremities of Children and Adolescents with Cerebral Palsy: An Evidence-Based, Clinically Efficient Tool to Identify Effectiveness & Set-Up of NMES and Neuroprosthetics.” American Physical Therapy Association Pediatrics Annual Conference; November 2021.

Christensen C. “Knowledge Translation Lectureship.” CSM (APTA) and APPTAC; February 2022.

Christensen C., Devany J. “Practical Strategies to the Implementation of the 2018 APTA Congenital Muscular Torticollis Clinical Practice Guidelines.” American Physical Therapy Association Pediatrics Annual Conference; November 2021.

Clouser R. “Family Finances.” PediaCast Episode 488; May 2021.

Coleman A., Snider T. “Mental Health: Store It Safe Teen Suicide Prevention, Screening Tools, and Rising Stress Levels.” Ohio Chapter of the American Academy of Pediatrics Meeting; March 2021.

Coleman-Casto S., O’Rourke S., Stevens M. “International Dysphagia Diet Standardization Initiative (IDDSI) vs National Dysphagia Diet (NDD) and How Making This Transition Will Impact Occupational Therapy Practice.” AOTA Children and Youth Specialty Conference; December 2021.

Collins B. “The Evolution of AAC through a Child’s First 8 years: Case Study with Parent Perspectives.” ASHA National Convention; November 2021.

Eneli I. “Understanding Risk and Causal Mechanisms for Developing Obesity in Infants and Young Children.” National Institute of Health Workshop; April 2021.

Fisher-Kenny E., Gilmore A., Tyner R., Marinelli A., Landers T. “Rooming-In Education for Nurses Quality Improvement Initiative,” Update on Pediatric and Congenital Cardiovascular Disease in Philadelphia, PA, August 2022

Foster J. “Anti-Oppression & Leaning into the 21st Century Cures Act ‘No Info Blocking’ Rule.” The Society for Social Work Leadership in Health Care (SSWLHC) Conference; October 2021.

Garcia K. “COVID-19 Experience Update: Cleft and Craniofacial Care.” ASHA National Convention; November 2021.

Garcia K. “Going forward, how has the COVID-19 pandemic changed how you deliver care? How will you prepare for the next pandemic?” 32nd Annual Tri-State Craniofacial Conference; December 2021.

Gate E., Somerville A. “We Win When WeeMove: Early Mobilization.” Nationwide Children’s Hospital; August 2021.

Gerberick M., Pinkus L., Noyes N., Landers T. “Adolescent to adult care transition in behavioral health,” American Psychiatric Nurses Association in Long Beach, CA, October 2022

Gheith D., Hitchens L. “Increasing the Efficacy of Social Workers Addressing Racial Bias through Interactive Team Based Learning.” The Society for Social Work Leadership in Health Care (SSWLHC) Conference; October 2021.

Gonzales A. “Transplant Energize Me Patient Outcome (TEMPO).” XV Raisa Gorbacheva Memorial Meeting: Hematopoietic Stem Cell Transplantation, Gene and Cellular Therapy, St. Petersburg, Russia; September 2021.

Gonzales G., Young J.A., Valasek A.E. “Screening for Physical Activity and Mental Health in Pediatric Sports Medicine.” 2021 American Academy of Pediatrics National Conference and Exhibition; October 2021.

Green M., Jayanthi R., Caceres V., Hansen-Moore J., Indyk J. “Case Histories from the archives of THRIVE-DSD Clinics.” Nationwide Children’s Surgery Grand Rounds; April 2021.

Hill S., Alexander A. “Implementation of a Safe Car Program for Transportation of Adolescent Psychiatric Patients,” American Psychiatric Nurses Association in Long Beach, CA, October 2022

Houpe T., Warren A. “The Role of Therapeutic Recreation in a Pediatric Partial Hospitalization Program for Youth with Behavioral Health Disorders: A Hospital based Program Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Hughey R. “Tried to Make Me Go To Rehab: TIC and Addiction.” 2021 United States Conference on HIV/ AIDS (USCHA); December 2021.

Ingram M. “Outcomes Following Community-Acquired SARS-CoV-2 Infections for Patients with BPD.” The American Thoracic International Conference; May 2022.

Ingram M., Miller A., Krivchenia K., Shepherd E., Nelin L., Kielt M. “Outcomes Following Community-Acquired SARS-CoV-2 Infections for Patients with BPD,” American Thoracic Society International Conference in San Francisco, CA, May 2022

Jeffries T. “It’s Critical: The Need for Diverse and Rare Blood.” Athens Summer Black Summit; June 2021.

Johnson L., Carrillo S. “Truncus Arteriosus: Surgical Management of a 5-Year-Old.” Global Pediatric Cardiology Grand Rounds via Zoom from Heart Care International; November 2021.

Jones J. “Mental Toughness: Is Your Brain Strong Enough? Tips for Maximizing Rehab & Recovery from Injury.” Pediatric Sports Medicine and Orthopedics Conference; November 2021.

Karnes J. “Developing Courageous Leaders through Accountability and Self-Reflection.” The Society for Social Work Leadership in Health Care (SSWLHC) Conference; October 2021.

Lundine J. “Return to School after TBI: School Transition after Traumatic Brain Injury (STABI)- Year 1 Results.” ASHA National Convention; November 2021.

Lundine J. “Services for Elementary and Middle School Students with Early Childhood Brain Injury.” ASHA National Convention; November 2021.

Lundine J. “The Roles of Social Communication, Executive Functioning, and Family Functioning in Child Participation after TBI.” ASHA National Convention; November 2021.

Lundine J. “Traumatic Brain Injury in Young and School Aged Children: Implications for Two Scoping Reviews.” ASHA National Convention; November 2021.

Madhoun L. “Feeding Infants and Toddlers with Clefts and Other Craniofacial Conditions.” ASHA National Convention; November 2021.

McKim M., Dosen A. “The Distinct Value of Speech-language Pathology in Acute Pediatric Mental Health: A Hospital-based Program Example.” ASHA National Convention; November 2021.

McKim M., Sympson J. “Culturally Competent Care for LGBTQIA+ Youth and Adolescents.” NAMIcon 2021; July 2021; Virtual.

McMillen M., Sympson J. “Authentic Leadership in TR: How to Inspire a One Team Approach.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Mould V., McKim M. “Providing LGBTQIA+ Competent Care in Pediatric Therapeutic Recreation Practice.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Nash O., Fisher M. “Bowel Management Principles in Pediatric Patients: Diagnosis and Management.” APSNA; September 2021.

Novak K. “Critical Factors in Caring for Cystic Fibrosis Patients in the Pediatric Intensive Care Unit.” Pediatric Pharmacy Association; April 2021.

Onate J., Valasek A.E., Neumann M., Young J.A. “Relationship between Anxiety and Depression Scores and Musculoskeletal Injury and Concussion.” 2021 American College of Sports Medicine Annual Meeting; June 2021.

Pauline L. “Leadership Development: Partnering with other Allied Professionals to Create a Program in Your Organization.” ASHA National Convention; November 2021.

Pauline L., Marrie J. “From Emergency Intervention to Operational Requirement: The Changing Landscape of Digital Health for Speech Language Pathologists.” ASHA National Convention; November 2021.

Regis K. “Lighting the path to diversity and inclusion,” Nursing, September 2022

Rosport A. “Pain Education Considerations for the Pediatric Patient.” OPTA Lunch and Learn Webinar; November 2021.

Russell D., Navarro F., Dopp R., Vandana P., Gallagher T., Parthemore J. “Walking the Walk: Practical Tips to Make Exercise Part of Your Treatment Plan.” American Academy of Child and Adolescent Psychiatry (AACAP) 68th Annual Meeting; October 2021.

Selhorst M. “Manual Therapy Considerations for the Pediatric Orthopedic Patient.” Ohio Physical Therapy Association; August 2021.

Selhorst M., Mansfield C. “How to Win a Grant and Influence Practice.” Ohio Physical Therapy Association; June 2021.

Sheldon S., Spayde A., Sympson J. “The Role of Therapeutic Recreation in a Pediatric Emergency Department: A Program Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Stevens M., O’Rourke S., Patton R., Coleman-Casto S. “Implementing IDDSI in a Large Pediatric Institution, It Take More than an IDDSI Bitsy Approach.” ASHA National Convention; November 2021.

Tinto J., Landers T. “Healing the Healer,” National Summit on Promoting Well-being and Resilience in Healthcare Professionals in Columbus, OH, September 2022

Treinen C., Rose G., Willen F., Kahwash S., Audino A. “Uncommon Pediatric Non-Hodgkin’s Lymphoma: A Case Series and Literature Review.” National ASPHO Conference; April 2021; Portland, Oregon.

Valasek A.E., Butz C., Onate J., Young J.A. “Predictors of Self-Reported Pediatric Quality of Life in Pediatric Sports Medicine Clinic.” 2021 American Academy of Pediatrics National Conference and Exhibition; October 2021.

Warren A., Sympson J., Davis L., Dosen A. “Effective Interdisciplinary Teaming within Therapeutic Recreation Practice: A Program-Specific Example.” American Therapeutic Recreation Association 2021 Conference; September 2021; Virtual.

Williams D. “COVID-19 Vaccine and Effective Communication Strategies for Engaging Hesitant Populations.” March 2021.

Williams D. “Weight Bias in Children and Adolescents: Intersections and Opportunities.” May 2021.

Winer E. “Occupational Therapy Treatment and Assessment Approaches for the Inpatient Pediatric Oncology Population.” AOTA Children and Youth Specialty Conference; December 2021.

Wrona S. “Chronic pain and mental health co-morbidity in adolescents: An urgent call for assessment and evidence-based intervention,” International Conference on Nursing Science & Practice, July 2022

Wrona S., Quinlan-Colwell A., Brown L., Jannuzzi RE. “Procedural Pain Management: Clinical Practice Recommendations,” Pain Management Nursing, October 2022

Young J.A., Onate J., Valasek A.E. “Physical Activity and Mental Health in Injured Athletes.” 2021 American College of Sports Medicine Annual Meeting; June 2021.

Publications

Abrams M.A., Zajo K.N., Beeman C., O’Brien S.H., Chan P.K., Shen Y., McCorkle B., Johnson L., Chisolm D., Barnard-Kirk T., Mahan J.D., Christian-Rancy M., Creary S.E. “A Health Literate Approach to Address Health Disparities: A Virtual Program for Parents of Children with Sickle Cell Trait.” Journal of Communication in Healthcare; January 2022.

Anudeep Dodeja, Yubo Tan, Tamara Ackley, Jennifer Russell, Naomi Kertesz, Curt Daniels, Anna Kamp: “PentaRay® Multielectrode Mapping Catheter for Atrial Tachyarrhythmia in Adults with Congenital Heart Disease,” Texas Heart Institute Journal, September 2022

Aris IM., Rifas-Shiman SL., Boone-Heinonen J., Eneli IU., Solomonides AE., Janicke DM., Toh S., Forrest CB., Block JP. “Association of Early Antibiotic Exposure with Childhood Body Mass Index Trajectory Milestones.” JAMA Network; July 2021.

Armbruster D. “Medication Safety in the Neonatal Intensive Care Unit.” *Advances in Neonatal Care*; December 2021.

Armbruster D., Schwirian C., Mosier A., Tam M., Prusakov P. “Neonatal Abstinence Syndrome and Preterm Infants – A Look at Current Practice.” *Advances in Neonatal Care*; April 2021.

Barnhardt EW., Steingass K., Levine A., Jurbank M., Piercefield J., Nyp S. “The Value of Telehealth and a Team-Based Approach in Improving Developmental and Behavioral Care During the COVID-19 Pandemic.” *Journal of Developmental & Behavioral Pediatrics*; August 2021.

Bartman T., Merandi J., Maa T., Kuehn S., Brilli R. “Developing Tools to Enhance the Adaptive Capacity (Safety II) of Health Care Providers at Children’s Hospital.” *The Joint Commission Journal of Quality and Patient Safety*; August 2021.

Benjamin Moresco, Alice Bass, Danielle Jonas, Elizabeth Hawkins, Kevin Madden: “State of the Science in Pediatric Palliative Care,” *Journal of Pain and Symptom Management*, May 2022

Bican R., Christensen C., Fallieras K., Sagester G., O’Rourke S., Byars M., Tanner K. “Rapid Implementation of Telerehabilitation for Pediatric Patients During COVID-19.” *International Journal of Telerehabilitation*; May 2021.

Brown A., Patel R., Edmister K., Gemberling T., Griffin E., Kuehn S., Larson M., Meyer J., Skeens M., Sunderland S. “An Innovative Approach to Remote Electronic Health Onboarding Record Education Amid a Global Pandemic,” *Computers, Informatics, Nursing*, May 2022

Busack K. “Pegaspargase: Two Pediatric Case Studies of Delayed Urticaria Preceding Anaphylactic Reactions Postadministration.” *Clinical Journal of Oncology Nursing*; October 2021.

Cathleen Opperman, Debra Liebig, Judith Bowling, Carol Susan Johnson, Johanna Stiesmeyer, Susi Miller: “Measuring Return on Investment for Professional Development Activities: Literature Update and the Ongoing Challenge,” *Journal for Nurses in Professional Development*, November 2022

Cathleen Opperman, Debra Liebig, Judith Bowling, Carol Susan Johnson, Johanna Stiesmeyer, Susi Miller: “Measuring Return on Investment for Professional Development Activities: Pandemic Impacts and Revised Known Cost of Outcomes,” *Journal for Nurses in Professional Development*, November 2022

Cistone N., Erlenwein D., Bapat R., Ryshen G., Thomas L., Haghnazari M., Thomas R., Foor N., Fathi O. “Quality Improvement Initiative in the NICU for Improved Practice of Cuff Blood Pressure Measurements.” *Neonatal Care*; December 2021.

Crabtree MF., Sargel CL., Cloyd CP., Tobias JD., Abdel-Rasoul M., Thompson RZ. “Evaluation of an Enteral Clonidine Taper Following Prolonged Dexmedetomidine Exposure in Critically Ill Children.” *Journal of Pediatric Intensive Care*; March 2021.

Findlen U. “Audiology Guidelines for Diagnostic Centers during an Emergency.” *American Academy of Pediatrics, EHDI Innovative and Promising Practice Spotlight*; October 2021.

Forlenza C., Rosenzweig J., Mauguen A., Buhtoiarov I., Cuglievan B., Dave H., Deyell R., Flerlage J., Franklin A., Krajewski J., Leger K., Marks L., Norris R., Pacheco M., Willen F., Yan A., Harker-Murray P., Giulino-Roth L. “Brentuximab Vedotin As Consolidation Therapy Following Autologous Stem Cell Transplantation in Children and Adolescents with Relapsed/Refractory Hodgkin Lymphoma: A Multi-Center Retrospective Analysis.” *Blood*; November 2021.

Goff DA., Prusakov P., Mangino JE., Sanchez PJ., Nwomeh B., Messina A., Schellack N., Annor AS., Cassim A., Kolman S., Van Tonder L., Mawela D., Velaphi SC., Chirwa PL., van den Bergh D. “International Train the Trainer Neonatal Antibiotic Stewardship Program for South African Pharmacists.” *Journal of American College of Clinical Pharmacy*; August 2021.

Groves K., Adewumi A., Gerhardt C., Skeens M., Suttle S. “Grief in critical care nurses after pediatric suffering and death,” *Annals of Palliative Medicine*, June 2022

Haamid F., Ajayi L., Williams D., Walker V. “Can’t Keep Running.” *Journal of Adolescent Health*; May 2021.

Hong MC. “Screening for Depression in Adolescents with Diabetes Mellitus by Health Care Social Workers.” *Diabetes and Endocrine Quality Improvement Magazine*; May 2021.

Hong MC., Glick B., Kamboj MK., Hoffman RP. “Glycemic Control, Depression, Diabetes Distress Among Adolescents with Type 1 Diabetes: Effects of Sex, Race, Insurance, and Obesity.” *Acta Diabetologica*; July 2021.

Hornor G., Anderson A., Baumeyer S., Daniels A., Doughty K., Hollar J., Prince C., Skeens M., Wilkinson K. “Multidisciplinary Approach to Emergent Sexual Abuse in a Pediatric Emergency Department: A Simulated Child Advocacy Center Model of Care,” *Journal of Forensic Nursing*, July 2022

Hornor G., Billa A., Daniels A., Ibrahim A., Landers T., Prince C., Wilkinson K., Wolfe K. “Online Sexual Solicitation of Children and Adolescents in a High-Risk Population,” *Journal of Pediatric Health Care*, September 2022

Hornor G., Hollar J., Landers T., Sherfield J. “Healthcare use and case characteristics of commercial sexual exploitation of children: Teen victims versus high-risk teens,” *Journal of Forensic Nursing*, August 2022

Ingram M., Miller A., Krivchenia K., Shepherd E., Nelin L., Kielt M. “Outcomes Following Community-Acquired SARS-CoV-2 Infections for Patients with BPD,” *American Journal of Respiratory Critical Care Medicine*, May 2022

J. Wells Logan, Roopali Bapat, Greg Ryshen, Gail Bagwell, Mariah Eisner, Matthew Kielt, Martin Hanawalt, Kelly Payne, Amy Alt-Coan, Magdalino Tatad, Debbie Krendl, Maria Jebbia, Kristina Reber, Cecilie Halling, Ahmed Osman, Elizabeth Bonachea, Leif Nelin, Omid Fathi: “Use of a quality scorecard to enhance quality and safety in community hospital newborn nurseries,” *Journal of Pediatrics*, August 2022

Jadcherla S., Blosser H., Osborn E., Helmick R., Sultana Z., Yildiz V., Shah S. “Mechanisms and Management Considerations of Parent Chosen Feeding Approaches to Infants with Swallowing Difficulties: An Observational Study.” *Scientific Reports*; October 2021.

Karr A., Rayens MK, Scott L. “Neonatal Abstinence Syndrome: Effectiveness of Targeted Umbilical Cord Drug Screening,” *Journal of Perinatology*, August 2022

Keels E. “Recognition and Management of Cardiovascular Insufficiency in the Very Low Birth Weight Newborn.” *American Academy of Pediatrics*; March 2022.

Knaus M., Beyene T., Thomas J., Maloof E., Jimenez A., Halaweish I., Wood R., Gasior A. “Pilot study of an adult bowel management program for fecal incontinence,” *Journal of Pediatric Surgery*, August 2022

Knaus M., Kersey K., Ahmad H., Weaver L, Thomas J., Metzger G., Wood R., Gasior A. “Both sides of the screen: Provider and patient perspective on telemedicine in pediatric surgery,” *Journal of Pediatric Surgery*, August 2022

Lee S., Blaney C., Ardoin S., Wright L., Quintero A., Washam M., Erdem G. “Multisystem Inflammatory Syndrome in Children (MIS-C) in a COVID-19 Vaccinated Child.” *Pediatric Infectious Disease Journal*; December 2021.

Love L., Newmeyer A., Ryan-Wenger N., Noritz G., Skeens M. “Lessons Learned in the Development of Nurse-led Family Centered Approach to Developing Holistic Comprehensive Clinic and Integrative Holistic Care Plan for Children with Cerebral Palsy.” *Journal for Specialists in Pediatric Nursing*; July 2021.

Love, L., Anderson, A.M., von Sadowsky, V., Kusiak, J., Ford, J., & Noritz, G. (2022). A study of Reiki therapy on unpleasant symptoms in children with cerebral palsy. *Complementary Therapies in Clinical Practice*, 46, doi: 10.1016/j.ctcp.2021.101529.

Mohammed J., Gonzales A., Bakhsh HR., Georgievna VA., Rai J., Kancharla B., Hashmi SK. “Understanding the Process and Challenges for Return-to-Work Post-Hematopoietic Cell Transplantation from a Musculoskeletal Perspective: A Narrative Review.” *Occupational Therapy International*; July 2021.

Morris GA., McNicol M., Boyle B., Donegan A., Dotson J., Michel HK., Maltz RM. “Increasing Biosimilar Utilization at a Pediatric Inflammatory Bowel Disease Center and Associated Cost Savings: Show Me the Money.” *Inflammatory Bowel Diseases*; May 2021.

Morris TS., Autry EB., Kuhn RJ. “The Role of Biologics in the Management of Asthma in the Pediatric Patient.” *Journal of Pediatric Pharmacology and Therapeutics*; June 2021.

Murphy A. “In-Hospital Respiratory Viral Infections for Patients with Established BPD in the SARS-CoV-2 Era.” *Pediatric Pulmonology*; October 2021.

Mytinger J., Parker W., Rust S., Ahrens S., Albert D., Beatty C., Chrisman J., Clark D., Debs A., Denney D., Karn M., Herbst J., Ostendorf A., Taylor M., Twanow J., Vidaurre J., Patel A. “Prioritizing Hormone Therapy Over Vigabatrin as the First Treatment for Infantile Spasms: A Quality Improvement Initiative,” *Neurology*, November 2022

O'Rourke S., Batterson N., Tanner K. “Designing and Implementing an Evidence-Informed CIMT Program for Infants Using Principles of Parent Coaching.” *Brian Injury Professional*; November 2021.

Osborn E. “Mechanisms and Management Considerations of Parent Chosen Feeding Approaches to Infants with Swallowing Difficulties.” *Scientific Reports*; October 2021.

Osborn E., Jadcherla S.R. “Developing a Quality Improvement Feeding Program for NICU Patients.” *Neo Reviews*; January 2022.

Perry MF., Melvin JE., Kasick RT., Kersey KE., Scherzer DJ., Kamboj MK., Gajarski RJ., Noritz GH., Bode RS., Novak KJ., Bennett BL., Hill ID., Hoffman JM., McClead RE. “The Diagnostic Error Index: A Quality Improvement Initiative to Identify and Measure Diagnostic Errors.” *Journal of Pediatrics*; May 2021.

Poeppelman, R.S., Coles, M.T., Heater, T., Vohsing, L., von Sadowsky, V., Lutmer, J.E., & Maa, T. (2022). Assessing competence with a task trainer: Validity evidence for novel tracheostomy care skills assessment tool. *Simulation in Healthcare*, 17, 220-5.

Prairie K., Kivisto A., Gray S., Taylor N., Anderson A. “The Association Between Hate Crime Laws that Enumerate Sexual Orientation and Adolescent Suicide Attempts,” *Psychology, Public Policy, and Law*, June 2022

Puthoff TD, Veneziano G., Kulaylat AN., Seabrook RB., Diefenbach KA., Ryshen G., Hastie S., Lane A., Reener L., Bapat R. “Development of a Structured Regional Analgesia Program for Postoperative Pain Management.” *Pediatrics*; March 2021.

Selhorst M., Fernandez-Fernandez A., Schmitt L., Hoehn J. “Effect of a Psychologically Informed Intervention to Treat Adolescents With Patellofemoral Pain: A Randomized Controlled Trial.” *Archives of Physical Medicine and Rehabilitation*; July 2021.

Selhorst M., MacDonald J., Martin L., Rodenberg R., Krisnamurthy R., Ravindran R., Fischer A. “Immediate Functional Progression Program in Adolescent Athletes with a Spondylolysis.” *Physical Therapy in Sport*; August 2021.

Skeens M., Hill K., Olsavsky A., Buff K., Stevens J., Foster Akard T., Shah N., Gerhardt C. “Factors affecting COVID-19 vaccine hesitancy in parents of children with cancer,” *Pediatric Blood & Cancer*, June 2022

Skeens M., Sezgin E., Stevens J., Landier W., Pai A., Gerhardt C. “An mHealth App to Promote Adherence to Immunosuppressant Medication and Track Symptoms in Children After Hematopoietic Stem Cell Transplant: Protocol for a Mixed Methods Usability Study,” *JMIR Research Protocols*, July 2022

Skeens M., Sutherland-Foggio M., Damman C., Gerhardt C., Foster Akard T. “Facebook recruitment for research of children and parents during the COVID-19 pandemic,” *Applied Nursing Research*, June 2022

Stang CRT., Jaggi P., Tansmore J., Parson K., Nuss KE., Sapko M., Thompson RZ., Gallup N., Buckingham D., Abdel-Rasoul M., Watson JR. “Implementation of a Pharmacist-Led Antimicrobial Time-Out for Medical-Surgery Services in an Academic Pediatric Hospital,” *Journal of Pediatric Pharmacology and Therapeutics*; March 2021.

Tanner K., Martin K. “De-Implementation in an Outpatient Pediatric Setting,” *OT Practice*; November 2021.

Taylor K. “Epidemiology Perspective During a Pandemic,” *Everything Matters in Patient Care*; Spring 2021.

Treinen, C., Abu-Arja M., Kahwash S., Rangarajan H., Willen F., Audino A. “A Novel Case of Concurrent T-cell and Early T-cell Precursor Lymphoblastic Lymphoma in an Adolescent Female,” *Pediatric Hematology and Oncology*; July 2021.

Ulloa J. “Chapter 16: Common Procedures, Diagnostic Tests, and Lab Values,” *Neonatal Nursing Care Handbook*, 3rd Edition; January 2022.

Wallace T. “Defining the Epidemiology of Safety Risks in Neonatal Intensive Care Unit Patients Requiring Surgery,” *Journal of Patient Safety*; December 2021.

Walter JC., Coleman Casto SD., Gates E. “Inpatient Occupational Therapy Management for a Pediatric Patient With COVID-19 and Multisystem Inflammatory Syndrome in Children: A Case Report,” *American Journal of Occupational Therapy*; July 2021.

Wedekind M.F., Saraf A., Willen F., Audino A.N. “Durable Response in Relapsed Adolescent Peripheral T-cell Lymphoma: A Case Report and Review of the Literature,” *Pediatric Hematology and Oncology*; January 2022.

Wright M., Rangarajan H., Abu-Arja R., Auletta JJ., Lee D., Polishchuk V., Pai V., Taylor K., Bajwa RPS. “Use of Belatacept as Alternative Graft vs Host Disease Prophylaxis in Pediatric Allogeneic Hematopoietic Stem Cell Transplantation,” *Pediatric Transplantation*; May 2021.

Xu J., Pratt K., Chaudhari M., Henry R., Hubbard R.A., Siegel R., Eneli I. “On a Different Page! Perceptions on the Onset, Diagnosis, and Management of Type 2 Diabetes Among Adolescent Patients, Parents, and Physicians,” *Global Pediatric Health*; September 2021.

Yung E., McNicol M., Lewis D., Fischer J., Petkus K., Sebastian S., Abdel-Rasoul M., Schmuhl K., Wise K. “Economic Impact of Pharmacist Interventions in Pediatric Ambulatory Care Clinics,” *Journal of the American Pharmacists Association*; March-April 2021.

Zewdu Amdie F., Landers T., Woo K. “Institutional delivery in Ethiopia: Alternative options for improvement,” *International Journal of Africa Nursing Sciences*, May 2022



