

Our child health heroes

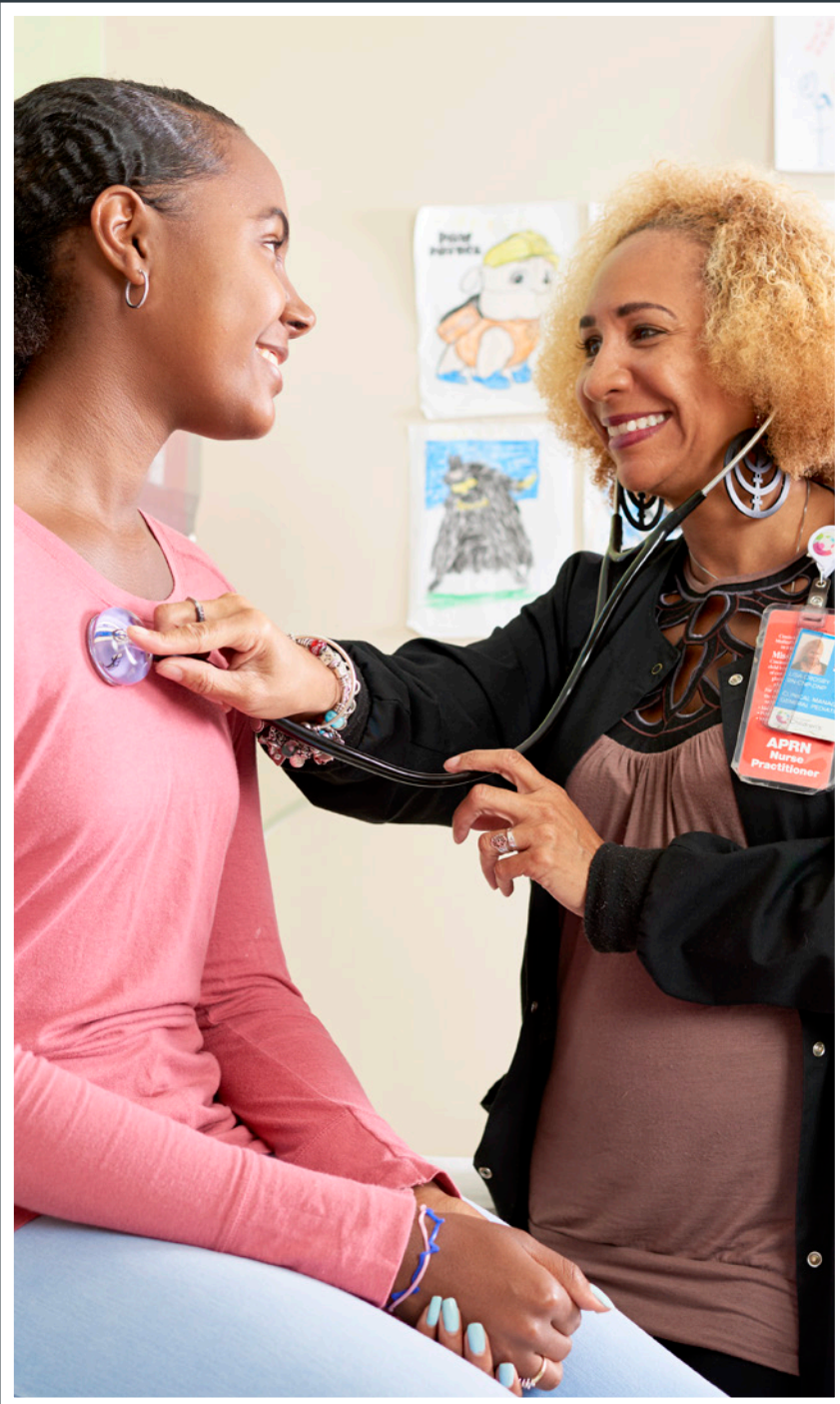




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Welcome

Colleagues and Friends,

It's my pleasure to present the Department of Patient Services' 2019 Annual Report, which highlights another year full of exceptional achievement at Cincinnati Children's. The accomplishments we've made in just one year speak to the department's outstanding women and men who made them happen, better known as "our child health heroes." They never cease to amaze.

Because of our expert clinicians, researchers, technicians and therapists, our institution ranked No. 3 in the nation among Honor Roll hospitals in *U.S. News and World Report's* 2019–2020 Best Children's Hospitals list. The advocacy they provide for our patients and the heart that they bring to work with them each day confirms that improving child health isn't just their job, but rather a calling.

Throughout these pages you will certainly see this for yourself, whether it be through the nephrology and nutrition teams getting a patient to grow for the first time in years to the creative ways our education specialists came up with to teach new nurses. These heroes continued to help push things forward with the construction of our new 600,000-square-foot clinical care expansion at our main campus, a new, expanded infusion center, quality improvements in vascular access, and much more. And they do these things because they know that we're changing the outcome together. Heroes — there is no better word. Please join me in celebrating them with this edition.



The accomplishments we've made in just one year speak to the department's outstanding women and men who made them happen, better known as "our child health heroes."

They never cease to amaze.



Sincerely,

A handwritten signature in black ink that reads "Barbara Tofani".

Barb Tofani, MSN, RN, NEA-BC
Senior Vice President of Patient Services



ESCAPING TRADITIONAL EDUCATION

Nursing skills are taught in a refreshed fashion

Cincinnati Children’s education specialists have been developing innovative ways to instruct nurses on gaps in practice with specific learning objectives. One innovative learning method they implemented in the division of Psychiatry was in the format of a clinical escape room.

The inspiration came when a group of education specialists traveled to the American Nurses Credentialing Center’s Magnet® Conference in Denver, Colorado, in October 2018. During the conference, the University of Kansas provided a break-out session on this type of teaching. The Cincinnati Children’s team loved it so much they decided to adapt it to their own practice gaps and developed an escape room in Psychiatry.

Because many new hires are recently graduated nurses, a notable gap with practice has been identified as a lower level of confidence and practice readiness felt by new nurses. The educators wanted to foster critical thinking skills and clinical reasoning within Psychiatry, so they focused on providing teaching sessions on skills there. They formed an escape room team, which began doing literature reviews investigating whether other institutions had used this modality, and how experiential learning can assist with nurses retaining information — important practice skills. While escape rooms are not exclusive to learning in the nursing realm, the model proved to be an effective, experiential way to engage nurses, quite exciting for an educator to develop and observe.

The team defined a clinical escape room as an “immersive learning scenario that engages clinicians to work as a team to escape a room through a series of challenges designed to enhance clinical reasoning, prioritization

and team dynamics.” Using this definition as a clinical guideline, they began to use the blueprint from the University of Kansas. They developed clues, puzzles and solutions for their learners to work through in 45 minutes or less. Groups of six nurses would work through the room as a team to discover what they needed to find and solve all the clues. The 13 clues would allow the participants to try to unlock puzzles that sent them closer and closer to escaping with the final clue. All of the participants were prepped with objectives for the challenge, as well as rules that had to be followed while in the escape room. The educators were excited to watch how these teams of six would decide together how to work through each clue. After the escape room time was over, each team got a 45-minute debrief to review each challenge and the take-away information to ensure that the nurses were receiving the skill competency information consistently.

In the division of psychiatry, 33 sessions were scheduled in a 10-week period so that all 176 nurses, including managers and other members of leadership, were able to experience the escape room. One of the most important steps in the process was the debriefing session at the end. The team used the Diamond Debrief model, using defusing, discovering and deepening as a framework for the learnings discovered, which helped disseminate each session with consistent information to all the participants.

Confidence and competence showed marked improvement and in comparing other learning modalities to the escape room, it was overwhelmingly acknowledged as a fun, interactive way to present competency information.



The key components the educators wanted to measure in their post surveys were confidence, competence and effectiveness of this method of learning. Confidence and competence showed marked improvement and in comparing other learning modalities to the escape room, it was overwhelmingly acknowledged as a fun, interactive way to present competency information. Bedside nurses commented, “I loved the escape room! It was so much fun!” “I loved how interactive it was, and I felt like it instilled a lot of teamwork, which is always key on the unit.” “It was a fun way to refresh our skills without attending a lecture!”



 **33 sessions**
over 10-week period

 **176 nurses**
experienced the clinical
escape room method of
learning





A DAY IN THE LIFE

Intensive care unit introduced work life to home life

The Pediatric Intensive Care Unit (PICU) is rarely a quiet place. In fact, a stroll through any of the four pods that make up the 35-bed unit typically reveals not only the normal hustle and bustle of a busy unit, but also the somewhat continuous sound of the machines and alarms required to closely monitor critically ill and medically complex patients.

For staff on this unit, the sounds, stressors and challenging work become routine and form the “norm” of PICU life. But the comprehensive care that staff have been trained to deliver for both patients and families can at times leave them mentally, physically and emotionally exhausted at the end of a shift. At the end of the day, this physical and emotional weight does not always lift as soon as staff drive home. They struggle to adequately express the exhaustion of their work to family members at home, which can create a burden where staff feel they are unable to relate their work to their home life.

To address this struggle and increase staff resiliency and retention on the unit, Kristen Ruhelmann, RN III, a PICU nurse, created a plan for a PICU Open House and presented it to unit leadership. The goal was to build a bridge between home life and work life on the PICU. The event would allow staff to show family members what they occasionally cannot explain.

The Raise the Bar group, the PICU’s staff satisfaction committee, worked with multiple disciplines and specialties



The end goal was to help staff members’ families connect with the complexities of an intensive care setting so they can begin to comprehend the level of stress that is experienced daily.



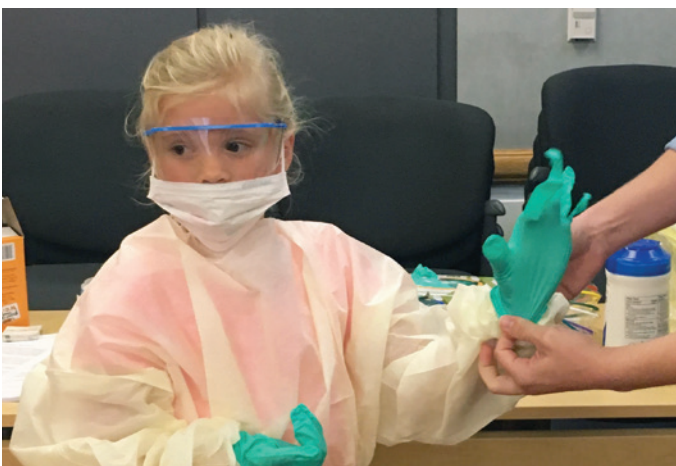
including Infection Prevention and Control, Risk Management/ Legal and Human Resources to plan an event that would accommodate as many participants as possible. The end goal was to help staff members' families connect with the complexities of an intensive care setting so they can begin to comprehend the level of stress that is experienced daily. All disciplines were invited to sign up for a time to attend.

The day of the event exceeded all expectations. Participants arrived over a four-hour period to visit the unit in 30-minute increments. Groups of 10 to 15 at a time were taken to visit the unit and interact with a complex patient simulation set up in one of the patient rooms. After the unit visits, debriefings were held in a separate space with hands-on activities and videos of past patient/family experiences. There were also accommodations for children under 14 who were not allowed to visit the unit due to the Infection Prevention and

Control policy but whose parents still wished to experience the event. Although the event was limited due to time and space, both the first and second iterations were a huge success with the maximum number of participants attending.

The abundance of positive feedback from both staff and families has led to the planning of additional scheduled PICU events, as well as spreading to other units to reach more staff. One family member noted, "Being in the business industry, this made my troubles seem less."

The event reiterated the fact that the PICU world can be intimidating and overwhelming to those who are not a part of it, while being exhausting and strenuous to those who are a part of it. By creating this bridge between the two worlds, we are encouraging family understanding and better support of staff through hard days.





Dietitian Sydney Huesman

HERE WE GROW

A Nephrology care team collaborated to achieve the impossible

Some of us aren't able to see the difference we're making on a daily basis. Typically time and distance provide some insight, or a culmination of little moments reveals the big picture.

The literal big picture was presented to members of the Nephrology care team who each played an integral role in improving one patient's life.

Three-year-old patient Eleanor ("Elle") already had Chronic Kidney Disease, a result of cystinosis, when she met her care team. She had extreme digestion issues, electrolyte abnormalities, and had not grown in two years. Within one year, a team consisting of nurse Jennifer Bramlage, dietitian Sydney Huesman, Dr. Stefanie Benoit and others collaborated to get Elle's electrolytes in range, get her on continuous jejunostomy-tube (J-tube) feeds, stabilize her digestion, and get her cystinosis medication in range — none of which is a small feat.

And the best news of all: Elle finally started to grow — 1 centimeter per month. Her mom emailed to reflect on the year and to offer her family's thanks:

"Thank you for your determination to get her to grow and for your willingness to reach out to others for suggestions. Her success would not be possible without this amazing team (including the nurses and lab techs). All the little things you do for her (water bottle after blood draws, walks to get juice, etc.) mean so much to all of us."



Elle, October 10, 2018



Elle, October 10, 2019

Benoit is grateful for her team too. **“Jenny coordinated a herculean multidisciplinary clinic visit that included three different specialties coming to my hypertension clinic location and hunting down a spare feeding tube to experiment with from the bowels of the hospital in order to make sure every strategy was trialed and every question was answered,”** she said.

“Sydney was charged to do the undoable: grow a child who hadn’t grown for two years, and she did it, always problem solving, trying new strategies,” she said.

Huesman tears up when she thinks about seeing the photos Elle’s mom sent in showing the physical differences in her daughter over one year. “I almost wanted to cry,” she said. “Just the fact that the family sent those made us feel appreciated.”

Bramlage said Elle’s resiliency has left the biggest impact on her. “She’s a chipper kid no matter what, but seeing her come in with a full head of hair was amazing.”

Dr. Benoit summed it up best: “Eleanor is a completely new kid. A kid that grows. A kid that feels good.”



HEROES AT HOME

Advanced practice providers work to keep patients safe in their surroundings

Patient safety has been a strategic priority for our institution for many years. Recognizing that patient safety does not stop at the doors of Cincinnati Children's is how the Home Environment Readiness and Organization with Emergency Services (HEROES) program ensures that continues once children with medical complexities leave the hospital.

At the program's onset, Pulmonary Division Advanced Practice Provider Mark Washam, RRT, MSN, APRN-CNP, or Emergency Medical Services (EMS) Coordinator Ken Crank would drive in a two-and-a-half-hour radius from Cincinnati Children's to introduce children with complex medical conditions to local EMS crews. "We spend a lot of time signing these kids out, talking to other providers," says Washam. As care teams send families home, they tell families to call 911 if they need help. "We just assumed [EMS] is going to understand what's going on."

The HEROES program is aimed at making sure local EMS, fire and other first responders are in fact aware of and prepared to help children with mechanical ventilation, tracheostomies and other complex medical needs. During home visits, Washam says he encourages and supports families, who have become the experts in their child's care, to introduce their child and their specific needs to their first responders.

"A lot of these companies will bring entire shifts out to families' homes," says Dan Benschoter, DO, director of the Pediatric Home Ventilator Program. "Some of these providers had never taken care of a kid with a trach in their entire time working in emergency services. They'll ask for education and Mark will spend considerable time, along with the family, providing education."

"The biggest surprise might be how far a distance some of the patients are from any kind of help at all," says Washam. Other factors he noticed at home might never have come up during discharge: Some patients' families heat their homes with wood-burning fires, which can have real implications for a child on a ventilator. Others live in remote areas that pose additional challenges.

Logistically, simply getting EMS crews out to a family home on a non-emergency visit can serve as an important dry run. As Washam notes, some of their patients' house numbers have been poorly marked and first responders noted that had they been rushing out at night, they would have missed the home. Some have even marked a patient's driveway to ensure they can find the home if necessary. On another visit, an EMS crew encountered a footbridge as their immediate entry point. With extra time to evaluate the home, EMS was able to identify and plan an alternate route to the home.

Early in 2017, Mark noted Cincinnati Children's was making great strides "handing-off" these patients to those providers who would take care of them in the community, with one exception: EMS and first responders. EMS, first responders and community hospitals were often taken by surprise by these complex pediatric patients seeking emergency medical care in the local community. The goal was to create better communication, offer specific specialized training and develop

relationships with the families of Cincinnati Children's patients who have complex healthcare needs with EMS/first responders and other community-based providers of medical care. Frequently these complex patients are dependent on life support equipment that is rarely seen in community settings. They targeted patients being discharged home for the first time with high technology needs (mechanical ventilator dependent), those with complex airway needs and those with challenging environmental situations (rural, excessive distance from advanced or hospital care, language barriers). Most of Cincinnati Children's home care patients are ventilator, trach, or G-tube dependent. Traci Hail, MSN, APRN-CNP, APP Program Lead, Hospital Medicine, also has been involved with the program as their service often cares for children with complex health care needs.

The program provides a written "sign-out" (Quick-Look Pre-Hospital Care Plan) and a home visit with EMS, the patient/family/caregivers and a Pulmonary Nurse Practitioner at times accompanied by a respiratory therapist. In late 2019, they began utilizing telemedicine (in addition to the Quick-Look), with the respiratory therapist in the home and EMS and the nurse practitioner virtually. This was developed related to the success of the program and the difficulty in getting the nurse practitioner to every home (travel time, etc). They piloted making the visits completely virtual and partnered with Sarah Thomas, MSN, APRN-CNP, who was leading an effort in doing discharge telemedicine visits for patients going home for the first time.

Combining these two activities and having EMS on the virtual call has improved our resource utilization. Each call has a nurse practitioner, social worker, or discharge specialist, and of course EMS representation. Advanced practice providers Lilianna Wooten, MSN, APRN-CNP, Katherine Hilligoss, MSN, APRN-CNP, and Jessica Beaty, MSN, APRN-CNP, also work actively on this project. The team also offers on-demand training, workshops and simulations focused on complex pediatric issues (pulmonary/airway, etc.) for EMS, first responders and local community hospitals serving the patient discharged to the community.

Since its inception, the program has enrolled 115 patients and provided 20 simulations and workshops to local fire departments, EMS and community hospitals. A conference was also given at a community hospital open to nurses, RTs and EMS. **Finding new, innovative ways to provide safe care to our patients beyond our doors — participating in telehealth visits or training healthcare workers in the field — are just some of the ways our advanced practice providers show leadership every day.**



115 patients enrolled in HEROES program



20 community simulations/workshops



1 nursing conference



Learn more about the Pediatric Home Ventilator Program: <https://www.cincinnatichildrens.org/service/p/home-ventilator>



DEDICATION EDUCATION UNIT: FROM VISION TO REALITY

First program of its kind in Cincinnati acclimates recently graduated nurses in a new way

Nurse leaders representing Cincinnati Children's and the University of Cincinnati College of Nursing (UC CON) joined as partners to offer nursing students a unique mentoring clinical experience, the first of its kind in Cincinnati.

In August 2019, Barb Tofani, MSN, RN, NEA-BC, Cincinnati Children's Senior Vice President/Chief Nursing Officer, and Greer Glazer, PhD, RN, Dean and Professor at UC CON, launched the Dedicated Education Unit (DEU) model to accomplish Cincinnati Children's strategic initiative to bridge the gap between academics and practice. A DEU is a partnership teaching model in which a hospital unit hosts students from a single university. In this case, clinical nurses serve as DEU Instructors for UC nursing students, guiding the student's clinical learning and helping the student become an active member of the care team. UC faculty coordinators provide support for the preceptors' teaching methods and accountability for the educational outcomes of the students.

The basic DEU tenets are peer teaching, collaboration between educators and clinical service providers to enhance student learning, and improved clinical experiences. The goals of DEUs include: enhanced collaboration between nursing academia and practice, student application of theory in practice with professional staff as preceptors, and ease of transition from student to practicing nurse.

Plans for launching the Cincinnati Children's/UC CON DEU took a year of preparation. Steps included connecting with leaders of the two institutions, creating a steering team consisting of both organizations' administrative and clinical leadership and education specialists, engaging Cincinnati Children's Patient Services leadership, DEU student and instructor selection, DEU launch celebration and student/instructor match day. Four units applied to host the DEU and one was selected based on pre-reviewing survey data and a stable acuity level of stress. The Gastro/Colorectal Surgery unit, initially led by Wendy Ungard, DNP, RN and followed by Shivonne Kinyalocets, MSN, RN, was the first hosting unit.

Clinical nurses on the DEU served as preceptors/instructors for UC CON students in a 1:2 ratio over a period of seven weeks. Students were encouraged to incorporate reflective thought in their weekly clinical worksheet. It has proven to be a win-win relationship. According to Michele Scott, MSN, RN, Director of Education in Patient Services and a member of the DEU steering committee, "From initial thought to conception, there was such a high level of engagement from everyone involved. During the DEU



A DEU is a partnership teaching model in which a hospital unit hosts students from a single university. In this case, clinical nurses serve as DEU Instructors for UC nursing students, guiding the student's clinical learning and helping the student become an active member of the care team.



launch ceremony, preceptor/student matches were announced and the mutual excitement and enthusiasm from Cincinnati Children's DEU preceptors and the UC CON students was quite evident. It solidified the importance of the vision that had now become a reality."

Future steps include enhancing DEU instructor preparedness, working with UC CON faculty to look at opportunities to engage Cincinnati Children's staff in the DEU student selection process and act on student and DEU instructor feedback. **A supportive clinical learning environment is of paramount importance in securing positive teaching and learning outcomes.** Some of the feedback from the Fall 2019 DEU students indicated the program's success, with comments such as, "I like the 1:1 experience within the pediatric world. It helped [me] gain confidence with working with families and younger patients. Also it helped me realize this is the type of population I want to work with after graduation." What an exciting opportunity for both nursing students and pediatric nurses to work together in bridging the gap from academics to practice.

Benefits of a DEU learning model:

- Encourages a culture of learning and professional development on the unit
- Nursing staff remain up-to-date on practice standards
- Student projects focus on quality and safety issues on the unit
- Creates a student nurse pipeline
- Improves quality, recruitment and retention of new nurses
- DEU graduates experience shorter orientation times when hired on a unit
- Integrates immersive reality-based nursing into nursing education
- Acclimates students into the culture of the unit



The new Infusion Center caters to patient family care and offers a central location to administer infusions.



Daiza Gordon and Lindsey Jett, RN II



INFUSION CENTER EXPANDS AND IMPROVES

New Infusion Center delivers on experience

It's a quiet afternoon in Daiza Gordon's room on C5. Both of her sons, PJ, 2, and Pharoah, six months, are sleeping. While the event of two kids napping simultaneously is a feat for any parent, Daiza is relieved knowing that her boys are both receiving their weekly enzyme replacement therapy in the privacy of their own room — while taking their nap, which means they won't be cranky back at home.

The new Infusion Center, which opened in July 2019, caters to patient family care and offers a central location to administer infusions, which were previously given on both the first floor of Location T and in the Emergency Department. The new space is also where inpatients go for infusions lasting less than 10 hours.

The suite contains seven bays with full side walls, and inside each bay is a TV, recliner and natural light. Two private rooms are reserved for special needs such as isolation, or in Gordon's case, sibling patients. Patients can receive support from the Vascular Access Team and Child Life & Integrative care, use the Get Well Network on their TV, and order meals through Food Services.

For Gordon, whose sons both have Hunter Syndrome, the new facility offers familiarity and gives her a break. "We get the same nurse every time," she says, nodding to Lindsey Jett, RN II. "They have PJ's favorite movie on when we get here and his favorite snacks ready. They know my voice on the phone."

Later weekday and weekend hours accommodate busy schedules too, as recommended by families involved in the planning. The center is open:

- 7 am – 7 pm Monday, Tuesday and Friday
- 10 am – 10 pm Wednesday
- 8 am – 4 pm Saturday

The center is staffed by nurses, licensed practical nurses and medical assistants, with Michael Henrickson, MD, serving as medical director and Kelly Hoover, RN, MSN, as clinical director.



4 hours
duration of the average
infusion



18
number of infusions
the new space can
accommodate per day



3,000
projected number of
infusions for FY20



QUALITY IMPROVEMENT IN THE VASCULAR ACCESS TEAM

Clinicians use sensor technology to enhance IV safety

Near-infrared monitoring devices can help clinicians detect complications with peripheral intravenous (IV) catheters even sooner, according to Darcy Doellman, MSN, RN, CRNI, VA-BC, clinical manager, and Sylvia Rineair, MSHA, BSN, RN, VA-BC, clinical director, who conducted a study published in the *Journal of the Association for Vascular Access*.



Darcy Doellman (left); Sylvia Rineair (right)

The aim of the study was to compare standard nursing care for IV site assessments in pediatric patients and to determine whether near-infrared technology can detect infiltrations earlier than

the standard of care. This is the first study evaluating the use of infrared technology for noninvasive, continuous monitoring of an IV site in the pediatric population.

The Vascular Access Team nurses evaluated the devices when placed close to an IV site and found that the sensors demonstrated an 80-percent sensitivity when a non-vesicant solution leaked out of the vein and into surrounding tissue, called an infiltration. Infiltrations can lead to serious injury and can delay therapies.

The sensor works by continuously measuring changes in how the underlying tissue interacts with light. When fluid is present in the tissue, the optical properties decrease and trigger an alarm.

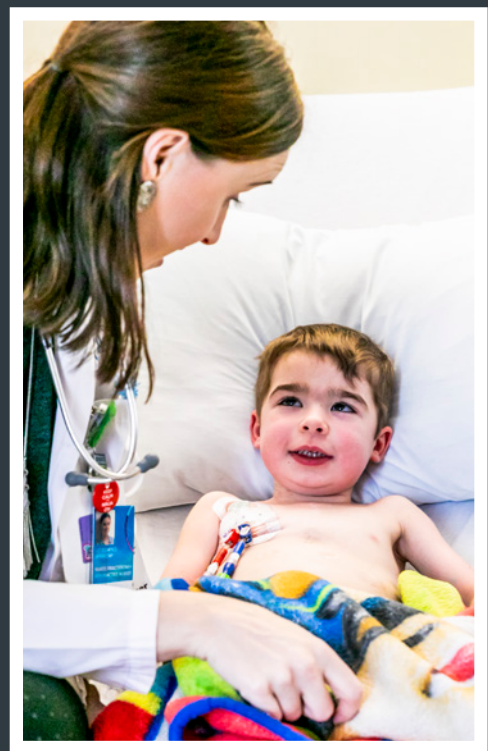
The nurses collected data on pediatric patients to 17 years of age who had a new IV in the hand or forearm and were receiving a continuous infusion from 2.5 kg. The IV site was routinely assessed and the device continuously monitored the IV. The study included a pilot group, a nonalarming group, and an alarming group.

Their study revealed that, in addition to hourly IV site assessments by the bedside clinician, pediatric patients receiving a continuous infusion may benefit from this type of novel technology.

On average, the device issued notifications up to 32.2 hours prior to clinician detection. Clinicians commonly assess IV sites every hour and sometimes every 5 to 10 minutes, depending on the type of therapy. **The site assessments paired with the near-infrared technology is already helping to improve outcomes for patients receiving continuous infusions at Cincinnati Children's.**

Infiltration is a common complication with peripheral intravenous (IV) catheters, and pediatric patients are a high-risk population. Frequent IV site assessments are necessary to detect early symptoms of IV infiltration.

AGE	AGE UNITS	WEIGHT (KG)	INFILTRATION DETECTED BY DEVICE BEFORE NURSE
8	months	7.3	yes
13	months	10.3	yes
16	months	9.9	yes
22	months	10.1	yes
23	months	10.2	yes
2	years	13.7	yes
4	years	17.1	yes
4	years	19.3	no
10	years	52.9	yes
12	years	81.5	yes
13	years	42.2	yes
13	years	65.5	yes
16	years	120.7	yes
16	years	75.3	no
17	years	84.2	no





2019 CINCINNATI REDS NURSE HERO

Nurse Laurel Stein was chosen to throw the first pitch at a MLB game

Laurel Stein knocks it out of the park every day in her job as a nurse in the Single Ventricle Interstage Program.

Stein, BSN, RN II, CPN, manages the care of some of our most fragile children: infants typically ages 4 to 6 months who were born with one pumping chamber in their heart instead of two, or single ventricle patients. They must undergo three surgeries in order to survive. Stein meets with families during the fetal stage, follows them through their stay in the Cardiac Intensive Care Unit/initial surgery/step down and remains with them as outpatients and for daily surveillance monitoring until their second surgery. Although caring for such fragile infants is both clinically and emotionally taxing, Stein considers herself blessed to be able to do so.

This passion and dedication might have contributed to her being named the 2019 Nurse.org/Cincinnati Reds Nurse Hero, a contest open to the Greater Cincinnati area in which hundreds of nurses were nominated and thousands of votes cast. Stein was recognized along with nine top nurses from the area on the field before the June 18 Reds game — and even got to throw the first pitch! Cincinnati Reds Nurse Hero finalists Tiffany Proto, RN III, CPON, Cancer and Blood Disease Institute, and Jami Steger, APRN, Pulmonary, were also recognized on the field before the game.

Sarah Herrle, clinical manager of the Cardiology Clinic, nominated Stein, which was all the more touching to the nurse as Herrle herself has a child with hypoplastic left



“I’ve been a nurse since 1986, and of all of the jobs I’ve had, this one is the most fulfilling. Getting to work with these families is really an honor.”

— Laurel Stein

“Parents come to rely on Laurel to translate for the physicians and help them cope and manage their life after the birth of their severely ill child.”

heart syndrome, the type of patients for whom Stein cares. “Parents come to rely on Laurel to translate for the physicians and help them cope and manage their life after the birth of their severely ill child,” Herrle says. “Laurel truly cares for these families in a way that transcends a professional-only relationship but brings her heart to each one of the patients and families. I am continually amazed by her caring, proud of her actions, and in awe of her heart.”

While Stein isn’t keen on being singled out in front of thousands of people, she enjoyed the feedback and nice comments she received once the announcement was made by Nurse.org. **“The field is not big enough to hold all of the Cincinnati Children’s Heart Institute team members that I believe should be out there with me!”** she said before the June 18 game. “Both Children’s and the Heart

Institute are awesome places to work because we have so many remarkable people that inspire me each and every day.”

In addition to the bonds she has formed with colleagues and the connection she is able to create with her families, Stein also actively works to improve outcomes for our patients. She and her team suggested an intervention to use feeding, swaddling and a pacifier to replace sedation for infants undergoing an MRI procedure. The team implemented this intervention and successfully reduced the use of general anesthesia among infants. In the past, this patient population’s mortality was 25%; Laurel’s team has decreased it to 3.5%.

This is just one example of the many all-star teams here at Cincinnati Children’s.





BEAM ME UP

Staff, patients, families and friends signed a piece of our future

In October, Cincinnati Children's and Messer Construction applauded the "topping out" of the new critical care building, which marked the completion of the concrete frame that will soon hold Location G, a 632,500-square-foot facility with 249 new beds dedicated to pediatric, cardiac and neonatal intensive care units.

Beyond beams, glass and concrete, the critical care building represents the collaboration of hundreds of staff, patients and families and community partners to transform how families will experience care at Cincinnati Children's. That's why when the opportunity came to sign a piece of the building — a 250-pound steel beam — hundreds came out to be a part of history.

The final 10-foot steel beam of the new building was covered with hundreds of signatures — by patients who have watched the building grow from their windows, teams who have had a say in the design and many staff who are excited for the hope it will bring to critically ill children and their families.

"Signing the beam for the critical care building was a special moment filled with reflection of the opportunities

Cincinnati Children's has given me in my career, pride of our team and excitement for our future," said Julie Zix, MSN, RN, clinical director, Neonatal Intensive Care Unit. **"This building is going to allow our team to deliver care in innovative ways that we haven't been able to deliver before, and to see that the patients and families signing the beam around me were just as excited as I was is a moment I will never forget."**

In November, crews hoisted the ceremonial beam into place at the construction site for the new Location G. It will serve as a reminder that the addition was the result of many voices throughout Cincinnati Children's — staff, patient families and friends who have made their mark on the medical center's history.



Location G Construction Promotes Diversity

Early on in the critical care building project, Cincinnati Children’s and Messer Construction committed to developing the skills of Cincinnati Children’s Avondale neighbors for new careers and emphasized hiring diverse business partners to build capacity in the construction industry. The medical center has already exceeded its economic inclusion goals with strong partners like rebar contractor Rod-Techs Inc., and Easterseals Serving Greater Cincinnati, a leader in breaking down barriers to employment.

32% of the overall contracts with certified minority and women-owned business enterprises; the goal was 30 percent

27% Surpassed diversity goals for on-the-job personnel with a total of 27 percent; the goal was 25 percent

24 residents hired

Hired 24 residents of the community for full-time careers; 12 additional participants have enrolled in and are on track to complete the workforce development/ apprenticeship program





Eubanks Zenith Award, Respiratory Therapy
Julie Feldstein, RRT



Ann Brandner Award — Social Work
Suzan DeCicca, LSW



Carol McKenzie Award for Excellence in Advanced Practice Nursing
Janalee Taylor, MSN, APRN, CNP



Florence Nightingale Award for Excellence in Nursing
Laura Olexa, BSN, RN, CPN P-SANE

Nursing Awards

- **B. Robison-Sporck Award**
Julie Anderson, BSN, RNIII, CPN
- **Susan R. Allen Leadership in Nursing Award**
Laura Flesch, DNP, RN, CFNP

Occupational Therapy/Physical Therapy Referral Coordinator Award

Dawn Howard

Occupational Therapy Award

Rebekah Music, OTR/L

Physical Therapy Award

Michael Clay, PT II

Melanie Hunt Memorial Registered Dietitian Award for Excellence in Nutrition

Theresa Mayes, RD, CSP, LD, CCRC

Robert E. Davis Award of Excellence — Patient Escorts

Mary Bodle

Dr. Curtis Sheldon Award for Compassionate Care

Brent Billingsley

2019 Speech-Language Pathology Director's Award

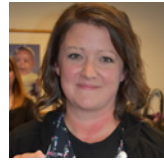
Marlo Wahle

David Huschart Pharmacist Excellence Award

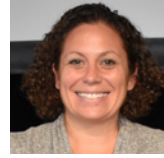
Nickolas Michel, PharmD



March of Dimes Ohio Nurse of the Year
Laura Olexa, BSN, RN, CPN P-SANE (left), Mackenzie Slack, RN II



Medical Assistant Anchor Award
Kelly Branscome



Managing Success Award
Lindsey Moore, RN, BSN
Chad Watkins, PharmD



Sunflower Award (Respiratory Care)
Lauren Lampkin, RRT



MHS Performance Recognition Award (Mental Health Specialist)
Lisa Morgan

The Barbara Black Pharmacy Technician Excellence Award

Robin Mouis, CPhT



Ruth Lyons Award of Excellence in Child Life & Integrative Care
Heather Storey

Maggie P. Montgomery Award — Health Unit Coordinator

Stephanie Brown

Daisy Leadership Award

Lynne O'Donnell, BSN, RN
Tony Zaya, BSN, RN, CPN

2019 Daisy Awards

January: Elizabeth Meyers, RN

February: Kristin Smith, BSN, RN, CPN

March: Teresa Schenthal, RN

April: Chantel Heidebrink, BSN, RNII, CDN

May: Matt McConnell, BSN, RNII, CPN

June: Christina Keil, RN

July: Jesse White, BSN, RN

August: Hannah Engel, BSN, RN, BMTCN

September: Julie Elfers, MSN, RNIII, CPN

October: Matt McConnell, BSN, RNII, CPN

November: Rachel Venderley, BSN, RN,

December: Colleen Griffin, BSN, RN, CPN



B. Robison-Sporck Award winner, Julie Anderson (third from left) and Jackie Dierig, Candy Moore and Kim Dietrich



Susan R. Allen Leadership in Nursing Award, Laura Flesch (left) with Barb Tofani, Senior Vice President, Patient Services



Maggie P. Montgomery Award winner, Stephanie Brown (third from left) with Angie White-Cole, Jamasha Hardy and Barb Tofani



Dr. Curtis Sheldon Award for Compassionate Care winner, Brent Billingsley (third from left) with Michael Coppage and Curtis Sheldon



Adam Hill wins Distinguished Nurse Administrator Award

Adam Hill, MSN, RN-BC, CPN, Vice President of Patient Services, was honored by Mount Saint Joseph University with the 2019 Distinguished Nurse Administrator Award. He has been an integral part of the Medical Center for the past 19 years. During that time he has grown and excelled in the various roles he has held (staff nurse, educator, director, Assistant Vice President) in the area of behavioral health. In each of his previous positions, he fostered an environment that promotes a spirit of inquiry and continuous quality improvement, specifically in his leadership for the assessment and development of employee safety initiatives and through strategic development of programmatic leadership.

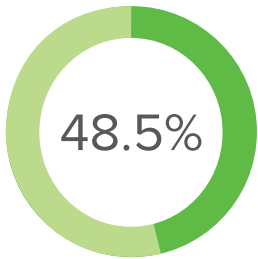


Cincinnati Children's Facts and Figures 2019

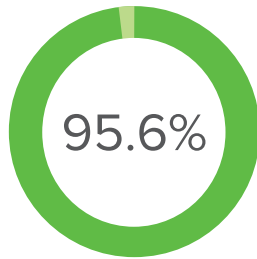
HOSPITAL FACTS AND FIGURES	
Number of beds licensed	692
Number of beds staffed	654
Number of ambulatory clinic visits	540,742
Number of admissions	20,113
Number of RN full-time employees	3,280
RN skill mix	88.8%
RN turnover rate	9.5%
RN vacancy rate	2%

Nursing & Allied Health Continuing Education

RN PROFESSIONAL DEVELOPMENT



Percentage of certified direct care RNs

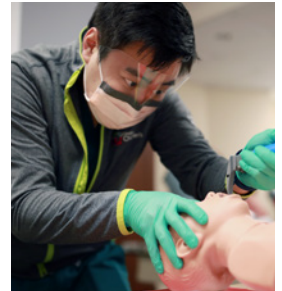


Percentage of certified RNs serving in leadership positions

- 4** Allied Health publications
- 19** Allied Health presentations
- 2,315** Total number of RNs who have nationally recognized certification

RN CONTINUING EDUCATION

- 13** Number of Nursing Grand Rounds live presentations
- 783** Number of nurses who attended Nursing Grand Rounds
- 5,136** Number of nurses who attended Nursing Grand Rounds online
- 699** Other online clinicians across country (GA, IN, NC)



STUDENT INFORMATION

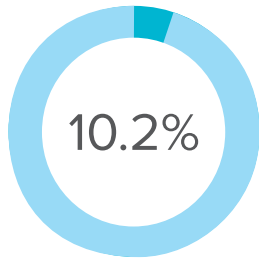
- 222** Undergrad cohort groups
- 1,358** Undergrad students completing clinicals
- 167** Graduate students completing clinicals
- 279** Allied Health students completing clinicals

- 1,804** Total students in patient services



Nursing Continuing Education

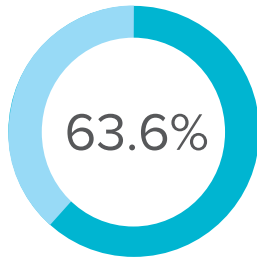
HIGHEST NURSING DEGREES OVERALL FOR RNS



10.2%

419

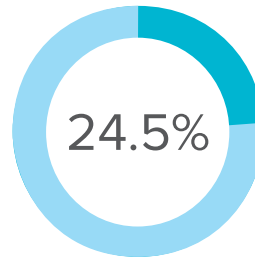
ASN/Diploma



63.6%

2,611

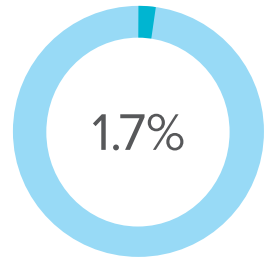
BSN



24.5%

1,004

MSN



1.7%

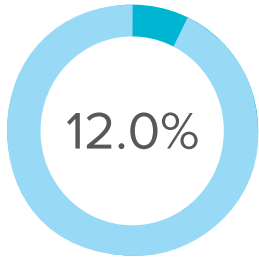
69

Doctorate

Total **4,103**



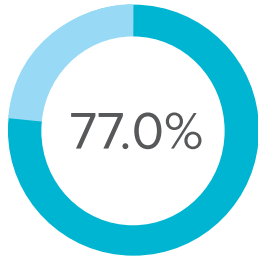
HIGHEST NURSING DEGREE FOR RNS PROVIDING DIRECT CARE



12.0%

363

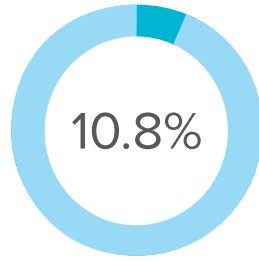
ASN/Diploma



77.0%

2,337

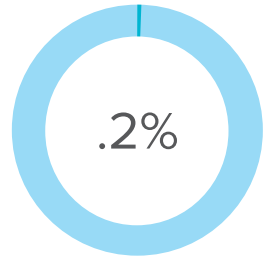
BSN



10.8%

328

MSN



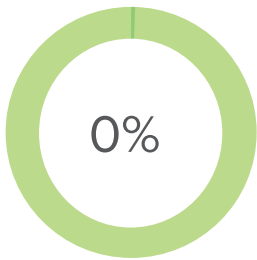
.2%

7

Doctorate

Total **3,035**

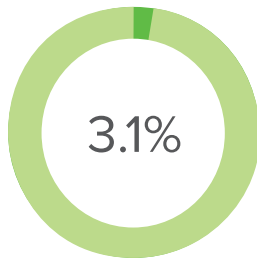
HIGHEST NURSING DEGREE OVERALL FOR RNS IN LEADERSHIP POSITIONS



0%

0

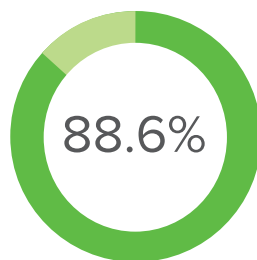
ASN/Diploma



3.1%

17

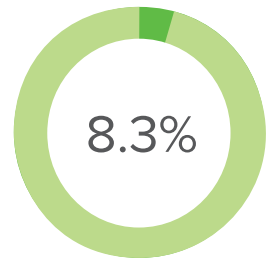
BSN



88.6%

478

MSN



8.3%

45

Doctorate

Total **540**

NUMBER OF EMPLOYEES WHO RECEIVED NURSING DEGREES

51	ASN/Diploma
351	BSN
99	MSN
16	Doctorate
517	Total



RESEARCH IN PATIENT SERVICES 2019

Faculty	6
Joint appointment faculty	7
Research fellows and post docs	3
Research graduate students	2
Total annual grant dollars	\$1,059,940
Research grant dollars	\$163,391



Research in Patient Services Team: (Row 1:) Amy Bailes, Karen Harpster, (row 2:) Timothy Phoenix, Lisa Hunter, Laura Ramsey, (row 3:) David Moore, Mark Paterno, Alexander Vinks

2019 NATIONALLY RECOGNIZED NURSING CERTIFICATIONS

Certification demonstrates to patients and families that we are the most skilled and experienced nursing professionals.



Diana Contreras
Mondragon
Allison Corcoran
Sandra Cosgrove
Susan Council
Sabrina Coyle
Diane Crabtree
Ella Crossley
Laura Cummins
Courtney Cunningham
Janice Dance
Kelley Daniel
Gina Gay Davidson
Allison Davis
Robyn Davis
Madilyn DeFosset
Brenda Kay Demeritt
Lisa Devoto
Megan Dickhaus
Rachel Dickman
Lauren Dinkelacker
Brenda Diver
Jennifer Donnellan
Christina Doukas
Melissa Dowler
Andrea Downing
Joshua Dunaway
Molly Duzan
Katie Dwyer
Brooke Earnest
Amanda Edwards
Bona Marie Eilerman
Jody Eisenhower
DeAnne Ellis
Hannah Engel
Jocelyn Evans
Shannon Evers
Angela Faulhaber
Megan Feder

Asmeret Abraha	Aimee Bell	Melissa Bowman	Bailey Caldwell
Jenna Abrams	Megan Bell	Tracey Bowman	Eric Campbell
Victoria Albert	Kara Bendle	Rose Boyle	Leah Carnes
Edwin Allgeier	Sara Berky	Katie Brady	Amber Castellini
Diane Appleberry	Tarah Berning	Grace Braley	Hannah Castrucci
Katherine Arata	Becky Berrens	Jaymee Brandenburgh	Sharon Chaney
Kaylen Arbogast	Kayla Berry	Amanda Brennan	Jillian Cheselka
Taylor Arnold	Kristina Beson	Aubrey Brown	Janis Chiarenzelli
Rebecca Ausdenmoore	Andre Bezerra	Morgan Brown	Julie Clark
Karyn Baioni	Alexis Bierbaum	Sarah Bruning	Tara Clark
Meaghan Baker	Denielle Bischoff	Debra Buck	Allyson Clements
Tara Baker	Laura Bischoff	Jennifer Buckley	Kristin Clephane
Jenna Ballman	Briana Bitterman	Brandi Buken	Kathleen Clifton
Ashley Baltimore	Angela Blake	Tracy Burch	Regina Coleman
Christina Banks	Lindsey Blankenship	Kelly Burns	Ashley Comberger
Mitzi Barker	Sheryl Ann Bloomer	Kathleen Butler	Amanda Combs
Jeanne Barth	Kimberly Bohne	Reilly Butler	Lauren Combs
Holly Baugh	Annamarie Borich	Amy Byrne	Sandra Conn
Christopher Baute	Sarah Bosarge	Mary Cabrera-Thurman	Anna Marie Conrad

2019 NATIONALLY RECOGNIZED NURSING CERTIFICATIONS



Kandice Ferdon
 Erich Finch
 Kevin Fischer
 Tricia Fischer
 Megan Fish
 Paula Fisher
 Clinton Fox
 Patricia Froese
 Julie Fugazzi
 Katie Fullenkamp
 Reagan Gadiant-Kaiser
 Muriel Garcia
 Derek Garde
 Mary Garrison
 Omoleagho Garuba
 Kelsey Gates
 Rebecca Gawronski
 Annemarie Gebhard
 John Gennett

Wanda Gerlach
 Betsy Gerrein
 Rebecca Gibson
 Abigail Gilbreath
 Suzanne Elizabeth
 Ginter
 Michael Glass
 McKenzie Graham
 Kristin Gramke
 Jennifer Green
 Colleen Griffin
 Shara Griffin
 Elizabeth Groh
 Stephanie Gronlund
 Amy Gross
 Sarah Grosser
 Lila Guidera
 Hannah Gunn
 Rebecca Gunn

Kayla Hackney
 Sarah Hallman
 Kimberlyn Hallock
 Dottie Hammersley
 Jessica Hampel
 Nicole Harris
 Kaylyn Hartmann
 Ellen Heidemann
 Kayla Heines
 Stephanie Herber
 Michelle Herre
 Sarah Jane Herrle
 Karalee Herweh
 Christine Heuthorst
 Audrey Hill
 Sara Hollowell
 Natalie Hornbeck
 Hannah Horner
 Joan Hornsby
 Maria Hurley
 Amanda Huth
 Robert Ide
 Stephanie Irwin
 Jennifer Isaacs
 Dawn Jack
 Emily Jackson
 Lori Jackson
 Joanne Jacob
 Holly Jacobs
 Elizabeth Jarboe
 Shannon Johnson
 Jonathan Jones
 Regina Jones
 Angela Jordan
 Katelin Kastner
 Emily Kauscher
 Christina Keil
 Kimberly Keitel
 Elena Keith
 Amber Kelly
 Stephanie Kelsey

Morgan Kingseed
 Erin Kissinger
 Colleen Klosterman
 Jane Knecht
 Morgan Kneip
 Emily Knoebel
 Stacey Knopp
 Marcie Kraus
 Rachel Krietemeyer
 Rita Kunk
 Ashley LaFollette
 Erin Lambert
 Allison Lamping
 Alexandra Lang
 Adam Lawrence
 Bridget Lee
 Bogdan Leshchinsky
 Stacy Marie Levi
 Jenni Liffick
 Meghan Linz
 Felicia Loeffler
 Kevin Lonneman
 Brittany Lovins
 Kimberly Luebbe
 Karen Macke
 Kelly Marquardt
 Madilyn Marshall
 Joanna Matheny
 Samantha Maxwell
 Julie Mazzaro
 Audrey McCabe
 Emma McCarthy
 Stephanie McCoy
 Cheri McCurley
 Lauren McQueary
 Marianne Meagher
 Alissa Meek
 Mallory Meier
 Melissa Merritt
 Lisa Midkiff
 Danielle Miller

Deborah Miller
 Megan Miller
 Vicki Miller
 Jenna Milligan
 Carly Mondillo
 Julie Anne Moody
 Therese Moore
 Samantha Moran
 Mary Morrison
 Nicole Moser
 Brittany Moulton
 Kimberly Mullins
 Renee Napier
 Dominique Navin
 Rebecca Neichter
 Jill Nelson
 Jacob Nestor
 Adam Neu
 Lauren Nichols
 Melissa Nichols
 Amber Niehaus
 Renee Niehaus
 Jessa Niemeyer
 Karly Oaks
 Allison O'Conner
 Sarah Rachel O'Cull
 Faith Olson
 Lucy Pui O'Quinn
 Ann Otte
 Brittany Owens
 Erin Paff-Rich
 Anna Paris
 Shannon Pearce
 Anne Pearson
 Kristin Perdiew
 Debra Perkins
 Holly Marie Pfiem
 Melissa Picard
 Kourtney Pickens
 Jennifer Lynn Pierani
 Abbie Pizzo

Rebecca Place
 Natalie Pleiman
 Raymuth Price
 Sarah Price
 Jennifer Proffitt
 Anita Pryor
 Sally Raber
 Charlene Rakes
 Carlin Ram
 Julie Ranz
 Vanessa Ratcliff
 Rebecca Ray
 Michelle Read
 Rebecca Reckers
 Melissa Rednour-
 Hosmer
 Jennifer Reed
 Meredith Reeve
 Katherine Reis
 Caitlyn Reynolds
 Roman Ridder
 Elizabeth Riley
 Peggy Rinehart
 Michelle Rios
 Dana Roberts
 Patrick Roberts
 Kara Robinson
 Jonathan Rogers
 Steven Rogers
 Elizabeth Root
 Elizabeth Rose
 Sherree Roseberry
 Daniel Rosekopanke
 Karen Rosenbalm
 Jessica Rummelhoff
 Jacqueline Ruter
 Adam Sams
 Lesha Santiago
 Brielle Saylor
 Rebecca Scalf
 Rachel Schatzman

Samantha Schlie
 Ellen Schmidt
 Kaitlyn Schmidt
 Jacquelyn Schnackel
 Khloe Schroeder
 Aubrie Schroer
 Amanda Schubert
 Anna Schwietering
 Colleen Scott
 Kelley Seibert
 Cathy Seliga
 Elizabeth Shaw
 Jessica Shaw
 Heather Sheehan
 Brittany Shepherd
 Jeffrey Shoemaker
 Mackenzie Slack
 Abigail Smith
 Kristin Smith
 Kassadi Snoke
 Ericka Snowden
 Michelle Spaulding
 Michelle Spencer
 Natalie Spicuzza
 Jennifer Spitznagel
 Jennifer Stager
 Taylor Stammer
 Jane Stanberry
 Mariah Staples
 Stephanie Steiner
 Nicole Stephan
 Katherine Storch
 Madison Stout
 Emma Strahm
 Monique Stull
 Emily Sturgeon
 Tori Switzer
 Kristine Szymik-McCall
 Anissa Taylor
 Margo Tedesco
 Kathryn Thatcher



Christina Thomas
 Katherine Thomas
 Erin Thompson
 KaCee Thompson
 Merissa Thompson
 Leslie Treadway
 Danielle Trisel
 Rebecca Trotta
 Kayla Tullius
 Kristine Uhlhorn
 Adriana Ungerleider
 Tracey Vanderpool
 Elizabeth Vidoli
 Adam Voegele
 Kara Vonderhaar
 Dana Vorst
 Cassandra Wagner
 Joseph Wagner
 Michelle Wainscott

Nicole Waits
 Corinne Walker
 Heather Ward
 Natalie Watson
 Seth Watson
 Mallory Webb
 Olivia Weingart
 Erika Welch
 Jami Wenstrup
 Ashley West
 Phyllis Whalen
 Vonda White
 Paige Whitfield
 Katharine Willen
 Jennifer Willoughby-
 Ferrick
 Katelyn Wilshire
 Heather Winch
 Barbara Winters

Patricia Woellert
 Alfred Wong
 Kelly Wood
 Stacey Woodruff
 Kyle Woodward
 Katherine Woolery
 Cathryn Yauch
 Anna Yockey
 Melissa Yockey
 Chelsi Young
 Diana Young
 Brittany Ziegler
 Lauren Zylka

