Colleagues and Friends,

I am delighted to present the Department of Patient Services 2018 Annual Report, which reflects another year of outstanding achievement at Cincinnati Children’s. Given the department’s volume of accomplishments throughout the year, it is clear that our employees are in perpetual motion, never ceasing to pursue the next breakthrough in patient care.

The destination on this “journey to excellence” is changing the outcome together, as you might suspect. That is exactly what these pages contain, whether they reference the state-of-the-art critical care building currently under construction or the fact that in 2018 our institution ranked No. 2 in the nation among Honor Roll hospitals in U.S. News & World Report’s 2018-2019 Best Children’s Hospitals list. We reached another milestone when Cincinnati Children’s once again attained Magnet® recognition by the American Nurses Credentialing Center, the highest honor an organization can receive for professional nursing practice. Out of nearly 6,000 hospitals in the United States, less than 7 percent hold this designation.

The voyage also included an innovative way to treat children with diabetes, realizing the power of music therapy, a nurse triage program that utilizes telemedicine, quality improvements in the division of Occupational and Physical Therapy, a new internship program for registered dietitians and the expansion of our world-renowned Project SEARCH. Driving the Medical Center along the way, of course, were our remarkable employees.

Indeed, we are on a journey, and our top-notch team in Patient Services won’t stop.

Sincerely,

Barb Tofani, MSN, RN, NEA-BC
Senior Vice President of Patient Services
2018 was a big year for Cincinnati Children’s. Thanks to the amazing work of our employees, we placed second in the nation among all Honor Roll hospitals in U.S. News & World Report’s 2018-2019 Best Children’s Hospitals ranking.

To determine the rankings, data from nearly 200 medical centers was collected through a detailed survey of measures including patient safety, infection prevention and adequacy of nurse staffing. In addition, more than 11,000 pediatric specialists were surveyed about where they would send the sickest children in their specialty. The top 10 of these hospitals made up the 2018–19 Honor Roll, in which Cincinnati Children’s was No. 2.

“This move ahead in the rankings reflects the passion and dedication of our employees who work tirelessly every day to improve the health of patients and families who come to us for care,” said Steve Davis, MD, chief operating officer. “We’ve reached number two in the nation because we put kids first.”

Cincinnati Children’s — #2 in the Nation!

Cancer
Gastroenterology & GI Surgery
Nephrology
Neurology & Neurosurgery
Urology
Diabetes & Endocrinology
Pulmonology
Orthopaedics
Neonatology
Cardiology & Heart Surgery

#1: Cancer and Blood Diseases Institute
The Cancer and Blood Diseases Institute, made up of more than 1,000 doctors, nurses, scientists, researchers and staff, is known for its innovative care. This includes a $120 million Proton Therapy Research Center and new CAR T-cell therapy. The institute was also one of the first in the world using precision tumor and leukemia DNA sequencing, is the leading national center for pediatric bone marrow transplants, and has developed an innovative fertility preservation program.

In addition, each clinical team in the institute includes basic science researchers who keep the team and their patients connected to current advancements in the laboratory.

#1: Gastroenterology and GI Surgery
Whether treating common conditions like inflammatory bowel disease or rare diseases such as Alagille Syndrome, the Division of Pediatric Gastroenterology, Hepatology and Nutrition at Cincinnati Children’s provides exceptional care. They are leaders both in liver and pancreas care with the largest liver transplant center and the Pancreas Care Center, which is one of only two programs in the country noted by the National Pancreas Foundation as a center of excellence.

The center for Eosinophilic Disorders, which is conducting breakthrough research, and the Colorectal Center, which has treated children from 88 countries and all 50 states, are both among the most comprehensive of their kind. The incredible work of these programs and the rest of the specialty teams that provide care to more than 13,000 children each year make it easy to see why they are ranked No. 1 in the country.

More than 13,000 children cared for each year
Cincinnati Children’s is a three-time Magnet® designated hospital. This is nursing’s highest honor, awarded by the American Nurses Credentialing Center (ANCC). Cincinnati Children’s was first bestowed the nation’s most coveted nursing award in 2009, followed by a redesignation in 2013. Redesignation is quite a feat; it requires reapplying every four years and culminates in a site visit by appraisers from ANCC. It also necessitates continually improved hospital outcomes.

U.S. News & World Report uses Magnet® recognition in its ranking criteria for its annual list of Best Hospitals. The June 2018 redesignation process required an incredible amount of teamwork under Patient Services Leadership and hundreds of others also played a role, including physicians, the division of allied health and, of course, our dedicated staff of nurses.

**What is Magnet®?**

The ANCC created the Magnet Recognition Program® in 1990 to recognize nursing excellence and healthcare organizations that provide the very best in patient care. Organizations must demonstrate evidence of transformational leadership, exemplary professional practice, new knowledge, innovations and improvements, structural empowerment, and empirical outcomes both in documentation and a site visit.

**Magnet® Site Visit**

Magnet® appraisers determined from our document submission that our scores were within the range of excellence for Magnet® and scheduled a site visit from the Magnet® Recognition Program to verify, amplify and clarify content in the written documentation. This was a big deal as only 10 percent of organizations are awarded a site visit based on the initial submission! The Magnet® site visit was an amazing success. Three appraisers toured inpatient and outpatient units, as well as neighborhood locations between April 23–25, 2018. We set the stage for a creative and engaging atmosphere and wowed the appraisers. This was an exciting and wonderful opportunity to highlight what we do every day in caring for our patients and the research being conducted at Cincinnati Children’s.

Magnet® appraisers visited multiple units and departments, conducted interviews with leaders and staff, and had open forums during their three-day visit. The visit focused mostly on clinical staff but appraisers could ask any employee questions about topics such as advancement, performance evaluation process, levels of professional practice, the hospital’s mission and organizational structure. It was estimated that 575 employees spoke to appraisers; there were 37 group meetings and meals; 50 care areas visited; and 15 presentations.

**Living Magnet® and Professional Practice**

While redesignation is a wonderful recognition, we can’t simply rest on our laurels. We are continuing our efforts to improve hospital outcomes and demonstrate the organization’s culture of continued positive outcomes not only for our nurses but also for the healthcare team, the organization and most importantly our patients. A Magnet® leadership group including clinical directors, clinical managers, and Center for Professional Excellence Magnet® team members meets monthly with the goal to discuss and operationalize our nursing professional practice to always meet Magnet® standards.

This is an exhilarating and noteworthy time at Cincinnati Children’s. Magnet® reminds us all to take responsibility for continued improvement in quality care, which ultimately accelerates our impact on child health. We will improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation.

**We did it again!**
**Exemplars**

Magnet® exemplars are stories that highlight excellence in nursing practice. The appraisers cited not one, but five exemplars at Cincinnati Children’s after the site visit. Our exemplars included:

**Nurse Education Opportunities: Co-Op Program**

Our partnership with University of Cincinnati College of Nursing on our Co-Op Program includes innovative recruitment strategies and paid positions for nursing students under supervision of direct care nurses. There have been 30 students enrolled with a savings of nearly $150,000 in the onboarding process and a three-year retention rate of 91 percent.

**Interprofessional Activities: Shared Governance**

Through Shared Governance, nurses assume leadership roles in collaborative, interprofessional activities to improve the quality of care. According to the appraisers, our dyad model is “extraordinary” and many efforts were highlighted, including:

- Collaborative Relationship Council’s focus on culture shift to improve patient experience scores
- Affordability and Technology Council achieving nearly $1 million in cost avoidance
- Innovation and Research Council’s $10,000 grant
- Safety Council reducing harm by 10 percent
- Comprehensive Coordinated Care Council’s standardization goal to achieve perfect care

**Nursing Satisfaction**

Our nursing satisfaction data at the unit level outperformed the national benchmark in all four categories in 70/70 units (100 percent above benchmark level)! Highlights included autonomy, professional development, interprofessional relationships and RN-to-RN teamwork and collaboration.

**Workplace Safety**

Employee injuries related to aggressive patients and/or psychiatric and medical patients were significantly reduced from an injury every 26 and 31 days, respectively, to 365 and 700 days, respectively. Several structures were put into place to decrease employee injuries, including:

- Daily safety briefs
- Leadership-sponsored group process analysis reviews
- 24-hour integrated care management program
- Staff autonomy to adjust staffing as needed for patient and employee safety
- Addition of staff safety equipment
- Staff partnership with peers and leadership
- Dissemination through publications, national and international organizations

**Innovation in Nursing: Fertility Preservation Program**

The recognition of missed opportunities for patients to receive fertility preservation consultation before initiating cancer treatment led to the implementation of the new role of Patient Navigator of Fertility Preservation. A comprehensive program was put into place that partners with other areas of the organization. It was featured in *U.S. News & World Report*, presented at several national programs, and attracted several on-site visitors from Boston Children’s and the Japan Society for Fertility Preservation. It is now considered a leading pediatric onco-fertility program.

**Fetal Care Expands Scope**

Construction is now completed on the Fetal Care Unit. The expansion includes several important additions including:

- A 24/7 special delivery unit for low-risk mothers who have high-risk babies requiring care in either the Neonatal Intensive Care Unit or Cardiac Intensive Care Unit
- 2 triage rooms
- 2 labor rooms
- 2 operating rooms to be used for both deliveries and fetal surgeries
- An infant resuscitation room adjacent to the operating rooms

The additions will have many benefits, including the ability to keep mothers together with their babies after delivery. This facilitates better care for the mother and baby, and minimizes the risks associated with neonatal transfer.
Critical Care Building on the Rise

Cincinnati Children’s has experienced tremendous growth over the last decade, especially in patients needing critical care. The increasing complexity and acuity has led to longer lengths of stay and has made 2018 our busiest year in history. As the need for critical care beds continues to grow, we are making significant progress on our Critical Care Building (CCB). The project will accommodate and enable growth by expanding services for our sickest patients, including those needing neonatal and pediatric intensive care, cardiac intensive care and bone marrow transplants. The expansion will also foster growth in innovative programs like the medical center’s Fetal Care Center (see page 8).

The project will add 632,500 square feet with 213 new beds plus 36 ICU overflow beds. The new building will accommodate additional space for new programs and allow for connectivity to the new building. Overall capacity at the Burnet Campus will increase by approximately 146 beds with current rooms repurposed or decommissioned. Total system inpatient capacity, including the Liberty and College Hill campuses will increase to more than 760 beds.

Building Progress

While previous planning saw extensive mockups, virtual reality, and employee and community input, 2018 also saw the successful completion of several key construction milestones. Two years of planning and partnership with the Avondale community, the city of Cincinnati and Hamilton county culminated with the start of mass excavation in May. Since then the structure has quickly risen, and the schedule has been accelerated to open in November 2021, ahead of our busiest months for inpatient census.

Moving Forward Together

As construction progresses, we have started to focus on all the activities needed for a safe and seamless transition to the new building. The complexity and size of the CCB far exceeds any previous project. Building readiness, activation sequencing, patient transfers and staff operational preparedness are only a few of the key elements that require detailed analysis and planning. Just as nursing and allied health professionals were involved in all aspects of the building planning, they will continue to be involved and help lead all activities tied to transition planning.

Rehabilitation Programs Shine Through CARF Accreditation

On September 18 and 19, 2018, four surveyors for the Commission on Accreditation of Rehabilitation Facilities (CARF) visited the Rehabilitation Unit to assess Cincinnati Children’s rehabilitation programs. During the two-day visit they reviewed the pediatric specialty, brain injury specialty, pediatric cancer rehabilitation and interdisciplinary pain rehabilitation, evaluating them against thousands of standards.

What they found emphasized the amazing work of our rehabilitation staff. Among the highlights was incredible leadership at the administrative and unit levels that fosters a culture of openness, trust and respect with staff who are dedicated to their profession. They noted a vast amount of resources for patients and families throughout the hospital, including technologically advanced and child-friendly rehabilitation gyms, innovative use of the GetWellNetwork® for providing helpful information, and tremendous psychological support services to match patient and family preferences. They also saw robust research programs for the brain, cancer and pain programs.

CARF has surveyed hundreds of thousands of programs internationally as an independent nonprofit accreditor since 1996. Cincinnati Children is the first children’s hospital in the world to have CARF accreditation for pediatric cancer rehabilitation, and the second to have CARF accreditation for pediatric pain rehabilitation.

“We’re very proud of our survey results and thankful to staff for their hard work in making it a resounding success,”

– Sue Harlow, OTD, OTRL, rehab program coordinator
Diabetes Day Hospital

The Diabetes Center at Cincinnati Children’s, ranked #3 in the nation by U.S. News & World Report, is known for its leading research and years of success helping patients and families. It is part of the Endocrinology program, which houses:

- The largest Turner Syndrome center of its size
- The most advanced center for disorders of sex development in the world
- A growth disorders center that serves as a national referral center
- A recently-expanded Type 2 diabetes clinic.

Their newest program is the diabetes day hospital.

According to the Center for Disease Control, nearly 18,000 children and adolescents under the age of 20 in the United States were diagnosed with Type 1 diabetes in 2011 and 2012, with an annual relative increase of 1.8 percent. The Diabetes Center at Cincinnati Children’s sees many of these patients each year and they know how difficult it can be for families to manage a new diabetes diagnosis with their child. It is a process that involves coming to terms with the diagnosis, understanding the disease and learning to manage it through equipment and lifestyle.

Before the diabetes day hospital began, it was standard for newly diagnosed diabetes patients to be admitted to the inpatient unit for education and observation. The average length of stay was an expensive 60 hours, which was often denied by insurance companies. What started as an attempt to reduce the length of stay for newly diagnosed diabetes patients turned into an innovative redesign of the program. While it initially cut down the length of stay by 12 hours, leaders wanted to do more to improve the patient family experience and reduce costs.

The goal of the new program was to provide the same safe care and education with access to the inpatient unit, patients are now screened for risk levels and proximity to the hospital. Those who fall into lower risk groups and live close enough to the hospital can go home for the night and come back the next two mornings for two days of on-site education and training.

Providing patients who are medically stable and close enough to the hospital the ability to go home at night was good for both families and the department. The ability to go home is comforting and reduces the financial burden of being admitted. Before the day hospital program, the average charge to patient and insurance claims for a new diabetes diagnosis was $24,000 with an 80 percent denial rate and a 52 percent reimbursement rate. The average day hospital charge is now $2,800 with a zero percent denial rate and a 72 percent reimbursement rate. That means an estimated $2.1 million less charged to families each year.

Here’s what parents and clinical staff said about the new diabetes day hospital program:

PARENTS:

“Thanks for letting us go home and feel like we could live the first night.”
“Like being with people like me in class.”

CLINICAL STAFF:

“Families seem to learn better on a schedule.”
“Families can lean on each other in group classes.”
“Bed space is no longer a big problem.”
“We look for things that we can see that can enhance the nursing triage assessment and experience,”
– Liz Hutzel-Dunham, RN

Pediatric Primary Care’s Telehealth Nurse Triage
Cincinnati Children’s is embracing the future, exploring new models of care delivery and meeting the needs of patients from the comfort of their home through telehealth.

Cincinnati Children’s has three primary urban care clinics and three school-based health centers, serving a population of 37,000, of which 85 percent have Medicaid coverage. Primary urban care clinics have a strong commitment to their patients and families through the utilization of a multidisciplinary approach that includes nursing, physicians, social workers, legal aid representatives, care management and dietitians supporting 684 visits a week. In addition to clinic visits, approximately 800 phone calls are triaged weekly by clinical nursing staff to provide patient education and support.

In an effort to expand patient care, improve patient/family experiences and reduce costs, nurse Liz Hutzel-Dunham and the Pediatric Primary Care clinic staff conducted a feasibility study to strengthen triage disposition recommendations, appropriately utilize resources and improve family satisfaction. This was achieved through the development and integration of a video-based triage model. The model would improve clinical practice algorithms, detect barriers and identify outcomes important to key stakeholders.

Pediatric Primary Care’s Telehealth Nurse Triage

How it works:
1. Families call in through the call center with their child’s health complaint.
2. The call is then routed to the clinic triage nurses who identify conditions where the patient disposition can be enhanced through a video display.
3. If indicated, and technology is available in the patient’s home, the nurse sends the caller a text link to a video conferencing application.
4. The nurse determines the need for health education and dispositions for home care, clinic appointments (urgent or within 72 hours) or emergency care.
5. A caregiver satisfaction survey is requested after the completion of each encounter.

Rate your overall experience using Telehealth:
Caregivers who took part in a study were surveyed on their overall satisfaction with the Telehealth experience. Of those parents, 77 percent reported that they would use Telehealth in the future; 23 percent did not complete the survey.

Reasons caregivers stated they would use this form of technology again were:
• The process saved time
• The process helped alleviate transportation issues
• The ability to “see” the person they were talking to
• They felt that their medication instructions were clear
• They felt confident that correct care recommendations were given
• They liked that the patient was “seen”
• They liked that they did not have to leave home
• They enjoyed the “hands on” experience

The experience saved a trip for unnecessary visits, alleviated some worries, and no wait times — a big plus.

The feasibility study results indicate telehealth has an impact on disposition. Based on findings, Telehealth is improving access to care, use of resources and consumer satisfaction in the Pediatric Primary Care clinic. As Telehealth continues to disrupt the healthcare delivery system, we anticipate this model of care to be widely adopted.

Hutzel-Dunham says that lessons were learned with this endeavor and are being addressed. Among them was the introduction to and adoption of the technology for nurses and physicians. There were also technology failures such as a caregiver not receiving the text to download the application; caregivers not comprehending the troubleshooting, poor connections and users not having enough storage space on their phone to download the application. There were also logistical issues such as infants needing another caregiver present, infants being placed in a secure position so that the caregiver could manipulate the device (smart phone/tablet), and families being asked to go to a well-lit area.

Pediatric Primary Care’s Telehealth Nurse Triage

“Pediatric Primary Care’s Telehealth Nurse Triage” Video
https://youtu.be/FAvGj46rh8

PRE/POST TRIAGE CALL DISPOSITION

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The classroom is part of the Project SEARCH program, started at Cincinnati Children’s in 1996 by Erin Riehle, then the special education director at Great Oaks Career Campuses, and the Project SEARCH program was born.

Project SEARCH’s mission is to help people with intellectual and developmental disabilities find and keep meaningful, satisfying employment. Its unique design bridges instruction, but also serves as a home base where they return at the end of the day to talk about their experiences.

The rest of the time, when interns are outside the classroom, they are fully immersed in a business department. Here they get training and perform real work tasks of the job. They become familiar with the workplace culture and learn to work together with a team of managers, coworkers and customers. Throughout the year, interns cycle through internships in three different areas. This gives them more practice interviewing and the opportunity to learn three different sets of job skills and work environments.

“This is my internships because they teach me about real jobs and real situations,”
– Conner Sweeney, a Project SEARCH intern
In alignment with Cincinnati Children’s mission and vision to be the leader in improving child health, Occupational and Physical Therapy established an intentional structure to coordinate strategic activities related to research, quality improvement, programs, evidence-based practice and condition outcomes improvement. This structure is comprised of Translating Research and Clinical Knowledge (TRACK) teams with frontline clinicians as leaders of the teams.

TRACK team initiatives allow clinicians to directly impact the care provided to patients and families. The integrated infrastructure provides the support and accountability to produce momentum and sustain progress toward our strategic goals. By creating a culture that supports continuous learning, improvement and making decisions that are data driven and linked to current best evidence, the specialized programs benefit from the growth and development stimulated by the TRACK team work. This exemplar work is recognized by professional organizations and colleagues through publications and presentations, nationally and internationally.

Spine Program (low back pain)
Research has shown that non-specific low back pain (LBP) occurs in up to 78 percent of adolescents, which is comparable to the 85 percent prevalence of LBP in adults. LBP in children has been found to be a significant risk factor for experiencing LBP in adulthood; therefore, appropriate management of this condition in younger ages is vital to potentially preventing future recurrence in these patients. When considering the non-specific nature of the majority of LBP in children and adolescents, their team determined there was benefit in applying the American Physical Therapy Association Low Back Pain Guideline to the pediatric population, and so they put this into clinical practice. In 2018, the spine team, led by Mike Allen, clinical manager of Physical Therapy, improved the percentage of children and teens with LBP achieving full resolution of symptoms within four months from 13.2 percent to 25.6 percent (93.9 percent improvement). In an effort to increase patient engagement and impact lost to follow-up, they also introduced the use of tools to educate and engage patients and caregivers in their rehabilitation program.

The 2018 TRACK team achieved quality and outcomes improvement in their spine program (low back pain), cerebral palsy and high-risk infant teams, as well as the congenital muscular torticollis teams.
Cerebral Palsy and High-Risk Infant Teams
The hospital-wide Mind Brain Behavior (MBB) Collaborative was established to integrate an approach to all healthcare related to mind, brain and behavior. It was designed to be the catalyst for transformational change by creating opportunities and reducing barriers for enhanced collaboration in clinical care and research. As part of this collaborative, separate Occupational and Physical Therapy TRACK teams focus on cerebral palsy (CP), infants at high risk for CP, and traumatic brain injury (TBI).

The CP team, led by Amy Bailes, PT, PhD, integrates and optimizes care for children with CP. Their mission is to implement an easy-to-navigate integrated program of excellence for children with CP and their families to optimize their outcomes and opportunities within the healthcare setting and in the community. Their work, started in February 2018, focused on:

- Reducing unwarranted variation and fragmentation of care
- Facilitating early systematic screening of motor delays in high-risk populations
- Achieving early, accurate diagnosis of CP
- Creating a universal triage for patients with CP into appropriate, well-coordinated care pathways
- Expanding knowledge translation and research

In 2018, they developed and spread a novel documentation system for capturing the discrete elements of PT intervention dose (time, type, frequency, intensity) for individuals with CP, which established and testing workflows to trigger referral of “at risk” infants to IMEC after initial identification by OT/PT.

Congenital Muscular Torticollis Team
The congenital muscular torticollis (CMT) team is led by Amy Mischnick, PT. CMT is an idiopathic postural deformity presenting at, or shortly after, birth. It is characterized by lateral flexion of the head to one side and cervical rotation to the opposite side due to unilateral shortening of the sternocleidomastoid muscle. In the newborn population, incidence of CMT ranges from approximately two percent to 16 percent. Early identification and referral for therapeutic interventions is known to result in complete resolution of CMT for most infants, reducing the need for further interventions, including surgery. The work of the CMT team resulted in an improved percentage of children achieving full resolution of CMT within six months from 42 percent to 60 percent (45 percent improvement). They were also able to decrease time to achieve full resolution from six months to four months (currently 58 percent of children achieve complete resolution in four months). In 2018, the CMT team extracted data to study infants receiving supplemental interventions and infants with atypical CMT. In addition, they began work to integrate updates to our care guideline into our clinical practice.
A Music Therapist Shares the Moving Power of Music

We know that creative arts have magical powers, but according to one music therapist, sometimes a person has to see it firsthand to believe. Nate Ewusie-Mensah, MT-BC (pictured above), is a believer many times over. He serves patients in Cardiology, the Cardiac Intensive Care Unit, Pulmonary, Surgery and at the Liberty campus, and he’s happy to tell about his experiences.

“A patient with a mental health diagnosis told me he liked heavy metal, but he looked ashamed and expected judgment. Perhaps others had said that heavy metal music was not healthy for him to like,” said Ewusie-Mensah. “The next week I brought in two electric guitars and showed him how to play a few hard rock/heavy metal riffs. This individual, who typically had issues trusting and socializing with anyone in authority positions, was suddenly opening up to me and fully engaged.”

The impact he had on that patient is just one of the reasons Ewusie-Mensah loves the Music Therapy program at Cincinnati Children’s. Established in 2006 as part of Child Life and Integrative Care, the program now has four music therapists at the Main campus serving inpatient units, two at the College Hill campus for mental health services, and one providing end of life care through Starshine Hospice. The division also hires one intern every year and has a Music Therapy Fellowship program. The fellowship provides a post-internship educational opportunity for those interested in further training and development.

In March, Second Lady Karen Pence visited the medical center to learn more about how the music and art therapists use the creative process of music making, painting and other art forms to help patients and families cope with their hospitalization and disease.

“We all have a variety of musical experiences and preferences that are core facets of who we are, and our patients bring this to the table during therapy sessions,” Ewusie-Mensah said. “Perhaps our program is gaining more attention because people are believing in the power of our work. We don’t just provide services while a patient is here; we provide services that hopefully impact an individual positively for the rest of his or her life. We want to teach coping skills and allow for a patient to gain the confidence and knowledge within to remember during the tough times and how he or she got through it the last time.

“Whether a patient realizes it or not, they are musical and they have music preferences,” Ewusie-Mensah said. “Using the type of music a patient likes is where the therapeutic relationship starts, as we bond with their interests. Whether it’s Moana, Adele, Johnny Cash, Metallica or Kendrick Lamar, we get to bond over musical experiences.”

Music therapy care extends beyond the patient and across the entire family. If a therapist can reduce a patient’s stress or discomfort, he or she in turn reduces a family member’s stress or anxiety. “We love including families in our sessions because we know that they are going through the most trying periods of their lives, and we really care about the wellbeing of everyone in those rooms,” said Ewusie-Mensah. “Reducing stress, even by a little, affects everyone positively in a holistic way. “I once had a patient who had just had a surgery and was in severe pain during recovery. This typically bubbly little girl was suddenly downtrodden, depressed and angry. After I helped her reconnect with her musical joy, she was clapping and singing at the top of her lungs while her parents played on drums and bells and Grandma shook a tambourine. For those moments, that girl was returned and reconnected to her joy and sense of wholeness. That’s why I do what I do, for those moments. Because I care. Because I believe music makes a difference and heals.”

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**MUSIC THERAPISTS USE A VARIETY OF POPULAR INTERVENTIONS:**

- Song re-creation
- Music listening
- Improvisation
- Music-assisted relaxation
- Computer-based composition
- Musical games
- Movement to music
- Heartbeat recordings
- Music and imagery
- Songwriting
- Therapeutic lessons on instruments
What is a department director to do when there are staff openings but no pediatric-trained registered dietitian nutritionists (RDN) available to hire? Provide a training program yourself, of course.

This was the situation that Vinita Kamath, MS, RD, LD, MHA, director of Nutrition Therapy, found herself in shortly after her arrival at Cincinnati Children’s. “I had realized that there are only a handful of pediatric internships in the United States and only 20 percent of the hospitals are pediatric facilities. It was obvious that talent acquisition would be a challenge for future recruitment at the Division of Nutrition Therapy,” Kamath said. At the time, the nutrition department offered dietetic students at the University of Cincinnati (UC) only seven weeks of clinical experience, which was primarily observational. Realizing the experience was inadequate preparation for employment, Kamath reached out to an Academy of Nutrition and Dietetics (AND) representative at the Commission on Dietetic Registration (CDR). The CDR representative recommended she create a pediatric clinical nutrition career track in partnership with the UC dietetic internship program. Soon after, Kamath approached Dr. Sarah Couch, director of UC’s Nutrition and Dietetics Program and interim director of its Coordinated Program in Dietetics (CPD), with this idea.

Dr. Couch supported the new career track. Before handing over the program to John Pantel, director CPD, Dr. Couch worked to accommodate the extended time requirements needed to provide adequate pediatric training. She did this by allowing the chosen CPD students to complete their entire 15-week spring semester practicum hours pursuing a pediatric nutrition experience at Cincinnati Children’s. Pantel said, “The Cincinnati Children’s program has been a huge hit with the UC students, with almost half of the annual 30 CPD students vying for the four spots in the pediatric-focused rotation.” He continued, “While other dietetic internship programs have pediatric concentrations, we believe this to be the only extended pediatric rotation available in the country.”

Obtaining one of the four pediatric dietetic internship openings is very competitive and has allowed the Nutrition Therapy department to be very selective in the decision process. The application process is open, so any CPD student may submit an application, which consists of answering some pertinent questions, completing a case study and providing their resumes with GPAs included. Kamath, along with managers Nancy Stamp, MS, RDN, LD, CNSC, Susan Tulley, MPH, RD, CSP, LD, and the RDNs on the selection committee use an objective tool to rate the applications. Once the applications are assessed and scored, the top eight applicants are interviewed by the selection committee and from these, the four spots are filled.

The process started in the spring of 2017 with the inaugural pediatric dietetic internship group starting January 2018. The four CPD students chosen were Sydney Huesman, Maggie Huey, Carley Schmidt, and Christine Schnell. They completed their 15-week pediatric internship by rotating through multiple areas including general pediatric, Pediatric Primary Care, neurology, cardiology, nephrology, Transitional Care Center, surgery, gastroenterology, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit, various outpatient clinics and some specialty areas including lactation, cystic fibrosis and psychiatry. They obtained training in infant formula selection and calculation, enteral feedings including various feeding tubes and pumps, parenteral nutrition and Nutrition-Focused Physical Exam (NFPE), as well as learning to properly diagnose malnutrition. Through this internship, the four interns acquired a solid base knowledge of pediatric nutrition and all four went on to successfully pass their registration examinations on their first attempt. Today all four are successfully employed and providing medical nutrition therapy in various areas throughout Cincinnati Children’s.
Ruth Lyons Award of Child Life and Integrative Care Distinction
Rachel Franklin, MS, CCLS

Zenith Award, Respiratory Therapy
Mary Noonan, RTIII

Ann Brandner Award — Social Work
Stephanie Coffey, MSW, LSW

Director’s Award for Excellence — Speech-Language Pathology
Maria Wahrle, MS, CCC/SLP

Nursing Awards
• B. Robison-Sporck Award
  Grace McIntyre-Patton, RNIII
  Susan R. Allen Leadership in Nursing Award
  Jennifer Gold, RN

Melanie Hunt Registered Dietitian of the Year Award
Theresa Mayes RD, CSP, CCRC

David Gerard Huschart, RPh
Pharmacist Excellence Award
Dan Demopoulos, RPh

Carolyn Stoll Award — Nursing-led Research
Victoria Hickey, DNP, RN

Barbara Jean Black Technical Excellence — Pharmacy
Elizabeth Hazelbaker, CPRT

Mary Noonan (center) with Tina Eubanks, clinical director, Respiratory Care, and Dave Mayhaus, vice president, Patient Services.

2018 Maggie Montgomery Award recipient Tiffany Puska (center) with Melissa Bressler, wheelchair attendant, who is seated, and Shelly Stark, director, Specialty Resource Unit Clinical Support Team.

Carol McKenzie Award winner Cindy Tudor with nominees (left to right) Shelly Stark, Lindsey Justice, Robin Mueller, Amy Flores, Karyn Weber, Suzanne Black and Randi Mullane.

Robert E. Davis Award of Excellence — Patient Escorts
Marcelino Ploplis

Maggie P. Montgomery Award — Health Unit Coordinator
Tiffany Puska

Carol McKenzie Award for Excellence in Advanced Practice Nursing
Cynthia Tudor, MSN, APRN-CNP

2018 Maggie Montgomery Award recipient Tiffany Puska (center) with her Liberty CBDI team and Angie White-Coyle (far left), clinical director of the Specialty Resource Unit Clinical Support Team.

2018 Daisy Awards
Mary Giblin, Anesthesia
Jonathan Rogers, PICU
Connie Lunsford, PICU
Ron Gallimore, CICU
Kim Klumb, BMT
Carly Heckman, SRU
Shelley Goldman, Psych
Jes Andres, CBDI
Jennifer Willoughby, Liver Transplant

Char Mason Wins Lifetime Achievement Award
In October 2018, Charlene Mason, RN, MBA, BSN, NEA-BC, was awarded the 2018 Mount St. Joseph Lifetime Achievement in Nursing Leadership Award.

Just one year before, Mason retired as Vice President of Patient Services after 34-plus years of service at Cincinnati Children’s. Starting as a nursing assistant while still in nursing school at University of Cincinnati, she has had many roles throughout the hospital including RN, education coordinator, director of satellite operations, executive director of outpatient services, and finally vice president of operations and patient services. She was recognized for her work in creating the first pediatric free-standing ambulatory surgery center in the nation, and for her overall vision and leadership.

Char Mason (center) with Tina Eubanks, clinical director, Respiratory Care, and Dave Mayhaus, vice president, Patient Services.
Cincinnati Children’s Facts and Figures 2018

<table>
<thead>
<tr>
<th>Hospital Facts and Figures</th>
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<tbody>
<tr>
<td>Number of beds licensed</td>
<td>700</td>
<td></td>
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<tr>
<td>Number of beds staffed</td>
<td>634</td>
<td></td>
</tr>
<tr>
<td>Number of ambulatory clinic visits</td>
<td>532,495</td>
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</tr>
<tr>
<td>Number of admissions</td>
<td>19,382</td>
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<tr>
<td>Number of RN full-time employees</td>
<td>3,123</td>
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<tr>
<td>RN skill mix</td>
<td>88.7%</td>
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<tr>
<td>RN turnover rate</td>
<td>10.3%</td>
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<tr>
<td>RN vacancy rate</td>
<td>6.4%</td>
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Nursing & Allied Health Continuing Education

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<thead>
<tr>
<th>RN Professional Development</th>
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<tbody>
<tr>
<td>Percentage of certified direct care RNs</td>
<td>49.7%</td>
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</tr>
<tr>
<td>Percentage of certified RNs serving in leadership positions</td>
<td>95.0%</td>
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<table>
<thead>
<tr>
<th>RN Continuing Education</th>
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<tbody>
<tr>
<td>12</td>
<td>Number of Nursing Grand Rounds live presentations</td>
<td></td>
</tr>
<tr>
<td>495</td>
<td>Number of nurses who attended Nursing Grand Rounds</td>
<td></td>
</tr>
<tr>
<td>1,387</td>
<td>Number of nurses who attended Nursing Grand Rounds online</td>
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</tr>
<tr>
<td>97</td>
<td>Other online clinicians across country (GA, IN, NC)</td>
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</table>

<table>
<thead>
<tr>
<th>Student Information</th>
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<tr>
<td>285</td>
<td>Undergrad cohort groups</td>
<td></td>
</tr>
<tr>
<td>1,537</td>
<td>Undergrad students completing clinicals</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>Graduate students completing clinicals</td>
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</tr>
<tr>
<td>418</td>
<td>Allied Health students completing clinicals</td>
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</tr>
<tr>
<td>2,370</td>
<td>Total students in patient services</td>
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### Nursing Continuing Education

#### Highest Nursing Degrees Overall for RNS

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>ASN/DIP</td>
<td>11.5%</td>
</tr>
<tr>
<td>BSN</td>
<td>63.5%</td>
</tr>
<tr>
<td>MSN</td>
<td>23.5%</td>
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<tr>
<td>Doctorate</td>
<td>1.5%</td>
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**Total:** 3,890

#### Highest Nursing Degree for RNS Providing Direct Care

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
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<tr>
<td>ASN/DIP</td>
<td>13.7%</td>
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<tr>
<td>BSN</td>
<td>76.6%</td>
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<tr>
<td>MSN</td>
<td>9.5%</td>
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<tr>
<td>Doctorate</td>
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</table>

**Total:** 2,856

#### Highest Nursing Degree Overall for RNS in Leadership Positions

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASN/DIP</td>
<td>0.2%</td>
</tr>
<tr>
<td>BSN</td>
<td>3.9%</td>
</tr>
<tr>
<td>MSN</td>
<td>88.4%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>7.5%</td>
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**Total:** 508

#### Number of Employees Who Received Nursing Degrees in 2018

<table>
<thead>
<tr>
<th>Degree</th>
<th>Number</th>
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<tbody>
<tr>
<td>ASN/DIP</td>
<td>38</td>
</tr>
<tr>
<td>BSN</td>
<td>298</td>
</tr>
<tr>
<td>MSN</td>
<td>79</td>
</tr>
<tr>
<td>Doctorate</td>
<td>20</td>
</tr>
</tbody>
</table>

**Total:** 435
2018 Nationally Recognized Nursing Certifications

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

Dr. Barbara Giambra Receives NIH Award

Congratulations to Barbara Giambra, PhD, RN, CPNP, who received a K23 Career Development Award from the National Institute of Nursing Research at the National Institutes of Health. The research of Giambra focuses on the communication behaviors of providers and families of children with chronic conditions, and how those behaviors impact the family’s ability to manage the child’s care. The three-year award of nearly $465,000 will fund Giambra’s observational study of communication behaviors among parents of children with ventilator dependence admitted to the Transitional Care Center and their nurses. She will apply a newly developed coding scheme based on her Theory of Shared Communication to quantify those communication behaviors and assess their influence on family management and child outcomes after discharge.