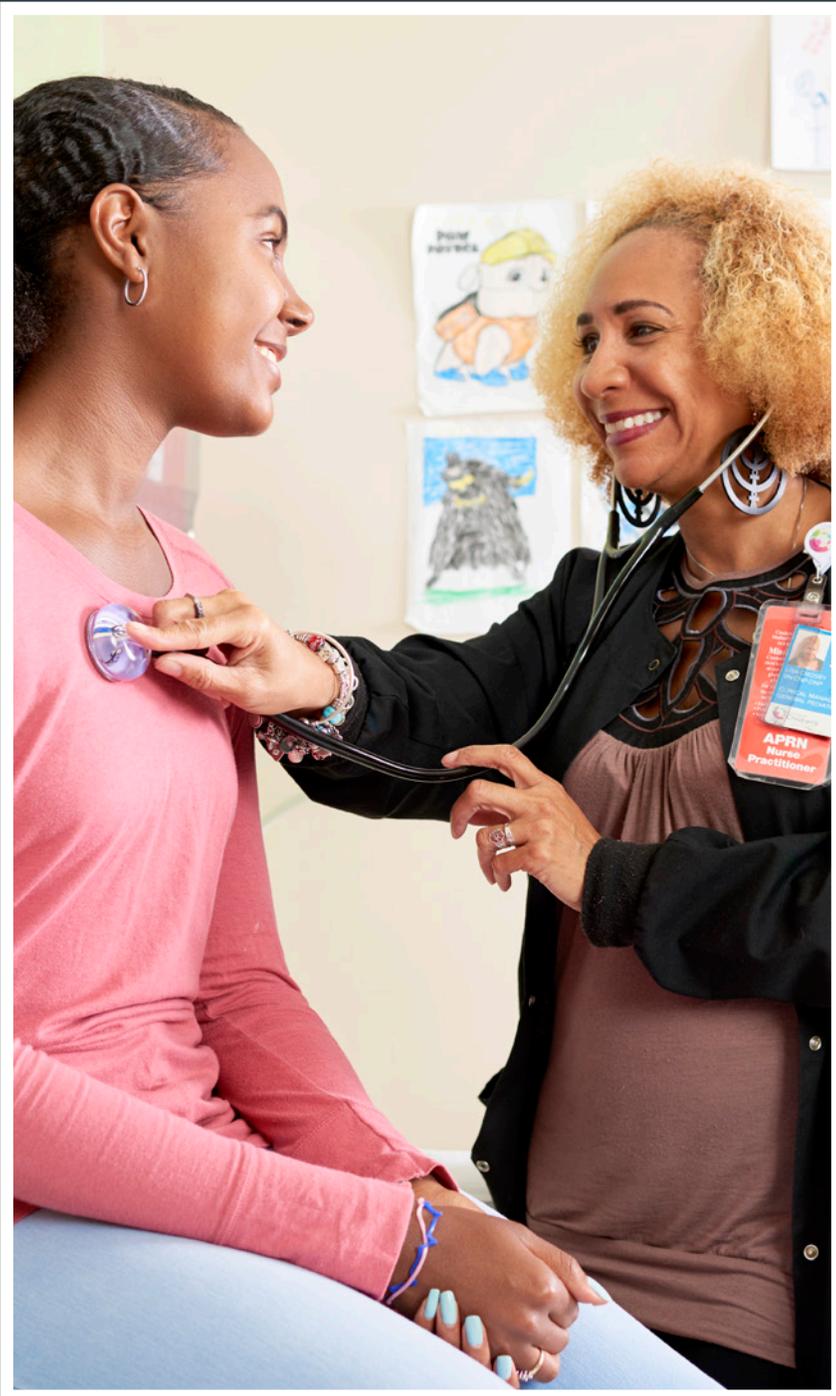


# Our child health heroes





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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 Bencotter, 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.

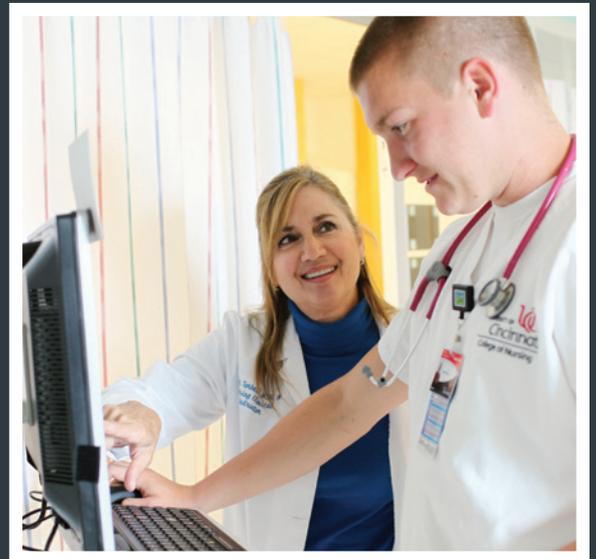
**The basic DEU tenets are peer teaching, collaboration between educators and clinical service providers to enhance student learning, and improved clinical experiences.** The goals of DEUs include: enhanced collaboration between nursing academia and practice, student application of theory in practice 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.

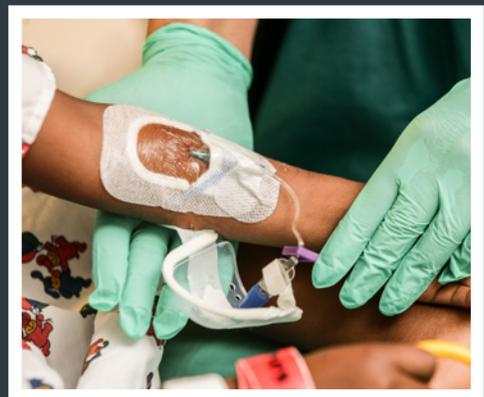
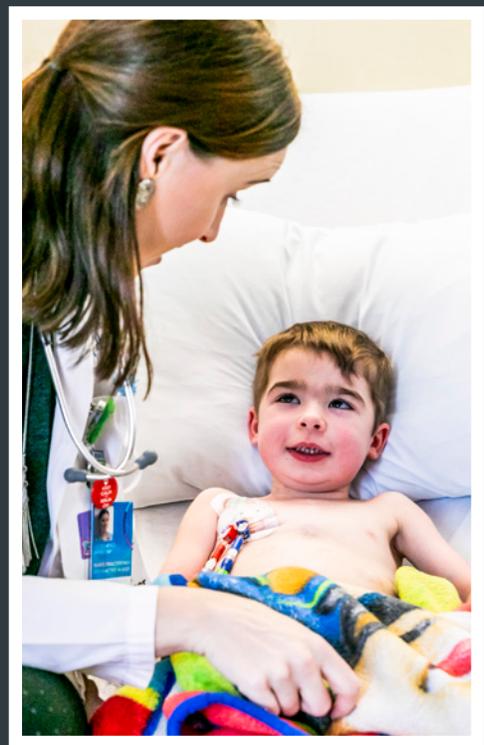
The nurses collected data on pediatric patients to 17 years of age who had a new IV in the hand or forearm and were receiving a continuous infusion from 2.5 kg. The IV site was routinely assessed and the device continuously monitored the IV. The study included a pilot group, a nonalarming group, and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

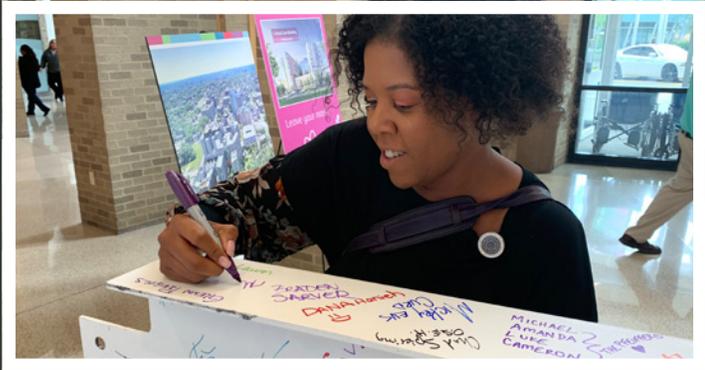
Early on in the critical care building project, Cincinnati Children’s and Messer Construction committed to developing the skills of Cincinnati Children’s Avondale neighbors for new careers and emphasized hiring diverse business partners to build capacity in the construction industry. The medical center 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*

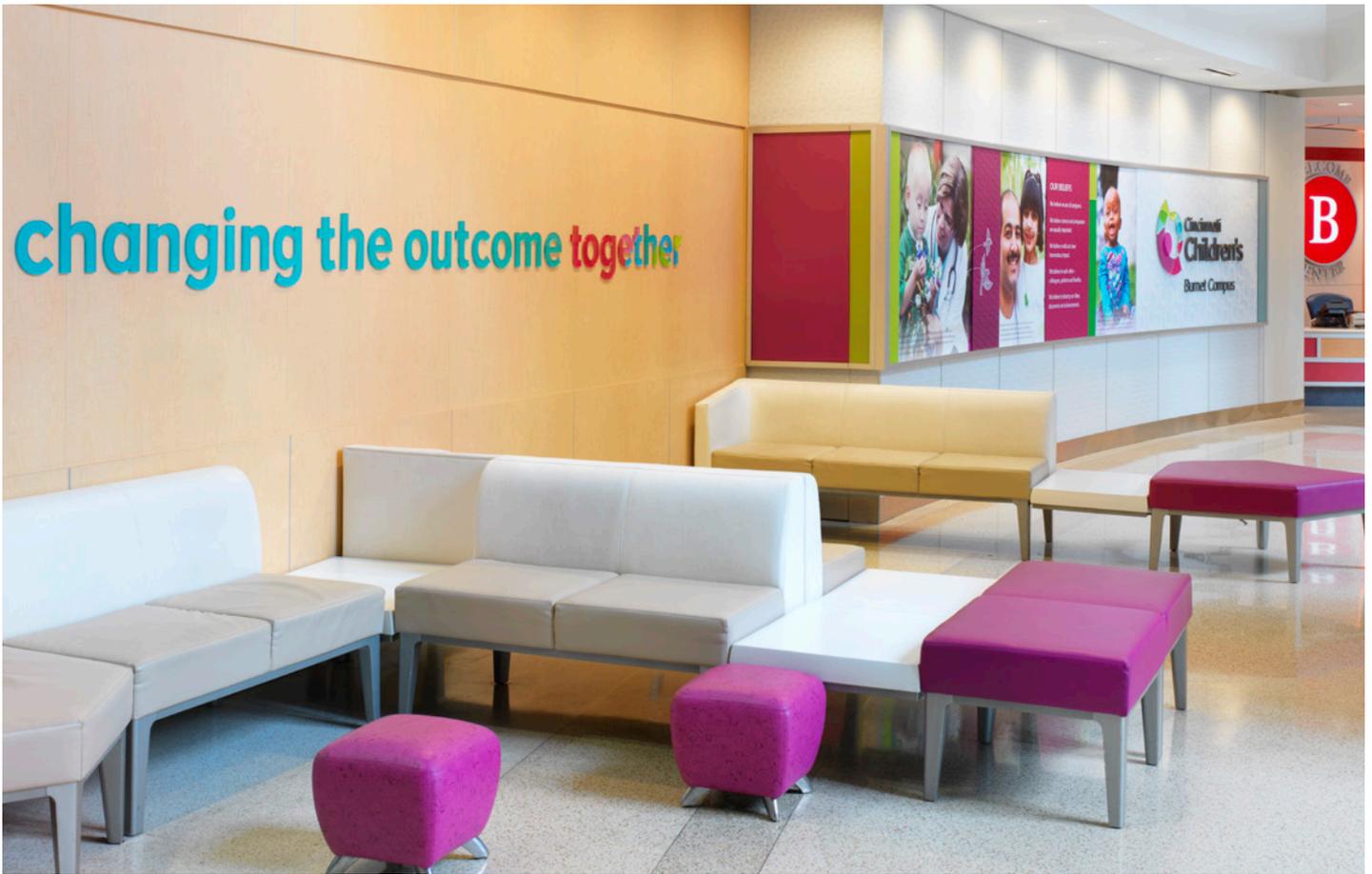


*Dr. Curtis Sheldon Award for Compassionate Care winner, Brent Billingsley (third from left) with Michael Coppage and Curtis Sheldon*



## 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.

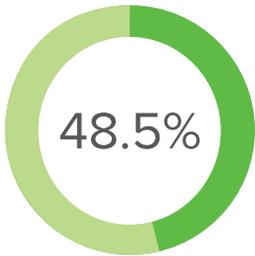


## Cincinnati Children's Facts and Figures 2019

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

# Nursing & Allied Health Continuing Education

## RN PROFESSIONAL DEVELOPMENT



Percentage of certified direct care RNs

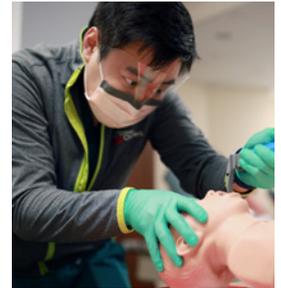


Percentage of certified RNs serving in leadership positions

- 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)

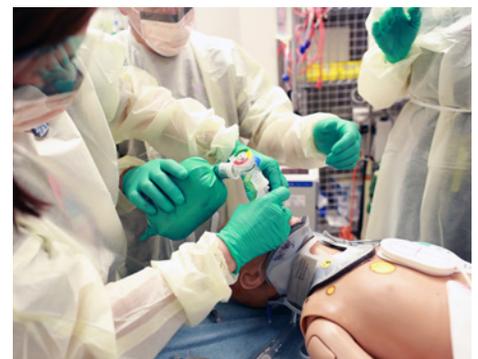


## STUDENT INFORMATION

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

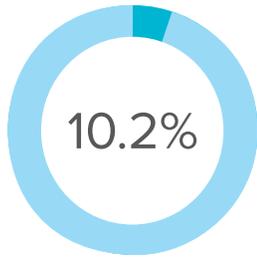
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- 1,804** Total students in patient services



## Nursing Continuing Education

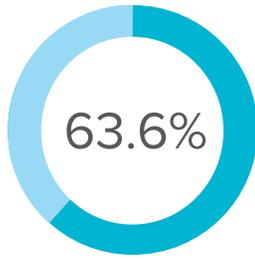
HIGHEST NURSING DEGREES OVERALL FOR RNS



10.2%

**419**

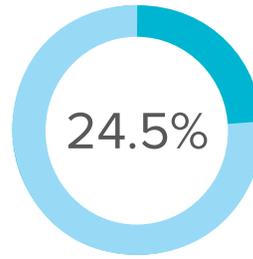
ASN/Diploma



63.6%

**2,611**

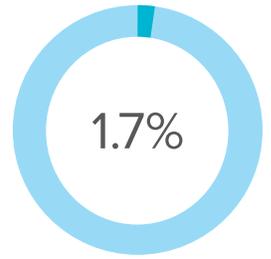
BSN



24.5%

**1,004**

MSN

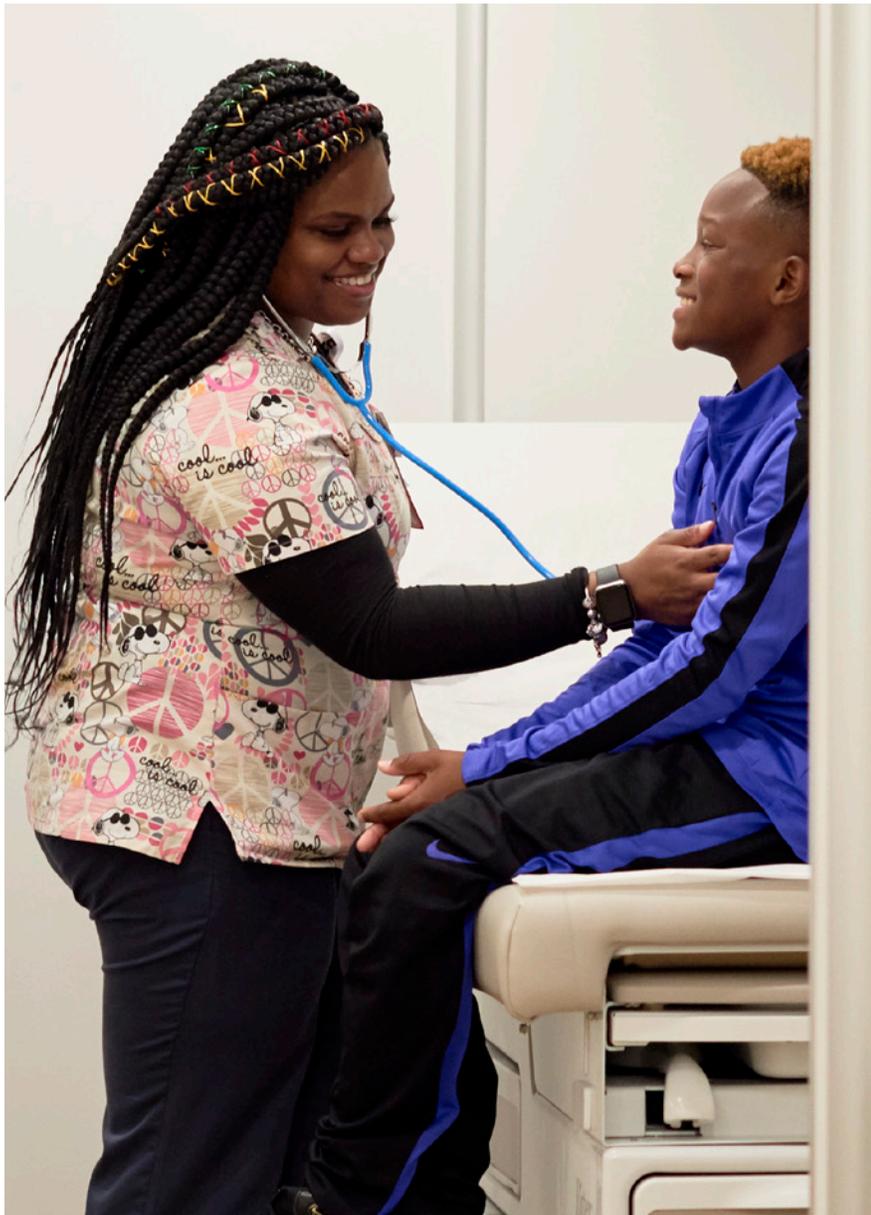


1.7%

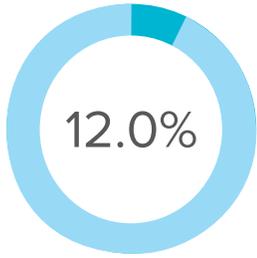
**69**

Doctorate

Total **4,103**



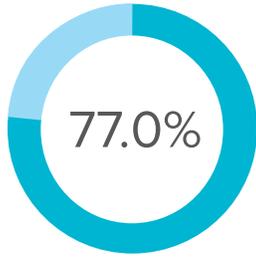
**HIGHEST NURSING DEGREE FOR RNS PROVIDING DIRECT CARE**



12.0%

**363**

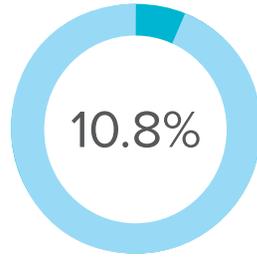
ASN/Diploma



77.0%

**2,337**

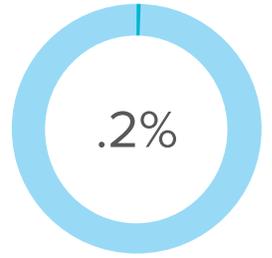
BSN



10.8%

**328**

MSN



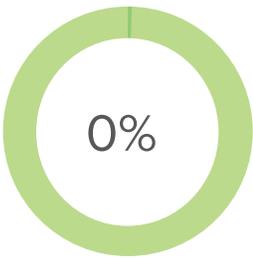
.2%

**7**

Doctorate

Total **3,035**

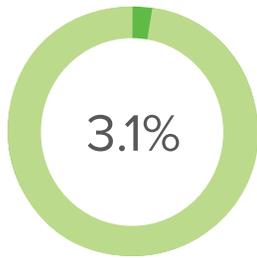
**HIGHEST NURSING DEGREE OVERALL FOR RNS IN LEADERSHIP POSITIONS**



0%

**0**

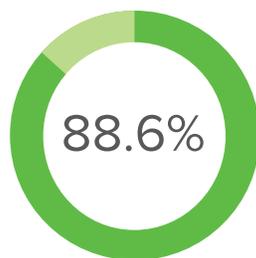
ASN/Diploma



3.1%

**17**

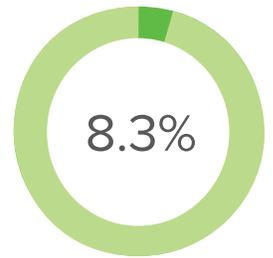
BSN



88.6%

**478**

MSN



8.3%

**45**

Doctorate

Total **540**

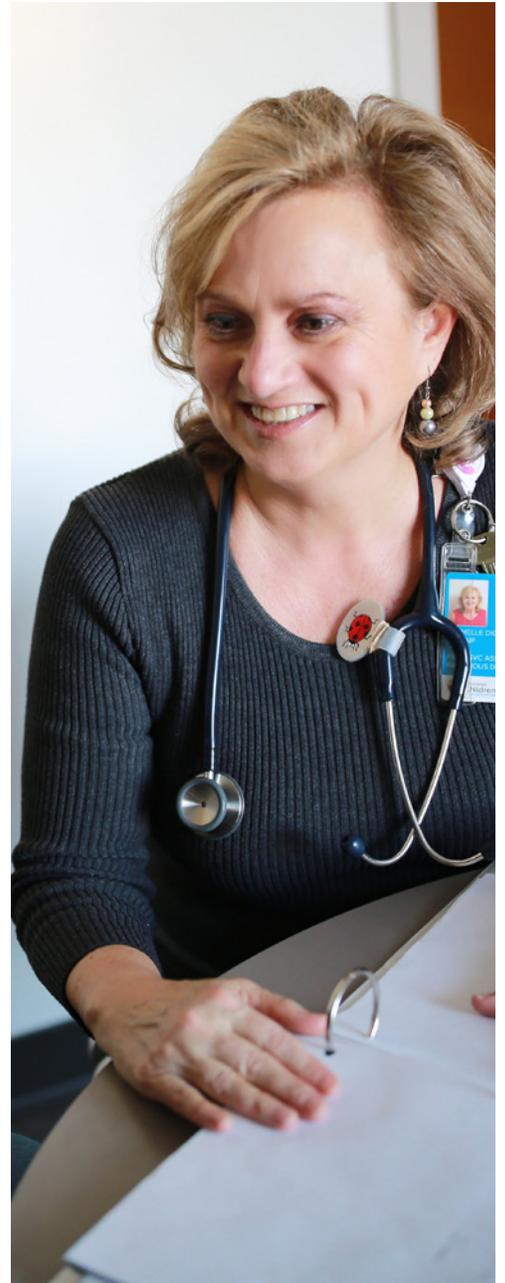
**NUMBER OF EMPLOYEES WHO RECEIVED NURSING DEGREES**

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



## 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	<b>\$1,059,940</b>
Research grant dollars	<b>\$163,391</b>



*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	Wanda Gerlach	Kayla Hackney	Morgan Kingseed	Deborah Miller
Erich Finch	Betsy Gerrein	Sarah Hallman	Erin Kissinger	Megan Miller
Kevin Fischer	Rebecca Gibson	Kimberlyn Hallock	Colleen Klosterman	Vicki Miller
Tricia Fischer	Abigail Gilbreath	Dottie Hammersley	Jane Knecht	Jenna Milligan
Megan Fish	Suzanne Elizabeth	Jessica Hampel	Morgan Kneip	Carly Mondillo
Paula Fisher	Ginter	Nicole Harris	Emily Knoebel	Julie Anne Moody
Clinton Fox	Michael Glass	Kaylyn Hartmann	Stacey Knopp	Therese Moore
Patricia Froese	Mckenzie Graham	Ellen Heidemann	Marcie Kraus	Samantha Moran
Julie Fugazzi	Kristin Gramke	Kayla Heines	Rachel Krietemeyer	Mary Morrison
Katie Fullenkamp	Jennifer Green	Stephanie Herber	Rita Kunk	Nicole Moser
Reagan Gadiant-Kaiser	Colleen Griffin	Michelle Herre	Ashley LaFollette	Brittany Moulton
Muriel Garcia	Shara Griffin	Sarah Jane Herrle	Erin Lambert	Kimberly Mullins
Derek Garde	Elizabeth Groh	Karalee Herweh	Allison Lamping	Renee Napier
Mary Garrison	Stephanie Gronlund	Christine Heuthorst	Alexandra Lang	Dominique Navin
Omoleagho Garuba	Amy Gross	Audrey Hill	Adam Lawrence	Rebecca Neichter
Kelsey Gates	Sarah Grosser	Sara Hollowell	Bridget Lee	Jill Nelson
Rebecca Gawronski	Lila Guidera	Natalie Hornbeck	Bogdan Leshchinsky	Jacob Nestor
Annemarie Gebhard	Hannah Gunn	Hannah Horner	Stacy Marie Levi	Adam Neu
John Gennett	Rebecca Gunn	Joan Hornsby	Jenni Liffick	Lauren Nichols
		Maria Hurley	Meghan Linz	Melissa Nichols
		Amanda Huth	Felicia Loeffler	Amber Niehaus
		Robert Ide	Kevin Lonneman	Renee Niehaus
		Stephanie Irwin	Brittany Lovins	Jessa Niemeyer
		Jennifer Isaacs	Kimberly Luebbe	Karly Oaks
		Dawn Jack	Karen Macke	Allison O'Conner
		Emily Jackson	Kelly Marquardt	Sarah Rachel O'Cull
		Lori Jackson	Madilyn Marshall	Faith Olson
		Joanne Jacob	Joanna Matheny	Lucy Pui O'Quinn
		Holly Jacobs	Samantha Maxwell	Ann Otte
		Elizabeth Jarboe	Julie Mazzaro	Brittany Owens
		Shannon Johnson	Audrey McCabe	Erin Paff-Rich
		Jonathan Jones	Emma McCarthy	Anna Paris
		Regina Jones	Stephanie McCoy	Shannon Pearce
		Angela Jordan	Cheri McCurley	Anne Pearson
		Katelin Kastner	Lauren McQueary	Kristin Perdiew
		Emily Kauscher	Marianne Meagher	Debra Perkins
		Christina Keil	Alissa Meek	Holly Marie Pfriem
		Kimberly Keitel	Mallory Meier	Melissa Picard
		Elena Keith	Melissa Merritt	Kourtney Pickens
		Amber Kelly	Lisa Midkiff	Jennifer Lynn Pierani
		Stephanie Kelsey	Danielle Miller	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

