

# transforming nursing care



nursing annual report  
2016-2017





treating each child as if  
they were the *only* child

## note from Jayne

2016/2017 was a time of transformational change at Dayton Children's with focus on our new environment of care, expansion of services in our south market and implementation of more than 13 new technologies to support our patient care staff in their minute-to-minute care. I am so very proud of our nursing, PCA and intra-professional partner collaboration during this major period of change and growth. We successfully kept our focus on patient safety and staff involvement during each step of the process. In working together, the team excelled during this period of rapid change.

Our success with change management does not come without a lot of dedication from all members of our team working together to produce the best possible processes and strategies. Shared governance principles have been vital along our Destination Always journey. The voice of the parent, child and caregiver are core to keeping our true north as we respond to the changing needs of our children, parents and community.

Throughout this report you will read amazing stories of transformation in practice, implementation of innovation and new programs, and also see great demonstrations of nursing collaboration! Our journey continues to support



the child and parent with a great care environment. Our entire nursing and intra-professional team strive to make Dayton Children's the best place to provide pediatric patient care.

Our team will continue to work together to develop strategies and plans to provide Above and Beyond care for each and every child. I am so respectful of this team and their great passion for keeping children close to home in the Dayton and surrounding service area. You are making a great difference in the pediatric lives you touch!

*Jayne Gmeiner*  
Jayne Gmeiner, MS, RN, NEA-BC  
chief nursing officer



# empirical model

## nurse satisfaction

Dayton Children's values the employees that make the organization the first choice for pediatric care in the region. Nurse leaders recognize that employee satisfaction and engagement are key to the success of the organization. Dayton Children's utilizes the National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey to measure nurse satisfaction annually. The star indicates outperforming of the national benchmark. Dayton Children's outperformed the national benchmark in two-thirds of the categories.

## nurse sensitive indicators

Dayton Children's evaluates performance of nursing-sensitive quality indicators by comparing hospital metrics to appropriate national benchmarks to ensure we are providing the best and safest care. Each quarter, data from each unit is submitted to the National Database of Nursing Quality Indicators (NDNQI) and is compared with other like units. We outperformed the national benchmarks in inpatient and ambulatory.

## exceptional patient experience

Dayton Children's evaluates patient/family-perceived performance by comparing hospital metrics to appropriate national benchmarks for patient satisfaction. Dayton Children's uses the National Research Corporation (NRC) survey tool to better understand how our patient/families view their experience with our hospital and to identify opportunities for improvement. We outperformed the national indicators for safety in all eight of the units.



# transformational leadership

## nurse preceptor program

Nurse preceptors are experienced nurses who serve as a mentor and educator to a new nurse, helping them translate classroom learning to the clinical setting. Dayton Children's started a formalized nurse preceptor program to improve consistency of preceptor methods across the organization, enhance teaching methods with ultimate goals to continue to improve patient safety metrics and reduce nurse turnover.

Nurse preceptors are selected by nurse managers and nurse educators with the focus on selecting individuals that live our Dayton Children's values day in and day out. Nurses may volunteer to serve as preceptors with support from their nurse manager and nurse educator.

Once the unit manager and nurse educator select a preceptor candidate, the nurse is approached by the nurse educator. The nurse educator explains the expectations and the recognition for preceptors. If the nurse agrees to become a preceptor, he or she is enrolled in the next initial preceptor class.

The four-hour initial preceptor class uses multiple teaching strategies, including presentations, crucial conversations role-play and activities to enhance

learning. There is an emphasis on the role of the preceptor as an educator, colleague, mentor and evaluator; an explanation about the importance of socialization for the new employee; opportunities to practice crucial conversations and give/receive effective feedback; and opportunities to learn and practice conflict resolution techniques. The support system the preceptor provides is foundational.

Ongoing training is provided for preceptors through biannual continuing education offerings. Continuing education topics are focused on needs identified by an evaluation tool completed by preceptors. Nurse preceptors are required to attend the biannual continuing education offerings to sustain their preceptor role and grow as a preceptor. To date, we have had 130 people attend the initial preceptor class. We so appreciate the dedication and commitment of our preceptors and realize they serve as the first mentors of our newly hired registered nurses, setting the tone for a great first impression!

Nurse preceptors are selected by nurse managers and nurse educators with the focus on selecting individuals that live our Dayton Children's values day in and day out. Nurses may volunteer to serve as preceptors with support from their nurse manager and nurse educator. The criteria for selection as a nurse preceptor is based on the following qualifications:

- Two years clinical pediatric experience (deviations allowed at the manager's discretion)
- Formal education of BSN or higher is preferred
- PALS or NRP certification (as required for position)
- Performs at the "meets expectation" level or higher on performance evaluation
- Completes all unit specific education requirements by deadline
- Is a facilitator of learning and demonstrates the initiative to want to teach others
- Is a safety advocate
- Demonstrates competence in clinical skills
- Demonstrates positive relationship skills
- No formal discipline within the last two years including no written or final warnings
- Complete the preceptor class within one year and attend quarterly education offerings



# structural empowerment



## re-alignment of services

In February 2016, an inter-professional group called the tower alignment performance improvement team, including many members from senior leadership, began working to determine the best way to place patients in the new tower, which would mean a reorganization of staff in the general pediatric units. Jayne Gmeiner, MS, RN, NEA-BC, chief nursing officer (CNO), and Cindy Burger, MS, RN, vice president, patient and family experience, co-led this group.

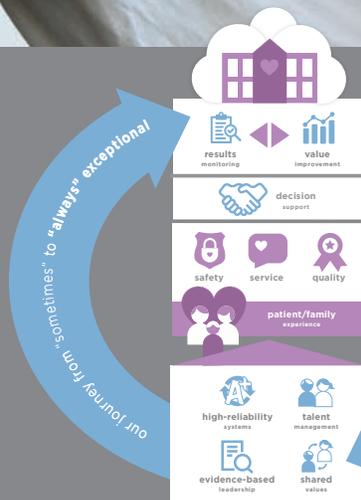
From February 2016 to June 2016, Jayne and the alignment of services team worked on several tasks to make the placement decisions, including:

- Analyzing past and current admission data
- Reviewing contemporary best practice trends
- Reviewing the growth of services (such as hematology/oncology, neurosciences and orthopaedics)
- Reviewing facility capabilities, including those of the new patient tower and of the existing inpatient units, and examining the considerations, including age, size and adjacencies of clinical spaces.

- Ensuring that all current staff would have a place in the future plan

The group focused on all staff members' roles to ensure that patient and family needs were met appropriately. For example, Jayne spoke passionately about the need to align patients with nurses whose skill sets would most benefit the patient. This approach allows for improved patient experience, enhanced partnerships between clinical nurses and physicians, decreased inter-unit transfers, consistent unit census, integration of service line concepts, and improved staff satisfaction and efficiency. Jayne's involvement heavily influenced the team's decision to create a patient care alignment strategy in the general pediatric units.

This approach also influenced other staffing decisions in the unit. Jayne assured the directors and managers of each department that all current staff would keep their job, but they could potentially be relocated to a unit based on their knowledge and skill set. A plan was developed for the clinical education of the service alignment.



## destination always

In early 2017, Dayton Children's embarked on a new journey, Destination Always. Destination Always is the framework for our journey from "sometimes" to "always" exceptional care. Some of the focuses of Destination Always include but are not limited to:

- Consistently completing and keeping communication boards up to date at all times
  - Bedside shift report involving parent and child
  - Consistently using AIDET, a formal communication tool (AIDET - acknowledge, introduce, duration, explanation, thank you)
  - Nurse leader rounding on patients and families
  - Nurse leader rounding on employees and direct reports
- We continually strive to improve the patient experience by providing exceptional care 100 percent of the time.

## role re-design

In early 2017, the decision was made to renovate job classifications throughout the nursing department. The following are the newly redesigned titles for the Division of Nursing at Dayton Children's:

- Clinical nurse - a nurse involved in direct patient care
- Clinical team leader - similar to a charge nurse, this nurse is responsible for all activities occurring in a department during a certain shift, including some patient care, safety, rounding on patients and other nurses. This is now a dedicated role, rather than a rotating role.
- Nurse educator - a nurse who coordinates the education of a certain department's nurses and support staff, including orientation and onboarding of new nurses. This nurse also looks at gaps where further or advanced education may be needed.

- Assistant nurse manager- a nurse that works closely with the nurse manager and handles a focused area of responsibility that a nurse manager has delegated. This can vary by department, however they also have broad unit responsibilities.
- Nurse manager- the nurse who has the ultimate 24/7 responsibility of the department.

Here are a few comments from two of our managers who have witnessed the success of clinical team leaders.

*"The clinical team leader position has brought consistency to the charge nurse role. By having the same staff in that position, accountability has improved, thus enhancing patient centered care. CTLs are performing nurse leader rounds, providing immediate intervention when indicated as well as providing positive feedback to staff. With a finite group, communication has*

*enhanced, CTLs aligning with department and organization goals assist with getting information and buy-in to front line staff. One example, the ED is moving towards room assignments, the CTLs have adapted this philosophy and will be promoting this new change."*

Tom Jasin, BSN, RN, emergency department nurse manager

*"The consistency of having the same staff members each day has helped the new staff know who to go to when they need assistance. The clinical team leaders are taking more of an ownership in the unit and are seen as the leader. The physicians know who is running the unit each day and who they go to person is if they have concerns."*

Kathy Krumm, BSN, RN, CCRN, critical care complex nurse manager

## congratulations to the following nurses who advanced in the IMPACTS

**Level IV:** Erin Black, BSN, RN-BC, CPEN, emergency department; Erica Yanney, BSN, RN, CPN, ambulatory

**Level III:** Holly Woods, BSN, RN, CEN, ambulatory

**Level II:** Tiffany Johnson, BSN, RNC-EFM, NICU; Jani Rice, BSN, RN, CPON, hematology/oncology; Kari Roberts, BSN, RN, CPHON, hematology/oncology; Kimberly Young, BSN, RN, CPN, medical imaging

Dayton Children's IMPACTS program is the clinical advancement program which recognizes and rewards professional nurses who demonstrate excellence in clinical practice. IMPACTS stands for Improving My Professional Advancement Career Through Synergy and is available to registered nurses who provide direct patient care 50 percent or more of their scheduled work hours.

More than 140 nurses have advanced in the program since it began in 2007.

IMPACTS promotes individual satisfaction, improves quality patient care with clinical experts, and recognizes nurses who give back to the hospital and community through their professional practice. Nurses who are successful in the clinical advancement program participate in the reward program, which includes recognition of exceptional clinical practice, continued integration with our strategic plan, financial incentives and professional pride.





## shared governance progress

In June 2017, the south campus council was added to our shared governance structure. The council consists of members from the emergency department, urgent care, ambulatory clinics, lab, radiology, rehab, security and sleep lab. The council meets monthly and is an avenue for those employees who work at our south campus to collaborate and make the south campus the best and safest place for patient care. Tara McGrath, BSN, RN, clinical team leader for the south emergency department is the chair of this council.

In September 2017, Dayton Children's night shift council was also added to our shared governance structure. There is representation from each of the inpatient areas, along with some members from human resources and nursing administration. Ashley Kizer, BSN, RN, critical care clinical nurse serves as chair

and Alyssa Teegardin, BSN, RN serves as co-chair. Both groups are excited to join shared governance and are in the beginning phases of making an impact within the organization.

## great outcome and action of the NICU Unit Council!

In July 2016, the NICU was having challenges completing pulse ox probe changes documentation which was creating compliance issues around the pressure injury hospital-acquired condition (HAC) bundle. The NICU unit council took this on as a project and began with frequent reminders to staff and then completed daily audits. As a result of their hard work, their compliance documentation improved and now the NICU nurses are charting the pulse ox probe changes without incidence.

## standardization of professional attire

Making a great first impression is a vital component of the patient experience. We make first impressions by how we greet families, how we speak to families and even how we dress. With much deliberation and research, in September 2016, the decision was made to standardize professional attire, which included solid scrubs for our nursing and clinical support roles.

As always, it's important to start with the why.

An image committee was formed to review our overall image, including how we dress and the message that it sends. The

committee, which is comprised of staff nurses, employees in medical imaging, lab, rehab, paramedics and other caregivers, looked at the evidence-based literature and reviewed dress code standards at other children's hospitals.

The evidence-based literature demonstrates the pros and cons of standardizing uniforms in pediatric hospitals. However, one of the biggest benefits is it allows families to easily identify and distinguish between caregivers, which promotes patient safety.

Based on the new aesthetic guidelines of the facility, implementation of our new brand

standards and the pros and cons of the literature, the decision was made to transition patient care staff to standardized professional attire.

Like children's hospitals in similar situations, we are using our new facility and new brand as a great opportunity to re-evaluate how we present ourselves to the public. This decision supports the goal to promote a professional image to our patients, families, physicians, community and is a great complement to our transformed facility.



## clinical logistics/ staffing strategies

Dayton Children's started a new clinical logistics department in June 2017, staffed fulltime by six nurses. The initial purpose of this department was to focus on patient flow and bed placement — specifically, helping patients make the transition from surgery or the emergency department to a hospital bed, if needed. Then the team started taking on a larger role with staffing, specifically with placing float nurses and patient care assistants, with the goal of making sure every inpatient unit was appropriately staffed each day.

It's a task that is harder than it sounds due to two things — Dayton Children's swift growth and the evolving needs of patients. With a new patient tower, an expanded south campus including a second emergency department and second surgery department, the addition of more than 90 new subspecialists in four years, and a bigger focus on high-acuity patients, the need to keep an eye on adequate nursing staffing was crucial.

The nursing division relies on data from the National Database of Nursing Quality Indicators (NDNQI) survey to make staffing decisions, but also uses nurse perception of safe staffing as a guide. The hospital's census-related numbers reflect these changes. In the last year alone:

- Total average daily census increased by 5.2 percent
- Total patient days increased by 14.2 percent
- Average inpatient length of stay increased by 33 percent
- Patient census in the newborn intensive care unit increased by 9.2 percent
- The south campus emergency department opened and exceeded 1,000 admissions in 2017

### being proactive

The nursing division creates work schedules six weeks in advance but leaders are constantly in “staffing mode” and always making adjustments. Timely communication and planning ahead are key!

- Every Tuesday: A staffing huddle with about 20 nursing leaders takes place to assess house-wide staffing needs for

the week ahead and develop strategies to fill any gaps.

- Once a day: A daily safety brief focuses on patient, employee and organization safety. As many as 35 employees discuss immediate questions such as, what is our bed availability? How are we doing on supplies? Do we need to call in nurses from ambulatory to cover for employees out sick? Participants include nurses, physicians and caregivers from the pharmacy, supply chain, dietary, etc.
- Four times a day: A group of clinical team leaders and other nurse leaders have a conference call to address any house wide staffing needs based on current acuity, census and patient needs. In between all these meetings, communication continues via huddles, texts and phone calls. But in short, some days are more challenging than others.

### one goal, many strategies

The nursing division has implemented or expanded programs to improve staffing. A new incentive program encourages nurses and PCAs to pick up extra shifts — replacing the hospital's previous unpopular “mandatory flex time” policy.

Dayton Children's has also added float nurse positions and increased the number of float nurses per shift from four to 10. Meanwhile, the hospital's popular “transition to practice” program is attracting recent nursing school graduates. The program supports new nurses through the most challenging year of their career — their first one.



# exemplary professional practice

## transition to practice

In January 2017, Dayton Children's started the "transition to practice" program. It is an evidence-based program designed for the new graduate nurse to successfully bridge the gap between academic preparation and actual clinical practice.

Preceptors and mentors guide the newly graduated nurse or nurse with less than 18 months experience to become a confident and competent professional.

The program meets several goals at once. It bridges any gaps in clinical skills and eases the transition from book knowledge to bedside knowledge. It increases patient safety and improves

patient outcomes by decreasing the likelihood of negative safety practices and errors. It also helps decrease turnover, as 25 percent of new nurses leave a position within their first year of practice. With support from leaders and peers and social integration in the work place, a new nurse is less likely to leave her new role.

Finally, the transition to practice program encourages ongoing professional growth and development as nurses are given time and the ability to develop critical thinking skills and expanded knowledge of evidence-based practices.

## nurse externs

One of Dayton Children's most successful recruiting tools is the nurse extern program.

The Dayton Children's summer nurse extern program is a unique eight-week program combining on-the-job skills and nursing academics. The program provides students with specific experiences and skills needed to be successful as a professional nurse.

Externs are assigned to all inpatient units, surgery and the emergency department and they are mentored by nurses who have at least two years of experience. The program is an avenue for current staff to share the values and practices of Dayton Children's with potential employees.

Sixty-one percent of externs become full-time employees at Dayton Children's after finishing their degrees and becoming licensed registered nurses.



## recruitment and retention

In less than three years, Dayton Children's hired 40 percent more nurses than had previously been on staff - 650 to 910. Part of that growth is due to the expansion of the hospital but equally important is a focus on decreasing nurse to patient ratio. This allows nurses more time at the bedside for care and this interaction aligns with critical care and pediatric standards.

Several strategies are used to attract great talent. While job fairs are always a good start, Dayton Children's also hosts virtual job fairs through Facebook Live and uses social media such as Facebook, LinkedIn and GlassDoor.com to attract the younger, millennial nurse.

Dayton Children's also invested nine million dollars in employee salaries as part of an effort to ensure pay rates were commensurate with the market. Nursing salaries are continually reviewed to keep pay competitive. In addition, the hospital added a host of non-medical benefits to entice new nurses. Some of those include paternity leave, increased tuition reimbursements and payment of certifications and re-certifications.

With the new nurse role definitions, nurses have more progression opportunities as well as more professional development opportunities. There is a bigger focus on getting employees involved in unit councils and what is going on in the organization as a whole. At the end of the day, an adequate staffing model ensures nurses are equipped with resource allocation to continue to provide Above and Beyond quality care.



## partnering with parents to create a G-tube CPG action plan for patients

During the January patient family advisory council meeting, the parents began discussing gastrostomy tube (G-tube) education provided at Dayton Children's. Many of the parents on the council have a child with a G-tube. Council members identified several inconsistencies regarding education that spanned both the inpatient and outpatient setting and ultimately, affected the entire organization.

Prior to the topic being presented and discussed at the council, Catherine (Cathy) Hodges RN, CPN, clinical nurse, gastroenterology, identified a need for more consistent G-tube education for parents. Cathy worked on a plan that standardized education

throughout the institution for patients with newly placed enteral devices and created a work group. Nursing experts from several areas including the newborn intensive care unit, (NICU), intermediate care unit (IMCU), surgery clinic, gastroenterology and general pediatrics came together to address the educational inconsistencies. The group also wanted to partner with a parent representative from the council.

Trisha Renner, a parent representative, volunteered to be part of the group, as she has a child with an underlying condition and enteral tube. She had experience with G-tubes and nasogastric tubes (NG) as her child had both types of tubes.

Trisha attended G-tube patient management meetings and reviewed documents. She offered her expertise and experience to help with the development of the G-tube action plan.

Mari Jo Rosenbauer, MS, RNC, CPNP-PC, IBCLC, nurse practitioner for the NICU, along with the G-tube patient management committee, worked together with Trisha to develop the G-tube key drivers, clinical practice guideline (CPG) and action plan. The committee used Trisha's feedback to finalize the steps of the CPG and action plan. Once drafted, Trisha reviewed the CPG and provided feedback based on her experiences with her son.

On July 14, 2017, the G-tube patient management committee presented the revised CPG, consisting of standardized education algorithms, to the quality steering committee for approval. The CPG was approved with minor changes and implementation began.

The creation of a standard and consistent method of education for parents with children that have enteral tubes allowed for these parents to be more prepared when taking their child home with this new device. It also allowed for consistent teaching across the organization of general care of the enteral tube.



## evidence-based practice scholar 2017 program

The evidence-based practice (EBP) scholar program is a one year program that teaches nurses to complete an evidence-based project designed to improve clinical care.

As a result of last year's EBP scholar program, the hematology/oncology department created a new position, based on the proven value it added to the department.

The 2016-2017 projects are as follows:

- *In pediatric sexual assault nurse examiners, how do self-care strategies compared to no self-care strategies affect retention rate and compassion fatigue of the PSANE*
  - completed by Alayna Mormon, BSN, RN, and Natalie Spears, BSN, RN, emergency department clinician with Pam Bucaro, MS, RN, PCNS-BC, PNP-BC, CPEN emergency department clinical nurse specialist, mentor
- *In adolescent and young adult oncology patients currently undergoing treatment, how does the use of psychosocial interventions compared to lack of use, affect health-related quality of life?*
  - completed by Ashley Courtney, BSN, RN, CPN, hematology/oncology clinical nurse with Karen Federici, MS, RN, CPN, CPNP-PC, PCNS-BC, critical care complex clinical nurse specialist, mentor
- *Text messaging reminders in the ambulatory clinic*
  - completed by Holly Woods, BSN, RN, CEN, Children's Health Clinic clinical nurse with Lisa Jasin, DNP, RN, NNP-BC, RNC-NIC, NICU nurse practitioner, mentor
- *In pediatric hematology-oncology patients, how does a complementary pain plan compare to only using medicine affect patient satisfaction with pain plan?*
  - completed by Jessica Whitlock, MS, CPNP-AC, hematology/oncology nurse practitioner with Cindy Brown, DNP, RN, nursing administration clinical nurse specialist, mentor
- *Use of complementary therapies in the PACU for pain*
  - completed by Karen Worsham, RN, CAPA, CNOR, CPAN, PACU clinical nurse, with Cindy Brown DNP, RN, nursing administration clinical nurse specialist, mentor
- *In pediatric patients under age 3 years undergoing a non-painful procedure, how does chloral hydrate compare to other non-intravenous sedation agents?*
  - completed by Sarah Seim, MSN, RN, CPNP-PC, medical imaging nurse practitioner with Karen Beekman, MS, RN, NNP-BC, RNC-NIC, NICU clinical nurse specialist, mentor



## reducing pain during Xolair injections

In June 2017, in an effort to reduce pain caused by multiple Xolair injections, Dayton Children's was administering Xolair via simultaneous injections delivered by two to three different nurses. Despite nurse efforts to reduce pain, patients still reported a high level of pain with this approach.

Sarah Begley, BSN, RN, CPN, clinical nurse, house float, and Erica Yanney, BSN, RN, CPN, clinical nurse, Almost Home Unit (AHU) are members of the Society of Pediatric Nurses (SPN). In April 2017, they attended SPN's 27th Annual Conference, where they learned about alternative approaches to Xolair injections.

In June 2017, Sarah and Erica communicated the new process with the nurses in the short stay procedure area of AHU. The nurses developed dialogue to communicate the change with the patients that received Xolair injections to ease the anxiety of the change in procedure. They also were educated in using the

Wong-Baker Faces Pain Scale to assess the patient's pain.

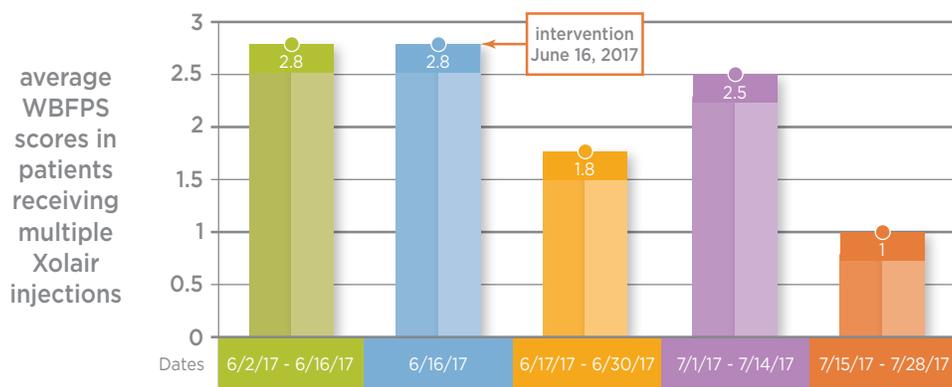
### The new nursing practice called for the following procedure:

- One nurse administers Xolair injections one by one
- Nurse assesses the patient's injection pain level using the pain scale
- Nurse asks patients if they prefer the new Xolair delivery method

On June 17, 2017, all short stay procedure nurses in AHU changed their practice for administering Xolair injections.

After the new procedure, the pain score in patients receiving multiple Xolair injections at Dayton Children's averaged 1.8. This represents a 36 percent decrease in patient responses to pain with administering all injections individually rather than all at one time.

average Wong-Baker Faces Pain Scale (WBFPS) scores in patients receiving multiple Xolair injections



## nurses partner to create an individualized plan of care

On August 16, 2016, Johnny (alias), a 14-year-old male patient with extensive Crohn's disease, presented to Dayton Children's. In the past eight months, he had lost 35 pounds and showed anemia and significant malnourishment. He was just over five feet tall and weighed in at 33 kilograms (72.6 pounds). His plan of care at home had included placement of a peripherally inserted central catheter (PICC) and daily home infusion of total parental nutrition (TPN).

Johnny, who lives in a rural county in central northwest Ohio, was very active in showing rabbits at the local county fair, which was scheduled to begin the day after being discharged from the hospital. Johnny's parents were insistent that Johnny be able to attend the fair.

On August 22, 2016, Juliene VanCleve, MSN, RN, CPEN, nurse manager, Children's Home Care of Dayton, visited Johnny and his mother to talk about his care plan once he was discharged and able to attend the fair. The mother explained the general logistics of the weekend. The family planned to stay in a rented trailer on the fairgrounds from Wednesday through Saturday evening. Juliene was concerned about general hygiene, but she and the mother created a plan to ensure that Johnny could enjoy his time at the fair. Nurses would travel to the trailer at 6:00 pm each day to administer the TPN. The plan was created not only to allow Johnny to enjoy each day but also to minimize safety issues for the nurses.

The IV therapy team visited the patient and family during the inpatient stay to do the initial PICC line care teaching. Juliene traveled to the fairgrounds prior to the discharge of the patient to interact with fair personnel to assess the challenges and proactively remove as many barriers as possible for the nursing staff. She identified the location of the family's camper and obtained a parking pass to establish a method of entry into the camping area and to provide a parking space close to the family's camper.

The nursing staff made certain that the camper was thoroughly disinfected and instructed the patient's mother in cleanliness initiatives to decrease infection risks, such as ensuring linens were clean and changed daily.

For four evenings, nurses made the journey from Dayton to Greenville, Ohio (an 80-mile round trip) to access the PICC, connect the patient's TPN and provide instructions to Johnny's mother on how to disconnect the TPN, perform line maintenance, while maintaining aseptic technique and infusion pump operation.

Thanks to the flexibility of the Children's Home Care of Dayton nurses and their willingness to partner with this family, Johnny was able to show his rabbits at the county fair without suffering any negative side effects, including any line infections.



# new knowledge and innovations

## Vocera, nurse call system & care signs

The new patient tower is packed with tools and technology that will help doctors and nurses transform care and provide a better experience for children and their families. Communication is foundational so a combination of high-tech devices connects the child to the staff instantly, no matter where they are. The new Hill Rom Nurse Call system is the highest level of hospital communications technology available.

It starts with a computer tablet outside the room called an alert screen. This shares patient-specific safety precautions, such as isolation status or fall risk, as

well as alerts such as patient napping, mother breastfeeding and messages that matter, like “HAPPY BIRTHDAY!” Dayton Children’s was the fifth hospital in the country to implement this technology.

Above each patient room door is a coded light system. Different colored lights alert to different situations inside the room – for example, if a caregiver is in the room or a procedure is in progress. The system tracks the staff locator badge that every nurse, PCA, respiratory therapist and even some physicians wear. If a nurse needs assistance, she is able to

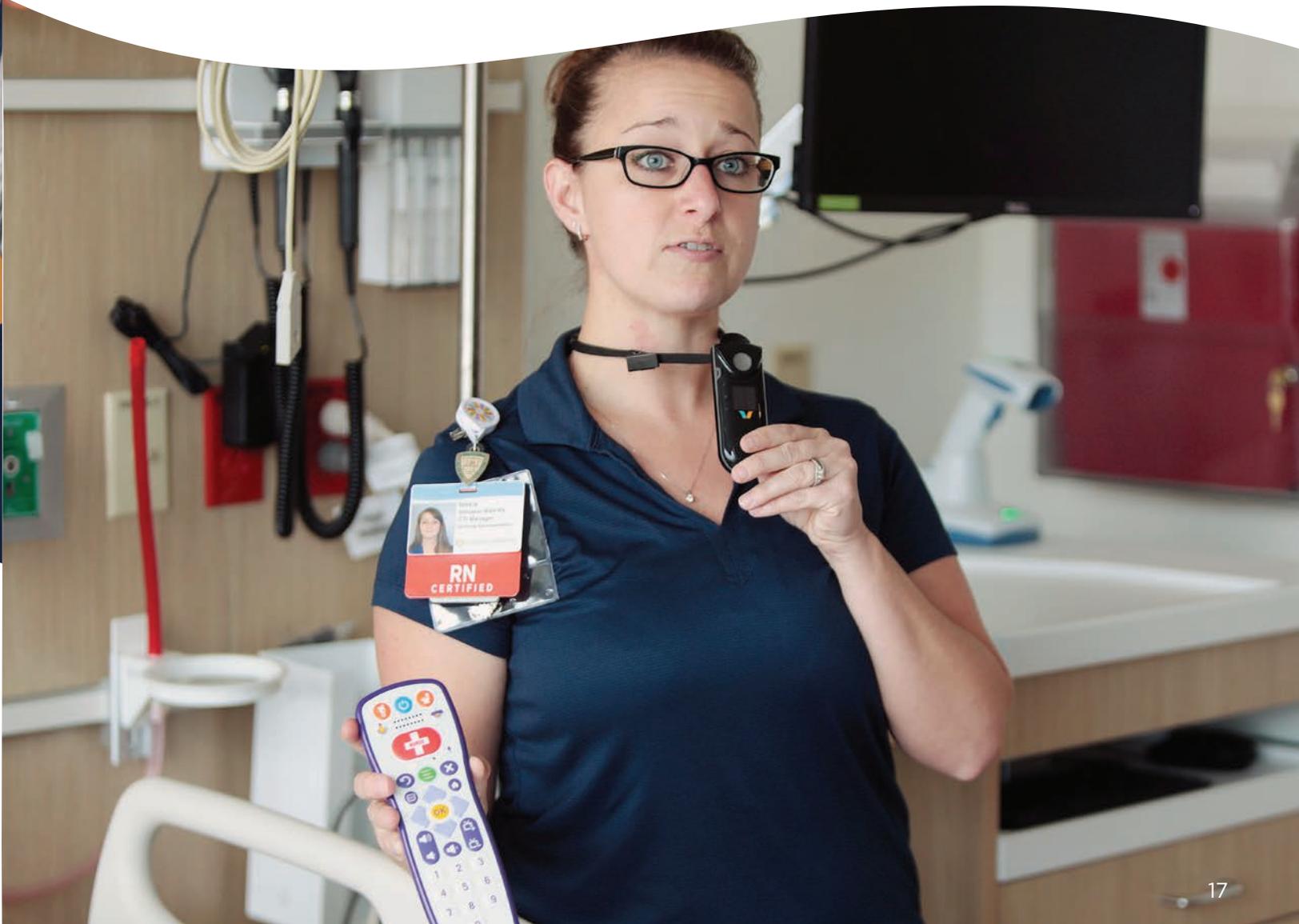
look on the patient station screen on the wall inside the room and find out where the nearest PCA is. This screen also makes it easy to call a code blue or staff emergency.

To connect with another caregiver, all the nurse has to do is push a button on her Vocera. It is a hands-free, wi-fi-based communications device that sends and receives calls like a regular phone, broadcasts like a radio and can even receive text and alarm messages.

The patient’s pillow speaker also connects directly to his or her

nurse’s Vocera. The child can push a button for “pain” or “potty” and the nurse is alerted. The nurse then responds immediately to reassure the patient that she is on the way.

While this combination of systems is high-tech, the goal is to make the patient experience high-touch. With instant communication and immediate feedback, we are better able to connect with families, take care of their needs and provide a better patient experience.



## custom-designed critical care booms

Extensive medical equipment is needed for children who need intensive nursing care and continuous monitoring due to traumatic injury, serious illness or complex surgery. The booms in our critical care complex were custom designed by Dayton Children's to have everything these children need right at their caregivers fingertips. Sophisticated systems allow for constant monitoring that feeds directly into a patient's chart. Enhanced specialized life-saving technology in each room allows patients to remain in place even as their care needs change.



## NICVIEW

A new internet-based web camera system in the NICU called NICVIEW allows parents to see baby from home or grandparents to see baby from around the globe. NICVIEW is designed to help families develop that bond with their preemie or hospitalized infant, even when they cannot be at the bedside. Parents, siblings and relatives get to know their newborn by watching daily progress.

Viewing of the baby's intimate environment is protected by encrypted transmissions. Live streaming is only accessible to specified users using passwords issued by the NICU. No recordings are made, and no images are stored.

An unobtrusive camera mounted close to the bed delivers streamed video images around the clock, so that families can watch their newborn anytime, anywhere – on any device with internet access.



## Clockwise.MD

In the fall of 2016, Clockwise.MD was implemented at our south campus urgent care. It is an online form that allows families to “save a spot” at the urgent care. This lets a sick child stay comfortable on the couch while waiting for the right time to see the doctor or nurse.

Here’s how it works: Families check Dayton Children’s website for the current estimated wait time at the urgent care. They can then enter their child’s name, their email and cell phone number. Another click confirms their spot in line.

### The online system also sends:

- Email and text confirmation of estimated visit time
- Text alerts if the wait time changes, due to emergency cases
- Text alerts when it’s time to leave for the visit

This technology has a proven track record of improving patient satisfaction. The software is smart-phone friendly and simple to use.

“This is wonderful,” says Springboro mom, Trisha Townsend. “I used it when my son fell and broke his wrist. Instead of going there and sitting in the waiting room, I went online and registered – very quick and easy. Then when I got there and checked in, we only had a 15 minute wait. It’s a great idea!”

## GetWellNetwork

GetWellNetwork, Inc.® powers patient entertainment, parent/patient education that interfaces with EPIC, and general hospital information with a question of the day. In September 2017, the organization launched phase II, allowing patients to order food from the system, view their care team for the day, and look at their plan and current medication list. Patients and families really like the system. The organization has also seen an increase in the completion of patient and family education through this system and a great increase in DAISY nominations from our patients and families.

In November 2016, Dayton Children’s went live with GetWellNetwork on 4 West and 3 West as pilot areas. The network was later installed in every patient room in the new

tower. The network allows patient entertainment, parent/patient education that interfaces with EPIC, and general hospital information with a question of the day. In September 2017, the organization launched phase II, allowing patients to order food from the system, view their care team for the day, and look at their plan and current medication list.

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# reward and recognition



## cameo of caring winner

The Cameo of Caring is the highest nursing honor at Dayton Children's. **This year's winner is Erin Black, BSN, RN-BC, CPEN.**

"Erin Black has elevated the emergency department outreach program to new levels. She has worked diligently to create a program that is extremely beneficial to customers and the community. Erin has authored a journal article (published in the *Journal of Emergency Nursing*), given national presentations and developed many poster presentations about the outreach nurse program. Most recently, she co-authored an article that received national recognition at the Magnet conference in Atlanta in September 2016. The paper received the Jeanne M. Floyd award for outstanding paper. Because of Erin's many

contributions to the outreach nurse program, she has been promoted to a new role, outreach nurse coordinator. Her responsibilities are to develop and revise processes to make follow-up care seamless for patients, orient new outreach nurses, facilitate care for complicated cases and collaborate with our clinics to make sure patients receive needed post-discharge care. Erin analyzes outreach call metrics to determine the appropriateness of callback population and staffing allocation. Erin was part of the first cohort of nurses to complete the year long, intensive evidence-based practice (EBP) Scholar

program. She collaborated with Amy Staup on an EBP project about the usefulness of a nurse navigator for hematology/oncology patients. Based on this evidence, additional staff have since been allocated. Erin does a lot of work to improve systems within the emergency department and throughout the hospital. She serves on the patient safety and quality council, clinic unit council and the emergency department unit council. One major patient outcome of this participation is the development of standardized guidelines and documentation for telephone triage. Erin is a pivotal member of the IMPACTS committee and

is proactive about encouraging her colleagues to apply. In addition, she is an instructor trainer for emergency nursing pediatric course (ENPC), training over 25 nurses and instructors per year at Dayton Children's and surrounding hospitals. Erin maintains certifications in both pediatric emergency and ambulatory care nursing. Over the past 23 years Erin Black has displayed consistent commitment to high quality of care. She continually advocates for patients at a unit level and systems level. In addition, she encourages professional growth in her colleagues."

## 2017 nursing excellence winners

advocacy/moral agency

**Wilma Lavy, RN, CPN**, medical imaging

caring practices

**Erin Petkus, RN, CCRN, PICU/IMCU**

clinical inquiry

**Holly Woods, BSN, RN, CEN**,

Children's Health Clinic

clinical judgement

**Janelle Harshbarger, RN**,

emergency department

collaboration

**Casey Lakes, RN**, orthopaedic clinic

facilitator of learning

**Crystal Preston, BSN, RN, NICU**

outstanding new employee

**Penny Campbell, BSN, RN**, surgery

outstanding new graduate

**Kara Hill, RN**, 3 West

response to diversity

**Paulette Kolakowski, BSN, RN, CPN**,

Children's Home Care of Dayton

systems thinking

**Kari Roberts, BSN, RN, CPHON**,

hematology/oncology

## daisy winners

The monthly DAISY award recognizes nurses for their extraordinary acts of compassion and excellence in their work with patients, families, the community and co-workers. All nurses, in any role, may be nominated and considered for a DAISY award.

June 2017

**Taylor VanWinkle, BSN, RN**,

PICU/IMCU

April 2017

**Bev Farris, BSN, RN**, hematology/oncology

March 2017

**Jon Reiting, BSN, RN**, 3 West

February 2017

**Chelsea Frantz, RN, CPN**,

Almost Home Unit

January 2017

**Stephanie Waterman, BSN, RN**, 3 West

December 2016

**Ginny Davis, BSN, RN**, medical imaging

November 2016

**Sam Rowe, BSN, RN**, Almost Home Unit

August 2016

**Tonita Pate, RN**, PICU

## POPPIES winners

In August 2016, nursing staff wanted a special way to thank those who collaborate daily to make our work most efficient. The professional recognition, advocacy, education and recognition council created the POPPIES award, which stands for the Power of Positive People in Excellent Service.

June 2017

**Tracy Bryan**, house float

April 2017

**Teresa Prouty**, patient access

March 2017

**Benita Allen**, 3 West

January 2017

**Ameena Alldred**, pulmonary clinic

December 2016

**Angie Kurtz**, Almost Home Unit

October 2016

**Betty Estes**, hematology/oncology

August 2016

**Marcy Longstreath**, emergency department



## nursing awards

### Lisa Schwing- Emergency Nurses Association Educator of the Year

Lisa Schwing, RN, was named Emergency Nurses Association Educator of the Year. Winners are extraordinary practitioners and continually go above and beyond the call of duty in emergency nursing. Each award has specific requirements and criteria, and the ENA Awards Committee reviews each submission as blinded.

Lisa is Dayton Children's trauma program manager, and also spends a great deal of time providing education for nurses and patients/families. She is a program director for the Trauma Nursing Core Course (TNCC), an Emergency Nurse Pediatric Course (ENPC) instructor and was the program director for a multidisciplinary pediatric trauma conference for the Ohio Consortium of Pediatric Trauma Centers.

Lisa has held multiple courses, including instructor courses, at our neighboring Wright Patterson Air Force Base (WPAFB). She facilitated their care of trauma patients by teaching the TNCC provider course, helped them develop instructors from those that qualified, then enabled one of the WPAFB commanders to become a state faculty member; so that WPAFB could become self-sufficient and teach the course themselves.

For her extended efforts to make this happen, WPAFB honored Lisa by giving her nine military coins, one from each of the divisions that participated in one of her TNCC courses. They also presented her with a plaque to hold the coins that is engraved with the following: "Thank you for your support so that we may better care for our Wounded Warriors."

As a member of the Trauma Nurse Leader program, Lisa has made many patient care improvements



including reducing the number of staff in the trauma room, creating electronic order sets specifically for critically ill/injured patients and formulating a streamlined process for obtaining and administering emergent blood products. As a result, a decrease in the arrival to PICU patient times has been demonstrated.

Additionally, she was selected into the evidence-based practice scholar program. This program has a rigorous application process and only nine nurses were selected for the class. As part of this program, Lisa is working on a project reviewing evidence related to the appropriate level of clinical staff needed to effectively staff a communication center.

Lastly, Lisa is passionate about providing community outreach for pediatric trauma prevention. She is certified as a car seat safety instructor and attends many community events every year. She can often be seen on local media talking about gun safety, poison prevention and the importance of car seats and bike helmets.

Congratulations Lisa!

## hematology/oncology department American College of Surgeons accreditation

We would like to congratulate our hematology/oncology department on their American College of Surgeons Commission on Cancer accreditation. The unit was surveyed June, 2016 and earned a three year accreditation.

The Commission on Cancer (CoC) recognizes cancer care programs with a commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care. The CoC is dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Through this program, our patients receive the same evidence-based, best practice treatments as at any CoC accredited facility. The program also has access to reporting tools to aid in benchmarking and improving outcomes as well as educational and training opportunities, development resources and advocacy.

Dayton Children's Comprehensive Cancer Care Committee (CCCC) meets quarterly to ensure that all

of the standards are met for accreditation. During this survey, nurses earned a commendation for clinical trial accruals, under the leadership of Nancy Bangert, RN. Nancy then transitioned into the role of nurse navigator, a position created to fulfill an unmet need found in the Community Health Needs Assessment.

With a little more than a year to go until their next survey, the hematology/oncology nursing team is already hard at work improving an already great program. To name just a few, Jani Rice, BSN, RN, CPON, and Kari Roberts, BSN, RN, CPHON, teamed up to create a patient binder that can be customized for each family. More nurses earned their oncology nursing certifications (CPON or CPHON). Currently 34 percent of oncology nurses have these certifications, which places us at the "commendation" level of nursing care. Finally, a comprehensive long-term follow-up document was developed and is given to all patients for a survivorship care plan.



## certified nurses

Amy Abbott	Emily Cramer	Shawna Hess	Michael Monjot	Zachariah Shumaker
Sara Adducchio	Debra Cunningham	Sandra Hibner	Meghan Moore	Abby Sierschula
Tiffany Allnutt	Heather Cypher	Caitlin Hicks	Monica Moore	Cheryl Skiles
Cammy Anderson	Kimberly Dang	Sara Hihn	Jennifer Morris	Amber Smith
William Andres	Leanne Davidson	Aleah Hildebolt	Carol Murray	Cynthia Smith
Meg Auman	Glendalee Davis	Katherine Hildebrand	Charity Musselman	Karen Smith
Renaee Austin	Karen Davis	Mindy Hilgefurd	Michele Nadolsky	Mark Smith
Gregory Bader	Ruth Davis	Krista Hock	Kristine Nicholson	Stephanie Smith
Stephanie Bamberger	Tonya Davis-Dye	Kyle Hodgen	Carlene Nihizer	Nicole Snell
Nancy Bangert	Jill Dawson	Angela Hoersting	Bridget Nitkiewicz	Max Snyder
Christa Barlow	Heather Denchik	Amanda Hofmann	Sharon North	Keara Southerland
Karen Barnes	April Denlinger	Sharon Holbrook	Sharon Orozco	Staci Sowers
Katherine Barnes	Julie Deschenes	Heather Holfinger	Amy Parke	Kimberly Sparks
Rebekah Baron	Barbara Deutsch	Apryl Holland	Sheila Parks	Traci Spitzmiller
Kathleen Barrett	Josie Dickey	Linda Hollen	Sarah Pearson	Cheryl St. Onge
Sandra Bartosik	Cynthia Dixon	Dorene Holt	Dianne Pentenburg	Janell Stang
Rachel Baughman	Lisa Dolvin	Cynthia Hoover	Vickie Peoples	Amy Staup
Karen Beekman	Carol Driscoll	Mary Hoskins	Susan Peterman	Alexandra Stolfi
Sarah Begley	Patricia Ducharme	Courtney Hudnall	Erin Petkus	Angela Suda
Teresa Berter	Lori Dulsky	Amber Huff	Mary Poppaw	Alyssa Teegardin
Kathleen Best	Linda Duvall	Christin Hurwitz	Brittany Pritchard	Jene Theopolos
Erin Black	Jamie Eidemiller	Jennifer Isham	Patricia Proctor	Kristie Thomas
Mary Blackburn	Merissa Eley	Debra Jacobs	Michaela Quallen	Shana Thompson
James Bocchicchio	Janet Ellis	Lisa Jasin	Heidi Ranard	Dina Thurman
Jacque Boehringer	Marissa Emerson	Amy Jenkins	Lia Ratliff	Kahle Tobias
Emily Boone	Tyneida Faulkner	Caroline Johnson	Jason Recker	Lindsay Tucholski
Nancy Borger	Karen Federici	Tiffany Johnson	Elaine Ressler	Melissa Tucker
Beth Bourquin	Cassandra Feeley	Rosanne Jones	Lisa Reynolds	Jennifer Turner
Robert Bown	Amanda Fine	Sherry Kahn	Sarai Riancho	Karen Turner
Heather Brahm	Melisa Fink	Carol Kalb	Jani Rice	Amanda Unger
Audrey Brinley	Leah Flach	Hana Kang	Jessica Riddle	Juliene Van Cleve
Dane Brinley	Kristina Fleming	Susan Kern	Abigail Riedel	Sarena Vargo
Tamara Brockman	Sarah Fletcher	Emily Kesner	Lori Riemer	Ottelee Waite
Lucinda Brown	Hilary Fortkamp	Erin Kichline	Jessica Rigas	Andrea Watts
Kim Brunamonti	Alicia Foster	Lisa Kinsman	Karen Rittenhouse	Carole Wehmeyer
Pamela Bucaro	Chelsea Frantz	Crystal Knowles	Alice Rivera	Emily Wells
Patsy Buckner	Samantha Friedmann	Paulette Kolakowski	Kari Roberts	Dustin Whitaker
Gena Buehrer	Christine Fries	Amy Kosanovich	Mariana Roche	Nikkia Whitaker
Melanie Burja	Kyle Frysinger	Kathy Krumm	Marian Rodgers	Jessica Whitby
Samantha Busch	Karen Gatzulis	Leora Langdon	Jamie Roos	Tami Wiggins
Amy Buschur	Sarah Gehring	Wilma Lavy	Diane Rose	Rebecca Wiley
Angela Butts	Sandra Gerstner	Robin Lawson	Mari Jo Rosenbauer	Jean Williams
Nancy Callahan	Jayne Gmeiner	Tracy Leach	Ashley Ross	Katherine Williams
Rodolfo Canos	Bonnie Golich	Elizabeth Lee	Sharon Ross	Christina Wise
Heather Cantrell	Andrew Gooden	Sharon Longo	Christine Rovelli	Holly Woods
Alexandra Carpenter	Abigail Gordon	Sarah MacDonald	Lisa Rumely	Karen Worsham
Lori Chaney	Ernest Gross	Elaine Markland	Tamara Rybolt	Kylie Wotherspoon
Denise Childress	Morgan Hagerman	Denise Martin	Amy Sammons	Lynn Wright
Susan Childs	Deborah Harkins	Catherine Mayor	Michael Schibler	Izumi Yamashita
Julie Christian	Laura Hart	Dottie McClelland	Christine Schlater	Erica Yanney
Cheryl Coleman	Ashley Hays	Karen McConnell	AnnMarie Schmersal	Elizabeth Yarger
Hila Collins	Danielle Helman	Rita McCormick	Tina Schmitt	Jennifer York
Sara Conley	Shellie Hembree	Christina McKamey	Nicole Schneider	Kimberly Young
Lisa Connelly	Margaret Hemmen	Diona Merrill	Heather Seifert	Valerie Zeretzke
Debra Crabtree	Kymbrynn Henneke	Susan Meyer	Sarah Seim	Andrea Zimmer
Matthew Crabtree	Melissa Heppner	Kristin Mikolajewski	Jennifer Shook	

