

May 2010

Celebrating Nursing Excellence



Delivering Next Generation Care

Constellation

Nursing
Outcomes
Report



Constellation May 2010

Constellation is published for nurses at Children's Hospitals and Clinics of Minnesota and for student nurses, prospective nurses, and other interested professionals in our region. The purpose of *Constellation* is to highlight nurses who contribute to excellent patient care and to demonstrate the professional practice and expertise of nurses at Children's.

NURSING VISION AND VALUES

The nursing vision at Children's is to be premier providers of pediatric nursing care and experts in the art and science of healing and caring, in partnership with families. Our values are Excellence, Innovation, Stewardship, and Integrity.

NURSING LEADERSHIP

Chief Nursing Officer

Ginger Malone, MSN, RN

Senior Clinical Services Directors

Becky Bedore, MS, RN

Pediatrics division

Gloria Drake, MS, RN, CRNA

Surgical services/perioperative care division

Pam VanHazinga, MBA, RN

Critical care division

Interim Director of Access and System Support

Katie Penson, MBA, RN

Director of Clinical Informatics & Technology

Bobbie Carroll, MHA, RN

Director of Clinical Practice, Informatics & Research

Mari Akre, PhD, RN

Director of United Birth Center and Neonatal Services

Kathleen Schoenbeck, MBA, RN, BC

Minnesota Nurses Association Liaison (Human Resources)

Diane Gareri, MBA, RN

ON THE COVER:

Christy Gotto, BS, RN, helps patient Hogan Larson-David conduct a checkup of his own following rounds on the Children's - Minneapolis medical/surgical unit. (See story on page 2.)

CHILDREN'S LOCATIONS

Children's - Minneapolis Hospital and specialty clinics

2525 Chicago Avenue South
Minneapolis, MN 55404
(612) 813-6000

Children's - St. Paul Hospital and specialty clinics

345 North Smith Avenue
St. Paul, MN 55102
(651) 220-6000

Children's Clinics - Woodwinds Specialty and rehabilitation clinics

1825 Woodwinds Drive
Woodbury, MN 55125
(651) 232-6800 (specialty clinics)
(651) 232-6860 (rehabilitation clinic)

Children's - Maple Grove Rehabilitation clinic

7767 Elm Creek Boulevard, Suite 300
Maple Grove, MN 55369
(763) 416-8700

Children's - Minnetonka Pediatric outpatient day surgery

6050 Clearwater Drive, Suite 300
Minnetonka, MN 55343
(952) 930-8600

Pediatric diagnostic imaging center

6050 Clearwater Drive, Suite 400
Minnetonka, MN 55343
(952) 930-8644

Pediatric outpatient rehabilitation center

5950 Clearwater Drive, Suite 500
Minnetonka, MN 55343
(952) 930-8630

Pediatric specialty clinic and McNeely Pediatric Diabetes Center

6060 Clearwater Drive, Suite 204
Minnetonka, MN 55343
(952) 930-8123

Children's - Roseville Rehabilitation clinic

1835 West County Road C
Roseville, MN 55113
(651) 638-1670

Pursuing our vision



In January, Children's introduced a new vision describing our organization as a national leader in advancing the health of children, innovating, and delivering family-centered care of exceptional quality.

The strategic plan for achieving our vision is represented by the acronym ASPIRE: Advocacy; Safety and quality; Philanthropy; Innovation; Results; and Engagement.

A plan of this magnitude represents an exciting challenge that will require the talents and hard work of every member of Children's.

This year will provide many opportunities for Children's nurses to demonstrate our innovation, leadership, and dedication to our vision. In addition to our efforts to redesignate our Magnet status, Children's will be showcased as we host the National Association of Children's Hospitals and Related Institutions (NACHRI) annual meeting in October. We will also advance nursing practice through several national evidence-based practice collaboratives.

And, as always, from nurses working to increase their level of skill and preparedness to those advocating for the needs of families and patients, the pages of Constellation are filled with examples of nurses promoting the concepts of advocacy, safety and quality, philanthropy, innovation, results, and engagement.

I'm excited about our strategic plan and grateful for the opportunity to pursue it with such a talented group of nurses.

Ginger Malone, MSN, RN,
Chief Nursing Officer
ginger.malone@childrensmn.org

Family-centered rounds bring the care team face-to-face



Walid Maalouli, MD, and Christy Gotto, BS, RN, ask questions of Heidi Larson-David and her son, Hogan, as part of rounds on the medical/surgical unit at Children's - Minneapolis.

“We have everyone and everything we need in one place, at one time,” said Walid Maalouli, MD, of Children’s new hospitalist rounding procedures.

“That’s not only a better situation for us to make decisions, I think it’s a much more effective and enjoyable way for everyone to do their work.”

Children’s hospitalist rounding initiative calls for all daily rounding to be completed — following a predetermined schedule — by noon each day. The comprehensive rounding team includes hospitalists, pediatric nurse practitioners, staff nurses, residents, medical students, and representatives from interdisciplinary services like pharmacy, interpretive services, and social work. Parents are also invited to join the conversation.

“It was definitely a cultural shift to go from a very informal rounding system to one that is so much more formal and planned out,” said Maalouli, Children’s medical director of the hospitalist program. “But the benefits of the work required to implement that process far outweigh any of the negatives.”

The value of face-to-face dialogue

For nurses, the benefits of the new procedures begin with increased communication.

“Having everyone together at a set time means we’re all on the same page with regard to a patient’s care plan,” said Christy Gotto, BS, RN of the medical/surgical unit at Children’s - Minneapolis.” At a time when a doctor’s orders can be made remotely, via the electronic medical

“The new rounding process enhances that family/staff partnership, but in an even more personal way.”

record, it's a really important chance for nurses to ask questions face-to-face and to raise any questions or issues that they see.”

Maalouli said the dialogue that is part of the new rounding process is invaluable for doctors as well.

“Doctors often forget to ask questions from a nursing perspective — for instance, do we want an IV reinserted if it falls out, or should we advance the patient's diet?” Maalouli said. “And nurses also offer very valuable information about the patient that only they might see. Having access to that information allows us to come together to create a much more comprehensive plan.”

The reduced chain of communication also means fewer opportunities for miscommunications and delays in locating members of a care team.

Family-centered approach

Parents appreciate knowing the predetermined rounding schedule, which makes it possible for them to plan their schedule and attend the discussions. Their inclusion in the rounding process is much more than a courtesy. They offer a perspective that is another valuable voice in the group's decision-making process. They are encouraged to interrupt the discussion and ask questions.

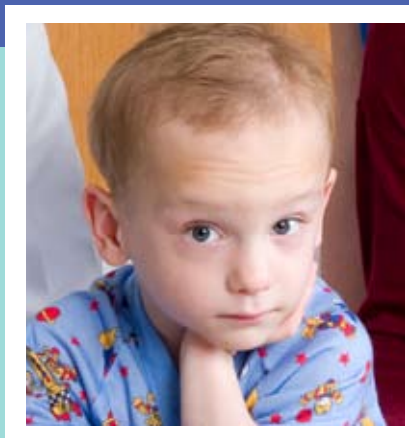
“Many do take part in the discussion. Some are very active, which is valuable for us because parents know their kids better than anyone and they can offer important information to the care team,” Gotto said.

“And I think they appreciate being involved and knowing what's going on with their child's care. It's comforting to them.”

Heidi Larson-David has been at Children's off and on for the ongoing care of her twin boys, Carson and Hogan, since their premature birth in 2006. She believes the new rounding procedures have made a strong partnership even stronger.

“From the day our boys were born, Children's staff said to us, ‘Let's partner and figure out what we need to do to get all of you home,’” Larson-David said. “The new rounding process enhances that family/staff partnership, but in an even more personal way.

“Every day, you see the same people. It's not only nice that you don't have to repeat yourself, it's comforting to know they are always there. It makes an experience that is not always fun just a little bit better.”



A new role for pediatric nurse practitioners

As part of Children's new rounding initiative, pediatric nurse practitioners (PNPs) have taken on a somewhat non-traditional role.

“In the past, PNPs would have to clear their care plans with the physician they were paired with,” explained Walid Maalouli, MD, Children's medical director of the hospitalist program. “Under the new model, the PNPs are still paired with a physician, but they operate much more autonomously — they don't need to justify every decision they make.”

And the results?

“It's been wonderful,” Maalouli said. “On the rare day when we don't have a PNP, there's a high level of anxiety on the part of our doctors. We appreciate having them on the team.”

From blueprints to the bedside: Children's nurses help design healing spaces

Leaders



Sandi Abraham, RN, (left) and Tami Koth, RN, enjoy the natural light and view from the 7th Floor family lounge at Children's - Minneapolis — one of many spaces designed with families' needs in mind.

When Tami Koth, RN, agreed to be part of a project team charged with helping design the new 7th floor medical/surgical unit at Children's - Minneapolis, her first thought was, "What have I gotten myself into?"

"But then I realized **what an exciting opportunity it was and what an honor it was to be involved in such an important project.** It was a chance to be an advocate for the needs of my fellow nurses and for patients and their families," she recalled.


Koth was one of dozens of Children's nurses invited to participate in the planning of new spaces throughout Children's as part of the

expansion of both the Minneapolis and St. Paul campuses.

Using the concepts of lean manufacturing, which seeks to eliminate wasteful processes and procedures, the nurses and their project teams engaged in several months of planning to help design effective new spaces.

Standardization is key to eliminating waste

Some planning teams mocked up sample operating rooms in an effort to identify the perfect space. Others videotaped processes and procedures in their current locations.



“We worked to eliminate wasted time and efforts in the new space.”

“We videotaped an admission in our old unit and discovered that nurses left the bedside anywhere from 15 to 20 times to get supplies,” said Deborah Freeman, RN, a clinical educator with the NICU at Children’s - Minneapolis. “It was an eye-opener and we worked to eliminate such wasted time and efforts in the new space.”

“Standardization was a key piece of our team’s work to eliminate the waste that comes with different processes and configurations,” said Sandi Abraham, RN, a surgical services staff nurse at Children’s - Minneapolis. “We constantly reminded each other of that guiding principle in our design meetings.”

The needs of many

While the nurses advocated for the needs of their peers, they were also empowered to account for the needs of many audiences, including patients and their families. The design of many new spaces at Children’s offers quiet and private patient and family areas, including work stations, showers, sleep areas, and dedicated refrigerators.

“One nurse whose patient population is often affected by urinary diseases advocated for bathtubs in every room,” said Koth. “I think her perspective and passion

for that issue showed how valuable it was to have nurses from around the hospital involved in the design process.”

“One of the biggest rewards for me in the entire process was seeing groups of people coming together and getting excited for a common cause,” said Abraham. “It was very gratifying.”

Gratitude for their efforts

While some of the new spaces have yet to open, Abraham, Freeman, and Koth have all been approached by peers and families who want to offer their thanks and congratulations for their work.

“One family who had been in our previous space came up to me and told me how wonderful — how unbelievable — this new space is,” said Koth. “From the sofa and windows in their rooms, to the elements of privacy, they said they felt so much better in the new rooms and believed it would aid in healing.”

“I can’t tell you how many people have come up to me to express their gratitude and happiness with our new area,” said Freeman. “It’s been humbling. It’s a process that I’ve thoroughly enjoyed, something I’ve learned from, and something I’d do 100 times again.”

The elements of success

Q: What’s one element of your new space that you are proud to have played a role in creating?

A: My favorite thing of the whole unit is how much natural light there is thanks to the windows and the design of the floor. It makes a big difference for our staff and for patients and their families.

—Tami Koth, RN, medical/surgical
7th floor, Children’s - Minneapolis

A: As a patient and staff safety measure, we made sure we integrated all equipment into the walls of our rooms to eliminate loose cords. It also frees up space for future equipment and patient care needs.

— Sandi Abraham, RN, surgical
services, Children’s - Minneapolis

A: We designed a bedside cart that stays with the patient and holds 24 hours worth of supplies at a time. That allows nurses to stay with their patients and not have to run to different rooms continuously to get more supplies.

— Deborah Freeman, RN, NICU,
Children’s - Minneapolis

Healing baskets:

Care baskets offer nurses support in times of loss



“Emotions following the loss of a patient are something that nurses — I think disproportionately — have to deal with,” said Joy Johnson-Lind, Children’s director of Child and Family Services. “By the nature of their role, they are expected to absorb those feelings and move on. But like anyone, they have needs that have to be addressed.”

It was with those needs in mind that Children’s introduced Care for Staff baskets in 2009. Delivered to Children’s departments following the death of a patient in their care, the baskets contain items such as stones that nurses and

other staff members can take or place in remembrance of the patient and comfort items, including tea bags and chocolate.

Sympathy cards allow staff members to write notes to the child’s family and self-care brochures offer resources for help.

“We wanted to find a way to support nurses without them feeling like it was being forced upon them,” said Children’s chaplaincy manager and bereavement coordinator Brian Brooks, of the origins of the baskets.

The following statement is included with every basket:

When you see the Care for Staff basket, please remember:

You provide extraordinary care — with skill and compassion — in the most difficult of times. Truly, you make a difference. You are important and cared about. Accept these small items as tokens of support from your co-workers. Honor your need for self-care and encourage others to do the same.

Elements of the basket:

Self-care resources for caregivers

- Remembrance stones
- Remembrance cards (for staff to keep)
- Sympathy cards (which are mailed to the child's family)
- An LED candle
- Teas and cocoas
- Candies and mints
- Individual-size essential oils (aromatherapy)
- Soft tissue
- Information on other support resources



The baskets, which grew out of an idea developed by members of Children's chaplaincy department, are one of the many services provided by Children's child and family services department, which encompasses bereavement services, chaplaincy, child Life, families as partners, interpreter services, social work, and the Minnesota SID (Sudden Infant Death) Center.

A visual reminder

The presence of a Care for Staff basket, which includes an LED candle, offers an important visual reminder to all staff members. For those who weren't familiar with the patient or aware of the death, it is an indication that members of their care team may be hurting. For those who did know the patient, it offers a reminder of the importance of self care.

"I've been at Children's for 26 years and the loss of a patient is never easy, even when it's expected," said Gaylene Hermann, RN, a pediatric critical care nurse at Children's - Minneapolis. "But the baskets acknowledge it's a difficult situation for all of us and remind us to take care of ourselves. "With this support, we are better prepared to return to work and care for our patients with care and compassion."

"Nurses feel a natural pull to get back to their work and their patients," Johnson-Lind said. "In a way, the baskets give nurses permission to take a moment to acknowledge their feelings and care for themselves. Even if it's a five minute break to write something down or take a stone, it at least allows them to start the process of grieving in their own way."

Staff appreciation

According to Brooks, the variety of items in the baskets was developed with the knowledge that everyone deals with emotions in different ways. "We wanted nurses and staff members to be able to identify items or activities that were helpful to them. People seem to really appreciate that aspect of the baskets."

Indeed praise for the baskets, which are supported through philanthropy, has come from staff throughout Children's.

"We hear from nurses on a regular basis that the baskets really make a difference," said Johnson-Lind. "That's gratifying for us in child and family services because we see our role as helping to facilitate the family-centered care that Children's is known for. And we know that experience wouldn't be possible without Children's nurses."

"The baskets give nurses permission . . . to acknowledge their feelings and care for themselves."



Trauma Nurse Certification Course prepares nurses for the challenges of trauma care



The Trauma Nurse Certification Course (TNCC) gives nurses the skills and confidence they need to meet the unique challenges presented by a pediatric emergency department environment.

Work as an emergency department nurse is unlike any other nursing position in the hospital. And that is why the Trauma Nurse Certification Course (TNCC) was created.

“When you work in the emergency department you deal with injured patients, as well as sick patients,” said Kathie Dauble, BS, RN-BC, PHN, a clinical educator at Children’s - St. Paul. “Pediatric emergency nurses are challenged to identify injuries that may not be presenting themselves to the naked eye. And while adults are good at communicating what hurts, children generally aren’t.”

TNCC, which was developed by the emergency nurses association, is the industry’s standard certification for trauma nurses. It is a requirement for all Children’s emergency department nurses to be certified in TNCC, since Children’s was designated by the state as a Level III Trauma Center in June 2009.

A systematic approach

Designed to help nurses overcome the challenges presented in a trauma setting, TNCC teaches nurses to identify any underlying issues through a comprehensive patient assessment.

“The course teaches nurses how to do a very thorough head-to-toe assessment on a patient to determine if there are injuries you can’t see upon first inspection,” said Cindy Anderson, BS, RN, a clinical educator at Children’s - Minneapolis

Did you know?

Almost 100 nurses attended the Trauma Nurse Certification Course in 2009

and a TNCC instructor. “And they learn how to do it in a very systematic way so that nothing is missed in the moment and so that interventions can be quickly identified.”

Training content includes the biomechanics and mechanisms of injury; shock; brain and cranial trauma; thoracic trauma; spinal cord and vertebral column trauma; and surface and burn trauma. The training also explores the psychosocial aspects of trauma care and offers best practices for dealing with what can often be a tense and stressful environment.

“With some of the injuries involved, it can be difficult to stay attuned to the ABCs — airway, breathing and circulation,” said Janet Logid, MA, RN, clinical education specialist at Children’s center for professional development and practice. “But the course teaches methods for remaining focused and working effectively as part of a team under difficult conditions.”

Confident and prepared

Commensurate with the conditions under which trauma nurses work, the two-day course is challenging.

“It’s an intense course,” Anderson said. “It requires a lot of studying prior to taking the classes. If you don’t take the time to do that, you won’t be successful in the course.”

Among the rewards for those who complete it, however, is greater confidence.

“With Children’s now being a Level III trauma center, we’re seeing more trauma cases. I think nurses see that and appreciate the fact that the course better prepares them for what may come down the road — even in the event that Children’s becomes a Level I trauma center,” Dauble said. “They leave the course with greater confidence in their abilities and a better foundation on which to provide care.”

For more information on the Trauma Nurse Certification Course, please contact the ER and trauma education coordinator at (612) 813-6880.

Trauma nurse learning objectives

The state of Minnesota requires that all nurses who care for trauma patients satisfy the following learning objectives, which are addressed as part of the Trauma Nurse Certification Course.

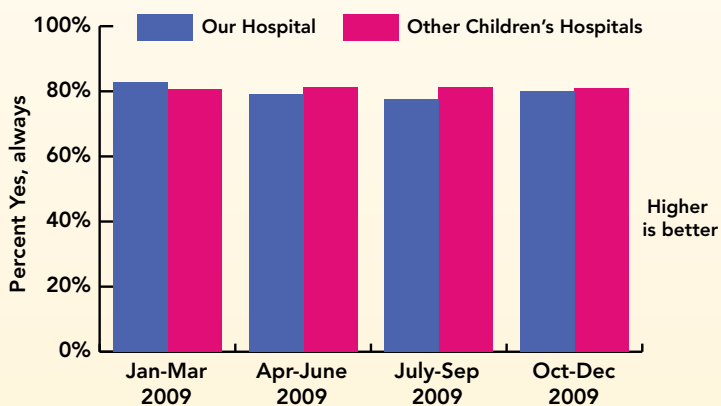
1. Identify the common mechanisms of injury associated with blunt and penetrating trauma.
2. Describe and demonstrate the components of the primary and secondary nursing assessment of the trauma patient.
3. List appropriate interventions, based on assessment findings, for recognized and suspected life-threatening and non-life-threatening injuries.
4. Discuss signs and symptoms to specific pathophysiological changes as they relate to potential injuries.
5. Describe the ongoing assessment and methods used to evaluate the effectiveness of interventions.
6. Examine the facility’s specific criteria and protocols for admission or transfer of the trauma patient.

By the numbers: Children’s trauma services

- 90,000+: pediatric emergency department visits per year
- 6: rank among the busiest pediatric emergency departments in the nation
- 37: pediatric emergency medicine physicians
- 16: emergency department pediatric nurse practitioners
- 24/7: coverage of board-certified pediatric intensivists
- 32: pediatric intensive care unit beds
- 20: step-down pediatric intensive care unit beds
- 127: neonatal intensive care unit beds
- 19,000+: surgical cases per year

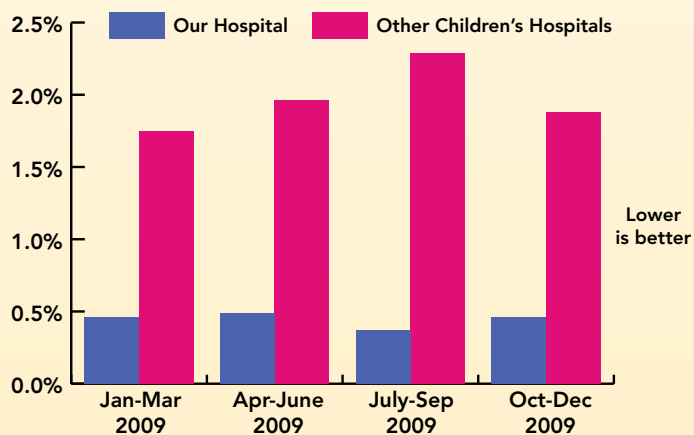
Nursing measures

Staff Controlled Pain – Inpatient



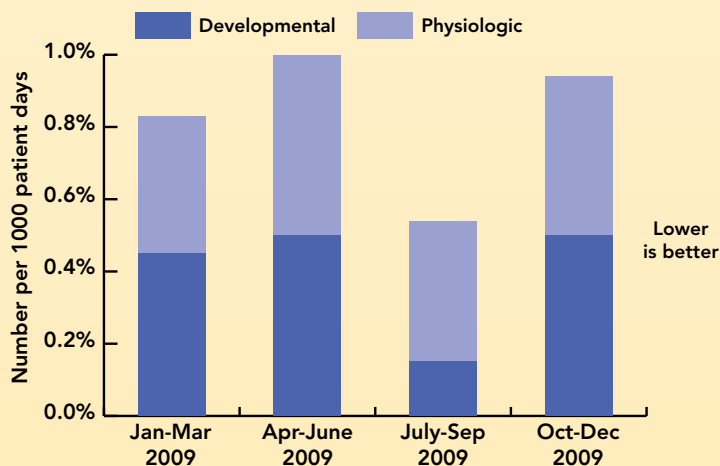
The percent of families who said staff always did everything they could to control their child's pain is similar to other children's hospitals. Only 5 percent of families said staff did not do everything they could to control their child's pain. Children's has one of the largest pediatric pain and palliative care programs in North America and an ongoing project to identify and control pain quickly.

Nurse Turnover Rate



Children's participates in a Whole Systems Measures Collaborative with 43 other Children's hospitals. This collaborative uses standard metrics to identify opportunities for improvement and accelerate change. Children's turnover rate includes the number of nurses who resigned, retired, expired, or were terminated. Our turnover rate is much lower than other children's hospitals that participate in this collaborative.

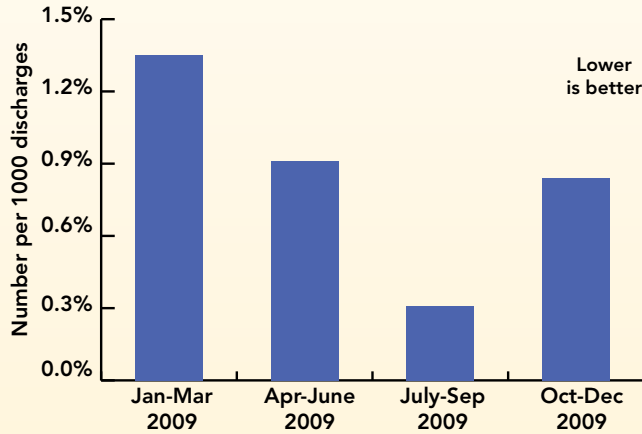
Patient Falls



Children's rate of falls is very low. Roughly one patient falls for every 265 patients discharged. Children's has a hospital-wide improvement initiative to quickly identify patients who may be at risk for falling and keeping them safe.

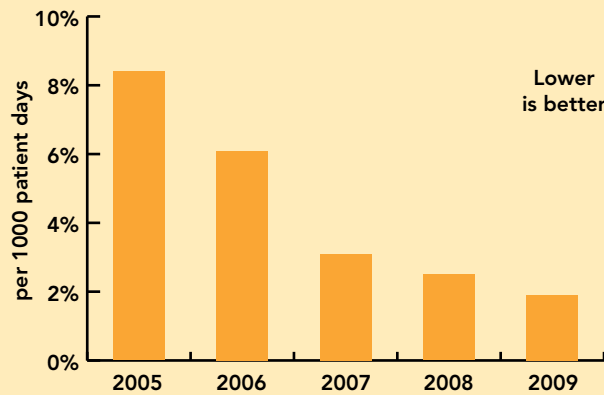
Note: A developmental fall is defined as a fall common to a toddler's chronological age of > 1 year to < 4 years. An exception to this occurs if the child is developmentally delayed; then the developmental equivalent age may be considered in how the fall is categorized.

Resuscitation Outside Intensive Care Units

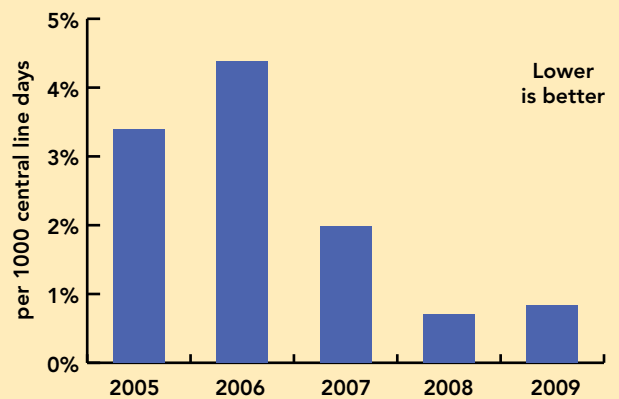


Children’s has improved the rate of resuscitation codes performed outside the intensive care units since the first quarter of 2009. Children’s has a number of projects such as Rapid Response Team and Pediatric Early Warning Signs (PEWS) focused on detecting patients whose conditions are deteriorating.

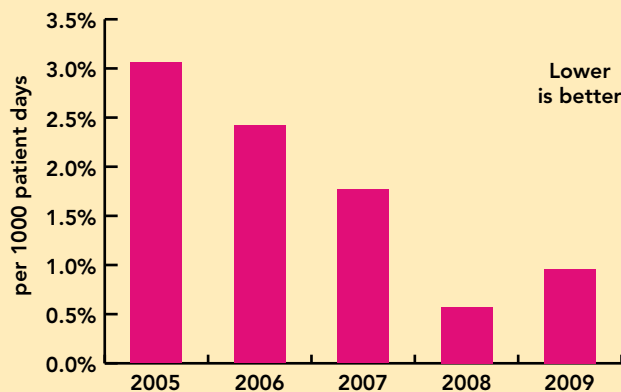
Blood Stream Infections – NICU



Blood Stream Infections – PICU



Blood Stream Infections – Hematology/Oncology



Children’s has been part of a Children’s Hospital Corporation of America Bloodstream Infection (BSI) collaborative project since 2005. As part of this project Children’s has implemented best practice bundles to reduce bloodstream infections in our high risk areas. Children’s began using Chlorhexidine for all line preparation before entry for medication administration and for skin preparation prior to line insertion. In addition, Children’s standardized criteria for diagnosing nosocomial bacteremia. As a result of this work, Children’s infection rates have improved dramatically in all areas over the last couple of years.

2009 professional accomplishments

Degree completion

Cynthia Anderson, BS, RN, completed a Bachelor of Science degree in nursing from Metropolitan State University.

Heather Boehland, BS, RN, completed a Bachelor of Science degree in nursing from Bethel University.

Erin Dobie, DNP, CNP, completed a Doctor of Nursing Practice from University of Minnesota.

Mary Erickson, DNP, MPH, RN, CNP completed a Doctor of Nursing Practice from University of Minnesota.

Diane Farley, BS, RN, completed a Bachelor of Science degree in nursing from Metropolitan State University.

Linda Graeve, BS, RN, completed a Bachelor of Science degree in nursing from St. Catherine University.

Debra Gutzman, BA, RN, completed a Bachelor of Arts degree in Organizational Leadership from Bethel University.

Melissa Hamlin, MSN, RN, BC, completed a Master of Science degree in nursing from Regis University.

Julie Hoffman, BS, CNOR, completed a Bachelor of Science degree in nursing from St. Catherine University.

Joanne Holley, MAOT, RN, completed a Master of Arts degree in Occupational Therapy from St. Catherine University.

Penny Peterson, BS, RN completed a Bachelor of Science degree in nursing from Crown College.

Kendra Saal, MSN, completed a Master of Science degree in nursing education from University of Phoenix.

Angela Sanford, BS, RN, completed a Bachelor of Science degree in nursing from Bethel University.

Laura Shogren, BS, RN, completed a Bachelor of Science degree in nursing from University of Wyoming.

Andrea Silvola, BS, RN, completed a Bachelor of Science degree in nursing from College of St. Scholastica.

Natalie Valenta, BS, RN, completed a Bachelor of Science degree in nursing from St. Olaf College.

Ashley Voigt, BS, RN, completed a Bachelor of Science degree in nursing from St. Catherine University.

Jennifer Worley, BS, RN, CNOR, completed a Bachelor of Science degree in nursing from St. Catherine University.

Presentations

Mari Akre, PhD, RN;
Mary Langevin, MS, RN, FNP, CPON, HN-BC;
Sidney Morice, MS, MBA, RN;
Erin Wittenberg, RN.
Presented Revitalizing Care at the Bedside, Children's MN Experience. An invited conference presentation at Revitalizing Care at the Bedside Collaborative meetings, sponsored by Children's Health Care Association, January 27, 2010, Kansas City, Mo.

Mari Akre, PhD, RN;
Kim Lorence, MS, RN;
Sandra Oehlke, CPNP, CCRP, CCM, RN/DNC, NP/DCNP;
Kristin McCullough, MS, RN, CNS;
Mary Erickson, DNP, MPH, RN, CNP;
Linda Schwanebeck, RN;
Connie Edstadt, RN, BSHA;
Keri Rateliff, MS, RN, NE-BC.
Presented "Pressure Ulcer Journey, an invited Webinar presentation to CHCA Pressure Ulcer Collaborative," November 4, 2009, Children's Hospital and Clinics of Minn.

I have never seen such complete, thorough care from doctors and nurses like that of Children's. I give them a "10" for being so caring and especially listening to a parent's concerns. I thank you greatly!

— from 2009 family satisfaction survey

Mari Akre, PhD, RN; **Marie Aune**, RN.

- Presented "Pediatric Falls Risk Plan of Care – Evidence and Outcomes Enhanced," at Cerner Health Conference, Oct. 5, 2009, Kansas City, Mo.
- Presented "Pediatric Evidence Nursing Smart Plans: Getting Results," a podium presentation to Cerner Health Conference, October 2009, Kansas City, Mo.

Lang, N.;
Kerfoot, K.;
Mari Akre, PhD, RN;
Harper, E.

Presented "Transformation: Evidenced Based Nursing Practice, Cerner Pediatric Leadership Council," Cerner Health Conference, October 3, 2009, Kansas City, Mo.

Mari Akre, PhD, RN;
Mary Erickson, DNP, MPH, RN, CNP.

- Presented "Early Identification Of Patients at Risk for Deterioration: Standard Approach to Assessment and Communication," Mercy Children's Grand Rounds, June 2009, Kansas City, Mo.
- Presented "Early Identification Of Patients at Risk for Deterioration: PEWS Makes a Difference," at Creating Connections, NACHRI conference, March 2009, Nashville, Tenn.
- Presented "Early Identification Of Patients at Risk for Deterioration: PEWS Makes a Difference," at Mayo Eighteenth Annual Nursing Research Conference, February 2009, Rochester, Minn.

I felt so safe taking my baby home. All nurses were wonderful and doctors informative! Loved it!

— from 2009 family satisfaction survey



Dory Baker, MS, RN, CNP, AE-C.

- Presented "Asthma Pharmacology," at University of Minnesota, February 2009.
- Presented "Asthma Management for Hospital Nurses," May 2009, New Ulm, Minn.
- Presented "Controlling Factors Contributing to Asthma Episodes," American Lung Association

Certified Asthma Educator Course, June 2009.

- Presented "Asthma Management in the Schools," Roseville School Nurses, December 2009.

Bobbie Carroll, MHA, RN;
Theresa Duffy-May, MA, RN.

Presented Integrated Discharge Workflow, Cerner Health Conference, Oct 6, 2009, Kansas City, Mo.

Bobbie Carroll, MHA, RN;
Rod Tarrago, MD.

Presented Order Reconciliation: Whose Responsibility Is It?, Cerner Health Conference, October 2009, Kansas City, Mo.

Laurel Edinburgh, MS, RN, CNP.

- Presented "Do You See Me?" A Community Wide Response to Sexual Exploitation of Children at the MCCA (MN Council of Child Caring Agencies) /MN Juvenile Detention Association Annual Conference, September 30, 2009, St. Cloud, Minn.
- Presented "Outcomes of Sexually Abused Runaway Youth" at the International Association of Adolescent Health, October 2009, Kuala Lumpur, Malaysia.

Laurel Edinburgh, MS, RN, CNP;
Garcia, C.

Presented "It's Not Called Running Away: It's Called Going Out to Play" at the Sigma Theta Tau International Conference, Vancouver, BC.

Donna Eull, MA, BS, RN, CHPN.

Presented Pain Master Class, June 2009, Minneapolis, Minn.

Maura Fitzgerald, MS, MA, RN, PCNS-BC;
Timothy Culbert, MD;
Lynda Richtsmeier Cyr, PhD;
Susan Sencer, MD;
Marsha Finkelstein, MS.

- Presented "Complementary and Alternative Services for Symptom Management in Children with Cancer" at the North American Research Conference on Complementary and Integrative Medicine, May 14, 2009, Minneapolis, Minn.
- Presented "Complementary and Alternative Services for Symptom Management in Children with Cancer" at the Society for Integrative Oncology Conference, November 12-13, 2009, New York, N.Y.

Vickie Holker, MS, RN.

Presented "Adolescent Diabetic Treatment Adherence and the Impact of Parental Involvement."

Mary Langevin, MS, RN, FNP, CPON,
HN-BC.

Presented "Hazardous Drugs: Medical Surveillance for Hematology/Oncology Nurses" at the National Hemophilia Foundation Meeting, October 29-31, 2009, San Francisco, Calif.

Mary Langevin, MS, RN, FNP, CPON,
HN-BC;

Mylynda Livingston, MS, RN, CNP;
Mary C. Hooke, PhD, RN, PCNS-BC.
Presented "Smart Nursing: Chemotherapy Administration Using the Smart Pump" at the National Hemophilia Foundation Meeting, October 29-31, 2009, San Francisco, Calif.

Ginger Malone, MSN, RN.

- Presented "Nursing Leadership's Role in Patient Safety" at Augsburg University, February 2009, Minneapolis, Minn.
- Presented "Advancing Patient Safety: Nursing Leadership's Role" at St. Catherine University, December 12, 2009, St. Paul, Minn.

Gretchen Moen, MS, RN, CPNP.

- Presented "Depression in Primary Care Pediatrics and Coding and Billing for NPs: Getting Paid for What YOU Do" at the University of Minnesota Department of Nursing, Minneapolis, Minn.
- Presented "Pediatric Asthma in Primary Care" at Metropolitan State University, Minn.

Patricia Stinchfield, MS, RN, CNP.

- Presented "Immunization Refusal: An Effective Response" at the 19th Annual Practical Pediatrics Conference for the Primary Care Physician, September 24-25, 2009, Minneapolis, Minn.
- Presented "Vaccine Safety: Effectively Communicating with Parents" at the National Telephone Triage Conference, September 25, 2009.

Barb Symalla, MS, RN, CNS.

Presented "Assessment and Management of Opioid and Benzodiazepine Withdrawal in Children" at the American Association of Pain Management Nurses annual conference, September 12, 2009, Fla.

Cindy Walsh, BS, MA, CPON;

Jeanine Clapsaddle, CCLS, MA, LMFT.

- Presented "Boundary Waters - The Ebb and Flow of Interpersonal Relationships Between Staff, Patients and Families" at the National Child Life Conference, May, 2009.
- Presented "Boundary Waters - The Ebb and Flow of Interpersonal Relationships Between Staff, Patients and Families" at the Midwest Child Life Conference, November 2009, Chicago, Ill.

Posters

Laurel Edinburgh, MS, RN, CNP.

Poster Presentation "Exploring Cultural Issues Among Young Hmong Girls who Run Away and Return Home" at the 137th Annual Meeting of the American Public Health Association. Philadelphia, Pa.

Susan O'Conner-Von, PhD, RNC;

Lacie Johnson;

Liz Leighton, MPH, BS, RN;

John McNamara, MD;

Marsha Finkelstein, MS;

Lisa Read, BA;

Mahrya Johnson, BA, CCRP.

Poster Presentation "Symptom Profile of Pediatric Patients with Cystic Fibrosis: Body Image, Pain, Sleep and Depression" at the North American Cystic Fibrosis Conference, October 14-17, 2009, Minneapolis, Minn.

Carol Wilcox, MS, RN;

Claudia Hines, RN.

Poster presentation "Lean Value Stream Improvement in ED and Med Surg." At the IHI 21st National Forum on Quality Improvement in Health Care, December 9, 2009, Orlando, Fla.

Outreach classes

Administration of CPAP and Use of the Neopuff

Presented by **Janette Gauger**, RN, CNP, and **Kim Schmidt**, RCP, at St. Joseph's Medical Center, April 2009, Brainerd, Minn.

Assessment and Management of Pain: Infants, Children, and Adolescents

Presented by **Barb Symalla**, RN, CNS, at Hudson Hospital, March 2009, Hudson, Wis; Lakeview Hospital, August 2009 and March 2010, Stillwater, Minn; Minnesota Rural Health Care Cooperation, February 2009, Granite Falls, Minn; and District One Hospital, July 2009, Fairbault, Minn.

Asthma

Presented by **Dory Baker**, RN, CNP, AE-C, and **Teresa Zustiak**, RCP, AE-C, at Roseville Schools ISD 623, December 2009, Roseville, Minn.

Care of the Late Preterm Infant and Feeding Techniques: Nipple Choices for the Premature Infant and Newborn

Presented by **Janette Gauger**, RN, CNP, and **Kim Myhre**, OTR/L, at Cambridge Medical Center, November 2009, Cambridge, Minn.

Caring for Children in an Adult Emergency Department

Presented by **Kathryn Dauble**, BS, RN-BC, PHN, at the NW WI Emergency Nurses Association Spring Symposium, March 2009, Rice Lake, Wis.

Care of the Late Preterm Infant

Presented by **Lorraine Victor**, RN, CNP, at Baldwin Area Medical Center, October 2009, Baldwin, Wis.

Child Abuse

Presented by **Laurel Edinburgh**, MS, RN, CNP, at Roseville Schools ISD 623, January 2009, Little Canada, Minn.

Child Friendly Techniques During Procedures

Presented by **Jeri Kayser**, CLS, at River Falls Area Hospital, September 2009, River Falls, Wis.

Common Neonatal Concerns

Presented by **Janette Gauger**, RN, CNP, at New Ulm Medical Center, June 2009, New Ulm, Minn.

Common Problems in Neonatal Resuscitation

Presented by **Janette Gauger**, RN, CNP, at Queen of Peace Hospital, November 2009, New Prague, Minn.

Crash Cart Review

Presented by **Sam Reid**, MD, and **Lynn Eidahl**, MA, RN, at Wayzata Children's Clinic, July 2009, Wayzata, Minn.

Cue Based Care

Presented by **Tricia Armstrong**, MA, CCC-SLP, at the Minnesota Perinatal Organization, September 2009, Rochester, Minn.

Current Drug Trends

Presented by **Lorraine Victor**, RN, CNP, at the Minnesota Perinatal Organization, September 2009, Rochester, Minn.

Diabetes in Children: Type I

Presented by **Kara Wilkie**, RN, at Hudson Hospital, February 2009, Hudson, Wis.

Hemophilia in the Emergency Room Setting

Presented by **Jocelyn Gorlin**, RN, CNP, at Rice Memorial Hospital, April 2009, Willmar, Minn.

How Childhood Cancer Affects Learning and Special Education Assessments

Presented by **Bonnie Carlson-Green**, PhD, LP, at South St. Paul Schools, March 2009, St. Paul, Minn.

Infant Car Seat Trails

Presented by **Theresa Bauer**, CRT/NPS, RPSGT, at Regina Medical Center, October 2009, Hastings, Minn.

Introduction to Newborn Care

Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Allina Commons, February, May, August, and November 2009, Minneapolis, Minn.

Jaundice and TTN

Presented by **Janette Gauger**, RN, CNP, at Queen of Peace Hospital, May 2009, New Prague, Minn.

Lactation Conference

Presented by **Rachel Wahl**, RN, CLC, and **Susan Thune**, RN, CLC, at Tri-County Hospital, November 2009, Wadena, Minn.

Management of Pediatric Respiratory Illnesses: Asthma, Bronchiolitis, and Croup

Presented by **Dory Baker**, RN, CNP, AE-C, and **Teresa Zustiak**, CRT, AE-C, NPS, at New Ulm Medical Center, May 2009, New Ulm, Minn.



Methamphetamine and Narcotic Effects on the Neonate

Presented by **Lorraine Victor**, RN, CNP, at Lake Region Healthcare Corporation, March 2009, Fergus Falls, Minn.

Mild Systemic Hypothermia for Treatment of HIE

Presented by **David Brasel**, MD, and **Jeanne Mach**, RN, at Gunderson-Lutheran Hospital, November 2009, LaCrosse, Wis.

Newborn Screening for Cystic Fibrosis

Presented by **Renee Temme**, MS/CGC, at Minnesota Rural Health Cooperative, February 2009, Granite Falls, MN and APMC, February 2009, Willmar, Minn.

Neonatal Mini Conference

Presented by **Lorraine Victor**, RN, CNP, **Candace Coonrod**, RN, CNP, **Kathleen Fernbach**, BS, RN, PHN, and **Tricia Armstrong**, MA, CCC-SLP, at Woodwinds Health Campus, May 2009, Woodbury, Minn.

NRP Provider Course

- Presented by **Lorraine Victor**, RN, CNP, at United Hospital, October 2009, St. Paul, Minn.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Allina Clinics, April 2009, Forest Lake, Minn.
- Presented by **Lorraine Victor**, RN, CNP, and **Catherine Gatto**, MD, at Children's St. Paul NICU, August 2009, St. Paul, Minn.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Children's Hospitals & Clinics of Minn, June 2009, St. Paul, Minn.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Allina Clinic, October 2009, Cottage Grove, MN.
- Presented by **Lorraine Victor**, RN, CNP, and **Marlene Wuethrich**, RN, CNP, at United Hospital, November 2009, St. Paul, Minn.
- Presented by **Lorraine Victor**, RN, CNP, **Carmen Henke**, RN, CNP, and **Jill Bauer**, BS, RN, at South Lake Pediatrics, October 2009, Minnetonka, Minn.
- Presented by **Lorraine Victor**, RN, CNP, **Jodi Hanigwalt**, RN, CNP, and **Carmen Henke**, RN, CNP at South Lake Pediatrics, September 2009, Minnetonka, Minn.

Wonderful experience! The nurses were excellent and very in tune to my child and we were treated as if she was the only child there that day.

— from 2009 family satisfaction survey

NRP Re-Certification

Presented by **Lorraine Victor**, RN, CNP, **Jill Bauer**, BS, RN, **Karen Jackson**, RN, and **Karen Haugstad**, BS, RN, at Queen of Peace Hospital, February 2009, New Prague, Minn.

Nursing Care of the Pediatric Hospitalized Patient

Presented by **Jennifer Snider**, BS, RN, at Hudson Hospital, June 2009, Hudson, Wis.

PEARS

Presented by **Eric Stroup**, RN, **Kathryn Dauble**, BS, RN-BC, PHN, **Lynn Eidahl**, MA, RN, **Kris Goin**, BS, RN, at Arrowhead EMS Association, January 2009, Duluth, Minn.

Pediatric Emergency Care: Recognition, Assessment and Intervention

Presented by **Lynn Eidahl**, MA, RN, **Kathryn Dauble**, BS, RN-BC, PHN, **Kris Goin**, BS, RN and **Eric Stroup**, RN, at the 2009 Trauma Tactics Conference, October 2009, Minneapolis, Minn.

Pediatric Friendly Phlebotomy Techniques

Presented by **Daphne Timmons-Dean**, Lab Associate II at Partners in Pediatrics, September 2009, Brooklyn Park, MN and Partners in Pediatrics, September 2009, Maple Grove, Minn.

Pediatric Head Injury: Nursing Care and Interventions

Presented by **Mary Mackenburg-Mohn**, PhD, RN, CNP-PC/AC, at Woodwinds Health Campus, June 2009, Woodbury, Minn.

Pediatric PICC Lines: Nursing Interventions and Care

Presented by **Robin Huneke Rosenberg**, RN, BA, BC, and **Rachel Michalski**, BS, RN, at North Country Health Services, February 2009, Bemidji, Minn.

Pediatric Respiratory Care: Nursing Care and Interventions

Presented by **Kathryn Dauble**, BS, RN-BC, PHN, at Woodwinds Health Campus, July 2009, Woodbury, Minn.

Respiratory Concerns of the Neonate

Presented by **Janette Gauger**, RN, CNP, at Buffalo Hospital, February 2009, Buffalo, Minn.

SIDS: New Consideration in Reducing Risk

Presented by **Kathleen Fernbach**, BS, RN, PHN, at the Minnesota Perinatal Organization, September 2009, Rochester, Minn.

S.T.A.B.L.E.

- Presented by **Janette Gauger**, RN, CNP, and **Jill Bauer**, BS, RN, at Cambridge Medical Center, September 2009, Cambridge, Minn.
- Presented by **Janette Gauger**, RN, CNP, and **Jill Bauer**, BS, RN, at Life Link III, May 2009 and August 2009, Minneapolis, Minn.
- Presented by **Judy Peterson**, RN, CNP, and **Jill Bauer**, BS, RN, at Luther Midelfort Chippewa, September 2009, Bloomer, Wis.
- Presented by **Judy Peterson**, RN, CNP, and **Jill Bauer**, BS, RN, at Red Cedar Clinic, May 2009, Menomonie, Wis.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Red Cedar Clinic, April 2009, Menomonie, Wis.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Northfield Hospital, September 2009, Northfield, Minn.
- Presented by **Judy Peterson**, RN, CNP, and **Jill Bauer**, BS, RN, at Lakeview Hospital, April 2009, Lakeview, Minn.
- Presented by **Judy Peterson**, RN, CNP, and **Jill Bauer**, BS, RN, at Hudson Hospital, March 2009, Hudson, Wis.
- Presented by **Judy Peterson**, RN, CNP, and **Jill Bauer**, BS, RN, at Osceola Medical Center, September 2009, Osceola, Wis.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Westfields Hospital, October 2009, New Richmond, Wis.
- Presented by **Lorraine Victor**, RN, CNP, and **Jill Bauer**, BS, RN, at Lakewood Health System, May and June 2009, Staples, Minn.

That Little Straw: Pediatric IV Starts with Skills Stations

Presented by **Lynn Eidahl**, MA, RN and **Russell Grimsby**, RN at Douglas County Hospital, October 2009, Alexandria, Minn; St. Luke's Hospital, May 2009, Duluth, Minn; River Falls Area Hospital, August 2009, River Falls, Wis; and Lakeview Hospital, May 2009, Stillwater, Minn.

We were very pleased with the care of our baby. The doctors, nurses, and other staff members provided excellent care. The sibling play area and family resource center were also excellent adjuncts to our overall experience.

— from 2009 family satisfaction survey

Tonsillectomy & Adenoidectomy: Nursing Care and Interventions

Presented by **Catherine Smith**, RN, at Lakeview Hospital, September 2009, Stillwater, Minn.

UVL Insertion

Presented by **Janette Gauger**, RN, CNP, at New Ulm Medical Center, January 2009, New Ulm, Minn.

UVL Placement and IV Insertion

Presented by **Andrea Lampland**, MD, **Carmen Henke**, RN, CNP, and **Wendy Sievert**, BS, RN, at Osceola Medical Center, November 2009, Osceola, Wis.

Publications

Mari Akre, PhD, RN; **Marsha Finkelstein**, MS; **Mary Erickson**, DNP, MPH, RN, CNP; **Meixia Liu, M.**; **Laurel Vanderbilt**, BA, RN; **Glenn Billman**, MD. Sensitivity of the Pediatric Early Warning Score to Identify Patient Deterioration: A Retrospective Study accepted for publication Pediatrics pending 2010.

Anderson, R.; **Ginger Malone**, MSN, RN (2009). What about the children? Special administration concerns. Nursing Administration Quarterly, 33(1), 3-4.

Laurel Edinburgh, MS, RN, CNP; **Jane Swenson**, MS, RN, CNP (2009). Building intervention responses for sexually exploited, runaway youth. Nursing Administration Quarterly, 33(1), 62-64.

Laurel D. Edinburgh, MS, RN, CNP; **Elizabeth M. Saewyc**, PhD, RN, PHN (2009). A novel, intensive home-visiting intervention for runaway, sexually exploited girls. Journal for Specialists in Pediatric Nursing, 14(1), 41-48.



It's always a good experience at Children's. It's always my first and only choice for my children. The staff, physicians, and nurses are excellent, incredibly compassionate, and give superior care. No other place is an option for our family.

— from 2009 family satisfaction survey

Laura S. Gilchrist, MD; **Lynn Tanner**, MPT; **Mary C. Hooke**, PhD, PCNS-BC, CPON (2009). Measuring Chemotherapy-Induced Peripheral Neuropathy in Children: Development of the Ped-mTNS and Pilot Study Results. *Rehabilitation Oncology*, 27(3).

Hockenberry, M. J.; **Mary C. Hooke**, PhD, PCNS-BC, CPON; Gregurich, M.; McCarthy, K. (2009). Carnitine plasma levels and fatigue in children/adolescents receiving cisplatin, ifosfamide, or doxorubicin. *Journal of Pediatric Hematology/Oncology*, 31(9), 664-669.

Ginger Malone, MS, RN; **Mari Akre**, PhD, RN; **Mary Hauck**, PhD, RN (2009). On the scene at Children's Hospitals and Clinics of Minnesota. *Nursing Administration Quarterly*, 33(1), 54-61.

Pickering, L. K.; Baker, C. J.; Freed, G. L.; Gall, S. A.; Grogg, S. E.; Poland, G. A.; Rodewald, L. E.; Schaffner, W.; **Patricia Stinchfield**, MS, RN, CNP; Tan, L.; Zimmerman, R. K.; Orenstein, W. A. (2009). Immunization programs for infants, children, adolescents, and adults: clinical practice guidelines by the Infectious Diseases Society of America. *Clinical Infectious Diseases*, 49(6), 817-840.

Post-White, J.; **Maura Fitzgerald**, MS, MA, RN, PCNS-BC; Hageness, S.; **Susan F. Sencer**, MD (2009). Complementary and alternative medicine use in children with cancer and general and specialty pediatrics. *Journal of Pediatric Oncology Nursing*, 26(1), 7-15.

Post-White, J.; **Maura Fitzgerald**, MS, MA, RN, PCNS-BC; Savik, K.; **Mary C. Hooke**, PhD, PCNS-BC, CPON; Hannahan, A. B.; **Susan F. Sencer**, MD (2009). Massage therapy for children with cancer. *Journal of Pediatric Oncology Nursing*, 26(1), 16-28.

Kate Shutske, RN; **Dory Baker**, RN, CNP, AE-C; **Teresa Zuskiak**, RCP, AE-C; et al. (2009). Teachable moments: Asthma education in the ED. *American Nurse Today*, 4(8).

Research

Jody Chrustek, MSN, CHPN, principal investigator, "Father's experience with Pediatric End of Life Care." Grant for \$22,600.

Laurel Edinburg, MS, RN, CNP, received grants for the Runaway Intervention Program: \$10,000; Sauer Foundation \$12,000; Safe Harbor Youth Intervention Project \$10,000; Charlotte Shine Foundation \$5,100; Sigma and Resilience Among Vulnerable Youth Consortium.

Mary Erickson, DNP, MPH, RN, CNP, principal investigator, "Implementation of a Standardized Protocol For Family/Caregivers To Improve Confidence, Competence and Readiness For Discharge to Assume Care At Home For The Ventilator Dependent Child."

Donna Eull, BS, MA, CHPN, Chronic Pain Research with Dr Friedrichsdorf.

Nancy Jaworski, BS, RN, principal investigator, "Medical Home Components and Their Relationship to Perceived Unmet Needs in the Context of Race and Poverty Among Children with Special Health Care Needs."

Liz Leighton, MPH, BS, RN, co-investigator with Susan O'Conner-Von, PhD, RNC, principal investigator, "The Effect of Pain and Other Condition-Related Symptoms on Quality of Life for Pediatric Patients with Cystic Fibrosis". Densford Scholar program, University of Minnesota.

Judy Reitmeyer-Hunt, APRN-BC, principal investigator, "PEWS in the PACU."

Mary Sachs, MS, BS, RN, CNP, sub-investigator for John McNamara, MD, principal investigator, for the following studies: "(Tiger II) Denufosal Inhalation Solution in Patients with Mild CF," "(ISIS002) Infant Study of Inhaled Saline in Cystic Fibrosis," and "EPIC Observational Study: Longitudinal Assessment of Risk Factors for and Impact of Pseudomonas Aeruginosa Acquisition and Early Anti-Pseudomonal Treatment in Children with CF."



DAISY award winners

Patricia Andrie, RN, infant care center, Children's - Minneapolis

Michelle Bronnische, RN, neonatal intensive care unit, Children's - St. Paul

Karen Lindquist, RN, 4th floor medical/surgical unit, Children's - St. Paul

Lynne Ludwig, RN, pediatric intensive care unit, Children's - St. Paul

Kim McPhatter, RN, PNP, psychiatric services

Samantha Myers, RN, pediatric intensive care unit, Children's - Minneapolis

Karlene Mitchell, RN, 6th floor medical/surgical unit, Children's - Minneapolis

Rene Reynolds, RN, neonatal intensive care unit, Children's - St. Paul

Kristin Moquist, RN, PNP, Hematology/Oncology Clinic, Children's - St. Paul

Natalie Lu, RN, float team, Children's - Minneapolis

Jane Schmit, RN, pediatric intensive care unit, Children's - Minneapolis

Lori Smith, RN, neonatal intensive care unit, Children's - St. Paul

Recognition from professional organizations

Barb Wiemann, RN, BSN, CNOR, received the Outstanding Perioperative Nursing Award from the local AORN chapter #2401.

Nurses week award winners 2009

Knowledge Seeker award winners:

Judy Ann Bowers, RN, float team, Children's - Minneapolis

Karin Lunzer, RN, surgery, Children's - St. Paul

Leader award winners:

Jedd Nivala, RN, pediatric intensive care unit, Children's - Minneapolis

Jodi Quitmeyer, RN, Ambulatory Surgery, Children's - Minnetonka

Tina Welle, RN, float team, Children's - St. Paul

Innovator award winners:

Karol Hetland, RN, post-anesthesia care unit, Children's - St. Paul

Lora Koppel, RN, special diagnostics, Children's - Minnetonka

Kathy Parrish, RN, neonatal intensive care unit, Children's - Minneapolis

Partner in Care award winners:

Angela Sanford, RN, 3rd floor, Children's - St. Paul

Heidi Shafland, RN, pediatric intensive care unit, Children's - Minneapolis

Lona Shaughnessy, RN, ambulatory surgery, Children's - Minnetonka

2009 Medical Education Resident's award winners:

Kate Ehrenberg, RN, 4th floor medical/surgical unit

Karen Mathias, RN (Simulation Program) Simulation Center Director

Joint appointments with schools of nursing

Sarah Bartlett, BS, RN-BC, Minnesota State University, Mankato

Jody Chrastek, MS, RN, CHPN, Globe University School of Nursing

Mindy Hynes, BS, RN, Minnesota State University, Mankato

Lisa Marien, BS, RN, Inver Hills-Century Nursing Program

Gretchen Moen, MS, RN, CPNP, University of Minnesota School of Nursing

Kendra Saal, MSN-ED, RN, Globe University School of Nursing

Mary Sachs, MS, BS, RN, CNP, University of Minnesota School of Nursing

Barb Symalla, MS, RN, CNS, University of Minnesota School of Nursing

Nursing volunteer work

Heather Amundson, BS, RN, volunteer post-op nurse in Puebla, Mexico for Smile Network International.

Jennifer Barry, BS, RN, Children's State Fair booth; PGA Championship in Hazeltine.

Deb Berger, BS, RN, Loaves & Fishes; Union Gospel Mission; Living Out Love; Charis; Covenant Pines Bible Camp.

Ann Bonewell, BS, RN, blood pressure screening at church.

Tasha Boyd, RN, first response ministry at church, teaching basic life support in the community.

Melissa Brandts, BS, RN, PHN, parish nursing.

LeeAnn Charest, RN, CCRN, volunteer coordinator at the Metrodome and Target Field First Aid Team.

Stephanie Damlo, BS, RN, March of Dimes local "March for Babies."

Jean Dassenko, MA, RN, CPNP, Women's Ministries-Southview Seventh-Day Adventist Church.

Catherine Davidson, BS, RN, Minnesota Visiting Nurse Agency flu and H1N1 clinics.

Margaret Dornfeld, RN, BA, mission trips to Guatemala teaching nurses and residents Neonatal Resuscitation and S.T.A.B.L.E., infection control and breastfeeding.

Mary Erickson, DNP, MPH, RN, CNP, ISTOP preceptor - providing health care to low income people.

Diane Farley, BS, RN, homeless clinic work.

Kristin Gilles, BS, RN, PALS, BLS, NRP, nurse for church summer camp.

Catherine Goedde, BS, RN, Smile Network trip to Ecuador.

Kris Goin, BS, RN, deliver Meals on Wheels weekly; State Fair booth.

Karen Graika, RN, blood pressure screening as parish nurse; community center flu shot clinic for H1N1 and seasonal flu; Girl Scout camp nurse.

Deonne Gray, BA, RN, Camp Cherith nurse.

Laurie Gray, RN, emergency response member team at church.

Andrew Hausladen, RN, Children's booth at Minnesota State Fair.

Carol Hoag, BS, RN, Washington County Medical Reserve Corp.

One nurse came into our room while the doctor came in during morning rounds to help facilitate questions and listen to us. She was greatly appreciated. Thanks!

— from 2009 family satisfaction survey

My daughter had a wonderful experience at Children's. The nurses were very helpful, caring, and compassionate. They took such good care of her and I as a parent felt completely comfortable and trusted their work, suggestions, and care. Thanks.

— from 2009 family satisfaction survey

Ember Hutton, BS, RN, volunteer work with the March of Dimes; organized Children's - St. Paul NICU March for Babies team and raised \$46,000 for the March of Dimes.

Wendi Iskierka, RN, MRCC participation and member.

Cara Jaehnke, BS, RN, BA, American Red Cross Emergency Medical Services Team.

Wendy Jarosh, RN, blood pressure screening at church.

Nancy Jaworski, BS, RN, Washington County Medical Reserve Corps.

Susan Joines, RN, community support for parents of children with special needs.

Julie Kenney, MS, BS, RN, CNP, Girl Scouts.

Melanie Kuelbs, BS, BA, RN, CCRN, Medical Reserve Corps.

Karen Landin, BS, RN, PHN, Bible camp nurse.

Jeanne Mach, RN, Children's Surgery International.

Karleen Maeurer, BA, RN-C, Children's State Fair booth.

Lisa Marien, BS, RN, coordinated service learning for nursing students at Inver Hills-Century Nursing Program; service learning project with Head Start.

Donna Mayville, RN, Boy Scout merit badge counselor for first aide.

Elizabeth McDonough, BS, RN, Hematology Sickle cell camp.

Gretchen Moen, MS, RN, CPNP, career fair; high school mentor.

Sidney Morice, MS, MBA, RN, founder of Twin Cities Rookies, philanthropic women's group.

Rebecca Nelson, DNP, summer camp - North Central Camp Cherith Nurse/Medical Supervisor.

Sarah Nesvig, BS, RN, Camp Odayin volunteer nurse.

Duane Otten, MS, BS, RN, NNP-BC, Watoto Childcare Ministries, Kampala, Uganda; Wisconsin State Board Member, Bethany Christian Services, adoption services.

Candace Parks, RN, church volunteer.

Roberta Pazzelli, RN, East Metro Women's Council/East Metro Place.

Julie Peck, BS, RN, lactation counselor, H1N1 flu clinic at public schools.

Lynn Pelach, BA, RN, Muscular Dystrophy Association - Amyotrophic Lateral Sclerosis events.

Mary Peterson, RN, CNOR, blood pressure screening at church.

Amber Peterson, BS, RN, Minneapolis Project Homeless Connect.

Terrance Rawson, RN, parish nursing at St. Alphonus Church, Brooklyn Center.

Judy Reitmeyer-Hunt, APRN-BC, Minnesota Responds Volunteer in Dodge County.

Rene Reynolds, BS, RN, school immunizations.

Opal Rosenfeld, BS, RN, MBA, BA, outreach organ donation.

Jane Ryan, BA, MA, RN, IBCLC, RNC, volunteer nurse at YMCA Camp Miller.

Mary Sachs, MS, BS, CNP, Cystic Fibrosis Walk - Minnesota Chapter.

Theresa Schiller, BS, RN, medical team for Kid's Triathlon; Disaster Medical Assistance Team; medical team for in-line skate races.

Natalie Schmidt, RN, TNCC, Deep Portage Learning Center Trip With 5th Grade Students; Community Fair First Aid Booth.

Donna Schroeder, RN, Children's Surgery International trips Mexico and Haiti; PRISM local food shelf; San Lucas Mission in Guatemala.

Lynn Schwiebert, BS, RN, PHN, LSN, Volunteer Camp Odayin, a camp for kids with heart disease.

Danielle Shumski, BS, RN, CCRN, St. Mary's Health Clinics nurse volunteer.

Brianne Sinn, BS, RN, CPN, Traveled to Cajamarca, Peru with Smile Network International.

Pam Stading, MPH, BSN, CNE, American Heart Association instructor, church nursery leader.

Melissa Steger, MS, RN, CCNS-neonatal, PGA tournament.

Adriene Thornton, MA, RN, Cystic Fibrosis Walk for a Cure; middle and elementary schools; Good Hand Hygiene Practices.

Susie Ulrickson, BS, BA, RN, PHN, Smile Network International.

April Weston, BS, RN, mission trip to Guatemala teaching nurses and residents neonatal resuscitation and S.T.A.B.L.E.


Tanya Wright, BA, RN, volunteer triage nurse for Medical Ministry International: medical mission in Lima, Peru.





2009 Vital statistics

Inpatient admissions	13,877
Average number of children hospitalized per day	239.8
Total number of hospital beds	332
Surgical procedures	23,936
Outpatient surgical cases	15,708
Inpatient surgical cases	4,046
Emergency room visits	90,963
Clinic visits	137,853
Home care visits	8,031
Languages interpreted	43
Top three languages interpreted: Spanish, Somali, Hmong	
Professional staff-sponsored nursing scholarships	33
Nursing students	649

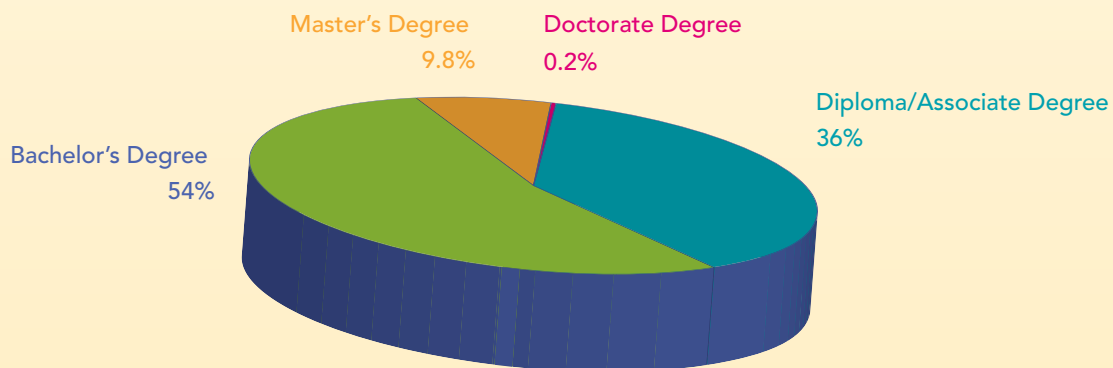


Children's nursing demographics

NURSING DEMOGRAPHICS AT CHILDREN'S IN 2009

Registered nurses	1,980
Advanced practice registered nurses	190
Percent of direct care nurses with national certification	24.2%
Percent of nurse leaders with national certification	77.2%
Registered nurse vacancy rate (12-month average)	0.8%
Registered nurse voluntary turnover (at 18 mos.)	6.1%

REGISTERED NURSES BY DEGREE





Delivering Next Generation Care

DELIVERING NEXT GENERATION CARE

Serving as Minnesota's children's hospital since 1924, Children's Hospitals and Clinics of Minnesota is one of the largest pediatric health care organizations in the United States, with 332 staffed beds at its two hospitals in St. Paul and Minneapolis. An independent, not-for-profit health care system, Children's provides care through more than 14,000 inpatient visits and more than 200,000 emergency room and other outpatient visits every year. Children's is the only Minnesota hospital system to provide comprehensive care exclusively to children.

In 2009, for the third consecutive year, U.S. News & World Report ranked Children's Hospitals and Clinics of Minnesota among America's best pediatric hospitals. Children's is one of only eight pediatric hospitals in the country to receive the 2009 Leapfrog Top Hospitals Award for delivering care that is among the best in the nation, while also attaining the highest levels of efficiency.

In addition, the American Nurses Credentialing Center has named Children's a Magnet hospital, a designation that recognizes excellence in nursing. Children's is one of only six percent of hospitals nationwide to have achieved Magnet status.

CHIEF NURSING OFFICER

Ginger Malone, MSN, RN

PROFESSIONAL DEVELOPMENT COUNCIL- ENVIRONMENT OF PRACTICE WORK GROUP:

Erica Cooper, BS, RN-BC
Kathie Dauble, BS, RN-BC, PHN
Scott Elsbernd, BS, RN-BC, PHN
Laurie Gray, RN-C
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