

WELCOME TO THE CHILDREN'S MINNESOTA 2020 NURSING ANNUAL REPORT.

Enclosed you will find the amazing contributions Children's Minnesota nurses made to nursing practice and how they have advanced the nursing professional practice model, REACH, on behalf of our patients and families.

Coming to Children's Minnesota as Chief Nursing Officer in early 2021, I have admired the strength and determination our nurses have to putting Kids First. The 2020 Nursing Annual Report highlights the resiliency and commitment Children's Minnesota nurses have to their patients and profession. A tremendous amount of change was experienced in 2020 at Children's Minnesota, including a transition in nursing leadership. The stories highlighted in the report make me so proud and humbled in my role as Chief Nursing Officer. It captures the ongoing dedication of our nurses even during significant change — including our response to the COVID-19 pandemic and civil unrest right in our own backyard. Because of the remarkable work of our nurses, the kids and families in the communities we serve have continued to trust us in caring for them when they need us the most.

As you peruse the report and would like to learn more, don't hesitate to reach out with your thoughts and ideas as we navigate towards the future together.

Thank you,

Caroline Njau, MBA, BSN, RN, NEA-BC
Chief Nursing Officer and Senior Vice President, Patient Care Services





NURSING

2020 Annual Report

Children's[®]
MINNESOTA



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I'm extremely proud of how our nursing team handled themselves in an often-uncertain environment as we learned to navigate the complexities of the pandemic while continuing to care for our patients.

DEAR COLLEAGUES,



This year has brought many unforeseen challenges to Children’s Minnesota as we continue to battle the COVID-19 pandemic. We have seen many changes as an organization as we’ve adapted to what our patients and community need in this trying time. I’m extremely proud of how our nursing team handled themselves in an often-uncertain environment as we learned to navigate the complexities of the pandemic while continuing to care for our patients. Our nurses fulfill many roles outside of caregivers: they’re advocates, teachers, champions, innovators, leaders and partners...and more. I am excited to share the 2020 Children’s Minnesota Nursing Annual Report, which showcases the incredible role that nurses and their contributions play in influencing nursing practice and care for the diverse needs of the children we serve.

Our professional practice model, REACH, focuses on several components. As you read the stories in the pages of this annual report, you’ll find a connection in at least one of the foundational elements: advancing excellence, shared governance, partners in care, nursing care delivery and The Children’s Way.

In addition to REACH, these stories also reflect our 2020 strategic plan initiatives, which include:

- Advancing a culture of safety
- Delivering equitable patient care
- Strengthening communication
- Increasing caregiver resiliency
- Supporting our clinical programs
- Improving our processes and efficiency
- Promoting professional nursing development

While the 2020 annual report embodies a lot of the amazing work that takes place at Children’s Minnesota every day, it’s only a small snapshot of what our nurses tirelessly contribute. They continue to amaze and inspire me every day.

After 20 years at Children’s Minnesota, which have been among the most rewarding of my career, I am retiring to refocus my time and energies on family and interests outside of my role as chief nursing officer (CNO). I cherish the opportunity I have been given to serve as your CNO. I am thankful for the support, ideas, feedback and encouragement I have received from you and have every confidence that my successor will experience the same.

As we move into 2021, we all look forward to a future with hope. The nursing team will partner with the entire organization as we care for the most amazing people on Earth — kids.

With grateful and sincere regards,

A handwritten signature in black ink that reads "Pam VanHazinga".

Pam VanHazinga, MBA, BSN, RN
Chief Nursing Officer and Senior Vice President Patient Care Service

CHILDREN'S MINNESOTA OVERVIEW



Children's Minnesota Minneapolis Campus



Children's Minnesota St. Paul Campus



We champion the health needs of children and families. We are committed to improving children's health by providing the highest-quality, family-centered care, advanced through research and education.

Children's Minnesota mission statement

Children's Minnesota is one of the largest freestanding pediatric health systems in the U.S., and the only health system in Minnesota to provide care exclusively to children — from before birth through early adulthood. An independent and not-for-profit system since 1924, Children's Minnesota serves the Upper Midwest at two hospitals, 12 primary care clinics, six rehabilitation and nine specialty care sites.

At Children's Minnesota, we bring together more experts across more specialties than any other hospital system in the Midwest. As the region's largest pediatric program, we partner every day with clinicians across the Midwest to bring world-class care to the most amazing people on Earth — kids.

Trusted, nationally recognized care

Children's Minnesota is regularly recognized and awarded nationally for excellence in care, quality, innovation and industry leadership.

- In 2018, we were the first and only hospital in Minnesota verified as a Children's Surgery Center by the American College of Surgeons — the highest distinction for health systems that perform complex surgical procedures for newborns, children and teens.
- We earned Magnet® recognition from the American Nurses Credentialing Center — the most prestigious distinction a health organization can receive in nursing excellence and high-quality patient care.
- We're consistently ranked among the top hospitals by U.S. News & World Report.
- We're Minnesota's only Level I pediatric trauma center in a hospital dedicated solely to kids.

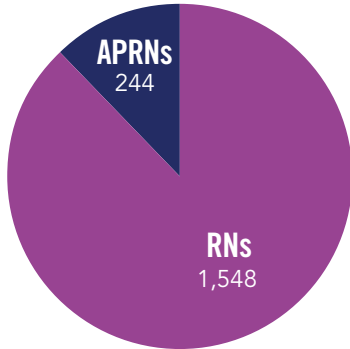
WE CARE FOR MORE KIDS THAN ANY OTHER HEALTH SYSTEM IN MN

OVER HALF OF BEDS SYSTEM-WIDE DEDICATED TO CRITICAL CARE

2 VERIFIED TRAUMA CENTERS

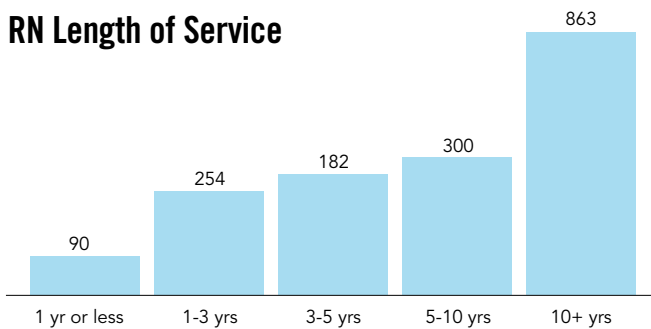
NURSING AT A GLANCE

Total Number of Nurses

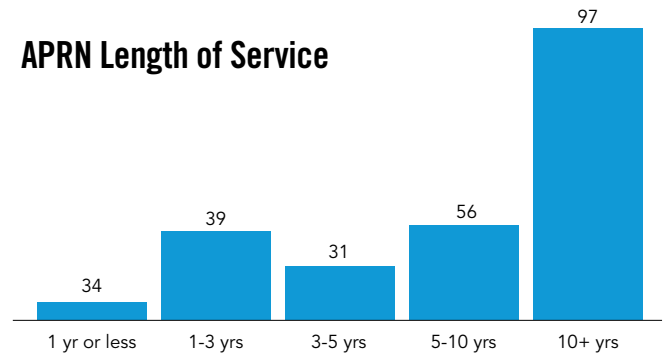


	RN	APRN
Nurse turnover (Avg.)	11.11%	10.58%
Nurse vacancy (Avg.)	2.38%	4.34%
Nurse tenure (Avg. length of employment)	13.33 years	9.53 years

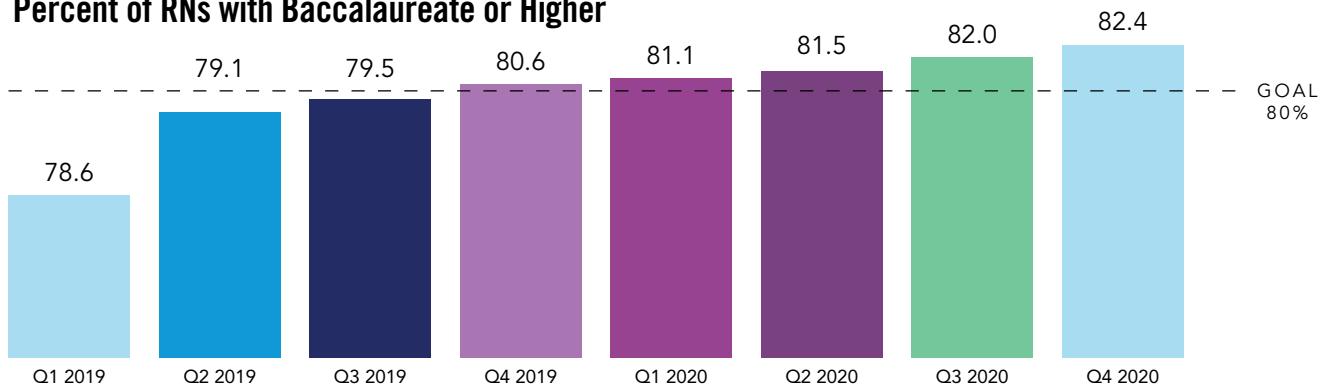
RN Length of Service



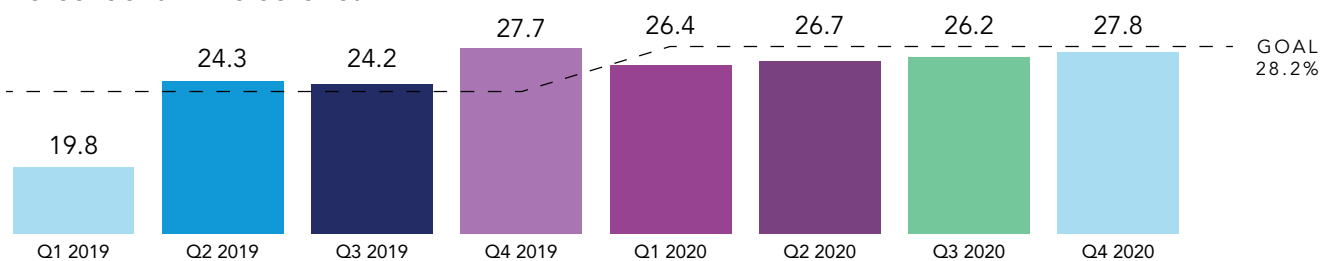
APRN Length of Service



Percent of RNs with Baccalaureate or Higher



Percent of all RNs Certified



CHIEF NURSING OFFICER, PAM VANHAZINGA, RETIRES



After 20 years at Children's Minnesota, and almost three of those years as Chief Nursing Officer (CNO), Pam VanHazinga, MBA, BSN, RN, retired at the end of December. Known for her relentless support for children and their families, Pam led nurses and the organization through operational changes, technology enhancements, staffing adjustments and a worldwide pandemic.

Pam's leadership style consistently demonstrated gratitude and awe for the nurses she felt privileged to lead by always expressing pride in the nursing care given to children and their families. Pam routinely and authentically praised Children's Minnesota nurses as exceptional and second to none. As a patient care manager, director, senior director and CNO, Pam formed trusting, collaborative relationships where she positively influenced projects and initiatives through her experience and knowledge in clinical practice, financial management and strategy development. These strong relationships also extended to the medical staff, community and academic partners through promotion of evidence-based practices, nursing research and servant leadership.

Pam was a strong advocate for nursing diversity and inclusion. In early 2019, she partnered with St. Catherine University to create the Nursing Diversity Collaborative. The goal is to increase workforce diversity by focusing on improvements in institutional climate, innovative recruitment and retention strategies, and increased support and job satisfaction for nurses of color. Pam also shared strategies to address implicit bias in nursing orientation and education through a programmatic approach with simulation. Addressing biases provides nurses with the tools and skills needed to not only address nursing diversity and inclusion, but to also improve the patient experience.

Dedicated to quality and patient safety, Pam creatively expanded the role of the patient care supervisor to assess nursing practices and improve patient outcomes. It was important to Pam to make data-driven decisions. She guided several report and dashboard initiatives, including the nursing dashboard, tracking turnover rates and diverse hiring trends. Pam continually monitored and responded to trends in results at Children's Minnesota including census, patient experience and nursing-sensitive indicators.

Pam shared her pride in Children's Minnesota Magnet® designation, especially at the 2018 Magnet® conference. She was thrilled to spend time with the clinical nurses, learning from their experiences and ideas, including endorsing the telebuddy program. Pam supported ongoing education and professional nursing certification as Children's Minnesota reached the target of 80% baccalaureate in nursing degree completion under her leadership. Pam was a strong advocate for nurses and demonstrated nursing influence at all levels of the organization.

Pam had a remarkable nursing career. She is described as a calm, courageous and collaborative leader guiding growth at Children's Minnesota and working to raise the bar for pediatric health care in the region. Pam touched many people including nurses, patients, families, colleagues and the community. Children's Minnesota is richly appreciative for the leadership and dedication Pam gave over the last 20 years.



We wish you well in your retirement. You will be missed.

CHILDREN'S MINNESOTA NURSES RISE TO THE CHALLENGE OF RESPONDING TO A GLOBAL PANDEMIC



The introduction of COVID-19 in January 2020 presented a number of challenges to health care organizations across the world. In the early stages of the pandemic, there were many unknowns with the most critical being how to safely care for patients suspected or confirmed to have COVID-19. At Children's Minnesota, nurses were at the forefront of the response to the pandemic and continue to lead the way by creating innovative ways to protect patients and health care workers.

HICS Team Development

Children's Minnesota enacted the Hospital Incident Command System (HICS) to guide the hospital's plan and response. The infection prevention team, comprised of three seasoned nurses with several years of experience in managing outbreaks, immediately assumed leadership roles on the HICS team: Patsy Stinchfield, MS, APRN, CPNP, CIC, Senior Director of Infection Prevention and Control; Adriene Thornton, MA, RN, CIC, Infection Preventionist; and Wendy Berg, BSN, RN, CIC, Infection Preventionist. The goal of the HICS team was to command, control and coordinate a response to COVID-19 and provide a means to coordinate the efforts of individual departments. The high-level goal was to stabilize the incident and protect life, property and the environment.

Supply Conservation

In March 2020, it became apparent that one of the immediate challenges health care organizations would face was the lack of supplies including personal protective equipment (PPE) such as masks, gowns, hand sanitizer and disinfectants. In particular, N-95 masks and face shields were low in supply and high in demand. At one point, there was not enough Avagard hand sanitizer for patient rooms, leaving only one container at the door entrance.

To keep Children's Minnesota staff and patients safe, with limited access to critical resources, the infection prevention nurses:

- Created multidisciplinary ad hoc teams to develop recommendations for PPE use based on guidance from the Centers for Disease Control and Epidemiology (CDC).
- Developed guidelines for parents and caregivers to be present and supportive to patients.
- Provided guidance to medical teams related to definition and management of aerosol generating procedures.
- Developed unit-specific practices for storage and reuse of PPE by care area representatives working with patient care managers.

The team adapted to frequent changes in CDC recommendations due to their commitment to evidence-based practice.

In addition to infection control supplies, other supplies were impacted based on high demand in health care systems. Led by the Clinical Nurse Specialists, the Children's Minnesota Clinical Practice Council and Supply Chain identified patient care supplies negatively impacted by nationwide shortages. The Council developed supply conservation recommendations to create options for reuse and substitutes to ensure clinical staff would have necessary supplies to provide excellent patient care.

Visitor Guidelines

Working with our Family Advisory Council, Stinchfield and Berg developed guidelines for visitors to reduce the potential spread of the coronavirus, and keep patients and staff safe. Feedback from families was crucial to support patients and their families during the hospitalization. Topics addressed included: preexisting conditions, symptom tracking, breastmilk handling, family amenities (food and technology) and more. Supporting families during COVID-19 has been an essential responsibility for clinical nurses.

Swab Center

Nurses readily volunteered to assist with the set up and management of swab centers with the goal of increased testing of patients and staff. Nurses worked with the employee health services team (EHS) and clinicians to ensure COVID-19 testing would be convenient and efficient for families and staff.

Caring for Patients

Recommendations evolved as we learned more about the virus. As a result, caring for patients suspected or confirmed to have COVID-19 has been a daunting task. Children's Minnesota nurses across the organization have joined together to effectively care for patients safely

while preventing widespread transmission, and educating patients and families. Ambulatory nurses developed a drive-up care model to provide immunizations and other injections to families fearful about coming into a clinic.

COVID-19 Vaccination

On Saturday, December 26, 2020, Children's Minnesota essential clinical and service staff began to receive the initial 975 doses of the Pfizer-BioNTech COVID-19 vaccine. Staff included environmental services staff, respiratory therapists, nurses, child life specialists, physicians, residents, interpreters and other patient-facing staff.

Due to the expertise of Infection Prevention and Control staff like Stinchfield, Thornton and Berg, Children's Minnesota has provided amazing care to our patients, their families and staff across the organization. The substantial amount of knowledge and decision-making required during a pandemic has led to evidence-based practices and direction for nurses and other staff.



PARTNERS IN CARE

Listening

Communication

Diversity

Collaboration

Interprofessional Teams

Community

Patients

Families



DEDICATED CHILDREN'S MINNESOTA NURSES PREVAIL THROUGH THE CIVIL UNREST RIOTS



White Coats for Black Lives demonstration, June 5, 2020

On May 25, 2020, just blocks from the Children's Minnesota Minneapolis campus, George Floyd was killed while in custody of the Minneapolis Police Department. While there were communities coming together to protest peacefully following his death, it was during the late evening and night, from May 27 to May 29, when events became less peaceful through riots, looting and buildings set ablaze. Given the level of activity within the communities surrounding our Minneapolis and St. Paul campuses, Children's Minnesota activated the Hospital Incident Command System (HICS) Incident Command Center on the Minneapolis campus with a satellite command center on the St. Paul campus. In response to the security emergency, the HICS team focused on concerns regarding safety and security to patients, families and staff within the hospitals, and those arriving and leaving the hospitals.

Hospitalized children, babies and their families needed to receive care and treatment from nurses, providers and other staff. With nursing care delivered 24/7, it was essential for nurses to be able to work through their shift and feel safe and confident in the care provided. Nurse leaders, led by Chief Nursing Officer (CNO), Pam VanHazinga, MBA, BSN, RN, took immediate action. Recognizing the need for accurate information about the riots and fires, timely communication with nurses was crucial. Hourly and routine leader rounding was performed on the patient care units providing updates from the command center, and offering resources and reassurance throughout the day and night. A communication tree was activated every four hours directly from the HICS command center to provide updates to charge nurses and nursing supervisors.

As nurses arrived at the hospital for their shift, the commitment to the value of "kids first" was apparent, as every shift was fully staffed. Nurse leaders were available throughout the weekend to provide support, breaks, rest and food for nurses committed to stay and care for patients and their families. One of the biggest challenges staff faced was arriving and leaving the hospital due to the enforcement of city-wide curfews and fires/riot activity around the hospital campuses making transportation difficult to navigate. Nurses needed to plan for extra time to arrive for their shift and to use alternate routes. Food and lodging accommodations on campus were made available for staff facing transportation challenges.

With growing activity on the street outside the Minneapolis campus, waves of fear were expressed by patients and families. Nurses provided assurance and accurate updates of the events, including security measures taken by Children's Minnesota, while simultaneously delivering exceptional nursing care. Recognizing the need to feel safe and protected, nurses showed amazing commitment to join together to meet the needs of our children and their families despite the circumstances in our community.

Children's Minnesota nurses demonstrated care delivery in a manner that preserves and protects the child and family's autonomy, dignity, values and rights during unprecedented times. The repercussions of the civil unrest have positioned nurses more than ever to fulfill their service to our community, to provide care for all patients in all settings. Not only through the difficult time of the riots, nurses have and always will be, steadfast to providing the highest quality of care to patients and their families.



NURSES OF COLOR ERG SUPPORTS THE COMMUNITY



The Nurses of Color Employee Resource Group (NOC ERG) was formed in fall 2019, by clinical nurses from the Nursing Diversity Collaborative, interested in recruiting and retaining nurses of color. Since this time, the ERG has grown to be more than 100 members, the largest of all employee resource groups. The NOC ERG provides support for nurses of color to grow in their career by sharing insights, experiences and knowledge.

In addition to providing a supportive space for nurses of color, the NOC ERG is also critical in the effort to reduce health disparities among the diverse communities served by Children's Minnesota. The ERG created partnerships with other ERGs and within the community, including local schools and universities.

Local communities faced many hardships in 2020, while simultaneously dealing with the COVID-19 pandemic, civil unrest and financial challenges. In response, the NOC ERG focused their efforts on supporting children

and their families beyond the walls of the hospital and clinics. In June 2020, the NOC ERG organized a donation drive, resulting in more than 675 items including food, household supplies and other essential items. Donations were made to the Peoples' Library and Filicia's Pop-up — helping families directly impacted by civil unrest and financial hardship.

The impact of the pandemic was also felt by the inability of families to provide school supplies for their children. In September 2020, the NOC ERG organized a back-to-school drive to support students and families at the Barack and Michelle Obama Elementary School in St. Paul. Recognizing COVID-19 deeply impacted black and brown communities, the school was selected as it primarily serves students of color, many of whom receive free or reduced cost lunch. The NOC ERG presented the school with four large boxes filled with over 453 items including crayons, pencils, notebooks and binders. The donation drives would not have been possible without the collaboration and donated time of the NOC ERG nurses and the support of Children's Minnesota staff.

During this past year, ERG members and the broader Children's Minnesota community have supported the goals of the NOC ERG. The indirect result of their work was that Children's Minnesota is becoming a more inclusive place to work for all staff.

NURSES OF COLOR ERG OUTREACH ORGANIZERS:

Rosa Ruiz-Mendez
BSN, RN

Lynn Villagracia
BSN, RN

Michael Scribner-O'Pray
RN, CPEN

Cheryl Mosisa
DNP, RN, PHN

Sidney Johnson
Patient Access Specialist

THE GOALS OF THE EMPLOYEE RESOURCE GROUPS:

- Enhance recruiting efforts and retention of a diverse workforce
- Increase awareness and appreciation for multicultural differences
- Create new opportunities for leadership development and mentoring
- Improve workplace culture and help identify and remove specific issues or barriers that may negatively impact certain groups of employees
- Provide opportunities for collaboration and knowledge sharing
- Provide an environment where employees that share common background/interests can support each other and leverage one another's strengths
- Enrich the workplace experience of all employees regardless of level or background
- Build relationships with the communities we serve

SUMMER STUDENT NURSE INTERNSHIP SUPPORTS FUTURE CHILDREN'S MINNESOTA NURSES

The Summer Student Nurse Intern program at Children's Minnesota provides nursing students between their junior and senior year an opportunity to experience working full time in a clinical setting. Each week, the interns work with experienced nurses performing clinical skills and patient- and family-centered care. The interns also engage in weekly activities and discussions with their peers and preceptors which satisfy not only the Society of Pediatric Nursing core competencies, but thematic requirements for the completion of the students' baccalaureate degrees. During the 10-week clinical experience, the interns are tasked with creating a presentation to highlight their experience as a student nurse intern and how they, individually or as a team, contributed to the mission, vision and values of Children's Minnesota through the work they did on their unit(s).

In 2020, Children's Minnesota welcomed two former interns as nurses through the Transition to Practice Program: Savannah Morris, BSN, RN, Clinical Nurse, CVICU MPS, and Dominique Dabu, BSN, RN, Clinical Nurse, Float Team MPS. Morris and Dabu share their internship experience as invaluable to their transition to nurses at Children's Minnesota with knowledge, experience and confidence above and beyond the experiences in academic programs.



My experience as a Student Nurse Intern allowed me to gain meaningful experience in the clinical setting which helped me develop my clinical skills, critical thinking and confidence, all of which prepared me for a successful transition to the RN role.

– Savannah Morris, BSN, RN, Clinical Nurse, CVICU

NURSE-LED BOOK CLUB AIMS TO ADDRESS RACISM IN HEALTH CARE



One of the strategic initiatives in the 2020 organization's operating plan is cultivating equity, diversity and inclusion, with measures of performance in workforce diversity and patient experience. Lina Wiksten, MN, RN, CLC, CPN, CNRN, a clinical nurse on the 5th floor neuroscience department in St. Paul (now working in PICU Minneapolis), was interested in learning more about racism in health care. Her interest was piqued after listening to Dr. Stephen Nelson present on the topic at the med-surg community council in May 2019 and at the Neuroscience Day in September 2019. Dr. Nelson shared information about implicit bias among health care workers and the staggering differences in health outcomes between white patients and patients of color. Wiksten saw these disparities as opportunities to create discussion with other health care professionals and invited unit colleagues to discuss a book on racism.

As a member of the Nursing Diversity Collaborative, Michael Scribner-O'Pray, BA, RN, CPEN, a clinical nurse in the Minneapolis emergency department, learned about Wiksten's book club while working with Zaundra Smith, RN, clinical nurse, 5th Floor Neuroscience Department in St. Paul, to form the Nurses of Color Employee Resource Group. Scribner-O'Pray wanted to support the effort and offer it to staff throughout the organization. Wiksten and Scribner-O'Pray joined together to create the nurse-led Health Equity Book Club, aimed at dismantling personal and systemic racism, and achieving equitable outcomes for patients and their families.

The group held their first meeting and discussed *The Death Gap: How Inequality Kills* by David A. Ansell. The discussion resulted in dynamic dialogue and energy from the staff in a variety of disciplines and departments. Through the early months of 2020, the group grew to nearly 50 staff including nurses, providers and administrators. Members shared how the books and conversation changed their approach to patient care and influenced their practice. They also communicated a shared commitment to work towards equity and inclusion in health care and in our communities. The books read and discussed throughout 2020 included:

- *White Fragility* by Robin DiAngelo
- *Between the World and Me* by Ta-Nehisi Coates
- *Waking Up White and Finding Myself in the Story of Race* by Debby Irving

- *My Grandmother's Hands* by Resmaa Menakem
- *A Good Time for the Truth: Race in Minnesota* edited by Sun Yung Shin
- *The Hate U Give* by Angie Thomas
- *Just Medicine: A Cure for Racial Inequality in American Health Care* by Dana Bowen Matthew
- *So You Want to Talk About Race* by Ijeoma Oluo
- *The Case for Reparations* by Ta-Nehisi Coates

In January 2021, the Health Equity Book Club embarked on 28 days of guided exercises from the book *Me and White Supremacy: Combat Racism, Change the World and Become a Good Ancestor* by Layla F. Saad.

The Health Equity Book Club is open to anyone interested in advancing racial equity in health care.



The Health Equity Book Club has given me a safe space to grow in my understanding of systemic injustice, implicit bias and disparities impacting children and families. I believe that the hard, introspective work that happens in this space has given me the opportunity to critically evaluate my role in systems of oppression that occur in health care while building skills in dismantling oppressive systems.

– Hannah Westre, DNP, APRN, CNP
Pediatric Nurse Practitioner,
Emergency Department

PRECEPTOR DEVELOPMENT PROGRAM: EMPOWERING NURSES IN THE ROLE OF THE PRECEPTOR



Nurse preceptors are key to a new nurse's orientation process. Nurses attend an eight-hour introductory course plus additional courses and training over a six-month period to prepare them for the preceptor role and responsibilities. Recognizing preceptor growth opportunities in the literature, clinical education specialists Brittany Dahlen, MSN, RN, NPD-BC, CPN, CCRN-K and Erica Cooper MSN, RN-BC, NPD-BC, conducted focused interviews with key stakeholders to identify gaps within preceptor training. Opportunities identified included: providing feedback, preceptor fatigue, teaching by the policy, orientation progression for a variety of learners and incentives/benefits for preceptors. Dahlen and Cooper evaluated the feedback with evidence-based practices to design a preceptor development program.

The preceptor development program launched in 2019 with 21 clinical nurses completing the program in 2020. Each clinical nurse preceptor engaged in a series of three courses taken over a six-month period, intentionally and actively precepting between course sessions. The three courses included innovative teaching strategies such as reflection, portfolios, journaling, small group discussion, simulation and an escape room. The learners evaluated the course as highly engaging and essential to attaining individual precepting goals. Dahlen and Cooper creatively and successfully adapted the program to a virtual platform

during the pandemic so participants could continue to complete the course.

Preceptors identified personal goals and the program was tailored to the learning needs of each course participant. Outcome measurements were collected multiple times using a feedback skills self-assessment tool. Common preceptor goals included identifying the appropriate timing to give feedback, limiting feedback to one topic, providing objective feedback and summarizing the orientee's key points. Preceptors rated their feedback skills on a global measure at each session. A one-way ANOVA test detected a statistically significant variance ($p < 0.05$) between the pre-course and post-course measurement of feedback skills. Individual feedback skill goals identified by the cohort improved from 10–45% of pre-course to post-course measures. The average global course measurement increased from 3.0 to 4.5 on a 1–5 Likert scale (very poor to excellent).

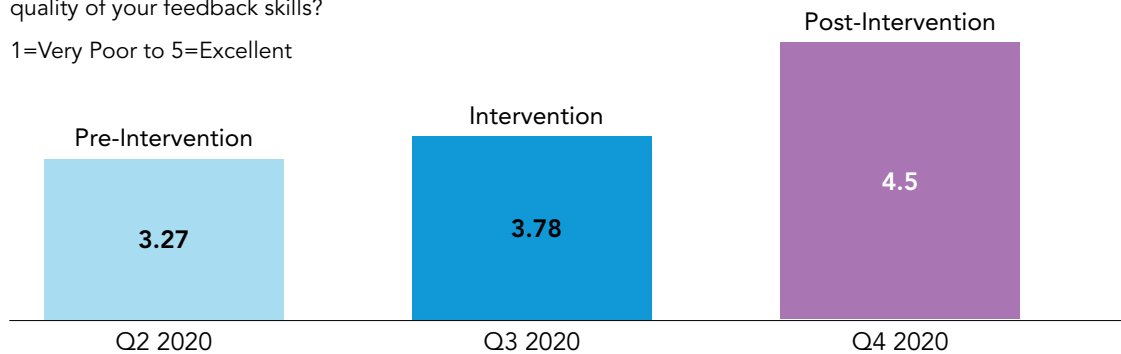


I am better equipped to provide meaningful feedback, as well as receive feedback effectively.

Preceptor Self-Assessment

Overall, how would you rate the quality of your feedback skills?

1=Very Poor to 5=Excellent



These courses will help me be more of a leader on my floor. It will help me be a role model for precepting others according to best practice as well.

2019–2020 PRECEPTOR DEVELOPMENT PROGRAM PARTICIPANTS

Abigail Fischer, BSN, RN, Clinical Nurse
6th Floor MPS

Angela Boehmer, BSN, RN, Clinical Nurse
Cardiovascular ICU

Caitlyn Mallory, BSN, RN, Clinical Nurse
Emergency Department STP

Clare Schwab, BSN, RN, Clinical Nurse
Cardiovascular ICU

David Jacobson, RN, CPN, Clinical Nurse
Emergency Department MPS

Emily Durst, BSN, RN, Clinical Nurse
6th Floor MPS

Hannah Pinkerton, BSN, RN, Clinical Nurse
Infant Care Center

Heidi Matson, BSN, RN, Clinical Nurse
6th Floor MPS

Johnna Bottila, BSN, RN, Clinical Nurse
5th Floor Neuroscience

Katie Ellingson, BSN, RN, Clinical Nurse
Cardiovascular ICU

Kristina Hernandez, MSN, RN, Clinical Nurse
6th Floor MPS

Lisa Sanford, BSN, RN, CCRN, Clinical Educator
PICU STP

Lynn Villagrancia, BSN, RN, Clinical Nurse
Emergency Department STP

Mary Griffith, BSN, RN, CPN, Clinical Nurse
6th Floor MPS

Nadya Bovitz, BSN, RN, Clinical Nurse
Cardiovascular ICU

Natalja Mattson, BSN, RN, Clinical Nurse
6th Floor MPS

Nicole Woodworth, MSN, RN-BC, CPN, Clinical Nurse
6th Floor MPS

Rachel Haunty, BSN, RN, CPN, Clinical Nurse
7th Floor MPS

Rolf Brathen, BSN, RN, Clinical Nurse
Emergency Department MPS

Shannon Grovum, BSN, RN, Clinical Nurse
Infant Care Center

Stephanie Hines, BSN, RN, CCRN, Clinical Nurse
Cardiovascular ICU

ADVANCING EXCELLENCE

Nursing Certifications

Research

Evidence-Based Practice

Lifelong Learning

Professional Development

Nursing-Sensitive Indicators

Continuing Education

Best Practices

Children's
MINNESOTA

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NATIONAL GUIDELINES FOR CARING FOR NEONATAL PATIENTS WITH INFECTIONS



Infection Preventionist Wendy Berg, BSN, RN, CIC, has sought to combine her understanding of neonatal nursing and infection prevention to improve patient care. Berg started her nursing career at Children's Minnesota 20 years ago as a clinical nurse and clinical educator in the neonatal intensive care unit (NICU) on the St. Paul campus before becoming an infection preventionist.

In 2009, Berg worked closely with the infection prevention committee in the neonatal division to develop practices to prevent transmission of *Staphylococcus aureus* (*S. aureus*) and Methicillin-resistant *S. Aureus* (MRSA). Under Berg's leadership, the Minneapolis NICU Prevent Infections Team (PIT) and St. Paul NICU Stop Transmission of Pathogens (STOP) team developed guidelines to successfully track and prevent MRSA transmission in the neonatal division.

In July 2018, Berg was invited to serve as a subject matter expert on a national panel led by the Society for Healthcare Epidemiology of America (SHEA) to develop an expert opinion document addressing the practical aspects of *S. aureus* infection prevention in neonatal units. Due to her clinical experience and work to develop Children's policies and guidelines related to transmission, Berg had the necessary qualifications.

The panel of two nurses and four physicians met over the course of more than a year to identify responses to questions not addressed in the literature. The questions

were about the day-to-day struggles that NICUs face when caring for infants with MRSA. Each expert drew heavily on their personal experiences in clinical practice at their own institutions. Through her previous work on the Neonatal MRSA guidelines developed at Children's Minnesota, Berg expressed how the expert advice would be implemented at the bedside by nurses, which supports the recommendations.

The outcome was the publication of the SHEA NICU white paper series: Practical Approaches to *Staphylococcus Aureus* Disease Prevention. Published in November 2020 edition of "Infection Control and Hospital Epidemiology," the document contains a collection of seven practice questions and answers.

The questions included are:

- Should family members and visitors wear personal protective equipment (PPE) when visiting an infant on contact precautions for MRSA?
- If a parent is known to have MRSA infection or colonization, should health care personnel place infants on contact precautions, encourage skin-to-skin bonding and/or institute breastfeeding restrictions?
- How long should health care personnel maintain contact precautions for MRSA-colonized neonates and what are reasonable criteria for discontinuation of contact precautions?
- Should health care personnel consider active surveillance cultures of hospitalized neonates for *S. aureus* and if so, what are the best strategies?
- What are potential methods and indications for decolonizing NICU infants colonized with *S. aureus*?
- Should NICUs use preemptive contact precautions for patients being screened for MRSA on admission?

Akinboyo, I., Zangwill, K., Berg, W., Cantey, J., Huizinga, B., & Milstone, A. (2020). SHEA neonatal intensive care unit (NICU) white paper series: Practical approaches to *Staphylococcus aureus* disease prevention. *Infection Control & Hospital Epidemiology*, 41(11), 1251-1257. doi:10.1017/ice.2020.51

CRNA'S COVID-19 EXPERIENCE LEADS TO NATIONAL CONFERENCE



On April 4, 2020, President Trump declared a national emergency and signed an executive order authorizing the Department of Defense to activate the Ready Reserves. Deanna Jensen, MS, APRN, CRNA, PHN — a nurse anesthetist for Children’s Minnesota Minneapolis surgery department and captain in the Air Force Nurse Corps — was given a 24-hour notice before she had to fly to New York City along with 3,000 military personnel sent to support our COVID-19 pandemic response.

When Jensen and her team arrived at Lincoln Medical and Mental Health Center (Lincoln), they found a hospital in crisis. With 207 total beds and just 30 ICU beds, the hospital had been forced to convert many wings to makeshift ICUs. On the day they arrived, there were 287 patients and virtually all patients admitted had tested positive for COVID-19, with 112 intubated. Additionally, the hospital had a 90% intubation mortality rate.

Prone Positioning Service

While the Lincoln staff were focused on caring for their growing number of patients, the Air Force Medical and Nurse Corps team identified a need for prone positioning — the process of carefully turning a patient to face downward. Being in this prone position helps distribute oxygen more evenly through the lungs and improve overall oxygenation. Jensen and colleagues developed a prone service to rotate patients from the supine (face upward) position to the prone (face down) position, where the patient remained for at least 16 hours a day. In less than six weeks the team of 26 cared for 70 patients and performed more than 800 movements (supine, prone, head turns).

“Through recent statistical analysis, comparing patients on our service to patients who were not, we determined prone positioning was significantly associated with reduced mortality,” said Jensen. “In addition, prone positioning in patients diagnosed with moderate to severe acute respiratory distress syndrome, due to COVID-19, are associated with longer time-to-death in those who expired and improved physiologic parameters. As a result, one in-hospital death could be prevented for every eight patients treated.”

National Research Presentation

Jensen’s research recently caught the attention of the American Association of Critical-Care Nurses (AACN). She was asked to present her findings at the Society of Critical Care Medicine (SCCM) conference, “COVID-19: What’s Next?” Jensen’s presentation, “Developing an Interprofessional Proning Service for COVID-19,” was given through a virtual platform. The conference also featured a plenary lecture by Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID).

CONVERSION TO VIRTUAL NURSING ORIENTATION



Newly hired nurses at Children’s Minnesota attend a five-day series developed, designed, facilitated and evaluated by the Center for Professional Development and Practice (CPDP). In addition to being the first introduction nurses have to the organization, it is a critical time to learn policies, procedures and resources which will be applied in the care of patients at Children’s Minnesota. The curriculum includes a welcome from nursing leadership, presentations by organizational subject matter experts, co-facilitation with nursing informatics, eLearning modules, role transition and self-care. Teaching strategies used in nursing orientation include high fidelity simulation, flipped classroom, reflection, small/large group discussion, lecture and games.

In March of 2020, the governor of Minnesota enacted a stay at home executive order in response to the rapidly developing COVID-19 pandemic. Children’s Minnesota executive leadership activated a hospital incident command system (HICS) to lead the organization. HICS followed guidance from the state and organization to include social distancing of six feet between each person in a classroom setting, limits of 10 people per classroom and recommendations of working remotely when not directly caring for patients.

Nursing education innovatively converted in-person nursing orientation courses to a virtual learning format to continue to meet the hiring needs of the organization and support unit staffing during the COVID-19 pandemic. This was the first time that online orientation courses would be offered through CPDP. Prior to the pandemic, CPDP offered few entirely virtual courses — there was no framework for development. With little time between the next nursing orientation, it required a quick conversion to a virtual format.



Thank you for finding a way to host this course in our COVID-19 world! It’s so valuable and makes me feel welcomed as a new nurse to Children’s Minnesota.

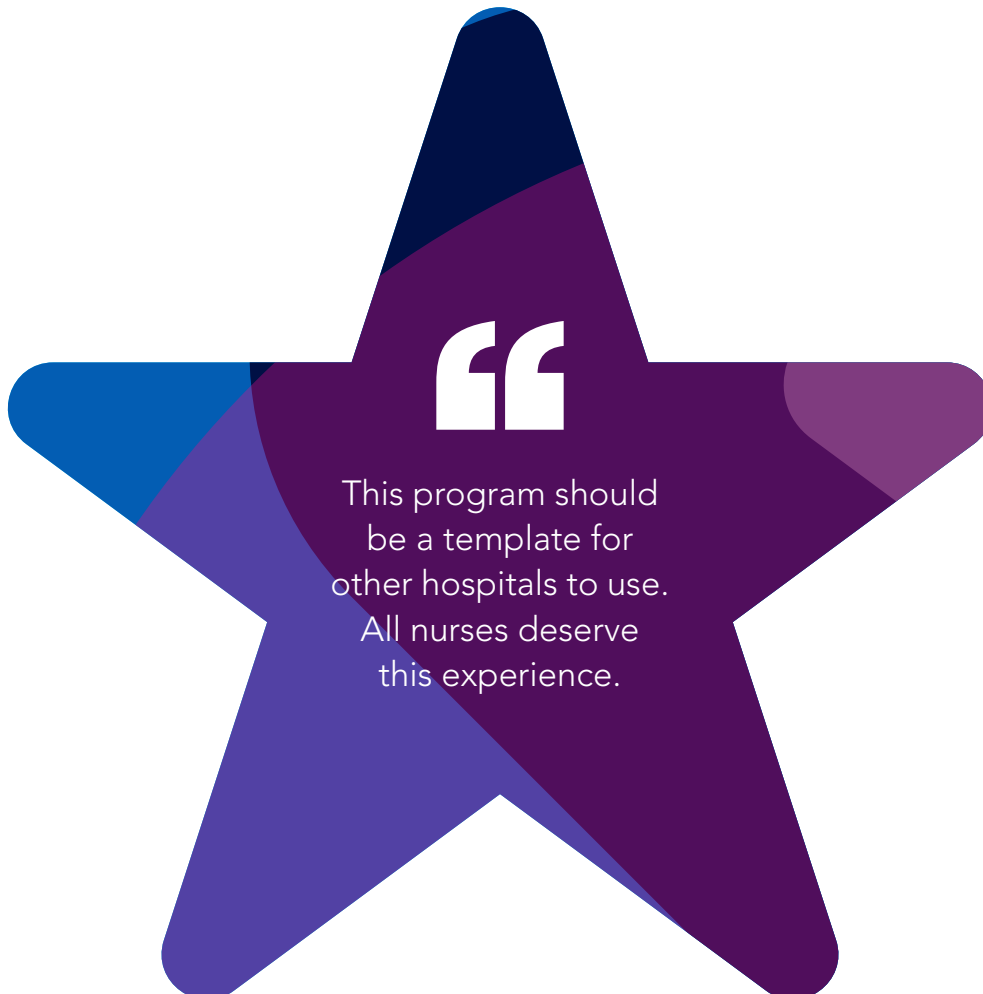
Clinical education specialist Erica Cooper, MSN, RN-BC, NPD-BC, was primary accountable for converting the in-person courses to online virtual education. This included leading nursing orientation, partnered with information technology services, nursing informatics and course speakers. The multifaceted conversion involved using WebEx and adapting it into a virtual classroom, creating a course page on Star Net (intranet), speaker presentations recorded and uploaded into an eLearning format, and self-guided learning activities. Cooper and CPDP staff quickly researched and advocated for new technology to teach virtually. The team adopted the new technology and shared their knowledge with others in the organization.

Nurse hiring continued during the pandemic to meet unit staffing needs with 64 RNs trained virtually. An important part of nursing orientation is meeting with nursing leadership. Led by chief nursing officer Pamala VanHazinga, MBA, BSN, RN, nurse leaders met virtually with each nursing orientation cohort.

New clinical nurses offered feedback to improve virtual course delivery and gave a positive rating to the new virtual format.



Excellent work converting this to virtual learning on what was likely very short notice.



EVIDENCE-BASED PRACTICE PROJECTS IN PROCESS

Project Leader: Ben Wetzel, BSN, RN, Clinical Educator, Float Team MPS

Purpose Statement: To improve confidence of Critical Care Float Team (CCFT) Registered Nurses with high risk/low frequency (HRLF) skill through the implementation of self-guided competency assessment and targeted skills review.

Project Leader: Candace Unger, MSN, RN, PHN, CLC, Clinical Nurse, Home Care and Hospice

Purpose Statement: To increase home care nurse resilience scores with peer-to-peer debriefing, revising the current mentoring process to align with organization and evaluating current workload to trial new scheduling process. Anticipated outcomes include increase in nurse self-ratings on resilience survey to be above 3 out of 5 by end of February 2020, and alignment in average productivity rankings (to range between 0.5 to 0.55) by the same timeframe.

Project Leader: Jen Olsen, MHA, BAN, RN, Patient Care Supervisor, St. Paul Emergency Department

Purpose Statement: To increase St. Paul ED nurse resilience-activation (4.62), resilience-decompression (3.81), and reduce turnover rates (9.74%) through promotion and participation of wellness resources — at least two RNs learned and practiced peer-to-peer debriefing techniques through becoming peer-to-peer coaches.

Project Leader: Katie Nitz, BSN, RN, Clinical Nurse, Infant Care Center

Purpose Statement: To decrease the length of time to establishing full oral feedings in neonatal patients born at or before 28 weeks gestation through the implementation of a pre-feeding oral sensory motor stimulation program in ICC as compared to current practice of no standard oral sensory motor stimulation.

Project Leader: Elizabeth Leming, RN, BSN, Clinical Nurse, PICU MPS

Purpose Statement: To decrease the rate of state reportable pressure injuries in the Cardiovascular Critical Care Unit (CVCC) and Minneapolis Pediatric Intensive Care Unit (PICU-M) by implementing a peer-to-peer coach training program for Pediatric Critical Care Journey to Zero Champions.

Project Leader: Shayna Fleming, MSN, RN, CNOR, Perioperative Clinical Practice Specialist, CPDP

Purpose Statement: To examine the effects of a dynamic alternating pressure overlay in pediatric cardiothoracic and neurosurgical MRI patients (greater than 7kg) to decrease the incidence of pressure injuries related to surgery from current rate of 1 in 2018 and 4 in 2019 to zero.

Project Leader: Jarell Koras, MSN, RN-BC, CPN, CLC, Nursing Excellence Program Manager, CPDP

Purpose Statement: To implement a nursing experience bundle on 6th floor MPS including components of patient experience identified in the literature. The outcome of this intervention will be evaluated with the NRC (vendor) patient satisfaction results of the net promoter score and willingness to recommend as compared to the NRC national benchmark.

Project Leader: Jodi Sand, MAN, RN, Patient Care Lead, Cardiopulmonary Services

Purpose Statement: To improve overall compliance with Children's Minnesota Safe Sleep Policy by nurses caring for all infants < 1 year old through implementation of a safe sleep toolkit and education — measured with the safe sleep environment survey post-intervention. Safe sleep knowledge and beliefs will be measured by pre-post survey.

EBP PROJECTS HIGHLIGHTED



**Project Leader: Erin Curtis, MA, BSN, RN, NE-BC,
Interim Patient Care Manager, NICU MPS**

Purpose Statement: To develop a succession planning program for nurse leaders, piloting one patient care nurse manager and one patient care nurse director, as compared to no succession planning program, with the outcome of nurse leaders, in their position for at least one year, developing succession plans.

NURSE LEADER SUCCESSION PLANNING

Effective succession planning helps organizations ensure smooth leadership transitions with minimal disruption to services, reduces costs associated with recruiting and retention, and ensures that organizational knowledge is preserved and passed along to new leaders. As a strategic priority, succession planning strives to attract and retain high-quality nursing staff and maximize employee potential by promoting from within to build organizational commitment.

Erin Curtis, MA, BSN, RN, NEBC, a patient care manager in the NICU on the Minneapolis campus, identified a need to develop a nurse leader succession plan. Curtis, along with a team of nursing leaders, conducted an evidence-based practice project to develop and identify the best evidence for a nurse leader succession program and plan. A guide was created to provide a structure for talent review and implementation. Specific tools were reviewed and tested to measure succession planning candidate potential. Tools included a nine-box grid, retention risk analysis, measurement of readiness, talent review work sheet, and individual development plan. The project was rolled out to all nurse managers and directors at the end of 2020 with full implementation in early 2021.



**Project Leader: Jessica Isaac, RN, BSN, ANLC, IBCLCL,
Clinical Nurse, NICU MPS**

Purpose Statement: To improve normothermia in neonatal patients in the Minneapolis NICU through the implementation of swaddled immersion bathing as measured by axillary temperatures 10 minutes pre- and post-bathing.

SWADDLE BATHING

Neonatal nurses must constantly weigh the risks and benefits of maintaining hygiene for infection prevention with the stress and developmental challenges accompanying bathing practices for tiny babies. During her 14 years in the Children's Minnesota Minneapolis NICU, Jessica Isaac, BSN, RN, ANLC, IBCLC, witnessed a wide variety of bathing practices and was driven to understand how the practices at Children's Minnesota aligned with current evidence. Literature on bathing patients in the NICU revealed swaddled submersion bathing to be the preferred bathing technique for patients greater than 34 weeks gestation. Three main factors were found in the literature indicating swaddled submersion bathing maintains an appropriate skin flora, reducing infection risk; maintains thermoregulation; and supports appropriate neurodevelopment. Swaddle bathing involves bundling patients in a blanket prior to submerging them into a tub, cleaning one extremity at a time and returning it to the flexed midline position under the blanket. In a pilot study conducted in the Minneapolis NICU, patients experienced less temperature loss pre- versus post-bathing with swaddle bathing when compared to non-swaddled submersion bathing or sponge bathing. In addition to improved thermoregulation, swaddled submersion bathing is an essential component of neuroprotective care as it minimizes stress in neonatal patients when compared to other forms of bathing. The practice change contributes to a neurodevelopmentally supportive environment for late preterm patients, ultimately improving outcomes even after discharge.

SHARED GOVERNANCE

Shared Decision-Making

Partnership

Ownership

Influence in Decisions

Council Membership

Voice

Accountability



DEVELOPMENT OF THE NURSING PERFORMANCE IMPROVEMENT COUNCIL

In 2019, the Nursing Performance Improvement Council (PIC) was created as part of the nursing shared governance restructuring with the purpose of planning, monitoring and evaluating nursing practice performance improvement activities. Prior to the implementation of the council, performance improvement projects were done inconsistently and decentralized, resulting in redundant work and lack of consistent reporting.

The council's responsibilities include:

- Develop, implement and monitor a nursing improvement plan including, but not limited to, nursing-sensitive indicators, The Joint Commission (TJC) standards, Nursing Strategic Plan and other nursing sources.
- Collaborate to meet the goals of the Quality and Patient Safety Plan.
- Review results of performance improvement activities, monitor trends and make practice recommendations for improvement.

The council is co-chaired by Katie Penson, MBA, RN, NEA-BC, senior director clinical services and critical care, and Jodi Sand, MAN, RN, cardiopulmonary services patient care lead. PIC membership consists of nursing leaders from each inpatient care unit as well as patient care supervisors. Monitoring and reporting audit data to this group is an ideal opportunity to disseminate information through the nurse leaders to department managers, unit councils and clinical nurses.

The PIC has primarily focused on compliance with TJC standards in anticipation of a survey visit, anticipated in Fall 2020. The PIC uses TJC Resource Portal to create audits and reports on specific TJC standards. Patient care supervisors and clinical nurses perform audits by using data entered into the portal for analysis. By auditing the standards, nursing leaders can identify gaps in nursing practice and discuss ways to improve results and patient outcomes.

Results are disseminated through a summary document shared with nursing leaders and clinical nurses. This focus in 2020 has successfully improved results in admission assessment, discharge education, pain assessment, patient identification, suicide prevention, transmission-based precautions, care plan development and patient education.



Katie Penson, MBA, RN, NEA-BC



Jodi Sand, MAN, RN

PROFESSIONAL NURSING CERTIFICATION EXPANDS TO VIRTUAL OPPORTUNITY

Children's Minnesota REACH: Nursing Professional Practice Model identifies Advancing Excellence as a component of nursing practice supporting excellent patient care. Achieving nursing specialty certification advances excellence by demonstrating a nurse's knowledge, skills and abilities by meeting rigorous national standards which reflect a commitment to continuous growth and learning.

The Professional Development Council (PDC) identifies and advocates for nurses to pursue professional development opportunities, including nursing certification. Each year the PDC makes recommendations for nursing certification courses and tests.

In late 2019, virtual certification courses (e-courses) became available. The council had previously selected only in-person courses; however, the e-courses allowed nurses across the organization 24/7 access to almost three times as many certifications as typically offered in one year. Council members trialed the e-courses, gathered feedback from clinical nurses and ultimately determined nine e-courses to offer in 2020.

- Pediatric Nursing (CPN & RN-BC)
- Certified Pediatric Emergency Nurse (CPEN)
- Acute/Critical Care Registered Nurse (CCRN – Pediatric)
- Neonatal Intensive Care Nursing (RNC-NIC & CCRN)
- Low Risk Neonatal Nursing (RNC-LRN)
- Certified Nurse Operating Room (CNOR)
- Certified Nurse Executive (NE-BC & CNML)
- Nursing Professional Development (NPD-BC)
- Certified Pediatric Hematology Oncology Nurse (CPHON)

In January 2020, the courses were launched on Star Net and have been popular throughout the socially distanced year. The addition of e-courses has resulted in almost twice as many nurses completing certification courses than previous years. Nurses across the organization shared positive feedback about the courses and content. The PDC plans to renew these opportunities into 2021.

PROFESSIONAL DEVELOPMENT COUNCIL MEMBERS

Bonnie Groeneveld, MSN, RN,
Supervisor, Clinical Services
Partners in Pediatrics – Maple Grove,
Brooklyn Park and Rogers

Candace Unger, MSN, RN,
Home Care Intake Resource RN
Home Health Care

Catherine Smith, RN, Clinical Nurse
Pre-Op/PACU Minneapolis

Erin Curtis, MA, BSN, RN, NE-BC,
Interim Patient Care Manager
NICU Minneapolis

Jarell Koras, MSN, RN-BC, CPN, Nursing
Excellence Program Manager
Center for Professional Development
and Practice

Kerry DeBerg, MN, RN, CPN, CNRN,
Clinical Nurse
PICU Minneapolis

Kristin Renner, BSN, RN, Clinical Nurse
Float Critical Care Minneapolis

Lindsay Schipper, MBA, MA, RN-BC, NPD-BC,
NE-BC, Clinical Education Specialist
Center for Professional Development
and Practice

Rachel Haunty, BSN, RN, CPN, Clinical Nurse
7th Floor Minneapolis

Roberta Basol, MA, RN, NE-BC, Sr. Director
Center for Professional Development and
Practice

Samantha Broberg, BSN, RN, Clinical Nurse
Float Critical Care Minneapolis

Shayla Fox, BSN, RN, Clinical Nurse
Cardiovascular ICU

PRACTICE TRANSITION ACCREDITATION PROGRAM ACCREDITATION WITH DISTINCTION



On August 24, 2020, the Children’s Minnesota nursing Transition to Practice (TTP) program received accreditation with distinction from the American Nurses Credentialing Center (ANCC) and Practice Transition Accreditation Program (PTAP®). The accreditation recognizes organizations demonstrating excellence in transitioning newly licensed nurses to the practice setting. The TTP program sets the global standard for residency or fellowship programs transitioning registered nurses and advanced practice registered nurses into new practice settings. The TTP program at Children’s Minnesota is the 166th program to earn the accreditation, which is granted every four years.

The TTP program is designed to guide new nurses into the professional nursing environment. The program uses combinations of didactic and precepted clinical experiences, and focuses on creating a welcoming and supportive environment. Since the program was established in 2012, it has supported 450 newly graduated nurses’ transition from academia to clinical practice. It was made possible through the support of: clinical education specialists Lindsay Schipper, MBA, MA, RN-BC, NPD-BC, NE-BC; Erica Cooper, MSN, RN-BC, NPD-BC; and Lee Diedrick, MAN, RN, NPD-BC, C-NIC;

TTP clinical nurse instructors Elizabeth Nisius BSN, RNC-NIC; and Celia Pearson, BSN, RN, CPN; and unit-based clinical educators and nursing leadership.

The process to receive PTAP accreditation was led by Schipper. To be considered for accreditation, the team completed a more than 300 page self-study document to demonstrate how the Children’s Minnesota TTP program met the five domains of PTAP. The five domains are program leadership, quality outcomes, organizational enculturation, development and design, and practice-based learning. After the document was reviewed, a virtual site visit by the ANCC took place on July 14, 2020.



This shows that we have met the highest standards when it comes to how we prepare newly graduated nurses to transition from the academic to the professional practice environment. This valuable program gives them an additional level of training and support to be successful in their care for the children and families we serve.

– Pam VanHazinga, MBA, BSN, RN

During the virtual visit, the ANCC appraisers were very complimentary of the program and called out many best practices, including: The Healing Arts program, patient care experience days, clinical nurse instructor roles and the commitment to a two-year program, earning the additional “with distinction” designation.

On October 8, 2020, a socially distanced open house celebration was held to recognize the achievement. The event acknowledged colleagues who contribute to the TTP program and their support of nurses in professional development. PTAP with distinction also supports the Magnet® designation.



It's an achievement that the entire nursing and interdisciplinary team should be proud of. Thank you and congratulations to all who contributed to Children's Minnesota receiving this distinction. One thing I will never forget in my career was having the transition to practice nurses on the virtual visit speak so articulately about the impact the program has had on them, not just as RNs but as human beings. I am so excited to have an accredited program with distinction.

– Lindsay Schipper, MBA, MA, RN-BC, NPD-BC, NE-BC

APRN ASSOCIATE MEDICAL DIRECTORS

Children's Minnesota is one of the first organizations to place APRNs in a leadership role within medical departments. Associate medical directors have direct reports of both APRNs and MDs and are responsible for disseminating information from the organization, addressing practice management issues, conducting annual reviews and responding to concerns from families. In addition, they are involved in partnership with other clinic leadership (managers and supervisors) to navigate daily operational challenges when appropriate. The role started in the hospital medicine team when the medical director of hospital medicine became the chief medical officer and the hospital team, which consisted of both MDs and APRNs, needed an interim medical director. The associate clinical director, Alycia Johnson, APRN, CPNP, had a long history on the team and leadership knowledge. She was asked to be the interim medical director and was in the role for two years before a physician medical director was hired. Alycia then became the associate medical director for hospital medicine. With demonstrated success of the model, three other clinical areas appointed APRN associate medical directors: primary care, endocrine and neonatal services.



Alycia Johnson, APRN-CNP

Associate Medical Director, Hospital Medicine Department

Johnson completed her BSN in 1999 and her MSN in 2005 from the University of Minnesota. During her time as a bedside nurse, Alycia worked in pediatrics at the University of Minnesota, Boston Children's, Hasbro Children's and for Children's Minnesota at the St. Paul hospital campus. For the last 13 years she has led and developed the role of the APRN in pediatric hospital medicine at Children's Minnesota. Alycia returned to the University of Minnesota in January of 2020 to obtain a master's degree in Health Care Administration.



Jayne Chatterton RN, CNP, CDE

Associate Medical Director, Pediatric Endocrine and Diabetes Clinic

Chatterton has been in the role of associate medical director for a year. Prior to the assignment, she held various positions in the diabetes and endocrine clinic, including as a Certified Diabetes Educator in 1999. Chatterton went on to pursue a master's degree in nursing and worked as a pediatric nurse practitioner in the endocrine clinic. Moving from the educator role, she carried the importance of diabetes education into the PNP role. There are now nine Advanced Practice Practitioners (APPs) in the endocrine clinic. As the associate director, Chatterton is responsible for the diabetes education program and staff while also working closely with the APP group.



Julie Kenney, APRN, CNP

Associate Medical Director, Minneapolis Primary Care Clinic

Kenney began as new graduate in the NICU in 1990, completed two stints as a traveling nurse and returned to the combined emergency department and short stay unit while completing her master's degree. She then went on to spend 10 years as an APRN in the primary care clinic in St. Paul, three years in the endocrine/diabetes clinic, five years in the emergency department and the past four in the Children's Minnesota Minneapolis primary care clinic. After being in the clinic just over a year, she was asked to fill the medical director role on an interim basis which later turned into the permanent position of associate medical director.



Nannette Albright, MSN, APRN, CNNP

Associate Medical Director, Neonatology

Albright graduated as Neonatal Nurse Practitioner (NNP) from Georgetown University in 1990 and later earned her MSN degree from SUNY Stony Brook. Her career began in Dallas, Texas, as a Southwestern University neonatologist. She was the second NNP in Texas to practice in the advanced role. Her career took a turn in 1998 when she joined a group of venture capitalists to design and manage prescribed pediatric extended care facilities in Florida from 2000 to 2004. Missing the NICU and NNP role, she returned to the bedside at All Children's Hospital in St. Petersburg, FL. She became the NNP manager for the Maternal, Fetal & Neonatal Institute at Johns Hopkins All Children's Hospital in 2013 and continued in that role until she joined Children's Minnesota in September 2019 as the NNP manager and later as associate medical director, APP, neonatology. There are 80+ APRNs in the neonatology division covering multiple campuses and transport. She is honored to lead this amazing team of practitioners.

NURSING CARE DELIVERY

Total Patient Care

Patient- and Family-Centered Care

Care Coordination

Functional Nursing Care



SEPSIS PERFORMANCE IMPROVEMENT LEADS TO BETTER PATIENT OUTCOMES AND IMPROVED TOOLS

Sepsis is the body's overwhelming response to an infection or inflammation that can result in death if left untreated. Death from sepsis increases as much as 8% for every hour treatment is delayed. Early recognition and swift treatment of sepsis can help prevent death and disability. An interdisciplinary team, co-led by Melanie Kuelbs, DNP, clinical nurse specialist, and Gabrielle Hester, MD, hospitalist, have analyzed our ability to recognize and manage sepsis. The team's aim is to reduce death and harm related to pediatric sepsis by standardizing processes and building structures to help the health care team provide the best care in the recognition and management of sepsis.

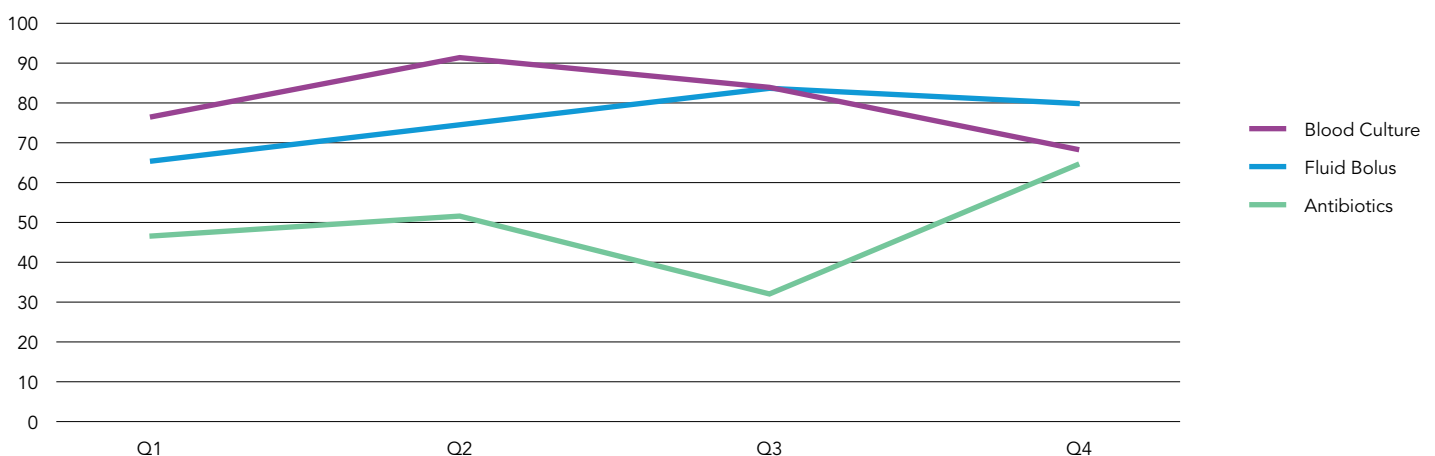
The team reviewed pertinent literature and determined key performance improvement metrics. The metrics include how long it took to recognize sepsis, how long it took to intervene with obtaining blood cultures, and the length of time to administer antibiotics and fluids. Other pediatric hospitals have shown a reduction in death related to sepsis by 24% when these interventions, bundled together, are implemented. The team built templates to gather and display Children's Minnesota data. The data revealed 54% of children diagnosed with sepsis also have a complex medical condition; of those 54% are white, 14.4% are Black/African American and 9.3% are Hispanic/Latino. Mortality from sepsis at Children's Minnesota is 8.65%, meaning

approximately 41 children die from sepsis every year. Implementing best practice recommendations and reducing mortality by 24%, as demonstrated by other pediatric hospitals, could result in 10 fewer children dying each year from pediatric sepsis.

Nurse clinical educators identified sepsis as a top priority of importance for education. Hester and Kuelbs disseminated best practices and data to a variety of audiences (Quality Performance Committee, Clinical Education Council, JTZ Champions) through different platforms, including virtual presentations and a podcast. Nurses and providers from multiple specialties enthusiastically received the team's findings, which called for more education and better processes for sepsis recognition and care. Staff offered their input, made plans to disseminate new information to their care communities and embraced the challenge to improve practice.

To address the challenges of recognizing sepsis, the team planned a strategy for implementation of an electronic sepsis risk assessment tool. The tool will be used to prompt early sepsis recognition across the organization. Hester and Kuelbs will continue to lead the team in case identification. Detailed case reviews help discover barriers to achieving optimal performance measures, and building awareness, skill and knowledge in pediatric sepsis management.

Percent of interventions completed within three hours of first abnormal vital signs By quarter, 2019



DEVELOPMENT OF THE NURSING CARE DELIVERY POLICY



How do Children’s Minnesota nurses provide patient care and in what settings? The description is found in the new Nursing Care Delivery policy on the Nurse Web on Star Net. Nursing care delivery describes the structures and process by which responsibilities for patient care are assigned and work is coordinated among members of the nursing staff. Registered nurses (RNs) work in a variety of settings with varied patient care responsibilities.

Common to all areas of nursing practice is the Patient- and Family-Centered Care model where nursing care is planned, delivered and evaluated through a mutually beneficial partnership among health care providers, patients and families. Through fostering an environment of dignity and respect, nurses listen to and honor the perspectives and choices of patients and families. Nurses communicate and share complete and unbiased information with patients and families in affirming and useful ways. Nurses support and encourage patients and families to participate in care and decision-making at the level they choose. Nurses collaborate with patients, families, health care providers and leaders in policy and program development; implementation and evaluation; professional education; and delivery of quality, safe care. Many areas practice more than one model of nursing care delivery.

In addition to Patient- and Family-Centered Care, inpatient nursing care delivery models include Total Patient Care, and Team Nursing and Primary Care, whereas ambulatory models include Primary Care, Patient-Acuity Model and Care Coordination for Children with Medical Complexities. Common to all models is the role of the RN as a leader for planning and establishing an individualized plan of care. Care may be provided by the RN or delegated to others based on the environment and patient complexity. The RN is a key coordinator within the interdisciplinary team, focused on the progression of patient goals. Establishing and defining nursing care delivery models provides for consistency within the work environment.

AMBULATORY PHONE TRIAGE NURSES SUCCESSFULLY ADAPT TO THEIR REMOTE WORK ENVIRONMENT

This year, across the country, many in-person jobs have changed to remote work to align with the COVID-19 pandemic recommendations. In response to the March 2020 working recommendations from the Centers for Disease Control, the role of ambulatory triage nurses was shifted to a remote setting. Patient access to nurse triage advice was quickly recognized as a critical patient service. The issue was escalated to the HICS committee, and equipment was deployed to enable the eClinicalWorks (EMR) Triage Team to work remotely. The nurse triage team serves all seven of the Children's Minnesota community-based clinics. This strategy minimized disease-exposure rates for the nurses and enabled continuation of satisfactory staffing levels to meet the rising patient demand for information.

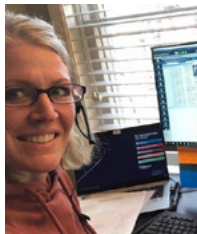
New challenges emerged during the COVID-19 pandemic. With constantly changing COVID-19 disease management, it was essential to quickly disseminate information to triage nurses. Nurses needed the most current information on symptom assessment, exposure, testing and treatment. Standardized protocols and daily communication were key to maintaining quality and consistent care advice. While the decision to work remotely was made due to the pandemic, the execution of this work was led directly by the nurses. They collaborated to vet and adopt the best ways to share the latest information, maintain collegiality and mentor newer team members. Some of the strategies deployed included electronic messaging and chat rooms, direct phone contact, weekly updates, group text, team huddles and email. Quality of care was monitored by call recording and ongoing monthly audits of each nurse's calls.

When the ambulatory triage nurses were surveyed to assess job satisfaction rates before versus after the move to a remote work environment, scores showed a 40% increase in satisfaction comparing January and September of 2020. The survey comments revealed the nurses experienced an increase in focus and efficiency working in the remote environment.

AMBULATORY TRIAGE NURSES



Ann Horgan, BSN, RN



Anne Siewart, BSN, RN



Darcy Erickson, RN



Debbie Meissner, BSN, RN



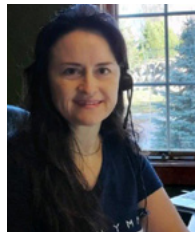
Debra Ross, RN



Kim Marx, RN



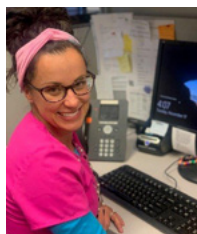
Laura Hagen, BSN, RN, CPN



Liliya Krast, RN



Melissa Karnick, BSN, RN

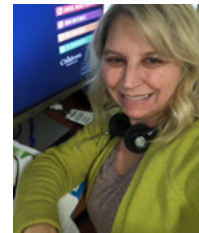


Nicole Aul, RN

TRiage SUPPORT



Sally Howes, CMA



Dawn Willette, LPN

CHILDREN'S MINNESOTA RESPONDS, REDESIGNS AND REIMAGINES THE PATIENT CARE EXPERIENCES

The last year has challenged organizations to think differently while navigating the changes brought on by the COVID-19 pandemic. Health care organizations were called upon to lead and respond to a new patient population while the norms of daily life were upended and we faced unknown risks to our personal health.

COVID-19 has created some immediate and significant challenges. However, the expectations of Children's Minnesota and the need for us to redesign how and where we deliver services existed long before the pandemic. These challenges and opportunities include:



Care avoidance



Shift from inpatient to ambulatory



Increase in demand for virtual care



Higher proportions of patients covered by Medicaid



Declining birth rates



Economic pressures affecting reimbursement

To preserve Children's Minnesota, the organization had to make incredibly tough short- and long-term decisions impacting nursing and all disciplines across the organization. Children's Minnesota focused on putting Kids First by concentrating our efforts to maximize the ability to serve kids and families, now and into the future. The pandemic became a catalyst for change not only in the short-term but in ways that will have long-lasting impact.

We've seen health care change faster and in more fundamental ways than might be apparent to many. Over the course of the pandemic, we've seen:

- How COVID-19 placed a brighter spotlight on our country's health disparities. The pandemic didn't create the inequities in our health care system, but it has exposed them in ways that can no longer be ignored.
- The rapid acceleration of virtual care — and the promise it has as an effective delivery system for some kinds of care. The pandemic has caused us to invest in new technologies and protocols to expand virtual care use while maintaining a personal connection and a commitment to quality.

The vision for redesign

Children's Minnesota's redesign initiatives are building the foundation for a strategic plan that will define our future. Through redesign, we are modernizing our spaces. We're focusing on access and equity. We're simplifying billing and financial systems. We're transforming how we deliver care so that every child is met with exactly the level of specialization they need. We're doing all this because our patients deserve the best: health care that is excellent, compassionate and customized to the unique health needs of children.

As we move forward with these redesign efforts and into our next strategic plan, one thing will never change: Our commitment to our core mission and values. And as always, nurses are essential partner to the work ahead, ensuring that at the core of everything we do are the most amazing people on Earth — kids.

AWARDS AND RECOGNITION

Nurses Week

Magnet®

DAISY Award

Nursing Scholarship

March of Dimes



HONORING NURSES WITH THE DAISY AWARD

The DAISY Award for Extraordinary Nurses was created by the DAISY Foundation, formed in November 1999, by Bonnie and Mark Barnes, after losing their son, J. Patrick Barnes, to complications of Idiopathic Thrombocytopenic Purpura (ITP) earlier that year. Patrick had survived Hodgkins Disease twice. When Bonnie and Mark reflected on their experience, they were awestruck by the work nurses do every day and wanted to say “thank you” to nurses everywhere for what they do every day for patients and families. Patrick’s wife Tena, named the recognition DAISY, standing for Diseases Attacking the Immune System. The DAISY award is now celebrated in over 4,500 health care facilities and schools of nursing in all 50 states and 28 other countries.

DAISY award recipients are gifted with items that have special meaning to the Barnes family. The Healer’s Touch sculpture, DAISY award pin, DAISY certificate, DAISY brochure, DAISY Kleenex pack, copy of their nomination and a batch of cinnamon rolls to share with the team. The Healer’s Touch sculpture is made in Zimbabwe and symbolizes the relationship between a nurse and his or her patient.

As DAISY partners, Children’s Minnesota receives dozens of DAISY nominations each year from patients, families and staff members. In 2020, Children’s Minnesota honored 12 nurses with the DAISY. For the first time, Children’s Minnesota virtually hosted and welcomed DAISY award founders, Bonnie and Mark Barnes, to the Nursing Executive Council on October 20, 2020, where four DAISY recipients were celebrated. Their heartfelt message of gratitude for nurses was exceptionally meaningful during this trying year.

2020 CHILDREN’S MINNESOTA DAISY AWARD RECIPIENTS



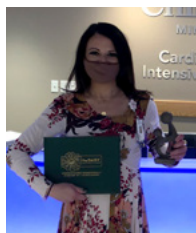
Calli Pettigrew, MSN, RN
6th Floor St. Paul



Elizabeth Nisius, BSN, RN, RNC-NIC
Neonatal Intensive Care Unit
Minneapolis



Elyssa Jacob, BSN, RN, CCRN
Cardiovascular
Intensive Care Unit



Julia Monfre, BSN, RN
Cardiovascular Intensive Care Unit



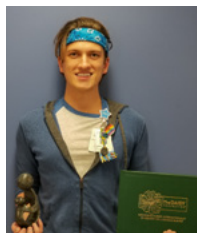
Kaitlin Moore, BSN, RN, CCRN, RNC-NIC
Neonatal Intensive Care Unit
Minneapolis



Kira Sinn, BSN, RN
5th Floor Neuroscience
St. Paul



Pam Huus, RN
Neonatal Intensive Care Unit
St. Paul



Philip Johnson, BSN, RN, CPN
7th Floor Minneapolis



Therese Linderholm, RN
7th Floor Minneapolis



Amy Rikkola, RN
Special Care Nursery
Minneapolis



Barb Winfield, RN
Infant Care Center
Minneapolis

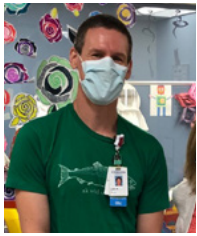


David Burnham, BSN, RN
Pediatric Intensive Care Unit
St. Paul

Congratulations to our 2020 DAISY recipients and a special thank you to all Children’s Minnesota nurses for everything you do.

MEDICAL EDUCATION NURSE TEACHING AWARD

The Medical Education Nurse Teaching Award recognizes one nurse on each campus for work that enhances the education of Children’s Minnesota medical resident and medical student teams. Recipients are selected based on resident nomination and are typically awarded at the May Nursing Executive Council. Due to social distancing guidelines, the recognition was done at unit-based ceremonies.



Award Recipient, Children’s Minnesota Minneapolis

Logan Mitton, RN, clinical nurse, 6th floor, was recognized for his proactive approach to patient care and engagement with residents, patients and families. Logan is seen as an irreplaceable member of the inpatient care team who serves as a role model for providing the best patient care by sharing his expertise in the care of children.



Award Recipient, Children’s Minnesota St. Paul

Nancy Smith, RN, clinical nurse, 5th floor neuroscience, was recognized for sharing a wealth of experience and exerting a calm presence. Nancy is a great advocate for patients, a wonderful teacher for residents and an all-around phenomenal colleague.

NURSES WEEK AWARD

Nurses Week awards are given each year by the Professional Development Council. The awards reflect distinction from each component of the REACH: Nursing Professional Practice Model – Advancing Excellence, Partners in Care, Nursing Care Delivery, Shared Governance and The Children’s Way. In 2020, 73 nominations were submitted with 12 nurses awarded. Due to social distancing in May 2020, the awards were presented through unit-based ceremonies.

Advancing Excellence

**Song Khang, BSN, RN, CPN,
Clinical Educator**
6th Floor St. Paul

**Amy Larson, RN, NBC-HWC, FMCHC,
Clinical Nurse**
Infant Apnea Program and Sleep Center
St. Paul

Jill Bauer, MA, RNC
Neonatal Outreach Nurse Liaison

Partners in Care

Karen Hendricks, RN, Clinical Nurse
Infant Care Center Minneapolis

Suzanne Lewis, RN, Clinical Nurse
7th Floor Minneapolis

Nursing Care Delivery

Rachel Marx, BSN, RN, Clinical Nurse
6th floor St. Paul

**Lori Ellingson, BSN, RN, CPHON,
Clinical Nurse**
Cancer and Blood Disorders Clinic

Shared Governance

**Amanda Melin, MSN, RN, CPN, CCRN,
Clinical Educator**
PICU Minneapolis

**Courtney Kenefick, BSN, RN, CPN,
Clinical Nurse**
6th Floor St. Paul

The Children’s Way

**Jennifer Barry, BSN, RN,
Patient Care Manager**
5th Floor Neuroscience St. Paul

Patricia Peterson, RN-BC, Clinical Nurse
6th Floor St. Paul

Therese Linderholm, RN, Clinical Nurse
7th Floor Minneapolis

EXCELLENCE IN PATIENT- AND FAMILY-CENTERED CARE AWARD 2020



Deb Lindberg, RN, CPHON, was selected as 2020's recipient of the Excellence in Patient- and Family-Centered Care (EPFCC) Award. Her nomination was submitted by the Mohamed family whom Lindberg cared for repeatedly during the patient's six-month stay at Children's Minnesota Minneapolis hospital. Deb was surprised on her unit when she was virtually presented with the EPFCC award and then had a video call with the Mohamed family.

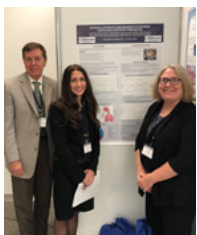
The Children's Minnesota Family Advisory Council developed the EPFCC award as a way for patient families to honor those who are committed to providing exemplary care for their patients and families each day. Nominating families are asked to describe how their nominee delivered patient- and family-centered care in relation to the four core concepts of: dignity and respect, information sharing, participation and collaboration.

APHON NEW AUTHOR AWARD



Lori Ranney, DNP, APRN, CNP, pediatric nurse practitioner at the hematology-oncology clinic was awarded the Dianne Fochtman New Author award from the Association of Pediatric Hematology/Oncology Nurses (APHON) for her publication, *Letting kids be kids: A quality improvement project to deliver supportive care at home after high-dose methotrexate in pediatric patients with acute lymphoblastic leukemia*. Her work was published in the June issue of the *Journal of Pediatric Oncology Nursing (JOPON)*.

NATIONAL ASSOCIATION OF NEONATAL NURSES (NANN) 2020 CLINICAL ARTICLE OF THE YEAR AWARD



Breanna Jacobs Pepin, MSN, APRN, CNNP, neonatal nurse practitioner in the Children's Minnesota St. Paul NICU, and team, were awarded the National Association of Neonatal Nurses (NANN) 2020 Clinical Article of the Year Award for their research and paper, *A Quality Improvement Initiative to Decrease Ventilator-Associated Pneumonia in the Neonatal Intensive Care Unit, 2012–2016*. This award recognizes the team's efforts to advance the profession of neonatal nursing in an impactful and lasting way.

The paper presented the four-year quality improvement project led by Pepin, Debra Lesslie, APRN, CNNP, Wendy Berg, BSN, RN, CIC, Alicen B. Spaulding, PhD, MPH, and Thomas Pokora, MD, to decrease the frequency of ventilator-associated pneumonia through continuing education and approachable resources. Thanks to their leadership, diligence and support from the St. Paul NICU, the intervention resulted in improved outcomes in the Level III NICU and was published in *Advances in Neonatal Care*. Their work greatly contributed to the field and the team continues to serve as a resource for outside organizations.

Jacobs Pepin, B.; Lesslie, D.; Berg, W.; Spaulding, A. B.; Pokora, T.; Harris-Haman, P. A.; and Zukowsky, K. (2019). ZAP-VAP: A Quality Improvement Initiative to Decrease Ventilator-Associated Pneumonia in the Neonatal Intensive Care Unit, 2012–2016. *Advances in Neonatal Care* (Lippincott Williams & Wilkins), 19(4), 253–261. <https://doi.org/10.1097/ANC.0000000000000635>

MINNESOTA BOARD OF NURSING APPOINTMENT



Latasha Lee, MSN, RN, clinical nurse on the float team in Minneapolis, was appointed by Governor Tim Walz to the Minnesota Board of Nursing. Lee started at Children's Minnesota in November 2019 and has been an active member of the Black Employee Empowerment Network (BEEN) employee resource group. In her new position Latasha will ensure the board's activities support BEEN's mission and functions, including:

- Carrying out activities authorized by Minnesota statutes and rules (licensing, discipline and program approval).
- Fostering knowledge relevant to the needs of the public and to the education and practice of nursing.
- Formulating and influencing effective public policy related to nursing practice.
- Pursuing collaborative alliances with the public, including consumers of nursing care, nurses, employers, educators, state agencies and legislators.
- Disseminating information to the public and to nurses.
- Operating an agency which utilizes human and fiscal resources efficiently and effectively.

MINNESOTA'S PEDIATRIC NURSE PRACTITIONER OF THE YEAR



Robyn Gizzi, MSN, APRN, CNP, nurse practitioner in the Children's Minnesota St. Paul NICU, was named Minnesota's Pediatric Nurse Practitioner of the Year by the Minnesota Chapter of the Association of Pediatric Nurse Practitioners. The award recognizes an exemplar nurse practitioner for his or her contributions to the profession and community at large. The honoree must have made a significant contribution to the region in promoting health care of children and families in at least one of the following areas: health care delivery, education, research, or administration and promotion of the pediatric nurse practitioner (PNP) role.

Robyn has been a PNP at Children's Minnesota since 2008 and has established the role of the PNP within the neonatology advanced practice provider group. She was recently promoted to neonatology PNP lead and is building a strong PNP presence within the units.



Robyn is held in deep esteem by her peers and is a fantastic role model for PNP's in both the clinical role and leadership role. This award is well-deserved and I am so pleased that she is being acknowledged and honored. Thank you, Robyn, for all that you do and are!

– Nannette Albright, MSN, APRN, CNNP, associate medical director, APP, neonatology

NOTABLE HEROES IN HEALTH CARE 2020



Patsy Stinchfield, CPNP, NCP, senior director of infection control and prevention, was named one of *Twin Cities Business* magazine's Notable Heroes in Health Care 2020. Patsy is among several health care industry professionals who have shown the ability to effect change, a willingness to share expertise, and a commitment to working toward solutions that improve lives in our community.

As one of the foremost experts on infectious disease, with a history of addressing public health emergencies, including multiple measles outbreaks in Minnesota, Patsy recognized the potential impact of COVID-19 before it arrived in Minnesota. She plays a leading role in the COVID-19 command center at Children's Minnesota, helping make decisions on infection-prevention guidelines for various aspects of hospital operations.

NURSING SCHOLARSHIP

The Nursing Scholarship is generously sponsored by the Professional Staff and a Neonatal grant, and awarded through the Professional Development Nursing Shared Governance Council. Established in 2003, the donation has supported nursing professional development totaling more than \$600,000 in the last 17 years. In 2020, the scholarship process was modified by the Professional Development Council to expand eligibility and opportunity.

The Nursing Scholarship is available to all nurses throughout the organization in pursuit of higher education, conferences and courses, and research. In 2020, the Professional Development Council facilitated the scholarship review process and awarded 24 scholarships totaling \$23,294.

2020 Nursing Scholarship Recipients

Abby Manitz, BSN, RN, CCRN, Clinical Nurse,
PICU Minneapolis

Austin Rondou, MSN, RN, CCRN, Clinical Nurse,
PICU Minneapolis

Candace Unger, MSN, RN, Home Care Intake Resource RN,
Home Health Care

Carley Hansen, BSN, RN-BC, Clinical Nurse,
Infant Apnea Program

Carly Glander, MBA, MSN, RN, Supervisor 2 Clinical
Services, ENT/Facial Plastic Surgery/Gyn/Ortho/Plastics and
Reconstructive Surgery

Cheryl Mosisa, BSN, RN, Clinical Nurse, NICU St. Paul

Danielle Larsen, BSN, RN, CCRN, Clinical Nurse, NICU St. Paul

Elizabeth Strassburg, RN, Clinical Nurse, Infant Care Center
Minneapolis

Jade Kelzenberg, BSN, RN-CLC, NTMNC, Clinical Educator,
Infant Care Center Minneapolis

Jane Fisher, BSN, RN, Clinical Nurse, PICU St. Paul

Joanna Buche, BSN, RN, CCRN, Clinical Nurse, PICU St. Paul

Judy Goebel, BAN, RN, VA-BC, Clinical Nurse, Sedation and
Procedural Services St. Paul

Kayla Christy, BSN, RN, CCRN, Clinical Nurse,
PICU Minneapolis

Kayla Wagner, Clinical Support Associate, Float Team St. Paul

Kristina Hernandez, MSN, RN, Clinical Nurse,
6th Floor Minneapolis

Lauren Brown, BSN, RN, Clinical Nurse, PICU St. Paul

Lindsay Schipper, MBA, MA, RN-BC, NPD-BC, NE-BC,
Clinical Education Specialist, Center for Professional
Development and Practice

Megan Van Hoorn, BSN, RN, CPHON, Clinical Nurse,
ED St. Paul

Melissa Hansing, MSN, RN, Clinical Nurse, ED Minneapolis

Reba Gasman, BSN, RN, CCRN, Clinical Nurse,
PICU Minneapolis

Sarah Hromatka, BSN, RN-BC, Clinical Educator,
Surgery Minnetonka

Shannon Diers, RN, CCRN, Clinical Nurse, NICU Minneapolis

Shayna Fleming, MSN, RN, CNOR, Clinical Practice Specialist,
Perioperative

Tember Dickman, BSN, RN, Clinical Nurse,
Infant Apnea Program

WELLNESS GROUP MOTIVATES NICU STAFF IN COUNTLESS WAYS



What started as a personal wellness journey for Jenni Thomas, BSN, RN, a registered nurse in the Minneapolis NICU, morphed into a community transformation. A year after her second daughter's birth, Jenni decided it was time to focus on her own physical and mental health. Over the next six months, her NICU co-workers noticed her physical progress and began to ask questions about what she was doing to improve her health. Motivated by these questions and a plateau she wanted to overcome, Jenni began a conversation with NICU colleagues Shannon Diers, RN, CCRN, and Stephanie Schnedler, BSN, RN, CCRN, prompting the first Wellness Challenge. The challenge was weight loss-focused and quickly gained momentum. With the help of a Facebook page created by Diers and managed by Thomas, Diers and Schnedler, the challenge attracted 80 participants, and altogether they lost a total of more than 600 pounds. More importantly, a community of wellness was created, empowering the NICU staff and nurturing connection during an intense season of change. Thomas' mission was to discover what motivated each individual and champion their journey.

The second challenge initiated was geared to total health and wellness, and successful because the 126 NICU staff committed to meaningful change. The Born to Move challenge was very successful and was captained by Regina Knutson, BSN, RN; Beth Baber, MSN, RN; Cara Noren, BSN, RN; and Sara McDonnell, DNP, APRN, CNP. Water challenges, group fitness sessions, prizes for competition winners and motivational material were some of the activities used to help each person reach their goals. Hours of hard work coupled with enthusiasm for each person's wellness journey has resulted in an increased sense of control, hopefulness, positivity, unit camaraderie and connection. Thomas' vision coupled with Diers and Schnedler's support and guidance brought significant change by creating a community focused on wellness. Each person who participated in the challenges was positively impacted and motivated the group, which Thomas cited as the reason for its success.

TRANSITION OUT OF PRACTICE

The Transition Out of Practice program, developed by the Professional Development Council, provides nurses leaving the profession of nursing a way to share their wisdom. Retiring nurses are invited to answer a few questions in memorializing their career.

LAURA FECHT, BS, RNC-NICU, NIDCAP

Clinical Educator, St. Paul NICU

Retired: December 9, 2020

Why has nursing been a good fit for you? And why Children's Minnesota?

I have never had a job as a nurse that I didn't find interesting, challenging and a tremendous learning experience. The St. Paul NICU was a challenge that I was ready for in my nursing career. Children's Minnesota had a great reputation in the nursing community as a good place to work.

Please share the story of what you consider your most outstanding, significant professional achievement. What made this achievement important? What made it possible?

Roxanne Fernandez, CNO, supported NIDCAP certification. Children's Minnesota paid for my certification. This was a three-year process to become certified. This gave me the opportunity to follow my passion caring for our tiniest patients. This afforded me the chance to help initiate Small Baby specialized care. This also gave me the opportunity to support our staff through practice changes for all of our patients and their families. Neuroprotective care has become an essential part of our care in the NICU, leading to better patient outcomes and increased family satisfaction.

What do you value most deeply about nursing? How are those values reflected in how you care for patients and families?

Nurses have the opportunity to care for the whole person, not just a medical diagnosis. Here in the NICU we care for families having the worst day(s) of their lives. We have the privilege of sharing these experiences with families and supporting them through their experience with empathy, education and being present in the moment.

What has been your motivation for your work?

Children are our greatest treasures and deserve the best care we can give them.

What changes have you seen in practice during your career?

Decreasing gestational ages considered survivable — even thrivable. Accompanying technology that is required to accomplish this. Better outcomes for the tiniest humans.

What are the top three wisdom tips or advice you would like to leave for nurses?

1. Be kind. You don't know what the person next to you is going through.
2. Change is part of the game — welcome it. Do not waste your energy complaining about the change.
3. You will learn something new every day no matter how long you are a nurse.

DEBRA JOHNSON, RN

Clinical Nurse, St. Paul NICU

Retired: October 2, 2020

What has your philosophy been in caring for our patients and families?

Doing my best to make everyone as comfortable and informed as possible.

What changes have you seen in practice during your career?

Multiple. One of the biggest was the gradual transition to computer records. Another was the change from having to call physicians at home for orders and now having them in the hospital to see the patients and place orders themselves. Hospital organization has also changed many times over the years.

LOTTIE RIKE, RN-BC

Clinical Educator, 6th Floor Minneapolis

Retired: October 2, 2020

What has your philosophy been in caring for our patients and families?

Care for everyone as you would want to be cared and especially care for them as you would want your own children and grandchildren to be cared for, supporting and assuring their caregivers that they are amazing — they know their child best and we believe in them. In training new staff and supporting current staff as a clinical educator I advised them to look at each patient and be thinking about the “worst thing that could happen during your shift” or “worst case scenario.” In thinking about it in advance, you will be prepared to take action if necessary.

I also feel it is very important to be approachable at all times as an educator whether a “floor” day or an “office” day, being willing to give a hand or share a resource. Sometimes that may mean having that staff member shoot you an email to follow-up on during an office day.

What changes have you seen in practice during your career?

I started in 1978 as an RN when we wore white uniforms and nursing hats. My dream had been to work at Children’s Minnesota. In the 70s, we counted “drops” for IV fluid rates. IVs were “butterfly” needles, not catheters. We calculated meds and drew them up as they came up in a multidose bottle, including KCl added to IV solutions (stocked on the unit) right next to the NS bottles we used to draw-up flushes. At Children’s Minnesota in the 80s, we wore street clothes with royal blue smocks over. Many of us had a collection of our own personal pins and picture buttons attached. In one room with curtain dividers, up to four patients and their parents stayed together. You could hear everything going on with each other, but as a new nurse it was helpful to hear other nurses care for and teach patients and families. One baby’s cry would wake the entire room of babies.

NEW DEGREES

Bachelor's Degree in Nursing

Branum, Marjorie
Byholm, Kylie
Erickson, Mikayla
Hertzog, Jaime
Kiage, Leah
Krejce, Krista
Krengel, Jordyn
Kuehn, Alyssa
Prins, Ireland
Sackitey, Adoma
Sanford, Lisa
Sinn, Kira
Tintes, Brandi

Master's Degree in Nursing

Antonova, Khrystyna
Chandler, Julie
Machones, Emily
Melin, Amanda
Rhiel, Cassidy
Scott, Jack
Selstad, Nathan
Walmar, Lisa

Doctor of Nursing Practice

Mosisa, Cheryl
Steinhauser, Kristina

NEW CERTIFICATIONS

Acute/Critical Care Nursing (Neonatal CCRN)

Aipperspach, Vui
Larsen, Danielle
Moore, Kaitlin
Sprenger, Patty

Acute/Critical Care Nursing (Pediatric CCRN)

Greenwell, Emily
Holst, Jennifer
Matveiciuc, Ludmila

Adult-Gerontology Acute Care NP (AGACNP-BC)

Selstad, Nathan

Case Management Nurse (RN-BC)

Boland, Margaret

Certified Ambulatory Perianesthesia Nurse (CAPA)

Lampel, Megan

Certified Breastfeeding Counselor (CBC)

Aneson, Alexandra	Noll, Laura
Bancks, Jodi	Peterson, Jennifer
Basich, Lauren	Ross, Emily
Bowman, Jessamine	Schwartz, Mary
Canery, Jade	Searcy, Elizabeth
Dotzler, Jill	Sedlacek, Hailey
Ebert, Rebecca	Semrad, Kristina
Egbert, Mary	Sprenger, Patty
Graczyk, Julie	Stephan, Sandra
Habte, Eden	Stice, Christina
Mahoney, Leah	Thao-Vang, Ah
McFerrin, Erin	Vold, Patricia
Nguyen, Tran	Watson, Grace

Certified Nurse Manager and Leader (CNML)

Sanders, Renee

Certified Pediatric Emergency Nurse (CPEN)

Burkhardt, Ashley

Certified Pediatric Hematology-Oncology Nurse (CPHON)

Rataczak, Joan

Certified Diabetes Educator (CDE)

Mackedanz, Kelli

Certified Neuroscience RN (CNRN)

DeBerg, Kerry

Gudim, Nancy

Peter, Victoria

Wiksten, Karin Lina

Certified Nurse Operating Room (CNOR)

Kraus, Susan

Certified Pediatric Nurse (CPN)

Carano, Mariah

Gartland, Jacquelyn

Haunty, Rachel

Holden, Erin

Jablonski, Lynsey

Kessler, Kristan

Khan, Sahar

Krentz, Jennifer

Mallory, Caitlyn

Mason, Christina

Peter, Victoria

Poffenberger, Kelli

Vue, Mihoko

Family Nurse Practitioner – AANPCP (NP-C)

Steinhauser, Kristina

International Board-Certified Lactation Consultant (IBCLC)

Dickman, Tember

Low Risk Neonatal Nurse (RNC-LRN)

Knudson, Rose

Moore, Kaitlin

Sprenger, Patty

Wegner, Suzanne

Yang, Anna

Maternal Newborn Nurse (RNC-MNN)

Aipperspach, Vui

Neonatal Intensive Care Nurse (RNC-NIC)

Aipperspach, Vui

Close, Justin

Karmarkar, Amanda

Moore, Kaitlin

Nurse Executive, Board Certified (NE-BC)

Palermo, Rachel

Nursing Professional Development (NPD-BC)

Cooper, Erica

Dahlen, Brittany

Primary Care Pediatric NP (CPNP-PC)

Antonova, Khrystyna

Rhiel, Cassidy

Trauma Certified RN (TCRN)

Baker, Sarah Jane

Chen, Angela

Today, Erin

PODIUM PRESENTATIONS

Amy Hoelscher, DNP, RN, CPNP

Nurses Leading Innovation: Stories from the Field, 5th Annual Planting Seeds of Innovation Conference, February 2020, Minneapolis, MN

Resilience is Knowing Where our Experience Comes From, Nurse Coaching and Resilience Conference, June 2020, virtual

Ann Marie Nie, MSN, APRN, FNP-BC, CWOCN

Put on your glasses: Pressure injuries occur in children and under medical devices, NPIAP National Conference, February 2020, Houston, Texas

Brittany Dahlen, MSN, RN, CCRN-K, CPN, NPD-BC

Retention of central line dressing cares: 1- and 2-year post simulation-based mastery learning (SBML) (with Samreen Vora, MD, MHAM, FACEP), International Pediatric Simulation Society Conference, October 2020, virtual

Heidi Shafland, MSN, APRN, ACCNS-P, CCRN-K and Erin Morhack, MSN, APRN, ACCNS-P, CPHON

Laying the Foundation for a stronger tomorrow: CNS MENTORSHIP, National Association of Clinical Nurse Specialist national conference, March 2020, Indianapolis, IN

Kerry Appleton, MAN, RN, CCRN

Thriving not just surviving, MN Health Information Management Assoc. (Chapter G meeting), March 2020, St Paul, MN

Karen Mathias, MSN, APRN, PCNS-BC

Mock medications, institutional settings, and patient safety: What we all need to know, International Meeting for Simulation in Healthcare (IMSH), January 2020, San Diego, CA

Donna Eull, MA, RN, CHPPN

The Children's Comfort Promise, American Academy of Pediatrics Vaccine Committee, March 2020, Annual scientific meeting, virtual

Positioning and Distraction for Comfort, Children's Health Care Center, London, Ontario, September 2020, virtual skills day

Implementing the Children's Comfort Promise in the Ambulatory setting, Children's Health Network, Education Series 2020, virtual

The Children's Comfort Promise, Grand Rounds IWK, Halifax, Ontario, November 2020, virtual

Mary Kay Farrell, RN-BC

Nitrous for Painful Procedures, Society for Pediatric Sedation, November 2020, virtual

Natalie Lu, BA, MSN, RN and Terry Schepers, BSN, RN

Invitation to Speak Up, International Pediatric Simulation Society Conference, October 2020, virtual

Rebecca Carlson, MAN, APRN, CPNP

Pediatric Hospital Medicine Top 10, NAPNAP National Conference, June 2020, virtual

Pediatric Hospital Medicine Top 10, American Academy of Pediatrics Pediatric Hospital Medicine Conference for APPs, October 2020, virtual

AAP Policy Essentials and Updates, Twin Cities Pediatric Updates, September 2020, virtual

Teresa Herriage, DNP, APRN, CPNP, CPHON

Enhancing Patient and Family Education with Children's Oncology Group Tools and Resources, Association of Pediatric Hematology/Oncology Nurses Annual Conference, September 2020, virtual

Managing Pain with Oral or Gastrostomy Medication in Children with Neuroblastoma Receiving Dinutimab, Association of Pediatric Hematology/Oncology Nurses Annual Conference, September 2020, virtual

POSTER PRESENTATIONS

Brittany Dahlen, MSN, RN, CCRN-K, CPN, NPD-BC

Development and Pilot of a Simulation-Based Mastery Learning Curriculum for Caregivers of Children with Gastrostomy Tubes: Improving Knowledge, Comfort and Skill (with Normaliz Rodriguez, MD, Samreen Vora, MD, MHAM, FACEP, and Manu Madhok, MD), International Pediatric Simulation Society Virtual Conference, October 2020, virtual

Brittany Dahlen, MSN, RN, CCRN-K, CPN, NPD-BC, Natalie Lu, MSN, RN, and Jacob Bauer, MSN, RN, CHSE, CPN, PHN

Nursing bedside handoff simulation: Partnering with patient families, International Pediatric Simulation Society Conference, October 2020, virtual

Heidi Shafland, MSN, APRN, ACCNS-P, CCRN-K

Meeting Pandemic Challenges with Innovative Education Strategies, Pediatric Cardiac Intensive Care Society Conference, December 2020, virtual

PODCASTS AND WEBINARS

Ann Marie Nie, MSN, APRN, FNP-BC, CWOCN

From Neonates to Young Adults: MDR PI occurs at any age and any care setting, NPIAP, November 2020, webinar

Neonatal skin and pressure injury prevention in children, NPIAP, December 2020, podcast

Donna Eull, MA, RN, CHPPN

Leading Quality Improvement and Change: The Children's Comfort Promise, Society of Pediatric Nurses, January 2020, podcast series

Kerry Appleton, MAN, RN, CCRN

Self-Checkpoint: Where are YOU, how are YOU, & what is YOUR plan to keep going?, IPSS, May 2020, webinar

Team Audit: How is your team & what is your plan to help keep everyone going?, ICSI, July 2020, webinar

Mary Kay Farrell, RN-BC

Use of Nitrous Sedation in Pediatric Sedation, Society for Pediatric Sedation, September 2020, virtual course (ongoing)

Patricia Stinchfield, MS, RN, CPNP, CIC

COVID-19 Impact on Children, Preparing the Community, Minnesota Chapter of American Academy of Pediatrics (MNAAP), March 2020, webinar

Addressing Pediatric Care Delivery During COVID-19, Children's Health Network, April 2020, webinar

COVID-19 Webex Update, MN Chapter of NAPNAP (National Association of Pediatric Nurse Practitioners), April 2020, webinar

PUBLICATIONS

Abulebda, K., Whitfill, T., Montgomery, E. E., Thomas, A., Dudas, R.A., Leung, J.S., Scherzer, D.J., Aebersold, M., Van Ittersum, W.L., Kant, S., Walls, T.A., Sessa, A.K., Janofsky, S., Fenster, D.B., Kessler, D.O., Chatfield, J., Okada, P., Arteaga, G.M., Berg, M.D., Knight, L.J., Keilman, A., Makharashvili, A., Good, G., Bingham, L., Mathias, E.J., Nagy, K., Hamilton, M.F., Vora, S., **Mathias, K.**, Auerbach, M.A.; Improving Pediatric Acute Care through Simulation (ImPACTS) (2020). Improving Pediatric Readiness in General Emergency Departments: A Prospective Interventional Study. *The Journal of Pediatrics*, S0022-3476(20)31337-8.

Akinboyo, I.C., Zangwill, K.M., **Berg, W.M.**, Cantey, J.B., Huizinga, B., & Milstone, A.M. (2020). SHEA neonatal intensive care unit (NICU) white paper series: Practical approaches to Staphylococcus aureus disease prevention. 41(11), 1251–1257.

Dettmer, K., & Mackenburg-Mohn, M. (2020). Fluids, electrolytes, and nutrition: Dehydration and fluid management. In Reuter-Rice, K. & Bolick, B. N. (Eds.), *Pediatric Acute Care: A Guide for Interprofessional Practice, 2nd edition* (354-362). Elsevier.

Carlson, R., Burkett Vetter, A. C., Hauer, M., Forton, M., Jerardi, K., & Herrmann, L. E. (2020). The Role of the Advanced Practice Provider and the Evolving Health Care Landscape. *Hospital Pediatrics*, 10(11), 1010–1013.

Diedrick, L., Lorence, K., Lu, N. (2020). Nursing Salons Take to Hospital Education Days. *Creative Nursing*, 26(4), 277-280.

Garrett, J., McNolty, L., **Wolfe, I.**, Lantos, J. (2020). Our Next Pandemic Ethics Challenge? Allocating 'Normal' Health Care Services. *Hastings Center Report*. 50(3): 79-80.

Hester, G. Z., Nickel, A. J., **Stinchfield, P. A.**, & Spaulding, A. B. (2020). Low Use of Vitamin A in Children Hospitalized for Measles in the United States. *The Pediatric Infectious Disease Journal*, 39(4), e45–e46.

On December 10, 2020, Kathryn Allen, BSN, RN, Clinical Nurse, 6th Floor Minneapolis; Charlotte Koch, BSN, RN, Clinical Nurse, 6th Floor Minneapolis; Nicole Ostertag, BSN, RN, Minneapolis Float Team; Kailyn Wilcox, BSN, RN, CPN, Patient Care Supervisor, 6th Floor Minneapolis; and Mary Girgen, BSN, RN, Patient Care Manager, 6th Floor Minneapolis, were invited to share their perspectives of providing care to COVID-19 positive children during the pandemic at a Virtual Grand Rounds. The Grand Rounds, titled Stories from the Bedside: Pediatric Nurses and COVID-19, was attended by over 250 Children's Minnesota employees and community partners. The panelist group helped educate the organization and community on how patient care and nursing have changed due to the pandemic and some of the challenges clinical nurses have faced in 2020.



Hooke, M. C., Hatch, D., Hockenberry, M. J., Whitman, S., Moore, I., Montgomery, D., Marano, K., Mitby, P., Scheurer, M. E., Taylor, O., & Pan, W. (2020). The Longitudinal Parallel Process Analysis of Biomarkers of Oxidative Stress, Symptom Clusters, and Cognitive Function in Children With Leukemia. *Journal of Pediatric Oncology Nursing: Official Journal of the Association of Pediatric Oncology Nurses*, 37(4), 244–254.

Nie, A.M. (2020) Creating a pediatric and neonatal pressure injury prevention program when evidence was sparse or absent: A view from here. *Journal of Wound Ostomy & Continence Nursing*. 47(4):353-355.

Nie, A.M. (2020) Pressure injury prevention and treatment in critically ill children, *Critical Care Nursing: The Clinics Review*. 521-531.

Ranney, L, **Hooke M.C.**, & Robbins, K. (2020). Letting Kids Be Kids: A Quality Improvement Project to Deliver Supportive Care at Home After High-Dose Methotrexate in Pediatric Patients With Acute Lymphoblastic Leukemia. *Journal of Pediatric Oncology Nursing*, 37(3), 212-220.

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Wolfe, I. (2020) On “not recommending” ECMO. *Hastings Center Report*. 50 (3): 5-6.

Wolfe, I. D., & Carter, B. S. (2020). Active or passive guidance? Decision-making in fetal health consultation. *The Journal of Maternal-Fetal & Neonatal Medicine: The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians*, 1–2. Advance online publication.

Wolfe, I., Garrett, J., Carter, B., Lantos, J. (2020) Children’s hospital ICU resource allocation in an adult pandemic. *Pediatrics*. 145(6)e20201140.

Wolfe, I., Pope, T. (2020) Hospital Mergers and Conscience-Based Objections — Growing Threats to Access and Quality of Care. *New England Journal of Medicine*. 382(15):1388-1399



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