



# NURSING ANNUAL REPORT

2018

**Children's**  
MINNESOTA



# TABLE OF CONTENTS

Welcome Message.....	3
Nursing at a glance.....	4
<b>STRUCTURAL EMPOWERMENT</b>	
Clinical Nurses Evaluate the Professional Practice Model (PPM) .....	5
Nursing Expands Shared Governance.....	6
New Graduate Transition to Practice Program .....	8
Clinical Nurse Specialists Champion the Needs of Patients, Nurses and the System .....	9
<b>TRANSFORMATIONAL LEADERSHIP</b>	
Simulation Boot Camp Improves Neonatal Nurse Practitioner Onboarding .....	10
Q & A with CNO, Pam VanHazinga .....	11
<b>EXEMPLARY PROFESSIONAL PRACTICE</b>	
Bring it Bedside: Handoff Simulations Redesign the Care Experience.....	13
Skin Champion Plays Key Role in Reducing Pressure Injuries Related to Peripheral IVs.....	14
Minnetonka Ambulatory Surgery Center Outperforms National Benchmarks in all of the Magnet Categories .....	15
Improving Care for Patients with Autism Spectrum Disorder .....	16
Partnering with School Nurse Leaders to Improve Patient Asthma outcomes .....	17
Children's Expands Cardiac Services: Heart Transplant and Ventricular Assist Devices.....	18
Children's Surgery Program Awarded Level I Verification .....	19
<b>NEW KNOWLEDGE AND INNOVATIONS</b>	
Nursing Evidence-based Practice Program .....	21
Nurses Redesign the ECMO Care Experience.....	22
Research Fellows Program.....	23
Cerner Clinical Documentation Modernization and Clairvia Patient Acuity .....	24
<b>RECOGNITION AND AWARDS</b>	
Nursing Scholarships .....	26
Professional Achievements in 2018 .....	27
• New Certifications.....	27
• Advanced Degrees Received .....	28
• Regional and National Podium Presentations.....	28
• Regional and National Poster Presentations.....	32
• Publications.....	32
External Awards and Recognition .....	33

# A MESSAGE FROM THE CHIEF NURSING OFFICER

Dear Colleagues,

In reflecting on the accomplishments of nursing in 2018, and my first year as Chief Nursing Officer, I am grateful to our nurses joining together to improve patient outcomes and advancing nursing practice. I am awed by the commitment and dedication nurses at Children's make, to meet the ever-changing needs of kids and families in our dynamic environment.



2018 was an incredible year for nursing at Children's Minnesota. In March, we received Magnet Recognition® designation, validating Children's high-quality patient care, remarkable outcomes, and nursing excellence. We were once again honored by U.S. News & World Report as a Best Children's Hospital. In December we received the American College of Surgeons (ACS) verification as a Level I ACS Children's Surgery Center. We continue to exceed the benchmark in nursing sensitive indicator results. Like Song Khang, BSN, RN, CPN, and Laura Myers, BSN, RN, clinical nurses on sixth floor St. Paul campus, who utilized technology to improve discharge education for diabetic patients, nurses have demonstrated innovation and creativity to meet patient needs and shared our accomplishments outside our walls. These activities demonstrate nursing excellence and reflect our strong collaboration with the interdisciplinary team.

Our nursing annual report tells the story of how Children's Minnesota nurses are influencing nursing practice. In this report you will read about three exciting programs supporting nursing excellence. They include:

- **The Transition to Practice Program for New Graduates** which prepares RNs with one year or less experience to transition to clinical practice.
- **Evidence-Based Practice Program (EBP)** which has fully implemented the IOWA model to support evidence-based projects from ideation to implementation.
- **Research Fellows program** which is empowering nurses to turn their questions into advances in pediatric nursing practice.

In addition, you will read about work aimed at meeting critical needs, like our nurse-led initiatives to improve asthma management through a partnership with community school nurses; simulation programs to strengthen critical nurse skills; and our clinical nurse specialists, a role that supports clinical nurses through consultation and advancement of evidence-based practice.

Our collective accomplishments in 2018 are too great to represent here — the difference nurses make in the lives of the kids we serve and their families could never be captured in one single place. I am extremely proud of the contributions of Children's nurses, and honored to share this report as an illustration of the contributions nurses make every day. We have incredible momentum leading into 2019 as we advance our vision to be every family's essential partner in raising healthier kids. Leading the nursing team at Children's Minnesota is truly an honor, and I am inspired by what we will achieve together in the future.

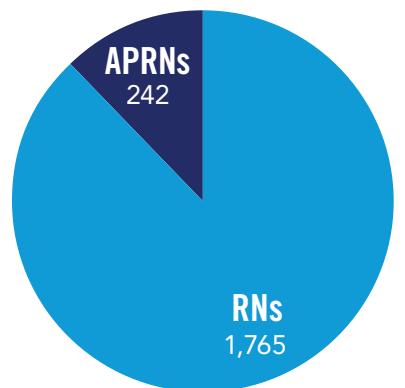
With great respect and appreciation,

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

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

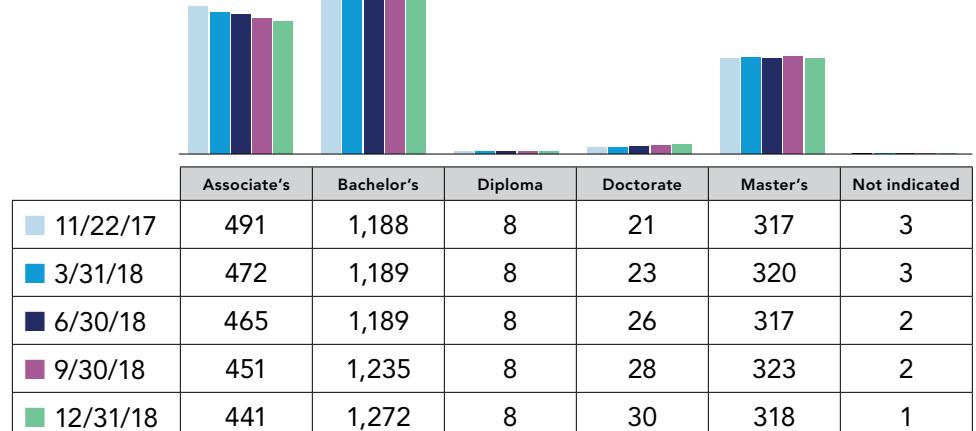
# NURSING AT A GLANCE

Total number of nurses



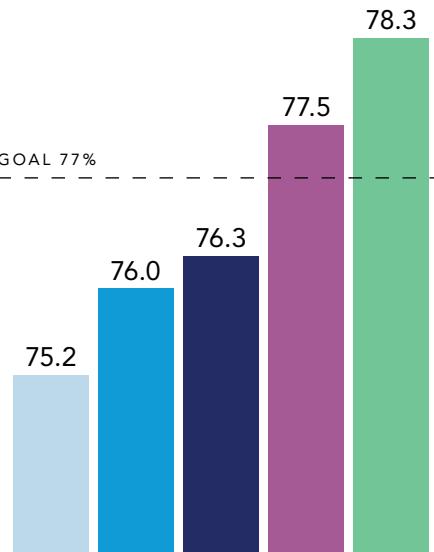
## Highest Nurse Education Degree

By number of RNs  
(Q3 2017–Q4 2018)



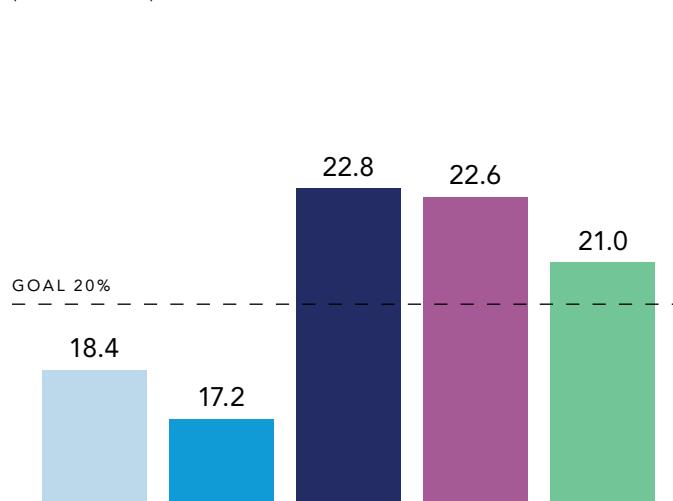
## Percent of RNs with Baccalaureate or higher

(Q4 2017–Q4 2018)



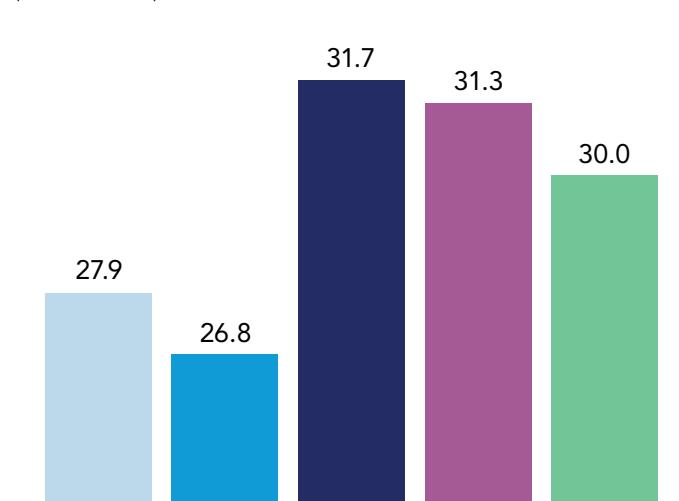
## Percent of RNs Certified

(Q4 2017–Q4 2018)



## Percent of all RNs and APRNs Certified

(Q4 2017–Q4 2018)



## STRUCTURAL EMPOWERMENT

# CLINICAL NURSES EVALUATE THE PROFESSIONAL PRACTICE MODEL (PPM)

A professional practice model describes how registered nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for patients and families. The PPM drives current and future nursing practice at Children's. The foundation of professional nursing practice is described by a PPM. The PPM aligns and integrates nursing practice with the mission, vision and values of nursing. The framework of the PPM guides the nursing strategic plan, identifies clear goals and expectations for professional nurses to achieve empirical outcomes. In December 2017, nurses were surveyed regarding the relevance of the current PPM to nursing practice. Participants were asked for input on professional nursing practice in relation to each attribute of the PPM. Specifically, participants were asked, "How well does the Professional Practice Model (PPM) drive nursing practice at Children's?" and "Of the four main components of the PPM which resonates most with you and why?" Results were analyzed and reviewed by the Professional Development Council (PDC). PDC members conducted a literature review to summarize PPM evidence. Key components necessary in a PPM were identified and evaluated for revision of the current model.

## Key Elements

PPMs are a system, including structure, process and values, to support registered nurse control over the delivery of nursing care and the environment in which care is delivered. With the foundation of the mission, vision and values of nursing, a PPM includes management approach, professional relationships, patient care delivery system, and compensation and rewards.

PPM Elements	Children's Minnesota Nursing PPM
Professional Values	Children's Mission, Vision and Values: "The Children's Way"
Management Approach	Shared Governance
Professional Relationships	Partners in Care
Patient Care Delivery System	Nursing Care Delivery
Compensation and Rewards	Advancing Excellence

The PDC plans to implement and disseminate the updated PPM organizationally in 2019.

## STRUCTURAL EMPOWERMENT

# NURSING EXPANDS SHARED GOVERNANCE

Shared Governance is a decision-making model with clinical nurses, clinical nurse resources and leadership. It is based on the principles of partnership, equity, accountability and ownership at the point of service of patient care. The structure enables clinical nurses to influence decisions affecting practice and to provide direction for the professional practice of nursing. The goal of shared governance is to support excellence in practice and evidence-based knowledge, improve nurses' work environment, satisfaction and retention, ultimately resulting in improvement in patient outcomes. Implemented in 2015, the Nursing Board evaluated the current state of shared governance and found areas of opportunity.

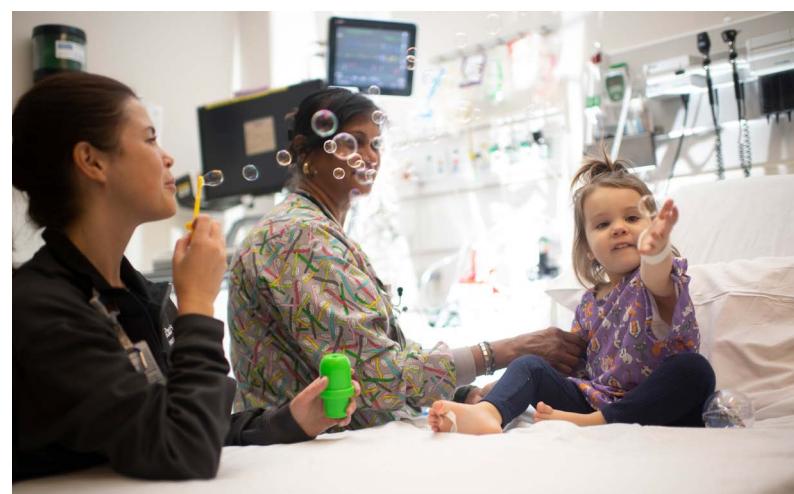
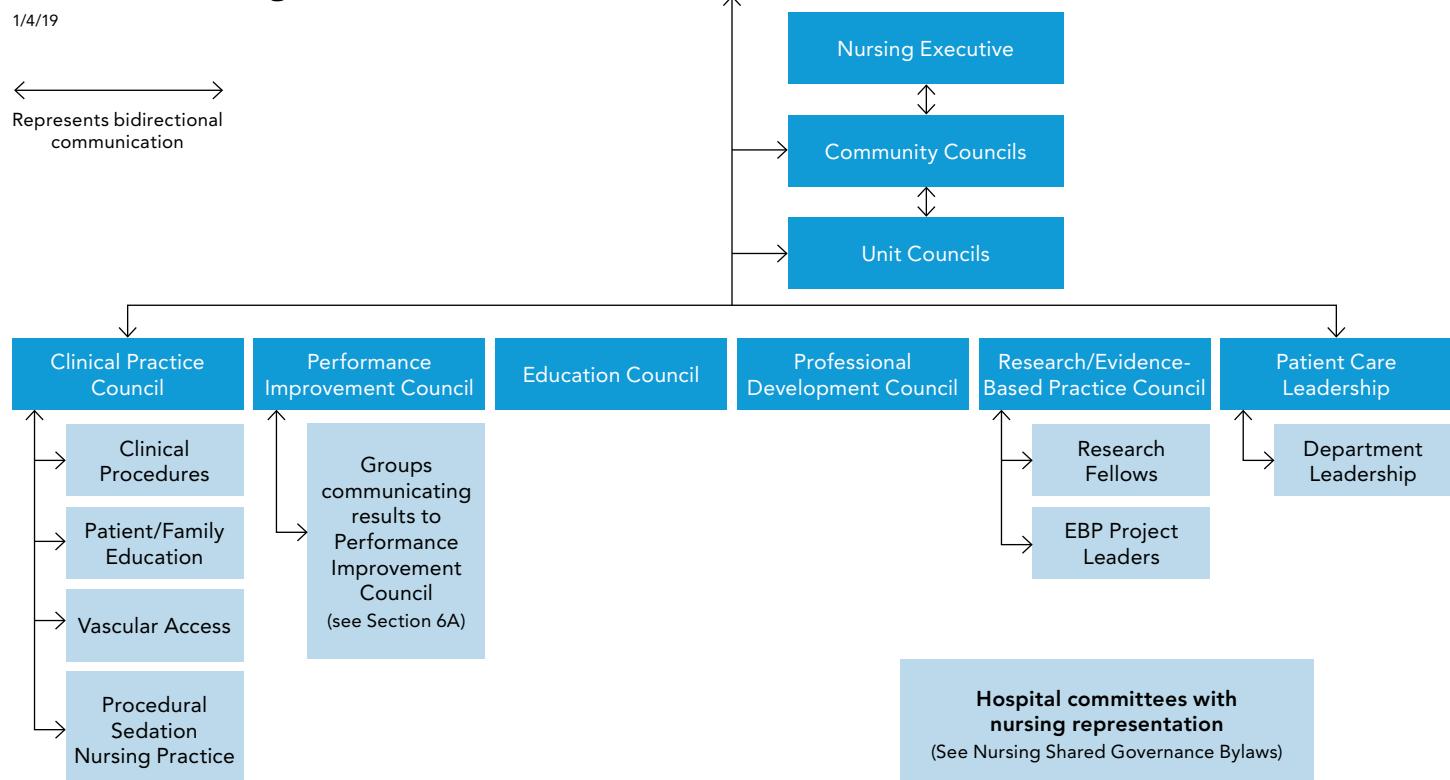
Children's applied the councilor model of shared governance to the structure. The councilor model is an evidenced-based framework and the most widely used in nursing practice. The goal was to confirm all requirements for the structure of shared governance were met to build a stronger support for Magnet® designation. The councilor model components are:

- Clinical Practice
- Research
- Quality
- Staff Development/Education
- Management
- Coordinating Council

The Nursing Board updated the Nursing Shared Governance Bylaws defining the primary characteristics of each council, including purpose, responsibilities, meeting frequency and membership. With enhanced direction through the bylaws, shared decision making will raise the bar for nursing practice.

Formalizing and revising existing committees and councils produced a revised structure focused on bi-directional communication. The revision was approved by the Nursing Board for implementation in 2019.

## Nursing Shared Governance Communication Diagram



## STRUCTURAL EMPOWERMENT

# NEW GRADUATE TRANSITION TO PRACTICE PROGRAM



Children's Minnesota offers an exceptional opportunity to transition new nurses to the professional patient care environment. The evidence-based program, originally designed for baccalaureate nursing graduates with less than one year of experience, successfully bridges the gap between academic preparation and clinical practice over the course of two years. The program consists of didactic teaching, hands-on simulation, participant reflection, e-learning and precepted patient care experiences, resulting in confident and engaged professional nurses.

Evidence-based classroom and simulation experiences focus on core pediatric and neonatal content presented by experts from our Children's Minnesota team. The RNs use high-fidelity mannequins to demonstrate their skills in assessment and interventions, in an active learning environment with real-time feedback. Emphasis is placed on the importance of self-reflection through facilitated group discussions. New graduates benefit from the opportunity to share and process experiences in a safe environment while receiving support.

Online modules establish core foundational knowledge of clinical skills in a consistent and flexible format. E-learning can be completed on the participant's schedule with immediate feedback. Experienced preceptors and new nurses jointly deliver safe and effective pediatric nursing care. Preceptors help graduates identify personal learning styles and work to develop critical thinking skills. During this time participants gain competence and confidence in clinical pediatric skills, creating a plan of care, and applying Children's Minnesota policies and procedures.

**"It has given me confidence and the resources needed to make an effective transition to professional practice."**

practice, while at the same time socializing the nurses to Children's Minnesota and one another. The best thing about the program is the friendships that are developed from it."

Since the program began in 2012, the Center for Professional Development and Practice (CPDP) has onboarded close to 400 new graduate nurses, 96 percent of whom still work at Children's Minnesota. The program continuously evolves to stay current with evidence-based practices and the learning needs of new graduates.

**"I could not imagine starting my career as a nurse any other way. The new grad program made the transition to practice much easier and less stressful. It was so nice to have friends going through the 'tough stages' of transitioning to practice."**

## STRUCTURAL EMPOWERMENT

# CLINICAL NURSE SPECIALISTS CHAMPION THE NEEDS OF PATIENTS, NURSES AND THE SYSTEM

A Clinical Nurse Specialist (CNS) is an advanced practice registered nurse (APRN) who is an expert in a particular specialty, such as a population (e.g., neonatal), a type of problem (e.g., pain), a setting (e.g., intensive care unit), a type of care (e.g., rehabilitation), or a disease (e.g., diabetes). CNSs provide leadership in clinical expertise, nursing practice, and systems innovation that contribute to the best possible patient outcomes.

In their role as a clinical expert, Children's CNSs diagnose and intervene to prevent, treat or improve illness and promote health. They may accomplish this through consultation on medically complex patients, through the development of policies or procedures, or through new and innovative programs such as awake ECMO, osteopenia screening and management, or effluent refeeding. At Children's, CNSs advance professional nursing practice and cultivate a climate of clinical inquiry by guiding clinical nurses in direct patient care, supporting nursing project leaders in the Evidence-Based Practice Program, and by serving on multiple Nursing Shared Governance councils. As systems leaders, Children's CNSs manage change and empower others to influence clinical practice both within and across systems. They achieve this by impacting organizational objectives as voting members of the Pharmacy & Therapeutics Committee, Institutional Review Board, and Transfusion Committee and as chairs of the Resuscitation Committee and the Vascular Access Council. Finally, Children's CNSs foster an interdisciplinary approach to quality improvement and are deeply involved in quality initiatives. This includes their contributions to the Vermont Oxford Quality Improvement Collaborative, the PICU Clinical Development Team, and as members of multiple hospital-acquired condition (HAC)/ preventable harm teams.

For the Children's CNS, each day brings new and exciting opportunities to enhance nursing practice, improve patient outcomes, and advance the Children's mission to champion the special health needs of the children and families we serve.



## TRANSFORMATIONAL LEADERSHIP

# SIMULATION BOOT CAMP IMPROVES NEONATAL NURSE PRACTITIONER ONBOARDING

The second annual Neonatal Nurse Practitioner (NNP) simulation boot camp was completed in fall 2018. The boot camp uses exceptional simulation-based education to improve cognitive, technical and professional skills of neonatal nurse practitioners responsible for the 24/7 provider coverage in the NICUs, Special Care Nursery and Infant Care Center.

To prepare the NNPs to provide expert and compassionate care to our smallest patients, leadership from the Minneapolis and St. Paul campuses collaborated with the simulation department to create a program to address technical skills, leadership and communication in select scenarios. The boot camp uses simulation-based mastery learning (SBML) which ensures set outcomes for all learners. Based on the participants' needs assessment, individual goals and timelines are determined.

The boot camp enables NNPs to practice in a safe learning environment. Multiple opportunities are provided to complete simulations until mastery learning goals are met. Learners participate in realistic scenarios in a variety of hospital settings including the delivery room, newborn nursery and NICU. Simulated procedure scenarios support skill development in technique and trouble shooting. The NNP boot camp has been integrated into the new orientation curriculum for future new NNPs. Feedback from the two initial cohorts is positive and emphasizes the ability to practice technical and nontechnical skills in a safe environment.

### Children's Minnesota Neonatal Program:

- **1,900+ newborns** cared for annually by Children's neonatal program.
- **500+ neonatal care experts** including neonatologists, neonatal nurse practitioners, nurses, respiratory therapists, physical therapists, occupational therapists, pharmacists, social workers and music therapists.
- **500+ babies transported annually** by the Neonatal Transport Team. Babies are transported by helicopters, fixed-wing aircraft and specialized critical care ground transportation with in-route capability for full ventilatory and hemodynamic support, hypothermia and ECMO.
- **Three Mother Baby Centers** combine Allina Health's fetal and maternal services with Children's neonatal and pediatric specialty care.
- **24/7 Neonatal Virtual Care** for regional community hospitals, a technology allowing critical audio/video consultations during stabilization of newborns.



## TRANSFORMATIONAL LEADERSHIP

# Q & A WITH CHIEF NURSING OFFICER, PAM VANHAZINGA

### What drew you to nursing?

When I was in grade school I had my appendix out, which meant a hospital admission, for a couple of days. There was one particular nurse on the evening shift that I looked forward to seeing every day. I thought, "I want to be like her." She was kind. She was so professional. Her whole aura was remarkable. My experience with this evening shift nurse and others when I was young is what really drew me into the profession. That, and I love science.



### What are the most important lessons you've learned in your career?

You don't know someone's story until you ask.

### What advice do you typically give to new nurses?

It is important for new nurses to find a mentor to support their transition into practice, help them adjust to their new roles and culture of the organization, and to provide a non-judgmental ear

when it is needed. This nurse might help them migrate working on an off-shift if this is their first time doing so or to make sense of a difficult situation or encounter and help put it in context.

I recommend new nurses — new to Children's or to nursing — take care of themselves. Healthy eating, sleep, planned time with family and friends and exercise are all important as one is adjusting to a new role or a new place. Caring for oneself is a first step in caring for others.

It is important at the end of each shift to think of at least one thing that went well or for which you are grateful. We are fortunate to work in a profession that enables us to impact people's lives every day. It is important to take the time to acknowledge this before leaving work to help us transition to living our best lives outside of work with family and friends.

### What's the most important quality you think a nurse needs in his/her career?

Curiosity is an important lifelong quality important to being a nurse. Intellectual curiosity drives us to continually learn how to better meet the needs of those for which we provide care. Curiosity helps us to learn about those around us; gaining a better appreciation for the challenges and the joys of our patients, our families and our coworkers. It may also drive us to take on a research study or to advance an evidence-based practice. Curiosity can take us to exotic lands on a vacation or to try a new role which allows us to use different strengths and skills. Curiosity keeps us fresh and focused on what can be.

## EXEMPLARY PROFESSIONAL PRACTICE

# BRING IT BEDSIDE: HAND OFF SIMULATIONS REDESIGN THE CARE EXPERIENCE

In November 2017, clinical nurses in shared governance councils requested simulation as an approach to improving and sustaining Bring it Bedside (handoff) communication. The request was presented to nursing leaders and to the Quality and Safety Experience Team (QSET). QSET is a group of families who have committed to partnering with Children's to improve care delivery. The QSET team joined together with nursing to play the role of family during simulations and to ensure the patient family voice was leveraged in debriefing and improvement of bedside handoff practice. Curriculum and simulation scenarios were developed to address each community's specific patient populations.

On designated shared governance days between July and October, unit councils participated in a Bring it Bedside simulation with QSET family advisors. A simulated patient care setting was used to practice the integration of family into the shift-to-shift report. Scenarios were tailored to each unit council's patient population. During the debriefing following each scenario, family advisors provided feedback and insight for nurse practice improvement. Nurse evaluations were positive and consistently identified the value of speaking with real family members about the importance of involving families in bedside report.

Nurse participants strongly agreed that simulation was helpful in practicing the delivery of bedside handoff of care in a realistic setting. Inpatient units participating in Bring it Bedside simulation demonstrated an improvement in patient family satisfaction scores in the categories of courtesy and respect, careful listening and care coordination. Bring it Bedside audits were conducted on inpatient units before and after the simulation experiences, measuring four elements of handoff. These elements included: the oncoming nurse introduced and name written on the white board, caregiver(s) invited into bedside report, both nurses assessed lines/tubes/devices, and plan of care reviewed and present on the white board. An improvement was seen in use of the communication board for participating units. Bring it Bedside simulation exemplified the core concepts of patient- and family-centered care: dignity and respect, information sharing, participation and collaboration. Implementing Bring it Bedside has redesigned the care experience for patients and families at Children's.



## QSET Family Advisor Reflections:

"I loved sharing in the simulation experience with nurses! It was especially meaningful when time provided to repeat the hand-off simulation after debriefing together. How powerful to watch nurses immediately implement patient family feedback in their hand off practice. The nurses also showed how deeply they care for patients — taking time in our experience together to ask about my daughter and showing genuine interest in my role as a Families as Partners volunteer. Thank you for the opportunity to be involved!"

"Participating in Bring it Bedside simulations has been one of my favorite opportunities in my role as a patient family advisor. Although we were performing, the patient family role in the simulation was well-defined and felt very natural. I would love to see hand-off simulations span to include multidisciplinary dynamics."

## EXEMPLARY PROFESSIONAL PRACTICE

# SKIN CHAMPION PLAYS KEY ROLE IN REDUCING PRESSURE INJURIES RELATED TO PERIPHERAL IVs



Once per month, Skin Champions perform an additional head-to-toe assessment on all patients in the hospital and discuss pressure injury prevention measures with their peers. During quarter 1 of 2018, an increase was noted in the organization's pressure injuries from peripheral IVs (PIV). The Skin Champions engaged peers in conversation on pressure injury prevention with PIVs and elicited feedback on barriers to securing peripheral IVs. The Skin Champion on 6th floor St. Paul, Courtney Kenefick, BSN, RN, discussed the prevention education and examples of properly taped PIVs to her peers. Nurses on all shifts from 6th floor St. Paul reported a lack of confidence in retaping PIVs and a fear of losing the PIV.

Courtney brought the nurse feedback to Marcy McCracken, 6th floor manager. Song Khang, BSN, RN, CPN, clinical educator, and Brittany Dahlen, BAN, RN, CCRN-K, CPHON, CPN, clinical education specialist, developed the curriculum for a simulation-based mastery learning (SBML) intervention to occur during education days.

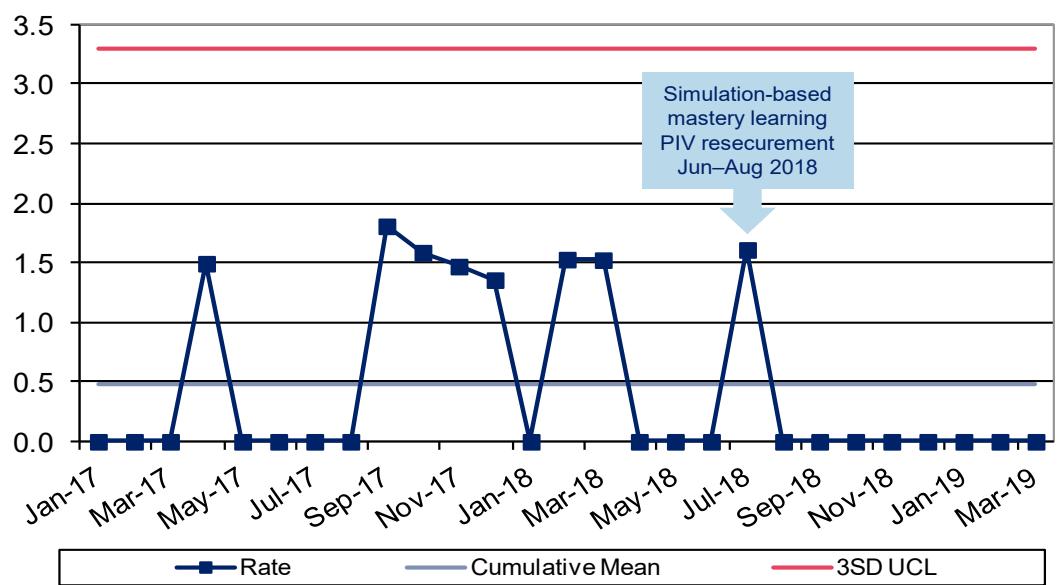
SBML is an educational methodology that has uniform outcomes with varying amount of time based on individual need. Nurses on 6th floor completed a baseline assessment on peripheral IV resecurement to identify opportunities for deliberate practice. Nurses were provided with additional deliberate practice opportunities, facilitated by nurse educators, until they were able to demonstrate mastery or the minimum passing standard for PIV resecurement. All 6th floor St. Paul nurses achieved mastery in PIV resecurement by end of quarter 3 2018.

In a post-simulation survey, nurses reported improved confidence in their ability to resecure a PIV and to utilize resources on the unit for this skill. Following completion of the SBML intervention, there have been zero pressure injuries related to peripheral IVs on the 6th floor in St. Paul.

## Hospital-Acquired Pressure Injuries (HAPI)

Rate per 1000 patient days

6th floor St. Paul (all stages), Vascular Access Related | Jan. 2017–March 2019



## EXEMPLARY PROFESSIONAL PRACTICE

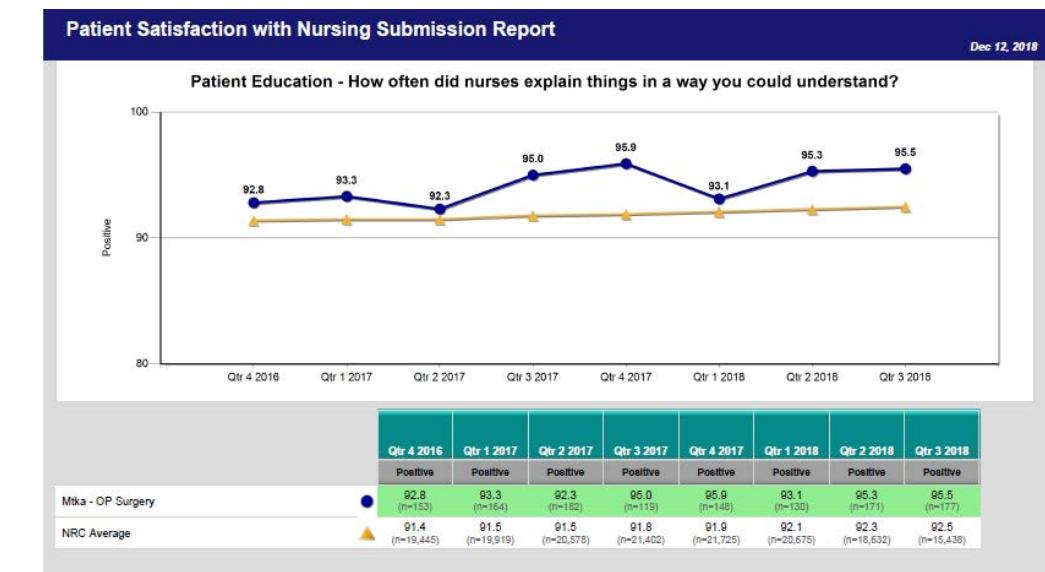
# MINNETONKA AMBULATORY SURGERY CENTER OUTPERFORMS ALL MAGNET CATEGORIES FOR PATIENT SATISFACTION

Results of patient satisfaction data from National Research Corporation (NRC) Health indicates Minnetonka Ambulatory Surgery outperforms national mean scores in all of the Magnet® categories: Pain, Patient Education, Responsiveness/Service Recovery, Safety, Care Coordination, Courtesy and Respect, Careful Listening and Patient Engagement.

Each quarter, a multidisciplinary team of Minnetonka (MTKA) staff and Children's leaders come together to discuss the MTKA Quality Assurance Performance Improvement (QAPI) initiatives. This group works closely with the MTKA unit council each month to identify opportunities, to honestly address barriers and truly evaluate performance as experienced by patients and families. The group carefully reviews the most current NRC patient satisfaction scores, performance improvement plan results, quality assurance measures and the employee engagement plan update. Three areas of focus are decided by the group and tracked. Staff consider ways to increase the scores in the focus areas and report the results quarterly.

Minnetonka surgery leaders ask staff to speak with intention and relevance, to listen with curiosity and to offer suggestions. Each member of the team matters and every voice is heard with respect for the learnings of all. Responsibility is shared, leadership rotates and reliance is on the wholeness of the group working together.

Jamie Reuvers, MSN, RN, CNOR, manager at MTKA states, "We seek to make meaningful changes to our patients and families experiences by inviting the entire team to ask for what they need to make positive changes. We do this by digging deep and challenging our assumptions. We make intentional changes to our practice by allowing each team member to contribute equally to the pool of shared meaning. We bring issues to the forefront during daily huddles, monthly staff meetings, unit council and the QAPI committee. Information is openly displayed on the unit dashboards. We seek to outperform and are motivated by our successes! As a leader, I ask that MTKA staff have unconditional, positive regard for patients, families and for one another. We are better able to serve the most amazing people on earth when we feel supported, nurtured and cared for by our team and its leadership!"



## EXEMPLARY PROFESSIONAL PRACTICE

# IMPROVING CARE FOR PATIENTS WITH AUTISM SPECTRUM DISORDER

The interdisciplinary Autism Steering Committee identified a high prevalence of autism at Children's Minnesota with insufficient opportunity for best practices and clinical strategies for patient support and care. The committee has taken responsibility for setting strategic objectives to support the implementation of best practices in the care of children with autism spectrum disorder (ASD). The initial focus was on inpatient education and resources for nurses. Through the last year the focus has expanded to ambulatory sites and the health care team.

One of the committee's goals is to increase autism awareness and knowledge. A recent survey, completed by 359 nurses, physicians and support staff, identified gaps in knowledge of recognition and characteristics of autism, competence in ability and knowledge to provide care, and barriers with lack of training and knowledge of best practices. To support the identified gaps, the committee has facilitated education and provided a sensory distraction toolkit. Ellie Wilson, executive director of the Autism Society of Minnesota, has conducted the classes with the objective to educate on ASD characteristics and best practices for management. The kit includes items to help reduce or increase sensory input based on individual needs. Kit contents can be used to enhance the Children's Minnesota visit for patients and families, leading to reduced anxiety and increased positive outcomes.

Children's Minnesota is committed to championing the health needs of children and families through high quality care and community collaboration. This mission is furthered by research, education, and innovation. The committee is grateful to the Children's Hospital Association for their generous support of this project.



## EXEMPLARY PROFESSIONAL PRACTICE

# PARTNERING WITH SCHOOL NURSE LEADERS TO IMPROVE PATIENT ASTHMA OUTCOMES

Children's Minnesota is in the second year of a two-year grant, funded through Kohl's Cares, to promote better health outcomes for children with asthma. In partnership with school leaders, this project has included implementing a number of strategies with a target of improving support in the management of asthma in the schools. Optimal management of asthma can be a critical aspect of a child's life. Kids who can breathe can improve attendance, participate in their education and ultimately succeed academically.

Licensed school health nurses experience a number of challenges in their efforts to help students effectively manage their asthma. Barriers exist for access to the student's medications, asthma action plan, provider orders, as well as tools to support student and parent health literacy in using the asthma action plan.

In the first year of the grant, Children's Minnesota partnered with the school nurse leaders to achieve key targets:

- A professional development conference on asthma management, use of the asthma action plan, assessment and pharmacology for licensed school nurses and school health assistants
- A webpage for school nurses including video segments of the January school nurse professional development conference
- Increased student access to spacers (Aerochambers) for effective use of meter dose inhaled medications while at school
- Remote access for pilot schools to the student's medical record for general pediatric patients with parent consent
- Assistance for the school nurse to obtain asthma action plans from Children's clinics
- Visual educational aides to promote an understanding of the use of the asthma action plan including which medication to use within each plan zone



Elementary school students visit their school health office for scheduled and unscheduled use inhalers, such as before gym class or when experiencing asthma symptoms. Data from the first school year of the Kohl's Cares grant from October 2017 to June 2018 demonstrated in one school a 42% decrease in unscheduled visits to the health office for unmanaged asthma symptoms.

In fall 2018, the second year of the grant, nurse volunteers from Children's supported 20 back to school events in Minneapolis and St. Paul schools. Nurses shared information with parents regarding supplies and information needed for the school nurse to optimally manage their child's asthma while at school.



## EXEMPLARY PROFESSIONAL PRACTICE

# CHILDREN'S EXPANDS CARDIAC SERVICES: HEART TRANSPLANT AND VENTRICULAR ASSIST DEVICES

Prior to 2018, children requiring advanced heart failure and heart transplant services were required to transfer to another facility. Shifting care further from home and away from their familiar Children's relationships was difficult. Children's was sending 10–12 patients to other facilities annually for transplant evaluation. In 2017, there were 431 pediatric heart transplants performed in the United States at approximately 50 pediatric heart transplant centers. Any pediatric heart transplant program performing more than ten heart transplants annually is considered a high-volume program. Children's Minnesota launched its heart failure and transplant program in 2018 and anticipates to perform 15 transplants annually.

In preparation to care for this challenging patient population, nurses in the cardiac intensive care unit received 16 hours of intensive training, covering all aspects of transplant. Didactic sessions were led by our transplant team, including advanced practice nurses. In addition, a select group visited Seattle Children's to learn from an existing transplant program. Clinical skills, procedures and operational recommendations were learned and applied. Multidisciplinary simulations were held focusing on caring for patients with ventricular assist devices (VADs). The sessions afforded nurses the opportunity to operate and troubleshoot the VAD.

The heart failure/heart transplant program received the required approval from the Organ Procurement and Transplantation Network (OPTN) in April 2018. With the OPTN approval, Children's Minnesota was able to list patients and perform heart transplants. Since the program went live in June, the heart failure heart transplant team has been evaluating heart failure patients and performed its first transplant in December. VAD placement has been an option for some patients waiting for transplant. The VAD improves the patient symptoms while waiting for transplant. Patients on a VAD generally do better with their transplant as general health and nutrition is improved, including the ability to participate in rehabilitation activities. Without VAD placement, some children would not survive to receive a heart transplant.

The next milestone for the heart failure heart transplant program is to receive Centers for Medicare & Medicaid Services (CMS) approval. Demonstration of several transplants, patient survival, and meeting CMS Conditions of Participation for transplant centers must be met. A site visit by CMS is also expected. Following CMS approval, Children's Minnesota will work toward a Center of Excellence status which will help provide more consistent reimbursement for heart failure and heart transplant services. Children's is proud of our commitment to put heart failure kids first.



## EXEMPLARY PROFESSIONAL PRACTICE

# CHILDREN'S SURGERY PROGRAM AWARDED LEVEL I VERIFICATION

Children's recently became the first Level I Children's Surgery Center by the American College of Surgeons Children's Surgery Verification Quality Improvement Program (ACS CSV) in the state of Minnesota. The verification includes all three campuses located in Minneapolis, St. Paul and Minnetonka, and is inclusive of 27 operating rooms and four suites. Level I is the highest level of distinction for hospitals performing complex surgical procedures in newborns, children and teens. Achieving Level I verification recognizes Children's Minnesota meets national quality and safety standards across the continuum of care.

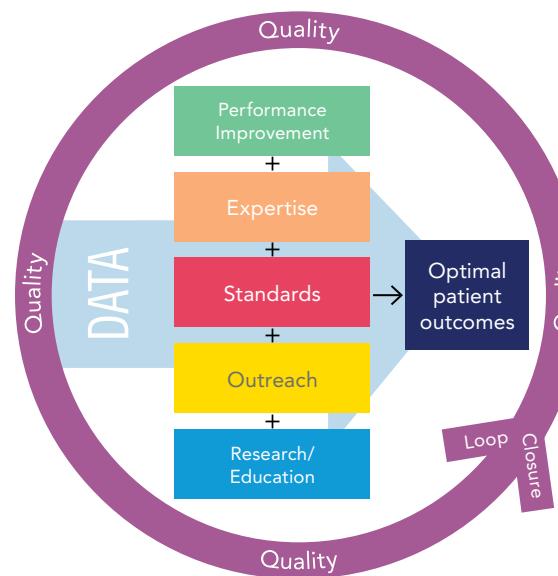
### Accomplishments in 2018 leading to Level I Surgery Verification status:

- Multidisciplinary performance improvement committee comprised of more than 40 members across the organization from over 30 specialties
- Monthly Perioperative Quality Conference with guest speakers and notable attendance record
- Identification and deployment of focused improvement projects rooted in Lean Six Sigma and Institute for Healthcare Improvement methodologies development of a data dictionary for events based on specialty subject matter expertise and national benchmark data
- Reviewed over 100 cases at PIPSQKS to identify improvement opportunities as a system to enhance care for kids
- Provided a verification "road show" in January 2018, with presentations to more than 500 colleagues via ten unique forums across the organization
- Met the three-year research requirement with one year's worth of publications
- Facilitated Morbidity and Mortality conference processes embedded across all surgical specialties
- Formed an outreach committee including representatives from disciplines across the organization
- Participated in nursing unit education days

### The site visit on November 19–20 was a positive experience.

- Four surveyors and two observers were sent by the ACS to verify Children's sites
- Nearly 20 interviews with specialty representatives and Children's leaders were conducted

- 1.5 days, three campuses, four OR suites, PICUs, simulation center, emergency rooms, radiology, chart review and review of on-site requirements



The surveyors completed the survey early due to the efficiencies the Surgery Program built into the survey agenda. Multiple compliments to the organization referenced how nursing staff, professional staff and care are integrated as a hospital within one department at separate campuses. There were multiple best practices identified.

The Children's Surgery Program demonstrated how Children's Minnesota puts kids first every day through performance improvement, data analysis, leveraging expertise, research and evidence-based practice across the care continuum.



## NEW KNOWLEDGE AND INNOVATIONS

# EVIDENCE-BASED PRACTICE PROGRAM

The evidence-based practice (EBP) scholar program was implemented in 2015 as a process to recommend practices found in the literature, using a variety of methods and models. Few projects were moved on to implementation. Magnet® recognition documentation of sources of evidence requires innovative nursing activities with baseline and post implementation measures to demonstrate the effectiveness of the practice change.

In February 2018, leaders of the nursing EBP and research activities attended the Advanced Practice Institute (API) in Iowa. The API is designed to assist clinical leaders to guide integration of evidence-based knowledge into practice. The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care® was determined to be used for full implementation of EBP projects. The Iowa Model is supported with strategies and tools for implementation of evidence-based practice (EBP) in complex health care systems. The Evidence-Based Practice in Action book provides guidelines and processes from project idea through full implementation and evaluation.

Recognizing the opportunities with full implementation of the Iowa Model, a proposal for revision of the EBP program was brought to nurse leaders by Lee Diedrick, MAN, RN-BC, C-NIC, clinical education specialist, neonatal; Jennifer Rivera, MSN, APRN, ACCNS-N, RNC-NIC, clinical nurse specialist, neonatal; and Kim Lorence, MS, RN, RN-BC, CPNP, clinical education specialist, medical/surgical.

### The approved proposal included:

- Implement the full Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care®.
  - University of Iowa Hospitals & Clinics faculty to conduct the Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice (API) at Children's Minnesota January 29–31, 2019
  - Project topics based on organizational priorities (strategic plan, new practices/guidelines, etc.) and obtained approval by the EBP steering committee and directors
  - 12 hours per month (after the API) of protected time for project leaders through full implementation and post data collection of the project
- Expand the knowledge of nursing leaders (directors, managers, CPDP) in EBP
  - Nurse leaders required to take the Iowa online EBP program
  - Know and understand projects in their care community; demonstrate support and encouragement, monitor progress

Fifteen projects have been approved for 2019 ranging from improving the patient experience to determining the best evidence to reduce neonatal bioburden. Project leaders will be collecting baseline measures, forming teams and reviewing the evidence for implementation of practice changes. The Iowa Model EBP process will allow nurses to assess research, clinical guidelines and other sources, and apply the results to practice changes.



20

## NEW KNOWLEDGE AND INNOVATIONS

# NURSES REDESIGN THE ECMO CARE EXPERIENCE

To protect patients from harm, traditional standard of care for pediatric extracorporeal membrane oxygenation (ECMO) patients was complete bedrest, mechanical ventilation and deep sedation. Yet, these therapies negatively affect nearly every body system. Muscle atrophy, cognitive decline and mental health impairment are consequences of immobility, mechanical ventilation and continuous sedation. Treatments intended to save a life also threaten it.

In 2014, two critical care nurses, Melanie Kuelbs, DNP, APRN, PCNS-BC, CCRN-K, and Lynn Orton, BSN, RN, CCRN-K, joined efforts to explore the possibility of keeping patients awake while on ECMO. As part of her DNP scholarly work, Kuelbs developed the program, and as ECMO coordinator, Orton advocated for implementation. Evidence demonstrated awake ECMO was safe and feasible in certain situations. A multidisciplinary plan of care for a child awake while receiving ECMO therapy at Children's Minnesota was developed and approved. Since 2014, education for awake ECMO is included in ECMO and critical care education.

Finding the certain situation for safe awake ECMO did not occur until 2018. An otherwise healthy teenager presented with a two-day history of a sore throat, cough and influenza B. She quickly deteriorated into septic shock. Aggressive resuscitation efforts of intubation, mechanical ventilation, vasopressors and fluids were not successful so the young girl was placed on ECMO. Her hospital course included 76 days on ECMO. On day 40, sedation was successfully weaned and she became more alert, interactive and very aware of her critical illness. Nurses were presented with a unique opportunity to care for an awake teen through her critical illness and complex interventions.

The first priority was to assess her psychological status to identify potential anxiety and depression. Providing education about her critical illness and treatment, in a supportive, caring way was key to the health care team. Nurses led the efforts to provide consistency in her care. Strategies included positioning equipment behind her and making staff visible to her. New faces and voices, large amounts of people in the room, and moving while on ECMO were frightening experiences. Nurses led the team creating an ECMO mobilization checklist, planning team interventions outside of the room and a communication plan. Timeouts were performed before major feats were attempted (sitting on the edge of the bed with ECMO, tracheostomy care, chest tubes and vascular access care). ECMO cannula securement was another source of anxiety. An ECMO nurse reviewed evidence-based practices and presented three different securement options. Pros and cons of each were discussed with the child and parent and a shared decision was reached.

It was important to allow the patient and her family to be equal partners in care, allowing as much autonomy as possible. RNs placed a clock where the patient could easily see it. The patient's mother would help fill out a daily schedule and post next to the clock. The schedule included privacy — important to an adolescent. FaceTime was used to show and explain how the ECMO circuit worked. The patient also participated in multidisciplinary rounds through FaceTime.

Nurses identified challenges, attended team care meetings and case reviews and partnered with other disciplines, the child, and her family to learn and individualize her plan of care. PICU and ECMO RNs were innovative demonstrating a high quality of patient- and family-centered care. The young patient was discharged to her home 24 days after ECMO was discontinued and has now returned to normal school and personal activities.

This case clearly demonstrates awake ECMO is not only feasible and safe but what is best for patient outcomes. Nurses gave the teenager and mother knowledge and a voice, and advocated for their active participation in her care, resulting in an amazing outcome.

## NEW KNOWLEDGE AND INNOVATIONS

# RESEARCH FELLOWS PROGRAM

The Research Fellows program provides clinical nurses and allied health professionals the opportunity and skills to conduct a research pilot study over 12 months. In 2018, nurses and allied health increased their knowledge of the research process through education facilitated by Judith Lambton, EdD, MS, RN, nurse scientist, and Kim Lorence, MS, RN, RN-BC, CPNP, clinical education specialist.

Novice researchers learned how to identify, develop and state aims, hypotheses and/or research questions, development methodology and measurement to determine study feasibility, select appropriate study design and statistical analysis, develop subject consents, apply protection of human subjects and the process for Institutional Review Board submission. Guided through the research process, four pilot studies were conducted and results shared with nurses at the December Nurse Executive Council.

Jamie Heil, BSN, RN, CCRN	An analysis of discharge process and outcomes in children with tracheostomies
Natalie Lu, MSN, RN, and Terry Schepers, BSN, RN	Peer influence on the culture of safety
Kayla Shafer, MA, MT-BC	Perceptions, experiences, and utilization of music therapy by NICU staff: A mixed methods approach
Chris Willette, BSN, RN, CCRN	The use of simulation and deliberate practice for administration of epinephrine, effective chest compressions and other life-saving skills in a cardiac arrest simulation scenario



## NEW KNOWLEDGE AND INNOVATIONS

# CERNER CLINICAL DOCUMENTATION MODERNIZATION AND CLAIRVIA PATIENT ACUITY

The Clinical Documentation Modernization (CDM) project was started to improve the quality of charting, reduce time spent in the chart and eliminate duplicate documentation. Informatics nurses, clinical nurse SMEs (subject matter experts), clinical nurse specialists, and clinical education specialists, drove the process to determine required documentation components. The CDM work drove a review of assessment practices which resulted in a significant revision of the Assessment Nursing Standard. Narrative documentation practices were also enhanced through definition and education of flagged, event and summary notes. Outcomes of the CDM included reduction of free text, streamline and reduction of powerforms, increase in data elements documented within one hour and reduction in time spent in the EMR. A governance structure — to ensure ongoing efforts of modernization — include the CNO, patient care directors, senior director of CPDP, senior director of quality and safety, integration and applications, nursing informatics, project manager, Clairvia administrator, HIM and compliance.

With documentation optimized, a patient acuity system, Clairvia was implemented. Clairvia is a tool used to generate a patient acuity score, calculated from documentation in the medical record and applied to create patient assignments to the nurse. The system also provides leaders with tools to track staff utilization and acuity trends. Acuity scores are calculated based on real-time documentation. Timely, accurate clinical documentation is essential for capturing the full acuity score. The acuity score is one tool for charge nurses to take into account when making patient assignments. Following go-live on July 24, acuity trends have been reviewed and validated by designated patient outcomes experts. Analysis has identified opportunities to improve identified documentation gaps to confirm a comprehensive patient acuity.



## RECOGNITION AND AWARDS

# NURSING SCHOLARSHIPS

The Nursing Scholarship program is generously sponsored by the Professional Staff and awarded through the Professional Development Nursing Shared Governance Council. In 2018, the Professional Development Council facilitated the scholarship review process and awarded 45 scholarships totaling \$37,867.66. Fourteen scholarships (\$21,000.00) were given for tuition reimbursement, 15 scholarships (\$14,604.00) for conference attendance to enhance knowledge base and enrich nursing practice at the bedside, and two scholarships (\$2,083.66) were awarded for review seminars for new certifications or contact hours necessary to support maintenance of current certifications. The scholarships helped achieve nursing's goal to increase the number of baccalaureate nurses and specialty nursing certification.

**Below are the 2018 Nursing Scholarship award recipients and funds distributed over the last four years:**

Terry Aske, NICU Minneapolis  
 Melissa Biescher, CVICU Research  
 Anna Case, CC Float  
 Traci Christianson, NEO Float  
 Abbie Dalbec, NICU Minneapolis  
 Shannon Diers, NICU Minneapolis  
 Heidi D'Kae, Float Team Neo  
 Kim Franklin, CVICU  
 Jennifer Gergen, Casual  
 Laurie Gray, Apnea  
 Michelle Hall, NICU Minneapolis  
 Lisa Hatle, Minneapolis SCN  
 Jessica Isaac, NICU Minneapolis  
 Vikki Janssen, SPS Minneapolis  
 Christine Johnson, NICU St. Paul  
 Ashley Johnson, Lactation  
 Cassandra Johnson, Quality and Patient Safety  
 Philip Johnson, Float Team PICU  
 Tamara Koth, 7th floor Minneapolis

Brianna McMichael, Research Institute  
 Janice Messerschmidt, SCN  
 Katharine Misk, Case Mgmt ED  
 Jenna Morrow, Float CSA  
 Cheryl Mosisa, NICU St. Paul  
 Jodi Parel, SCN  
 McCartney Renn, NICU St. Paul  
 Kathryn Robbins, 7th floor Minneapolis  
 Denise Rucker, SPS Minneapolis  
 Lindsay Schipper, CPDP  
 Mary Schwartz, NEO Float  
 Amber Shannon, PACU  
 Kristin Swartz, Float med/surg  
 Bonita Tersteeg, NICU  
 Tamara Trevena, NICU Minneapolis  
 Becky VonBank, CC Float  
 Jessica Yang, Float Team Neo

	2015	2016	2017	2018
Tuition reimbursement	\$21,208	\$30,371	\$20,642	\$21,000
Conference attendance	\$17,292	\$14,704	\$17,965	\$14,604
Research	-	-	\$1,056	-
Certification	-	-	-	\$2,084
<b>Total Amount Awarded</b>	<b>\$38,500</b>	<b>\$45,076</b>	<b>\$39,663</b>	<b>\$37,868</b>
<b>Total Number of Scholarships</b>	<b>32</b>	<b>39</b>	<b>43</b>	<b>45</b>

## RECOGNITION AND AWARDS

# 2018 PROFESSIONAL ACHIEVEMENTS

## New Nursing Certifications in 2018

### Acute/Critical Care Nurse (CCRN)

Anderson, Brea  
 Bailey, Christopher  
 Beckman, Alexandra  
 Bye, Mary  
 Flattum, Melaina  
 Gotto, Christy  
 Hagen, Sally  
 Harvey, Suzanne  
 Iskierka, Wendi  
 Janovick, Gabrielle  
 Jenkins, Jamie  
 Lovern, Sarah  
 Nellis, Brady  
 Nguyencong, Mary  
 Ojoyeyi, Feyisayo  
 Petrangelo, Lisa  
 Renn, McCartney  
 Rhiel, Cassidy  
 Scislow, Rachael  
 Venne-Roy, Emilie  
 Wiplinger, Sara  
 Wrobleksi, Rachelle

### Acute/Critical Care Nurse – Knowledge Professional (CCRN-K)

Dahlen, Brittany

### Board Certified Nurse Executive (NE-BC)

Drake, Gloria  
 Penson, Kathleen

### Board Certified Pediatric Nurse (RN-BC)

Cotterell, Michelle

### Board Certified Perioperative Nurse (CNOR)

Bender, Stephanie  
 Henningsen, Macy

### Certified Nurse Manager and Leader (CNML)

Martin, Karen

### Certified Pediatric Emergency Nurse (CPEN)

Buetow, Sharyl  
 Clinton, Laura  
 Logid, Janet  
 Miller, Jane  
 Sherek, Andrea  
 Today, Erin

### Certified Pediatric Hem-Onc Nurse (CPHON)

Bevers, Erin  
 Glennon, Joan  
 Hart, Nicole  
 Johnson, Cassandra  
 Purdie, Susan

### Certified Pediatric Nurse (CPN)

Albert, Jacqueline  
 Antonova, Khrystyna  
 Auran, Karen  
 Berghoff, Kristin  
 Boelter, Monica  
 Boes, Mary Ann  
 Boland, Margaret  
 Buetow, Sharyl  
 Chen, Angela  
 Cotterell, Michelle  
 Daly, Kerry  
 DeCenzo, Meghan  
 Fenske, Naomi  
 Garrett, Tracy  
 Gustafson, Emily  
 Haley, Sara  
 Johnston, Amine  
 Jurek, Kourtney  
 Keefer, Katie  
 Koll, Melisa  
 Levang, Reve'  
 Loher, Kathleen  
 Machones, Emily  
 Melin, Amanda  
 Pearson, Celia  
 Peterson, Mallory  
 Rhiel, Cassidy  
 Schenkl, Katrin  
 Scislow, Rachael  
 Strommen, Rebecca  
 Villagracia, Lynn  
 Volk, Elisa  
 Wiksten, Karin Lina  
 Wilcox, Kailyn  
 Youngerberg, Meghan  
 Zerwas, Lorinda

### Clinical Nurse Leader (CNL)

Rondou, Austin

### Lactation Consultants Examiner (IBCLC)

Kolling, Traci  
 Tocko, Katherine

**Low Risk Neonatal Nurse (RNC-LRN)**  
Bice, Bonita  
Coates, Kathleen  
Matthews, Debra  
Murray, Kayla  
Nguyencong, Mary  
Pekarek, Kamma  
Petermeier, Emily  
Schrafft-Barber, Beth  
Schwartz, Mary  
Thao-Vang, Ah  
Tupy, Jessica  
Vold, Patricia

## Advanced Degrees Received

### Bachelor's Degree in Nursing (BSN)

Abdi, Abdirahman  
Akehurst, Stephanie  
Arnold, Laura  
Berner, Stephanie  
Bratten, Kylie  
Burton, Ava  
Claxton, Michelle  
DeCourcy, Ashley  
Elgard, Chase  
Fricke, Gayle  
Jamieson, Sara  
Johnson, Philip  
Khang, Song  
Kozak, Abielle  
Mattson, Natalja  
Riley, Erin  
Rodby, Krista  
Schlosser, Kristin  
Schmidt, Natalie  
Schult, Cynthia  
Semrad, Kristina  
Shannon, Amber  
Swanson, Shannon  
Tersteeg, Bonita

## Regional and National Conference Podium Presentations

**Adriene Thornton RN, MA, CIC**  
*The Trifecta of Collaboration: Working together to improve patient outcomes*  
Infusion Nurses Society Conference, 2018

*Prevention of Central Line Associated Infections, Central Line Insertion Bundle, Surgical Site Infection Prevention Live from the OR and Weeklong in person Infection Prevention Consultation*  
Children's HeartLink International Meeting, June 2018, Sao Paolo, Brazil

### Master's Degree in Nursing (MSN)

Bossman, Jessica  
Braband, Gianna  
Fleming, Shayna  
Hansing, Melissa  
Hussein, Ikran

### Doctor of Nursing Practice (DNP-PNP)

Morrell, Kelli

### Neonatal Intensive Care Nurse (RNC-INC)

Nguyencong, Mary  
Olson, JoAnne

### Neonatal Nurse Practitioner (NNP)

Braband, Gianna

### Pediatric Nurse Practitioner (PNP)

Hussein, Ikran  
Morrell, Kelli  
Willson, Chelsea

*Protecting the Most Vulnerable. Pressure Injury Prevention and Developmental Care in the NICU and PICU*

European Pressure Ulcer Advisory Panel, September 2018, Rome, Italy

*Pressure Ulcers and spina bifida in the pediatric patient* (with Adam Lokeh, MD)

European Pressure Ulcer Advisory Panel, September 2018, Rome, Italy

### Anna Hoffman APRN, CNP

*The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

### Anne Boisclair-Fahey DNP, APRN, CNP

*Mitrofanoffs, MACEs and Bladder Augmentations (Oh My!); Tips and Tricks to Manage the Problems*  
Upper Midwest Chapter of the Society of Urologic Nurses and Associates (SUNA) Spring Seminar March 2018, Bloomington, MN

*Working with Advanced Practice Providers*  
Minnesota Urologic Society Spring Seminar April 2018, Minneapolis, MN

### Barb Symalla APRN, CNS

*Opioid and Benzodiazepine Tapers: Recognizing and Avoiding Withdrawal*  
International Pain Master Class, June 2018, Minneapolis, MN

*The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

### Bethaney Kaye DNP, APRN, CNP

*BAMM4 Kids* (with Kathleen Farah, MD, and Laura Beck)  
Academy of Integrative Medicine Annual Conference, September 2018, San Diego, CA

*The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

### Brittany Dahlen BAN, RN, CCRN-K, CPHON, CPN

*Simulation Based Mastery Learning: Central Venous Line Dressing Changes*  
International Pediatric Simulation Symposia and Workshop, May 2018  
Amsterdam, Netherlands

*Getting to the Points! Scripted Debriefing*  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

*Debriefing Skills for Bedside Staff after critical events*  
International Pediatric Simulation Symposia and Workshop, May 2018  
Amsterdam, Netherlands

### Denise Rucker BSN, RN, VA-BC

*Ultrasound and PICC Tips*  
AVA Conference Pediatric Pre-meeting Course, September 2018

### Donna Eull MA, RN

*Using the Comfort Promise to Calm Sick Kids* (with Cassandra Wilke, CLS)  
WI Indianhead Technical College conference, March 2018, Rice Lake, WI

### Erica Cooper BSN, RN-BC

*Transition to Practice: An Interprofessional RN + RT Residency Program* (with Michelle Dilley, MBA, and Alicia Rummel BS, RRT-NPS)  
St. Catherine University Education Summit, April 8, 2018, St. Paul, MN

**Heidi Shafland MSN, APRN, ACCNS-P, CCRN-K**  
*Osteopenia: An Unusual Pediatric Diagnosis*  
National Association of Clinical Nurse Specialists National Conference, March 2018, Austin, TX

### Jennifer Boe BSN, RN, PHN, CIC

*Are you ready for a measles outbreak?*  
South Central Healthcare Coalition Emergency Preparedness Conference, May 2018, Mankato, MN

*Are you ready for a measles outbreak? Lessons learned from Children's Minnesota*  
Ann and Robert H. Lurie Children's Hospital site visit and consultation, Sept. 7, 2018

*ED and Infection Prevention Partnership*  
APIC Convention, June 2018

*From Cowboys to Collaborators: Building a Partnership Between Infection Prevention and the Emergency Department*  
AOUC National Conference, Minneapolis, MN, June 13, 2018

*From Cowboys to Collaborators: Building a Partnership Between Infection Prevention and the Emergency Department*  
2018 National APIC Conference, June 2018, Minneapolis, MN

**Are you ready for a measles outbreak?**  
Southeast Minnesota Disaster Health Coalition Symposium, October 9, 2018, Rochester, MN

**Jill Cambell RN, CDE**  
*Diabetes Technology Update and Devices in the School Setting*  
School Nurse Conference, November 2018

**Karen Mathias MSN, RN, PCNS-BC**  
*Pedi-SimWars: a simulation-based competition between teams of clinical providers*  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

**Managing an Office Emergency: The First 5 Minutes**  
(with Manu Madhok, MD, and Samreen Vora, MD)  
MN AAP 2018 Hot Topics in Pediatrics Conference, May 2018, St. Paul, MN

**Getting to the Points! Scripted Debriefing**  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands  
*Debriefing Skills for Bedside Staff after critical events*  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

**Katie Penson MBA, BSN, RN, NEA-BC**  
*Managing ED Boarders*  
Children's Hospital Association 2018 ED Directors Forum, October 2018

**Kerry P. Appleton MAN, RN, CCRN-K**  
*Debriefing Skills for Bedside Staff Following Critical Incidents*  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

**Lindsay Schipper MA, RN-BC, NE-BC**  
*Transition to Practice: An Interprofessional RN + RT Residency Program* (with Michelle Dilley, MBA, and Alicia Rummel BS, RRT-NPS)  
St. Catherine University Education Summit, April 8, 2018, St. Paul, Minnesota

**Marcy McCracken, MBA, BSN, RN**  
*The Role of Quality/Safety Coaches and Bedside Culture of Safety*  
National Patient Safety Foundation/Institute for Healthcare Improvement Patient Safety Congress, May 2018

**The Role of Quality Safety Coaches in Advancing a Culture of Safety at the Bedside**  
Institute of Health Care Improvement/National Patient Safety Foundation, May 2018

**Mary Koolmo, APRN, CNP**  
*Pre-Participation Screening in the Young Athlete: Cardiac Risk and Concussion Management*  
2018 MAFP Spring Refresher Conference, April 2018, St. Louis Park, MN

**MaryKay Farrell, RN-BC**  
*Nitrous Oxide Administration*  
Lakewood Health Systems, June 2018, Staples, MN

**Nitrous Oxide**  
Society of Pediatric Sedation, May 2018, Atlanta Georgia

**Maura Fitzgerald, APRN, CNS**  
*Pediatric Integrative Nursing Course: The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

**Meg Goris, APRN, CNP**  
*The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

**Meghan Robinson-Schacht, APRN, CNP**  
*The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine*  
International Pain Master Class, June 2018, Minneapolis, MN

**Melissa Hamlin MSN, RN-BC, CPPS**  
*The Role of Quality/Safety Coaches and Bedside Culture of Safety*  
SPS Regional QI Conference, May 2018

**The Role of Quality Safety Coaches in Advancing a Culture of Safety at the Bedside**  
Institute of Health Care Improvement/National Patient Safety Foundation, May 2018

**Patsy Stinchfield MS, APRN, CPNP, CIC**  
*How PNPs Can Lead, Inspire and Care for Children*  
National Association of Pediatric Nurse Practitioners conference, March 2018, Chicago, IL

**Closing Plenary Session: "How PNPs Lead, Inspire and Care for Children in a time of Crisis"**  
National NAPNAP Annual Conference, March 2018, Chicago, IL

**Vaccine Preventable Diseases in Relocated Populations: Measles Outbreak in Somali Minnesotans**  
National Foundation for Infectious Diseases Annual Conference on Vaccine Research, April 2018, Bethesda, MD

**Are you Ready for Measles? Lessons learned from the 2017 Minnesota Measles Outbreak**  
Vermont State Immunization and Annual Infectious Disease Conference, May 2018

**Vaccinating Health Care Professionals, Combination Vaccines, Measles round table, and multiple session Moderator including ACIP Update**  
National Foundation for Infectious Disease Conference, May 2018, Washington D.C.

**Culture of Safety, Surgical Site Infection Prevention, HRO and culture of safety for Peds CV providers, week-long in person consultation CV ICU Infection Prevention**  
Children's HeartLink International Meeting, June 2018, Sao Paolo, Brazil

**The Burden of Influenza on American Children, a View from the ACIP, Advisory Committee on Immunization Practices**  
European Scientific Working Group Meeting, September 2018, Luevan, Belgium

**Measles: When an Infectious Disease Brings Light to a Community and its Unique Culture**  
Washington State Immunization Conference, Plenary Speaker, October 2018, Wenatche, WA

**Women's Role in 125 Years of Infectious Diseases**  
The Thursday Club, Minnesota Women's Historical Club 125 Year Anniversary Speaker, November 2018, Mendota Heights, MN

**Vaccinating Health Care Professionals, Combination Vaccines, Measles round table, and multiple session Moderator including ACIP Update**  
National Foundation for Infectious Disease National Conference, November 2018, Bethesda, MD

**Stopping the Whoop: When will Pertussis Vaccine Improve & As the Experts Anything Panel Discussion**  
Infectious Disease in Children, NYC Annual National Conference, November 2018, New York, NY

**Panel Discussion About Talking to Families about Vaccines including Meningitis B**  
National Meningitis Association Summit, June 2018, New York, NY

**Vaccinating Healthcare Professionals**  
Webinar: National Foundation for Infectious Diseases

**Talking to Parents About Flu Vaccine**  
Webinar: National Foundation for Infectious Diseases, December 2018

**Renee Sanders, MSN, RN**  
*ED and Infection Prevention Partnership*  
APIC Convention, June 2018

**From Cowboys to Collaborators: Building a Partnership Between Infection Prevention and the Emergency Department**  
AOUC National Conference, June 2018

**Managing ED Boarders**  
Children's Hospital Association 2018 ED Directors Forum, October 2018

**Sandra Hoffman, MS, RNC-EFM**  
*Hot Topics in Obstetrics 2018: Keeping patients safe*  
44th Annual Fall Conference: Minnesota Perinatal Organization, September 2018, Brooklyn Park, MN

**Sarah Thu, APRN, CNP**  
*Tips on How to Approach Treatment of Adolescents with Chronic Pain from an Interdisciplinary Team Perspective*  
Minnesota Psychological Association, 2018

**The Role of the Advanced Practice Nurse in Pain, Palliative Care and Integrative Medicine**  
International Pain Master Class, June 2018, Minneapolis, MN

**Pediatric Pain Management: Primary Care Opioids Versus No Opioids, Acute Versus Chronic Pain**  
NAPNAP: Minnesota Chapter Spring 2018 Conference

**Scott Elsbernd, MS, RN-BC, PHN**  
*Managing ED Boarders*  
Children's Hospital Association 2018 ED Directors Forum, October 2018

## Suzanne Nelson MSN, RN, PCNS-BS

Simulation-Based Pediatric Education for Emergency

Responders (SPEER)

WI Indianhead Technical College conference,

March 2018, Rice Lake, WI

Debriefing Skills for Bedside Staff Following Critical Incidents

International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

Getting to the Points! Scripted Debriefing  
International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

## Regional and National Poster Presentations

### Brittany Dahlen BAN, RN, CCRN-K, CPHON, CPN

Simulation Based Mastery Learning: Competency Training in Central Venous Line Dressing Changes with Nurses in the Pediatric Cardiovascular Intensive Care Unit

Society of Pediatric Nurses 28th Annual Conference, The Pinnacle of Pediatric Care, Denver, CO, April 2018

### Brittany Dahlen BAN, RN, CCRN-K, CPHON, CPN

Simulation Based Mastery Learning: Retention of Central Line Maintenance Skills

International Pediatric Simulation Symposia and Workshop, Amsterdam, Netherlands, May 2018

## Publications

Dahlen, B., Finch, M., & Lambton, J. (2019). Simulation-Based Mastery Learning for Central Venous Line Dressing Changes. *Clinical Simulation in Nursing*, 27, 35–38. <https://doi.org/10.1016/j.ecns.2018.10.010>

Greenbaum, V. J., Livings, M. S., Lai, B. S., Edinburgh, L., Baikie, P., Grant, S. R., ... & Kas-Osoka, O. (2018). Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings. *Journal of Adolescent Health*, 63(6), 745-752.

Gooden, C. K., Lowrie, L., & Jackson, B. F. (Eds.). (2018). *The Pediatric Procedural Sedation Handbook*. Oxford University Press., Nitrous oxide;314-321 Farrell, M.K.

Hester, G., Nickel, A., LeBlanc, J., Carlson, R., Spaulding, A. B., Kalaskar, A., & Stinchfield, P. (2018). Measles Hospitalizations at a United States Children's Hospital 2011-2017. *The Pediatric Infectious Disease Journal*.

Rushton, C. H., Kurtz, M., Appleton, K. P., Nelson, S., & Wedlund, S. (2018). Distress debriefings after critical incidents: A pilot project. *AACN Advanced Critical Care*, 29(2), 213–220. <https://doi.org/10.4037/aacnacc2018799>

### Debriefing Skills for Bedside Staff after critical events

International Pediatric Simulation Symposia and Workshop, May 2018, Amsterdam, Netherlands

### Terry Schepers BSN, RN

The Role of Quality/Safety Coaches and Bedside Culture of Safety  
SPS Regional QI Conference, October 2018

### Theresa Duffy-May BSN, MA, RN

Advancing Analytics: Integrating Clinical and Claims Data to Improve Population Health.  
Lessons from Children's Minnesota, June 2018, Brooklyn Park, MN

## RECOGNITION AND AWARDS

# EXTERNAL AWARDS AND RECOGNITION

### Children's Minnesota receives Magnet® recognition for nursing excellence

Excellence. Innovation. Teamwork. Passion. These are some of the words nurses at Children's Minnesota use to describe what it means to earn Magnet® recognition from the American Nurses Credentialing Center (ANCC). Considered the gold standard in nursing excellence, Magnet designation recognizes quality patient care, nursing excellence and innovations in professional nursing practice.

"Receiving Magnet designation is a reflection of the talent and knowledge of our nurses, and the excellent patient care every Children's Minnesota employee provides to kids and families," said Pamala VanHazinga, chief nursing officer and vice president patient care services at Children's Minnesota. "It's an honor to be recognized for our commitment to high-quality care and innovation, but also for the remarkable work environment we provide for our nurses."

Currently, only eight percent of U.S. health care organizations out of over 6,300 U.S. hospitals have achieved Magnet recognition. To achieve Magnet designation, organizations must pass a rigorous and extensive process, requiring multidisciplinary participation from leadership and staff. The Magnet designation is granted for four years.

ANCC evaluates organizations seeking Magnet recognition, determining how well organizations perform in the five foundations of the Magnet Model, which correlate to global issues in nursing and health care. ANCC looks at the degree to the organization:

- Transforms the organization to meet changing needs
- Empowers staff members and prepare them to face all challenges
- Promotes exemplary professional practice
- Fosters innovation within staff knowledge, clinical practice and systemic improvements
- Measures and evaluates outcomes throughout the entire organization

"The journey to Magnet has taken years of dedication and hard work from teams across our organization," said Rachael Lamsal, MSN, RN, NE-BC, clinical excellence program manager at Children's Minnesota. "Our Magnet designation continues to push us to re-evaluate our strengths and opportunities for improvement so we can continue to provide remarkable patient care, but also foster a collaborative, empowering culture where each nurse can operate at the top of his or her license."

"The excitement of attaining our first Magnet designation was contagious among all who attended this year's ANCC Magnet Conference in Denver, Colo. Everyone joined together for fun dinners, attended breakout sessions pertaining to numerous areas of nursing expertise and took the role of cheerleaders on stage before 10,224 nurses internationally as we represented Children's Minnesota during the awards ceremony. Our blue vests and blue sunglasses set the stage as we jumped for joy and cheered for all the nurses we represented! The experience was something I'm so proud to have been a part of and will always remember the conference as a nursing career highlight."

– Jeannie Dassenko, MA, BSN, RN, CPNP

"First and foremost, the National Magnet Nursing Conference is the nursing conference that I recommend that all nurses must attend at least once in their nursing career. It is not only full of interesting and innovative topics that nurses are doing nationally, but it is also done with such flare and fun... There were a plethora of concurrent sessions available that I wished I could have cloned myself and attend several at a time. The sessions that I attended were about inpatient process workflow, multiple modalities in simulation, producing high-quality preceptors, creating a safety culture, fostering a culture of ethical practices and learning about caring science based on the Jean Watson's caring theory. There were many good ideas I wish to implement all of them right now!"

– Song Khang, BSN, RN, CPN



In celebration of designation, nurses from Children's Minnesota attended the National Magnet® Conference in Denver, Colo.

## Awards

### DAISY Award Winners

The DAISY Award is a nationwide program rewarding excellence in nursing. Created by the DAISY Foundation, the award recognizes the clinical skills, extraordinary compassion and care exhibited by nurses every day. The award is given to an outstanding nurse at Children's Minnesota and in more than 200 hospitals across the United States. The DAISY Award recipient is recognized at a public ceremony and receives a framed certificate, a DAISY Award signature lapel pin and a hand-carved stone sculpture entitled "A Healer's Touch."

- Ava Burton, RN; 6th floor, St. Paul
- Bonnie Bice, RN, CCRN, RNC-LRN; Minneapolis Special Care Nursery
- Grace Watson, BSN, RN; Mercy Special Care Nursery
- Jenni Kimbler, RN; Home Care

### WCCO Radio

Sandy Ludvik, RN, Good Neighbor Hall of Fame Award

### 2018 MNA Convention

- Sandy Abraham, RN, MNA convention Mentorship Award
- Michael Scribbner-O'Pray, RN, CPEN, MNA convention Nurse Researcher Award
- Deb Haugen, RN, MNA convention President's Award

### Minneapolis.St. Paul Magazine 2018 Outstanding Nurses

- Janyce Majkozak, BSN, RN, 2018 Outstanding Nurse Award in Outstanding Nurse in a Clinic Setting
- Natalie Wilson, RN, 2018 Outstanding Nurse Award in Intensive Care

### Association of Professionals in Infection Control

Patsy Stinchfield, APRN, MS, CPNP, CIC, Association for Professionals in Infection Control and Epidemiology's "Heroes of Infection Prevention 2018" for Measles Outbreak Response

### European Pressure Ulcer Advisory Panel

Deanna Johnson, APRN, NNP-BC, CWON, European Pressure Ulcer Advisory Panel and Bambino Gesu Pediatrics' Award for Significant Research/Clinical Work Done in the Field of Pressure Ulcer Prevention and Treatment for Neonatal and Pediatric Patients

### Earl E. Bakken Medical Devices Center

Amy Hoelscher, DNP, RN, innovation fellow at Earl E. Bakken Medical Devices Center

### March of Dimes 2018 Nurse of the Year Award Finalists

- Ann Marie Nie, FNP-BC, CNP, APRN, CWOCN March of Dimes 2018 Nurse of the Year Award Finalist: APRN
- Kerry Daley, MN, RN, CPN March of Dimes 2018 Nurse of the Year Award Finalist: Rising Star
- Leah Mahoney, MSN, RN, CCRN March of Dimes 2018 Nurse of the Year Award Finalist: Neonatal RN





**Children's**  
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