



**2021 NURSING  
ANNUAL REPORT**

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## MESSAGE FROM TAMMY



Welcome to the Children's Health<sup>SM</sup> 2021 Nursing Annual Report.

Reflecting on an extraordinary year filled with challenges, triumph and perseverance, Children's Health nurses exemplified our values and boldly advanced professional nursing excellence. With gratitude and admiration, I proudly present the 2021 Nursing Annual Report, which celebrates the countless contributions of our nurses who are the heart of Children's Health.

In pursuit of our fourth Magnet designation, this report reflects exemplars of transformational leadership, structural empowerment, exemplary professional practice, nursing science and innovation. Our commitment to exceptional care has resulted in nurse-led improvements in hospital-acquired conditions, the transformation of evidence-based nursing practice and the creation of innovative approaches to nursing care delivery that improve care for children across the continuum.

Despite the barriers presented by the pandemic, nurses created new ways to collaborate, connect and elevate their voices through shared governance councils. We extended our reach for recruiting top nursing talent through supportive programs for new and experienced nurses and by expanding our ability to utilize our nurses beyond the bedside. Our nurses led numerous quality and safety efforts, improving patient outcomes, enhancing the patient and family experience and prioritizing nurse well-being through peer support and resilience programs.

Building on our success, we are evolving a nursing strategy to prepare the future nursing workforce, transform nursing practice, advance professional nursing excellence and define the future role of nurses to best serve our community and beyond. As we celebrate the past year, we also look forward to our future, exploring how nurses will continue to impact the health and well-being of our community and make life better for children.

With great pride and optimism,

A handwritten signature in white ink that reads "Tammy". The signature is fluid and cursive, with a large loop at the end.

**Tammy R. Webb, Ph.D.(c), MSN, RN, NE-BC**

Executive Vice President

Chief Nurse Executive

## 2021 BY THE NUMBERS



**2,140**  
nurses



**146**  
departments

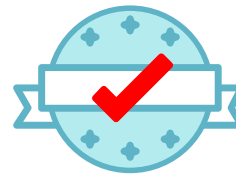


**12y**  
average nurse  
leader tenure

**8y**  
average RN  
tenure



**4.2**  
overall RN  
satisfaction  
score



**47%**  
certified nurses  
(nurses with specialty  
certification)



**96%**  
of direct-care  
nurses have  
BSN or higher  
degrees



**54**  
Nursing  
Awards



**3**  
Magnet  
Recognitions



**13**  
Nursing Research  
Studies



**15**  
Nursing  
Publications

## TRANSFORMATIONAL LEADERSHIP

Across our system, nurses inspire their colleagues and motivate their teams to continue achieving exemplary outcomes. By modeling actions that are consistent with the mission and vision of Children's Health, our nurse leaders guide and empower clinical decision-making across the organization by aligning all initiatives with the strategy and priorities of our organization.

Our nursing strategic plan, which contains goals and tactics that cascade from the overarching organizational strategy, is arranged into five sections:

1. Promoting and advancing the role of the nurse
2. Preparing the future nursing workforce
3. Transforming nursing practice
4. Advancing professional nursing excellence
5. Fostering a culture of clinical inquiry.

In 2021, we continued working to optimize our leadership roles to promote greater engagement, increased retention and ongoing professional development of our nurses. Focused on strengthening connections and communication, we sought feedback from all nurses and bolstered our communication strategy to better promote and advance the various roles our nurses hold.

Collaborating at every opportunity, our nurse leaders guided their teams through numerous extraordinary projects and initiatives in 2021. In addition to the exemplars noted throughout this report, this work included:

- Volume growth and continued infrastructure development at the Center for Cancer and Blood Disorders (CCBD) at Children's Medical Center Plano
- Extended care coordination between community pediatricians and Children's Health for medically complex patients
- Successful completion of the American College of Surgeons (ACS) Quality Verification Program™
- Management and staffing of employee, patient and community COVID-19 vaccine clinics.

### Expanding Connection and Communication

Launched in 2020, the **CNO Advisory Cabinet** continued to be a primary source of direct communication between nurse executives and clinical nurses regarding the professional nursing practice environment in 2021. This open channel has further cemented professional relationships across a variety of roles and levels within the organization. Cabinet members not only advise nurse executives but also evaluate the impact of the decisions made. Key decision points from cabinet members' input shaped the continued guidance and evaluation of our ongoing COVID-19 management strategies, including staffing adequacy, caregiver visitation restrictions, Occupational Health screening processes and vaccine administration for employees and patients.



Rooted in the strong desire to expand the way we communicate with and connect to nurses, cabinet members recommended and helped design our first nursing podcast, "**Nurses Connect**." The podcast was launched in November 2021 with content determined by a short survey completed by nurses across the system. Podcast episodes are succinct, timely and directly related to nurses' professional work, with the first topics focused on the future of nursing at Children's Health and nurse recognition.

Additionally, we complimented our more traditional communication methods with both virtual and small, in-person interactions in 2021, such as:

**CNO Forums:** The first of these, held virtually in August, drew more than 680 participants to learn more about the evolution and management of the COVID-19 pandemic, our nursing strategy for the coming year and key takeaways from nursing-led research and quality efforts.

**Talks with Tammy:** These informal small-group conversations with the chief nursing officer feature updates on top-of-mind matters and dialogue with clinical nurses.



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**Nursing Newsletter:** This monthly publication includes a letter from the chief nursing officer and regular features on opportunities for further education and professional growth, exemplars of nursing practice, nurse honors/awards and more.

**Town Halls:** Executive and senior nurse leaders regularly present at these meetings, providing system-wide clinical and operational updates.

**Weekly Rounding:** Nurse leaders round in patient care areas to connect with team members. During their weekly rounds, our leaders bring the Recognizing Employee Dedication (RED) cart full of snacks, beverages and small gifts as an additional way to recognize team members for their hard work.



### Supporting Our Clinical Teams

Mid-2021 brought the height of the COVID-19 pandemic in pediatrics nationwide, occurring simultaneously with a rise in cases of other more common respiratory viruses such as RSV. Further advancing our profession, our nurse leaders began developing innovative initiatives to address increased patient care needs and nurse burnout in a variety of areas. These unique strategies included:

**Beyond the Bedside Nurse Redeployment:** The increased number of kids presenting with respiratory viruses in the summer of 2021 led to the development of the System Surge Staffing and Planning workgroup. As participating nurse leaders brainstormed ways to meet increased staffing needs, nurses across the system began volunteering to help. Beyond the bedside nurses contribute to our mission in over 100 departments across the system in non-clinical and indirect patient care roles, and with support from our Clinical Education partners, these nurses were trained to return to the bedside. The response was overwhelming, and these nurses were excited about the opportunity as they demonstrated selfless service and commitment to excellence by helping fellow nurses care for patients at the bedside again.

**Psychiatry Resource Nurse Pilot:** The nationwide mental health crisis among adolescents and teens can be clearly seen and felt at Children's Health. Our patients are often admitted with complex, intertwined medical and behavioral concerns, leading to the development of the Psychiatry Resource Nurse pilot program, launched in late 2021. The program provides an expert psychiatry nurse seven days a week to support all clinical areas and entry points, compliance monitoring and the maintenance of a safe environment for patients, their caregivers and our team members. The program is both proactive, identifying needs and ways to meet them before a crisis develops, and reactive, responding to situations requiring a behavioral emergency resource team and assisting with de-escalation, as well as auditing behavioral-restraint events in real time to improve compliance with documentation standards. Importantly for nurses' resilience and patient safety, the psychiatry resource nurses facilitate a debriefing after incidents that require patient restraint.

**Workflow Redesign:** In Dallas, Clinical Managers in Acute Care Services worked to standardize and implement conditional discharge orders in Epic to support a more efficient patient flow process from the Emergency Department (ED), optimizing inpatient bed availability. Additionally, Dallas campus leaders led teams to redesign the flow of patients within the ED, developing a dedicated waiting space for lower-acuity patients so those with more urgent needs could be seen more quickly.

**Patient Experience and Care Kits:** Many patients and families had long wait times in the Emergency Department during COVID-19 surges. In Plano, nurse team leaders led a project to improve the experience of our patients and families when they encounter delays. Seeing the experience through the eyes of the patient and family led them to create new processes for communication from triage to discharge, and they developed a Care Kit. It included items that families needed if they were staying the night such as a blanket, socks, a phone charger and other essentials. This improvement project produced a significant increase in patient satisfaction, and it brought great joy to nurses to provide Care Kits to families during such a stressful time.



## STRUCTURAL EMPOWERMENT

Nurses at Children's Health promote a life-long learning culture through academic progression, professional development and engagement in the professional nursing community. We have a highly engaged team of nurses across the system who participate in shared decision-making to influence evidence-based practice, drive quality improvement and promote collaboration through interprofessional teamwork. Children's Health is committed to nurse empowerment and engagement, and we live this each day through innovative and supportive programs to advance nursing excellence, including:

- Our nationally accredited Nurse Residency Program, which enhances new nursing school graduates' transition to practice
- Our new Associate Degree Nurse (ADN) Apprenticeship Program, which is improving the diversity of our nursing workforce
- Individualized experienced-nurse onboarding, cross-training, redeployment and preceptor development that promotes nurse recruitment and retention
- Shared Governance Councils, that engage nurses in making decisions that affect their clinical practice and work environment.

### **Our Vizient/AACN Nurse Residency Program Is Among the Nation's Best**

The University of Kansas School of Nursing, Vizient and the American Association of Colleges of Nursing identify top-performing nurse residency programs based on rates of nurse retention, adoption of professional role and outcomes. The Children's Health Nurse Residency Program is among the nation's best, ranking fourth out of 260 programs.

Accredited in 2018 by the Commission on Collegiate Nursing Education (CCNE), our residency program places all new nursing school graduates with an experienced pediatric nurse preceptor who closely mentors them during orientation. They also have the support of a peer cohort for a full year.





An exemplary facet of the program is its strategic importance in increasing the diversity of our nursing staff. Organization-wide, more than 51% of Children's Health employees identify as racially/ethnically diverse. Since nursing is our largest single job family and we know the nursing workforce must prioritize diversity to provide culturally competent care and contribute to improved health equity, we evaluated and enhanced our recruitment and selection process for the Nurse Residency Program. Focusing on best practices for diversity, equity and inclusion in hiring and recruiting, we shifted the diversity of the incoming nursing classes from 33% racially/ethnically diverse in 2019 to 55% in 2021.



*"I received other job offers, and one in my home state was really tempting, but there was no residency program. I wanted a supportive structure to make the learning curve easier, especially because families would be trusting me with their children."*

**- Diamond Wright, BSN, RN, Children's Health Nurse Residency Program graduate, Center for Cancer and Blood Disorders**

### **First Cohort of Associate Degree Nurse Apprenticeship Program Launched in April 2021**

The ADN program provides an innovative opportunity to further diversify our nursing workforce by investing in ADN graduates as they transition into their professional role while completing a bachelor's degree in nursing (BSN). This bridge program offers a series of learning and work experiences throughout a 12-week apprenticeship. After completion, participants will progress to our CCNE-accredited Nurse Residency Program.

We recognize the need to foster team members' professional development through focused clinical and instructional experiences designed to enhance clinical competence, increase self-confidence and escalation skills, sharpen critical thinking, and support evidence-based practice and research skills. The program expands our opportunity to prepare for our future nursing workforce as we continue to grow and expand our reach, caring for children in our community and beyond.



### **Individualized, Structured Nurse Onboarding Facilitates Transition to Practice**

**Pediatric Application of Skills and Situations (PASS) Academy:** Nurses with more than one year of experience participate in PASS Academy, a two-part course assisting nurses from other organizations as they assimilate into Children's Health and pediatric nursing practice. Content is delivered in a manner that allows for team-based work, case scenario discussions, high-fidelity simulation and review of resources available at the bedside.

**Cross-training:** Nurses also have the opportunity to cross-train to additional clinical areas as a way to build clinical skills and competency and enhance professional development. Cross-training can occur between specialties, acuties and campuses to allow the nurse to develop different assessment and clinical techniques.

**Preceptor development:** Preceptors are equipped with a robust training plan, resources and evaluations to continue their individual professional development. The organization's Preceptor Council reviews trends in orientee evaluations and practice to create resources, begin projects and provide education to peer preceptors and incoming nurses. In the last year, our Preceptor Council has finalized several projects, including new hire resources, preceptor education and development with a virtual preceptor retreat, as well as curation of matching tools available to preceptors and orientees to strengthen relationships.



### Shared Governance at Children's Health Is Thriving

Nurses in all roles are welcome to join our five Shared Governance Councils, and clinical nurse attendance at council meetings has grown 66% since 2019 as we learned to maximize virtual meeting platforms and increase nurses' ability to participate.

**Clinical Informatics Council (CIC):** CIC evaluates proposed changes and opportunities to improve the electronic health record (EHR) and related clinical systems, promoting the integration of evidence-based documentation practices. The CIC critically reviewed and approved multiple improvements to the EHR in 2021, including the visibility of Safe Sleep screening, efficiency in pain education documentation and a variety of storyboard and flowsheet enhancements.

**Clinical Practice Council (CPC):** CPC identifies and analyzes opportunities to enhance and standardize clinical nursing practice, with a focus on evidence integration and high-quality outcomes. CPC members reviewed and supported new monthly Practice Pulse Checks in 2021 and worked to streamline clinical documentation related to patient/family education and nursing care plans.

**Evidence-Based Practice and Research Council (EBP/R):** EBP/R advances the integration of nursing research and current evidence into practice through ongoing support, education, mentorship and facilitation of publications and professional presentations. In 2021, this council continued to cement the structure and processes related to ongoing support and implementation of EBP projects originating from the Nurse Residency Program.

**Professional Development Council (PDC):** PDC promotes nursing excellence by engaging in the growth and professional development of all team members, including ongoing support of the Clinical Nurse Achievement Program (CNAP). PDC members continued revising and optimizing the CNAP in 2021 for future conversion to an electronic submission platform.

**Quality and Safety Council (QSC):** QSC supports nursing quality and patient safety by advising on current practices, identifying improvement opportunities and championing related initiatives in alignment with organizational strategic priorities. In 2021, members of this council championed the implementation of the ivWatch device in support of our system-wide goal to decrease peripheral intravenous infiltrations and extravasations (PIVIEs).

# EXEMPLARY PROFESSIONAL PRACTICE

Conceptualized from the Synergy Model developed by the American Association of Critical-Care Nurses (AACN), our Professional Practice Model (PPM) guides professional nursing practice. Fueled by nursing accountability, authority and autonomy, we cultivate a healthy work environment and match the needs of our patient families with nurse characteristics to deliver the ideal patient family experience. Nurses at Children's Health consistently demonstrate their commitment to professional nursing excellence by focusing on exemplary outcomes, ongoing growth and development and a healthy, resilient workforce.

## Professional Practice Model



### LEGEND

- ⚙️ **Healthy Work Environment**  
 A work setting in which clinicians can meet organizational objectives and achieve personal satisfaction in their work.
  - Skilled Communication
  - True Collaboration
  - Effective Decision-making
  - Appropriate Staffing
  - Meaningful Recognition
  - Transformational Leadership
- ⚙️ **Nurse Characteristics**  
  - Clinical Judgment
  - Clinical Inquiry
  - Caring Practices
  - Response to Diversity
  - Advocacy/Moral Agency
  - Facilitation of Learning
  - Collaboration
  - Systems Thinking
- ⚙️ **Patient and Family Characteristics**  
  - Stability
  - Complexity
  - Predictability
  - Resiliency
  - Vulnerability
  - Participation in Decision-making
  - Participation in Care
  - Resource Availability
- ⚙️ **Synergy**  
 The result when the needs and characteristics of a patient are matched with the nurse's characteristics
- ⚙️ **Ideal Patient and Family Experience**  
 The result when a healthy work environment, nurse characteristics and patient characteristics work together in partnership with the patient and family

## Nurse-Sensitive Indicators

As professionals, nurses have a responsibility to measure, evaluate and improve their practice as they have since the mid-1800s when Florence Nightingale began using statistics to find correlations between patient outcomes and the physical environment. Current nurse-sensitive indicators measure the structure, processes and outcomes of nursing care in a variety of related domains.

Nurse-sensitive indicators are quality outcomes that improve when a greater quality of nursing care is provided. In 2021, we saw strong performances in many of these metrics, including a decrease in serious safety events and our lowest central line-associated bloodstream infection (CLABSI) rate ever. Three quality improvement initiatives described below further highlight our continuous focus on nursing excellence, specifically related to CLABSIs and patient falls.

### Reducing CLABSIs in the Pediatric Intensive Care Unit (PICU)

With a focus on reducing central line-associated bloodstream infections (CLABSI), Dallas PICU nurses convened a quality improvement team they named the CLABSI Crew. The team of over a dozen clinical nurses developed a charter and established an aim statement to reduce CLABSIs from a rate of 2.2/1,000 patient line days in 2020 to 1.3/1,000 patient line days in 2021.

The CLABSI Crew served as expert nurses and champions in CLABSI prevention for their patients, rounding on patients with central lines three times each week to ensure the CLABSI prevention bundle was followed. Findings from the rounds were tracked and trended by an infection prevention specialist to identify nursing practice gaps.

The CLABSI Crew met monthly to review the data and discuss their rounding experiences to identify opportunities for improvement. In addition to implementing those improvements, crew members provided the unit's nurses with evidence-based practice tips and reminders at staff meetings, and they posted flyers. With their focused engagement in reducing CLABSIs, the CLABSI Crew was able to reduce the CLABSI rate to 0.7/1,000 patient line days, well below their goal.

### Preventing Pediatric Falls at Our Children's House

The inpatient blended acuity unit at Our Children's House provides comprehensive services to children from infancy through age 18 who have developmental or birth disorders, traumatic injuries, feeding difficulties and other conditions. The interdisciplinary Our Children's House Falls Committee meets monthly to analyze all patient fall events on this unit and to discuss any potential interventions or changes that could be made to prevent a similar event in the future. Recognizing a trend in patients falling from in-room sofas, the committee members brainstormed ways to best partner with patients' caregivers to keep children injury-free in their hospital rooms. Understanding that children often climb on furniture at home and that families receive comprehensive fall safety information upon admission, committee members determined that a simple visual reminder was the key. They collaborated with the creative marketing team to design a washable vinyl sticker and piloted the placement of the visual reminder on the wall above the sofa in each patient room.

The subsequent decline in the rate of inpatient falls from sofas is depicted in the graphic below.



#### Furniture (sleeper sofa) fall rate calculations for pilot and prior year comparison period:

May-Nov 2020	$(3/4,314) \times 1,000 = 0.70$
May-Nov 2021	$(1/4,153) \times 1,000 = 0.24$

Based on the results of this falls prevention pilot, placement of the vinyl sticker resulted in a 66% reduction in patient furniture falls compared to the prior year.

## Ambulatory Fall Risk Assessment

Just as healthy children under a certain age may fall from time to time, patients may fall during outpatient visits – and some patients’ illnesses or injuries may increase their fall risk. Ambulatory nurses organized a workgroup to determine the best approach for assessing the general fall risk for specific patient populations so they could tailor interventions based on individual patients’ condition and/or the treatment they received during their visit.

The nurse-led workgroup developed an annual comprehensive assessment using a modified tool from the Center for Improvement in Healthcare Quality for all outpatient areas at Children’s Medical Center Dallas and Children’s Medical Center Plano. This annual assessment involves reviewing the current patient population, routine treatment/therapy provided and patient falls data from the prior year. The results of this assessment determine the requirements for patient-specific fall risk assessments and interventions. The workgroup also recommended the implementation of basic fall prevention education for patient families, depicted on posters now displayed in the clinic exam rooms.

### Six Safety Tips to Stop Falls

- **Help** your child to play safely. Watch them closely and limit distractions, like cellphones.
- **Remind** your child to walk and not run.
- **Do not** let your child climb or jump on furniture. Let them play in designated areas.
- **Make** sure your child wears non-slip footwear all the time – shoes (laces tied), sandals or non-slip socks.
- **Put** side rails up when your child is in bed and keep bed in the lowest position.
- **Stand** next to your child on exam tables, diaper tables, stretchers or playground equipment.
- **Keep** the floor clear so your child does not trip.

### Seis Consejos de Seguridad para Prevenir Caídas

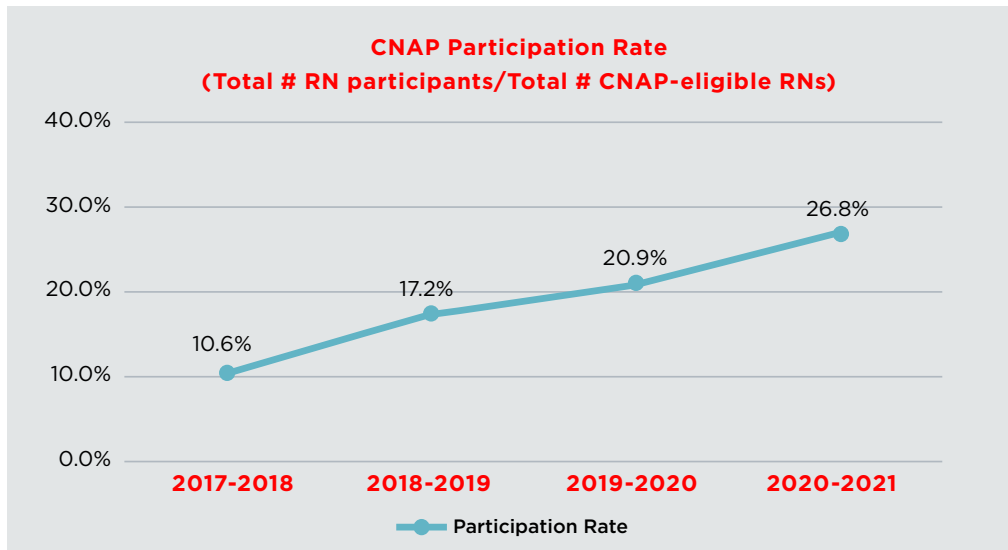
- **Ayude** a su hijo a jugar de manera segura. Vigílelo de cerca y limite las distracciones, como los teléfonos celulares.
- **Recuerde** a su hijo que debe caminar, no correr.
- **No permita** que su hijo se suba a los muebles ni salte sobre ellos. Déjelo jugar en las áreas designadas.
- **Asegúrese** de que su hijo use calzado antideslizante en todo momento: zapatos (con los cordones atados), sandalias o medias antideslizantes.
- **Levante** las barras laterales cuando su hijo esté en la cama y coloque la cama en la posición más baja.
- **Permanezca** junto a su hijo en la mesa de examen, la mesa para cambiar pañales, la camilla o los juegos de la zona de recreación.
- **No deje** objetos en el piso para evitar que su hijo se tropiece.

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In November 2021, the fall risk assessment was completed by leaders in 46 clinics. The assessment showed that 29 clinics (63%) care for patients who are at a higher risk of falling than the general pediatric outpatient population. Based on these findings, the workgroup decided to revise the annual assessment plan and instead build out an Ambulatory Fall Screening Tool in the electronic health record for every clinic. This tool will ultimately provide consistency in screening patients for falls across all outpatient areas. In 2021, Ambulatory Services outperformed the National Database of Nursing Quality Indicators (NDNQI) benchmark for reducing patient falls with injury.

## Clinical Nurse Achievement Program

The Professional Development Council (PDC) collaborated with colleagues from Human Resources, Compensation and the Executive Leadership team to launch the Clinical Nurse Achievement Program (CNAP) in 2017. Program participation has grown exponentially. CNAP participants consistently demonstrate their commitment to advancing nursing excellence, professional accountability and autonomous practice in a program designed to encourage ongoing development and reward professional growth.



In 2020-2021, the PDC introduced a multitude of program updates and improvements to further enhance participation, including:

- The addition of the detailed CNAP Instruction Manual and participation checklist
- An easier and more streamlined way to report preceptor and charge nurse hours
- Clarification to the expert nurse, research study and educational activity sections

Professional Development Council members analyze RN certification rates each year to evaluate the correlation of CNAP participation with the increase in RN certification. Each year since 2019, we have surpassed the RN certification goal, which has largely been attributed to nurse participation in CNAP.

	2018 (Baseline)	2019	2020	2021
RN Certification Rate	39.7%	42.7%	44.6%	46.8%
Goal		40.7%	43.5%	45.5%

**Healthy, Resilient Workforce**

RISE (Resilience, Integrated Ethics, Staff Support, Engagement) programs support our mission and values by promoting resilience, integrated ethics and staff support through efforts that enhance the ethical climate, create moral spaces, address secondary traumatization and mitigate burnout. In 2021, Clinical Resilience Specialists participated in 88 RISE sessions supporting team members across the organization, and they facilitated 68 resilience events.



**Resilience:** Raising individual awareness and partnering with stakeholders to mitigate system barriers.

- Education: General resilience and burnout principles, as well as skill-building education to identify coping and resilience factors
- Group Staff Support: Mindfulness exercises and group discussion that foster self-compassion and focus on strengths
- Refresh Sessions: Brief mindfulness sessions, conducted individually or in groups, for stress relief and reconnection to meaning and purpose



*Our job is to recognize that we must nurture who we are in order to do the job we have chosen – the job that connects us to our internal values.*

**- Elaine Beardsley, MN, ACCNS-P, CPEN, Clinical Resilience Specialist**



**Integrated Ethics:** Support for team members navigating moral distress, clinical conflict and caregiver grief.

- Integrated Ethics and Moral Distress: Virtual or in-person discussions that are offered individually or in a group setting to address the moral distress brought on by the COVID-19 pandemic
- Reflection Sessions: Facilitated discussions that explore challenges arising during clinical care

**Staff Support:** Support for team members following adverse events, unexpected outcomes and/or traumatic experiences.

- Peer Support and Psychological First Aid: 1:1 intervention that provides active listening following an adverse patient event, unanticipated outcome or death

**Engagement:** Promoting ongoing connection to the mission and values of our organization.

- Supportive Rounding: Brief check-ins that offer support to both clinical and non-clinical team members



*The RISE programs have helped us hone our self-awareness and individual resiliency, so that we can keep our team members and patients safe in situations that are frequently chaotic.*

**- Jessalynn Colbert, BSN, RN, C-NPT, NREMT, Nursing Team Leader,  
Patient Transport Services**



Additionally, the Resilience Committee interdisciplinary team delved deeply into the elements that foster individual and organizational resilience in 2021, implementing resources to serve the entire organization, including:

- Team Member Support intranet site: One convenient webpage housing the many avenues of assistance for all Children's Health team members who encounter resilience-related issues. Since its launch in April 2021, the site has logged more than 3,500 page views.
- Creating and expanding quiet rooms for team member respite and relaxation.



## NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Transformational nurse leaders, robust structures and exemplary nursing practice are the foundation of Magnet-designated organizations, while innovation and the generation of new knowledge propel us into the future. With a renewed focus on fostering a culture of clinical inquiry, our nurses utilized a variety of resources to evaluate and redesign our **evidence-based practice (EBP)** processes and to turn their unanswered questions into robust nursing research studies.

A nurse-led research study examined organizational readiness for integration of EBP at Children's Health. The study results and implications were disseminated to our nurses and appeared in the Journal of Pediatric Nursing in 2021. Findings from the study indicated that Children's Health nurses across the system hold strong EBP beliefs and understand that EBP results in the best quality outcomes for pediatric patients. To increase organizational readiness for EBP integration, nurses must possess EBP competencies, and leadership must increase the visibility of resources available to engage in the EBP process. Increasing awareness of EBP resources and developing EBP competencies may help nurse leaders integrate EBP into daily practice.

In addition to the study, nurse leaders and nurse scientists at Children's Health evaluated evidence-based practice models, and with the input of clinical nurses they adopted the Iowa Model of Evidence-Based Practice, which is known as the gold standard and top choice of clinical nurses due to its ease of use and supportive resource tools. This model includes a decision tree and recommendations for specific steps to pilot and institute evidence-based nursing practice improvements. Based on this model, Children's Health created a toolkit that is being trialed in our Nurse Residency Program in support of nurse residents' EBP projects and their implementation.



*"We plan to increase Iowa Model EBP education and opportunities for our nurses and nursing leaders to foster our culture of clinical inquiry throughout the health system."*

**- Lindsey Patton, MSN, APRN, PCNS-BC, Senior Program Director of Nursing Research and Evidence Based Practice**

### Our firm commitment is underscored by numerous initiatives and programs:

- Culture of Clinical Inquiry Committee
- Evidence-based practice and nursing research
- Affiliation agreements with schools of nursing in our region
- Telenursing innovations:
  - Virtual safety huddles
  - Post-discharge texting to patient families
- Virtual reality innovations:
  - Discharge preparation
  - Pain management.

The Children's Health Culture of Clinical Inquiry Committee encourages a culture of clinical inquiry in nursing by committing to:

- Develop infrastructure to support nurse-led research
- Facilitate the generation of new knowledge and implementation science through nursing research and the integration of evidence into practice
- Prioritize nursing research and evidence-based nursing practice throughout the system
- Improve the quality of nursing care and patient/family outcomes by advancing nursing science through the alignment of clinical inquiry and professional nursing practice.

The committee's voting members include senior nurse leaders, clinical nurse specialists and schools of nursing faculty advisors representing the universities with which Children's Health collaborates on research. Ad hoc members include a biostatistician, an ethics representative, a medical librarian and other subject matter experts.

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*My 30 years at Children's Health have been devoted to furthering EBP, and my goal is to empower nurses to improve outcomes not only for patients but also for nurses and staff.*

- **Ginger Young, MSN, APRN, PCNS-BC,**  
Clinical Nurse Specialist, Critical Care Services

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### **Our collaborative partnerships with local schools of nursing through affiliation agreements enhance our ability to conduct nursing research and enhance nurse participation in scholarly activities.**

For example, through our collaboration with Texas Christian University's prestigious Harris College of Nursing & Health Sciences, we nominate nurses to join the TCU Evidence-Based Practice Fellowship. Our selection process includes evaluating the applicants' prospective projects using six criteria, such as relevance to a common or high-priority problem and the likelihood of improving processes, safety or patient outcomes. Fellowship recipients are baccalaureate-prepared and demonstrate leadership attributes within Children's Health.

We now also collaborate with TCU on nurse-led research studies through our Nursing Research Affiliation, which was solidified in early 2021. When nurses are unable to answer a question by searching the literature, they can draw on the expertise of TCU nursing faculty who devote time and energy to research in the relevant field.

Because of our work with TCU, grants totaling \$78,000 are helping fund nurse-led studies on topics such as patient experience and communication in the pediatric ambulatory setting, the efficacy of probiotic use in children who were administered antibiotics after appendicitis treatment, and nurse prevention of hospital-acquired conditions such as central line-associated bloodstream infections. More than a dozen nursing research studies were ongoing or completed in 2021, and affiliations with additional schools of nursing are under development, highlighting our foundation of clinical inquiry and continued development of nursing research expertise.

The benefits of our research touch every aspect of nursing and beyond. Team members have access to education on practices ranging from pressure injury prevention to early identification of clinical status preceding acute events, and much more. Nurses report greater confidence in their ability to deliver the best care, as well as enhanced empowerment to help effect change to improve outcomes.

**Children's Health telenursing innovations** have resulted from nurse-led EBP projects and other nursing quality improvement initiatives. Building on the foundation of telemedicine, our nurses are advancing the use and impact of telenursing during the pandemic.

**Virtual safety huddles** improve communication and help elevate patient safety. In the past, it was challenging to gather all Acute Care Services staff in daily safety huddles at Children's Medical Center Plano. The 48 Acute Care Services beds are distributed among four units, with one charge nurse for all four, preventing staff from gathering efficiently. To solve the issue, nurses collaborated with the virtual health team to upload a virtual meeting platform to iPads already in use.



*"We now have more reporting of safety concerns, and we have caught things that might not have been considered without virtual safety huddles."*

**- Rachael Burris-Alcala, BSN, RN, Clinical Manager, Acute Care Services**



The huddles include nurses, providers, care coordinators, patient care technicians, respiratory therapists, Child Life staff and more. Due to this enhanced virtual platform in support of patient safety communication, over 50 patient safety issues were identified, addressed and resolved in real time. In addition, quality improvements were made in medication management, clinical informatics, equipment resources and educational programs.

### Virtual Reality Innovations

In yet another collaboration with a nearby university, nurses in our Pauline Allen Gill Center for Cancer and Blood Disorders participated in the Children's Health Innov8 4 Kids hackathon, a virtual competition that included students from across the nation.

This evolved into a multidisciplinary project with Innovation, Child Life and other departments to create PediaTrek, a discharge education scavenger hunt game, which is now in the pilot stage.

Wearing a headset, the patient walks the hallways, finding pictures containing digitized clues to guide them to the next picture. Eventually they answer quizzes and win prizes while learning their discharge instructions.



*"The walking that the game encourages helps improve breathing and promotes healing, and at the same time the patient receives education."*

**- Deborah Echtenkamp, MSN, APRN, CPON, Clinical Nurse Specialist, Center for Cancer and Blood Disorders**

**Pain management:** Seeing a need to manage chronic pain with fewer opioids, nurses are collaborating with other teams to implement a virtual treasure hunt. Wearing a KindVR virtual reality headset, the patient sees an undersea universe where the patient can control various parts of the experience, including colors.

Studies show less pain, fewer locations of pain and less stress following this 15-minute intervention. Children's Health plans to use intervention with unique disease cases and crisis pain, and it may be helpful with chronic sickle cell disease. When patients can be prescribed lower opioid doses and are less sleepy, they breathe more deeply and stay more engaged in their surroundings.

**Post-discharge texting to patient families:** To ensure timely replies to patient families' questions and concerns, nursing staff recommended adoption of SMS texting, circumventing the process of leaving multiple voice messages that require families to return our calls. We use PatientEXP to send automated text messages based on data in Epic. A direct integration with Epic allows automated outreach to specific patient families after discharge.

When a parent replies to a texted question with a response that indicates help or support is needed, a unique phone number is sent to the parent that corresponds to that question. This allows a team member staffing the Nurse Advice Line to know which item the parent needs help with and to ask follow-up questions.

**Engagement Rate for January - April 2021: 63%**

- Parent/guardian completed the protocol in full, answered at least one question or answered a question and was provided a Nurse Advice Line number
- Opt-out rate: <2%

Our nurses are also developing a system to send patient families ad hoc text updates from Epic. This enables efficient automated outreach to specific families, resulting in more timely resolution of their questions and improved care.



## ACHIEVEMENTS

### ORGANIZATIONAL AND DEPARTMENT RECOGNITION

- Children's Health has achieved three Magnet designations and is currently pursuing a fourth designation.
- The Children's Health Nurse Residency Program earned a Commission on Collegiate Nursing Education (CCNE) accreditation for five years.
- Children's Medical Center Dallas attained a Level 1 Children's Surgery Verification in 2021 from the American College of Surgeons.
- Children's Medical Center Dallas was verified as a Level I Trauma Center for three years by the Texas Department of State Health Services.
- Children's Medical Center Plano was verified as a Level IV Trauma Center for three years by the Texas Department of State Health Services.
- Children's Medical Center Dallas ranked in 10 out of 10 specialties in the *U.S. News & World Report 2021-2022* Best Children's Hospitals survey for the 11th year.

## AWARDS

### 2021 DFW GREAT 100 NURSES

Elaine Beardsley, MN, ACCNS-P, CPEN  
Nicole Bessinger, BSN, RN, CPN  
Joshua Bourgeois, MS, RN  
Natalie Denson, MSN, RN, NEA-BC  
NaShawn Finley, MBA/HCM, BSN, RN, CCRN  
Sarah Kennedy, MSN, RN, CPHON  
Lisa Mason, DNP, MHA, MBA, RN, NEA-BC  
Lindsey Patton, MSN, APRN, PCNS-BC  
Jennifer Shelby, BSN, RN, CCRN, EMT-B

### 2021 D MAGAZINE EXCELLENCE IN NURSING

Rachel Akins, BSN, RN  
Angela Allain, BSN, RN, CPN  
April Berry, BSN, RN, CCTC  
Nicole Bessinger, BSN, RN, CPN  
Joshua Bourgeois, MS, RN  
Diana Cardwell, MSN, APRN, PCNS-BC  
Alexa Coldewey, BSN, RN  
Natalie Denson, MSN, RN, NEA-BC  
Elia Esquivel, BSN, RN  
Kirbie Haynie, BSN, RN, CPN  
Julia Hesler, MSN, RN, CPN  
McKenzie Pedigo, BSN, RN, CPN  
Chelsea Reynolds, MSN, RN, CPN  
Martha Shaw, BSN, RN, NPD-BC, CPN  
Josette Stegmair, BSN, RN  
Jesse Harper-Tarantolo, BSN, RN

### 2021 MAY SMITH NURSING EXCELLENCE AWARD

Leafar Abundo, MBA/HSM, BSN, RN, CPN, Systems Thinking  
Julie Davis, BSN, RN, Caring Practices  
Emily Hernandez, BSN, RN, Advocacy/Moral Agency  
Tera Holland, BSN, RN, CPN, Facilitation of Learning  
Caitlin Layton, BSN, RN, CPN, Collaboration  
Kathryn Liddle, BSN, RN, CCRN, CPN, Clinical Inquiry  
Kimberly Michaelis, BSN, RN, Response to Diversity  
Dawn Penner, RN, CRRN, Clinical Judgment

### THE DAISY AWARD FOR EXTRAORDINARY NURSES 2021

Crystal Aldridge, BSN, RN  
Jorica Calabazon, BSN, RN  
Katie Catalano, BSN, RN  
Leyna Dowden, BSN, RN, CPN  
Lindsey Flores, BSN, RN, CPN  
Chad Gautreaux, BSN, RN, PMH-BC  
Rebekah Goodwin, BSN, RN  
Lauren Hendrix, BSN, RN, CPN  
Dulce Igle, BSN, RN  
Sarah Meadows, BSN, RN  
Rachel Morcom, BSN, RN  
Michelle Nguyen, BSN, RN  
Kristen Poer, BSN, RN  
Jordan Schools, BSN, RN, NPD-BC, CPN  
Megan Stoker, BSN, RN, CPN  
Araseli Tinajero, BSN, RN

### INDIVIDUAL RECOGNITION

Lindsey Patton, MSN, APRN, PCNS-BC, 2021 Texas Christian University Evidence-Based Practice Mentor of the Year  
Lisa Mason, DNP, MHA, MBA, RN, NEA-BC, 2021 March of Dimes Excellence in Leadership Award

### 2021 CHILDREN'S HEALTH EDUCATOR OF THE YEAR

Macy Ackerman, MSN, RN, NPD-BC

### 2021 PATIENT SAFETY CHAMPIONS

Angela Coffaro, BSN, RN, CNOR  
Chandler Coolbaugh, BSN, RN  
Katherine Covey, BSN, RN, CPN  
Rebecca Fritchie, BSN, RN  
Claudia Gordon, BSN, RN  
Courtney Hummingbird, BSN, RN  
Monique James, BSN, RN

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## **PUBLICATIONS**

Candace Bailey, BSN, RN  
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Jennifer Watt, MSN, APRN, PCNS-BC  
Tammy Webb, Ph.D.(c), MSN, RN, NE-BC  
Virginia Young, MSN, APRN, PCNS-BC

## **NURSING RESEARCH**

Exploring Nurse Beliefs and Perceived Readiness for System-Wide Integration of Evidence-Based Practice in a Large Pediatric Health System

**PIs: Lindsey Patton, MSN, APRN, PCNS-BC & Jerithea Tidwell, Ph.D., APRN-BC, FCNS**

Adoption and Sustainment of Central Line-Associated Bloodstream Infection Bundle in a Pediatric Intensive Care Unit: An Implementation Science Formative Evaluation

**PI: Lindsey Patton, MSN, APRN, PCNS-BC**

Probiotics and Antibiotic Associated Diarrhea in Pediatric Complicated Appendicitis

**PI: Mayra Garcia, DNP, APRN, PCNS-BC**

Improving Pediatric Sepsis Outcomes: A Children's Hospital Association Quality Collaborative

**PI: Virginia Young, MSN, APRN, PCNS-BC**

Anxiety and Family Satisfaction during the Pediatric Pre-Anesthesia Visit

**PI: Ann Johnson, Ph.D.**

Communicate to CARE in the Pediatric Ambulatory Setting: An Implementation Science Framework Study to Drive Meaningful Practice Interventions

**PI: Brennan Lewis, DNP, APRN, PCNS-BC**

Adolescent Capacity to Engage (ACE) Index Instrumentation Study

**PI: Brennan Lewis, DNP, APRN, PCNS-BC**

A Quantitative Assessment of the Pupillary Light Reflex in Pediatric Seizure

**PI: Jennifer Watt, MSN, APRN, CNS, CNRN**

Unit Interest Survey - Instrument Development

**PI: Tiffany Montgomery, MSN, RN, NPD-BC**

Shared Governance - Nurses' Perceptions Regarding Influence over Professional Practice in a Large Pediatric Health Care System

**PIs: Tammy Webb, Ph.D., MSN, RN, NE-BC & Casey Bradfield, MSN, RN, NEA-BC**

Minimal Stimulation as a Nursing Practice: An Exploratory Descriptive Study

**PIs: Shelley Burcie, BSN, RN & Angelica Morris, BSN, RN**

Keeping the Trach Safe Instrument Development

**PI: Rebecca Brooks, MSN, APRN, PCNS-BC**

## **2021 EVIDENCE-BASED PRACTICE AND RESEARCH POSTER FAIR WINNERS**

Improving Patient Safety by Predicting Early Deterioration in the Pediatric Pulmonary Population, Evidence-Based Practice

**Authors: Christina Smith, BSN, RN, CPN, CPPS, Lindsey Patton, MSN, APRN, PCNS-BC, Peng Chen, MPH, CPH, BS, Chelsea Reynolds, MSN, RN, CPN, Martha Shaw, BSN, RN, NPD-BC, CPN, Megan Toler, BSN, RN, CPN, PED-BC**

Promoting Patient Safety Using Virtual Safety Huddles, Quality

**Authors: Rachel Burris-Alcala, BSN, RN, Julie Baker, RN, EMT-P, CPPS, Ann Gosdin, MS, APRN, CNS, CPNP-PC**

Initial Results of the Ask Suicide Questions (ASQ) Patient Questionnaire Implemented at Children's Health, Research

**Authors: Jane Miles, M.D., Karla Hutcherson, LPC-S, Jennifer Brown, BSN, RN, CTRS**

PICU Team Member Innovative Support Plan: Intentional Caring Practices to Mitigate Moral Distress, Secondary Trauma, and Burnout in the Intensive Care Unit, Innovation

**Authors: Ginny Leinweber, BSN, RN, CCRN, Kendel Richards, BSN, RN, Jessica Roumillat, LCSW, Leslie Leach, BSN, RN, CPHRM, Elaine Beardsley, MN, ACCNS-P, CPEN**

"Nurses: Are You in Pain? Patient: No Answer," Peer Choice

**Author: Katie McLaurin, BSN, RN**



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