2009

Nursing Annual Report 2008

Children's Mercy Hospital

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Nursing Annual Report

2008

Nursing, changing young lives every day.
Dear Colleagues,

The Nursing Department at Children’s Mercy Hospitals and Clinics is pleased to share with you our 2008 Nursing Annual Report. As we reflect on 2008, the accomplishments of our nurses represent their role in the organization’s commitment to assuring each child has the highest quality of care.

Within the Nursing Department, Magnet recognition continues to be a driving force in promoting the quality nursing care we provide for each patient. The concepts identified in the initial Magnet research remain true today. However, as health care continues to develop and evolve, so has the Magnet Recognition Program.

In 2008, the American Nurses Credentialing Center introduced a new Magnet Model. Although the 14 Forces of Magnetism have remained remarkably stable, this model guides the transition of Magnet principles to focus healthcare organizations on achieving superior performance, utilizing outcomes to support that achievement.

The new model embraces five components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovations, and Improvements and Empirical Outcomes. These five components recognize the importance of the leadership role of all nurses at all levels of the organization. These principles empower and encourage nurses as professionals, provide support in their professional development and practice, and engage them in utilizing and contributing to the science of nursing in a way that influences practice and drives quality patient outcomes.

Throughout this Annual Report, you will find numerous accomplishments of the Nursing Department for 2008. Each of these supports not only the principles of the Magnet Recognition Program, but the commitment to professional nursing practice and nurse empowerment within Children’s Mercy Hospitals and Clinics.

Cheri Hunt, RN, MHA, NEA-BC
Vice President for Nursing/Chief Nursing Officer

As a Magnet organization, providing a work environment that nurses find supportive is essential to recruitment, retention and staff satisfaction. Relationships with peers and managers, as well as a positive work environment, impact nurses’ willingness to contribute to the organization’s mission and vision. Providing a positive work environment helps nurses give the highest quality of care for patients and families and assists in retaining quality nursing staff.

Each year, Children’s Mercy Hospitals and Clinics’ staff nurses are asked to participate in the Individual Workload Perception Survey-Revised (IWPS-R). This 29 question survey measures Manager Support, Peer Support, Unit Support, Workload, Intent to Stay and overall Nurse Satisfaction. The on-line survey tool is based on a 5-point Likert scale with a high score desired.

In 2008, 821 eligible staff nurses participated in the survey. This number far surpassed previous years with over 60 percent of nurses participating. The graph below shows the overall hospital performance in the six indicators over the past seven years.

Data collected through IWPS-R is used to help nursing leadership identify trends and issues as they relate to nursing satisfaction. Review of the data assists in creating action plans at both the department and organizational level to assure that the needs of the nurses are being met. Staff members throughout the organization are empowered to drive change and provide the highest quality of care for patients and families through shared decision-making, innovative technology and high caliber resources. These opportunities, along with a positive and supportive work environment, result in high nurse satisfaction and retention throughout the Department of Nursing.


Senior Nursing Leadership Team

Promotions

Pam Barham, RN, BSN, CPN—Pam graduated from the University of Southern Mississippi with a Bachelor of Science in Nursing in 1985. Pam started at Children’s Mercy Hospitals and Clinics as a traveling nurse in Cardiology in October 1992, working in the Exercise Stress Lab. In April 1993, she joined the Cardiology staff, working as a nurse in the Cath Lab. Pam assumed the role of Cardiovascular Lab Nurse Manager in June 2008.

Amy Boren, RN, BSN, CPN—Amy graduated with a Bachelor of Science in Nursing from University of Kansas Medical Center in 1985. She worked as a staff nurse on 3 Henson until 2002 when she moved into a full-time Charge Nurse role. She remained in this position until she began her current role as 3 Henson and West Nurse Manager in the fall 2008. Amy co-manages 3 Henson and 3 West with Codi Cutburth, RN, BSN.

Codi Cutburth, RN, BSN—Codi graduated from Washburn University in 2002 with a Bachelor of Science degree in Nursing. Codi began her nursing career on 3 Henson at Children’s Mercy Hospitals and Clinics in February 2003. She worked on 3 Henson as a staff nurse until 2008 when she began serving as the Nurse Manager of 3 Henson and 3 West. Codi co-manages 3 Henson and 3 West with Amy Boren, RN, BSN, CPN.

Sheri Daugherty, RN, BSN—Sheri graduated with her Bachelor of Science in Nursing from William Jewell College in 1994. Sheri began her nursing career with Children’s Mercy Hospitals and Clinics in November 2003 at CMH Northland Urgent Care. She transferred to the CARE Clinic on the main campus in 2005 as an ambulatory staff nurse, and then took on the position of charge nurse. In 2007, she became the Clinic Nurse Manager, and in 2008 assumed the Clinical Operations Manager position for the CARE Clinic. Sheri is currently pursuing her Masters in Healthcare Administration from Webster University.

Stacy Doyle, RN, MBA, CPN—Stacy graduated from Mid-American Nazarene University in 1997 with her Bachelor of Science in Nursing. She started her career at Children’s Mercy Hospitals and Clinics in 1995 as a care assistant in the Emergency Department. Upon graduation, she spent a year and a half in the Float Pool and Critical Care Float Pool before moving back to the Emergency Department from 1999-2005. During her time there, she held many positions including Critical Care Staff Nurse, Critical Care Charge Nurse, Education Coordinator and Research Coordinator. In 2005, after graduation from Avila University with a Master’s in Business Administration and Health Care Administration, she moved to Washington, DC, where she served as the manager of the Emergency Medicine and Trauma Center (EMTC) at Children’s National Medical Center from 2005-2007. In 2007, Stacy accepted the position of Interim Director of Transport which she held until January 2008, when she returned to the Emergency Department as the Interim Director of the EMTC. She remained in this position until her move back to Kansas City and Children’s Mercy Hospitals and Clinics in August of 2008 where she now serves as the Nurse Manager of the Emergency Department.
Allison Gardner, MSN, RN, CPN — Allison graduated with a Bachelor of Science in Nursing from Pittsburg State University in 2000. After graduation, she began working at Children’s Mercy Hospitals and Clinics in the Inpatient Float Pool as a staff nurse. Allison became a unit educator in July 2002 and remained working in the float pool until December 2005 when she left to become the Clinic Nurse Manager of the Kidney Center. At this time, she also graduated with her Master of Science in Nursing (Administration focus) from the University of Missouri—Kansas City. She remained in the Kidney Center until October 2008 when she became the Clinical Operations Manager of the Section of Otolaryngology. Allison also teaches part-time for UMKC’s School of Nursing.

Carolyn Jensen, RN, MSN — Carolyn graduated in 1983 with a Diploma in Nursing from Methodist Hospital School of Nursing in Memphis, TN. She began her nursing career at Children’s Mercy Hospitals and Clinics in January 1993 as a staff nurse in the Pediatric Intensive Care Unit where she remained until December of 1994. Carolyn returned to Children’s Mercy Hospitals and Clinics in 2001, again as a staff nurse in the PICU, and later moved to a Nursing Supervisor position in 2003. She came back to the PICU in September 2008 as Nurse Manager of the PICU. She most recently attended the University of Mary where she graduated with a Masters in Nursing Administration in 2008 and is currently working on her MBA, also from the University of Mary. Carolyn co-manages the PICU with Maria Ginger-Wiley, RN, CCRN.

Tina Lane RN, BSN, CPN — Tina attended Central Missouri State University where she completed her Bachelor of Science in Nursing in 1994. Tina worked in a rural hospital in Sedalia, MO, for a few months before taking a staff nurse position on the Renal Unit at the old Menorah Hospital. When Menorah closed, Tina transferred to Research Medical Center where she worked Float Pool, Cardiac, SDS, IDRP and Nursing Supervision. She later transferred to Park Lane Hospital in 1999 as an Operating Room Nurse Circulator for a few months before the hospital closed when she then returned to Research Medical Center. In 2000, Tina accepted position in the Inpatient Float Pool at Children’s Mercy Hospitals and Clinics. In 2007, Tina worked in Nursing Supervision and also as the Hospital Resource Nurse. Tina began her current role as the Nurse Manager of the Endocrine Clinic in April 2008.

Tammy Lightner RN, BSN, CPN — Tammy began her career at Children’s Mercy Hospitals and Clinics in the Urgent Care Center in 2003 as an LPN. Six months later, she finished her Associates Degree in Nursing and transferred to the Emergency Department as a staff nurse. She remained in this position for five years, while also working some shifts in the CARE Clinic. Tammy graduated with a Bachelor of Science in Nursing from Webster University in 2006. In January 2008, she started graduate school with a projected graduation date of 2010 with her Masters in Health Administration. Tammy assumed her current role as Nurse Manager for Vascular Access in the fall of 2008.

Andy Lechel RN, MSN, CPNP — Andy graduated with a Bachelor of Science in Nursing from Truman State University in 1999. He began his Children’s Mercy Hospitals and Clinics career in March 2000 as a staff nurse in Hematology Oncology. He transferred to critical care in April 2001 where he worked as a staff nurse in the PICU and then in Critical Care Transport. Andy graduated with his Master’s of Science in Nursing, Pediatric Nurse Practitioner, from UMKC in 2006 and took on an Advanced Practice Nurse position in Hematology Oncology. He remained in this position until September 2008 when he was promoted to the role of Director of Transport Clinical Services. Andy is the co-Director of Transport along with Sherry McCooi, RRT-NPS, MHA.

Natalie Masters, RN, BSN, CPN — Natalie graduated with her Bachelor of Arts in Psychology from the University of Iowa in 1999. She went on to finish her Bachelor of Science in Nursing in 2001, graduating from St. John’s College in Springfield, IL. Natalie started her career at Children’s Mercy Hospitals and Clinics in 2001 as a staff nurse on 3 Henson. She was promoted to a core Charge Nurse for 3 Henson/3 West in 2006. Natalie began her role as Assistant Nurse Manager for the Children’s Mercy South Inpatient Unit in December 2008.

Amy Nau, RN, BSN, CNN — Amy graduated with a Bachelor of Science in Public Relations from Central Missouri State University in Warrensburg, MO, and worked as the assistant office manager for a private practice physician group before pursuing her nursing career. She attended the accelerated BSN program at Research College of Nursing/Rockhurst University in Kansas City, MO. Prior to joining the Children’s Mercy family, Amy worked as an RN in the Neonatal Intensive Care Unit at Overland Park Regional Medical Center in Overland Park, KS. In 2006, Amy came to Children’s Mercy Hospitals and Clinics to work in the Dialysis Unit. She worked as a Nurse Case Manager and Charge Nurse there until November 2008, when she took on the role of the Nurse Manager for the Children’s Kidney Center.

Jolynn Parker, RN, CPN — Jolynn began her career at Children’s Mercy Hospitals and Clinics 14 years ago as an Access Representative in the Float Pool before transferring to the Pediatric Care Center as a Care Assistant. Jolynn graduated from Kansas City, KS, Area Technical School with her LPN in 1998 and continued her nursing career in the Pediatric Care Center. In 2000, Jolynn transferred to the ENT Clinic. She bridged over and received her Associates Degree in Nursing at Penn Valley Community College in 2003 and became a Charge Nurse in the ENT Clinic. In October 2008, she was then given an opportunity to go back to the Pediatric Care Center as the Clinic Nurse Manager. Currently, Jolynn is pursuing her Bachelor’s Degree in Nursing at the University of Missouri—Kansas City.
Promotions

Transformative Leadership

Jason Robertson, RN, MSN, CCRN, CPEN, CEN – Jason graduated with a Bachelor of Science in Accounting from the University of Missouri in 1997 and worked as a Certified Public Accountant until 2002, when he returned to nursing school. He holds a Bachelor of Science in Nursing from St. Luke’s College, as well as a Master of Science in Nursing from Research College. Jason began working as a care assistant in Children’s Mercy’s Emergency Department in 2001. In 2004, he transitioned into the role of staff nurse in the Emergency Department. Since 2005, Jason has served the department in various leadership capacities, first as a night Charge Nurse and then as an Assistant Nurse Manager. In 2008, Jason assumed the role of Co-Nurse Manager. Jason co-manages the Emergency Department with Stacy Doyle, RN, MBA, CPN.

Scott Sullivan RN, BSN — Scott initially began collegiate studies in Biology and Athletic Training before deciding to pursue a career in nursing. He attended William Jewell College in Liberty, MO, and graduated in 2000. The beginning of his career at Children’s Mercy Hospitals and Clinics was in 1996 as a care assistant on 5 North. Scott remained on 5 North/2 Henson and progressively worked as a care assistant, nurse technician, and finally in a staff nurse role. Scott left nursing from 2004-2007 to follow other interests, but rejoined the profession in the summer of 2007 to help begin a new nursing program in Overland Park. In May of 2008, Scott returned to Children’s Mercy Hospitals and Clinics as the Clinic Nurse Manager of the Specialty Clinics at the Northland facility. He is also currently enrolled in a dual MSN/MHA program through the University of Phoenix with an anticipated completion date of February 2010.

Jan Wiebe, RN, BSN, CPN – Jan graduated with a Bachelor of Science in Nursing from The University of Kansas in 1985. Jan worked as a staff nurse on 4 North/4 Henson until 2002, when she moved to the Emergency Department as a staff nurse. In 2004, Jan assumed the role of Critical Care Charge Nurse in the Emergency Department. Jan remained in this position until she began her current role as CARE Clinic Nurse Manager in November 2008.

Transforming Care at the Bedside: Engaging Staff in the Transformation Process

Almost anyone in health care would say that they would love to transform care at the bedside, but how many actually get the administrative support and encouragement to do it? Children’s Mercy Hospital and Clinics was chosen as one of 68 hospitals nationwide to be a part of the second cohort of the TCAB initiative sponsored through AONE and the Robert Wood Johnson Foundation which began in 2007 and runs through 2010.

Transforming Care at the Bedside (TCAB) was initiated to engage front-line care providers in implementing and evaluating changes intended to improve care delivery and patient outcomes. Utilizing four primary focus areas—Safe and Reliable Care, Vitality and Teamwork, Patient Centered Care, and Value Added Care Processes—TCAB is designed to generate ideas for care transformation by those who spend the most time at the patient’s bedside. Through “deep-dive” brainstorming sessions, TCAB engages members of the interdisciplinary team in generating ideas for improvement, prioritizing focus areas and creating an implementation and evaluation plan for chosen innovations.

Two units were involved in the initial implementation of TCAB. Beginning in September 2007, the selected TCAB unit, 6 Henson, and the control unit, 2 Henson, utilized PDAs to collect pre-trial data regarding nursing activities and resource allocation in order to control for variation and evaluate the outcomes of the TCAB implementations. TCAB officially kicked-off in January 2008, with an invitation to all care providers to attend the first deep-dive brainstorming session. Ideas generated from this session were discussed and trialed with a rapid cycle implementation process, one nurse/patient at a time.

Since the premise of TCAB is to engage front-line staff rather than management in the development and implementation of ideas, direct care nurses function in the role of TCAB coordinators. Emilie Pierson, Deanna Porter, and Becky McCall, 6 Henson Charge Nurses, came forward to fill the TCAB coordinator roles. These coordinators organize and preside over TCAB meetings and deep-dive sessions, submit data to the project headquarters, participate in monthly conference calls, assign innovations to staff and evaluate outcomes. Although all ideas are encouraged, the coordinators facilitate prioritization of initiatives based on their feasibility, relevance, fiscal impact and potential outcomes.

Through the TCAB project, staff members have taken an active role in identifying, implementing and evaluating simple, yet important processes in care delivery. Driven by front-line staff, discharge thank you postcards, personalized welcome signs in patient rooms prior to admission, daily management rounds to collect care
improvement ideas from patients, personal hygiene care packages for parents, healthier snack options and formal goodbyes at the end of each shift have been implemented—each of which entails little to no cost. Also implemented as a part of the TCAB project, discharge follow-up phone calls to parents are performed on Mondays, Wednesdays and Sundays to discuss the patient’s stay, post-discharge questions and any suggestions for improving care delivery. The information from these phone calls has been valuable in focusing future process changes.

Children’s Mercy Hospitals and Clinics and 6 Henson remain committed to the implementation of innovations developed through monthly deep-dive sessions, focused on continuous improvement of patient care delivery and patient satisfaction. The TCAB project continues to be driven by the engagement of staff nurses in the change process as decisions made by those most directly impacted are more likely to be successful. TCAB has played an instrumental part in encouraging staff nurses to think outside the box and recognize the importance of teamwork in the successful implementation of change.

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**2008 Clinical Excellence Awards**

**Bennell Hevner O’Donnell, RN,**
Excellence in Psychosocial Nursing Award
Kathleen A. Mahoney, RN, MSN, CPNP
Nurse Practitioner
Pediatric Care Center

Clinical Excellence in Nursing—
Charge Nurse
Marilyn J. Maddox, RN, CCRN
Critical Care Charge Nurse II
Pediatric Intensive Care Unit

Clinical Excellence in Nursing—
Critical Care
Janice R. Poul, RNC
Staff Nurse II
Sedation and Pain Management

Jacqueline R. Shellhorn, RN, CCRN
Critical Care Staff Nurse II
Pediatric Intensive Care Unit

Clinical Excellence in Nursing—
Expanded Role
Gail M. Ezell, MSN, RN, CPNP
Nurse Practitioner
ENT

Clinical Excellence in Nursing—
Medical/Surgical
Lian M. Stogsdill, RN, BSN, CPON
Staff Nurse II
4 Henson

Aisha J. Tate, RN, BSN, MPH
Staff Nurse
Children’s Mercy South Inpatient Unit

Clinical Excellence in Nursing—
Nurse as Teacher
Kimberly R. Glaves, RN, BSN
Unit Based Education Coordinator
SDS/PACU/PAT

Clinical Excellence in Nursing—
OR/Same Day Surgery/PACU/PAT
Brenda S. Hankins, RN, CPAN
Staff Nurse II
SDS/PACU/PAT

Clinical Excellence in Nursing—
Outpatient
Dolores Suenram, RN, BSN
Ambulatory Staff Nurse
Allergy/Asthma Clinic

Excellence in Nursing Leadership Award
Susan M. Burns, RN, BSN, CPON
Nurse Manager
4 Henson

Research Excellence Award
Jennifer A. Swihart, RN, RRT, CCRC
Research and Development Program Coordinator
Cardiac Surgery

Rookie of the Year Award
Aaron C. Cantrell, RN
Staff Nurse
Orthopaedic Clinic

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**2008 Clinical Excellence Awards**

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Nursing Professional Excellence Council

Professionalism is a key component to delivering quality nursing care in a healthy work environment. In order to have true nursing excellence, both the clinical and the professional components have to be captured in the culture of the Nursing Department. 2008 marked the first full year in which a dedicated support system existed for nursing staff to address issues surrounding nursing professionalism: The Nursing Professional Excellence Council (NPEC).

Utilizing a shared governance model, NPEC is comprised of staff nurses and nurse leaders from all sectors of Children’s Mercy Hospitals and Clinics. The year began by finalizing the council structure including NPEC’s goals, by-laws, and mission statement to enhance nursing professionalism through the promotion of respect, integrity, and honesty among the nursing staff. NPEC will promote a positive work ethic by providing direction on issues related to nursing professionalism and the image of nursing while supplying a framework for the professional expectations of Children’s Mercy Hospitals and Clinics nursing staff.

NPEC adopted the ANA’s Code of Ethics for Nurses as the foundational guide to launch organizational-wide education on nursing professionalism. Each member of the council received a copy of the Code of Ethics and each nurse throughout the organization received a Code of Ethics bookmark with a summary of the nine provisions. Council members kicked off the Code of Ethics education during Nurses Week with continued monthly education to touch on each of the nine provisions. Presentations were also done at staff meetings and unit updates to engage staff in the discussion of professional and unprofessional behaviors.

The achievements of NPEC have gone beyond simply educating staff on the importance of professionalism. Although the ANA’s Code of Ethics for Nurses provided the basis for professional expectations, a tool was needed to empower nurses to take action when they witness unprofessional behavior. Based on the philosophy of Florence Nightingale, NPEC adopted the motto “What Would Flo Do?” This motto is designed to give nurses a non-threatening, yet effective means of addressing inappropriate behavior. When nurses observe inappropriate actions, they can simply state, “What Would Flo Do?” to remind the offender of their professional expectations.

NPEC also designed LPN, RN, and APRN badges to be worn by nurses throughout the hospital. These badges help identify the nurse to patients, families, members of the interdisciplinary team and other nurses. These badges also serve as a constant reminder of nursing’s professional expectations as an excerpt of the Code of Ethics, as well as the “What Would Flo Do?” motto are both printed on the badge.

NPEC also developed a technology position statement regarding the use of personal electronic devices and internet service. As the variety and capabilities of technology continue to grow, questions have arisen as to their appropriate use in the workplace. The position statement defines the expectations of nursing staff as to when, where and how this technology may be used.

NPEC has brought the importance of professionalism in nursing back to the forefront. Nurses are active participants in promoting professional behavior throughout the organization. There is now an avenue for nurses to discuss professionalism issues in a non-punitive environment. Through the work of this council, heightened professionalism has infiltrated throughout the organization. With staff driven councils focused on both the clinical facets of care delivery and nursing professionalism, a structure has been created to support all components of nursing and in turn, a healthier work environment.

The Nursing Professional Excellence Council meets the second Wednesday of each month from 0730-0900 in the Community Room.
Committees Join to Support Nursing Scholarships

In 2008, the Recruitment and Retention Committee joined forces with the Nursing Professional Excellence Council on a mission to support nursing scholarships. These scholarships were specifically designated for Children’s Mercy Hospitals and Clinics employees pursuing a degree in nursing. These two committees worked together to raise over $4000 in scholarship money through drawings for prizes such as a ticket packages for sporting events, a weekend stay at the Great Wolf Lodge and a Wii gaming system, as well as the sale of scrubs.

From the money raised, two $1000 scholarships were given to employees pursuing a nursing degree, $1000 to an employee pursuing an advanced nursing degree and $1000 to an employee enrolled in a program to bridge to a BSN degree. The awardees for these scholarships were:

- Maria Ginger-Wiley, RN, CCRN, Pediatric Intensive Care Unit
- Alexis B. Kraly, Float Pool
- Tina Lane, RN, BSN, CPN, Float Pool
- Sarah See, Children’s Mercy South Inpatient Unit

These committees maintain their commitment to nursing scholarships and continuing education and plan to sponsor additional scholarships in 2009.
After two years of thoughtful work and restructuring, the ADVANCE (Advancements for Nursing Clinical Excellence) Program began accepting portfolios in March 2008.

ADVANCE provides a way to formally recognize nurses who are continually progressing their achievements over the previous 12 months to a Peer Council for review. Compensation is based on the individual’s achievements and is paid following portfolio submission and approval.

In the first year of existence, the program has seen over a 50 percent increase in participation compared to the previous program. Children’s Mercy Hospitals and Clinics’ nurses were awarded over $1.2 million dollars through the ADVANCE program.

The following individuals participated in the program in 2008:

Kristen Abel
Shannon Adams
Hilary Alee
Kyla Atinman
Kim Alvarez
Deborah Amaro
Tracy Anderson
Katherine Anderson
Brenda Anderson-Bell
Lynn Anson
Lisa Aranda
Elizabeth Arts
Jane Ascherman
Jacqueline Ashbaugh
April Assee
Linda Atchison
Kristi Auf Der Heide
Leandra Awad
Deborah Ayers
Abbie Backes
Phyllis Baer
Jeannette Baez
Bryan Beaven
Karen Beaudet
Mark Besinger
Heather Barnett
Michelle Beisly
Joan Benson
Mary Benton
Amy Berry
Jennifer Bever
Deborah Boyer
Tracy Bieber
Lilli Biggs
Lindsay Billinger
Sharon Blevis
Kathryn Boles
Andrea Bond
Brenda Boots
Molly Borel
Aimee Boudreaux
Scotti Braggett
Tiffany Bradbury
Phyllis Bredshoff
Sharon Brewster
Lisa Brigandi
Mary Brooker
Teresa Brophy
Jacqueline Brown
Jessica Brunsmann
Michelle Burger
Jayne Burns
Michele Burns
Sarah Burr
Noel Bushing
Julie Bustamante
Mary Calanca
Francine Campbell
Susanne Campisano
Tonia Campos
Elizabeth Carlson
Lisa Carmony
Tori Carpenter
Linda Carnicer
Bobbie Carter
Jennifer Carter
Martha Carter
Rachel Carter
Stephanie Carter
Kelley Chapman
Jessica Charmonneau
Samantha Chesnut
Christine Claey
Heather Clark
Jamee Clemens
Brian Cline
Joyce Cline
Elizabeth Coffler
Stephanie Colburn
Summer Cole
Doris Coleman
Stephanie Collop
Maribeth Colombo
Jaime Contreras
Becky Cook
Ann Cooper
Carletta Cornwall
Megan Bedwell
Candace Coward
Lena Cox
Margo Cox
Miriam Crandall
Michaela Cronkhite
Julie Crookshank
Jean Czumine-Brauer
Ailana Cunningham
Deanna Curran
Cathy Czuczesko
Meghan Dahl
Joanna Dale
Katie Davis
Megan Davis
Sarah Dedrick
Jennifer Deever
Kay DeHart
David Deines
Phil Delaughter
Demielle Deoliizer
Cullie Dey
Carrie Dickerman
Mary Dietrich
Amy Diggs
Ciera Dillard
Julie Dishman
Lanie Dolinar
Irene Doxler
Lisa Dryer
Kristi Dye
Janet Dykes
Clint Dzidadoe
Linda Ebbs
Trisha Eddy
Adrienne Edmonds
Paula Edstrom
Sandy Ehlers
Lisa Ell
Erin Ellison
Noelie Endsley
Scott England
Sarah English
Nichole Enneking
Brooke Enz
Lynee Epp
Lori Erickson
Erin Nelson
Jon Ann Esponge
Erin Nelson
Lori Erickson
Erik Bayer
Brenda Beatson
Mark Beniger
Karen Beaudot
Bryan Beaven

Hannah Ford
Carolyn Forrest
Autumn Fox
Annie Frazer
Wendy Freeman
Sarah Freund
Valerie Froelich
Shana Frommoltz
Deanna Fugitt
Kyla Galate
Chrisie Gassen
Sarah Gehhardt
Rebecca Gerke
Dorothy Gerst
Amanda Gilges
Sunny Gillen
Gina Gilroy
Tina Gambert
Kathleen Glatt
Tammara Godsey
Holly Godshall
Barbara Gordon
Erica Gorman
Suzanne Gough
Cheryl Grace
Kris Grandin
Jolene Granfor
Larisa Granger
Kaelie Gray
Rachel Greening
Jo Grimes
Evelyn Grist
Denise Grogan
Julie Gunter
Patrice Guthrie
Lisa Hagen
Mary Anne Haggerty
Laura Hall
Carley Hammond
Conrie Haney
Brenda Hankins
Amy Hansen
Diane Hardesty
Ashley Harding
Amy Harmon
Heather Harris
Julie Harris
Jill Hatfield
Julie Hayes
Sally Hayson
Marilyn Hedges
Structural Empowerment

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2008 Heart of Healthcare Award

Each year, the University of Kansas acknowledges outstanding registered nurses throughout the Kansas City metro area and the state of Kansas with the prestigious Heart of Healthcare Award. This award is given to 10 individuals for their contributions to their communities and the profession of nursing. Recipients are nominated by patients, family members, peers and others who recognize their dedication to patient care.

Between 600 and 1,000 registered nurses are nominated for this award each year. This year, Kathe Kraly, MSN, RN, CPNP was recognized as one of the 10 award recipients.

Kathe began her nursing career as an LPN in 1972. She subsequently obtained her nursing diploma from Research Medical Center in 1979, and her Bachelor of Science in Nursing from Mid-America Nazarene College in 1990. Kathe completed a Master’s of Science in Nursing in 1995 from the University of Missouri at Kansas City and has completed 21 hours towards her doctoral degree. For the first 10 years of her nursing career, Kathe worked in adult critical care and taught critical care nursing as part of that role. In 1984, she became a staff nurse at Children’s Mercy Hospitals and Clinics and spent several years working in hematology and oncology. She then spent eight years as a night supervisor. For five of those years, she was also employed as a pediatric instructor at Penn Valley Community College while completing her graduate degree. After obtaining her Master’s, Kathe began working as a Nurse Practitioner in the CARE Clinic, specializing in child abuse, and in the Pediatric Care Center, practicing general pediatrics.

Currently, Kathe is working as a Nurse Practitioner in the clinical coordinator role for the Ready Set Grow Clinic, which is part of the CARE Clinic’s services. The Ready Set Grow Clinic provides a multidisciplinary approach to services for children and families with the diagnosis of Failure to Thrive. This clinic began as a grass roots program designed to provide the multiple services these families need under one roof. This clinic has continued to grow and now offers outpatient services five days a week. Kathe played a pivotal role in the establishment of this clinic and considers her position the synthesis of all of her nursing experience and skills to date.

In addition, as affiliate faculty for UMWC School of Nursing, Kathe has given multiple lectures in the area of child abuse and pediatrics. Kathe is the author of two publications in child abuse and is currently working on two research projects in the area of failure to thrive and compassion fatigue.
Along with Kathe, eight other Children’s Mercy Hospitals and Clinics nurses were nominated for the 2008 Heart of Healthcare Award:

- Kaye Bell, RN, Nurse Manager, Children’s Mercy West
- Jayne Burns, RN, BSN, CPN, Staff Nurse, 2 Henson
- Jeanne Henning, RN, BSN, CWOCN, CPN, Nurse Clinician, Wound Care
- Jennifer Leonard, RN, CPN, Education Coordinator, Inpatient Float Pool
- Kristen Sayers, RNC-NIC, BSN, Charge Nurse, Intensive Care Nursery
- Liann Stogsdill, RN, BSN, CPON, Staff Nurse, 4 Henson
- Mai Tseng, RN, BSN, CRNI, NE-BC, Nursing Supervisor, Patient Care Services
- Gina Weddle, RN, MSN, CPNP, Nurse Practitioner, Infectious Disease

Other Honors and Awards

- Beth Lyman, RN, MSN—Recognized as the Distinguished Nutrition Support Nurse of the Year by the American Society for Parenteral and Enteral Nutrition (ASPEN).
- Books for Babies Program—Intensive Care Nursery received the “Above and Beyond” Award from the National Program Director of Books for Babies for their hard work and dedication to the program.
- Karen Cox, RN, PhD, FAAN—Honored as University of Kansas Distinguished Nursing Alumna.
- ECMO Program—Honored with the Excellence in Life Support Award through the Extracorporeal Life Support Organization for extraordinary achievement in patient care, training, and education.
- Venise Mobley, RN—Presented with the 2008 Nurse of Color Award for her commitment to community service and the health profession.
- Organ Donation Program—Received the National HRSA Medal of Honor for Excellence in Organ Donation from the US Department of Health and Human Services.
- Jessica Schirmer, RN—Awarded convention scholarship through the Pediatric Endocrine Nursing Society (PENS).

Certification in Nursing Professional Development
- Angela Knackstedt, Patricia Messmer, Katherine Mick, Patricia Thon
- Certification in Telephonic Triage
- Sylvia Denny, Janet Dykes, Carol Genilo, Patricia Hopkins
- Anthony Infranca, Linda Root
- Shirley Shanley, Kristen Suszek-Williams
- Brenda Taylor, Julann Taylor
- Certified Acute Care Pediatric Nurse Practitioner
- Kathryn Chojnacki, Jennifer Geheb, Barbara Haney, Heather Jones, Deborah Kapitan, Lisa Laddish, Ann Mattison, Delores McKee, Catherine Orka, Kimberely Radford, Diane Rash
- Certified Ambulatory Perianesthesia Nurse
- Lynette Burnows, Joyce Cline, Tara Fitzpatrick, Evelyn Grist, Kelly Hodges, Julianne Seefeldt
- Certified Asthma Educator
- Pamela Ryan, Diane Selvey, Kristen Suszek-Williams
- Certified Board of Infection Control
- Candace Coward, Elizabeth Monees, Cindy Olson-Burgess, Certified Case Manager, Sandra Andachter, Denise Barr, Virginia Boos, Alice Criger, Dianna Dodd, Sheryl Kennard, Jan McCarthy
- Certified Clinical Research Associate
- Patricia Ornce, Christina Roberts, Linda Hussey
- Certified Clinical Research Coordinator
- Gina Calanco, Cheri Castor, Michelle Farthing, Susan Flack, Ann Harris, Donna Horner, Linda Hussey, Terri Luethen, Ann Mehrhof, Georgann Meredith, Shiree Rusk, Candy Schmoll, Lori Shank, Christine Smith, Jennifer Swohart, Debra Taylor, Susan Teasley
- Certified Clinical Research Professional
- Linda Andre
- Certified Clinical Transplant Coordinator
- Brenda Brewer, Vicki Fioravanti
- Certified Dermatology Nurse
- Deborah Beyer, Kelly Lynch
- Certified Diabetes Educator
- Goldie Benz, Mary Benquist, Diana Burnett, Amanda Fridlington, Mary Hall, Ronald Hoyler, Glee Peters, Jillian Richard, Sue Ellen Weigel, Laura Beth Woodford
- Certified Diabetes Educator
Structural Empowerment

Certified Nurses-South Inpatient Unit

Kathleen Parle
Jolynn Parker
Marcy Page
Linda Olson
Holly O’Hare
Don O’Guin-Spicker
Jana Nye
Dixie Norris
Pamela Nickerson
Tracie Newell
Janette Nebel
Tracie Newell
Pamela Nickerson
Dixie Norris
Jana Nye
Don O’Guin-Spicker
Holly O’Hare
Linda Olson
Donna O’Malley
Janet O’Reair
Marcy Page
Jolynn Parker
Stacy Paris
Kathleen Parle

Rebecca Paulsen
Eliza Payne
Teresa Pemberton
Rolanda Peterson
Patricia Phillips
Mary Plowman
Erik Polak
Catherine Pribyl
Arist Prieter
Malina Putnam
Ketti Rafols
Amy Ramsey
Kristin Ray
Emily Reavey
Lindsay Reed
Theresa Redd
Teresa Reel
Patricia Rehg
Teresa Reine
Michelle Rennier
Lisa Rheuark
Katherine Roepke
Jamie Rogers
Beth Roher
Michele Rooney
Michele Rusch
Iris Salyer
Heather Sambo
Kathy Sama
Michelle Schaal
Linda Schieber
Jana Schlosser
Jorenill Schneickoth
Roberta Schomburg
James Scoggan
Debra Scott
Hope Scott
Melissa Scudiero
Monica Selas
Rox Ann Shaughnessy
Laura Shinn
Kristin Shocklee
Allyson Shore
Jodi Shroba
Laura Shroyer
Brigette Silvers
Patricia Simmons
Priscilla Singer
Lindsay Sizemore
Karen Slater
Amber Smith
Brian Smith
Susanna Smith
Marty Snyder
Janet Sollazzo
Ellen Southall
Catherine Spears
Christina Spears
Tania Spencer
Kristyn Spiller
Julie St. John
Regina Stanke
Robin Starr

Certified Pediatric Nurse Practitioners

Karen Stahl
Catherine Stadler
Patricia Staudinger
Lara Stav
Kara Steckler
Rebecca Stegall
Teresa Stegman
Angela Stettler
Jennifer Sterk
Leslie Seward
Candice Shilling
Tanya Shih
Linda Shih
Amy Show
Kim Shores
Teresa Shoemaker
Melinda Shogren
Nancy Shook
Bruce Sholten
John Shuman
Kathleen Shurley
Mary Slavin
Amy Slocum
Kathleen Slominski
Linda Smith
Donna Smith
Kathy Smith
Mary Smiley
Tina Smith
Carol Smulian
Stephanie Smucker
Hope Smucker
Jennifer Smucker
Suzanne Smolik
Carol Smolik

Certified Pediatric Oncology Nurses

Mary Slater
Kay Smith
Terese Smith
Susan Stammbach
Kristin Stegenga
Lennie Stogdill
Nancy Teterwijl
Jamie Turk

Certified Professional in Healthcare Quality

Betsi Anderson
Jennifer Harney
Kathleen Hulse
Carol Kemper

Certified Professional in Utilization Review

Pamela King
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<td>Associate Degree in Nursing</td>
<td>National American University</td>
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<tr>
<td>Julie O’Neill, RN, ADN</td>
<td>Associate of Applied Science in Nursing</td>
<td>Penn Valley Community College</td>
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<tr>
<td>Cindy Powers, RN, BSN</td>
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<td>University of Central Missouri</td>
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<tr>
<td>Amy Sanford, RN, BSN</td>
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<tr>
<td>Cindy George, RN</td>
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<td>Shelly Jennings, RN, ADN</td>
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<tr>
<td>Lindsey Jowett, RN, BSN</td>
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### Advanced Degrees

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<td>Deborah Edwards, RN, MSN, CPNP</td>
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<td>Pepperdine University</td>
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<tr>
<td>Kristi Hobbs, RN, MSN, CPNP, CPN</td>
<td>Masters of Science in Nursing</td>
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<tr>
<td>Carolyn Jensen, RN, MSN</td>
<td>Masters of Science in Nursing Administration</td>
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<tr>
<td>Melanie Kamer, RN, APRN</td>
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<td>Saint Louis University</td>
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<tr>
<td>Marilyn Maddox, RN-BC, MSN, CCRN</td>
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<tr>
<td>Sofia Navarro, RN, MSN, CPN</td>
<td>Masters of Science in Nursing</td>
<td>University of Missouri—Kansas City</td>
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<tr>
<td>Ginny Nyberg, RN, MSN</td>
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<tr>
<td>Cristy Roberts, RN, PhD</td>
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<tr>
<td>Janis Smith, RN, DNP</td>
<td>Doctorate in Nursing Practice</td>
<td>University of Missouri—Kansas City</td>
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Nursing Scholarships

Shawsie Branton Nursing Scholarship
Shana L. Fromholz, RN, BSN
3 Henson
Wendy Jahner, RN
6 Henson
Marlyn J. Maddox, RN
Pediatric Intensive Care Unit

Ina Calkins Nursing Scholarship
Amanda Y. Barber, RN
6 Henson
Heather C. Barnett, RN, BSN, ONC
Orthopaedic Surgery
Jacqueline A. Bartlett, RN, MSN, MBA, HCM
Evidence Based Practice
Kristen L. Baum
Outpatient Services
Karen M. Beaude, RN, BSN
Intensive Care Nursery
Goldie A. Benz, RN, Endocrine
Anna R. Bond, RN, BSN, CPN
6 Henson
Julie M. Buck, RN, BSN, Orthopaedic Surgery
Crystal R. Carpenter, BS, Cardiac Surgery Clinic
Rachel S. Carter, RN
Children’s Mercy South Inpatient Unit
Janee K. Clemens, RN, BSN
Float Pool
Terri P. Clifton, RN, BSN
Endocrine
Deanne K. Curnam, RN, CPN
Emergency Department
Pamela A. Davis, RN
CARE Clinic
Danielle M. Detizer, RN, BSN, CPN
Children’s Mercy South Inpatient Unit
Carrie D. Dickerman, RN, ADN, CCRN
Intensive Care Nursery
Jon Ann Esponge, RN, CPN
6 Henson
Valerie L. Froelich, RN, BSN, CCRN
Pediatric Intensive Care Unit
Stacey D. Howell, RN
Intensive Care Nursery
Kathleen L. Hulse, RN, BSN, CPHQ
Patient Care Services
Deborah A. Jaklevic, RN, BSN, CRN-C
Sedation
Kelly L. Jensen, RN, BSN
3 Henson
Mary E. Langston, RN, BSN
Intensive Care Nursery
Tammy J. Lightner, RN, BSN, CPN, SANE
CARE Clinic
Becky Lukehart, RN, BSN
ENT Clinic
Chrsty M. Methner
6 Henson
Sofia Navarro, RN, BSN, CPN
3 Henson

Donnita R. O’Guin-Spickler, RN, CPN
GI Clinic
Janice R. Poul, RN, CRN, C
Sedation
Heather M. Sambol, RN, BSN, CPN
Clinical Faculty
Rosemary Sayer, RNC
Intensive Care Nursery
A. Laurel Short, RN, BSN
SDS/PACU/PAT
Ashlyn K. Sowers, RN, BSN
Intensive Care Nursery
Katie L. Stangler, RN, BSN, CCRN
Pediatric Intensive Care Unit
Holly T. Steier, RN, BSN
Intensive Care Nursery
Amy J. Sweeten, RNC
Intensive Care Nursery
Angela C. Vanderpool, RN, BSN
Orthopaedic Clinic

Dean Cowles Nursing Scholarship
Lee/Jan S. Bickford
3 Henson
Tara M. Billings
4 Henson
Girry D. Boos, RN, BSN, CCM
Quality Improvement
Sarah E. Dedrick, RN, BSN
3 Henson
Elizabeth E. Edmundson, RN, BSN
Sedation
Jim Fasenmyer
Children’s Mercy South Inpatient Unit
Cortna Lind, RN
6 Henson
Jeffrey A. Reed
Security
Tracie J. Rimmer
Emergency Department
Katie Rollins
Emergency Department
Amy N. Thomas
Nursing Float Pool
Mindy Jo Townsen
4 Henson
Lacey L. Whitesent
Children’s Mercy South Urgent Care Center

Bonnie Galeazzi Nursing Scholarship
Lori J. Bonnett
3 Henson
Brenda J. Hanks, LPN
Children’s Mercy South Inpatient Unit

Dee Lyons Nursing Scholarship
Amanda G. Fidington, RN, MSN, CPNP
Endocrine Section
Amber L. Smith, RN, BSN, CPN
Dermatology Clinic

Michael Joseph Meers Nursing Scholarship
Christy L. Gudenkauf
Children’s Mercy South Inpatient Unit
Carrie E. Tyner, RN, BSN
5 Sutherland

Structural Empowerment

Structural Empowerment

Structural Empowerment

Structural Empowerment
Nursing Scholarships

Daniel Miller Nursing Scholarship
Amy M. Diggs, RN, CPON
4 Henson
Deborah M. Schwartzkopf, RN, BSN
Intensive Care Nursery
Amanda M. Stagg
4 Sutherland

Nurse Retention Committee Scholarship
Maria Dee Ginger-Wiley, RN, CCRN
Pediatric Intensive Care Unit
Alexis B. Kraly
Float Pool
Tina N. Lane, RN, BSN, CPN
Float Pool
Sarah See
Children’s Mercy South Inpatient Unit

Judy Yvellucci Nursing Scholarship
Valerie M. Flick, RN, BSN
Intensive Care Nursery

Gordon Wells Nursing Scholarship
Rebecca M. Givens
4 Henson
Patricia A. Phillips, RN, BSN, CPN, CPST
Emergency Department
Angela Wiedner, RN, BSN, CPN
Critical Care Float Pool

Nancy Whalen Nursing Scholarship
Amy Belton
4 Henson
Alise Bredemeer
William Jewell College
Amanda B. Daniel
Children’s Mercy South Inpatient Unit
Katie L. Ellis
4 Sutherland
Janet S. Klein, RN
Intensive Care Nursery
Lisa S. Morris, RN
SDS/PACU/PAT

Dee Lyons Nursing Research Scholars Grant
“Safety of Decanted Enteral Formula for 12 Hours in a Pediatric Setting”
Beth Lyman, RN, MSN
Cindy Hensley, MS, RD
William San Pablo, MD

“Health Related-Quality of Life, Depression and Impact on Successful Incorporation of Lifestyle Changes in Overweight, Insulin Resistant, Adolescents”
Adrienne Platt, RN, MSN, CPNP
Figen Ugrasbul-Eksanar, MD
Janie Berquist, RN, BSN

Community Service

Dana Barry—Participated with Pet Partners with her therapy dog where they visited the Overland Park Nursing and Rehab Center monthly.

Jackie Bartlett—Volunteered as a rater in the McMaster Online Rating of Evidence System. Served as lecturer at Holy Spirit Catholic Church.

Erik Bayer—Assisted with feeding the homeless through Faith Hope Ministries. Helped with Liberty Women’s Clinic fundraisers and 1st Annual 5K Run.

Kathy Box—Served at both Harvester’s Food Pantry and the Kansas City Rescue Mission.

Brenda Brewer—Volunteered with the Regional Arthritis Center at St. Luke’s Hospital.

Mary Brooker—Volunteered with Girlie Scouts of America as a Girl Scout Day Camp Director as well as a Troop leader for her daughter’s 4th grade troop.

Cathy Burns—Was a member of the Liberty Hospital Foundation Board and co-chair of the Nursing Scholarship Committee.

Cherie Burroughs Scanlon—Served on the planning committee for an annual medial delegation that Visitation Parish supports with their sister parish in San Salvador, El Salvador.

Susan Campisano—Conducted marriage prep classes for engaged couples through St. Thomas Moore Catholic Church.

Elizabeth Carlson—Volunteered with the Red Cross First Aid Stations.

Mary Carter—Assisted the physical education coach doing physical fit testing for Lakewood Middle School. Developed and coordinated the varsity cheerleading dinners twice a month. Also volunteered through her church by teaching school of religion weekly and helping with the St. Mary’s food kitchen monthly.

Christi Cassidy—Lectured on burn care at William Jewell and University of Missouri-Kansas City Schools of Nursing and the Penn Valley LPN Nursing Program. Participated in the Harrisonville Health Fair, Seaton Center Health Fair, Risk Watch Spirit Mission Days, Children’s TLC Duck Derby, Health Care USA Health Fair, Operation Touch, Children’s Mercy Hospitals and Clinics Safety Day at Deana Rose, and Safe City.

Christy Cassidy, Melissa Denning, Angie Heriford and Lindsay Reed—Participated in the 3rd Biannual Texas Hold’em Tournament to support Children’s Mercy Hospitals and Clinics Burn Unit.

Christy Cassidy, Noelle Endsley and Carletta Murray—Assisted with the Kansas City 7th Annual Back to School Fair.

Christy Cassidy and Marsha May—Provided burn education at the Bonner Springs Public Safety Night.
Karen Cox—Helped raise funds for the School of Nursing through work with the University of Kansas, School of Nursing, Dean’s Club.

Danielle DeLozier—Helped with Clinton School District’s preschool and kindergarten screenings.

Kim Dickerson—Volunteered as a Youth Friend for the North Kansas City School District. Served as Vice President on the Board of Premiere Ballet of Kansas City. Also taught a monthly health topic to the Pre-K class at the YMCA Early Childhood Learning Center at the Children’s Center Campus.

Scott England—Participated with the Heartland Men’s Chorus as New Member Coordinator, including singing at the International Choral Festival in Miami. Was actively involved at All Souls UU Church where he sang in the choir and taught Senior High Sunday School. Also taught Jr. High Sex Education.

Sally Fagan—Taught in the Preschool department at her church. Volunteered at her son’s elementary school, including a poster presentation on nursing for Career Day.

Tricia Gentzler—Volunteered as a Wish Granter for the Make A Wish Foundation.

Christy Geraghty—Was involved with the Crohn’s and Colitis Foundation by arranging the IBD symposium at North Kansas City Hospital and providing support and forming a team for the CCFA walk. Served as co-chair for the Gift of Life fundraiser to provide education regarding the importance of organ donation. Was also involved with the National Kidney Foundation and the American Cancer Society.

Leslie Geolas—Volunteered at Kansas City’s Union Station.

Pamela Hensley—Led a project to design and make prayer aprons, a symbol of service and love, for grandmothers in South Africa who take care of orphans due to the AIDS epidemic.

Ann Holmes—Taught yoga to kids in various churches and Brownie & Daisy Girl Scout Troops as a certified Kids Yoga instructor.

Meredith Jackson—Collected recyclable items from Children’s Mercy Hospitals and Clinics and distributed them to the following agencies: Medical Missions Foundation, MACLA, Advice & Aid to Pregnancy, Hope House, Ottawa County Humane Society, and The UMKC US-Cameroon Program.

Carolyn Jensen—Volunteered with her church to fix lunches each month for women at Forrest Avenue Women’s Shelter as well as provide Sunday night meals every other month and serve a big holiday meal. Also purchased two triple layer bunk beds for use at the shelter.

Bonnie Kangas, Stacy Neighbors, Pamela Dennis, Jennifer Swihart, Roxanne Ingle, Kim Alvarez, Barbara Mueller, Mark Besinger and Amy Williams—Participated in the Heart Walk for the American Heart Association at Theis Park in Kansas City, MO.

Kristy Reynolds—Volunteered with the American Red Cross.

Kristy Ritz—Taught Vacation Bible School at the Kearney First Christian Church.

Bobbie Schomburg—Volunteered with Hope Faith Ministries, helping to cook and serving the homeless.

Jenis Smith—Served Sunday dinner once a month at the ReStart Homeless Shelter.

Marty Snyder—Volunteered as coordinator for church’s hand bell choir, assisted with high school youth group activities and took blood pressures monthly after Mass. Served as a group leader for the Dave Ramsey Financial Peace University class. Also assisted with daughter’s volleyball club activities.

Robin Starr—Volunteered at a Bikers for Babies Motorcycle Ride.
Kristin Stegenga—Participated as an Alex’s Lemonade Stand volunteer and with the Leukemia and Lymphoma Society Team in Training. Also served as a youth group volunteer for the Presbyterian Church of Stanley.

Sue Teasley—Volunteered as a Jackson County CASA (Court Appointed Special Advocate) for children.

Mandi Turner—Assisted her church at various activities related to parish nursing including monthly blood pressure screening, health fairs, assistance with doctors’ visits and babysitting of premature infants. Also assisted with local PTA health fair.

Mara Wallace—Participated in Pets for Life with her dog every week to two weeks.

Sarah Wareham—Served as a Youth Friend at Foxhill Elementary School and volunteered one Saturday each month at Pleasant Valley Baptist Church in the Pre-K classroom.

Kaylene Wiley—Volunteered as a photographer for her church directory.

### Mission Trips

Erik Bayer—Traveled to Haiti on three medical missions with C3 Missions and Integral Life Foundation. These missions assisted in creating an Electronic Medical Record for Haitian orphans as well as completing baseline assessments for kids in a number of orphanages, including an orphanage built in memory of their infant daughter, Ivy Allison Bayer.

Kate Glatt and Barbara Roberts—Traveled with Dr. Tom Geraghty to the Dominican Republic through MACLA (Medical Aid to Children of Latin America) where they operated on approximately 80 patients who needed plastic surgery.

Meredith Jackson—Traveled with the Medical Missions Foundation to Panama City, Panama, and Botosani, Romania, to assist with surgeries and medical clinics. Also traveled to LaPaz, Bolivia with MACLA to aid in plastic surgeries.

Beth Lyman—Served as Mission Committee Chair for her church and traveled to Moss Point, Mississippi, to assist with Hurricane Katrina recovery efforts.

Regina McDonald—Participated in mission trip to Equador through Project Perfect World to assist with spine surgeries.

Catherine Pribyl—Accompanied medical students from KCUMB to provide medical care to people at various sites in and around Antigua, Guatemala.

Beth Roher—Participated in Project Mission Trip to Nicaragua where they performed medical treatment to children and adults for parasites, baby care, allergies and mild infections, while promoting hygiene and providing dental nutrition and skin care education.

Stephanie Sandelich—Traveled with Dr. Dana Towle and MACLA to LaPaz, Bolivia, to participate in burn scar revisions, hand reconstructions and facial reconstructive surgery.

Bobbi Schomburg—Assisted in setting up medical clinics in two locations in India while traveling with a mission team from Genesis World Mission and Calvary Chapel. The team treated over 2500 patients, seeing people from remote villages in Nazareth and slum villages in Bangladesh as well as several hundred children from local orphanages.

Karen Widdis—Participated in two mission trips, one to Bejing, China, and the other in Minsk, through the International Children’s Heart Foundation. This organization performs heart surgeries on infants and children with complex congenital heart defects in third world countries.

Linda Williams—Traveled to Ecuador with Project Perfect World and Dr. Richard Schwend to assist in pediatric orthopedic surgeries.

Sabrina Yasso—Traveled to Guatemala through the Medical Missions Foundation with Dr. Pam Nicklaus, Dr. Kevin Latz, and Dr. Adrienne Latz where they performed approximately 90 surgeries.
Quality Caring Model to Guide Nursing Practice

Nursing theories support nursing as a unique profession by guiding nursing care and upholding nursing position. Beginning in the fall of 2007, a group of staff nurses and nurse leaders were charged with the task of selecting a nurse model to drive nursing practice at Children’s Mercy Hospitals and Clinics. This group sought to find a nursing model that defined current nursing practice within the organization that was also easy for nurses to operationalize in their day to day activities.

The committee began by reviewing over 50 nursing theories, theorists, and models. In this review, two theoretical models came forward that spoke to the committee and reflected current nursing practice at Children’s Mercy Hospitals and Clinics: Jean Watson’s Theory of Caring and Joanna Duffy’s Quality Caring Model.

To help determine if these models were a good fit for the organization, the committee wanted to see them in action. In April 2008, Jana Schlosser, RN, BSN, CPN, 6 Henson Nurse Educator, and Shana Fromholtz, RN, BSN, CPN, 3 Henson Charge Nurse, traveled to The Children’s Hospital in Denver, CO, where Watson’s Theory of Caring has been implemented. Jana and Shana had the opportunity to meet with staff nurses and nurse leaders and discuss how visible Watson’s Theory of Caring was in the organization and how it impacted care delivery at all levels of the organization.

In May, Laurel Short, RN, BSN, CPAN, Same Day Surgery and PACU Staff Nurse, and Marilyn Maddox, RN, MSN, CCRN, PICU Nurse Educator, visited Holy Cross Hospital in Silver Springs, MD. Holy Cross has chosen to implement Dr. Duffy’s Quality Caring Model throughout its organization. Laurel and Marilyn were also able to meet with staff nurses and nurse leaders, as well as with Dr. Duffy herself to evaluate the effect the model has had on patient care delivery.

After each group returned from their visits and reported their impressions of each model to the group, The Quality Caring Model came to the forefront as the most appropriate choice for the nursing department at Children’s Mercy Hospitals and Clinics. The concepts of the model are easy to speak to and understand, as well as apply to current practice within the organization.

“The Quality Caring Model integrates biomedical and psycho-socio-cultural-spiritual factors associated with quality healthcare. It specifies the types and attributes of relationships that contribute to quality healthcare. Thus, the major concepts are measurable and can be empirically validated. The major proposition of the model is that caring relationships influence attainment of positive health outcomes for patients/families, healthcare providers, and healthcare systems” (Duffy & Hoskins 2003).
The Quality Caring Model places the nurse-patient relationship at the core of the therapeutic process. The elements of this model focus on caring as the core of nursing work, patient and family entitlement to caring relationships, placing value on time spent interacting with patients and families, and holding nurses responsible for cultivating caring behaviors. The integration of the Quality Caring Model into our current practice will offer nurses additional tools to aid in their quest of providing patients with outstanding family-centered care.

After selecting the Quality Caring Model, the group presented the model to several nursing groups and committees to solicit feedback on the model and to assure that others felt the model meets the needs of all areas and levels of the organization. The response was very positive with nurses quickly identifying how this model is already in practice in their departments.

The Quality Caring Model will be facilitated through the Nursing Professional Excellence Council. Plans for education include a kick-off with on-site presentations by Dr. Duffy scheduled for Nurses Week 2009 followed by a variety of activities and continuing education opportunities throughout the year.

**Model Selection Team Members:**
- Jackie Bartlett, RN, MSN, MBA HCM  Evidence Based Practice Program Manager
- Paula Blizzard, RN, MS  Magnet Project Manager
- Devin Bowers, RN, MSN  Float Pool Nurse Manager
- Liz Edmundson, RN, BSN  Sedation/Pain Management/Radiology Nurse Manager
- Shana Fromholtz, RN, BSN, CPN  3 Henson Charge Nurse
- Marilyn Maddox, RN-BC, MSN, CCRN  PICU Education Coordinator
- Patricia Messmer, PhD, RN-BC, FAAN  Director of Patient Care Services Research
- Jana Schlosser, RN, BSN, CPN  6 Henson Education Coordinator
- Laurel Short, RN, BSN  SDS/PACU Staff Nurse
Children’s Mercy Hospitals and Clinics

Patient Tracer Program

The Patient Tracer methodology is a qualitative technique often used in program evaluation to evaluate processes and safety related to patient care. The framework for this program was developed modeling regulatory agencies such as The Joint Commission which adopted this method to evaluate the effectiveness of processes within organizations and compliance with regulatory standards.

The Children’s Mercy Hospitals and Clinics Patient Tracer Program incorporates both staff and leadership in its methodology. A patient is selected and their experiences are traced through the hospital system to evaluate organizational-wide quality initiatives (i.e., hand-off processes, coordination of care, patient and family perspectives, medication management, and clinical service delivery). The logic model presented provides a comprehensive perspective of the Patient Tracer Program (See Patient Tracer Program Diagram). The Program Objectives are the driving force behind this methodology. The Program Inputs identify resources that have been allocated to development, implementation, and evaluation. The Program Components, Implementation Objectives, Program Outputs, and Linking Constructs lead to the overall intended Outcomes.

There are environmental factors that could affect this program and how the outcomes are achieved. These factors include staffing and/or patient/family availability, census volume, years of experience, literacy, language, peer pressure, perception/knowledge, educational background, health attitudes and ethnicity, time, generational influences, severity of illness and interventions, complexity of work-flow process or intervention, and time.

At the completion of a tracer, written feedback is given to the participating departments for review and potential action. On a quarterly basis, identified trends are shared with hospital leadership to address concerns at the organizational level.

The Joint Commission which adopted this method to evaluate the effectiveness of processes within Children’s Mercy Hospitals & Clinics and Compliance with The Joint Commission regulatory standards.

The Patient Tracer Program is intended to evaluate the effectiveness of processes within Children’s Mercy Hospitals & Clinics and coordinate with The Joint Commission regulatory standards.

The Joint Commission regulatory standards.
Multidisciplinary Approach to Diabetes Management

In 2006, the multidisciplinary members of the diabetes team set out to improve their practice. The nurses, dietitians, physicians, nurse practitioners, social workers and administrative assistant were listening to a small percentage of the parents who voiced their dissatisfaction with the current model of care. Their biggest complaints were regarding the lack of continuity, spotty communication, especially when returning phone calls, and instead of fostering self-management, parents felt the model was creating a co-dependency for the patients. The consensus was, if a few parents felt the department could be better, there were probably many more who were just putting up with the hassle. That situation was just not acceptable.

With the endorsement of the hospital, medical and nursing administration, a business plan was established to create a road map that supports the mission to provide consistent, comprehensive, dynamic patient centered care and research for all children with diabetes and their families at Children’s Mercy Hospitals and Clinics.

The goals to change to an enhanced multidisciplinary team management approach are:

- Put the focus on the patient’s comprehensive needs versus a focus on the singular disease.
- Educate and empower the patient and family to establish diabetes self-management practices.
- Be better able to provide continuity of care and consistency of practice to patients and families.
- Allow the Diabetes Management Team to provide continuity and comprehensive care to a specific subset of Endocrine patients with Type 1 and Type 2 diabetes.
- Improve the existing service by eliminating duplication of services, streamlining education, and requiring consistent practice standards between providers.

In the old model, the patients were usually seen in clinic by the same physician or nurse practitioner, but the diabetes educator or dietician would vary and the one social worker could only see the high risk families. Non-urgent phone calls were returned randomly by the nurses as they had time throughout their day. Urgent phone calls were distributed to the first nurse that could be found.

The new model established a multidisciplinary diabetes management approach that would be defined by five separate color coded teams. The teams would consist of the following team members:

- Physicians – 1-2
- Nurse Practitioner – 1
- RN, Certified Diabetes Educator – 1
- Dietician – 1

All teams would be supported by a dedicated Social Worker and Psychologist. Of the five teams, four teams would care for Type I diabetes patients and one team would care for Type II diabetes patients. The children were assigned to a team based on their choice of physician, favorite diabetes team member, geographic location, or day of the week they preferred to come to clinic.

The focus of the team has been on implementing the goals identified and evaluating the outcomes of the structure changes. Parents have reported they are much happier with the one-on-one attention from their assigned team and overall feel that progress has been made toward accomplishing all the objectives.
Staff members have also identified positive outcomes related to the structure changes:

**Cindy Cohoon, RN, Green Team:**
“The emphasis on patient and family centered care has reinforced the need for patient and family education. The Diabetes Team’s focus is to educate and empower their patients with healthy decision making skills and practices that they can carry with them into adulthood. By providing a multidisciplinary approach, children seen by the Diabetes Team will have one on one contact with several care providers who will provide education to them on a biological, psychological, and social level. The focus is no longer on just the disease, but on the child as a whole person. Ultimately, the Diabetes Team model would create a system where patients and families develop the competence and belief in their own ability to manage routine diabetes care.”

**Ron Hoyler, RN, CDE, Turquoise Team:**
“I think the concept of teams is a well received idea by both the patients and the staff. I believe the challenge is balancing the unique individual team concepts while meeting the needs of the entire department.”

**Janie Berquist, RN, MPH, CDE, Orange Team:**
“I feel we have done a better job of focusing on the patient’s comprehensive needs: We achieve a higher level of acquaintance with patient needs sooner, and have the ability to address those needs with behavioral health and social services earlier than without a team model. For example, I can identify a patient with significant social needs, refer to social services, and follow up directly. Accountability is more directed than being randomly assigned to the staff at large. This goes with continuity of care, in that the patient has personal connection with fewer staff and providers. The patient’s personal relationship leads to higher satisfaction in many cases, as they have a feeling of “belonging,” and knowing us by name.”

**Jessie Schirmer, RN, Red Team:**
“I feel it is very beneficial to the patient and the caregiver when there is a relationship established and everyone is familiar with one another. It is easier to educate and communicate with the family and I feel patients tend to be more compliant when they feel there is someone in particular following up with their care.”
Sleep Disorders Clinic Continues to Expand Services

In July 2007, Dr. Bob Beckerman along with Ann Mattison, RN, MSN, CPNP, began the Sleep Disorders Clinic at Children’s Mercy Hospitals and Clinics. Three months later, with the addition of sleep technicians, the team opened the Sleep Diagnostic Unit on the third floor of the Children’s Mercy South Inpatient Tower. The Sleep Disorders Clinic sees patients with a variety of sleep disorders including Sleep Apnea, Restless Leg Syndrome, and Hypersomnias.

Patients are referred to the Sleep Disorders Team by their physician and must be seen in the Sleep Disorders Clinic before a sleep study is initiated. Patients are referred both through the Children’s Mercy Hospitals and Clinics system and by outside providers. Initial clinic appointments are an hour long in order to complete an in-depth health history and assessment of the patient. Many patients seen by the team have complex medical conditions and their underlying diagnosis often determines the line of treatment for the patient.

The Sleep Diagnostic Unit has four beds and is staffed one patient to one sleep technician. Patients arrive one hour before bedtime and leave the next morning after they wake up. Patients who require C-PAP or Bi-PAP therapy must be desensitized to their mask and able to tolerate the mask for at least one hour during the day before participating in a night study. Although most studies are completed overnight, some patients require both an overnight study, followed by a daytime nap study. These patients are given an opportunity to take five 20 minute naps spaced approximately two hours apart to test for narcolepsy or other similar disorders.

In addition to seeing both new and follow up patients in the clinic, Ann contacts all patients following the sleep study to discuss the results and the corresponding treatment plan. Depending on the results of the study, patients may begin medication, have surgery or airway pressure support (C-PAP or Bi-PAP).

When the Sleep Disorder Clinic was established in 2007, the team completed an average of six sleep studies per week. In just over a year’s time, those numbers have increased to twelve and are done three nights per week. The team has added two additional half-time physicians, a half-time psychologist and a part-time social worker to help address the multidisciplinary needs of these patients. Nursing services are also being expanded, with plans to add another clinic staff nurse and nurse practitioner position in the next year.

In 2008, the Sleep Disorders Clinic saw approximately 650 patients and completed around 350 sleep studies. Half-day clinics are held once a week at the main campus in the Pulmonology Clinic and the remainder of the clinics are at the South campus in the Specialty Center.
Professional Organization Involvement

Betsi Anderson, RN, BSN, CPHQ—Advisory Board Member of the Vermont Oxford Network

Dana Barry, RN, MSN, PNP—Recording Secretary for the Greater Kansas City Chapter of the National Association of Nurse Practitioners (NAPNAP); Associate of the American Academy of Pediatric Urology Nurse Specialists; Member of the Maternal Child Health Coalition, Sigma Theta Tau International—Lambda Phi Chapter, and International Children’s Continence Society

Joy Bartholomew, RN, MSN, FNP, CPON—Nursing Steering Committee Member of the Children’s Oncology Group (COG); Editor of the COG nursing newsletter; Co-Chair for COG clinical trials; Chair of COG chemotherapy order set task force; Protocol Nurse of COG high risk Neuroblastoma trial, ANBL0532

Goldie Benz, RN, BSN, CDE—Active member of the American Association of Diabetes Educations pediatric special interest group

Kathy Bradley, RN, MSN, CNOR—President-elect of Sigma Theta Tau International—Upsilon Tau Chapter; Member of the Greater Kansas City Chapter of the Organization for Transplant Professionals

Brenda Brewer, RN, CNN, CCTC—Co-Chair of the 2008 and 2009 North American Transplant Coordinators Organization (NATCO) Winter Symposium; Member of The Organization for Transplant Professionals

Cathy Burks, RN, PCNS, MSN, CPON—Co-Author of parent booklet on Acute Myelogenous Leukemia for the Association of Pediatric Hematology/Oncology Nurses (APHON)

Carol Hafeman RN, BSN, MA, ET—Convention Planning Committee Member for the Missouri Nurses Association; Member of the Pediatric Committee for Practice of the WONC

Kristina Handley, RN, BSN, CNOR, CRNFA—Member of AORN and National Association of RNFA’s

Kara Hoohehan, RN, BSN, CPON—Recording Secretary for the Greater Kansas City APhON Chapter

Karen Cox, RN, PhD, NEA-BC, FAAN—Manuscript Reviewer for the Journal of Pediatric Nursing; Brief Proposal Reviewer for the Interdisciplinary Nursing Quality Research Initiative; Committee Member for the Child Health Corporation of America Neonatology Area of Focus Steering Committee; Nominating Committee Chair and Co-Chair of the Child Adolescent and Family Expert Panel for the American Academy of Nursing; Member of the American College of Healthcare executives, AcademyHealth Advancing Research, Policy and Practice, Academy for Healthcare Improvement, Academy for Health Services Research and Health Policy, American Organization of Nurse Executives, American Nurses Association, Missouri Nurses Association, Midwest Nursing Research Society, National League of Nursing, Robert Wood Johnson Executive Nurse Leadership Alumni Association, Society of Pediatric Nurses and Sigma Theta Tau International—Lambda Phi Chapter

Kay DeHart, RN, BSN, IBCLC—Secretary for the Greater Kansas City Lactation Consultant Association

Lisa Ell, RN, CCRN—Member of the Air, Surface, Transport Nurses Association

Jon Ann Espunge, RN, BSN, CPN—Member of Sigma Theta Tau International

Sally Fagan, RN, BSN, CRN—Member of American Association of Critical Care Nurses (AACN)

Vicki Fioravanti, RN, CCTC—Co-chair of the Planning Committee for NATCO Annual Meeting; Member of the NATCO Live/Intestine Ad Hoc Committee

Christy Geraghty, RN, BSN—Member of the Crohn’s and Colitis Foundation

Carol Hafeman RN, BSN, MA, ET—Convention Planning Committee Member for the Missouri Nurses Association; Member of the Pediatric Committee for Practice of the WONC

Kristina Handley, RN, BSN, CNOR, CRNFA—Member of AORN and National Association of RNFA’s

Krisitem Hobbs, RN, CPNP—Member of the National Association of Nurse Practitioners

Kara Hoohehan, RN, BSN, CPON—Recording Secretary for the Greater Kansas City APhON Chapter

Diana Hurley, RN, BSN, CN—Member of the American Nephrology Nurses Association (ANNA) and the NATCO

Cheri Hunt, RN, MHA, NEA-BC—President of the Kansas City Area of Nurse Executives; Member of the American Nurses Association, American Organization of Nurse Executives, Missouri League for Nursing, Missouri Nurses Association, Missouri Organization of Nurses Leaders, Sigma Theta Tau International Honor Society of Nursing—Lambda Phi Chapter, and Society of Pediatric Nurses
Kristy Reynolds, RN, BSN, CPON, OCN—Corresponding Secretary for the Greater Kansas City APHON Chapter

Deb Rivera, RN, COHN—Executive Secretary to the Board as well as the Chair of the Leadership Committee of AOHP.

Cristy Roberts, RN, MSN, PhD (c)—Succession Chair of Sigma Theta Tau International—Lambda Phi Chapter

Beth Roher—Member of SPN

Kathryn Schartz, MSN, CPN—Exam item writer and Role Delineation Committee Member for the American Nurses Credentialing Center Pediatric Nurse Practitioner Exam

Jessica Schirmer, RN, CPN—Member of the Pediatric Endocrine Nursing Society (PENS)

Kristin Stegenga RN, PhD, CPON—Review Board Member for Oncology Nursing Forum (Journal for the Oncology Nursing Society); Member of the Board of Directors for APHON; Steering Council Member of APHON

Sue Teasley, RN, CCRC—Member of the Association of Clinical Research Professionals and Midwest Nursing Research Society

Mandi Turner, RN, BSN, CCRN—Member of AACN

Jill Vickers, RN, BSN, CPN—National Nursing Staff Development Organization

Pam Western, RN, MSN, CPNP—Legislative chair for the Greater Kansas City Chapter of NAPNAP; MAIC Symposium committee member

Donna Wyly, RN, MSN, APRN-BC, CPNP-AC, ONC—Member of Sigma Theta Tau International, National Association of Orthopaedic Nurses and NAPNAP

Linda Hussey, RN, MSN, CPNP-PC/AC, CCRC, CCRA—President of the Greater Kansas City NAPNAP chapter

Carolyn Jensen, RN, MSN—Member of the Missouri Hospital Association

Judy Kauffman, RN, MSN, CPNP—Served on the National Hemophilia Foundation’s First Step Task Force; Member of the National Hemophilia Foundation’s Nurses Working Group

Kathy Keilerman, RN-BC, BSN—Board Member of District 1 Kansas State Nurses Association

Tasha W. King RN, CDN—Legislative Officer for ANNA

Angie Knackstedt, RN-BC, BSN—Chapter Board and Program Committee Member of the Society of Pediatric Nurses –Greater KC Chapter; Member of the National Nursing Staff Development Organization – Heart of America Chapter

Patti Light, RN, BSN—Member of Sigma Theta Tau International

Beth Lyman, RN, MSN—Appointed to the American Society for Parenteral and Enteral Nutrition (ASPEN) Board of Directors; Member of Clinical Nutrition Week Task Force of ASPEN

Emily McFadden, RN, BSN—Member of AACN

Christine McHenny, RN, BSN, CPON—President Elect of the Greater Kansas City APHON Chapter

Karen Murray, RN, ADN, CCRN—Ambassador for AACN

Stacy Parks, RNC, CPN—Member of the American Organization of Nurse Executives

Patty Phillips, BSN, RN, CPN, CPEN, CPST—Member of the Society of Pediatric Nurses (SPN) national membership and clinical practice committees, national awards taskforce and Greater Kansas City Chapter Educational Planning Committee; Student Member of NAPNAP; Sigma Theta Tau International Member

Debi Quirarte RN, COHN—Vice-President for The Association of Occupational Health Professionals in HealthCare (AOHP) for the Heart of America-Kansas City Chapter
Publications and Presentations

**Book Chapter**


**Publications**


**Presentations**

Jackie Bartlett. “Integrating Evidence Based Practice into the Student Nurses Role.” Research College of Nursing, Kansas City, MO, August 2008.


Patricia Messmer. “Band of Simulators.” Fudan University and Shanghai Medical Center Shanghai, China, July 2008.


Patricia Messmer. “The Humpty Dumpty Falls Scale (HDFS).” Fudan University and Shanghai Medical Center, Shanghai, China, July 2008.


Patricia Messmer. “Integrating Research, Clinical Scholarship and Evidence-Based Practice into the Academic and Clinical Settings.” Guangzhou Children’s Hospital, Guangzhou, China, July 2008.


Kristin Stegenga. “AYA and ALL #1: A Focus on the Unique Needs and Psychosocial Issues of AYA.” Oncology Nursing Society Podcast series on Adolescents/Young adults.


Kristin Stegenga, Lona Roll, Celeste Phillips-Salimi, Yvonne Barnes and Joan Haase. “At a Distance: Challenges and Solutions of Conducting a Multi-site Behavioral Clinical Trials with Adolescents/Young Adults Undergoing Stem Cell Transplant.” American Psychosocial Oncology Society (APOS), Irvine, CA, February 2008.


Evidence Based Practice

The Evidence Based Practice Collaborative (EBPC) is a multi-disciplinary group which was developed in January 2008. The vision for the EBPC is to sustain and continually develop CMH&C as a pediatric center of excellence by:

- Supporting an organizational culture that continuously seeks to improve.
- Developing a structure by which clinical decision making and organizational policy and procedure are grounded in evidence for best clinical practice.
- Incorporating evidence-based practice principles in the work done in committees and the decision making processes used throughout the organization.
- Seeking opportunities to develop standardized practices for all the activities of the organization including:
  - patient and family care
  - staff and patient/family education
  - human resource management.

Members of the EBPC are:

- Nancy Allen, MS, RD, LD
- Jackie Bartlett, RN, MSN, MBA HCM
- Jean Carstensen, MD
- Raymond Chan, MD
- Michele Fix, RN, BSN
- Jessica Neuhart, MD
- Adrienne Platt, RN, MSN, CPNP
- Mike Sayer, MBA, PACS
- Janis Smith, RN, DNP
- Keri Swaggart, MLS
- Kirsten Weltmer, MD

In order to support the organizational culture which continually seeks improvement in clinical practice and committee work, the members of the EBPC analyzed and synthesized literature to answer questions posed by the Pediatric Mortality and Morbidity Committee and the Quality and Safety Coordinating Committee. Additionally, EBP lectures were given to pediatric residents, and research staff (medical, nursing and allied health).

Work continues within the realm of care standardization. Multidisciplinary teams which evaluate all components within the course of the disease. Nursing is involved in these discussions by bringing the point of care perspective seen at all service levels.

All CPG teams had nursing representatives:

**Community Acquired Pneumonia**
- Geoff Allen, MD
- Charleen Cunningham, RN, BSN, CPN
- Ashley Daly, MD
- Jennifer Geheb, RN, MSN, CPNP
- Patrice Johnson, RRT
- Kathy Kellerman, RN
- Lauren Olson, MD
- Jeff Michael, DO
- Jayna Monical, RN, BSN, CPN
- Jessica Neuhart, MD
- Jason Newland, MD, Team Leader
- Michelle Schaal, RN, BSN, CPN
- Janis B. Smith, RN, DNP, Team Facilitator
- Leslie Stach, PharmD
- Nancy Tatt, RN, BSN, CPN
- Gina Weddle, RN, MSN, CPNP
- Kirsten Weltmer, MD
- Laura Wilson, RN, BSN, CPN

**Diabetic in Ketoadisosis**
- Ted Barnett, MD
- Jackie Bartlett, RN, MSN, MBA HCM, Team Facilitator
- Raymond Chan, MD
- Jeffery Colvin, MD, JD
- Doug Flora, RPh, CDE
- Lory Harte, PharmD
- Tracy Hartman, MHA
- Kurt Midyett, MD, Team Leader
- Becky Paulsen, RN, MS, CPN
- Jana Schlosser, RN, BSN, CPN
- Angela Turpin, MD
- Christine Walsh-Keely, MD
- Patricia Webster, MD
- Susan Widener, RN, BSN, CPN

**Emergent/Urgent Care Treatment of the patient with Conjunctivitis**
- Jackie Bartlett, RN, MSN, MBA HCM, Team Facilitator
- Allison Burris, MD
- Tracy Hartman, MHA
- Chelsea Johnson, MD, Team Facilitator
- Jason Newland, MD
- Merrill Stass-Isern, MD
- Thomas Tyron, MD
- Katie Mourning, MD

**Use of the Bladder Scanner in the Post-operative Patient**
- Jackie Bartlett RN, MSN, MBA-HCM, Team Facilitator
- Michele Burns, RN, BSN
- Bobbie Carter RN, CPN
- Jean Crumrine-Brauer, RN, CPN
- Mickie Farthing, RN, BSN, CCRC
New Knowledge, Innovations, and Improvements

• Gayla Huffman, RN, BSN, Team Leader
• Joan Maxwell, RN, BSN, CPN
• Ginny Nyberg, RN, MSN, CPN
• Sara Roediger, RN, BSN, CPN
• Priscilla Singer, RN, CPN
• Kristyn Spiller, RN, BSN, CPN

Skin Integrity
• Michele Fix, RN BSN
• Janis Smith, RN, DNP
• Maria Ginger-Wiley, RN, CCRN
• Mary Ann Resco, RN, MS, CCRN
• Janet Franzen, RN, BSN, NE-BC
• Rosemary Sayer, RNC, BSN
• Janet Klein, RNC, BSN
• Barb Haney, RNC, MSN, CPNP-AC
• Jeannine Henning, RN, BSN, CWOCN, CPN
• Carol Hafemann, RN, BSN, MA, ET
• Ginny Nyberg, RN, MSN
• Jill Vickers, RN, BSN, CPN

Failure to Thrive
• Jackie Bartlett, RN, MSN, MBA HCM
• Chris Day, MD
• Mo Gaynor, MOTR
• Tammy Hitt, RN
• Donna Holmes, LCSW
• Lindsay Hudson, LCSW
• Margo Humenczuk, MA, MBA, RD, LD
• Jill Jacobson-Norton, SW
• Kathe Kraly, RN, MSN, CPNP
• Ashley Meyer, RN
• Mike Moran, MD
• Brooke Nelson, LMSW, LCSW
• Bobby Riss, MD
• Christie Robertson, MD
• Jackie Schieszer, MSW
• Kasey Smith, MS, RD, LD
• Karen Stephens, MS, RD, LD
• Julie St. John, RN, BSN, CPN
• Shirley Webb, RN, MBA
Alaris Smart Pumps

In November 2008, Children’s Mercy Hospitals and Clinics said good-bye to our old large volume IV (LVIV) pumps and syringe pumps and began using new Alaris® smart pumps. The Alaris® PCA (patient controlled analgesia) module with smart pump technology was already being used prior to conversion. After the conversion, all of our IV pump modules are now running with the latest in medication pump safety technology: LVIV, syringe pump, and PCA.

When nurses turn on the Alaris® pump, it leads them step-by-step through set up. They enter the patient’s weight and choose one of five profiles: Med/Surg, PICU, ICN, HemOnc, Outpatient. Each profile is pre-programmed with IV medication names and concentrations used in that area. The nurse chooses the medication to be infused then enters volume and dose information. The pump uses its Guardrails® software technology to compare the dose entered with pre-programmed safe ranges for that medication, based on the patient’s weight. If the dose, as entered, is too high or too low, the pump alerts the nurse. The nurse can then double check to be sure the dose and pump settings are correct. Soft Guardrails® allow the nurse to override the alert. Hard Guardrails® will not let the nurse override the alert, so in cases where a dose is harmfully out of range, the nurse is unable to continue with administering the medication as currently set up.

Another advanced technology of these pumps is that they are capable of communicating wirelessly. This feature makes it tremendously easier to upload new medication information, such as adding new medications or updating Guardrails® settings. Information stored in the pumps’ “brains” can be wirelessly downloaded to analyze pump usage and medication administration for quality control and improvement. This data provides information such as how often types of medications are administered and what alerts were overridden and analyze why. Adjustments to pump settings or medication administration practices can then be made to improve patient safety.

Through the use of the Alaris® smart pumps, risks associated with medication administration are greatly reduced. The information collected through the use of this technology allows for the drill down of current behaviors and modification of administration practices in order to provide the highest caliber of patient care.
Cerner Go-Live

The first phase of our new electronic clinical information system use began in February 2008 and was completed July 2008. With PHRED (Pediatric Health Records Electronic Database) in the building we have learned, as the expert literature warned us, that the really hard work begins after implementation of a new system. Hundreds of end-users are in the system hourly, simultaneously providing or documenting patient care. Essential to our positive implementation was the involvement of direct care-givers, organizational leaders, IS analysts and system developers. We also have created the organizational structure that supports clinical work process transformation and systems change management.

Implementation Training:
Clinical end users attended a minimum of eight hours of training prior to implementation. Direct care nurses who were provided additional training as Super-users supported each class and, in some cases, took a leadership role in training. Web based learning modules were created and made available to staff for additional practice with the system and new work processes. In the weeks prior to each clinical areas’ go-live Open Houses were hosted by Super-users and educators in computer training rooms to allow direct care givers opportunity for self-paced, hands-on practice and a chance to ask questions of expert facilitators.

Implementation Support:
On-site support for each clinical area was provided 24/7 for two weeks following each go-live. Information systems staff was available for system functionality questions or issues, while clinical Super-users were relieved of patient care responsibilities to support their colleagues with transformed work processes and new documentation practices. Super-users were attired in colorful T-shirts that made them readily identifiable and which also recognized their contribution and commitment to the education and training of their peers. Physical and emotional support was also provided by the management teams and organizational leaders who maintained close physical proximity to their unit staff and made certain that everyone was very well fed! Despite the demand and intensity of the go-live, staff maintained their sense of humor and creativity – some even dressing up like PHRED himself!

Post-Implementation Status and On-going Work:
Implementation committees, work process teams, and approval groups have evolved following PHRED’s implementation – focusing on continuing to refine transformed work processes and system enhancements. Two that rely heavily on the lived-experience of direct care nurses are the Clinical Documentation Approval and the Electronic Medication Process Approval Committees. Each group is inter-professional and crosses department boundaries, as an integrated clinical
information system necessitates appreciation of how patient care accomplished in one area impacts care of patients in another. As the names of these work groups indicate, each has the authority to propose solutions to identified issues or problems with work process or systems' use and approve the changes necessary for continuous improvement. Decision making is the responsibility of those who do the work and occurs "where the rubber meets the road." When a recommendation for change is complex or controversial or when broad organizational change is necessary, the recommendation of the group seeks input from senior leadership and/or executive teams. When a recommendation for change is approved, direct care nurses - the subject matter experts - assist to design training and update policy or procedure in order to hardwire the transformed process.

Direct care nurses participate on the following interdisciplinary committees, as well as on ad hoc work teams created to address identified issues:
- Clinical Documentation Approval Committee
- Electronic Medication Approval Committee
- Evidence-Based Plan of Care Committee
- Comfort Plan of Care
- Skin Integrity Plan of Care
- Safety Plan of Care
- First Net Leadership Team
- Implementation Teams continue to meet in those clinical areas preparing for additional future systems implementations
- Ambulatory Advisory Committee
- Anesthesia/OR Implementation Committee
- ICN Implementation Committee
- PICU Implementation Committee

**Post-Implementation Education Initiatives:**

We were well aware that ongoing education following implementation about the new electronic system would be necessary. While classroom training provided fundamental skills for system use, the complexity of patient care called for a more advanced skill-set. In addition, system questions, problems, updates, and improvements were significant and sometimes required daily changes in either work or system processes. Finally, the system’s detail and complexity; work processes that were unclear or had not been well identified; our own lack of standards for documentation; and the need to update policies and procedures to reflect our transformed state were challenges that necessitated ongoing effective communication with end users in order to keep them informed and updated.

We used a variety of communication techniques as our current education strategy evolved: daily implementation debriefings, web postings, email, printed materials, meeting minutes, and spreadsheets. Direct care nurses, though eager for new knowledge, found it difficult to provide excellent patient care and keep up with all the new information. They clearly identified the need for education at the point of care. We needed a way to ensure that every clinical end-user received accurate system updates in a standardized, timely manner at the point where needed for patient care.

A model for peer education related to our CIS was adopted in October 2008. This model called upon existing super-users to advance their level of systems expertise. Direct care nurses from each department across the organization attend monthly training sessions to learn new or updated systems functionality and/or work process. Upon completing training, each is responsible to deliver the content at the department level; sharing it with other Super-users and with an identified group of end-users. Our peer educators have adopted the nickname “PHREDucators” and identify their hands-on peer training as “PHREDucation.”

**Next Steps:**

Electronic Clinical Information Systems continue to change and develop long after their implementation necessitating that our work groups and committees continue to evolve. Work ahead in 2009 and following includes:

- An analysis of current clinical documentation and clarification of our documentation standards with the new system in order to improve our practices. (Summer 2009)
- Critical care clinical documentation implementation, including new software for viewing information and automated downloads from biomedical devices. (Fall 2009 – Spring 2010)
- Evaluate the medication process to identify additional potential to enhance patient safety with standardized processes and prepare for closed-loop medication administration and documentation. (Summer/Fall 2009)
- Reassess hardware needs on clinical units to improve point of care nursing documentation. (Summer 2009)
- Participate in the development of evidence based plans of care with a partner children’s hospital and our health IT software vendor. (Ongoing, start Summer 2009)
- Survey end-user satisfaction and the impact of the system on patient care safety and quality at the one-year post implementation mark. (Summer 2009)
On May 30, 2008, as part of the Endowed Lecture Series, Children’s Mercy Hospitals and Clinics was honored to have Sean Clarke, RN, PhD, CRNP, FAAN, share his expertise surrounding health care work environments. The Endowed Lecture Series, funded by an anonymous donor, was established to bring a national renowned speaker to present on current topics in pediatric health care.

Dr. Clarke began his nursing career in Montreal, Canada, where he worked as a staff nurse in coronary care. He received his doctorate degree in 1998 from McGill University in Montreal and completed post-graduate work at the University of Pennsylvania. Dr. Clarke’s primary interests rest in how nurse staffing and work environments impact both patient outcomes and occupational health issues.

The lecture series began with a morning presentation entitled, “Nurse Practice Environments, Staffing Levels and Patient Outcomes in Hospitals.” This presentation focused on the conceptual framework for linking staffing and practice environment factors to quality and outcomes, supporting these components through research evidence. He also discussed why these issues are important, and their implications on the practice setting for acute care nursing.

Dr. Clarke concluded with an afternoon presentation entitled, “Environments for Optimizing Patient Rescue in Hospital Care.” Through this lecture, he discussed failure to rescue, the components to support successful patient rescues in the acute care setting and implications for clinical practice and leadership.

Dr. Clarke is currently the Associate Director for the Center for Health Outcomes and Policy Research at The University of Pennsylvania School of Nursing. He has also been recognized as a Fellow in the American Academy of Nursing and serves on the Joint Commission’s Nursing Advisory Council.
MOKAN Program Maximizes Student Clinical Placement

Approximately 675 nurses graduated from the Kansas City area nursing programs in 2004. Those numbers are expected to increase by 60 percent by 2009. This growth points to the need to increase the clinical capacity within hospital settings in order to safely and adequately provide quality experiences for students in this geographic area.

In a collaborative effort to coordinate and maximize clinical capacities in the region, the Metropolitan Health Care Council, the Kansas City Area Nurse Executives (clinical partners) and the Collegiate Nurse Educators of Greater Kansas City (education partners), committed resources to implement a strategy to achieve these outcomes. Together, the partners adopted StudentMAX software to manage student placements in the Greater Kansas City area. This electronic scheduling program allows easy access to schedule and view clinical placements quickly and efficiently, while decreasing the amount and complexity of clinical and education workloads.

The regional program, known as MOKAN, was piloted in the Fall of 2007. Full implementation began with the remaining 45 participating clinical and education partners in February 2008 for student placements for the 2008-09 academic year. MOKAN is used to schedule all clinical rotations, both pediatric and adult, for all clinical and education partners. The program allows users to view clinical placement schedules, as well as school of nursing and hospital websites for student and clinical information via links from the MOKAN website.

MOKAN offers a snapshot view of clinical placements in the region and provides greater ease in obtaining clinical placements in a growing and highly competitive market. The program facilitates the achievement of desired quality outcomes for clinical placements, and improves communication between education partners, clinical partners, students and preceptors. The MOKAN group meets quarterly to discuss the scheduling system and student placement issues and concerns.

Plans are in place to upgrade the software package in 2009 to provide additional resources to the clinical and education partners. With the new package, users will still be able to view placements and obtain student and hospital information. Through password protected sites, partners will be able to request and approve placements and access clinical orientation materials and partner e-mail addresses. These enhancements will continue to improve the placement process for both clinical and educational partners and facilitate communication to further develop the clinical experiences for all involved.


Applying a patient care policy and procedure can be consistent in theory; however access and interpretation of available resources is as individual as the patient and challenges health care staff in providing effective, uniform care. As technology improves, an increasing number of hospitals are making use of standardized media resources to educate staff and improve consistency. However, patient care policies and procedures, as well as products, differ from institution to institution, which continues to leave these standardized tools up for interpretation. In 2008, Children’s Mercy Hospitals and Clinics addressed these concerns by implementing a Nursing Resource Guide (NRG): a pragmatic multimedia demonstration of patient care policies and procedures.

The Nursing Resource Guide (NRG) is a web-based application that utilizes multimedia to provide nurses at all experience levels direction and context as it relates to policies and procedures. The NRG combines resources currently available, but groups them into easy to use collections. The content is intended to represent how nurses think and work and features standardized nursing language as recognized by The Joint Commission.

The procedure components are presented in a multimedia format allowing for integration of both demonstration and explanation through audio, video and text. The policy is provided in a PDF format for review and is accompanied by a short video demonstrating proper clinical skills and technique, and is accompanied by audio and visual language taken directly from the policy.

In addition, all related policies/procedures are located in proximity to one another, providing a quick, user-friendly design at the fingertips of health care providers who are typically pressed for time. Policies are organized into groups such as Blood Products, Event Codes, Body Systems and Infection Control—reflective of the way nurses think and work. Within the groups, the user is offered policies, care cards and competencies to view or print, procedure videos, and CHEX modules as they relate to the policies.

Utilizing information such as Evidence Based Practice and product specifications, the NRG will be continually updated as policies are reviewed and revised to assure staff have access to the most current resources available.
Vocera

The Vocera device, or badge, is a great communication tool that is utilized throughout Children’s Mercy Hospitals and Clinics. Gone are the days of having to hunt someone down when you need them. With the press of the badge’s call button, you can instantly speak with another badge user that is logged into the Vocera system or any Children’s Mercy phone extension. The voice activated device provides a variety of tools to enhance communication. As the primary communication tool at Children’s Mercy West, staff rely on the broadcast feature to send out notification of anything from a code blue or code pink to a computer system failure. The Primary Care Clinic, which sees a very high volume of patients on a daily basis, utilizes Vocera to expedite services that otherwise may take a significant amount of time to complete. For instance, if an access representative has a question during patient check in, they can easily connect with a nurse to have those questions answered or to receive further information on that patient. If an interpreter is needed, they are just a quick call away from providing assistance. Nurses throughout the hospital in need of assistance from the internal transport team are able to instantly make contact with a team member using Vocera. Using the Vocera system, the nurse can say, “call internal transport,” and the system will call each member of the internal transport group until an individual accepts the call.

Vocera played a significant role in the successful implementation of PHRED in the ambulatory areas. Information System’s staff were equipped with Vocera badges to aid in their support during the system conversion. Staff members were able to contact IS support staff to ask questions and report issues in a timely manner. IS staff were more accessible to the end user and the Vocera device freed them from the need to find a phone to call users back.

The list of ways that Vocera can assist health care providers are endless. Each department has specific goals in mind when requesting to be set up with the system. It is a time-saving tool that allows individuals to be mobile and take care of business all at the same time.

PICU Continues Participation in Nationwide Pediatric Blood Stream Infection Initiative

The National Association of Children’s Hospitals and Related Institutions (NACHRI) has been leading an effort to eliminate blood stream infections related to intravenous line placement. As a NACHRI member hospital, Children’s Mercy Hospitals and Clinics was given the opportunity to participate in this collaborative project with 29 other NACHRI hospitals. The project focuses on empowering all staff members to take an active part in patient safety through the prevention of CA-BSI and generating new knowledge regarding line placement and maintenance that will improve patient outcomes. The study involves the collection of data on patient outcomes, insertion and maintenance practice compliance and clinical/ demographic measures.

The first phase of the three-phase project, which began in 2007 and concluded at the end of 2008, focused on testing changes, data collection and sharing of information. Each participating PICU was required to implement line insertion and maintenance bundles designed to reduce infection risks associated with catheter placement as well as one of three test factors for the project. Children’s Mercy Hospitals and Clinics’ PICU chose to implement a Chlorhexadine Gluconate (CHG) scrub versus an alcohol scrub to clean the IV hubs on central lines. The CHG scrub requires a 30 second scrub and a 30 second dry time before entering the line. Overall, NACHRI reports the first phase of the collaborative to be incredibly successful. By April 2008, the participating hospitals had seen over a 70 percent reduction in CA-BSI rates (Ray, 2008). Phase II of the collaborative is scheduled to begin in 2009. This phase will look at the success of interventions implemented during Phase I and continued evaluation of contributive and preventative factors to continue to reduce infection rates even further.


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Decreasing Blood Culture Contamination Rates in the Emergency Department

In early 2008, the Emergency Department and Urgent Care Centers identified their rate of contaminated blood cultures was greater than the national benchmark. Contamination in blood cultures can lead to return visits to the ED, increased cost to family and hospital, possible admission due to tainted results, and unnecessary administration of antibiotics and family anxiety. Also, repeated labs for another blood culture costs $103 and 40 minutes of staff time. Recognizing the impact contaminated cultures have on patient outcomes and workflow, these departments worked together to determine where contaminants were being introduced and identify a practice change that would lead to an overall rate decrease.

Retrospective data regarding the total number of cultures collected and total number of contaminated cultures was evaluated. Current nursing practice was explored through interview and direct observation and evaluated step-by-step through flow diagrams to identify potential entry for contaminants in the collection process. Practice at the time of the investigation involved drawing blood cultures simultaneously with other lab work when placing an IV. Pre-intervention process was changed to eliminate potential entry points for contaminants by ensuring proper cleaning of blood culture bottles and disinfection of the collection site as well as a separate venipuncture from the IV placement, using a closed collection system. A goal was set of less than 4 percent contamination rate based on benchmarking with other hospitals. Emergency Department and Urgent Care RNs were then educated in the new process and procedure for blood culture collection. Physicians were alerted of the change in practice in order to assist in the preparation of the families for the procedure.

The impact of the intervention is analyzed monthly by collecting data from the lab including total cultures, positive cultures and contamination rates. Prior to implementing the process change, the highest monthly rate of contamination was 11.38 percent. Since the intervention, the highest monthly contamination rate was been 3.18 percent. Spikes above 4 percent are investigated by the Emergency Department leadership to evaluate educational opportunities and practice variation.

Using rapid cycle improvement, nursing practice changes in how samples are obtained can lead to lower contamination, improving patient satisfaction and quality. An added benefit was the intervention led to lower blood culture volume as physicians reviewed other results before ordering cultures.
Foley Fairies—Empowering Nurses to Improve Patient Outcomes

In November 2007, nurses in the PICU identified a Catheter Associated Urinary Tract Infection (CA-UTI) rate higher than the national standard for Pediatric Intensive Care Units. In August, the Center for Medicare and Medicaid Services (CMS) announced that, after October 1, 2008, it will no longer reimburse hospitals at a higher rate for secondary diagnoses if patients develop a hospital acquired condition such as CA-UTIs after admission. These conditions are seen as reducible through the implementation of appropriate prevention interventions. Recognizing the impact CA-UTIs have on the patients as well as the financial repercussions for the organization, the standing of the PICU’s CA-UTI rate was brought to the attention of the PICU staff and a multidisciplinary taskforce came together to address the issue.

The taskforce began with a review of current literature on best practices and related evidenced based protocols. With limited studies on the subject available in both adults and pediatrics, and an absence of updated recommendations from the CDC since 1981, the taskforce evaluated current practices of indwelling urinary catheter care within the PICU. This survey determined that a variety of inconsistencies in catheter care existed within the unit as well as within the hospital. With this information, the group identified the need for further education on nursing practice and the development of policies related to urinary catheter procedures.

The first priority was to educate staff on proper care of indwelling urinary catheters. A team of champions, known as the “Foley Fairies,” was created specifically to address the education of others on proper foley care. “Fairy Facts” have been posted throughout the unit that identify proper care techniques such as emptying the foley bag completely prior to transport of a patient, observing for leakage every two hours, and documentation of foley catheter insertion, care, manipulation and unexpected events. A standardization of closed system irrigation was implemented that limits irrigation fluid to 10cc of normal saline and requires a physician order. A new technique of clamping the urinary catheter during transport and transferring of patients has also been adopted to prevent retrograde flow of urine into the bladder. The PICU is exploring alternative securement devices to improve catheter stabilization and decrease infection rates.

Assessment of the need for urinary catheterization is being performed by the nurse, physician and Infection Control on a frequent basis. Fridays have been declared Foley Fridays as members of Infection Control touch base with all physicians to discontinue as many foleys as appropriate and possible.

Since implementing these changes, the PICU has seen a decrease in the number of CA-UTIs as well as total number of catheter days—a known contributor to infection.

Empirical outcomes

In November 2007, nurses in the PICU identified a Catheter Associated Urinary Tract Infection (CA-UTI) rate higher than the national standard for Pediatric Intensive Care Units. In August, the Center for Medicare and Medicaid Services (CMS) announced that, after October 1, 2008, it will no longer reimburse hospitals at a higher rate for secondary diagnoses if patients develop a hospital acquired condition such as CA-UTIs after admission. These conditions are seen as reducible through the implementation of appropriate prevention interventions. Recognizing the impact CA-UTIs have on the patients as well as the financial repercussions for the organization, the standing of the PICU’s CA-UTI rate was brought to the attention of the PICU staff and a multidisciplinary taskforce came together to address the issue.

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In Memoriam

Lisa Barth  
March 18, 1961-June 10, 2008

Vicki (Pettijohn) Bohl  
April 10, 1959-July 3, 2008

Jennifer Collins  
July 8, 1975-April 19, 2008

Sandra Sloniker  
April 19, 1948-February 18, 2008

In Academic Affiliation with the University of Missouri-Kansas City School of Medicine.

AA/EOE