Nursing Annual Report 2010

Children's Mercy Hospital

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Redefining Pediatric Nursing
One Child at a Time

2010 Nursing Annual Report

Children's Mercy
Hospitals & Clinics
Kansas City
DEAR NURSING COLLEAGUES AND FRIENDS

I am proud to share the Children’s Mercy Hospitals and Clinics 2010 Nursing Annual Report. This was a year of change, uncertainty, and opportunity. As always, the nursing staff met these challenges and expectations with enthusiasm, determination, confidence, and a clarity of our mission and vision.

Throughout 2010, we began preparing the documents for our 2nd Magnet® Re-designation. The Magnet Recognition Program® is the highest international recognition for excellence in nursing services and serves as a vehicle for the dissemination of best practices between exceptional health care organizations. Our Magnet journey began in 2002, with our first Magnet Designation awarded in 2003 and our first Re-Designation in 2007. Over the past eight years, I have seen the organization continue to grow and evolve to a level that not only meets the criteria set forth by the Magnet Recognition Program®, but that consistently exceeds those expectations and standards.

In 2008, the Magnet Recognition Program® restructured the Magnet Model to reflect five key components. These components provide the foundation of a supportive professional work environment that promotes excellent patient outcomes and high levels of nurse satisfaction.

- **Transformational Leadership**
  Nurses at all levels of the organization are involved and encouraged to share their thoughts and ideas to further develop the mission and vision of the organization.

- **Structural Empowerment**
  Nurses throughout the organization are supported to develop themselves as professionals through shared decision making, continuing education, specialty certification, and commitment to community service.

- **Exemplary Professional Practice**
  The work environment supports the nurse to have significant control over nursing practice while working collaboratively in interdisciplinary relationships to further develop surroundings focused on a culture of safety and high levels of satisfaction for patients, families, and employees.

- **New Knowledge, Innovation and Improvements**
  Research, Evidence Based Practice and Innovation are integrated into clinical practice and organizational processes to assure the highest quality and most advanced care for patients and families.

- **Empirical Outcomes**
  The structures and processes defined and implemented by the other four model components are continually assessed and monitored to evaluate improvements and assure positive clinical and organizational outcomes.

The 2010 Nursing Annual Report highlights a few of the stories that were submitted with our Magnet Re-Designation Application. These stories demonstrate our commitment to excellence, our innovative spirit, our influence, our collaborative practice models, and our focus on professional development.

Thank you!

Cheri Hunt, RN, MHA, NEA-BC
Vice President for Nursing
Chief Nursing Officer
# 2010 Children’s Mercy Nursing Annual Report

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**New Knowledge, Innovations and Improvements | Exemplary Professional Practice**

| 78   | Publications and Presentations |
Lynda Bainbridge, RN, MBA

Lynda completed her nursing training at Royal Alexandra Hospital School of Nursing in Edmonton, Alberta, Canada. Lynda also holds a Masters Degree in Health Care Administration from Keller Graduate School of Management. Lynda has served in various leadership positions at Children’s Mercy including Nurse Manager roles on 4 Sutherland and the Intensive Care Nursery. Lynda returned to Children’s Mercy in 2010 as the Clinical Operations Manager for Neurology.

Dorothy Aust, RN, BSN

Dorothy graduated with a Bachelor of Science in Nursing and a major in Sociology, from Avila University in 1983. She began working at Children’s Mercy Hospitals and Clinics as a Care Assistant in 1982, while completing her BSN. After graduation, she started as a Direct Care Nurse on 5 North, the adolescent medical-surgical unit. Dorothy worked as a Charge Nurse, Assistant Head Nurse and Co-Head Nurse while on 5 North. In 1994, she transferred to the Teen Clinic as their Nurse Manager. Dorothy was instrumental in opening seven school-based clinics, and establishing off-site clinics at six residential facilities for area teens. In 2007, Dorothy transferred to Children’s Mercy Family Health Partners as a Pediatric Case Manager, and then returned to the role of Nurse Manager of the Teen Clinic in 2010.

James J. Bass, RN, JD

James graduated with an Associates Degree in Nursing from Kansas City Kansas Community College in 2003. After graduation, he began working at Children’s Mercy South as a Direct Care Nurse on the inpatient unit. In 2005, James transferred to the Emergency Department at the main campus and completed his Bachelor of Science in Nursing at the University of Kansas. James then attended Law School at the University of Missouri–Kansas City in the Fall of 2007, while continuing to work PRN in the Emergency Department. He obtained his Juris Doctorate in the spring of 2010 and became a member of the Missouri Bar in the fall of 2010. In December, James accepted the position of Nurse Manager of the Plastic Surgery Clinic.
Nurses are encouraged to share their thoughts and ideas to further develop the mission and vision of the organization.

Angie Black, RN, MSN, CPNP
Angie graduated with a Bachelor of Science in Nursing from The University of Missouri–Columbia in 1997. Shortly after graduation, she began working at Children’s Mercy Hospitals and Clinics as a Direct Care Nurse on 3 North. Angie became a Nurse Manager on 3 Henson and 3 West in 2004. She graduated with her Master of Science in Nursing as a Pediatric Nurse Practitioner in 2006 from the University of Missouri–Kansas City. After completing her Masters degree, she continued working as a Nurse Manager while also functioning as an inpatient Pediatric Nurse Practitioner with the hospitalist group. Angie left Children’s Mercy from 2008-2010 to work as a Pediatric Nurse Practitioner with the Lee’s Summit Physician’s Group. In 2010, Angie returned to Children’s Mercy as the Department Director of 5 Sutherland and 5 Henson Tower.

Scott Carruth, RN, MBA
Scott graduated with a Bachelor of Science in Nursing from Harding University in Searcy, Arkansas in 1996. After graduation, he began working in the Emergency Department/Trauma Center at Trinity Mother Frances in Tyler, Texas. After relocating to St. Louis in 2001, he began his management career working with both the SSM Health System and the BJC Health System – both in an Emergency Department setting. He obtained his MBA in 2006 at Lindenwood University in St. Charles, MO. Scott joined the Children’s Mercy team in the fall of 2010 as the Department Director of the Emergency Department.
Cindy George, RN

Cindy began her career at Children’s Mercy in 1999, holding various positions including Dialysis Technician and Dialysis Nurse Case Manager. Cindy has over 37 years of experience in the field of nephrology, working as a Certified Clinical Nephrology Technologist before attending nursing school. Cindy received her Associates Degree in Nursing from Kansas City Community College and is enrolled in the University of Mary Masters in Nursing program with an anticipated graduation date of Summer 2011. She assumed responsibilities as Assistant Ambulatory Nurse Manager for Dialysis in 2010.

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 Direct Care 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 served as the Nurse Manager of the Emergency Department before being promoted to Director of Emergency Nursing Services in 2010.
Amy Latimer, RN, BSN, CPN
Amy began working as a Care Assistant at Children's Mercy Hospital on 5 Sutherland Tower in 2001. She remained on 5 Sutherland as a Nurse Technician throughout nursing school. Amy graduated with a Bachelor of Science in Nursing from Avila University in 2004. She remained on 5 Sutherland and 5 Henson as a Direct Care Nurse until she became a Core Charge Nurse on 5 Henson in 2006. Amy then assumed the responsibilities as one of the Education Coordinators for 5 Henson and 5 Sutherland in 2009. Amy was promoted to Assistant Nurse Manager for 5 Sutherland and 5 Henson in 2010. Amy will graduate with her Master of Science in Nursing Administration from the University of Mary in May 2011.

Carrie Miner, RN, BSN
Carrie graduated with a Licensed Practical Nurse degree in 1995 and an Associates Degree in Nursing in 1997, both from State Fair Community College in Sedalia, Mo. She completed her Bachelor of Science in Nursing from The University of Missouri – Kansas City in 2008, and is currently in the Master of Science in Nursing – Leadership and Health Care Management program at The University of Missouri. Prior to joining the Children’s Mercy family, Carrie worked at Bothwell Regional Health Center in Sedalia, Mo. in the Level 2 Nursery. She began working at Children’s Mercy Hospitals and Clinics in 1999 as a Direct Care Nurse in the Intensive Care Nursery. Within two years, Carrie became a Charge Nurse and ECMO clinician in the ICN. In 2007, Carrie became a full-time Nursing Supervisor while maintaining her clinical skills in the ICN and on the ECMO team. In 2010, Carrie became the Assistant Department Manager of the Inpatient Float Pool and Internal Transport.
**Maria Olson, RN, BSN, CPN**

Maria graduated with a Bachelor of Science in Nursing from William Jewell College in 1998. While attending William Jewell College, she worked at Children’s Mercy Hospitals and Clinics on 3 North as the weekend Unit Secretary and PRN Care Assistant. After graduating, she worked as a Direct Care Nurse on 3 North and helped with the move to 3 Henson where she worked as both a Direct Care Nurse and later as a Relief Charge Nurse. Maria remained on 3 Henson until 2005 when she took a part-time position in the Infectious Disease Clinic as a Direct Care Nurse for three years. After spending two years at home with her children, Maria returned to the Infectious Disease Clinic as Nurse Manager. Maria co-manages the clinic with Katie Williams, RN, BSN, CPN.

**Allyson Shore, RN, CPN**

Allyson graduated with her Bachelor’s of Social Work from Concord College in 1981 and worked for the Mercer County Health Department Home Health Agency while attending nursing school. Allyson received her Associates Degree in Nursing from Bluefield State College in 1983. She began her nursing career at Martha Jefferson Hospital in Charlottesville, Va., as the 3-11 Charge Nurse on the Pediatric Unit at Martha Jefferson Hospital from 1983-1987. She then moved to Charleston, SC, where she worked as a Direct Care Nurse on the Pediatric Subspecialty Unit at the University of South Carolina Medical Center for two years, at which time, she was promoted to Assistant Chief Nurse on the unit. She continued to work for another year until she moved to Toronto, Ontario. While in Toronto, Allyson worked in the Outpatient Hematology/Oncology Clinic, as well as assisted with research involving hemophilia patients. Her next role was that of School Nurse in the Des Moines Public School System from 1998-2002. From 2002-2006, Allyson was a Direct Care Nurse in a general pediatric clinic at Premedical Health Systems in Toledo, Ohio. Allyson began her career at Children’s Mercy in 2006 in the Special Care Clinic as a Direct Care Nurse where she was promoted to Assistant Nurse Manager in 2008. In 2009, Allyson took on a new role as the Ambulatory Quality Improvement Coordinator. Allyson assumed her present role as the Endocrine Clinic Nurse Manager in 2010. Allyson is currently pursuing a Master of Science in Nursing with an anticipated graduation date of August 2011.
Robin Smith, RN, BSN, CPN

Robin received her Associates Degree in Nursing from Penn Valley Community College in 1995. In 2010, Robin completed her Bachelor of Science in Nursing from Kaplan University. Robin was hired as the Ambulatory Nurse Manager for the Ear, Nose and Throat Clinic in 2010.

Katie Williams, RN, BSN, CPN

Katie graduated with a Bachelor of Science in Nursing with a minor in Psychology from Avila University in 2003. After graduation, she began working at Children’s Mercy Hospitals and Clinics on 6 Henson as a Direct Care Nurse. Within a year, Katie began working as a night shift Relief Charge Nurse on the unit. Katie continued to work nights on 6 Henson until January of 2006, when she transferred to the Infectious Disease Clinic to work as an Ambulatory Direct Care Nurse. In February 2010, Katie became the Co-Nurse Manager of the Infectious Disease Clinic. Katie co-manages the clinic with Maria Olson, RN, BSN, CPN.

JoAnna Van Noy, RN, BSN, CPN

JoAnna graduated with a Bachelor of Science in Nursing from Saint Luke’s College in 2004. After graduation, she began working at Children’s Mercy Hospitals and Clinics on 5 Sutherland as a graduate nurse. At this time, preparation had begun to open 5 Henson which allowed staff to function as one team while floating between the two units. JoAnna worked on both 5 Sutherland and 5 Henson until 2007, when she became a Core Charge Nurse on 5 Sutherland. JoAnna remained in this position for three years before being promoted to Assistant Nurse Manager of 5 Sutherland and 5 Henson in 2010. JoAnna will graduate in August 2011 with her Master of Science in Nursing Administration from the University of Mary.
SENIOR NURSING LEADERSHIP TEAM

Shown left to right:

Betty Boyd, RN  
Director of Nursing, Ambulatory Services

Stacy Doyle, RN, MHA, CPN  
Director of Nursing, Emergency Services

Janis Smith, RN, DNP  
Director of Clinical Informatics

Mary Ann Riesco, RN, MSN, CCRN  
Director of Nursing, Critical Care Services

Sue Stamm, RN, MSN, CPON  
Director of Nursing, Hematology Oncology Services

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

Susan Mecklenburg, RN, MHA  
Director of Nursing, Surgical Services

Rebecca Paulsen, RN, MSN, CPN  
Director of Nursing, Medical Surgical Services
Fetal Health Program
A unique opportunity to care for the tiniest patients.

The birth of a child is one of the most joyous events in life. For families with infants diagnosed in utero with serious health issues, it is also a time of uncertainty and fear. For Children’s Mercy Hospitals and Clinics, supporting these families with the highest level of neonatal care is of utmost priority. Following delivery at outlying facilities for progressive medical care, neonates with significant health issues are transported to Children’s Mercy, the most advanced intensive care nursery in the region. These transports require separating the infant from the mother and the mother from her support person, resulting in heightened anxiety, as well as delays in care delivery. Mothers touring the Intensive Care Nursery prior to delivery were often distressed about the potential of being separated from their infant at birth and frequently asked about delivering at Children’s Mercy to avoid this separation. The organization recognized the need to establish a Fetal Health Center to avoid parent/child separation, provide expedient treatment of the high-risk newborn, and improve care coordination and communication with families about their newborn’s status while supporting families in making decisions in the care of these unique patients.

The realization of a Fetal Health Center required buy-in of key stakeholders, including nursing and medical leaders, administrators and staff, to ensure success and facilitate program development. The first phase of the fetal health program was opening an outpatient perinatal clinic. Led by fetal medicine specialists and a nurse coordinator, this clinic enhances communication between families and providers regarding care delivery. This phase of the fetal health program has been successfully running for over a year, with the first patients seen in September 2009.
Outpatient perinatal evaluation at Children’s Mercy Hospitals and Clinics made a positive difference in communication with the neonatal team, and streamlining electronic documentation to all teams involved in the newborn’s care. Community physicians are given feedback within 24 hours by the Nurse Practitioner or Perinatologist, building a stronger relationship with referring physicians. The outpatient fetal health program continues to grow its services to outlying communities. This can be attributed to community marketing efforts made by the Nurse Practitioner, Nurse Manager, Perinatologist, and Director of Physician Services.

The second phase of the fetal health program is an integrated clinic model for patients with known fetal anomalies. This integrated model will make a difference for patients who will no longer have to travel to several specialist offices for an appointment. Coordination of clinic visit findings will be in one central location, with the patient involved in the report of findings. Internally, nurses and physicians will benefit from a consistent method of reporting patient findings within the patient file, and to the referring physician. The integrated clinic opened November 29, 2010.
Our Fetal Health Program is one of only three within the United States.

The innovative leadership of nurses and thoughtful planning and implementation have resulted in an expansion of services that will better serve the organization’s tiniest patients and their families.
Fetal Health Program  
A unique opportunity to care for the tiniest patients.

2010 also focused on the final phase of the Fetal Health Center – an inpatient delivery service for healthy mothers delivering high-risk neonates. To expedite the timeframe to provide these services, nursing leadership assisted in the conversion of the former cardiovascular lab into two labor and delivery suites with an integrated operating room for C-Section deliveries. The services offered at Children’s Mercy are designed for the delivery of infants with serious health conditions requiring immediate neonatal care. The organization’s goals involve rapid attention to the newborn’s needs by a specialized neonatal and surgical team. Specialized training for Intensive Care Nursery nurses and hiring of skilled labor and delivery nurses assures highly qualified staff presence at all deliveries. Children’s Mercy Hospitals and Clinics will begin deliveries in Spring 2011.

In preparation for the organization’s first planned births, multiple simulated deliveries have been conducted with all members of the delivery team to assure equipment, supplies, and other necessities are available and in the appropriate location to support quality patient outcomes. Feedback from simulations is evaluated and changes are made based on this feedback. Goals are to provide community outreach education to rural hospitals with low delivery volumes and provide training to ancillary services that support the Fetal Health Center. Training is provided using high-fidelity simulators, nursing personnel, and the Fetal Health Center Simulation Coordinator.

This type of program is one of only three within the United States. The innovative leadership of nurses at all levels of the organization and thoughtful planning and implementation have resulted in an expansion of services that will better serve the organization’s tiniest patients and their families. The fetal health program will benefit the infant, neonatal team, labor and delivery team, and the families being served: The neonate, from rapid and anticipated treatment for their situation; the neonatal team, from consistent neonatal care from the delivery room to the ICN; the labor and delivery team, from a well-planned neonatal delivery, with the highest level of neonatal resources available; and, most importantly, the family, from a smooth transfer of their newest family member from the delivery room to the Intensive Care Nursery, direct communication from the neonatal team, and access to one-to-one nursing care.
Clinical Documentation Re-Boot

In 2008, Children’s Mercy Hospitals and Clinics implemented a new clinical information system (CIS) designed to support quality clinical documentation through electronic nursing documentation forms and a nursing flow sheet. Not long after the inpatient units began electronic nursing care documentation in the new system, staff began to express confusion regarding what should be documented, as well as where and when documentation was required. The integrated CIS had replaced niche electronic applications in the Intensive Care Nursery, Emergency Department and Urgent Care Centers, and Same Day Surgery/PACU; Meditech in the medical/surgical units; and paper in the Pediatric Intensive Care Unit. Documentation elements from all formats were combined in the new system. To add to the confusion, there was no clear documentation philosophy or system established—some staff documented “by exception” while others asserted “not documented, not done.” The system needed a documentation reboot to standardize the organization’s documentation philosophy and standards.

Nursing managers and directors were approached to support direct care staff to participate in this work. A staff and leadership representative from each clinical area were requested to meet and work four hours every week from January 2010 - March 2010 to address the documentation overhaul and work re-design. Innovation was encouraged by starting from a “failure is not an option” perspective and forming teams given names of NASA missions. NASA exercises were used to build teamwork and learn about consensus decision making. At the completion of the initial work, smaller workgroups continue to meet to address specific, complex areas of documentation that still need repair, work with nursing information systems analysts to build the changes, and plan communication and training for all end-users.

The commitment of direct care nurses and nursing leaders to this work is evidence of the value placed on innovative approaches to solving problems in order to improve care delivery. Process changes within the electronic system began in late spring 2010, with the majority of changes implemented between October 2010 and January 2011.
The commitment to this work is evidence of the value placed on innovative approaches to solving problems in order to improve care delivery.
In 2009, a mentoring relationship was initiated between the Victorian Order of Nursing (VON) Canada and Children’s Mercy Hospitals and Clinics. Recognizing the value of nursing at Children’s Mercy Hospitals and Clinics, Sharon Goodwin RN(EC) MN, Vice President, Quality and Risk, Chief Practice Executive for VON Canada, initiated interest in visiting Children’s Mercy to support both their delivery of home health care services and their pursuit of Magnet Designation. VON Canada serves as the largest national, not-for-profit, charitable home and community care organization in Canada. As a national health care organization, and registered charity, VON Canada employs over 5,000 home care staff, providing a wide range of community health care services; thereby, meeting the needs of Canadians across the country.

A conference call between Goodwin, Patricia Messmer, RN-BC, PhD, FAAN, Director of Patient Care Services Research; Paula Blizzard, RN, MSN, NE-BC, Magnet Project Manager; Susan Burns, RN, BSN, CPON, Magnet Project Manager; and C.J. Hutto, RN, MHA, Senior Director Allied Health and Support Services was held to discuss the goals of VON Canada and how Children’s Mercy Hospitals and Clinics could serve as a valuable resource in meeting these objectives. During this call, information was provided regarding Children’s Mercy’s Magnet journey, as well as a basic overview of the services provided by Children’s Mercy Home Care. This call confirmed VON Canada’s interest in visiting the organization to gain insight to the care delivery processes of Children’s Mercy Home Care and the organization’s Magnet culture. VON also shared the interest of Jewish General Hospital in Montreal, Canada, in pursuing Magnet Designation and visiting a Magnet Designated organization.
In January 2010, Goodwin, along with Richard McConnell, Vice President of People and Organization for VON Canada, and Valeria Frunchak, Nursing Director at Jewish General Hospital, spent two days visiting Children’s Mercy and Children’s Mercy Home Care. The site visit was hosted by Dr. Messmer, Blizzard, Burns, Hutto, and Deborah Largo-Mesley, RN, MSN, Children’s Mercy Home Care Director. During the visit, the guests toured the hospital facility and met with nursing leadership and Children’s Mercy Home Care nursing and allied health staff. Dialogue included information pertaining to the Magnet Recognition Program®, the Magnet journey, quality and safety as it relates to Children’s Mercy Home Care, care coordination and continuum of care from inpatient care to Children’s Mercy Home Care, and the integration of Children’s Mercy Home Care in the Magnet designation process. Goodwin also accompanied Children’s Mercy Home Care staff on home visits for a closer look at care delivery while McConnell met with Dan Wright, Vice President of Human Resources, to discuss similarities and differences in the role of Human Resources in each of the organizations.

As a result of this visit, VON Canada and Jewish General Hospital have continued to seek additional information regarding the Magnet Recognition Program®, with the goal of being the first organizations in Canada to receive this designation. In addition, Karen Cox, RN, PhD, FAAN, Executive Vice President and Co-Chief Operating Officer, traveled to Canada in the fall of 2010 to meet with the VON Canada clinical and non-clinical leadership at their annual retreat. Dr. Cox presented information regarding the pursuit of Magnet Designation and how VON Canada could prepare to meet the objectives of the program. By establishing a relationship with VON Canada and Jewish General Hospital, Children’s Mercy Hospitals and Clinics is able to support quality patient care beyond the walls of the organization, reaching out into international health care.
Voiding Dysfunction Clinic

Voiding dysfunction, a common issue in children, presents many challenges to providers in determining the root cause of symptoms. Urology surgeons typically see these patients even though their underlying diagnosis may not require surgical intervention. This limits the number of voiding dysfunction patients who can be integrated into the surgeon’s clinic schedule, as patients with immediate surgical needs are given priority for scheduling.

At Children’s Mercy Hospitals and Clinics, where access to care was already a concern, a need was evident to address the increasing volume of voiding dysfunction patients to maximize the clinic time of the surgeons and improve wait times for first available appointment for these patients. Three urologists provided services through the surgery department along with two Urology Nurse Practitioners, Sheri Shiddell, RN, MSN, BC, PNP and Dawn Foster, RN, MSN, CPNP. In 2009, one of the three surgeons left the organization, which further stretched clinical availability, with voiding dysfunction patients waiting over three months to be seen.

A brainstorming session to discuss clinic wait times and possible solutions between Shiddell, John Gatti, MD, Urologist, and Cindy Williams, RN, CPN, Surgery and Urology Nurse Manager, facilitated the discussion of creating an autonomous Nurse Practitioner Voiding Dysfunction Clinic as an innovative approach to meeting the needs of both the patients and the clinic. This clinic would see patients meeting specific criteria and relieve the current Urologists and Nurse Practitioners’ schedules open to evaluate more acute patients. The initial implementation would integrate voiding dysfunction patients into Shiddell and Foster’s current schedules to validate improvements before expanding to a stand-alone clinic. During this interim period, Shiddell and Foster conducted a small clinic twice monthly, which accommodated 10-15 patients per month. This initial trial showed improvements in scheduling practices for the surgeons, however, wait times for voiding dysfunction patients continued to be at a period of three months or longer.

With clinic time available with the departure of one urologist, the surgery service was able to move forward with implementation plans for the stand-alone clinic. In addition to Shiddell and Foster, who continue to incorporate voiding dysfunction patients into their clinic schedules, the surgery team hired Mary Langston, RN, PNP-BC, as the Nurse Practitioner for the Voiding Dysfunction Clinic. Langston provides two half-day clinics and one full-day clinic each week, dedicated solely to voiding dysfunction patients. Patients are referred to the clinic via primary care physicians, other Children’s Mercy clinics, or as self-referrals. Although Langston functions in an autonomous role in the management of these patients, she also collaborates with the urologists and other nurse practitioners when she identifies voiding dysfunction patients in need of a surgical consult.

Sheri Shiddell, RN, MSN, BC, PNP
Dawn Foster, RN, MSN, CPNP
and Mary Langston, RN, PNP-BC
Patients seen in the voiding dysfunction clinic must meet specific criteria, requiring extensive screening by the urology intake nurse. The urology intake nurse takes an intricate history during the initial phone call, collects all records, and reviews the patient with Langston before scheduling. After review, Langston determines if the patient meets the requirements for the clinic and what tests to schedule prior to the clinic visit. The urology intake nurse also serves as the clinic nurse for two of the three voiding dysfunction clinics each week, giving her a deeper understanding of the symptoms and diagnoses associated with voiding dysfunction, which, in turn, improves scheduling practices.

Because of the sensitive and stressful nature of these diagnoses, support from the clinic staff is essential for assuring compliance with the recommended treatment. Staffing for the clinic was restructured to provide adequate time for both the clinic nurse and the nurse practitioner to address patient and family concerns and educate on causes and treatment of the diagnosis. The clinic is staffed by Langston and one clinic nurse assigned exclusively to voiding dysfunction patients. Changes were made to the scheduling templates to allow 30 minutes to each patient for Langston and the clinic nurse, resulting in appointments of approximately one hour. The surgery nurse practitioners and clinic nurses collaborated to develop diagnosis specific educational materials that are given to patients and families during their visit. The added time to clinic scheduling allows Langston the opportunity to investigate potential implications on symptoms and barriers to compliance, while providing in-depth education specific to the patients needs. Teaching is further reinforced by the clinic nurse, who also conducts follow up phone calls with all voiding dysfunction patients, allowing Langston time to see additional patients, and address more complex issues. Langston communicates directly with the patient’s referring and primary physicians to discuss the patient’s diagnosis and any related changes to current symptom management.

By implementing this innovative approach to addressing a specific patient population, the surgery team has expanded the capacity to see voiding dysfunction patients from 10-15 patients per month, to 30 patients per week. The voiding dysfunction clinic has reduced wait times for first appointment from over three months to approximately one week. The additional clinic time and quick appointment availability better serves not only this patient population and referring physicians, but the surgery service as well.
Nursing Scholarships

Mary Shaw Branton Scholarship
Kelli L. Rafols, RN, CPN
Jana L. Schlosser, RN, BSN, CPN
Angela R. Williams, RN, BSN, CPN

Ina Calkins Scholarship
Rachel S. Baldwin, RN
Brooke E. Barnes, RN, BSN
Joan E. Benson, RN, CPN
Rachel S. Carter, RN, BSN
Shari L. Cooley, RN
Lisa D. Dryer, RN, CPN
Beth R. Feldhacker, RN
Valerie M. Flick, RN, BSN
Shana L. Fromholtz, RN, BSN, CPN
Maria D. Ginger-Wiley, RN, CCRN
Lindsey N. Jowett, RN
Tina N. Lane, RN, BSN, CPN
Merianne Lero, RN, CPN
Cortni A. Lind, RN, CPN
Sachia A. Logan, RN, BSN, CPN
Margaret A. Martin-McLain, RN, BSN, CPN
Peter P. May, LPN
Jacquelyn Carrie Miner, RN, BSN
Jolynn D. Parker, RN, CPN
Diane R. Petrie, RN, BSN, CPN
Laura D. Shroyer, RN, BSN, CPN
Elizabeth A. Stueve, RN, BSN, CPN
Jill L. Vickers, RN, BSN, CPN
Leslie E. Weisgerber
Sarah N. Weisz, RN
Susan F. Widener, RN, BSN, CPN
Jennifer Collins Scholarship
Jennifer D. Nelson
Janet E. Smith, RN, BSN, CPEN

Dean Cowles Scholarship
Laura C. Andreas, RN
Julie M. Buck, RN, BSN, CPN
Sarah M. Burr, RN, BSN, CPN
Betsy A. Dearing, RN
Elizabeth Edmundson, RN, BSN
Amy M. Frost, RN, CPN
Kylie N. Holt
Jennifer L. Johnson
Trisha N. Kuhlman, RN, BSN, CPN
Ashley Sue Meyer, RN, BSN
Stacy L. Parks, RNC, CPN
Hillary B. VanSlyke, RN, BSN, CPN

Isabelle Ellis Memorial Scholarship
Christin A. Dealy, RNC-NIC (no photo available)

Bonnie Curtis Galeazzi Scholarship
Sarah N. Correll
Kelly S. O’Camb
Nursing Scholarships

Dee Lyons Scholarship
Rebecca C. Coppage, RN, BSN
Robin L. Starr, RN, BSN, CPN

Michael Joseph Meers Scholarship
Sarah M. Hunter
Annie E. Leverich

Daniel Miller Scholarship
Karen M. Beaudet, RN, BSN
Laura L. Kozlowski, RN
Jeri Thompson, RN, CPN

Nurse Retention Committee Scholarship
Aaron C. Cantrell, RN, BSN
Debra S. Cosseboom, RN, CPN
Jeffrey A. Reed
Megan C. Riddle, CLS
The Dee Lyons Nursing Research Scholars Grant Program
Nurses’ Perceptions of Implementation of Ultrasound
Guided Peripheral Intravenous Catheter Insertion in the
Emergency Department.
Rolanda Peterson, RN, CPN
Jennifer Meade, RN, BSN
Jackie Bartlett, RN, MSN, MBA HCM
Kristin Stegenga, RN, PhD, CPON
Nurse Legacy Award

The Nurse Legacy Award was established in 2009 by the Nurse Retention Committee. This award honors nurses at Children’s Mercy Hospitals and Clinics for the significant contributions they have made to the profession of nursing and to the lives of the patients, families, and co-workers they have touched. Current and/or retired nurses who have committed more than 25 years of service to the organization are eligible for this award.

The 2010 recipient of the Nurse Legacy Award is Bonnie Kangas, RN, CNOR. Kangas has held numerous roles within the organization, beginning her nursing career at Children’s Mercy over 35 years ago in the inpatient setting before transferring to the Operating Room. Within a few years, Kangas was learning the heart-lung machine and quickly became a perfusionist. Kangas played a significant part in both establishing the ECMO program and the Liver Transplant Program at Children’s Mercy Hospitals and Clinics. Kangas is currently the Cardiac Data Quality Manager in the department of Cardiac Surgery.

Kangas has served as a preceptor and mentor for countless nursing students, new employees, perfusion staff and others. She has actively participated in committees at both the department and organizational level, and stands as a strong advocate for nursing. Her caring and compassion reaches beyond the walls of Children’s Mercy as she also participates and assists in planning charitable fundraisers throughout the community.

“Kangas’ commitment to Children’s Mercy Hospitals and Clinics and providing the best care for children makes her an ideal recipient of the 2010 Nurse Legacy Award.”
DAISY Award for Extraordinary Nurses

The DAISY (Diseases Attacking the Immune System) Foundation was formed by Mark and Bonnie Barnes in January 2000, in memory of their son J. Patrick Barnes who died at age 33 of complications from IdiopathicThrombocytopenic Purpura (ITP).

Those who met Pat were touched by his positive spirit, his sense of humor and his desire to help others in anyway he could. Pat was known for reaching out to comfort, to mentor and to share his phenomenally positive outlook on life despite his ongoing battle with Hodgkin’s Disease. The DAISY Foundation was established to keep this very spirit alive and flourishing.

The DAISY Award for Extraordinary Nurses was created to recognize the super-human work nurses do every day, to fund research to improve treatment and ultimately cure ITP and related illnesses, to assist and inform people with ITP, and to encourage bone marrow and blood drives since the treatment of ITP can require so many. As a result, the DAISY Foundation is recognizing nurses in more than 800 health care organizations for the care they provide to patients and their families.

The DAISY Award was introduced to Children’s Mercy in September 2009. The award is presented every other month to an extraordinary nurse whose practice makes an enormous difference in the lives of patients and families and who exemplifies the kind of nurse others recognize as an outstanding role model. The DAISY Nurse provides kind, nurturing and empathetic care, utilizes nursing training and specialized skills in a competent and confident manner and acts as an advocate for patients and their families. Individuals are nominated by their nurse administrators, peers, colleagues, physicians, patients, and/or families.

Recipients of the DAISY Award receive a certificate proclaiming them an “Extraordinary Nurse,” a DAISY Award pin, and a unique hand-carved stone sculpture, entitled “A Healer’s Touch,” created by sculptors from the Shona Tribe of Zimbabwe. Nurses nominated for the DAISY Award are also recognized with a certificate and a DAISY Nomination Pin. In addition, the award winner's department receives a banner to hang in the unit and is treated to Cinnabon® cinnamon rolls as a reminder of how truly special each team member is and the difference they make in the lives of patients and families.

January 2010 DAISY Award Recipient
Tonia Best, RN, BSN, CPAN
Post-Anesthesia Care Unit
Same Day Surgery

January 2010 DAISY Nominees:
Lara Allen, RN, Dermatology Clinic
Pam Davis, RN, BSN, CPN, CARE Clinic,
Julie Harris, RN, BSN, CCRN, Pediatric Intensive Care Unit, Lori Kubicki, RN, BSN, CPN Emergency Department,
Renee Milam, RN, 4 Sutherland, Jayme Sanchez, RN, BSN, 4 Sutherland

March 2010 DAISY Award Recipient
Adrienne Edmonds, RN, BSN, CPN
Children’s Mercy South Urgent Care Center

March 2010 DAISY Nominees:
Jacque Ashbaugh, RN, BSN, CCRN, Intensive Care Nursery, Lisa Bailey, RN, BSN, Children’s Mercy Home Care, Brenda Brewer, RN, BSN, CNN, CCTC, Renal Transplant, Kelly Douglass, RN, BSN, CPN, Endocrine Clinic, Linda Ebbs, RN, BSN, Endocrine Clinic, Marianna Farin, Christina Graskemper, RN, BSN, CPN, Emergency Department, Kelly Hodges, RN, CAPA, CPN, Post-Anesthesia Care Unit/Same Day Surgery, Karen Kranz, RN, BSN, CHTC, Bone Marrow Transplant, Terry Lady, RN, BSN, CPON, Hematology/Oncology Clinic, Wendy McClellan, RN, BSN, 4 Henson, Briann McDowell, RN, BSN, CPN, 4 Sutherland, China Mortell, RN, BSN, CPN, 3 Henson, Sandy Price, RN, BSW, Developmental and Behavioral Medicine, Ginny Rector, LPN, Children’s Mercy West, Bryan Schoolmeester, RN, Children’s Mercy South Inpatient, Claire Ullowitz, RN, BSN, Intensive Care Nursery, Coley Vitztum, RN, MSN, CCNS, CNOR, ONC, Orthopaedics
May 2010 DAISY AWARD RECIPIENT

Ed Schmid, RN, BSN
Pediatric Intensive Care Unit

July 2010 DAISY AWARD RECIPIENT

Kelly Douglass, RN, BSN, CPN
4 Sutherland

September 2010 DAISY AWARD RECIPIENT

Emily Ryan, RN, BSN, RNC-NIC, Intensive Care Nursery

November 2010 DAISY AWARD RECIPIENT

Jenny Geheb, RN, MS, CPNP
Pulmonology

May 2010 DAISY Nominees:
Lara Anderson, RN, Dermatology
Phyllis Baer, RN, CPON, 4 Henson
Rachel Baldwin, RN, Cardiology Clinic
Jane Berquist, RN, BSN, MPH, CPN, CDE, Endocrine Clinic, Pam Burgard, RN, BSN, Children’s Mercy South Surgery Clinic, Liz Picone-Combs, RN, BSN, RNC-NIC, Intensive Care Nursery, Patricia Dalton, RN, CPN, Children’s Mercy South Specialty Center, Sara Demage, RN, BSN, Pulmonology Clinic, Margaret DeWitt, RN, BSN, CPN, Neurosurgery Clinic, Mary Dietrich, RN, BSN, CPN, Dermatology Clinic, Cathey Donohue, RN, Endocrine Clinic, Kristi Gordon, RN, MSN, CPNP Hematology/Oncology, Diana Graves, RN, MSN, Plastic Surgery Clinic, Mary Ann Haggerty, RN, Neurology Clinic, Ron Hoyler, RN, CDE, Endocrine Clinic, Donna Humphrey, RN, ENT Clinic, Kelly Jones, RN, CPN, 2 Henson, Ellen Kosar, RN, MSN, CPN, Children’s Mercy Home Care, Susan Loehr, RN, BSN, CPON, 4 Henson

Sachia Logan, RN, BSN, CPN, Contact Center, Michelle Martin, RN, CPN, Plastic Surgery Clinic, Kathy Mick, M.Ed, RN, Hematology/Oncology, Terri Murray, RN, BSN, Children’s Mercy South PACU, Pam O’Neal, RN, Children’s Mercy South Specialty Center, Catie Overfelt, RN, BSN, CPN, 3 Henson, April Pierce, RN, BSN, Children’s Mercy South Inpatient Unit, Michelle Pope, RN, CPN, 6 Henson, Johnna Rooney, RN, BSN, Pediatric Intensive Care Unit

Linda Root, RN, Contact Center, Elisabeth Singh, RN, Intensive Care Nursery, Angela Tendick, RN, MSN, PNP Liver Care Center, Diane Utz, RN, BSN, Genetics, Coley Vitztum, RN, MSN, CCNS, CNOR, ONC, Orthopaedics, Courtney Wellman, RN, Neurology

July 2010 DAISY Nominees:
Erik Beyer, RN, BSN, CPN, 3 Henson
Melissa Brady, RN, BSN, CPN, 3 Sutherland, Paula Capel, RN, BSN, CPN, Pulmonology Clinic
Cynthia Cohoon, RN, CDE, Endocrine Clinic, Allison Davis, RN, BSN, Sleep Clinic, Linda Ebbs, RN, BSN, Endocrine Clinic, Cheryl Grace, RN, BSN, CPN, Children’s Mercy Northland Urgent Care Center, Christy Gudenukauf, RN, Children’s Mercy South Inpatient, Lois Hester, RN, BSN, Endocrine, Kristie Hobbs, APRN, CPNP General Pediatrics, Tamara Hoeppner, RN, CPN, Dermatology Clinic, Susan Hunter, APRN, FNP, PNP ENT Clinic, Jenna Johnston, RN, BSN, CPN, 6 Henson, Maria Little, APRN, PNP, Pediatric Care Center, Sachia Logan, RN, CPN, Contact Center, Maria Martinez, RN, BSN, Contact Center

Jennifer Meade, RN, BSN, Emergency Department, Michelle Pope, RN, CPN, 6 Henson, Melissa Storms, RN, BSN, CCRN, Pediatric Intensive Care Unit, Julia Streed, RN, BSN, CPN, 3 Henson, Beth Stueve, RN, BSN, CPN, Plastic Surgery Clinic

September 2010 DAISY Nominees:
Sharon Block, RN, BSN, Developmental and Behavioral Sciences Clinic, Joan Davidson, RN, BSN, Children’s Mercy South Surgery Clinic, Holly Godshall, RN, Children’s Mercy South Urgent Care Center, Laura Hall, RN, BSN, 4 Sutherland, Shekinah Hensley, RN, CCRN, Pediatric Intensive Care Unit, Pam McKee, RN, BSN, CPN, 6 Henson

Katherine Salsbury, RN, 3 Henson, Bobbi Schomburg, RN, BSN, CPN, Sedation Team, Megan Watt, RN, BSN, 4 Henson

Beth Woodford, RN, BSN, CDE, CPN, PNP, Endocrine/Pain Team

November 2010 DAISY Nominees:
Nancy Berg, RN, BSN, Children’s Mercy South Inpatient, Lorie Bittle, RN, Pulmonology Clinic, Pat Dalton, RN CMH South Developmental and Behavioral Sciences Clinic, Mary Dietrich, RN, BSN, CPN, Children’s Mercy Home Care

Lisa Ell, RN, CCRN, Transport Team, Ron Fay, RN, BSN, CEN, Emergency Department, Pamela Flack, RN Children’s Mercy Northland Urgent Care Center, Jill Kelley, RN, CPN, 3 Henson/3West, Mary Ann Haggerty, RN, BSN, Neurology Clinic, Kristi Lindsay, RN, BSN, Children’s Mercy South Urgent Care Center, Deborah McCamy, RN, BSN, CPN, ENT Clinic

Julie Taylor, RN, BSN, CCRN, Intensive Care Nursery
Nursing Degrees

**Shermineh Adib**, RN, BSN  
Bachelor of Science in Nursing  
William Jewell College

**Amy Belton**, RN, BSN  
Bachelor of Science in Nursing  
St Luke’s College of Nursing

**Dawn Bennett**, RN  
Associates Degree in Nursing  
Kansas City Kansas Community College

**Tara Billings**, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

**Sarah Birkenholz**, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

**Alyse Bredemeier**, RN, BSN  
Bachelor of Science in Nursing  
William Jewell College

**Stephanie Brightman**, RN, CCHT  
Associates Degree in Nursing  
Penn Valley Community College

**Stephanie Budke**, RN, BSN  
Bachelor of Science in Nursing  
Research College of Nursing

**Wendy Cantrell**, RN, BSN  
Bachelor of Science in Nursing  
University of Central Missouri

**Jessica Collins**, RN, BSN  
Bachelor of Science in Nursing  
Fort Hays State University

**Casandra Crow**, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

**Lindsay Davis**, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas

**Jasma Ellis**, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

**Janis Fakoury**, RN  
Associates Degree in Nursing  
Penn Valley Community College

**Julie French**, RN, BSN  
Bachelor of Science in Nursing  
University of Central Missouri

**Amy Frost**, RN, BSN, CPN  
Bachelor of Science in Nursing  
University of Missouri

**Hannah Hanchar**, RN, BSN  
Bachelor of Science in Nursing  
Avila University

**Georgina Hernandez**, RN  
Associates Degree in Nursing  
Johnson County Community College

**Kylie Holt**, RN  
Associates Degree in Nursing  
Penn Valley Community College

**Lisa Johnson**, RN, BSN  
Bachelor of Science in Nursing  
Webster University

**Molly Knight**, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas

**Alexis Kraly**, RN, BSN  
Bachelor of Science in Nursing  
St Luke’s College of Nursing

**Marina Kulish**, RN, BSN  
Bachelor of Science in Nursing  
Research College of Nursing

**Mindy Kupchin**, RN, BSN  
Bachelor of Science in Nursing  
MidAmerica Nazarene University

**Susan Leone**, RN  
Associates Degree in Nursing  
Penn Valley Community College

**Cynthia Lewis**, RN, BSN  
Bachelor of Science in Nursing  
Regents College

**Jessica Littell**, RN, BSN  
Bachelor of Science in Nursing  
William Jewell College

**Stefanie Maerz**, RN, BSN  
Bachelor of Science in Nursing  
Avila University

**Kara Marshall**, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas

**Jamie Menown**, RN, BSN  
Bachelor of Science in Nursing  
Truman State University

**Sarah Monteer**, RN, BSN, CPN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

**Tina Moore**, RN, BSN, CPN, RNC-LRN  
Bachelor of Science in Nursing  
MidAmerica Nazarene University

**Renee Morgan**, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas
China Mortell, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas

Elizabeth North, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

Christina Peterson, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

Erin Peterson, RN, BSN  
Bachelor of Science in Nursing  
Research College of Nursing

Janice Poull, RNC, BSN  
Bachelor of Science in Nursing  
University of Kansas

Janette Rowe, RN, BSN  
Bachelor of Science in Nursing  
MidAmerica Nazarene University

Amanda Schoening, RN  
Associates Degree in Nursing  
Penn Valley Community College

Callan Smith, RN, BSN  
Bachelor of Science in Nursing  
Avila University

Christal Smith, RN, BSN  
Bachelor of Science in Nursing  
St Luke’s College of Nursing

Catherine Starrett, RN  
Associates Degree in Nursing  
Penn Valley Community College

Brittany Thomas, RN  
Associates Degree in Nursing  
Penn Valley Community College

Jill Turner, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

Tiffany Walters-Wilson, RN, BSN  
Bachelor of Science in Nursing  
University of Kansas

Erica Williams, RN  
Associates Degree in Nursing  
Fort Scott Community College

Michelle Williams, RN, BSN  
Bachelor of Science in Nursing  
University of Missouri - Kansas City

Jill Wilson, RN  
Associates Degree in Nursing  
Kansas City Kansas Community College
Advance Degrees

**Ginny Boos**, RN, MSN, CPHQ
Masters of Science in Nursing
University of Kansas

**Laura Butcher**, RN, MSN, NNP-BC
Masters of Science in Nursing
University of Missouri - Kansas City

**Danielle Delozier**, RN, MSN, PNP-BC
Masters of Science in Nursing
University of Missouri - Kansas City

**Melissa Denning**, RN, MSN, CPN
Masters of Science in Nursing
University of Kansas

**Dianna Dodd**, RN, MSN, CCM
Masters of Science in Nursing
University of Kansas

**Kathy Hulse**, RN, MSN, CPHQ
Masters of Science in Nursing
University of Kansas

**Catherine Johnson**, RN, MSN, CPN
Masters of Science in Nursing
University of Kansas

**Mary Langston**, RN, BC, PNP
Masters of Science in Nursing
University of Missouri - Kansas City

**Phyllis Larimore**, RN, BSN, MPH
Masters of Public Health
Walden University

**Tammy Lightner**, RN, BSN, MHA, CPN
Masters of Health Administration
Webster University

**Patty Phillips**, RN, MSN, CPNP
Masters of Science in Nursing
University of Missouri - Kansas City

**Amy Pierce**, RN, PNP, BC
Masters of Science in Nursing
University of Missouri - Kansas City
Sara Roediger, RN, MSN, PNP-CP
Masters of Science in Nursing
University of Missouri - Kansas City

Kristen Sayers, RN, MSN, CPNP
Masters of Science in Nursing
University of Missouri

Debbie Schwartzkopf, RN, MSN, CCRN
Masters of Science in Nursing
University of Kansas

Robin Starr, RN, MBA, CPN
Masters of Business Administration
Avila University

Scott Sullivan, RN, MSN, MHA
Masters of Science in Nursing/Master of Health Administration
University of Phoenix

Angela Tendick, RN, MSN, PNP
Masters of Science in Nursing
University of Missouri - Kansas City

Kathy Vandiver, RN, BS, MHA, CPN
Masters of Science in Health Administration
University of St. Francis

Jill Vickers, RN, MSN, CPN
Masters of Science in Nursing
Webster University

Linda White, RN, MSN
Masters of Science in Nursing
University of Mary

Karen Widdis, RN, MSN, CCRN, CPNP
Masters of Science in Nursing
University of Missouri - Kansas City

Norma Wolf, RN, MSN, MBA
Masters of Business Administration
University of Mary

Samantha Young, RN, MSN, CPN, CPNP, PNP-BC
Masters of Science in Nursing
University of Missouri - Kansas City
ADVANCE

Nurse at Children’s Mercy Hospitals and Clinics are committed to continually progressing nursing care for patients and families.

The ADVANCE Program provides a way to formally recognize these nurses for this commitment and their valuable contributions to advancing the nursing profession.

Through ADVANCE, nurses analyze their own practice and seek recognition for the level of practice they have achieved.

In 2010, 776 Nurses were recognized through ADVANCE:

- Nancy Cain, Lisa Carmony, Nichole Carroll, Jennifer Carter, Rachel Carter, Andrea Carver, Jessica Charbonneau, Rachel Christie, Mary Clayton, Brian Cline, Virginia Cohen, Stephanie Colburn, Doris Coleman, Stephanie Collop, Maribeth Colombo, Whitney Conard, Jaimie Contreras, Ann Cooper, Rebecca Coppage, Katie Cox, Niccy Crail, Miraam Crandall, Michaela Cronkhite, Kelsey Crouch, Tamie Crouthfield, Kerri Cusachs
- Joanna Dale, Patricia Dalton, Stephanie Daniels, Allison Davis, Kelli Davis, Lindsay Davis, Jennifer Deever, Sara Demage, Deanna Dennis, Cullie Dey, Kimberly Dickerson, Mary Dietrich, Cindy Diggs, Lanie Dolinar, Meagan Dorton, Rachel Drake, Jennifer Dremann, Kristi Dye
- Amy Easter, Rebekah Ebert, Paula Edrington, Kathryn Edwards, Sally Ehrlich, Tyler Ellingson, Elizabeth Emerson, Stephanie Everitt
- Donna Faucheux, Megan Fehrenbacher, Laura Feld, Sylvia Fendler, Valerie Finley, Donna Flamez, Kathleen Fletcher, Valerie Flick, Stacie Fogelberg, Angela Ford, Chelsea Ford, Kimberly Frank, Daniel Frazier, Sarah Freund, Carly Frewin, Lindsay Fricke, Kathryn Fulton
- Aubrey Hale, Christina Hall, Rebekah Ham, Amanda Hanna, Amy Hansen, Diane Hardesty, Amy Harmon, Jamie Hart, Cathaleen Hartsock, Amy Hays, Sally Hayson, Marilyn Hedges, Cindy Hedrick, Angela Helgemoe, Suzanne Henley, Mary Hensley, Lindsey Herrick, Sherry Hicks, Laura Hill, Elizabeth Hinkle, Tamara Hoepnner, Kimberly Hoffman, Lori Holcomb, Lisa Holden, Barkley Hoover, Stephanie Hopfinger, Amanda Hopkins, Kathleen Hortenstine, Shanda Hoss, Lynn Howard, Amy Huffman, Deanna Huffman, Jennifer Hultgren, Robyn Hunsley, Brittney Hunter
Nicole Ingolia-Hale, Mary Ireland

Wendy Jahner, Hannah Jenkins, Kimberly Jenkins, Shelly Jennings, Sheila Jimenez, Ann Johannes, Lindsey Johnson, Lisa Johnson, Mary Johnson, Kara Jones, Stephanie Jones, Tamla Jones, Vera Jones

Monica Keith, Charla Kelley, Jill Kelley, Shannon Kellogg, Haley Kendall, Danielle Keninger, Crystal Kent, Julie Kinchelow, Sara Kindler, Tracy Kipper, Theresa Kirkpatrick, Angela Kneisly, Michelle Knifong, Shari Knoth, Ashley Kolesar, Blair Kopper, Brenda Kotar, Laura Kozlowski, Vicky Kramer, Noreen Kraus, Lori Kubicki, Jennifer Kurasz

Megan Lacy, Michelle Lautt, Kelly Lawless, Angela Lee, Jessica Leon, Darla Levine, Carrie Lewis, Nakita Lewis, Patricia Light, Michelle Likes, Kristi Lindsay, Corey Long, Megan Longstreet, Kelly Loomer, Anne Lovelace, Donna Lucas, Rhonda Luster, Rachel Lyke


Jill O’Dell, Corrine O’Neill, Ashley Orwick, Deanna Orwig, Catherine Overfelt


Terry Quinonez

Allison Raetz, Kerri Ragsdale, Rebecca Randolph, Lindsay Reed, Elizabeth Reese, Teresa Reilly, Aaron Rench, Jennifer Reno, Ellen Richards, Lyndsay Richardson, Stacy Richter, Tracie Rimmer, Andrea Ritchey, Melissa Ritter, DeShauna Roberts, Sandy Roberts, Lorrissa Robertson, Katherine Roepke, Jamie Rogers, Crystal Rollwagen, Johanna Rooney, Michele Rooney, Nicole Rose, Jessica Rosenberger, Pamela Ross, Katie Roth, Lisa Ruffini, Bre Anne Ruhlman, Alicia Ryan

Catherine San Pablo, Jennifer Schemm, Ashley Schimmer, Jennifer Schmidt, Stacy Schmidtlein, Mary Schneck, Susan Schuler, Rachel Schulz, Brandie Schwindler, Kristen Scott, Laura Scott, Summer Scott, Melissa Scudiero, Nicole Sears, Sarah See, Heather Shafer, Linda Sharp, Jacquelin Shellhorn, Kathi Shepherd, Michele Sherlock, Andrea Sherman, Stacey Shields, Elisabeth Singh, Amber Smith, Astrid Smith, Lauren Smith, Patricia Smith, Sarah Soetaert, Noelle Soliday, Ashley Speck, Sharla Splittgerber, Kelly Stamps, Emma Stark, Katie Stimac, Sharon Stimatz, Jessica Stockhorst, Liann Stogsdill, Ashley Stoneking, Melissa Storms, Keira Story, Julia Streed, Carla Stroback, Elizabeth Stueve, Danica Stull, Temper Stumpenhaus, Ashley Suddock, Dolores Suenram, Margaret Sullivan, Gianna Swift, Amanda Symons

Azita Tafreshi, Jessica Tanner, Lisa Tarbell, Beverley Tate, Molly Terhune, Shelley Thomas, Amanda Tilton, Erin Todd, Lena Towler, Carmen Tracy, Lachelle Turner

Claire Ulowetz, Caroline Urbanczyk

Jaime Van Aken, Holly Vaughn, Nicole Violet, Amy Vorbeck

Melanie Wade, Melissa Wagner, Amber Walker, Amanda Wallace, Deena Wallace, Micah Wallace, Tiff Walters-Wilson, Leejaa Wansing, P J Wedgeworth, Jennifer Weigel, Laurie Wells, Elizabeth Welsh, Misty Whisenhunt, Leah White, Mary White, Angela Wiedner, Andrea Wignall, Lenny Wijono, Deana Wilhoite, Elishua Williams, Jennifer Williams, Trisha Williams, Laura Wilson, Rebekah Wilson, Sarah Wilson, Teresa Wilson, Yvonne Wilson, Jennifer Winchester, Casie Winscher, Amanda Woldruff, Jennifer Wolf, Marie Woltering, Stacey Wood, Stefanie Wright

Jessica Young, Michele Young

Sheila Zabel, Lindsay Zumbrunn
ADVANCE | RN III, RN IV and RN V

RN III

Meghan Adams, Deborah Amaro, Katherine Anderson, Tracy Anderson, Brenda Anderson-Bell, Danielle Antes, Marian Ascheman, April Assee, Kristi Aufderheide, Deborah Ayers


Mary Calcura, Francine Campbell, Susanne Campisano, Teri Carpenter, Linda Carriker, Bobbie Carter, Martha Carter, Kelley Chapman, Samantha Chesnut, Christine Claeyys, Rachael Clark, Joyce Cline, Diane Cobler, Elizabeth Coiffer, Kristin Collis, Ami Cook, Candace Coward, Lena Cox, Jean Crumrine-Brauer, Deanna Curran, Cathy Czucejko

Kari Davidson, Megan Davis, Pamela Davis, Christin Dealy, Kay Dehart, Julie Dishman, Jowana Dye, Janet Dykes

Sandra Ehlers, Lisa Ell, Christina Elliott, Noelle Endsley, Sarah English, Brooke Enz, Jon Ann Esponge, Melissa Everhart

Beth Feldhacker, Tegan Feuerborn, Amy Findlay, Brecklyn Findley, Tara Fitzpatrick, Pamela Flack, Shanna Foley, Autumn Fox, Stacey Frisbie, Shana Fromholz, Deanna Fugitt

Christina Gassen, Sarah Gebhards, Carol Genilo, Rebecca Gerke, Stacia Ghafoor, Amanda Gilges, Sunny Gillen, Barbara Gordon, Carla Gorman, Cheryl Grace, Jolene Granfors, Rachel Greening, Evelyn Grist, Denise Grogan

Emily Haith, Brenda Hankins, Marc Harden-Preston, Shekinah Hensley, Danette Hicks, Tammy Hitt, Deann Hoard, Allison Hoffman, Elizabeth Hoffman, Tiffanie Holland, Kara Hoolehan, Catherine Hopkins, Patricia Hopkins, Cynthia Hubbard, Deborah Hudson, Amber Hughes-Schalk, Mary Hunter, Kelly Huntington, Nancy Huppe, Nicole Hutcheson, Cynthia Hutchings

Megan Jackson, Melissa Jackson, Trudi Jackson, Kristen Jarvis, Kelly Jensen, Lindsay Jessee, Catherine Johnson, Jenna Johnston, Kelly Jones, Melissa Jones, Jennifer Joplin, Julie Jost, Jacqueline Julian, Allison Juneau

Kathryn Kaeding, Sarah Keady, Robin Keene, Erin Keith-Chancy, Patricia Kellert, Kristen Kerwin, Kelly King, Marilyn Kirn, Jennifer Kirwan, Amber Kling, Catherine Knight, Cynthia Knoelke, Lindsey Koebel, Anne Kuhl, Trisha Kuhlman
Theresa Lady, Beth Lang, Amy Lawlor, Debra Layson, Aimee Lenhausen, Merianne Lero, Michelle Lever, Ashley Lewis, Cynthia Lewis, Susan Loehr, Sachia Logan, Sarah Lovejoy, Noel Lynch

Michelle Martin, Marga Martin-McLain, Dina Massengill, Joyce McCollum, Julie McDonald, Regina McDonald, Briann McDowell, Holly McFarland, Karen McFarland, Megan McGown, Patti McGranahan, Christine McHenry, Maria McMahon, Leslie Meador, Jodie Meyer, Michelle Meyer, Mary Michael, Rebecca Miller, Deborah Moll, Tina Moore, Jannethe Morgan, China Mortell, Erryn Murphy

Elizabeth Nasche, Janette Nebel, Roxanne Nellor, Gale Norris

Donnita O’Guin-Spickler, Jennifer O’Hara, Linzi O’Laughlin

Marcy Page, Jolene Palmer, Elicia Payne, Lana Payton, Emily Pearson, Kimberly Periman, Elizabeth Picone-Combs, Mary Ploehn, Camile Pontius, Anita Priefert

Amy Ramsey, Kristin Ray, Emily Reavey, Patricia Rehg, Kristy Reynolds, Oletha Riley, Kristy Ritz, Barbara Roberts, Amy Robinson, Kelli Royal, Emily Ryan

Christine Salzman, Kristen Sayers, Lynette Schaller, Elizabeth Schirk, Jennifer Schlotzhauer, Kalee Schooley, Margaret Schultz, Amy Scott, Debra Scott, Hope Scott, Ashley Sediqzad, Lori Shank, Rox-Ann Shaughnessy, Jennifer Shoemaker, Laurel Short, Derek Shroyer, Kerry Shutt, Jeri Sidden, Kelli Siebel, Laura Sifers, Bridgette Silvers, Patricia Simmons, Priscilla Singer, Lindsay Sizemore, Mary Slatten, Megan Sloan, Angela Smith, Brian Smith, Cheryl Smith, Eric Smith, Kristine Smith, Teressa Smith, Catherine Spears, Jayla Stevens, Amy Stillman, Tina Stoll, Donna Stroud, Joanna Stusse, Diana Suarez, Arin Summerville, Kristen Suszek-Williams, Nancy Sveom, Mary Svoboda, Mary Sweeney

Brenda Taylor, Debra Taylor, Julie Taylor, Myrna Taylor, Stefani Thomason, Brenda Thompson, Brandi Tinney, Lana Todd, Michelle Toppass, Janice Trauernicht, Marianne Truman, Noreen Turek, Jamie Turk, Margery Turner, Carrie Tyner

Joanna Van Noy

Michelle Waddell, Lisa Wagenknecht, Mara Wallace, Sarah Wareham, Kellie Westhoff, Andrea White, Julia White, Johanna Wiley, Kaylene Wiley, Amy Williams, Linda Williams, Maria Williams, Jodie Winfrey, Jennifer Wooster

Sabrina Yasso, Anne Young, Melanie Yourdon

RN IV

Lynn Anson, Jacquilin Ashbaugh, Linda Atchison

Kathryn Boles

Paula Capel, Elizabeth Carlson, Stephanie Carter

Merna Dowler, Lisa Dryer

Adrienne Edmonds, Georrianna Ely, Scott England

Kathleen Giatt, Christina Gutierrez

Julie Harris, Armistice Holcomb, Helen Huff

Kelly Johnson, Gayla Johnston

Linda Martin, Heather Miles, Lori Miller, Linda Moenkhoff, Sara Mosbacher, Karen Murray

Jana Nye

Holly O’Hare

Stacy Pennington, Rolanda Peterson, Carla Phillips, Janice Poull

Lynee Rigdon, Marla Row

Kelly Scannell, Linda Schieber, Roberta Schomburg, Julanne Seefeldt, Dedra Serda, Charlotte Smardo, Irma Stillwell

Julie Thorne

RN V

Terese Brophy, Dianne Wilderson, Samantha Young
Nursing Specialty Certifications

Specialty certification serves as a validation to nurses of their expert knowledge and clinical skills by bringing recognition to the individual for their expertise. High levels of nursing certification also represent the quality of nursing staff and care delivery within the organization.

At Children’s Mercy Hospitals and Clinics, nurses at all levels are supported in pursuing specialty certification through the provision of resources to encourage successful completion of certification requirements.

In 2010, more than 1,250 specialty certifications were held by nurses at Children’s Mercy Hospitals and Clinics:

**Acute Care Certified Pediatric Nurse Practitioner**
Lora Bear, Kathryn Chojnacki, Jennifer Geheb, Barbara Haney, Linda Hussey, Lisa Laddish, Delores McKee, Kelly Miller, Shirley Molitor-Kirsch, Kimberely Radford, Diane Rash, Stacy Reynolds, Dawn Tucker, Stephanie Wilson, Brandy Winkle, Donna Wyly

**Adult Nurse Practitioner**
Alan Jenkins, Paige Johnson, Carol Trees

**Advanced Practice Registered Nurse, Board Certified**
Jill Ariagno, Goldie Benz, Jacqueline Biondo, Mindy Eldridge, Jeanette Higgins, Deborah Jaklevic, Sandra Nabours, Summer Smith

**Biofeedback Certification Institute of America – Clinician**
Paula Grayson, Eleanor Welchert

**Certified Ambulatory Perianesthesia Nurse**
Lynette Burrows, Joyce Cline, Tara Fitzpatrick, Evelyn Grist, Kelly Hodges, Julanne Seefeldt, Kellie Westhoff

**Certified Asthma Educators**

**Certified Asthma Educator**
Pamela Ryan, Diane Selvey, Dolores Suenram, Kristen Suszek-Williams
Certified Board of Infection Control
Candace Coward, Elizabeth Monsees, Cindy Olson-Burgess

Certified Case Manager
Sandra Andachtner, Denise Barr, Dianna Dodd

Certified Clinical Hemodialysis
Stephanie Brightman

Certified Clinical Nurse Specialist
Kristy Ritz, Colleen Vitztum

Certified Clinical Research Associate
Linda Hussey

Certified Clinical Research Coordinators and Certified Clinical Research Professionals

Certified Clinical Research Coordinator
Susan Flack, Cheri Gauldin, Ann Harris, Lois Hester, Talita Hill, Donna Horner, Linda Hussey, Kathy Johnson, Terri Luetjen, Ann Mehrhof, Michele Rooney, Shirlee Rusk, Candy Schmoll, Christine Smith, Debra Taylor, Sue Teasley, Michael Venneman, Jaylene Weigel, SueEllen, Weigel, Gloria Womelduff, Krista Wright

Certified Clinical Research Professional
Linda Andre, Terri Clifton, Anne Holmes, Diane Kennedy, Julia Starr
Nursing Specialty Certifications

**Certified Clinical Transplant Coordinator**
Brenda Brewer, Vicki Fioravanti, Felicia Long

**Certified Diabetes Educators**

**Certified Diabetes Educator**
Mary Berquist, Diana Burnett, Cynthia Cohoon, Amanda Fridlington, Ronald Hoyler, Linda Hussey, Jessica Schirmer, SueEllen Weigel

**Certified Diabetes Nurse**
Melissa Cernech

**Certified Dialysis Nurse**
Lorene Pinkley

**Certified Emergency Room Nurse**
Ron Fay, Laura Lett

**Certified Flight Registered Nurse**
Eric Smith

**Certified Hematopoietic Transplant Coordinator**
Karen Kranz

**Certified Legal Nurse Consultant**
Felicia Green, Chung-Mai Tseng

**Certified Nephrology Nurse**
Brenda Brewer, Diana Hurley, Linda Jones, Catherine Knight, Diane Kraynak, Amy Nau, Julia Starr

**Certified Nurse Educator**
Kimberly Ries
Certified National Operating Room Nurse
Mark Besinger, Kathryn Blundell, Lyndsey Burton, Kathy Bradley, Kimberly Bulloc, Julie Bustamante, Maribeth Colombo, Julie Crookshank, Alaina Cunningham, David Deines, Pamela Dennis, Gail Dustman, Sandra Ehlers, Beth Feldhacker, Sylvia Fendler, Amy Gordee, Kristina Handley, Melissa Harber, Marcella Harden-Preston, Nancy Huppe, Megan Jackson, Melissa Jones, Mary Kanatzar, Bonnie Kangas, Robin Keene, Amber Kling, Cynthia Kohlman, Meredith Kopp, Amber La Voi, Michelle Lever, Joyce McCollum, Karen McFarland, Jodie Meyer, Barbara Mueller, Elizabeth Nasche, Marci Neely, Kelli Royal, Denise Ryan, Tammy Saluto, Stephanie Sandelich, Lynette Schaller, Stacy Schmidtlein, Laura Scott, Jeri Sidden, Megan Sloan, Sharla Splittgerber, Amy Stillman, Diana Suarez, Mary Sweeney, Julie Thorne, Marianne Truman, Stefanie Tyrer, Colleen Vitztum, Lisa Wagenknecht, Amy Williams, Sabrina Yasso, Anne Young

Certified Nurse Operating Room

Certified Nutrition Support Clinician
Beth Lyman

Certified Occupational Health Nurse
Debra Quirarte

Certified Pediatric Emergency Nurse
Danielle Antes, Teresa Bontrager, Whitney Conard, Kerri Cusachs, Adrienne Edmonds, Lisa Ell, Julie Gawlak, Patrice Guthrie, Hannah Jenkins, Phillip Lee, Emily Murdock, Dixie Norris, John Noyes, Patricia Phillips, Aaron Rench, Janet Smith, Melanie Wade, Bradley Winfrey
Nursing Specialty Certifications

Certified Pediatric Hematology Oncology Nurse: CPHON®
April Assess, Monika Graber, Jennifer Hudson, Theresa Torres

Certified Pediatric Nurse
Certified Pediatric Nurse continued

Patty Phillips, Amy Pierce, Mary Ploehn, Erin Polak, Camie Pontius, Michelle Pope, Deanna Porter, Catherine Pribyl, Melissa Prickett, Anita Priefert, Amy Pulliam, Malisa Putnam, Allison Raetz, Kelli Rafols, Erin Ragsdale, Kerri Ragsdale, Amy Ramsey, Rebecca Randolph, Kristin Ray, Emily Reavey, Lindsay Reed, Theresa Reed, Teresa Reese, Patricia Rehg, Mary Beth Reid, Teresa Reine, Michelle Renner, Lisa Rheuark, Kimberly Ries, Sandy Roberts, Amy Robinson, Lisa Robinson, Jamie Rogers, Beth Roher, Crystal Rollwagen, Michele Rooney, Michele Rusch, Kathleen Russell, Iris Salyer, Linda Sandridge, Amy Sanford, Michelle Schaal, Linda Schieber, Jessica Schirmer, Roberta Schomburg, Kalee Schooley, Brandie Schwindler, Amy Scott, Rox-Ann Shaughnessy, Kathy Shepherd, Michele Sherlock, Allyson Shore, Jodi Shroba, Laura Shroyer, Kerry Shutt, Laura Sifers, Bridgette Silvers, Patricia Simmons, Priscilla Singer, Lindsay Sizemore, Karen Sluder, Amber L Smith, Amber M Smith, Angela Smith, Kristen Smith, Kristine Smith, Sharyl Smith, Suzanna Smith, Marty Snyder, Sara Soliman, Janet Sollazzo, Catherine Spears, Christina Spears, Haley Spellerberg, Tonja Spencer, Kristyn Spiller, Julie St. John, Gina Stanke, Robin Starr, Jayla Stevens, Jessica Stockhorst, Tina Stoll, Brent Straley, Julia Streed, Donna Stroud, Elizabeth Stueve, Joanna Stusse, Dolores Suenram, Arin Summerville, Laura Sutherland, Nancy Sveom, Mary Svoboda, Christine Symes, Nancy Tait, Aisha Tate, Jordan Tate, Debra Taylor, Juliann Taylor, Lelani Taylor, Myrna Taylor, Bonnie Tecza, Jill Thomas, Stephani Thomason, Brenda Thompson, Jeri Thompson, Lynne Thomson, Brandi Tinney, Erin Todd, Michelle Toppass, Mary Torre, Lena Towler, Sara Tulyasathien, Noreen Turek, Carrie Tyner, Megan Ubben, Aimee Uher, Caroline Urbanczyk, Brandi Ury, Jaime Van Aken, Joanna Van Noy, Kathleen Vandiver, Hillary VanSlyke, Joann Vargas, Holly Vaughn, Jill Vickers, Danielle Wakefield, Amanda Wallace, Deena Wallace, Mara Wallace, Micah Wallace, Michele Walters, Tiffany Walters-Wilson, Leejae Wansing, Sarah Wareham, Heather Wasserkrug, Mandy Watson, Curtis Weber, Adrienne Weeks, Jaylene Weigel, Kathi Welch, Courtney Wellman, Kellie Westhoff, Jana Wheeler, Andrea White, Laura White, Leah White, Mary White, Susan Widener, Jan Wiebe, Angela Wiedner, Andrea Wignall, Johanna Wiley, Deana Wilhoite, Angie Williams, Cindy Williams, Katie Williams, Kim Williams, Lechelle Williams, Maria Williams, Michelle Williams, Rebecca Williams, Trisha Williams, Laura Wilson, Rebekah Wilson, Jodie Winfrey, Casie Winscher, Nicole Winsor, Amanda Woldruff, Stacey Wood, Jennifer Wooster, Ashley Wrecke, Rebecca Yord, Samantha Young, Victoria Zadoyan, Lisa Zeffiro, Lindsay Zumbrunn

Certified Pediatric Nurses – Children’s Mercy Hospital
Certified Nurses – Children’s Mercy South Urgent Care

Certified Nurses – Pediatric Care Center

Certified Nurses – Teen Clinic
Certified Pediatric Oncology Nurse: CPON®

Certified Post Anesthesia Nurse
Tonia Best, Sarah Burr, Kelley Chapman, Melissa Everhart, Kate Glatt, Rachel Greening, Brenda Hankins, Deann Hoard, Armi Holcomb, Shannon Kellogg, Kristen Kerwin, Cynthia Knoelke, Sarah Lovejoy, Linda Martin, Tricia McDowell, Barbara Roberts, Christine Salzman, Margaret Schultz, Laurel Short, Cheryl Smith, Kristine Smith, Janice Trauernicht, Melanie Yourdon
Certified Post Anesthesia Nurse
Tonia Best, Sarah Burr, Kelley Chapman, Melissa Everhart, Kate Glatt, Rachel Greening, Brenda Hankins, Deann Hoard, Armi Holcomb, Shannon Kellogg, Kristen Kerwin, Cynthia Knoelke, Sarah Lovejoy, Linda Martin, Tricia McDowell, Barbara Roberts, Christine Salzman, Margaret Schultz, Laurel Short, Cheryl Smith, Kristine Smith, Janice Trauernicht, Melanie Yourdon

Certified Practitioner in Health Quality
Ginny Boos, Kathy Hulse, Carol Kemper

Certified Professional Coder
Sandra Andachter, Deborah Apfel, Gail Echerd

Certified Professional Utilization Review
Pamela King

Certified Radiology Nurse
Brenda Boots, Kaylene Wiley

Certified Registered Nurse First Assistant
Kathryn Blundell, Pamela Dennis, Kristina Handley, Melissa Harber, Denise Ryan

Certified Registered Nurse - Intravenous
Marty Snyder, Chung-Mai Tseng

Certified Wound, Ostomy and Continence Nurse
Carol Hafeman
Critical Care Registered Nurse
Jacquelin Ashbaugh, Abbie Backes, Kathlyn Baharameen, Susette Ball, Cynthia Barton, Lacey Bergerhofer, Kathryn Boles, Phyllis Bredehoft, Stephanie Carter, Jessica Charbonneau, Christine Claeyys, Rebecca Coppage, Angela Cunningham, Kari Davidson, Carrie Dickerman, Paul Edrington, Lisa Ell, Scott England, Sally Fagan, Carla Frazier, Sarah Gerard, Maria Ginger-Wiley, Caryl Goodyear-Bruch, Barbara Gordon, Julie Harris, Stacey Harter, Mary Hensley, Shekinah Hensley, Lynn Howard, Cynthia Hubbard, Amber Hughes-Schalk, Brandy Huitt, Mary Hunter, Nicole Hutcheson, Melissa Jackson, Lindsay Jesse, Ann Johannes, Gayla Johnston, Erin Keith-Chancy, Beth Lang, Fannie Ludewig, Marilyn Maddox, Dina Massengill, Kathleen McGlinn, Traci Meeds, Mary Michael, Linda Moenkoff, Sara Mosbacher, Karen Murray, Jessica Nachtsheim, Debra Newton, Linzi O’Laughlin, Ashley Orwick, Lana Parrish, Stacy Pennington, Janice Phelps, Amy Pierce, Jessica Pinkerton, Julia Pulcher, Laurie Ray, Cynthia Rice, Mary Ann Riesco, Lynee Rigdon, Oletha Riley, Maria Row, Kelly Scannell, Deborah Schwartzkopf, Jillian Scott, Kristen Scott, Dedra Serda, Jacqueline Shellhorn, Derek Shroyer, Kelli Siebel, Rebecca Sindel, Charlotte Smardo, Eric Smith, Hillary Smith, Katie Stangler, Melissa Storms, Amy Sweeten, Julie Taylor, Lee Ann Torrez, Mandi Turner, Michelle Waddell, Karen Widdis, Sarah Wilson
Electronic Fetal Monitoring
Kerri Kuntz

Family Nurse Practitioner
Rachel Bartel, Lori Blake, Brooke Clark, Gretchen Curtis, ThuyTien Dang, Melissa Denning, Mary Dexter, Laura Ericson, Amie Gibler, Diana Graves, Julie Hamlin, Amy Hansen, Tanis Holdeman, Susan Hunter, Lee Jackson, Mary Jenkins, Kacie Kaufman, Vicki Keck, Julie Martin, Tracy McEnaney, Pamela Orr, Erin Polak, Chad Rosenthal, Nancy Shreve, Stephani Stancil, Amanda Styers, Kimberly Tennissen, Nancy Terwilliger, Mandy Thompson, Theresa Torres, Kristin Williams, Kathryn Yeldell

Inpatient Obstetric Nursing
Tonya Blair, Stacie Carrender, Amie Glaves, Kerri Kuntz

International Board Certified Lactation Consultants
Kay Dehart, Melanie Foltz, Helen Huff, Barbara Lawson, Anne Mercer, Elizabeth Schirk, Brenda Snyder, Jackie Tryon
Nursing Specialty Certifications

**Neonatal Intensive Care Nursing**
**Neonatal Nurse Practitioner**
Bernice Averill, Virginia Bauler, Angela Becker, Jacqueline Biondo, Jean Bohning, Laura Butcher, Lindsey Churchman, Mary DeMasi, Catherine Eib, Staci Elliott, Angela Elmore, Janice Garrett, Martha Goodwin, Mary Hagerty, Nicole Horst, Kimberly Hunter, Janice Jones, Betsy Knappen, Kerry Kohrs, Patricia Lanzer, Delores McKee, Deanna McPherson, Antonia Montague, Laura Mullins, Catherine Onka, Diane Pfeifer, Daphne Reavey, Kimberly Salsman, Michelle Schultz, Denise Smith, Karen Smith, Olivia Taylor, Amber Trayford, Karen Treanor, Marvetta Volker, Diana Waisner, Lynn Ward, Rachel Weirich, Kelli Woods

**Neonatal Pediatric Transport**
Lisa Ell, Pamela Grimes, Amy Hayes, Jennifer Shoemaker, Kerry Shutt, Eric Smith, Lana Todd

**Nurse Executive and Nurse Executive-Advanced**

**Nurse Executive**
Devin Bowers, Shirley Clesson, Gail Echerd, Marty Fairchild, Michele Fix, Janet Franzen, Allison Gardner, Janet Klein, Kelly Manking, Cheryl Powers, Chung-Mai Tseng

**Nurse Executive-Advanced**
Karen Cox, Cheri Hunt, Lynn Parsons
Nursing Specialty Certifications

Nursing Professional Development
Angie Knackstedt, Patricia Messmer, Kathy Mick, Pat Thon

Oncology Certified Nurse
Chris Klotz, Patricia Pretti, Kristy Reynolds

Orthopaedic Nurse Certification
Heather Barnett, Martha Carter, Gale Norris, Angela Vanderpool, Colleen Vitztum, Linda Williams, Donna Wyly
Other Specialty Exams
Mary Brooker, Rosacarla Salanoa, Dedra Serda

Pain Management
Lynn Anson, Debra Davidson, Janice Poull

Pediatric Clinical Nurse Specialist
Cathy Cartwright, Heather Curry, Pamela Finn, Kristina Foster, Larri Harris

Other Specialty Certified Nurses
Pediatric Nurse Practitioner
**Telephone Nursing Practice**

Janet Dykes, Donna Flamez, Carol Genilo, Patricia Hopkins, Anthony Infranca, Lisa Ruffini, Shirley Shanley, Kristen Suszek-Williams, Brenda Taylor

**Pediatric Nursing**

Gayla Cheadle, Elaine Johnson, Amanda Kane, Kathy Kellerman, Kelli Kline, Laura Kozlowski, Pamela Nickerson, Katherine Roberts, Joyce Sexton, Kimberly Wilson

**Perinatal Nurse**

Elisabeth Singh

**Primary Care Certified Pediatric Nurse Practitioner**

Lisa Laddish, Allison Lind

**Registered Nurse, Board Certified**

Jill Ariagno, Gayla Cheadle, Chelcia Claar, Betsy Dearing, Sylvia Denny, Kimberly Dickerson, Staci Elliott, Jeanette Higgins, Angela Lee, Michelle Lever, Corey Long, Jessica Lower, Marilyn Maddox, Ravan Mellon, Mary Murphy, Rachel Nadon, Pamela O’Neal, Lyndsay Richardson, Linda Sharp, Beverley Tate, Diane Utz, Veronica Williams

**Sexual Assault Nurse Examiner**

Tammie Wingert

**Sexual Assault Nurse Examiner-Adult/Adolescent**

Amy Gordee
Broselow Code Cart Conversion

The Resuscitation Committee at Children’s Mercy Hospitals and Clinics is an interdisciplinary group tasked with overseeing the hospital’s processes and procedures related to resuscitation events. This oversight ensures that hospital code blue processes are operative and effective by maintaining responsibility of the code carts, collecting data on activated codes, providing hospital wide-education on resuscitation procedures, and completing a case review of each code blue event.

In a pediatric organization, patient resuscitations are vastly different than those in adult hospitals. The pediatric population varies tremendously in size and weight; therefore, resuscitation supplies and medications need to be the appropriate size and dose to serve patients from infancy through adulthood. The expansiveness of supplies needed creates a unique challenge for pediatric organizations when establishing structures and processes for resuscitation.

Shekinah Hensley, RN, BSN, CCRN, PICU Direct Care Nurse and PICU representative to the Resuscitation Committee, shared concerns with the committee regarding the current code carts. The PICU nurses identified that the structure and organization of the code cart made it cumbersome to maneuver and difficult to find equipment quickly in part due to the amount of supplies and varying sizes stocked in each code cart.

Because of the complexity of the cart, the nurses articulated that finding the supplies in the hurried environment of a code to be challenging. Individuals were required to have an in-depth knowledge of the supplies required for varying patient sizes and a high level of familiarity with the cart in order to quickly pull necessary supplies. This required one of the three critical care nurses that respond to code blue to be solely responsible for managing the cart and supplies during a resuscitation. The team expressed that the nurse is typically needed at the bedside to assist with patient interventions, but is unable to step away from the cart.

With this, the Resuscitation Committee decided to investigate alternatives to simplify the supply cart. Simplification of the system would allow for unlicensed personnel to manage and hand off supplies to the code team during resuscitations.

Brad Winfrey, RN, CPEN, Emergency Department Nurse Educator and Resuscitation Committee representative, proposed use of the Broselow cart. The Broselow system uses color-coding to organize supplies by weight. Drawers in the code cart house all of the needed supplies for a specific weight range. Medications are located in the top drawer and general supplies are located in the bottom drawer.

This color-coded system takes the guesswork out of ensuring the proper sized supply is given to the resuscitation team during a code blue event.

Members of the committee felt this system would simplify the process enough to allow non-licensed personnel to manage and hand off supplies to the code team during resuscitations.

After evaluating the cart through mock scenarios and a literature review, the committee agreed that the weight-based system would meet the group’s goals of simplification to allow for unlicensed individuals to assist with supplies, in return, freeing up an additional nurse to provide patient care at the bedside. Having an additional nurse at the bedside optimizes patient care by allowing two nurses to assist in interventions.
To reduce waste, two types of code carts were deemed necessary: resuscitation carts and non-resuscitation carts. Non-resuscitation carts are stocked with materials needed to stabilize the patient emergently prior to the code team arrival. Resuscitation carts would travel with members of the code team to each code and would include more extensive medications and supplies along with a defibrillator. Although the original plan was to convert only the critical care code carts, the cost savings associated with the new system allowed the organization to convert all 51 code carts to the Broselow system. The result was a more efficient and effective process for the end user as all code carts in the organization were standardized. Sixteen of these carts were fully stocked as resuscitation carts, including five traveling carts, while 35 were stocked as non-resuscitation carts.

Once the design of each cart was finalized, Ms. Hensley led the hospital-wide education campaign to introduce the Broselow system. Color-coded cards were created to illustrate the location of supplies within each drawer on the cart. Each area with a code cart identified a code cart resource nurse to help with education. This nurse had in-depth knowledge of the new system and assisted in the education and transition to the new cart within their department. A code cart-stocking event was held to educate the resource nurses on the Broselow system, ensure each new cart was stocked appropriately, and collect additional feedback from the end users.

The role of the code cart resource nurse continues beyond the initial transition. To facilitate communication and monitor outcomes related to the new system, code cart resource nurses are responsible for providing annual education to their area regarding the code blue cart and processes, conducting code cart audits, and communicating all concerns regarding code carts and code blue events to Ms. Hensley. All concerns are then reported to the Resuscitation Committee for discussion.

Nurse perceptions of the effectiveness and efficiency of the new code carts were positive. Nurses were surveyed following the implementation of the Broselow Code Carts, with the following results:

![Broselow Chart | Staff Perceptions](chart)

**Question 1**
Do you feel that the Broselow Code Cart saves medical staff time during a code due to supplies found more quickly compared to the previous code cart?

**Question 2**
Do you feel that the patient is receiving improved care at the bedside with our new policy, which allows the second PICU RN to care for the patient along with the ED RN while the ER Tech is managing the code cart?

**Question 3**
Do you feel that communication has improved between the departments that maintain a code cart and the Resuscitation Committee due to the Code Cart Resource Nurse?

The allocation and reallocation of resources related to this code cart initiative has **resulted in organizational cost savings and significant waste reductions**. The changes to the medication inventory on the code blue carts also realized significant cost savings. The standard medication tray in the previous cart contained 14 medications at a cost of $75.07 per tray while the new tray only contains four medications at $35.61 per tray. This equates to a 71 percent reduction in medications and a total cost savings of 54 percent per medication tray.
2009 Nursing Clinical Excellence Awards

**Bernell Hevner O’Donnell, RN, Excellence in Psychosocial Nursing Award**
Sandy Price, RN, BSW, Ambulatory Nurse Manager, Developmental Medicine

**Excellence in Leadership Award in Nursing**
Cynthia J. Williams, RN, CPN, Ambulatory Nurse Manager, Surgery and Urology Clinic

**Clinical Excellence in Nursing Award | Medical/Surgical**
China A. Mortell, RN, CPN, Charge Nurse, 3 Henson Tower
Ashley M. Davis, RN, BSN, Direct Care Nurse, 6 Henson Tower

**Clinical Excellence in Nursing Award | Operating Room/Same Day Surgery/Post-Anesthesia Care Unit/Pre-Admission Testing/Pain Management**
Gail Dustman, RN, BSN, CNOR, RNFA, Charge Nurse, Peri-Operative RN, First Assistant, Operating Room

**Clinical Excellence in Nursing Award | Critical Care**
Charla A. Kelley, RN, Critical Care Charge Nurse, Pediatric Intensive Care Unit
Robin L. Starr, RN, BSN, CPN, Critical Care Charge Nurse, Emergency Department

**Clinical Excellence in Nursing Award | Expanded Role**
Karen M. Anthony, RN, Nursing Program Coordinator, Bone Marrow Transplant Team

**Clinical Excellence in Nursing Award | Charge Nurse**
Debra L. Layson, RN, CPN, Charge Nurse, 4 Sutherland Tower
Julie W. Seefeldt, RN, BSN, CAPA, Charge Nurse, SDS/PACU at Children’s Mercy South

**Clinical Excellence in Nursing Awards | Ambulatory**
Ann S. Cooper, RN, BSN, Ambulatory Charge Nurse, Children’s Mercy South, Specialty Center
Judith A. Farrar, LPN, Ambulatory LPN, Children’s Mercy West

**Clinical Excellence in Nursing Award | Nurse as Teacher**
Glee E. Peters, RN, BSN, CDE, Diabetes Educator, Endocrinology Section

**Research Excellence Award**
Kristin A. Stegenga, RN, PhD, CPON, Nurse Researcher, Patient Care Services and Hematology/Oncology Section
Heart of Healthcare Award

The University of Kansas School of Nursing established the Heart of Healthcare award in 1989 to recognize the region’s outstanding nurses for their commitment to their patients, families and community. Nominations are accepted from colleagues, employers, patients, families and friends. A selection committee of previous award recipients and health care leaders review nominations and recognize 10 award recipients.

Cathy Burks, RN, MSN, PCNS, Hematology/Oncology Pediatric Clinical Nurse Specialist, was recognized as one of the ten recipients of the 2010 Heart of Healthcare Awards. Cathy began her nursing career when she graduated with her Bachelor of Science in Nursing from Avila University in 1975. She started at Children’s Mercy Hospitals and Clinics while in nursing school in June of 1971 as a nursing assistant on 4 North, the Hematology/Oncology inpatient unit. After graduation, she moved to 4 South, the Infectious Disease unit. She then relocated from Kansas City and worked at St. Jude Children’s Research Medical Center, Boston Children’s Hospital in the Cardiac PICU, and Vanderbilt Children’s Hospital on the Oncology unit. Cathy then returned to Children’s Mercy Hospitals and Clinics six years later and assumed the role of nurse manager for two years on the Hematology/Oncology inpatient unit and then in the PICU for five years. After the birth of her second child, Cathy was a stay at home mom until she returned to the Division of Hematology/Oncology as a nurse clinician in 1988. She completed her Master of Science in Nursing through the University of Kansas School of Nursing and has served as an Advanced Practice Registered Nurse since 1996 in Hematology/Oncology.

In addition to Cathy, 29 nurses from Children’s Mercy Hospitals and Clinics received nominations for the 2010 Heart of Healthcare Award:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Lisa Baker</td>
<td>4 Sutherland</td>
</tr>
<tr>
<td>Jill Ariagno</td>
<td>Orthopaedic Surgery</td>
</tr>
<tr>
<td>Ginny Boos</td>
<td>Center for Clinical Effectiveness</td>
</tr>
<tr>
<td>Jayne Burns</td>
<td>2 Henson</td>
</tr>
<tr>
<td>Linda Carriker</td>
<td>Infectious Disease Clinic</td>
</tr>
<tr>
<td>Chelcia Claar</td>
<td>Inpatient Float Pool</td>
</tr>
<tr>
<td>Pamela Dennis</td>
<td>Cardiac Surgery</td>
</tr>
<tr>
<td>JonAnn Esponge</td>
<td>6 Henson</td>
</tr>
<tr>
<td>Shana Fromholtz</td>
<td>3 Henson/3 West</td>
</tr>
<tr>
<td>Christy Geraghty</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Ann Harris</td>
<td>Clinical Pharmacology</td>
</tr>
<tr>
<td>Cindy Hutchings</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Meredith Jackson</td>
<td>Vascular Access</td>
</tr>
<tr>
<td>Kristen Jarvis</td>
<td>Children’s Mercy South Inpatient Unit</td>
</tr>
<tr>
<td>Ann Johannes</td>
<td>Inpatient Float Pool</td>
</tr>
<tr>
<td>Erin Keith-Chancy</td>
<td>Intensive Care Nursery</td>
</tr>
<tr>
<td>Beth Lang</td>
<td>Pediatric Intensive Care Unit</td>
</tr>
<tr>
<td>Merianne Lero</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Kelly Manking</td>
<td>Pediatric Care Center</td>
</tr>
<tr>
<td>Holly McFarland</td>
<td>Inpatient Float Pool</td>
</tr>
<tr>
<td>Rene Milam</td>
<td>4 Sutherland</td>
</tr>
<tr>
<td>Becca Miller</td>
<td>3 Henson/3 West</td>
</tr>
<tr>
<td>Melissa Mitchell</td>
<td>5 Henson/5 Sutherland</td>
</tr>
<tr>
<td>Terri Murray</td>
<td>Children’s Mercy South Same Day Surgery/PACU</td>
</tr>
<tr>
<td>Catie Overfelt</td>
<td>3 Henson/3 West</td>
</tr>
<tr>
<td>Jolene Palmer</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Lana Payton</td>
<td>Children’s Mercy South Inpatient Unit</td>
</tr>
<tr>
<td>Barb Roberts</td>
<td>Same Day Surgery/PACU</td>
</tr>
<tr>
<td>Kristen Smith</td>
<td>Children’s Mercy South Inpatient Unit</td>
</tr>
</tbody>
</table>
Survive and Thrive Late Effects Clinic

Survival is now a reality for almost 80 percent of children diagnosed with cancer. Today, there are more than 270,000 childhood cancer survivors in the United States alone (www.CureSearch.org). Surviving childhood cancer is a major accomplishment, but the health challenges for survivors may not end with cancer remission. This population is at risk for late effects associated with the course of their cancer treatment, which can occur years after treatment has ended and include heart and lung dysfunction, growth issues, fertility issues, psychological and education concerns, and the occurrence of a second cancer.

In late 2009, the Division of Hematology/Oncology launched the Survive and Thrive Long Term Follow-up Program. This program is designed to provide a continuation of the care patients and families received during their cancer treatment. The focus of care for patients in the Survive and Thrive Clinic changes from cancer treatment and side effect management to living a healthy, normal life while minimizing and preventing late effects. The program provides comprehensive physical and psychosocial assessments to survivors of childhood cancer and equips survivors with the resources needed to live a healthy, productive life. The program educates patients and families regarding potential health issues and the importance of prevention and early intervention.

The program also serves to bridge the gap between pediatric oncology and adult health care. The program provides resources for adult health care practitioners caring for survivors of childhood cancer patients. A comprehensive treatment summary that follows the Long Term Follow-up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers established by the Children’s Oncology Group is provided to each patient. The guidelines and the treatment summary are beneficial in the transition into adult medicine by helping adult practitioners understand the unique needs of childhood cancer survivors. Making this transition as seamless as possible ensures the continuum of care.

The program provides an interdisciplinary approach through the involvement of a Medical Director, Nurse Coordinator, Social Worker, and Dietician. This approach allows for a comprehensive evaluation for possible late effects, as well as education from each team member. The team meets weekly to discuss patients, including their oncology history, laboratory and other testing results, and any specific needs of the patient and family. In addition, the team collaborates with other medical professionals from other disciplines based on a patient's specific needs.
A typical day in the Survive and Thrive Clinic actually begins in the Cardiology Clinic. The majority of patients need Echocardiograms and EKGs as part of the monitoring for late effects. The patients will start there prior to coming to the Survive and Thrive Clinic for their appointment. Laboratory tests are drawn and then the patients and families see the Nurse Coordinator, physician, social worker, and dietician. Appointments in the Survive and Thrive Clinic take approximately two hours. During the appointment, each patient receives an education folder containing a comprehensive treatment summary and information about the late effects they are at risk for based on their treatment. The information provided is individualized based on each patient’s comprehensive treatment summary.

Depending on the patient’s treatment history, other tests may be scheduled following the clinic appointment. Other common tests associated with late effects management include bone density scans, chest x-rays, pulmonary function tests, and audiograms. The goal of the Survive and Thrive Clinic is to coordinate all appointments and testing into one day for convenience of the patient and family. Following the visit, the patients and families receive a follow-up phone call from the Nurse Coordinator and letter reviewing the test results. The follow-up phone call also provides an opportunity to answer any questions that may have come up after the appointment.

In 2010, the Survive and Thrive Long Term Follow-up Program provided care to 61 patients following cancer treatment. The clinic is now being held twice a week to accommodate the growth of the program.
Redesigning Peer Review

Peer Review serves as a vital component in providing valuable feedback to nurses on their personal and professional strengths and opportunities for improvement. To provide meaningful peer review, nurses must be familiar with performance expectations of the individual they are evaluating. Peer evaluation occurs at all levels of nursing through both formal and informal processes and is incorporated in not only the annual performance evaluation, but also reaches into numerous venues where peer appraisal is essential in supporting competency, achievement, and accountability.

Cheri Hunt, RN, MHA, NEA-BC, Vice President for Nursing and Chief Nursing Officer, commissioned the Nursing Professional Excellence Council (NPEC) to evaluate the peer review process in relation to the annual performance evaluation and develop a meaningful tool to be used by direct care nurses throughout the organization. Hunt wanted the peer review tool to evaluate clinical skills, but also to incorporate an assessment of nursing behaviors and professionalism.

NPEC formed a subcommittee to standardize the peer review process for direct care nurses across all areas of the hospital. Nursing leadership was available to provide assistance and insight into current management and human resource procedures in the review process. The goals of the subcommittee were to:

- Identify the key barriers that currently limit the peer review process and its effectiveness
- Design a peer review tool that is useful or easily adaptable to both the inpatient and outpatient environments, and focused on evaluation of direct care nurses
- Develop the ideal peer review process
- Educate all end users on the tool and on the peer review process

The subcommittee began by identifying the current peer review processes in place throughout the organization. It was quickly evident that the peer review process was not consistent and implementation of a standardized process was essential in order to retain the integrity of the process, including defining the term peer, developing a universal tool, and delineating the steps of the processes to end users.

After identifying the current processes in place across the organization, the subcommittee began investigating best practices within nursing. The subcommittee reviewed nursing journal articles and assessed practices and peer review tools utilized at other hospitals. Members of the subcommittee also attended the Magnet Peer Review Workshop to gain insight to the expectations of the Magnet Recognition Program, the components of an effective peer review process, and potential barriers to change. With this information, the subcommittee was then able to address the concerns and issues with the existing peer review process.

In investigating the current practices across the organization, the subcommittee identified numerous definitions of peer. Some departments considered peer as strictly nurse-to-nurse, while other departments included other disciplines, from care assistants to physicians, in the peer review process. The American Nurses Association (ANA) defines a “peer” as an individual of the same rank (ANA Peer Review Guidelines, 1988). In the Magnet Dictionary definition of peer evaluation, the term peer references “registered nurses with similar roles and education, expertise, and level of licensure.” (ANCC, Application Manual: Magnet Recognition Program, p. 29) Although the subcommittee recognized the value of feedback of non-nurse colleagues as it relates to performance evaluation, the subcommittee felt applying peer as defined by the profession of nursing was important in maintaining autonomy over nursing practice and promotion of professional accountability. Peer is defined in the new nursing peer evaluation process as nurse-to-nurse at the same rank in order to evaluate performance properly.

A few exceptions have been identified in areas where the nurse may not work directly with another nurse of the same credentials. In these instances, respiratory therapists and LPNs will use the tool to provide feedback as peers to RNs in the Critical Care Transport Team and ambulatory areas, respectively. For all other areas, the inclusion of feedback from additional health care team members into a nurse’s evaluation will be at the discretion of the department management team.

The next challenge the subcommittee faced was creating a standardized peer evaluation tool that was easy to use, applicable across all departments, and resulted in valuable feedback to the individual responsible for completing the evaluation. Evaluators were using numerous tools and processes with little consistency across areas, ranging from a numerical rating system to open ended questions analyzing strengths and weaknesses in the areas of job knowledge, critical thinking, interpersonal skills, and productivity. The subcommittee began the development process by reviewing examples of peer review tools used by different units/departments at Children’s Mercy.
well as other examples from Truman Medical Center and the University of Michigan Hospital. Following this review, the subcommittee identified eight domains that would guide the development of the new peer review tool:

- Teamwork
- Customer focused
- Communication
- Professionalism
- Adapting to change
- Leadership
- Efficiency
- Safety

The subcommittee further evaluated these domains and developed a list of potential objectives for each one. These objectives were condensed into three to five key objectives per domain that specify measurable outcomes and can be evaluated by a peer. The subcommittee then defined an appropriate measure for each of the objectives. The subcommittee felt that numerical values, which are often used to score the annual evaluation, were intimidating. It was also discussed that providing a standard measurement with clear definition was essential in assisting leadership in providing accurate and valuable feedback to the individual being evaluated.

A four-level rating scale with clear definitions was developed as follows:

- **N – Not Met** Nurse does not meet expectations of established objective
- **A – Approaching** Nurse is working towards mastering objective at a consistent level
- **M – Meets Expectations** Nurse consistently meets expectations of the established objective
- **E – Exceeds Expectations** Nurse exceeds expectations of the established objective

The subcommittee turned their focus to defining and developing the ideal peer review process. Major discrepancies existed on how many individuals were asked to contribute to each nurse’s evaluation, ranging from as few as two contributors, to as many as 100 nurses. Some departments targeted specific nurses to contribute to evaluations, while other departments sent peer reviews to all departmental employees, including nurses, physicians, and other ancillary staff, on every individual. The latter approach was time consuming to coordinate and few individuals responded because of solicitation fatigue.

The subcommittee established a standard practice of asking a range of two to four nurses to review each nurse for their annual evaluation. This allows units of all sizes to obtain adequate information without burdening employees with requests to contribute to numerous evaluations. For nursing departments with less than five nurses, this recommendation can be modified to fit their specific needs.

The final step in defining the peer review process was identifying how peers will be selected. To ensure the validity of the peer evaluation process, the subcommittee determined that both the nurse being evaluated and the individual evaluating the nurse would be able to select contributing peers. For departments requesting two or four peer reviews, requests will be equal for the nurse and the evaluator with one and two from each, respectively. For those requesting three peer reviews, at least one will be selected by each party and the department will decide if the third review will be selected by the nurse or the evaluator. If a nurse chooses not to select anyone, the evaluator may select all contributing peers.

As this change will affect the largest group of nurses in the organization, adequate and timely education was essential in assuring the success of the new processes. Representatives from the NPEC peer review subcommittee presented at Inpatient and Outpatient Nurse Manager Meetings to provide education on the subcommittee’s work, discuss changes to the peer review process, and to answer any questions from the managers. The representatives asked managers for time at department education updates and staff meetings to share the information with their nursing colleagues. In addition, the subcommittee created an educational handout as a quick reference guide for nurses completing the peer review tool.

The new peer review processes and related tools will be implemented for direct care nurses throughout the department of nursing beginning January 1, 2011.

**Peer Review Committee Members**

- **Kristin Ray**, RN, BSN, CPN, 5 West, Committee Chair
- **Stephanie Meyer**, RN, MSN, FNP, SDS/PACU/5 West
- **Kim Bullock**, RN, MSN, NE-BC, Cardiovascular Surgery
- **Shannon Fucik**, RN, MBA, CPN, 2 Henson
- **Linda Olson**, RN, Children’s Mercy South Specialty Center
- **Nicole Rose**, RN, Pediatric Care Center
- **Kelli Royal**, RN, BSN, CNOR, Operating Room
- **Ellen Snell**, RN, BSN, Vascular Access
- **Sabrina Yasso**, RN, BSN, CNOR, Operating Room
Vascular Access Team Central Line Education

Central venous access is essential in facilitating treatment and recovery of specific patients depending on their diagnosis or therapeutic treatment plan. However, if health care providers are not adequately and accurately educated in the use of the central venous access, patients may experience delays in recovery. The Vascular Access Team at Children’s Mercy Hospitals and Clinics serves as the expert resource in the care and maintenance of central line access. An all nurse team, the Vascular Access Team is utilized for bedside placement of Peripherally Inserted Central Catheters lines utilizing ultrasound with tip locating technology. The Vascular Access Team also assists in the maintenance and care of any central line for both admitted patients, as well as patients receiving home therapy.

Like most health care organizations, Children’s Mercy Hospitals and Clinics is aiming for a goal of zero central line infections. Through the evaluation of data regarding the organization’s catheter-associated central line blood stream infection rate and investigation of barriers to performance, the Vascular Access Team determined the need for an innovative approach to education and advocacy in order to reach that goal. In April 2010, Vascular Access launched the Thumbs Down to Infection Campaign.
The purpose of the Thumbs Down To Infection Campaign is to continue to decrease catheter related blood stream infections and acknowledge medical/surgical units who demonstrate exceptional line care and adapter compliance. The program is designed to educate, remind, reinforce, and keep nurses focused on the care and maintenance of central line catheters through a friendly department-based competition. Each month, helpful hints, information updates, and refreshers on proper practice are distributed to nurses throughout the organization. Educational brain teasers are sent out monthly to all nurses to test their knowledge on central line care and inform staff of central line practice guidelines. Posters are distributed monthly to all participating units with information regarding practice guidelines, reminders, and/or new education in regards to changing practice.

Participating departments receive points based on unit participation and central line infection rates. Points are awarded to each unit based on:

- Number of line days without an infection
- Lowest average number of incident reports for line care
- Low infection numbers
- Brain teaser competitions

Points are also awarded based on low infection numbers and also deducted for each incident report received. If a unit has an infection that month, they are ineligible to be that month’s Thumbs Down to Infection winner.

Unit awards and department level performances are announced at the end of each month. Winning departments receive a Thumbs Down to Infection banner to display on their unit for the entire month, treats for day and night shifts, and a unit celebration for patients with activities designed to promote infection control. An overall annual winner will also be awarded each April to the unit with the highest point total. The annual winner will also be recognized with a banner, treats, and unit celebration, as well as a recognition plaque that will be housed on the unit.

The organization’s goal is to decrease the central line infection rate by 50 percent each six-month period until a zero infection rate is achieved. Thumbs Down to Infection results are reviewed at the Central Line Care Committee meetings. Results are also shared periodically with the Education Coordinators so they can proactively address any concerns and share additional information with their department staff. With a consistent and continual message that engages health care providers in understanding the importance of central line insertion and maintenance, this is an achievable goal.
Second Annual Quality Improvement and Safety Fair

The National Association of Healthcare Quality sponsors an annual Healthcare Quality Week to highlight the work of healthcare professionals and their influence on improved patient care outcomes and health care delivery systems. The Children’s Mercy Hospitals and Clinics Quality and Safety Department used this opportunity to highlight internal safety and quality projects by hosting the second annual Quality and Safety Poster Fair. All employees were encouraged to submit current quality and safety initiatives as poster displays to share with colleagues, parents, and visitors.

Twenty-three posters were presented from all areas of the organization. Posters were judged during the fair with prizes awarded to the top three poster presentations. Winners were recognized at the November Operations Council Meeting. Following are the first, second and third place poster project titles and their presenters:

**FIRST PLACE POSTER WINNER**

Focusing on Patient Improving Wait Time by Means of Lean Six Sigma Process Improvement
OPC Phlebotomy Services
Randah Althahabi, MS, MT (ASCP)
Cynthia Kelley, MT (ASCP)
Marinda Cooper, MT (ASCP)
Maxine Baskin, PBT (ASCP)
Shaunta Howard
Ariawna Brown
Ahwaz Hamaamin
Cathy Williams
Debra Hidspeth
SECOND PLACE POSTER WINNERS (TIE)

Successful MRI Studies in Infants Without Sedation
Janice Poull, RNC-BSN
Barbara Haney, RNC-NIC, MSN, CPNP-AC
Tracy Sandritter, PharmD
Betsi Anderson, RN, BSN, CPHQ
Linda Atchison, RNC-NIC, BSN
Daphne Reavey, RN, PhD, NNP-BC
Eugenia Pallotto, MD, MSCE
Lisa Dryer, RN, CPN

A Standardized Approach to MRI Studies Without Sedation in Use for Infants Being Cooled
Lisa Dryer, RN, CPN
Barbara Haney, RNC-NIC, MSN, CPNP-AC
Eugenia Pallotto, MD, MSCE
Kristin Sayers, RNC, MSN
Daphne Reavey, RN, PhD, NNP-BC
Betsi Anderson, RN, BSN, CPHQ
Dan Smock, BHS, RT

THIRD PLACE POSTER WINNER

Post Op Spinal Fusion Guidelines
Joan Maxwell, RN, BSN, CPN
Brenda Thompson, RN, BSN
Katie Roth, RN, BSN
Marcy Page, RN, BSN
Trudi Luiken, RN, BSN
Priscilla Singer, RN, ADN
Mara Wallace, RN, BSN
Mary Copeland, RN, BSN
Measuring Nursing Satisfaction Through the IWPS-R

According to the Federation of Nurses and Health Professionals, nurses most often cite the following components as critical to their work environment:

- Manager Support
- Peer Support
- Unit Support
- Workload

These components strongly correlate with an organization’s ability to retain nurses (Aiken, 2000). The Individual Workload Perception Scale (IWPS) was created in 2001 and utilizes these variables, along with Intent to Stay, to measure direct care nurses’ perceptions of their workload.

IWPS is based on Maslow’s Theory of Human Motivation. If the basic physiological needs of the nurse are not met, they will not be able to fulfill their higher level needs. For example, if the basic physiological needs of lunch breaks and adequate sleep between shifts are not met, nurses will be unable to fulfill higher level needs, including workgroup cohesion, career development, and participation within the shared decision-making structure. Utilizing this approach, the IWPS is based on the idea that if management attempts to address upper level needs, like providing career development opportunities, before addressing basic needs, such as providing a lunch break, they may be wasting valuable resources without result (Cox, 2003).

Children’s Mercy has utilized the IWPS since 2002. The IWPS was revised in 2005 and renamed the Individual Workload Perception Scale – Revised (IWPS-R). The IWPS/IWPS-R is administered annually in November to provide consistency for patient census and staffing demands. Administration of the survey is done through Survey Monkey™. Direct care nurses are notified of the survey by the Vice President for Nursing/Chief Nursing Officer through an email invitation to complete the survey. Direct care nurses, charge nurses, and nurse educators that provide direct patient care are eligible to participate in the survey. In 2010, 65 percent of nurses eligible to participate completed the survey.
The 29-item survey instrument is a five-point Likert scale survey that asks the respondents to rate each item from ‘strongly disagree to strongly agree’ with a high score desired. Trended data is evaluated and survey results are benchmarked with various like organizational groups. For each year, Children’s Mercy direct care nurse respondents are compared against the national database and the national pediatric database at the aggregated hospital and like unit levels for all subscales as well as the overall IWPS-R nurse satisfaction mean. The benchmarking results of the pediatric hospital comparison along with trended Children’s Mercy results from 2008-2010 are provided in the follow graph:

As demonstrated in the graph, not only has Children’s Mercy Hospitals and Clinics outperformed the benchmark comparison group in overall nursing satisfaction for each year, but in all five of the subscales each year as well. Department level data is also provided for areas with five or more survey participants. Nursing leadership use both organizational and department level data to target interventions as needed to improve nursing satisfaction. This approach allows departments to initiate improvements to the meet the unique needs of their area, with the goal of improving overall nursing satisfaction and, ultimately, the quality of patient care.
Evidence Based Practice Scholars Program

Historically, Children’s Mercy Hospitals and Clinics used medical, nursing, and allied health team members to review, analyze, and synthesize current literature to support the development of Clinical Practice Guidelines (CPGs). Utilizing this model, these teams were found to have different skill levels related to literature analysis. Consequently, a few team members either assumed responsibility for the literature analysis or partnered with less skilled team members to teach them about literature analysis, resulting in a delay in CPG production and implementation. To proactively address this knowledge gap, the Evidence Based Practice Collaborative, an interdisciplinary group comprised of physicians, nurses, and allied health professionals, developed the Evidence Based Practice Scholars Program.

The Evidence Based Practice Scholars Program is based on two of the five Evidence Based Practice tenets set forth by Oxford’s Centre of Evidence Based Medicine: Asking a Clinical Answerable Question and Analyzing the Literature. Applicants to the program must obtain managerial support to attend the initial instructional sessions and commit to eight hours each month of literature analysis.

Using electronic tools, developed by the Cochrane Collaborative, two Evidence Based Practice Masters, Jacqueline Bartlett, RN, MSN, MBA HCM, and Nancy Allen, MS, RD, LD, CNSC, teach the scholars how to appraise diagnostic test studies, randomized controlled trials, and systematic review articles. While appraising the different article types, research methods and statistical principles are reviewed. Didactic and interactive teaching strategies are employed. Under the direction of the Office of the Evidence Based Practice, and upon completion of the instructional sessions, the scholars analyze and synthesize literature for CPG teams as well as their own departments. The scholars meet two times a month for three hours at a time to read, analyze and synthesize the literature. The program commitment is a year in length and a new group begins every September.

Three nursing scholars from the initial 2009-2010 program elected to remain as 2010-2011 scholars. Along with the current scholars, four additional Scholars were added to the program, two allied health and two nursing. With the knowledge these individuals have obtained from participating in this program, they are now able to provide support at the point of care and are essential in supporting Children’s Mercy clinicians in translating health care knowledge into health care practice.
2009-2010 EBP Scholars
Elizabeth Carlson, RN, MSN, CPN
Kate Collum, RN, BSN
Dawn Edwards, RRT
Megan Gripka, MLS(ASCP)SM
Christina Gutierrez, RN, CPN

2010-2011 EBP Scholars:
Elizabeth Carlson, RN, MSN, CPN
Jarrod Dusin, MS, RD, LD, CNSC
Kate Collum, RN, BSN
Barb Gordon, RN, CPN, CCRN
Christina Gutierrez, RN, CPN
Daniela Pirvu, RN
Sally Shubat, M.A. CCC-SLP
Education Clearinghouse Launched to Support On-going Education Needs

Department updates and email reminders have been used as the primary source for new information and education requirements. As department updates are typically scheduled once a quarter, time can quickly be consumed with hospital-wide education and does not leave time to address the specific educational needs of the department. Email notifications were often overlooked or nurses became so saturated with information that they did not complete all that was required. The Unit Education Coordinators sought a solution to large scale education needs that would facilitate standardization of education and distribute information methodically.

The Education Clearinghouse is designed to manage requests for nursing education. The Clearinghouse is comprised of representatives of key stakeholders concerned with providing broad education to nursing audiences. Included are representatives from the Education Department, Unit Education Coordinators, the Clinical Practice Manager and Chair of the Nursing Practice Council, the Nursing Instructional Media-Web Resources Coordinator, Allied Health Education Coordinators, Advanced Practice Registered Nurses, Human Resources, and Internet Services. The group meets monthly to discuss requests for educational content for nurses. They work with requestors to determine the target audience and design effective teaching-learning strategies for presentation of the content. The content is prioritized and scheduled on a quarterly basis into “Seasons of Learning”.

Educational content is bundled to coincide with the unit education updates and meetings, as well as to provide a supportive structure that improves staff perceptions and compliance with education mandates and requests. Implementation of evidence-based practice changes are scheduled once all staff have the knowledge necessary to make the change in how they care for patients. Additionally, education experts work with individuals requesting opportunities to provide nursing education in order to determine the optimal media for their content. Content may be presented via CHEX, a computer-based learning management system, a PowerPoint presentation with audio input, other audio-video delivery, and recorded presentation by an expert lecturer given to a live audience. The education utilizes a learning strategy appropriate for the content, capitalizing on the ability to employ a number of strategies to maximize learner engagement. As a result, education for new practices is standardized, meaningful, and efficient.

As the quarters coincide with the seasons, the Education Clearinghouse titled this structure, “Seasons of Learning,” and, subsequently, the four quarters as “Wiser Winter,” “Smarter Spring,” “Scholarly Summer,” and “Academic Autumn.” The Education Clearinghouse designated each learning season and its corresponding deadline for submission of content requests as illustrated below:

- **Wiser Winter**
  - January - March
- **Smarter Spring**
  - April - June
- **Scholarly Summer**
  - July - September
- **Academic Autumn**
  - October - December
Shortly after completing the first Season of Learning, “Wiser Winter,” the Education Clearinghouse determined that an innovative delivery of educational requirements would further improve compliance and better engage the learner in the content.

A staff written and produced quarterly video newscast is used to introduce the quarterly education. The first video newscast was released in the Seasons of Learning, “Scholarly Summer.” The video newscast kicks off the Seasons of Learning as an interactive and entertaining way to introduce the items that are included in that specific season. Content may include processes, procedures, new or updated policies, introduction of new products, or other information that needs to be distributed to nurses at the organizational level. The video newscasts range from seven to ten minutes in length, allowing the direct care nurse to spend more time at the bedside and less in the classroom while creating an efficient way to keep all nurses at all levels of the organization informed.

The video newscast is accessed through CHEX, which provides the technical capability to establish links to more in-depth information on the various topics for those that need more than a brief overview. As a result, nurses have the information at the click of the mouse, are able to complete education in their own time, and can tailor their education based on their specific needs, either a brief overview or more in-depth information.

Additionally, the amount of time required either in the classroom or through searching The Scope is greatly reduced as web-links to the information are provided with the newscast. CHEX also supports additional learning opportunities as the newscast can link the education to several Children’s Mercy generated online CNE offerings that offer contact hours. This creative technique reaches all nurses at a time that is convenient and a venue that appeals to different learning styles in a manner that is effective, efficient, and, entertaining.

This concept furnishes departments with ample time to cover both house-wide education and department-specific content in their quarterly unit updates. As much of the information is organized and completed via CHEX, clear timelines are established, assuring that practice is consistent across the organization.
Graduate Nurse Residency Program (GNRP)

Providing support for nurses early on in their careers not only helps facilitate their success as nurses, but also supports the organization in recruiting and retaining quality nursing staff. The Graduate Nurse Residency Program at Children’s Mercy Hospitals and Clinics is designed to support the new graduate nurse from their first day throughout their first year of employment and beyond. Kathy Bradley, RN, MSN, CNOR, Education Specialist, serves as the Graduate Nurse Residency Program Coordinator.

The Graduate Nurse Residency Program at Children’s Mercy Hospitals and Clinics begins with New Employee Orientation, Patient Care Services Orientation and Nursing Orientation. The graduate nurses receive an additional week of orientation that focuses on addressing the concerns of the new graduate nurse. The curriculum is the result of a multi-disciplinary collaboration that provides these nurses with some of the basic abilities to provide for the organization’s unique patient population. Graduate nurses participate in a skills and assessment lab to develop competency, a physician presentation of case scenarios to improve communication skills between the physician and the direct care nurse, and a discussion led by the Family Centered Care Coordinators on how to best care for and interact with patients and their families. The week concludes with a Pediatric Emergency Assessment Recognition and Stabilization (PEARS) course.

The GNRP has monthly follow-up sessions where the cohort receives additional education on a variety of topics including Ethical Decision Making, Care of the Dying Child, and Professional Development. At the conclusion of the education, the follow-up sessions continue with small
group sessions. The small groups are facilitated by trained direct care nurses and allow the
graduate nurses the chance to support each other, ask questions, share experiences, and seek
the guidance of a mentor through their small group leader. Small group facilitators attended a
two hour training session prior to facilitation. During that training, the roles and expectations of
a facilitator are discussed and time is spent discussing effective communication techniques and
strategies. After each follow-up session, the small group facilitators debrief with Bradley to let her
know if they need any assistance or have questions or concerns.

The graduate nurses are followed by Bradley who works with them throughout their first year.
Bradley conducts frequent rounds on the graduate nurses and collaborates with the Unit Education
Coordinators to track the graduate nurses’ progress. Bradley helps troubleshoot when issues are
identified, and is an additional resource for the graduate nurses as they transition through the first
year of practice. Recognizing that the patient population or work flow may not be a good match for
every nurse, Ms. Bradley will assist in finding a setting that works for the graduate nurse if such
situations arise.

In 2010, the Graduate Nurse Residency Program supported 123 graduate nurses. Since
implementing the Graduate Nurse Residency Program, Children’s Mercy Hospitals and Clinics has
seen significant improvements in graduate nurse retention. Through the provision of resources and
support throughout their first year of employment, these individuals have been able to grow and
develop as successful nurses within the organization.
Peer Reviewed Journals

**Barbara Haney, Daphne Reavey, Linda Atchison, Janice Poull, Lisa Dryer, Betsi Anderson, Tracy Sandritter, and Eugenia Pallotto**

William Graf, Husam Kayyali, Ahmed Abdelmoity, Gloria Womelduff, Arthur Williams, and Michael Morriss

Arthur Williams, Patricia Messmer, Deborah Hill-Rodriguez, and Phoebe Williams

Carol Roach, Patricia Messmer, and Arthur Williams

Phoebe Williams, Ubolrat Piamjariyakul, J. Carolyn Graff, Anne Stanton, Anne Guthrie, Carol Hafeman, and Arthur Williams

**Lynn Anson, Elizabeth Edmundson, and Susan Teasley**

**Virginia Boos**, Felix Okah, Cameron Swinton, Dawn Wolff, and Barbara Haney

**Brenda Boots and Elizabeth Edmundson**

Ronald Bronicki, Merilyn Herrera, Richard Mink, Michele Dominco, Dawn Tucker, Anthony Chang, and Nick Anas

**Kathy Christenson**, Sandra Lybrand, Claudia Hubbard, Rosemary Hubble, Leslie Ahsens, and Phil Black

**Karen Cox, Susan Lacey, and Randall O’Donnell**

Debra Davidson and Beth Lyman

Jennifer Schurman, Christopher Cushing, Ellen Carpenter, and Kathy Christenson
Peer Reviewed Journals Continued

Julie Kliger, Susan Lacey, Adrienne Olney, Karen Cox, and Edward O’Neil

Anne Mercer, Susan Teasley, Judy Hopkinson, Deanna McPherson, Stephen Simon, and Robert Hall

Lina Patel, John Cowden, Denise Dowd, Sarah Hampl, and Noreen Felich

Cristine Roberts

Chris Stewart-Amidei, Nancy Villanueva, Rose Rossi Schwartz, Christi Delemos, Therese West, Susan Tocco, Cathy Cartwright, Rich Jones, Cindy Blank-Reid, and Joseph Haymore

Gina Weddle, Mary Anne Jackson, Karen Cox, and Rangaraj Selvarangan

Books | Book Chapters

Eugenia Pallotto, Barbara Haney, Jeanne Braby, and Pat English

Cathy Burks

Cathy Cartwright, Donna Wallace, Jennifer Boyd, Mary Szatkowski, and Davonna Ledet

Karen Cox, Susan Teasley, Susan Lacey, and Adrienne Olney

Howard Kilbride, Mary Leick-Rude, Steven Olsen, and Jill Stiens
Poster Presentations

**Devin Bowers and Paula Blizzard**

**Cheri Hunt, Laura Shroyer, and Susan Widener**
“Transforming Care at the Bedside: Lessons Learned at One Children’s Hospital.” Society for Pediatric Nurses Conference, Orlando, FL, April 2010.

**Kristin Stegenga**
“It’s Exciting to Spend Time with People from the Hospital but not at the Hospital.” Oncology Nursing Society Congress, San Diego, CA, May 2010.

**Kerri Wade**

**Ellen Snell**

**Barbara Haney, Linda Gratny, Steven Olsen, Emily McNellis, Daphne Reavey, Betsi Anderson, Kristin Sayers, Nesha Park, Darian Younger, Eugenia Pallotto, and Howard Kilbride**

**Barbara Haney, Ramzi Kilani, Steven Olsen, Daphne Reavey, Betsi Anderson, Linda Gratny, Kristin Sayers, and Howard Kilbride**

**Mary Leick-Rude, Barbara Haney, and Nesha Park**

**Lisa Dryer, Janice Poull, Barbara Haney, Daphne Reavey, Eugenia Pallotto, Betsi Anderson, Tracy Sandrifter, and Linda Atchison**

**Lynn Anson, Kathryn Baharrean, Elizabeth Edmundson, Michele Fix, Jennifer Marsh, Holly McFarland, Kelly O’Neill, Janis Smith, Janet Sollazzo, and Carrie Tyner**

**Kevin Birusingh, Romano DeMarco, Dawn Foster, Sheri Shiddell, John Gatti, and J. Patrick Murphy**

**Lisa Dryer, Janice Poull, Barbara Haney, Daphne Reavey, Eugenia Pallotto, Betsi Anderson, Tracy Sandrifter, and Linda Atchison**

**Jason Fraser, Vicki Fioravanti, Pablo Aguayo, Robert Kane, James Daniel, and Walter Andrews**
Barbara Haney

Kathy Mahoney, Kathryn Schartz, and Terry Buford

Anne Mercer, Susan Teasley, Robert Hall, Judy Hopkinson, Deanna McPherson, and Stephen Simon

Stephanie Page, Kathleen Menown, James Daniel, and Craig Friesen
Montelukast as Maintenance Treatment of Eosinophilic Esophagitis.” North American Society for Pediatric Gastroenterology Hepatology and Nutrition (NASPGHAN), New Orleans, LA, October 2010.

Cristine Roberts

Cristine Roberts

Desiree Roge, Diane Kennedy, and Vicki Keck

Janis Smith, Susan Lacey, Cheri Hunt, Karen Cox, Susan Teasley, and Arthur Williams

Kerri Wade, Edy Heydinger, Tonya Varvel, Katie Blackburn, and Sarah Hampl
“Use of Health Information Technology to Facilitate Quality Improvement for Preschool Obesity Assessment and Management.” AAP Annual Conference, San Francisco, CA, October 2010.

Sarah Hampl, Katie Blackburn, John Cowden, Kerri Wade, and Edy Heydinger

Jana Wheeler
“Creating Reliable Medication Systems.” Missouri Hospital Association 88th Annual Convention and Trade Show, Osage Beach, MO November 2010.
Podium Presentations

**Jill Ariagno**
Non-Accidental Trauma.” Pediatric Nurse Practitioners Society, Boston, MA, May 2010.

**Jill Ariagno**

**Jill Ariagno**

**Virginia Boos, Carol Moore, and Carol Kemper**
“Without a Tracer…Your Hospital May Be Missing a Discover.” National Association for Healthcare Quality (NAHQ), Nashville, TN, September 2010.

**Virginia Boos, Carol Moore, and Carol Kemper**

Debra Burns, Kristin Stegenga, Sheri Robb, and Joan Haase
“Researching in High-Definition: Integrating Qualitative and Quantitative Data to Gain a Deeper Understanding of a Music Video Intervention, Music Therapy and Supportive Cancer Care.” An International Conference on Music Therapy and Supportive Cancer Care, Windsor, Ontario, March 2010.

**Cathy Cartwright**

**Cathy Cartwright**

**Cathy Cartwright**

**Kathy Chojnacki:** “Constipation: Hitting a BRICK Wall.” Children’s Mercy Hospital Gastroenterology First Annual Symposium, Kansas City, MO April 2010.

Martha Clark, Armistice Holcomb, Nancy O’Malley, Laura Kling, and Tanya Spiering

Martha Clark, Armistice Holcomb, Nancy O’Malley, Laura Kling, and Tanya Spiering
“Retention and Recruitment Tools.” American Society of PeriAnesthesia Nurses Component Leadership Institute, Louisville, KY, October 2010.

**Karen Cox**

**Karen Cox**
“Exploring Issues in Safe, High Quality, Evidence Based Care and Pediatric Nursing Education.” 2010 Pediatric Nursing Invitational Forum, Institute of Pediatric Nursing, Gaithersburg, MD, November 2010.

**Karen Cox**
“Magnet: A Path to Excellence in Care Delivery.” Victorian Order of Nurses Canada 2010 Leadership Forum, Ottawa, Canada, October 2010.
Karen Cox

Elizabeth Edmundson, Shana Fromholtz, Marilyn Maddox, and Bonnie Tecza

Michele Fix and Patricia Messmer

Caryl Goodyear-Bruch

Caryl Goodyear-Bruch
“Creating Our Ideal Workplace.” Kansas University Medical Center, Kansas City, KS, February 2010.

Caryl Goodyear-Bruch

Caryl Goodyear-Bruch

Caryl Goodyear-Bruch, Diane Boyle, and Nancy Dunton

Caryl Goodyear-Bruch and Beth Martin

Edy Heydinger

Cheri Hunt, Mary Ann Riesco

Angie Knackstedt, Rosemary Hubble, Charlotte Smardo, and Cynthia Rushton

Susan Lacey, Janis Smith, Karen Cox, Susan Teasley, Carol Kemper, Arthur Williams, Cheri Hunt, and Laura Fitzmaurice-Amick

Tammy Lightner and Paula Blizzard

Beth Lyman and Cristine Roberts

Marilyn Maddox, Kathy Mick, Bonnie Tecza, and Ann Johannes
Podium Presentations Continued

**Anne Mercer, Susan Teasley, Robert Hall, Judy Hopkinson, Deanna McPherson, and Stephen Simon**

**Adrienne Platt, Anna Egan, Mary Berquist, Figen Ugrasbul, Ghufran Babar, and Meredith Dreyer**

**Mary Ann Riesco and Rosemary Hubble**
“Just Because We Can, Should We?” Children’s Hospice International Conference, Washington DC, October 2010.

**Mary Anne Riesco and Rosemary Hubble**
“Matters of the Heart, Palliative Care for a Child with a Complex Heart Defect.” Children’s Hospice International Conference, Washington DC, October 2010.

**Janis Smith, Janet Franzen, and Jana Wheeler**

**Janis Smith, Susan Lacey, Cheri Hunt, Karen Cox, Susan Teasley, and Arthur Williams**

**Kristin Stegenga**

**Anne Stuedemann**

**Dawn Tucker**
“Cardiopulmonary Interactions” Pediatric Cardiac Intensive Care Society, 8th International Conference, Miami Beach, FL, December 2010.

**Dawn Tucker**

**Dawn Tucker**
“Creating a Nurse Practitioner Service in the Cardiac Intensive Care.” Pediatric Cardiac Intensive Care Society, 8th International Conference, Miami Beach, FL, December 2010.

**Dawn Tucker**

**Jana Wheeler**

**Jana Wheeler**

**Mary Ann Riesco** and Linda Taloney