The 2016 Nursing Outcomes Report

Akron Children’s Hospital

set ... ready GO!
From the Chief Nursing Officer

At Akron Children’s, we get ready, we get set and we go.

In 2016, our readiness to move healthcare forward was demonstrated by our third re-designation as a Magnet Hospital by the American Nurses Credentialing Center (ANCC). Magnet organizations are recognized for superior nursing processes and quality patient care, which lead to the highest levels of safety, quality and patient satisfaction.

We also set the stage for improving care at the bedside with our Back-to-Bedside Basics (B2B²) campaign. Our B2B² initiatives align with our strategic plan and engage our frontline staff in advancing the organization and improving patient care. The B2B² campaign is centered on three components:
- Providing high-quality care rooted in evidence-based practice
- Improving patient experience
- Creating and sustaining a healthy work environment

Throughout this report, you will learn more about how B2B² is driving our mission to provide the highest levels of care. I hope you will join me in celebrating the hard work and outstanding accomplishments of our nurses, as they get ready to face new challenges, set new standards in patient care and go forth in advancing nursing practice.

Sincerely,

Lisa Aurilio
Lisa Aurilio, MSN, MBA, RN, NEA-BC
Vice President of Patient Services and Chief Nursing Officer
2016 Nursing-Sensitive Quality Indicators

Patient Falls with Injury
(RATE PER 1,000 DAYS)

- Akron Children's Hospital
- Benchmark: Pediatric Hospitals

<table>
<thead>
<tr>
<th>Department</th>
<th>PICU</th>
<th>NICU</th>
<th>BURNS</th>
<th>ACUTE CARE</th>
<th>BEHAVIORAL HEALTH</th>
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<tbody>
<tr>
<td>NO CASES</td>
<td>.07</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rate (%)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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Central Line-Associated Bloodstream Infection
(RATE PER 1,000 DAYS)

- Akron Children's Hospital
- Benchmark: Pediatric Hospitals

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<thead>
<tr>
<th>Department</th>
<th>PICU</th>
<th>NICU</th>
<th>BURNS</th>
<th>ACUTE CARE</th>
<th>BEHAVIORAL HEALTH</th>
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<tbody>
<tr>
<td>Rate (%)</td>
<td>1.58</td>
<td>1.97</td>
<td>2.7</td>
<td>.95</td>
<td>1.16</td>
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Hospital-Acquired Pressure Ulcer Prevalence
Stage 2 and Above

- Akron Children's Hospital
- Benchmark: Pediatric Hospitals

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<thead>
<tr>
<th>Department</th>
<th>PICU</th>
<th>NICU</th>
<th>BURNS</th>
<th>ACUTE CARE</th>
<th>BEHAVIORAL HEALTH</th>
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<tbody>
<tr>
<td>Rate (%)</td>
<td>2.18</td>
<td>2.49</td>
<td>4.7%</td>
<td>5.03%</td>
<td>0.19%</td>
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Catheter-Associated Urinary Tract Infection
(RATE PER 1,000 DAYS)

- Akron Children's Hospital
- Benchmark: National Health Safety Network

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<thead>
<tr>
<th>Department</th>
<th>PICU</th>
<th>BURNS</th>
<th>ACUTE CARE</th>
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</thead>
<tbody>
<tr>
<td>Rate (%)</td>
<td>2.88</td>
<td>4.09</td>
<td>1.3</td>
</tr>
</tbody>
</table>

NO CASES values for each category are also included.
Providing High-Quality Care Rooted in Evidence-Based Practice

- Expanded maternal fetal medicine services to a seventh regional site at Fisher-Titus Medical Center
- Added 25 neonatal beds on the Akron campus for a total of 100
- Participated in the Vermont Oxford Network’s Antibiotic Stewardship quality collaborative, effectively reducing antibiotic usage in our neonatal intensive care units
- Received re-verification from the Commission on Accreditation for Medical Transport Systems
- Developed an adolescent idiopathic scoliosis pathway for implementation in early 2017
- Purchased ROSA®, a robotic neurosurgical assistant for minimally invasive implantation of brain electrodes
- Implemented a new endoscopy system that directly links documentation and intra-procedural photographs to Epic
- Expanded Epic capabilities to School Health Services to allow school nurses to communicate directly with students’ providers
- Implemented Mi-Fi in all transport vehicles to allow real-time charting from mobile ICU ambulances
- Implemented telemedicine to connect PICU medical control providers to the Mahoning Valley ED to assist in patient triage decisions and care management
- Completed eight nurse-led Lean/Six Sigma process improvement projects: Four Green Belt projects and four A3 projects

Patient Activity

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<thead>
<tr>
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<tr>
<td><strong>74,555</strong></td>
<td>INPATIENT DAYS</td>
</tr>
<tr>
<td><strong>1,001,262</strong></td>
<td>OUTPATIENT VISITS</td>
</tr>
<tr>
<td><strong>77</strong></td>
<td>NEW CANCER PATIENTS</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>BONE MARROW TRANSPLANTS</td>
</tr>
<tr>
<td><strong>16,897</strong></td>
<td>SURGERIES</td>
</tr>
<tr>
<td><strong>100,248</strong></td>
<td>TOTAL EMERGENCY VISITS</td>
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<tr>
<td><strong>3,087</strong></td>
<td>GROUND TRANSPORTS</td>
</tr>
<tr>
<td><strong>204</strong></td>
<td>AIR BEAR FLIGHTS</td>
</tr>
<tr>
<td><strong>5,726</strong></td>
<td>HOME CARE SKILLED NURSING VISITS</td>
</tr>
</tbody>
</table>
**Sustaining and Creating a Healthy Work Environment**

- Presented 179 continuing education programs for 4,174 participants
- Held a shared governance orientation workshop with 158 participants
- Held six nursing grand rounds with 357 attendees
- Sponsored four certification review courses for 91 attendees
- Provided clinical placements for 130 advanced practice nursing and physician assistant students
- Provided clinical placement for 1,857 nursing students from 47 schools and colleges
- Hired and oriented 212 registered nurses, three licensed practical nurses, 39 medical assistants and unlicensed assistive personnel, and six emergency medical technicians/paramedics
- Completed successful onboarding of 40 advanced practice providers: 21 advanced practice nurses, 12 physician assistants, five certified registered nurse anesthetists and two clinical nurse specialists

**Improving Patient Experience**

- Remodeled 6th and 7th floor inpatient units and playrooms on the Akron campus
- Remodeled the 8200 unit on the Akron campus to accommodate the expansion of the Behavioral Health unit in early 2017
- Implemented the KIDSPORT intra-departmental patient transport system to improve the patient discharge process
- Expanded available child life supplies for developmental needs of patients, including special supplies for the care of patients with autism
- Reduced the number of NICU patient room changes during a hospital stay
- Added an ED annex in the Mahoning Valley to accommodate increased patient volumes during peak seasons
- Implemented Vidyo system to virtually connect mothers at birth hospitals with their babies in the NICU

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**School Health Services**

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<tr>
<td><strong>443,226</strong></td>
<td>CLINIC VISITS</td>
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<tr>
<td><strong>83,000</strong></td>
<td>STUDENTS</td>
</tr>
<tr>
<td><strong>29</strong></td>
<td>SCHOOL DISTRICTS</td>
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<tr>
<td><strong>93%</strong></td>
<td>BACK-TO-CLASS RATE</td>
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*(National Benchmark: 91%)*

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**TUITION REIMBURSEMENT**

- 541 NURSES
- $1.4 MILLION
- 47% OF TOTAL REIMBURSEMENT
Communities across the U.S. are struggling with opioid addiction and neonatal abstinence syndrome (NAS), and northeast Ohio is no exception.

Since September 2016, neonatal nurses at Akron Children’s have implemented a new care bundle to manage opiate withdrawal in infants. The bundle uses non-pharmacologic interventions with medication as needed to reduce symptoms. It began as a doctorate of nursing practice project by Connie Teal, MSN, RNC-NIC, PCNS-BC, WCC, clinical nurse specialist in the Neonatal Intensive Care Unit (NICU), who wanted to determine whether non-pharmacologic interventions would reduce the need for medication and shorten hospital stays.

“We were already implementing many of these evidence-based interventions, but the bundle made them part of standard care,” said Teal. “The interventions were also added to Epic, so they can be documented.”

The care bundle was first used in Akron Children’s neonatal intensive care units on the Akron campus, Cleveland Clinic Akron General and Summa Akron City Hospital. The NICU at St. Elizabeth Boardman Health Center and the special care nurseries at our Beeghly campus, Wooster Community Hospital and St. Joseph Warren Hospital have recently started using it.

In implementing these strategies, the neonatal team faced some challenges because the NICU at Akron Children’s has private rooms, while the other units have an open pod design. The open pod design makes it more difficult to decrease light and noise, while encouraging family presence for cuddling, kangaroo care and breastfeeding.

“Our dedicated team worked through the challenges of applying the care bundle across all units,” said Teal.

Preliminary results have shown the average length of stay has been reduced from 21 to 16 days.

“We changed our pharmacological interventions at the same time, so it’s difficult to determine the exact impact the care bundle has made,” said Teal. “Official results will be finalized and presented in late 2017.”

The care bundle includes:

- Clustering care to promote better sleep
- Decreasing eye contact with babies who have difficulty focusing by turning their heads away
- Decreasing light and noise on the units
- Encouraging family presence and breastfeeding
- Rocking babies vertically instead of horizontally
- Encouraging kangaroo care or skin-to-skin contact with parents and their babies
- Rubbing babies’ backs for burping instead of patting them
- Holding and cuddling babies, including using volunteer cuddlers when parents aren’t available

6 Evidence-Based Practice Projects

- Kangaroo care champion program
- Discontinuation of routine aspirate checking for nasogastric tube placement
- Non-pharmacological care bundle for NAS infants
- Mouth care bundles to reduce infection in hematology-oncology patients
- Behavioral scale for sedation assessment in the PICU
- New processes for obtaining blood cultures in the ED
Blood culture is an important tool for diagnosing life-threatening sepsis and other bloodstream infections. However, a major challenge is preventing contamination when obtaining specimens, frequently from skin flora commonly present on patients.

Contamination makes interpretation difficult and may result in false-positive test results that lead to unnecessary or excessive antibiotic use, increased risk of bacterial resistance, extended lengths of stay and increased costs.

According to the American Society of Microbiology, a facility’s rate of blood culture contamination should not exceed 3 percent, while 2 percent is achievable for most patient populations.

At Akron Children’s, a new protocol for obtaining blood cultures in the emergency department successfully reduced the culture contamination rate from 5.5 percent to 1.6 percent, well below the acceptable benchmark.

The change in practice was the result of an evidence-based project by Christine Perebzak, MSN, RN, PCNS-BC, WCC, clinical nurse specialist in Emergency Services.

“In the past, blood specimens were obtained in the ED with much variation in practice when either placing a peripheral IV or by central venous access,” said Perebzak. “Recommended practice changes now call for using a dedicated peripheral venipuncture to reduce the risk of contamination.”

Other practice changes implemented include:

- A two-person team to obtain specimens, including one to assist in holding the patient and one to draw the specimen and place it in culture bottles while maintaining aseptic technique
- Proper aseptic technique using a sterile field, sterile gloves, mask and skin preparation containing alcohol and chlorhexidine gluconate

“No single factor causes contaminated blood cultures, so the most successful efforts involve more than one practice change,” said Perebzak. “We’ve also completed staff education, added preferred method instructions to the lab directory and receive monthly lab reports, which help identify employees in need of additional training.”
Reducing medication errors in the PICU

High alert (PINCHED) medications have an increased risk of causing significant patient harm when they’re used incorrectly. Although mistakes may not be more common, resulting consequences are often more devastating.

“Despite several layers of checks and balances, PINCHED-related medication safety events still occur,” said Katelyn Howell, BSN, RN, CCRN, CPN, performance improvement coordinator in Akron Children’s Pediatric Intensive Care Unit (PICU).

Howell led a performance improvement project in the PICU to evaluate the process for administering high alert medications to reduce potential errors.

“While there is no current measured error rate for each component of the process, order entry and nurse double-check were estimated to be correct only 60 percent and 5 percent of the time, respectively,” Howell said.

Through this project, Howell developed an improvement plan that included a new process for reading back orders during patient rounds to ensure the correct medication orders are put into Epic and improvements to the two-nurse medication verification process.

As a result, PINCHED-related medication errors in the PICU were reduced by 33 percent from a baseline rate of 2.1 events per 1,000 doses to 1.4 events.

Managing patient alarms

Since 2015, Akron Children’s has been using the Voalté phone system that provides secure text messaging and phone calls, while allowing nurses to receive patient alarms on their phones.

The phones are programmed to receive critical alarms from the patients’ monitors, alerting nurses when they’re away from the bedside. Primary alarms continue to be received at the monitors and through the nurses’ stations, but this additional notification helps ensure patients receive timely care.

Now that the Voalté system has been implemented throughout all our inpatient care units, the next phase is to manage the number of alarms.

“Our nurses receive hundreds of alarms an hour,” said Vickie Webb, MSN, RN, CPN, clinical systems analyst. “We want to make sure every alarm is meaningful to prevent alarm fatigue and the potential that important ones might be missed.”

The Neonatal Intensive Care Unit (NICU) was one of the first areas to pilot the Voalté system and experience a high volume of daily alarms. Through a performance improvement project in the NICU, Tammy Troyer, MSN, RN, clinical systems analyst, successfully reduced the total number of alarms received during a two-week period from 12,671 to 5,135. This reduces the likelihood of alarm fatigue and ensures critical alarms are received and addressed immediately.

Reducing unnecessary alarms is also an important component of our Help Understand Sleep Heals (HUSH) project that promotes quiet time, so patients can get the sleep they need (See story on page 11).
Driving evidence-based care with research

As nursing research at Akron Children’s continued to grow, our Nursing Research Council worked to showcase the efforts of our nurse researchers and inspire others to embark on research studies. This included a Nursing Grand Rounds session entitled “Spotlight on Nursing Research” attended by 100 nurses. The program addressed barriers to increasing nursing research and featured four research studies with nurses as principle investigators.

“At the Nursing Grand Rounds, we addressed common barriers to research by surveying the audience regarding their knowledge on a variety of research topics,” said Diane Wolski, BSN, RN, research clinical coordinator and chair of the Nursing Research Council. “Topics ranged from how to write a research question or proposal to establishing evidence-based practice through literature reviews.”

Comments received from attendees were overwhelmingly positive.

In August 2016, the Nursing Research Council also hosted an open house and educational presentation on Elements of Research to increase the knowledge of research fundamentals.

To further recognize the efforts of our nurse researchers, 27 poster presentations were displayed during our Magnet re-designation site visit, with 12 additional poster presentations available online.

“We’ve established a great base for supporting nurse researchers at Akron Children’s,” said Wolski. “We continue to look for ways to eliminate barriers and increase the number of nursing research studies that help drive our evidence-based practice.”

Comments received from Nursing Grand Rounds attendees:

“I am in awe of the great work being done by so many people at all levels of the staff. Great ideas on mentoring in PICU and Toddler Unit – so simple, yet so impactful.”

“It was fascinating to learn about the depth and scope of research occurring here at Akron Children’s. I will be looking at areas of practice for future opportunities.”

Nursing Research Awards

During our Nursing Grand Rounds, the 3rd Annual Nursing and Patient Services Research awards were presented to:

Phyllis Mesko, RN  Excellence in Nursing Research
Diane Wolski, BSN, RN  Novice in Nursing Research
Kimberly Firestone, MSc, RRT  Patient Services Research
Striving for exceptional care is a team effort

In 2016, Akron Children’s surgical services team implemented a culture change plan focusing on teamwork, professionalism and safety, and giving all staff members a voice in how to enhance patient experience.

“One of our goals was to create an honest dialogue by empowering all team members to identify specific actions to improve patient care and safety,” said Margie Gaydos, MSN, MBA, RN, nurse manager for the Perianesthesia Unit.

Staff members were surveyed and participated in regular meetings regarding how to improve outcomes, and they attended training sessions on how to give and receive constructive feedback.

Their efforts were also driven by a desire to consistently sustain high patient experience survey scores.

“When we looked at our Press Ganey scores, we would outperform the mean one month, then be down the next,” said Mary Kline, MS, BSN, RN, CNOR, nurse manager for the operating room and anesthesia. “This prompted us to look at how we could consistently sustain high scores. We also knew that if staff satisfaction was high, it would translate to better care.”

Surgical services was one of the first departments to pilot the Orchid electronic tool for patient rounding, asking families about their experiences, so concerns may be addressed promptly. Kline and Gaydos also use Orchid for staff rounding, as they have regular one-on-one meetings with staff members to address concerns and elicit feedback.

Through their efforts, the team has seen a sustained improvement in patient satisfaction scores.

“We’ve worked really hard to make improvements and are excited to see a sustained shift in higher scores,” said Gaydos. “A child’s surgery can be incredibly stressful for families, so we’re striving to make a positive, lasting impression on our patient families.”

Patient experience retreat

In January 2016, a house-wide retreat was held for nursing unit managers and staff from each inpatient area. Carol Santalucia, MBA, a nationally known expert and speaker in improving patient experience provided insight regarding strategies to improve patient experience at the frontline. Family members and former patients also shared their experiences and outlined for the team what makes patient experiences GREAT versus GOOD.

Patient Experience Nursing Questions

<table>
<thead>
<tr>
<th>2016 Average</th>
<th>Total Inpatient</th>
<th>Pediatric Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendliness/courtesy of nurses</td>
<td>94.2</td>
<td>94.4</td>
</tr>
<tr>
<td>Nurses promptness to call button</td>
<td>90.8</td>
<td>90.5</td>
</tr>
<tr>
<td>Nurses attitude toward requests</td>
<td>92.9</td>
<td>92.9</td>
</tr>
<tr>
<td>Nurses inform using clear language</td>
<td>93.5</td>
<td>93.4</td>
</tr>
<tr>
<td>How well child’s pain controlled</td>
<td>88.8</td>
<td>89.8</td>
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</table>
HUSH project promotes restful sleep

A new initiative in our Pediatric Intensive Care Unit (PICU) is working to minimize disruptions and identify ways to help our patients get the sleep they need.

Known as Help Understand Sleep Heals or HUSH, the project has increased staff awareness regarding sleep disruptions and how they can change the unit’s culture.

Tammy Camelli, MSN, CPN, AC-PC, a certified pediatric nurse practitioner in the PICU, led the project, working with Mike Antochow, a deployment leader in the hospital’s Center for Operations Excellence.

With support from PICU director, Dr. James Besunder, Camelli assembled the “Dream Team,” a group of nurses who’ve helped identify sleep disruptors, routinely track noise levels with a decibel meter and serve as advocates for promoting quiet in the PICU. The Dream Team includes registered nurses, Katie Volpe, Stefanie Schilke, Angela Shorb, Heather Williams, Clarissa Pullins and Leslie Hoffman.

“First, we looked at non-essential sleep disruptions and identified ways we could reduce or eliminate them,” said Camelli.

This included checking vital signs less frequently overnight, when appropriate, clustering care and eliminating all but essential overnight bathing. When possible, lab work is drawn later in the morning instead of 4 a.m.

To promote a consistent sleep-wake cycle, curtains are opened in the morning and closed at night. The team also educated parents and staff on closing doors and turning off lights and TVs at night.

“Before HUSH, lights were left on at night about 25 to 30 percent of the time, but this has been reduced to 2 to 4 percent and sometimes zero,” said Camelli.

The unit now has quiet time every day from 2 to 4 p.m. The team continues to monitor decibel levels, so staff can see how well they’re sustaining the project’s goals.

For the next phase, they’ll continue to reduce unnecessary noise, while increasing parent education so those who room with their children can also get the sleep they need.

Can whiteboards improve ‘readiness for discharge’?

Whiteboards can be effective tools for communicating plans of care and exchanging information with patient families, ultimately improving their hospital experience.

A performance improvement project in the PICU evaluated whiteboard usage, barriers to their use and strategies to ensure they’re used consistently to prepare patient families for discharge.

The project was initiated by Katelyn Howell, BSN, RN, CCRN, CPN; Christiane Jenkins, BSN, RN, CCRN; Melanie Brewster, BSN, RN, CCRN; and Anthony Suncire, MSN, RN, NE-BC.

“At the start of this project, whiteboard usage was 8 percent,” said Howell. “By the end of 2016, we reached 24 percent. Since then, we’ve increased usage, exceeding our goal of 75 percent in early 2017.”

After identifying barriers ranging from the whiteboard’s location to a template design that didn’t align with intensive care, the team developed several interventions.

Along with increasing whiteboard usage, the project aimed to improve patient family readiness for discharge.

“While patient satisfaction surveys showed improvement in whether patient families ‘felt ready for discharge,’ it was not consistent and overall pre- and post-data showed no difference,” said Howell. “Patient/family perception of readiness for discharge is complex and multi-faceted, so whiteboard usage may not be the most effective intervention.”

Howell and her team concluded opportunities remain for improving family involvement in establishing daily patient goals and the overall plan of care.
Akron Children’s re-designated as a Magnet Hospital

In 2016, Akron Children’s received its third re-designation as a Magnet Hospital by the American Nurses Credentialing Center’s Magnet Recognition Program®.

The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice.

“Our Magnet designation would not be possible without the contributions of our entire clinical and support staff,” said Lisa Aurilio, MSN, MBA, RN, NEA-BC, vice president of Patient Services and chief nursing officer. “It’s a team effort and a testament to the high-quality, family-centered care that defines our mission.”

Akron Children’s Magnet re-designation reflects the excellent patient care provided at all hospital locations, including the Beeghly campus in Boardman.

Akron Children’s Hospital RN Satisfaction Practice Environment Scale

<table>
<thead>
<tr>
<th>Nurse Participation in Hospital Affairs</th>
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<tbody>
<tr>
<td>3.00 Akron Campus</td>
</tr>
<tr>
<td>3.07 Mahoning Valley Campus</td>
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<tr>
<td>2.97 Benchmark: Pediatric Hospitals</td>
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<thead>
<tr>
<th>Nursing Foundations for Quality of Care</th>
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<td>3.09 Akron Campus</td>
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<td>3.19 Mahoning Valley Campus</td>
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<td>3.18 Mahoning Valley Campus</td>
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<td>2.90 Benchmark: Pediatric Hospitals</td>
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<thead>
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<th>Collegial Nurse-Physician Relations</th>
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<td>3.21 Akron Campus</td>
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<td>3.24 Mahoning Valley Campus</td>
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<td>3.20 Benchmark: Pediatric Hospitals</td>
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<tr>
<th>Nurse Manager Ability, Leadership &amp; Support of Nurses</th>
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<tr>
<td>3.04 Akron Campus</td>
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<tr>
<td>3.08 Mahoning Valley Campus</td>
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<tr>
<td>3.09 Benchmark: Pediatric Hospitals</td>
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ASCEND program enhances diversity

In 2015, Akron Children’s launched a new program to enhance nurse diversity in the workplace. Called ASCEND (Assuring Success with a Commitment to Enhance Diversity), the 10-week summer internship program is for nursing students who are entering their senior year and are in good standing with one of the program’s partner nursing schools.

From the first cohort, nine of the students (50 percent) received registered nurse positions upon graduation in 2016.

Cohort 2 began in the summer of 2016 with 21 students. At the end of the 10-week program, 17 students (81 percent) assumed nurse technician positions at Akron Children’s with the hopes that upon graduation in 2017, they will join our nursing workforce.
Creating a healthy work environment

Through the Strategic Workforce Action Planning Committee for Patient Services, we are ensuring the right staff is available at the right place, at the right time and at the right cost to meet patient care needs.

“Ensuring we provide a healthy work environment for our nurses benefits patients by enhancing quality and safety,” said Christine Young, MBA, MSN, RN, NE-BC, director of Neonatal Services. “When our units are adequately staffed with the right skill mix, it not only enhances patient experience but also improves our recruitment and retention efforts by improving employee morale and job satisfaction.”

Along with the Strategic Workforce Action Planning (SWAP) Committee, several sub-committees are in place including:

- Analytics to develop reports used in decision-making
- Scheduling to compare schedules with expected patient needs
- Retention to review reasons for turnover
- Resource allocation to project staffing needs and mix
- Compensation to evaluate pay practices
- Quality to review, recommend and measure the impact of staffing changes on quality outcomes
- Recruiting to manage the recruiting and hiring of new staff
- Education and orientation to review and revise education and orientation processes and metrics

For 2017, the focus shifted to process improvements related to the operational side of staffing and scheduling to best meet patient and family care needs.

“We conducted a series of workshops with the Center for Operations Excellence to develop processes for balanced and smooth scheduling, proactive and predictive daily staffing, and the creation of a staffing playbook to guide efforts and promote transparency,” said Young.

Green Belt project successfully reduced the days to recruit and fill a nursing vacancy from 45.2 to 28.5 days (exceeded project goal of 36.2 days).

Nurse Residency Program improves retention rate and professionalism

In late 2015, Akron Children’s began implementing a national nurse residency program to help new nurses make the transition from entry-level, advanced beginner to competent professional nurse.

The Akron Children’s Nurse Residency Program, in collaboration with Vizient/American Association of Colleges of Nursing, is dedicated to helping new nurses gain the skills and confidence needed to be competent professional nurses in a clinical environment. This one-year program has been developed for new nurse graduates, nurses new to Akron Children's who have less than one year of experience, and nurses new to Akron Children's who have accepted their first position in an acute care environment.

During 2016, Akron Children’s enrolled 127 nurses in the nurse residency program and graduated 83 residents that started the program in 2015. The new nurses who completed the residency program had a 97 percent retention rate during their first year of employment, which was up from 89 percent in 2015.
CREATING AND SUSTAINING A HEALTHY WORK ENVIRONMENT

CARE Ladder

Akron Children’s Career Achievement and Recognition of Excellence (CARE) Ladder program recognizes and rewards nurses who demonstrate expertise in clinical, education, leadership or LPN tracks. To advance on the CARE Ladder, nurses create a portfolio of accomplishments that highlight their professional practice.

There are five levels that measure participants’ capabilities from novice to expert. Each level has specific criteria that include education, leadership and scholarly activities.

In 2016, 375 nurses participated in the CARE Ladder, with 115 nurses advancing as follows:

Level 2 – Clinical
Andrew Dawson
Suzanne Fetter
Janice Gabel
Maria Hancock
Hannah Herold
Jennifer Lynch
Gina Schiavone
Lauren Smolinski
Marie Stephenson
Becky Stredni

Level 2 – Education
Jennifer Henderson

Level 2 – Leadership
Nancy Esposito
Michelle Stafford

Level 3 – Clinical
Carolyn Alvarico
Heidi Auck
Joanie Benzo
Kerry Braucher
Gregory Bresnahan
Renee Carver
Mary Chaffin
Tricia Chapman
Jason Clancy
Ellen Cohen
Emily Competti
Melissa Congiolo
Sheila Daniels
Amy Derr
Amy Ervin
Jill Fabry
Sarah Froman
Bethany Garris
Erica Gassner
Adrianna Guglielminetti
Rachel Gula
Ashley Helmling
Morgan Houser
Amanda Hoy
Jackie Huckabone
Miranda Huffman
Angle Huss
Kim Jendre
Rose Johnson
Brittany Keller
Emily Krikke
Melissa Land
Allison Leib
Holly Luzader
Haley MacEwen
Melissa Maheney
Aurora Mawalls
Bonnie McHenry
Lauren Meeks
Jessica Miller
Taryn Mills
Mariea Milone
Molly Moran
Mary Nagy
Tammy Nau
Jenny Norton
Brittany Paone
Terrah Pfeifer
Marissa Riley
Kayleigh Scarpetti
Stephanie Schilke
Kaylee Schuller
Stephanie Shope
Sarah Smith
Amie Spicocchi
Daniel Strunk
Jodie Travis
Jessica Vance
Katie Wadsworth
Haley Wildeman
Lisa Wilson
Carlene Woodring
Samer Zawahri

Level 3 – Education
Krystal Bader
Morgan Dailey
Stacey Dailey
Tina Duman
Christin Eland
Liz Flaker
Melissa Holmes
Kathy Minger
Kristi Nannarone
Virginia Pfaff

Level 3 – Leadership
Mary Dickson
Jamie Henry
Maggie Taylor

Level 4 – Clinical
Amy Anderson
Meenu Bansal
Amy Dawson
Elizabeth Eby
Mackenzie Feathers
Denise Lahoski
Julie Santabarbara
Danielle Standohar
Marlene Thompson
Elizabeth Wyslutsky

Level 4 – Education
Jodi DelSavio
Holly Elting
Lisa Joestlein
Julie Terlop

Level 4 – Leadership
Judy Dawson-Jones
Nicole Mansky
Neil McNinch
Melissa Monte
Mandy Odom
Christine Young
Eileen Zehe

Level 5 – Clinical
Camilla Gialiourakis

Level 5 – Education
Courtney Wheeler
Diane Wolski

Level 5 – Leadership
Michelle Wilson

Professional Advancement Model

In 2016, Akron Children’s implemented a Professional Advancement Model for advanced practice providers, including advanced practice registered nurses and physician assistants. Each of the three levels reflects providers’ clinical expertise, clinical education, professional contributions, leadership and community service.

The following advanced practice providers were the first to participate in our Professional Advancement Model:

Level I
Donna Abbott
Trevor Clark
Shawntelle Contini
Courtney Culbertson
Margo Dell
Nancy Delnay
Staci Duffy
Lenore France
Janet Gornuch
Colleen Handwork
Anna Hauenstein
LuAnn Kuhl
Carrie Litten
Jen Michel
Juikas Mozholden
Kristina Muhleman
Suzanne Nicholas
Lynda Nossaman
Joan Paskert
Amanda Pelligrina
Pretti Polk
Jackie Pressman
Leah Rawden
Valerie Senko
Stephanie Steiner
Ron Tharp
Toni Vaccarelli
Mandi Watson

Level II
Yvonne Bolden
Svetlana Borischak
Kristen Breidlove
Cynthia Brown
Tammy Camellia
Teresa Fletcher
Marlene Hardy-Gomez
Pamela Jones
Dianne Kulasa-Luke
Jennifer Marangoni
Amy McHenry
Kelly Metzger
Carolyn Muha
Denise Stoneman
Julie Tsirambidis
Kathryn Wheller

Level III
Ann Marie Brown
Betsy Bryson
Judy Lewis
Shannon Sikorski
Ann Stratton

28% CERTIFIED NURSES
372 NURSES PARTICIPATE IN PROFESSIONAL NURSING ORGANIZATIONS
80.5% HOLD A BACHELOR OR MASTER’S DEGREE
2016 Nursing Awards

make a difference.

Akron Children’s nominee for Magnet® Nurse of the Year

Elizabeth Kendrick, MSN, RN-BC, CNS

Debra Seiber Nursing Excellence Award for Neonatal Care

Liz Maseth, BSN, RN, IBCLC

Delta Omega Chapter, Sigma Theta Tau International Excellence in Nursing Awards – Nursing Practice

Melanie Brewster, BSN, RN, CCRN

Akron Children’s 2016 Cameo of Caring Ambassador

Deborah Young, RN, CPN

March of Dimes Ohio Nurse of the Year Awards

Jeni Huth, BSN, RN, CPN

Ambulatory Care category

Delta Omega Chapter of Sigma Theta Tau International Excellence in Nurse Practice Award

Laurel Celik, BSN, RN, NCSN

DAISY Nurses

Charlene Lane, RN
Shawn Dobbins, BSN, RN
Gwynn Hunter, RN
Emily Krikke, BSN, RN, CPN
Adele Blazey, BSN, RN, CPN

Good Catch Award

Gabby Anderson, BSN, RN, CPN
Kiera Malick, BSN, RN
Jennifer Bantum, BSN, RN

Outstanding Nurse Leadership Award

Deb Kilmer, MSN, MA, BSN

Quality Council’s Annual Performance Improvement Award

Lisa Joestlein, MSN, RN, CPN

Cleveland Magazine and Greater Cleveland Hospital Association Faces of Care Award

Charlene Lane, RN

Lois M. Hodgson Nursing Excellence Award

Clinical Nurse Specialist Team of:
Jean Christopher, MSN, RN, CNS, WCC
Christine Peretzak, MSN, RN, PCNS-BC, WCC
Connie Teal, MSN, RNC-NIC, PCNS-BS, WCC
Nancy Aho, PhD, RN, CNS, WCC
Diane Locket, MSN, RNC-NIC, WCC
Rebecca Heyne, DNP, RN, CPNP, CNE, WCC

Sigma Theta Tau International Honor Society of Nursing Excellence in Nursing Award

Kim Zolnier, MSN, RN-BC, CPN

American Association of Critical Care Nurses’ Beacon Award – Silver Level

Pediatric Intensive Care Unit