



Better together.
Stronger together.



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FROM THE SENIOR VICE PRESIDENT

Colleagues and Friends,

As we consider enduring a second year of the COVID-19 pandemic, the most important thing we have learned is that we are better together, stronger together. Patient Services collaborated in extraordinary ways throughout 2021, and Cincinnati Children's patients, families and remarkable staff were stronger for it.

Leaning on each other and learning from each other, we continued to vaccinate our own employees against COVID-19 as well as extend that protection to the community, administering more than 37,000 vaccines to our neighbors. We also managed to occupy our new state-of-the-art 600,000-square-foot critical care building, or Location G, transferring 142 patients in critical care safely to their new facility. We partnered with a nonprofit health insurance company to create a coordinated care model for the community. We have innovated new ways for our employees with developmental disabilities to learn life-saving skills, and achieved a milestone in mental health care.

In addition to outstanding patient care, we conducted exemplary research, recognized our workforce with numerous awards, and met our challenges head-on. Together. Because that is when we are at our best.

Please join me in celebrating a fantastic year in Patient Services at Cincinnati Children's.



Sincerely,

Barbara Tofani

Barb Tofani, MSN, RN, NEA-BC
Senior Vice President of Patient Services
Chief Nursing Officer

WHAT IS PATIENT SERVICES?

- Audiology
- Child Life & Integrative Care
- Disabilities Services
- Nursing
- Nutrition Therapy
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Respiratory Care
- Social Services
- Speech-Language Pathology
- Volunteer Services

Disclaimer: Some of the photographs in this edition were taken before the COVID-19 pandemic.



Vaccinating Cincinnati Children's: Two Perspectives

Not even a worldwide pandemic could dampen the collaborative spirit that Cincinnati Children's is known for. If nothing else, it only seems to make it stronger. Here's an inside look from two of our key coordinators at what it took to vaccinate our frontline staff against the COVID-19 virus.

View From A Clinic

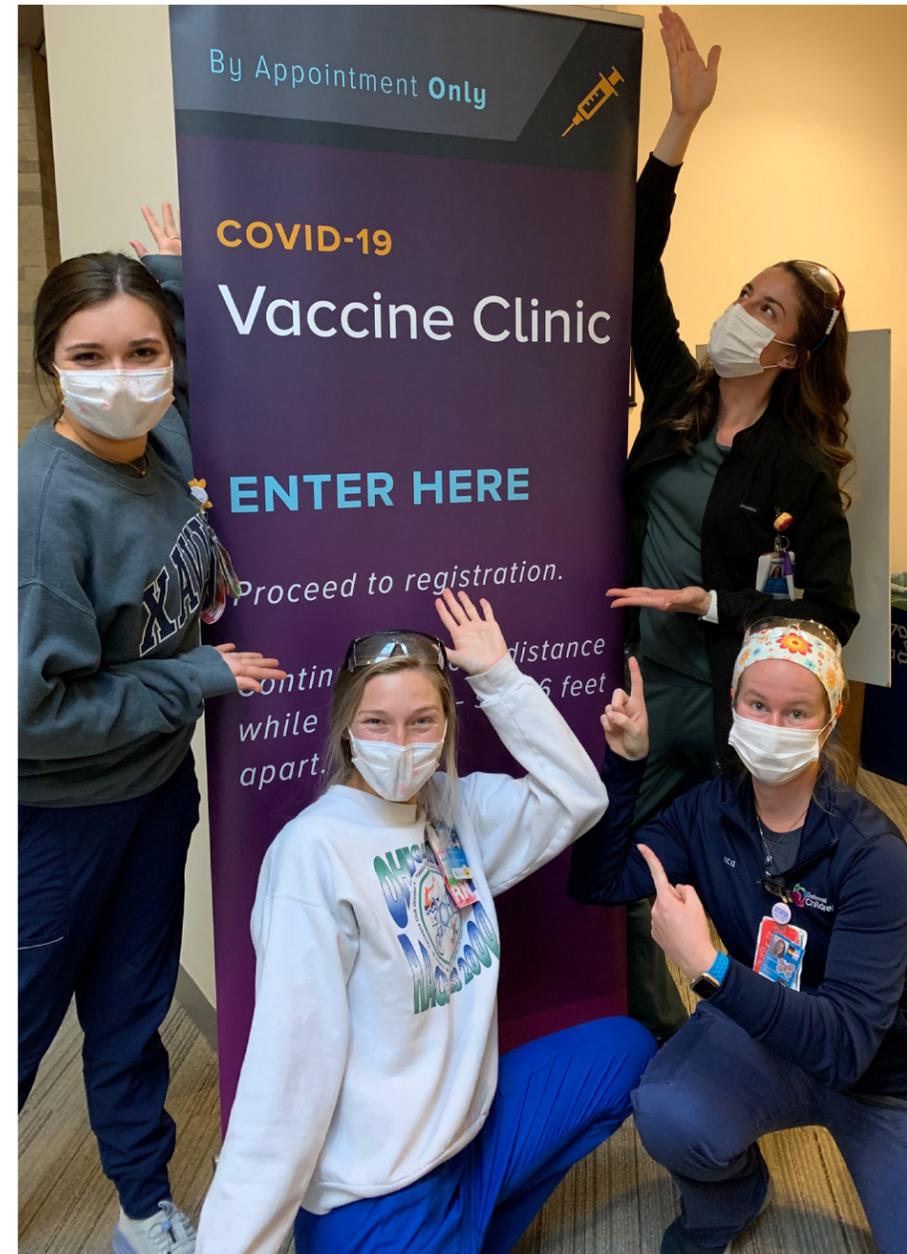
They call themselves the "A Team"—**Anna Sheets, DNP, RN**, Senior Director, Health and Safety; **Angela Aull, MSN, RN, CPN**, Project Administrator, Patient Services, and **Amber Antoni, MSN, RN**, Director, Emergency Management. Together, they organized the COVID vaccine clinic for employees, working with a shifting pool of 20 to 30 primarily nurses reassigned from other areas, that was initiated December 23, 2020.

The clinic operated Monday through Friday, from 8 am to 6 pm, in the Sabin Auditorium. Getting vaccines into the arms of frontline caregivers proved to be an exercise in flexibility, patience and all-consuming coordination with numerous departments.

"The Moderna vaccine was approved on December 18, while Pfizer was approved the week before," said Sheets. "We saw other organizations

receiving the vaccine, and we were uncertain when we would get it and how it would work. When the doses arrived on December 21, we were thrilled. It felt like an early Christmas gift."

Just two days later, the first clinic opened in a conference room in the S building, but the team quickly realized they could move faster and immunize more employees if they had a larger space. So, they moved to the Sabin Auditorium.



A List Of Challenges

Staff at Cincinnati Children's have pulled together vaccine clinics many times before, but this time, there were some new twists to navigate:

Supply

It was unknown which vaccine or how much of it we would receive. "That is completely up to the State of Ohio," said

Sheets. "My vision, as a member of the department of Employee Health, was to immunize all staff who wanted it. But after releasing the doses for the 1A group, the state pivoted to focusing on people within the 1B group who were dying from COVID. The governor was crystal clear that these populations who were having the most severe complications from COVID must be our priority."

Scheduling

Because the vaccine must be thawed ahead of time and drawn up into individual syringes, which expire after six hours, it was critical to determine ahead of time how many doses would be needed for each day's appointments. Said Sheets, "Our team's commitment was that we wouldn't waste a single dose, so it mattered if someone made an appointment and then didn't show up. **Sara Carpenter** and **Becky Haar** did an awesome job leading their team in scheduling appointments. They manipulated and managed the schedule on an hour-by-hour basis to make sure the number of recipients and vaccines matched. We also became very good friends with our partners in Pharmacy who prepared each dose. Despite our best efforts, we would sometimes find ourselves at the end of the day with one or two doses left, and we would have to quickly find someone onsite, usually in the Emergency Department [ED] or one of the intensive care units, to come and be vaccinated so we wouldn't waste anything. It was amazing, and people were very tolerant and responsive."

Safety

Because news outlets reported some cases of recipients having adverse reactions, Sheets said they wanted to have a plan in place if a situation were to occur. "We worked with **Nathan Timm, MD**, Medical Director, Emergency Management and **Amber Antoni, MSN, RN**, Director, Emergency Management to simulate a number of emergency scenarios," she said. "Our proximity to the ED was intentional so we could respond appropriately, if needed."



The Response

As the “A Team” planned the clinics, they wondered if anyone would show up. They needn’t have worried—more than 70% of employees in the 1A group responded and received the vaccine.

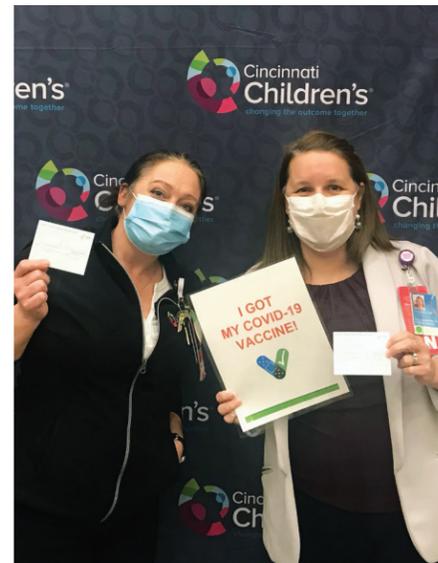
“It was so incredible to be in that clinic space with people who were making a personal decision and taking action to end the pandemic,” Sheets said.

“With every person who came in, who sat in the chair to get the vaccine, you could see the transition of all the personal losses they had experienced, whether it was human loss of family, friends or neighbors, or loss of events, like graduations, weddings, not being able to take that trip to visit grandparents or parents. There was the feeling that, finally, we can actually do something to get us back to normal.”

Sheets acknowledges the huge amount of time and work it took to organize the clinics. But it was well worth it.

“This has been one of the most unifying projects I’ve ever been part of because the goal was so crystal clear,” she said. “I’m grateful to everyone who pulled together to make it happen. Working creatively through different scenarios and issues every day was the best thing ever.”

It also served as a learning experience. “I have worked at Cincinnati Children’s for a long time, and I thought I knew everybody, that I had some idea of all the divisions or departments that support patient care delivery, research and education,” said Sheets. “And then we would find another group of people who are critical to our operations. It was so mind-opening and humbling to see the different roles, to be with the people who do the hands-on work over and over again with our patients and families. And it was incredible to see Cincinnati Children’s putting those people first and keeping them protected first and foremost. I am so proud to work for an organization that committed to taking that approach.”



A Pharmacist’s Take

Talk to **John Hingl, RPh**, Director of Pharmacy Operations, about the COVID vaccine, and he’ll tell you what a logistical challenge it was to provide the right number of doses to employee clinics each day without waste.

“We tried to move quickly and make all the right decisions, but ‘fast’ and ‘perfect’ often don’t go hand in hand,” he said. “We spent a lot of time planning and a lot of time changing plans.”

Hingl and his team had been preparing for the COVID vaccine, beginning with enrolling Cincinnati Children’s as a vaccination site on November 16, 2020. Nine days later, the medical center was approved. The first batch of vaccines arrived December 21, and the first injections started December 23.

“We purchased freezers for the Pfizer vaccine, thinking that’s what we would get, but we got Moderna instead,” he said. “Both manufacturers have detailed instructions on how to receive the vaccine, so we had to create a process for each that included setting up an

inventory of the product, maintaining a running inventory as we used it and transferring the vaccine from the freezer to the refrigerator to thaw and constant temperature monitoring.”

Hingl consulted with Sheets every day to determine how many employees were scheduled for vaccination the following day. Then, because of the tight expiration window, a pharmacist prepared individual doses, capped, labeled and bagged them, then transported them to the clinic for immediate use.

“We delivered doses first thing in the morning. After our safety huddle, I would check in with Anna to see how things were going,” said Hingl. “Then we’d coordinate the rest of the day’s needs, sometimes sending a second batch and maybe a third, depending on volumes.”

Going With The Flow

Pharmacy normally dispenses about 8,000 doses of medication in a 24-hour period across three different locations. The COVID vaccine clinics added roughly 400 doses to that total.

“It doesn’t sound like a lot,” said Hingl, “but we exceeded our capacity and brought in staff for extra shifts to cover the demand.”

The work also became more complicated with the second dose administration to employees and partnership with the Governor’s office and the state to vaccinate specific vulnerable patient populations in Hamilton County. Those groups received the Pfizer vaccine.

Said Hingl, “We also took precautions not to co-mingle doses from different manufacturers. The potential existed that we could receive all five vaccines. If that were the case, we would need to develop ways to safely manage that.”

The Pharmacy team, which includes Hingl, **Ryan Craynon, PharmD**; **Pete Shea, PharmD**; and **Bailey Squibb**, worked with consultants in the James M. Anderson Center for Health Systems Excellence to devise a more systematic approach to handling the extra work and help prevent employee burnout.

“My staff was really ramped up to be a part of the vaccination effort. The institution pulled out all the stops to make sure as many people could get the vaccine as possible. Despite some long odds and changes beyond our control, the entire staff pitched in to make this happen.”

—John Hingl, RPh
Director of Pharmacy Operations

Caring for Our Community

In one year, Cincinnati Children’s gave more than 37,000 COVID-19 vaccines to our neighbors.

The first onsite COVID-19 community vaccine clinic was held on January 27, 2021, in the Sabin Auditorium at the main campus. Since then, we have held more than 200 community vaccine clinics across three Cincinnati Children’s campuses and more than 20 community outreach events. Those clinics administered more than 37,000 COVID-19 vaccines to individuals ranging in age from 5 to 90 in 2021.

“Our clinics have served as safe and welcoming environments of care for our community and employees,” said

Susan Wade-Murphy, MSN, RN, NEA-BC, Assistant Vice President of Patient Services, who has led the coordination of the onsite COVID-19 vaccine clinics at the Burnet, Liberty and Green Township campuses since the beginning. **“Most importantly, we have created a model of care which we know can be and has been successfully replicated in so many different environments, such as schools, parks, markets, clinics, auditoriums, and more.”**

Vaccinating the community didn’t just happen within the hospital walls,

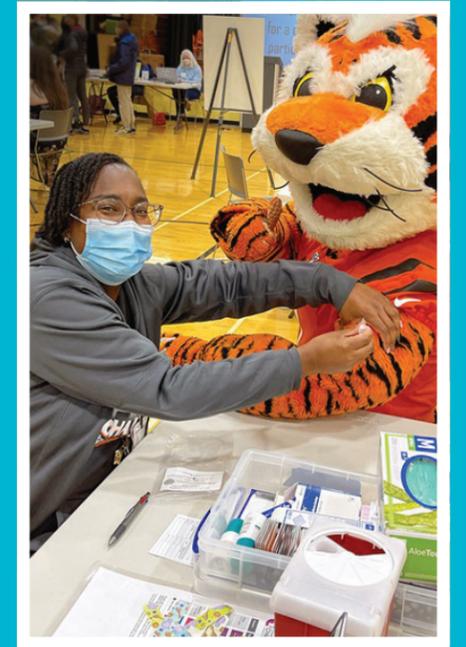


however. Ohio’s phase 1B included individuals with developmental disabilities. Under Wade-Murphy’s leadership, the vaccine clinic team hosted on-site clinics for this vulnerable population, then arranged for vaccine delivery and administered them to residents of St. Joseph Home, a local nonprofit that provides assisted living for those with complex disabilities (and who would not be able to travel for care). This effort was a collaboration with St. Joseph, Cincinnati Children’s Pharmacy, Information Services, Scheduling, and the Division of Developmental and Behavioral Pediatrics to work out details including vaccination process, enabling real-time access to EPIC documentation, and addressing specific resident needs. The team even set up a video visit during one patient’s initial vaccination to allow for a loved one to share and celebrate the moment. Due to pandemic visitor restrictions, the family member could not be there in person.

COVID-19 led to many state restrictions for medically fragile residents of St. Joseph Home, including being isolated from their families and loved ones for long periods of time. For some of its residents, getting the vaccine this past winter was the first step towards normalcy.



The mobile vaccine team at Laurel Playground in the West End in June 2021.
Back row: Shelley Jones, Monica Mitchell, Cathy Boyce, Bob Frenck, Julie Patton, Laurel Ashworth, Sophia Sandford, Amanda Herzog, Jackie Humphries, Kara Robinson, Susan Wade-Murphy. Front Row: Amanda Combs, Amanda Hummeldorf, Brittany Hobbs, Michelle Dickey, Theresa Baker.



Deneshia Smith, BSN, RN, vaccinates a mascot at the Winton Hills Academy elementary school community vaccine clinic.

YEAR IN REVIEW: COVID-19 COMMUNITY VACCINE CLINICS

What We Accomplished

Total vaccines given: **37,214**

- 5–11 year olds: **10,765**
- 12–17 year olds: **9,929**
- 18–29 year olds: **5,433**
- 30–64 year olds: **9,092**
- 60–79 year olds: **1,513**
- 80 year olds and up: **462**



Where We Accomplished It

- Burnet Campus: 25,841 vaccines**
- Green Township: 1,787 vaccines**
- Liberty Campus: 7,664 vaccines**
- Outreach Locations: 1,922 vaccines**
- Cincinnati Museum Center
- Findlay Market (two events)
- Hughes High School (two events)
- Rockdale Academy (two events)
- St. Joseph Home (three events)
- Taft High School/Virtual High School (two events)
- Washington Park
- West End, Laurel Playground (two events)
- Western Hills High School/Dater High School (four events)
- Western Hills Retirement Village
- Westwood High School (two events)

Total vaccines given to the community: **37,214**



Lisa Crosby, DNP, Clinical Director, General and Community Pediatrics (above, left) and Ebony Washington, Senior Specialist, Community Relations, at a community vaccine clinic at Rockdale Academy Elementary School.



The Big Move

Staff worked as One Cincinnati Children's to transport the first patients to the new Location G.

The weekend of November 6 and 7, 2021, will be remembered in Cincinnati Children's history as a moment of inspiration. It marked a successful transition of 142 patients to a new state-of-the-art critical care building now known as Location G. Dozens of clinical teams guided patients past the building's colorful kaleidoscopes and new wayfinding friend, the giraffe. "It was truly an inspirational day. The excitement, collaboration and pride across all levels was amazing," said Richard Falcone, MD, Vice President of Perioperative Operations.

As the weekend progressed, more smiles, in addition to those from patients

and families, were noticeable. With the mindset of One Cincinnati Children's, teams of employees served in an all-hands-on-deck capacity to support the big move. **Laura Flesch, DNP, APRN-CNP, FNP**, Assistant Vice President of Patient Services, said that virtually every discipline and team within the medical center was involved in the success of the patient move. "This goes from Environmental Services to Supply Chain/Materials Management to Facilities to Pharmacy to Protective Services to Blood Bank to Lab, to the volunteers and teams who moved the patients and their equipment and supported families during the move," she said.



The eight-story, 632,500-square-foot Location G adds 249 private rooms, which are 50% larger than the previous intensive care patient rooms. It is the largest privately funded project in the history of Cincinnati and the first step into a new era of health-care for Cincinnati Children's.

A palpable concern with every employee involved in the process was patient and family safety. Transport routes were designed to emphasize safety while minimizing disruptions for patients and employees remaining in the current buildings. Flesch observed the awareness. "Everyone was situationally aware of the risks involved and was heightened to ensure the patient was not compromised at any point during the move or while getting settled into their new room," she said. As a result, patients from the areas of Acute Care Cardiology, Cardiac Intensive Care, Complex Airway, Bone Marrow Transplant, Neonatal Intensive Care and Pediatric Intensive Care were safely transferred

to their personalized rooms with zero patient harm.

With excitement, clinical teams and volunteers worked behind the scenes to follow every step necessary to meet the Cincinnati Children's "Safer Together" standard. Leadership ensured that the Command Center was ready to address any situation in real time. Proudly dressed in safety caps, Falcone and **Christine White, MD**, Inpatient Associate Chief of Staff, championed patient safety as the designated patient move safety officers. White shared how they worked closely with Managers of Patient Services, Infection Prevention & Control, the

housewide safety officer, Occupational Safety and Environmental Health and the Emergency Management team to predict and mitigate any potential safety concerns. This coordination, combined with simulated patient moves, helped the hospital effectively design and execute a clear strategy for the positive outcome.

With feelings of deep gratitude and happiness, Cincinnati Children's patients, families and employees entered a bright and colorful new beginning, driven by a mission to improve child health and transform the delivery of care.

Jackie Hausfeld, MSN, RN, NEA-BC, Vice President, Patient Services, reflected on the quiet few moments after the patient move that weekend.

"It was the greatest feeling," she said. "I remember that Sunday afternoon being in the command center. It was kind of like the feeling after having a wedding, where you plan for something forever and it works out. And it all worked out because of the wonderful team we had."

CRITICAL CARE BUILDING MOVE



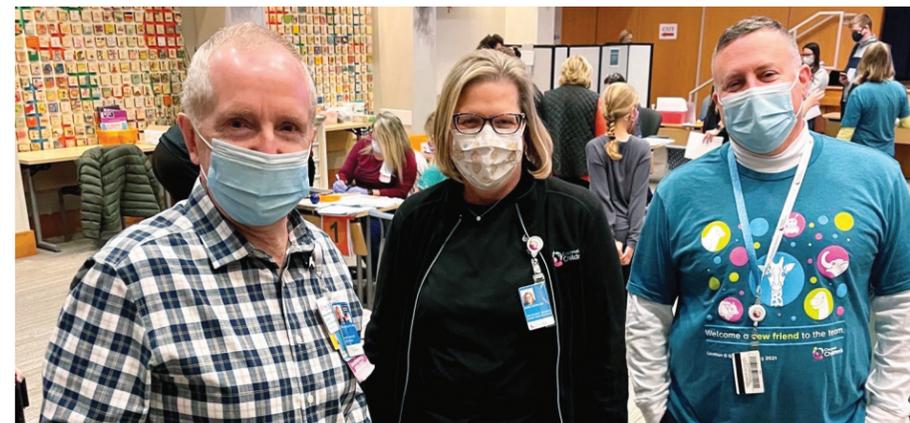
Care team members move NICU baby Christopher to Location G.



Move team members Shelby Steinmeyer, MD-PHD, clinical fellow; Rachel Leitsinger, RN; Kourtney Pickens, APRN-CNP.



Pharmacy team ready for action in their new space.



John McAuliffe, MD, Anesthesiologist in Chief, Barb Tofani, MSN, RN, NEA-BC, Senior Vice President and Chief Nursing Officer, and Steve Davis, MD, Chief Executive Officer and President led the patient move into the new critical care building.



Watch a video of our patient move day.

<https://youtu.be/ml9jxzUGhvo>



Human Milk Gets an Expanded Space

Specialty formulas and human milk occupied their own centralized prep location for improved safety and quality.

The staff in the Human Milk and Formula Center (HMFC) specially prepare up to 100 formulas in a typical day. A typical 24-hour period at the medical center includes the preparation and delivery of human milk for 75 children and formula to feed 185 children. Some of these formulas, which are analyzed by a dietitian for home use, are even made with whole foods such as bananas or bread that are blended for use in feeding tubes. Technicians also make fortifications that are added to the mother's milk or donor milk, often used on the Neonatal Intensive Care Unit (NICU) to provide increased calories to the newborns. An operation like this requires a good amount of space, and the team had long outgrown theirs.

In late 2015, Cincinnati Children's Infection Prevention & Control

identified the need to create separate dedicated preparation areas for human milk (HM) and formula to prevent cross-contamination. The need for expanded space to separate the preparation of HM and formula triggered the inception of a centralized HM lab. This lab would benefit both patients, by reducing risk of cross-contamination and misappropriation, and staff, by improving workspaces and increasing productivity. Design planning for the new Human Milk and Formula Center (HMFC) began five years ago with development of the new critical care building, or Location G (see page 9). While designing the HMFC, the team had two main goals: Increase size and technology, and centralize HM storage and preparation.

Fast forward to December 2021: The HMFC (previously known as the

Formula Room) that once was 600 square feet is now a 3,477-square-foot space located in the new critical care building. It includes preparation rooms specific for formula and HM with an anteroom, fridge/freezer storage room, expanded formula storage space, a dedicated receiving room, an office space, breakroom/lounge, and Environmental Services closet. In the previous place, each stage of the process happened in one room. The new design was carefully planned around new functions and roles. The separation of each stage of the process optimizes workflows and safety.

Additionally, the new HMFC design includes more of the latest equipment and technology. In its previous iteration, there was only one laminar flow hood, or clean bench, which provides an

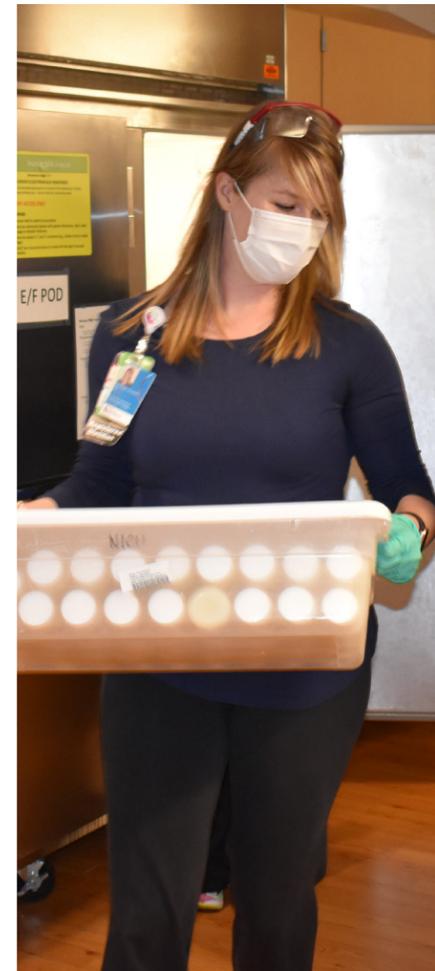
additional barrier against contaminants, a best practice for preparation. The new space houses four hoods, two for the preparation of HM and two for formula preparation. The new HMFC also includes four dishwashers rather than two in its former location. There are workstations on wheels in each room to facilitate the use of Timeless Milk Management System scanning throughout the workflow.

The new services in the now centralized HMFC include HM pickups every three hours on all units, central storage and inventory management of all HM, and preparation of unfortified HM in a

dedicated room. These services are in addition to those previously provided, including formula storage, preparation and delivery as well as fortified HM preparation.

The central storage and preparation of HM and formula is a best practice and increases infection control. Instead of having approximately 1,500-plus nurses handling milk, there is now an average of 20 HMFC technicians who are the subject matter experts on these processes. **Mary Ann Helmes, MSN, RN, CLC**, Clinical Manager for the Neonatal Intensive Care Unit, sees the benefits.

“Having the recipes prepared in the safe environment of the HMFC, where measurements can be precise, ensure our patients are getting the best nourishment to grow and heal,” Helmes said. “The nurses appreciate how handy the jugs of these mixtures are for them, as it simplifies their preparation steps and saves them time.”



The new human milk and formula lab benefits both patients, by reducing risk of cross-contamination and misappropriation, and staff, by improving workspaces and increasing productivity.

Mental Health Milestone

A 10-year partnership with Lindner Center of HOPE creates ripple effect in the community.

The growing need for mental health has long been a priority at Cincinnati Children's, and 2021 marked the 10-year anniversary of the Division of Child and Adolescent Psychiatry's partnership with the Lindner Center of HOPE to provide a higher level of care for this population in our community.

The Lindner Center of HOPE, located in Mason, Ohio, is a comprehensive mental health facility that provides inpatient and outpatient care for adults, as well as counseling and research on drugs in collaboration with UC Health. Cincinnati Children's at Lindner Center of HOPE is dedicated to adolescents with a specialized treatment team that cares exclusively for them. It includes a 16-bed inpatient unit and partial hospitalization program, which allows patients to receive care at the facility during the day and spend nights and weekends at home.

What makes this type of setting extraordinary is that Cincinnati Children's is able to partner with Lindner Center of HOPE in providing a level of both specialized inpatient mental health and eating disorder treatment to adolescents at this specific location. It also extends our services to another part of our primary



service market, keeping kids close to home so families can be engaged in the care. Before this joint effort, families in Butler or Warren counties would have to drive all the way to the College Hill campus for treatment.

The care offered at Cincinnati Children's at Lindner Center of HOPE certainly makes a difference for patients, but it also impacts those on the other side of treatment. **Karen Williams** (pictured above) is a Health Unit Coordinator who has been with the program since the beginning. Outside of work, she oversees the children's ministry at

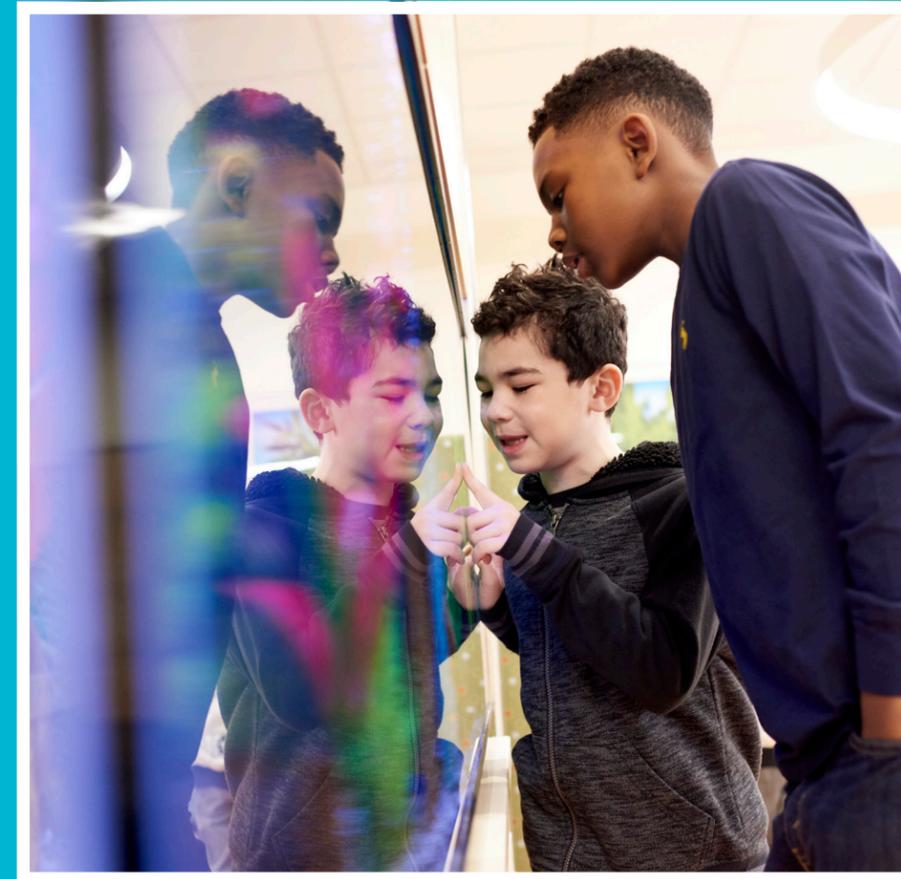
Ebenezer Second Baptist Church. Her position at Lindner Center, she says, has influenced her life in many aspects, from her role in church to the way she raises her own children.

"What I learn here, I take it with me," she says. One such example is her orchestration of an anti-bullying class for the kids at church, which stemmed from her professional experience with the effects bullying has on area youth. "The adolescents need a voice, and my position here gives me the opportunity to help people," Williams says. "Here, it's about the kids and their family."

Thanks to this joint venture, these families Williams serves now have the option to receive treatment close to home.

Increased Commitment to Mental Health

Cincinnati Children's continues to deliver on improving mental health in children. A new \$99-million inpatient mental health facility is scheduled to open in College Hill in late 2023. The five-story space will replace the current inpatient building on the College Hill campus. At 160,000 square feet, the state-of-the-art campus will be 68% larger than the current facility.



Scan this code with your smart device for a virtual walkthrough of the College Hill expansion.

https://youtu.be/tHalhm-y_lY

BY THE NUMBERS

10 years of partnership between Cincinnati Children's and Lindner Center of HOPE

10,707: admissions (inpatient and partial hospital program)

8,249: patients (inpatient and partial hospital program)



Making the Connection

HealthVine connects kids to care and brighter futures.

Improving child health relies heavily on building strong relationships—with patients and families, with internal and external care providers and with other community partners.

That’s where HealthVine comes in. Their mission is to coordinate for families the care and support services that enable children to thrive by living their healthiest lives. Since their opening

on January 1, 2021, they’ve made impressive headway.

HealthVine is a network of pediatric care providers and organizations backed by Cincinnati Children’s. They provide care management, quality improvement and utilization management for roughly 130,000 children in the eight southwest counties of Ohio who are covered by CareSource, the largest Medicaid provider in the state. As such, it is a key part of our strategy to provide best-in-class personalized care,

outcomes, experience and value, which is outlined under the Care pillar in our strategic plan.

Cincinnati Children’s has operated in this arena before. In 2013, Health Network by Cincinnati Children’s (HNCC) launched as a learning laboratory to test and develop new value-based care and payment models. Although their work was nationally recognized by other hospital systems, it proved unsustainable due to low patient volume.

HealthVine has taken the lessons from that experience and applied them to their current strategy. The HNCC was set up as its own entity, with care managers who reported exclusively to it. The HealthVine structure consists of care managers reporting to Patient Services, just like their counterparts within Cincinnati Children’s. **Susan Wade-Murphy, MSN, RN, NEA-BC**, Assistant Vice President, Patient Services, who oversees the care management teams, notes, “Through the Patient Services reporting structure, the care managers across HealthVine, inpatient and ambulatory now share the same practice standards and utilize Epic for all coordination and planning. This optimizes timely and meaningful services to patients and families, ensures integration of information, and reduces duplication of services.”

Another element that differentiates HealthVine from HNCC is that HealthVine has been delegated utilization management. Utilization management is the process of reviewing requests for tests, services and procedures to determine medical necessity for treatment of patients. The review is conducted on behalf of an insurance payor (CareSource) and follows standard evidence-based guidelines designed to ensure the patient is getting the best care.

HealthVine also includes behavioral health in its care management model.

“The population we serve has a lot of behavioral health needs,” says **Kim Kaas**, Assistant Vice President of Operations, External Medical Affairs. “Our Clinical Director, **Jessica McClure**, and Administrative Director, **Kate Junger**,



HEALTHVINE AND PURSUING OUR POTENTIAL TOGETHER

The HealthVine network is an important step in fulfilling the Care pillar of our strategic plan, or Pursuing Our Potential Together. By coordinating community resources on behalf of patients and families, we are re-imagining how we deliver high-quality care to more kids in our region so they can have the best outcomes, experience and value.

are busy working with behavioral health agencies and partners to weave in resources with the care management team.”

In addition, HealthVine has built a quality improvement team that will oversee outcome-based improvement work in partnership with the 60 southwest Ohio practices where most members receive their care. The data, gleaned from the HealthVine dashboard and other sources, will show which patients are most at risk, as well as where the most

money is being spent (e.g., behavioral health, asthma, Emergency Department (ED) utilization and diabetes).

“Our intention is to support these patients where they are, not to take them away from their medical home,” says Kaas. “Some practices may have a robust care management model already, but many of them don’t. That’s where we can help by sending our care managers in to assist both the patients and the practices.”

Managed Care Improves Outcomes

Care management staff are sometimes called on to be miracle workers. And often, they deliver.

Take, for example, the story of an immigrant family—a single mother with eight children, one of whom had recently undergone one of many orthopedic surgeries and was in a spica cast that encompassed both legs and hips. A community health worker from HealthVine went to visit the family in February and learned that they were living in a home that had no heat and the windows were broken out. The mother spoke little English and had difficulty navigating the health and human services system.

The community health worker helped get the family into stable housing with electricity, water and windows that

were intact. She also arranged for assistance with transportation to and from appointments and connected them with Refugee Services to address other needs.

Mary Burton, MSOL, RN, Clinical Director, and **Tina Brooks-Roberts, MSN, RN**, Clinical Manager, lead the 53-member HealthVine care management team. The team consists of nurses, social workers, community health workers, operations coordinators, program managers and an administrative assistant. The team provides care management for complex pediatric patients through age 18, or age 20, if they are blind, disabled or in foster care. Nursing and social work care managers enroll patients in HealthVine programs and set goals for their health. These programs help with care transition (from one level or location of care to another), high Emergency Department utilization

(three or more visits within a six-month period), pregnancy, newborn care, foster care, chronic and complex behavioral or medical health, and the transition to adult care.

Says Burton, “Often, the biggest need is overcoming barriers that are social determinants of health—for example, transportation or help with childcare for other children while the parent takes the patient to appointments.”

Nurse care managers are usually assigned the complex medical patients, while social work care managers handle the more complex behavioral health patients and those who are dealing with social determinants of health. Says Brooke-Roberts, “Our community health workers partner with the nurse and social work care managers by being our boots on the ground. They go out to the family’s home and assess

for safe sleep or they meet them in the community to provide health education and connect them with resources. For example, they might accompany a parent to show them how to use the bus system. They fill a variety of needs.”

Care managers will even go with Mom to the child’s school to meet with the teacher and the guidance counselor if the child has a specific need for an Individual Education Plan or a complex medical condition. Of course, COVID-19 temporarily restricted the ability to go into family’s homes. “We’re required to meet with patients and families face-to-face every 90 days,” Burton said. “We’ve been fortunate to have CincyKids Health Connect [telemedicine] so we can do video chats with families, which is considered the equivalent of an in-person meeting.”

Collaboration Is Key

Of the 130,000 children covered by HealthVine, only about 30,000 receive primary care at Cincinnati Children’s. The rest are seen at community practices in the southwest Ohio eight-county region. To make collaboration and communications with all their patients’ providers easier, HealthVine launched Healthy Planet in April—a care management module within Epic Link. It is a place to share information about social determinants of health and each patient’s plan of care. It also has a dashboard that easily identifies high-risk patients.

“If the practice already has a care manager, we partner with them by lending our support,” says Burton.



FUTURE EXPANSION

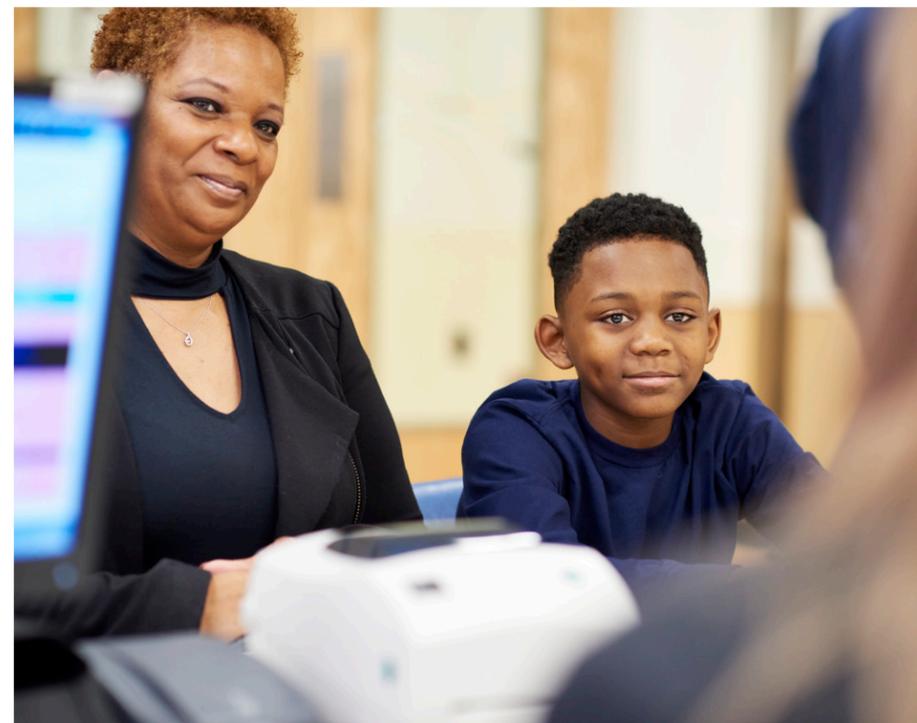
As more families and practices engage with HealthVine, the network’s impact will grow. The goal is to add all the Ohio Medicaid payors, which would increase the number of enrolled patients to **190,000**. Longer-term, there are plans to enlist commercial and self-insured payors. They also hope to expand into Kentucky and Indiana.

To increase the opportunity for improvement, HealthVine leaders will also be connecting with other pediatric care management networks across the country to share what they’ve learned and adopt best practices. “The insurance companies have seen how it’s been implemented on the adult side for a long time, and they understand its worth,” said Kaas. “Through HealthVine, we have the chance to show them that we can do good work in this area because we have the pediatric expertise to be successful.”

“But many practices who don’t have a care manager are referring their patients to us.”

It’s too early to analyze the impact HealthVine is having on the region as a whole, but early feedback is promising,

and they are slowly building their case-load. “We’re hearing from patients how grateful they are,” says Burton. “They are much more receptive to us being part of their lives because we carry the Cincinnati Children’s name. Once they open the door, we can work on building those relationships.”



“Our intention is to support these patients where they are, not to take them away from their medical home,” says Kaas. “Some practices may have a robust care management model already, but many of them don’t. That’s where we can help by sending our care managers in to assist both the patients and the practices.”

—Kim Kaas, Assistant Vice President of Operations, External Medical Affairs



Saving A Life

Meeting learners where they are.

Anyone can learn how to save a life, but not everyone learns in the same way. Some people just need a different set of learning tools to achieve the same results. And, if you do not have the right tools for a specific group of learners and you're **Angie Jackson, RRT**, Simulation Education Specialist, Center for Simulation and Research, you make them.

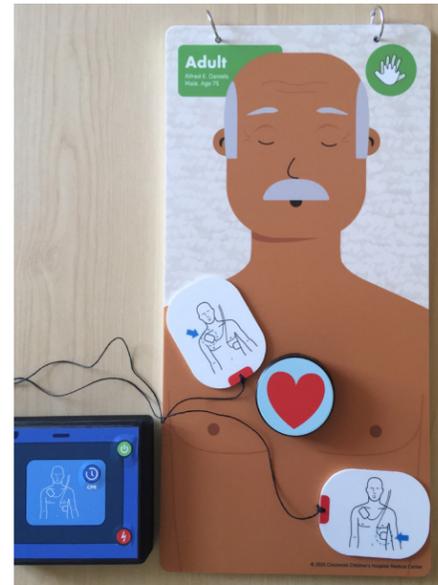
Three years ago, Jackson saw a need when taking over the CPR and first aid training for our Project SEARCH interns with intellectual and developmental disabilities. Traditional CPR courses are created for someone reading at a fifth-grade level or above. This was a challenge for Jackson since, according

to a survey, many Project SEARCH interns read at a second to fourth-grade level. The disconnect bothered her.

“No learner should be overlooked,” said Jackson. **“We just have to figure out a way to meet the specific needs for every level of learner.”**

Like any great teacher, Jackson started doing her homework. She reached out to **Erin Riehle, RN**, founder of Project SEARCH and Senior Clinical Director, Disabilities Services, and the vision began to create an interactive study kit to teach life-saving skills to learners in

The CPR kit has been informally tested in the context of Project SEARCH, a work-preparation program for young people with intellectual and developmental disabilities who are transitioning from high school to competitive employment.



need of an alternative approach and setting. Along with **Maryellen Daston**, Project Manager, Disability Services, the team surveyed more than 500 Project SEARCH sites. Sixty percent of sites reported that they were adapting the CPR course to meet the needs of their learners.

Jackson's determination to best serve learners with intellectual and developmental disabilities grew into a toolkit, complete with hands-on exercises and a laminated board game. In order to trial its effectiveness and prepare learners for the American Heart Association HeartSaver CPR/First Aid Course for certification, Jackson divided the Project SEARCH CPR



The Cincinnati Children's team partnered with the LiveWell Collaborative Group to design the CPR kit.

training into four, 30-minute sessions: How to help someone in trouble, CPR, Automated External Defibrillators (AEDs) and a final review.

“The topic of CPR and the possibility of having to do CPR can be a source of stress for all levels of learners,” said Jackson. “The CPR kit introduces a sensitive topic through real-life scenarios in a way that is non-threatening and therefore eases much of the stress brought on by the topic.”

Over three years of using the home-grown kit, Angie observed positive changes for this group of learners that included better course understanding and retention, as well as increased confidence and lower stress levels.

Shark Tank: The Pitch

Jackson and Riehle never considered themselves entrepreneurs. But this idea had potential.

“We wanted to create a study kit that could be widely distributed to have a great impact and possibly save lives,” Jackson said.

Enter Cincinnati Children's Innovation Ventures. Jackson, Riehle and Daston applied for Innovation Ventures' internal funding program for the resources and guidance to take their idea to the next level. The innovators gave a five-minute pitch to sell the idea to a panel of our staff, as well as venture capital and industry representatives from the business and tech fields, much like you would see on the TV show, “Shark Tank.”

The panel saw promise and granted the project \$55,000 to further develop their prototype and begin their journey as entrepreneurs. In January, the team partnered with the LiveWell Collaborative Group and four Cincinnati Children's employees who are Project

SEARCH graduates to design the kit—**Christina Bockstiegel**, Clerical Assistant, Emergency Services; **Christopher Boerner**, Clerical Assistant, Scheduling Center; **Michael Celek**, Supply Chain Technologist, Occupational Therapy/Physical Therapy, and **Conner Sweeney**, Patient Escorter, Liberty campus. By May, a new and improved prototype was ready.

A CPR Kit Transformation

Many working with LiveWell begin with just an idea on paper. This project was much further along and essentially had a prototype created by Jackson, but it needed refinement. Bockstiegel, Boerner, Celek and Sweeney volunteered to use the tool to learn CPR while also suggesting improvements. The end goal was to get their certification and ultimately help more people learn CPR.

“I thought of it as a way to help make it easier so that CPR can be taught to

others who may have different ways of learning,” said Boerner. “CPR, in my opinion, is one of the important things that you are able to learn. Any moment, anywhere, there may come a time where your knowledge of CPR or first aid will be put to the test. My hope is that this product will help those to learn and remember at a stronger rate.”

LiveWell relied on feedback from the four learners on everything from font size to color and more. Bockstiegel suggested “making (the game) look more like Candyland because that’s more colorful and more interesting for kids.” One of Boerner’s ideas was to “improve the game player pieces by giving each one a special ability.”

Other enhancements were needed to incorporate the vital and interactive skills work usually performed with a CPR mannequin or AED trainer in a class setting.

LiveWell designed a series of pull-away game boards that share a foam core chest and picture an infant, child and an adult, so learners can practice their CPR compressions. It also includes a CPR button that plays the beats to guide learners in the correct rate of compressions and an interactive AED model that has sound effects and prompts players with instructions on what to do. “Place pads on chest. Press the shock button.”

Moving through the game, players pick a fact card to answer multiple choice questions or a skills card to demonstrate what they know.

Inspiring Learners, Building Confidence

The CPR kit workbook opens with an inspiring story about Ava. Based on a true story about a Project SEARCH graduate, Ava performs CPR and saves the life of a 2-year-old who falls into a lake at a park. Jackson came across the story in her research and would always start her training by telling it with a picture book that she had a former intern illustrate.

“It gave the learners a sense of confidence that ‘I can do this,’” said Jackson.

Like many of the learners, Sweeney was nervous and hesitant about learning CPR at first.

“The story shows people that it can happen to anyone. It can happen anywhere,” he said. “The way that Angie teaches it is fun. It sticks to the brain. You remember doing that CPR kit, and you can remember it for the rest of your life.”

Written on a third-grade level, the workbook includes lots of visuals and highlights the CPR basics. The kit also contains sorting cards to allow learners to lay out the steps of CPR in sequence from the first action in getting help to when the ambulance arrives.

“A regular CPR certification training would be really hard for me,” said Celek. “The kit is intended as a study tool to be able to learn the steps. Since there are pictures and bigger words,

that’s so much easier. It boosted my confidence and lowered my stress level.”

Bockstiegel, Sweeney and Celek will take the final step to get CPR certified. Boerner will test for his recertification. When asked if they’re ready, they all said: “Absolutely.”

Inspiring Others To Learn CPR

Under the guidance of Innovation Ventures, the team will explore options for licensing, producing, promoting and distributing the kit once it is ready for the market.

For Jackson, it’s surreal. She hopes it will motivate more people to want to learn how to save a life. Beyond participants in the Project SEARCH program, she can imagine it helping residents in low socio-economic areas and students in primary grades.

“There is a whole area of outreach that is untouched. We can touch families that are at higher risk and have a greater chance of needing to do CPR in their neighborhood or home but don’t have the tools they need,” said Jackson, who is grateful for the learner group’s dedication and enthusiasm for the project.

“They put their whole hearts into their work, which is an inspiration to me and many,” she said. **“They can achieve anything that anybody can achieve if we’re willing to take the time to meet them on their level of learning.”**



Michael Celek (left), with Anna Meloy (center) and Alexis Begnoche (right), went through CPR training before and wanted to make sure that his skills were still sharp. “I’m looking forward to getting recertified and being able to see with my own eyes how well the product I helped out with works.”



The CPR study kit is a fun way to provide all learners with an opportunity to learn how to save a life. It contains real-life stories, interactive exercises and a board game that introduces an important yet sometimes scary topic in a non-threatening way.

MEET THE PROJECT TEAM

- Christina Bockstiegel**, Clerical Assistant, Emergency Services
- Christopher Boerner**, Clerical Assistant, Scheduling Center
- Michael Celek**, Supply Chain Technologist, Occupational Therapy/Physical Therapy
- Maryellen Daston**, Project Manager, Disability Services
- Anabel Graciela**, Livewell Collaborative Group
- Meredith Kincaide**, Employment Support Specialist, Disability Services
- Anna Meloy**, Employment Support Specialist, Disability Services
- Elaine Messlerly**, Livewell Collaborative Group
- Erin Riehle**, Senior Clinical Director, Disability Services
- Nicole Sidenstick**, Livewell Collaborative Group
- Conner Sweeney**, Patient Escorter, Liberty campus
- Luke Wasserman**, Business Director, Patient Services
- The LiveWell Collaborative Group—**Alexis Begnoche**, **Bain Butcher**, **Linda Dunseath**



Enhancing the Patient Family Experience

A new app puts the patient's chart in their own hands.

Cincinnati Children's has a new tool for patients and their families to become an active partner in their care during an inpatient stay, the **MyChart Bedside application**. Available on a tablet provided in each inpatient room, the app gives the patient and their family real-time access to lab results, medications, education and the details of their hospital stay.

The rollout of MyChart Bedside was a culmination of several years of

collaboration with multiple stakeholders and stemmed from the desire to better the patient-family experience. It began with a pilot at the Liberty campus on June 9, 2020, and the final implementation wave finished in April 2021. The app was part of the Interactive Patient Care Tool project, led by **Melissa Cloud**, Director of Information Services, sponsored by Patient Experience Officer **Samuel Hanke, MD**.

MyChart Bedside leverages Epic functionality to engage patients and families in a new way. It allows the patient and family to be active

participants in their care by giving them access to educational information and notes from their providers and nurses. One favorite feature is the "Taking Care of Me" section. Families have the ability to see who is caring for their child for the day or a shift. Other features include the capability to learn about their diagnosis and medications, view and post events to their daily schedule or look ahead to upcoming events, get to know members of their inpatient treatment team, make non-urgent requests, such as asking for a blanket or a clean hospital gown, complete their assigned education and view it again

after they've returned home through their MyChart account, or order their food electronically. Within the app, patients and families also can respond to admission questions and see their dashboard with current vital signs, lab and testing results, plus any health trends during their visit. There's even a special notes section that families can use to remind them of questions they want to ask their doctors.

The application not only helps patients and families, but also is a convenience for staff. The care team can assign education materials for the patient and family and once they have reviewed them, the education is marked as complete for the care team. Providers can request blood consent in MyChart Bedside, which is the first consent form Cincinnati Children's has tried using with the app. Other developments include adding a pain management scale and the review of X-rays.

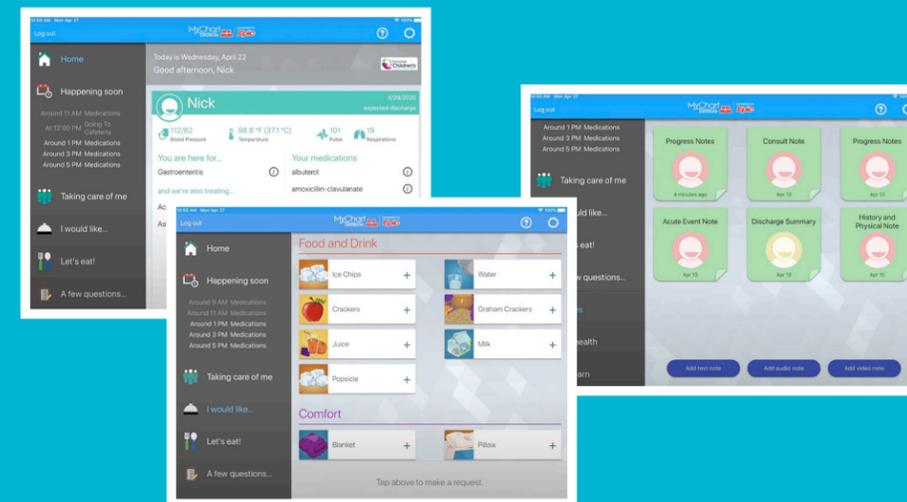
"It has been a wonderful collaboration between Information Services, Patient and Family Experience leaders and Inpatient Operations to support the implementation of an innovative technology like MyChart Bedside iPads in every patient room at the Burnet and Liberty Campuses. This tool is a vital part in enhancing the patient and family experience," said **Jackie Hausfeld, MSN, RN**, Vice President, Patient Services.

Our patients and families appreciate the efforts. "The MyChart Bedside tablet has been invaluable. It is super awesome to see when medicines are scheduled, test results, who the doctors

are, and to read about the different people taking care of my child. I could see everything important! I knew what was happening and didn't have to wonder what was going on," said one parent on the Gastrointestinal/Colorectal Surgery unit.

The Interactive Patient Care Tool project was a prime example of the outstanding collaborative effort at Cincinnati Children's. "It has been amazing to see the evolution of the Interactive Patient Care project from concept to full implementation," said Cloud. "The team is continuously collecting feedback from our patients, family and staff to ensure we are providing the best product. The collaboration with our Executive Steering Committee, which includes two family representatives, has been pivotal to the success of this initiative."

MyChart Beside has provided transparency and comfort to patients and families, and is on track to do even more.



Scan this code with your smart device to learn more about MyChart Bedside at Cincinnati Children's.

https://youtu.be/KfwGo5z_6c8

Supporting Employees with Developmental Disabilities

Anna Meloy works to keep individuals with developmental disabilities employed.



Like many of her childhood acquaintances in Cincinnati, **Anna Meloy**, Employment Support Specialist, Disabilities Services, attended

vacation bible school. She vividly recalls meeting a young girl with developmental disabilities there. While all the other kids made fun of the girl, Meloy befriended her. She quickly realized her niche talent of connecting with those with disabilities and knew that she could make a purposeful career out of it.

Meloy started her professional journey at Hamilton County Developmental Disabilities Services. What she enjoyed most was helping individuals with disabilities figure out how to have a meaningful life and transition into a profession. When a role opened at Cincinnati Children's in Disabilities Services that focused on helping employees with disabilities maintain their competitive jobs, she knew it was the perfect fit.

For five years, Meloy has worked at the medical center, assisting employees who have a disability with accommodations and adaptations so they can perform to their full potential in their roles. Meloy's role is essential in assisting those who came to be employed at Cincinnati Children's through their participation in Project

SEARCH, an internationally recognized job-skills training program for individuals with significant disabilities between the ages of 18 to 21. Founded at Cincinnati Children's nearly 24 years ago, the program partners with schools like the Great Oaks Institute of Technology and Career Development, Disabilities Services, agencies such as Vocational Rehabilitation, and a diverse team of employers throughout the United States and abroad to help students with special needs transition from high school to meaningful employment.

Ready For Anything

Meloy stays busy at the medical center, along with her coworker **Meredith Kincaide**, employment support specialist, Disabilities Services. They had a set calendar of annual events to prepare for and adjust for their 60 employees, such as annual safety training, choosing benefits and evaluations.

During COVID-19, their world was turned upside down in ways they had never faced. Things were changing

hourly. With 50 of their employees on leave, Meloy's and Kincaide's creative and innovative abilities were put to the test. Meloy worked around the clock to assist her employees with constant updates related to masking, distancing, bus schedules, vaccination and much more. While some of these changes seemed minor, they could be life-changing to a person with a disability who is used to following a certain routine. **Whether the challenge was finding a new department for an employee to work in or explaining each stage of the vaccination process and going with employees to their appointments, Meloy and Kincaide supported them through it all.**

Point Of Pride

The work Meloy is most proud of is her adaptation of the Diversity, Equity and Inclusion "Better Together" training. Meloy is used to adjusting training for her employees, but she wanted to make this training unique as it has a key focus area of cultural competence. It was necessary for the employees'



DIVERSITY, EQUITY AND INCLUSION "BETTER TOGETHER" TRAINING



"The feedback from these sessions made me proud of the work we did. I knew that they had been impacted."

-Anna Meloy, Employment Support Specialist, Disabilities Services

With the support of Disabilities Services, the Office of Diversity, Equity and Inclusion, and Learning and Development, Meloy split training into two sessions. It started with the educational components

of defining what diversity is and what inclusion looks like at Cincinnati Children's. Employees were then invited to attend discussion sessions with a split class of employees with and without disabilities.



Disabilities Services supports to have the experience of interacting and connecting with others throughout the medical center.

"The feedback from these sessions made me proud of the work we did. I knew that they had been impacted," said Meloy. "I received so many notes from employees sharing how meaningful the conversations were and the value they got out of it."

Recognizing Excellence

The American Network of Community Options and Resources honored 50 professionals as the 2021 Direct Support Professional (DSP) of the Year. Out of 350 nominees, Meloy was

named the Ohio DSP of the year. This prestigious award is given annually to one outstanding individual who supports people with intellectual, developmental and other significant disabilities so they can live and thrive in the community.

While Meloy was overwhelmed to hear she had been named the Ohio DSP, **Erin Riehle, RN**, Senior Clinical Director, Disabilities Services, was not surprised at all. "I would have been surprised if she didn't get it. She is the most deserving person in Ohio, hands-down," Riehle said. "I cannot imagine anyone doing more than Anna to help people with developmental disabilities stay employed."

Meloy says that seeing the enthusiasm, confidence and growth in her employees motivates her to go the extra mile.

"Knowing that I am showing the medical center and the community the value that a person with a disability brings to an organization is why I am so motivated in my work. I hope one day to say that every department at Cincinnati Children's employees a person with a disability."

2021 Awards and Recognitions



B. Robison-Sporck Outstanding Nursing Award

Melissa Minges, BSN, RN III, CPLC



March of Dimes Ohio Nursing Leadership Award, 20+ Years

Nicole Boswell



Medical Assistant Anchor Award

Nicole Schmits



Susan R. Allen Excellence in Nursing Leadership Award

Jodi Owens, BSN, RNII, A7C



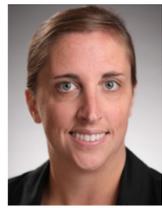
Behavioral Health Specialist Performance Recognition Award

Bryan Kew



Carol McKenzie Award for Excellence in Advanced Practice Nursing

Jodi Jacobs, MSN, APRN, CPNP



University of Cincinnati College of Nursing Florence Nightingale Award

Lindsey Justice, DNP, APRN, CPNP-AC



Managing Success Award

Susan Wade-Murphy, MSN, RN, NEA-BC



Ann Brandner Award (Social Work)

Beth Hutson



Eubanks Zenith Award (Respiratory Care)

Jacey Simpson



Ruth Lyons Award of Excellence in Child Life & Integrative Care

Nancy Bloemer, Licensed Massage Therapist



Cole-Montgomery Award (Health Unit Coordinator)

Mia Phillips



Mount St Joseph University Nursing Leadership Award

Susan Wade-Murphy, MSN, RN, NEA-BC



YWCA Rising Star Leadership Program

Angela Saunders, MS, RRT-NPS (left)
Erin Sandfoss, MSN, BSN (right)



Cincinnati USA Regional Chamber Building Cultural Competence Leadership Program

Tonya Ross, MHA, BSN, RN
Erin Riehle, MSN, BSN, NEA-BC, CESP (pictured above)



March of Dimes Ohio Nursing Leadership Award, 0-5 Years

Hannah Morgan

Carolyn Stoll Nursing Research Fund Award (see page 33)

Juli Sublett-Smith, MSN, APRN, CNP
Amy Florez DNP, APRN, CPNP-AC



2021 DAISY Recipients

January: Karly Schmidt, Bone Marrow Transplant

February: Ann Barlow, Liberty Same Day Surgery

March: Casey Ochs, General Pediatrics

April: Kelly Dugan, Hematology/Oncology

May: Chris Smith, Pediatric Intensive Care Unit

June: Kate Steffen, Newborn Intensive Care Unit

July: Christina Doukas, Advanced Practice Providers

August: Alicia Studer, Transitional Care Center

September: Caroline Whelan, Transitional Care Center

October: Abby Dickerson, LA4-2

November: Taylor Pramuk, Surgical Short Stay

December: Maggie Gallenstein, Surgical Short Stay

Daisy Leadership Award

April: Julie Elfers, RNII, Liver Transplant (below)

October: Tina Fettig, BSN, RN, Clinical Manager, Pediatric Intensive Care Unit



Sunflower Award (Respiratory Care) Recipients

January: Jacey Simpson

February: Sarah Davis

March: Denise Barnet

April: Ryan Gillette

May: Joe Oeling

June: Megan Porter

July: Tonia Garrett

August: Aaron Sumlia

September: Heidi Imler

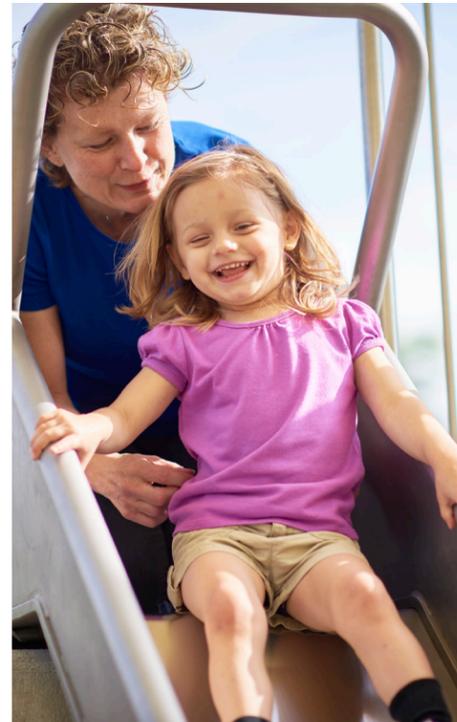
October: Brittany Powers

November: Ryan Gillette

December: Mary White



HOSPITAL FACTS AND FIGURES 2021	
Number of beds licensed	622
Number of outpatient visits	1,336,660
Number of admissions	28,211
Total patient encounters	1,489,985
Number of RN full-time employees	3,370
RN skill mix	90.3%
RN turnover rate	13.71%
RN vacancy rate	9.59%

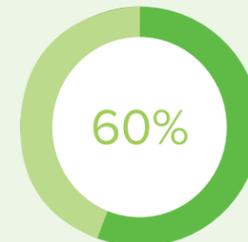


Nursing & Allied Health Continuing Education

RN PROFESSIONAL DEVELOPMENT



Percentage of certified direct care RNs



Percentage of certified RNs serving in leadership positions (Clinical Director and above)



Percentage of certified RNs serving in leadership positions (AVP and above)

2,212 Total number of RNs who have nationally recognized certification

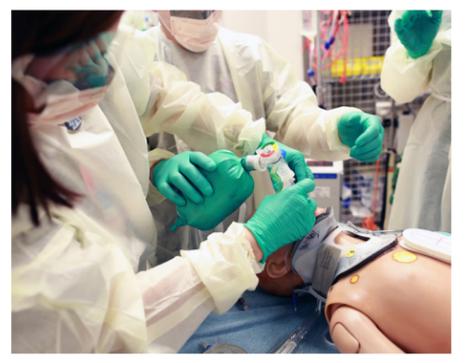
NURSING GRAND ROUNDS

- 13** Number of Nursing Grand Rounds live presentations
- 926** Number of RNs who attended Nursing Grand Rounds live stream
- 4,398** Number of nurses who watched recorded Nursing Grand Rounds
- 5,324** Total Nursing Grand Round attendance Nursing Grand Rounds



STUDENT INFORMATION

- 255** Undergrad cohort groups
 - 1,779** Undergrad students completing clinicals
 - 323** Graduate students completing clinicals
 - 329** Allied Health students completing clinicals
- 2,754** Total students in patient services



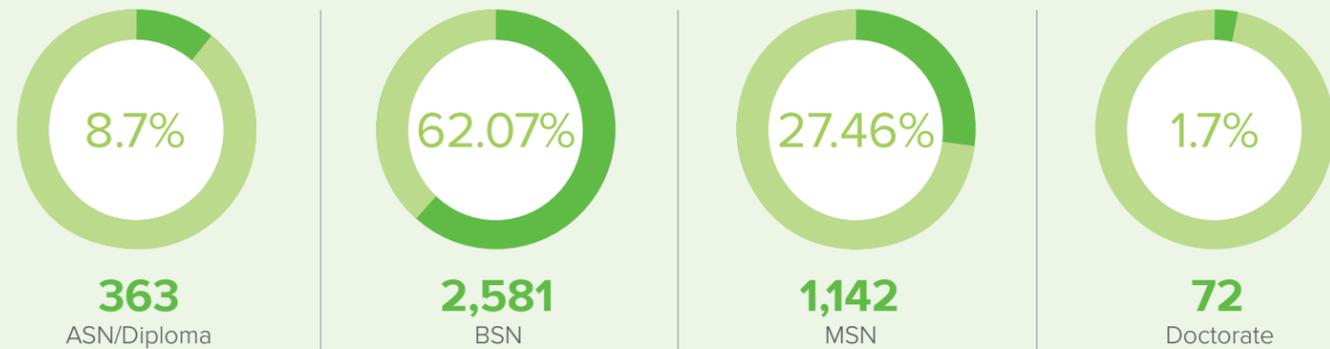


NUMBER OF EMPLOYEES WHO RECEIVED NURSING DEGREES IN 2021



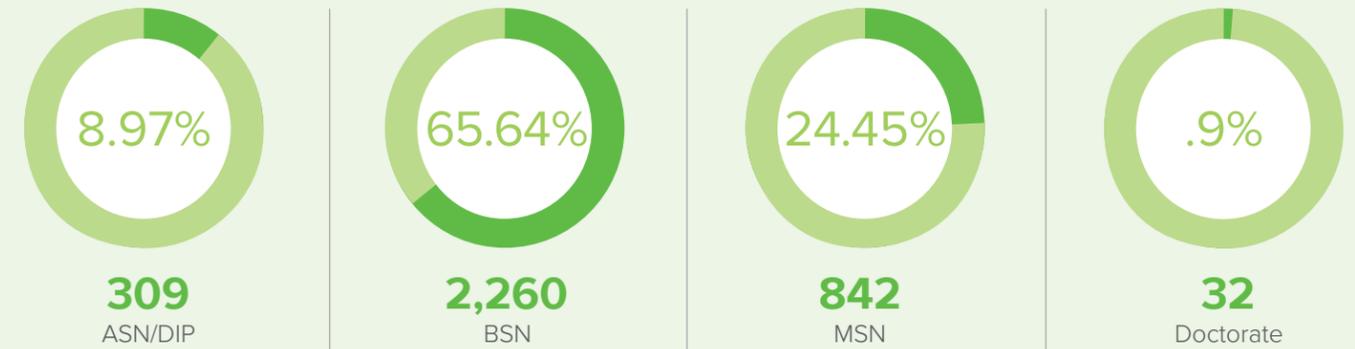
42	ASN/Diploma
300	BSN
81	MSN
2	Doctorate
447	Total

HIGHEST NURSING DEGREES OVERALL FOR RNS



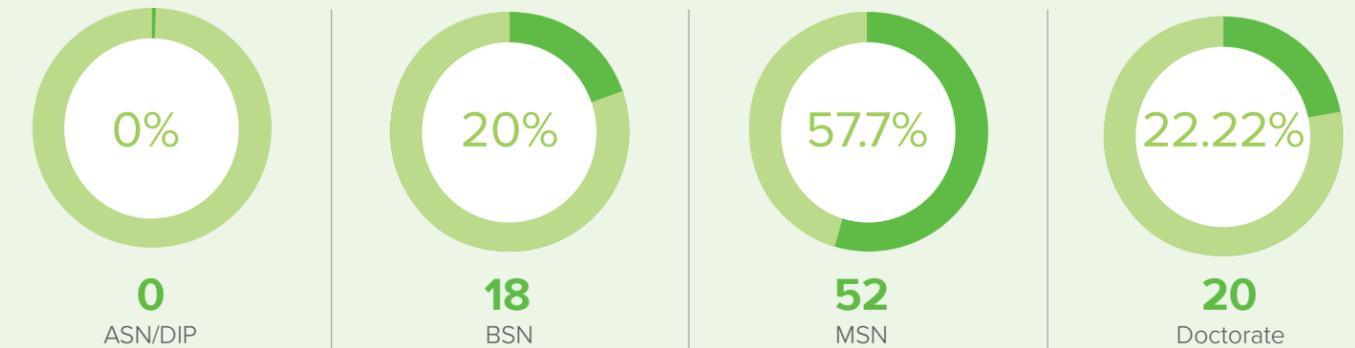
Total **4,158**

HIGHEST NURSING DEGREE FOR RNS PROVIDING DIRECT CARE



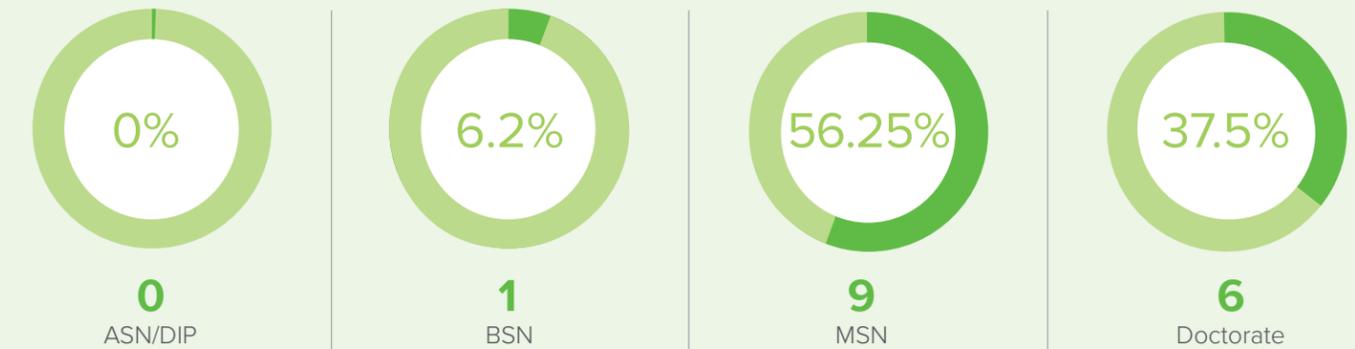
Total **3,443**

HIGHEST NURSING DEGREE OVERALL FOR RNS IN LEADERSHIP POSITIONS (Clinical Director and above)



Total **90**

HIGHEST NURSING DEGREE OVERALL FOR RNS IN LEADERSHIP POSITIONS (AVP and above)



Total **16**



The 2021 Carolyn Stoll Nursing Fund Grants (a total of \$5,000) went to two APRNs in the Heart Institute. The fund was established in 1990 to honor Carolyn Stoll, the Nursing Vice President from 1982 to 1990 whose progressive model of care incorporated nursing research, shared governance, clinical advancement, education services and performance improvement. It was her dream to have a research program for nurses at Cincinnati Children's, and this year's recipients are realizing that dream.

Research in Patient Services

Two Nurses Awarded 2021 Carolyn Stoll Nursing Fund Grants

Calculating Risk to Change the Outcome



Juli Sublett-Smith, MSN, APRN, CNP, was granted funding for her research on using a standardized risk assessment tool on pediatric cancer survivors to triage earlier referrals to Cardiology. The St. Jude Cardiovascular Risk Calculator is one such device that predicts the chances of heart failure, ischemic heart disease or stroke in survivors by age 50. Sublett-Smith's project involves correlating those risk scores to various cardiovascular outcomes.

When Gaming Becomes Learning



Amy Florez, DNP, APRN, CPNP-AC, has experience with critically ill pediatric cardiac surgery patients and their high risk for decompensation following cardiac surgery. Frontline clinicians need to be able to recognize early signs of cardiorespiratory compromise and effectively communicate their concerns to the medical team. The Situation Background Assessment and Recommendation tool has become a critical resource for nursing-to-medical-team communication of nurses' concerns about their patients. However, COVID-19 limited patient encounters, which led to reduced bedside teaching and an increasing concern over clinicians' ability to identify the critical signs of distress in this fragile patient population.

Florez' research looks at using virtual reality, which has become a key training tool, to improve frontline nurses' abilities to recognize these early warning signs in their patients. Her plan is to create a VR simulator game that enhances nurse and medical trainee experiences with challenging cases and also allows them to effectively communicate their concerns and findings in order to assure rapid intervention. Another plus to her project is that clinicians are able to learn from their errors in communication and practice in a non-judgmental environment while gaining the experience they need for safe patient care.

RESEARCH IN PATIENT SERVICES 2021	
Faculty	6
Joint appointment faculty	10
Research fellows and post docs	2
Research graduate students	7
Total number of publications	94
Total annual grant award dollars	\$2,755,432

2021 Nationally Recognized Nursing Certifications

Samantha Anderson	Karen Daly	Allison Jerome	Tiffany Riepenhoff
Rachael Andrews	Lizabeth Darrah	Brent Johnstone	Jessica Roach
Tamika Auld	Lauren Delgado	Rachel Jones	Lisa Routt
Renae Ayres	Abby Dickerson	Heidi Jost	Lacey Rudick
Samantha Ballard	Catherine Dierkes	Caitlin Keckeis	Lisa Schaaf
Deborah Ballinger	Gail Draut	Shari Kehres	Amanda Schab
Kara Balzano	Nicole Durkee	Lisa Kohr	Deborah Jean Schlie
Guy Beck	Anna Eastman	Michelle Krone	Brooke Schmelzle
Eileen Bens	Lacey Edwards	Kimberly Kunkel	Katherine Schuckman
Brian Berendts	Olivia Faig	Jessica Kyde	Krishawnda Scott
Jami Block	Katrina Fananapazir	Lyndsey Lang	Stephanie Sedam
Amy Blumling	Gwen Feldhaus	Rachel Leitsinger	Erica Sellmeyer
Charlene Boeckman	Tiffany Fielding	Rebecca Lelii	Katrina Shanesy
Ruth-Anne Bollinger	Lauren Finamore	Catherine Lindh	Kelly Sitterle
Alexis Bollmer	Alexa Fleming	Jessica Lohbeck	Nicole Slomiany
Abigail Brodsky	Danielle Fohl	Meagan Mann	Roddale Smith
Jayne Brower	Adrienne Frazee	Lisa May	Katherine Snyder
Stephanie Brown	Shannon Gerrity	Selena McCormick	Tina Stanley
Katherine Brunck	Sarah Golden	Lindsi Meek	Marissa Strine
Allen Buck	Amy Graber-Pels	McKenna Menees	Tonie Taft
Laura Buckley Greis	Matthew Grace	Katherine Menne	Angie Thomure
Kelly Burns	McKenzie Grace	Amanda Miklavcic	Sarah-Ross Tolin
Maria Caldwell	Melanie Grynsztejn-Lampl	Casey Miller	Jonna Townsend
Nicole Cameron	Jill Guilfoile	Hillary Miniard	Ashley Tyree
Jennifer Carey	Rachel Gupton	Sally Muskett	Stephanie Vandygriff
Kimberly Carpenter	Patricia Haas	Alexandra OToole	Janet Visco
Samantha Carter	Johanna Haegele	Morgan Peterman	Sarah Vitolo
Judith Coeling	Faye Hamilton	Kourtney Pickens	Amber Wagner
Daniel Cohen	Danielle Hartoin	Ananda Pienaar	Maureen Walk
Hollie Collins	Jessica Harvey	Bailey Ramsay	Seth Watson
Marci Conroy	Ellen Heidemann	Kathryn Rasche	Emily Weghorst
Diana Contreras Mondragon	Emily Helferich	Rachael Raskin	Trisha Wendling
Siobhan Cooper	Katherine Hilligoss	Suzanne Reichert	Kelly Wenning
Molly Corum	Caitlin Homanick	Ruth Retzinger	Jennifer Wilkey
Caitlin Couch	Pamela Huffaker	Ronnell Rhoden	Urszula Winkiewicz
Olivia Crowder	Stephen Janssen	Barbara Rhymer	Carolyn Winner

CINNATCHILDRENS.ORG

