

# NURSING

Annual Report | 2019



Children's Mercy

LOVE WILL.

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## Strategic planning, alignment, collaboration and problem-solving

Dear Friends, Colleagues and Associates,

It is with great pride and sincere gratitude that we share our Children's Mercy Kansas City's Nursing Report. Our achievements and accomplishments reflect the results of effective strategic planning, alignment, collaboration and problem-solving that focused on:

- Elevating our academic and professional profile
- Improving our clinical outcomes
- Creating a culture that values curiosity, innovation and research
- Sustaining a healthy practice environment

We will share stories that capture the extraordinary care and compassion our nursing staff provide to our patients every day...care that is evidenced-based, patient and family-centered, interdisciplinary, and care that reflects the characteristics and attributes of our Professional Practice Model. Stories also demonstrate the significant influence and impact our nurses have had on the practice and science of nursing at a local, regional and national level.

We are committed to advancing the health and well-being of every child in our community. We embrace this challenge with tenacity, conviction, courage and integrity.

Respectfully,



Cheri E. Hunt

Cheri Hunt, MHA, BSN, RN, NEA-BC  
Senior Vice President for Patient Care Services/  
Chief Nursing Officer  
Bernell Hevner O'Donnell, RN Endowed Chair/  
Chief Nursing Officer



## Nursing Vision Statement

The nurses of Children's Mercy are committed to advancing a culture of quality caring that values caring relationships in a professional practice environment. We are nursing leaders in clinical care, education, quality, and research that positively influence the health care of children and families in our local and global communities.

Increased  
2019 on-time  
starts to  
**87%**

## Cardiovascular Operating Room Team Uses Lean Process to Improve On-Time Starts

In the Cardiovascular Operating Room (CVOR) at the Ward Family Heart Center, starting the first case of the day on time is important for the patient, family and staff. But first-case on-time starts in the CVOR from January to August 2017 averaged only 55%.

"We all knew we weren't starting on time and that we needed to improve," said Kelly Fehlhafer, BA, RN, CNOR, Clinical Director, Cardiovascular Operating Room. Then, several members of the CVOR team attended a Lean daily management system metric workshop.

"During the workshop, we had to select a metric for delivery," Fehlhafer said. "Our team chose first-case on-time starts as our delivery metric to align with the hospital's True North, Patient-Centered, Every Action, Every Day."

The team looked at reasons for late case starts, gaining surgeon, anesthesia, perfusion and staff commitment to start on time.

"We discussed delays at huddles and frontline staff implemented changes in preparing for the first case of the day to prevent recurrence," Fehlhafer said. "When delays did occur, leadership discussed the reasons with associated disciplines and developed a plan to eliminate barriers."

Some of the changes implemented included physician meetings ending on time, anesthesia setting the room up before meetings, and proactive timing of sedation.

During the process, the team focused on improved communication, and Fehlhafer shared data showing

results, highlighting successes and areas for improvement, and asking for commitment to achieve the goal. A CVOR Daily Metrics board also served as a visible reminder of the team's progress.

By leveraging the Children's Mercy Lean System and looking at metrics frequently, the team was able to identify and address the problems that had previously been barriers to first-case on-time starts.

With the goal of 85% on-time starts for first cases of the day for FY 2019, the CVOR team ended that fiscal year with 87% of the first cases of the day starting on time. Based on that success, the team moved the goal for FY 2020 to 87% on-time starts, which they have achieved for the first half of the fiscal year. They are now focused on improving on-time starts for all cases to align with the organization's goals for FY 2020.

Fehlhafer attributes the initiative's success to the staff's willingness to talk about start times every day, and to dive into the causes for delays weekly.

"The CVOR nursing staff was empowered and given the professional autonomy to initiate collaboration to improve on-time starts within their own team, as well as with other disciplines. This was the driving force behind the success of the metric," Fehlhafer said. "Our team worked hard to make sure we got everyone in the room so we could start on schedule, which translates to timely and efficient care for our patients and their families."



## Lean's Situation-Target-Proposal Program Encourages Solutions from Frontline Staff

When Perioperative Services decided to implement Lean's Situation-Target-Proposal program, or STP, in 2016, the goal was to engage the 500 nurses, anesthesia, surgeons and other team members throughout the department to have a voice in improvement.

"We all know that frontline staff have the best ideas," said Kelly Stamps, MSN, RN, CNOR, Director of Nursing, Operating Room. "The STP program empowers collaboration, problem-solving and change, fostering a patient-centered culture throughout the organization."

According to Henry Parente, CSSBB, Operational Excellence Director for Perioperative Services, STP is more than a suggestion program.

"STP encourages staff to ask, 'What can I do better every day?'" Parente said. The process uses a simple problem-solving framework: define the problem (situation), identify what should happen (target), and describe

how it should be done (proposal). Some ideas involve basic changes, others are more complex challenges to put into practice.

The STP program is managed visually using a dedicated board in a common area for all staff to see.

Staff members submit ideas for improvement, then a team of frontline nurses collaborates and utilizes a "pick" chart to classify the idea based on its level of difficulty and impact. All ideas are valued, and the individual who submitted the idea receives feedback.

If the idea is chosen for implementation, the team coaches the individual on how to cultivate their idea to successful completion. In the end, STP helps the individual who submitted the idea gain new leadership skills, while implementing a valued change and further strengthening the culture of the organization.

The board serves as a visible roadmap to track each idea's progress toward improvement.

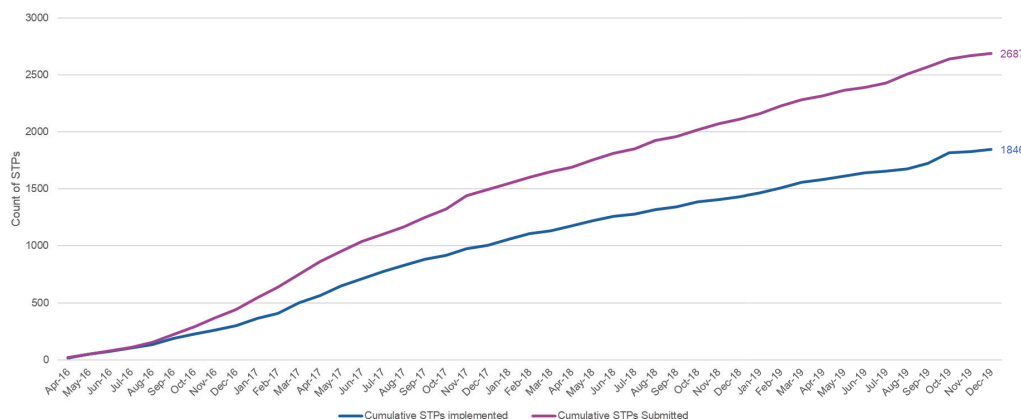
"Together, these ideas make a big impact on the services we provide at Children's Mercy," Parente said. And the Perioperative Services team has had a lot of ideas! In fiscal year 2017, the department's goal was to implement 500 STPs.

"We wanted each of the 500 Perioperative Services team members to contribute at least one idea," Parente said. "That first year 1,038 ideas were submitted, and we implemented 722."

In 2017, the team's goal was to implement 250 STPs related to safety within perioperative services; 252 were implemented. Now over four years into the process, more than 2,654 ideas have been submitted and more than 1,800 implemented. The team even celebrated its success with an STP party (soda, treats and popcorn).

"It's been exciting for our staff to see their ideas come to life and be a part of the solutions," Stamps added. "Our staff is definitely more engaged. Solution-based thinking empowers them as nurses to make changes in our practice on behalf of our patients, and our staff."

### Cumulative STPs







Brittnei McCoy, BSN, RN  
Surgery Clinic Staff Nurse

**Nurses and APRNs are performing top-of-scope work, contributing to reduced nursing staff turnover, increased APRN utilization, and improved nursing satisfaction scores.**



## Lean Methodology Improves Urology Clinic Patient Access

Only 24 months ago, patients were waiting up to 90 days to see a provider in the Children's Mercy Urology Clinic. Then once there, often waited another two hours for a 10-minute appointment.

The result was across-the-board dissatisfaction. Not only were patients and families unhappy with the long wait times, but Urology Clinic staff, especially nurses, were unhappy.

"Nurses on the front lines described feeling helpless," said Erin Erkmann Polak, MSN, RN, CPN, FNP-BC, Service Line Director for General Surgery, Gynecology, Neurosurgery, Plastic Surgery and Urology.

"Parents would call distraught because their kids were having issues with wetting, but nurses couldn't help these families get in sooner. When clinics were overbooked, patients waited for hours in the waiting room. Nurse distress caused by an access problem, led to turnover and nurses not working at top of scope."

Erin and Julie Locascio, BSN, RN, CPN, Nurse Manager, Surgery/Urology Clinics, were new to their positions when they decided to tackle patient waiting times head-on using Lean methodology.

They started by working with Organizational Development, Process Improvement and the Contact Center to identify the interconnecting issues contributing to lack of patient access. Then they developed a plan to address a cascade of problems.

Using Lean problem-solving techniques gave Erin and Julie a structure to follow as they looked at the root cause of the Urology Clinic's scheduling, retention and satisfaction issues.

Their initial assessment revealed there were 52 secondary appointment types in their scheduling template, making it very difficult for the Contact Center to triage and schedule patients.

"Because of our lengthy wait times, nursing was doing a lot of the triaging and scheduling over the phone, as well as trying to answer families' questions before they could be seen," Erin explained. "Nurses became frustrated because they were spending all their time on the phone."

After some research, the team also found that all the different appointment types were unnecessary; the average time providers spent in the room face-to-face with the patient was 20 minutes, despite the diagnosis.

"Seeing the data changed everyone's minds," Julie said.

"The nursing staff, advanced practice providers and physicians were all engaged. They wanted to improve this situation for our patients and staff."

Their detailed plan involved:

- Streamlined scheduling, reducing secondary appointment types from 52 to 26. Appointment times were standardized to 20 minutes. This allowed the Contact Center to take over scheduling, freeing nurses to perform top-of-scope work.
- Monthly, hour-long nursing educational sessions, which grew out of a nursing education gap analysis, focused on symptoms and issues related to different urologic diagnoses. Led by surgeons and APRNs, these sessions gave nurses the knowledge to interact with patient families, and confidence in their recommendations. This freed the APRNs to be able to see additional patients, instead of completing work that was appropriate for an RN.
- Additional APRN Clinics were added to improve access, freeing up time for the physicians to spend with surgical patients.
- Daily readiness huddles and metrics boards tracked the team's progress toward goal.

The results of the team's hard work included:

- Better access for patients and families thanks to centralized scheduling—appointment wait times are down from 90 days 24 months ago, to 10 days or less today, based on third-appointment availability.
- Nurses and APRNs are performing top-of-scope work, contributing to reduced nursing staff turnover, increased APRN utilization, and improved nursing satisfaction scores.
- Greater collaboration among all staff has resulted in improved trust between team members.

"What initially seemed like an impossible task became possible with participation from all the right team members," Erin said.

Julie agreed. "This effort has had a huge impact for the Urology Clinic, allowing our nurses to provide better, more timely care for our patients, and elevating their scope of practice."



## Accreditation Demonstrates Hospital's Commitment to Nurse Residency Program

In 2018, the Nurse Residency Program at Children's Mercy Kansas City had the distinction of becoming the first program in either Missouri or Kansas accredited as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation. The program is the 36th in the nation to receive accreditation.

"Accreditation means we take continuous improvement seriously and are committed to quality practice transition education for our nurses," said Amber Hunley, MSN, RN-BC, Nurse Residency Program Manager, Patient Care Services.

ANCC standards provide a powerful, global benchmark so that the hospital can continually self-assess and identify ways to strengthen its practice transition program. But what makes the Children's Mercy program such a stand out?

Each year, the hospital hires approximately 120 new nursing graduates. To ensure each graduate successfully transitions to their professional work environment, as well as the changes that accompany life beyond the classroom, the hospital developed this unique 12-month nurse residency program.

During their first year of employment, the program works with nurse residents by providing continuing education, hands-on learning experiences, support and opportunities to network with other newly licensed nurses.

The program familiarizes nurse residents with the Children's Mercy mission, goals and performance expectations. It also provides area-

specific support and education from the unit-based education coordinators.

During unit orientation, each nurse is paired with an experienced RN. The nurse residency program manager and coordinator also serve as mentors throughout the resident's first year of practice.

"Four-hour monthly sessions are an opportunity for our new nurses to tell us what they need help with, to build relationships with their fellow nurse residents, and to learn from speakers on a variety of topics, including time management, ethics, conflict resolution and critical thinking, among many others," Hunley said.

During the last half of their residency, the nurses complete a quality improvement project with assistance from tenured nurses who mentor the new graduates through this process. The program also introduces them to Lean principles, as well as evidence-based practice.

After 12 months, the new graduates present their projects at a special graduation celebration where they also receive a commemorative gift and a certificate of completion.

Since the program began in 2015, the completion/retention rate for the nurse residents at Children's Mercy is approximately 95%, far above national retention rates for new nurse graduates, often cited at 80 to 85% based on an article published in 2014 in *Policy, Politics and Nursing Practice*.

"Children's Mercy invests in its new graduates and it shows," Hunley said. "Staff are better engaged and more satisfied, and that translates to better care for our patients at Children's Mercy."



## Valerie Waddell: Reducing Radiation Exposure in Pediatric Trauma Patients

Valerie Waddell, DNP, RN, CPNP-AC, Trauma Program Manager, became interested in nursing as a high school student, but she never could have imagined the long-term impact her research would have for pediatric trauma patients.

After completing her bachelor of science in nursing at Morningside College in Sioux City, Iowa, and working for a few years, Waddell returned to school to pursue her master's degree in nursing at Creighton University, Omaha, Neb. She completed her doctorate as a nurse practitioner in 2017, also at Creighton.

"I wanted to earn my doctorate in order to be able to do research, and move into a leadership role in my career," Waddell said.

And she's done both. As the trauma program manager at the Children's Mercy Adele Hall campus, Waddell's position is focused on the regulatory side of trauma, ensuring the hospital complies with accreditation standards from the American College of Surgeons and meets benchmarking standards.

But she's also been able to pursue her research goal, working on a quality improvement project focused on reducing the amount of radiation exposure in pediatric trauma patients 5 years old and older in relation to cervical spine clearance.

"I noticed that we were doing a lot of C-spine imaging on kids," Waddell said. That motivated her to conduct a retrospective chart review to assess radiation exposure in pediatric patients requiring evaluation for cervical spine clearance.



Valerie Waddell, DNP, RN, CPNP-AC, Trauma Program Manager

As part of this effort, surgical staff and emergency department physicians received education on the risks related to pediatric radiation exposure, and information related to the hospital's diagnostic trends for cervical spine clearance.

An algorithm was then developed to assist with determining the necessary imaging study for cervical spine clearance. Radiation exposure was monitored following initial education and use of the algorithm to determine its effect on radiation exposure.

The retrospective chart review identified cervical spine computed tomography (CT) was performed in 34% of pediatric trauma patients, with an average radiation exposure of 3.5 mSv.

Following education and introduction of the algorithm, only 18% of these

patients underwent CTs for cervical spine clearance, with an average radiation exposure of 3.2 mSv. This represented a 47% decrease in the use of CT.

Waddell presented her research in 2017 at the Pediatric Trauma Society, then published it in the *Journal of Trauma Nursing*.

"Reducing radiation exposure in pediatric patients is on the cutting edge of trauma care in the nation," Waddell said. "It's good to know that we've had an impact on patient care, reducing kids' exposure to radiation, and ultimately their lifetime risk for cancer."

## Children's Mercy Nurses Are Redefining Antibiotic Stewardship

“  
Our bedside  
nurses have  
important roles  
in antibiotic  
optimization...”

— Elizabeth Monsees, PhD, MBA, RN, CIC, FAPIC  
Antibiotic Stewardship Program Manager

A little more than a decade ago, Children's Mercy was one of the first pediatric hospitals in the nation to take an important step toward better patient care by creating an Antibiotic Stewardship Program utilizing the expertise of an infectious disease physician and a pharmacist.

Fast forward to today and once again, Children's Mercy is leading the way. Organizations, such as the American Nurses Association and the Centers for Disease Control, are calling for nurses to take a greater role in antibiotic stewardship.

Elizabeth Monsees, PhD, MBA, RN, CIC, FAPIC, Antibiotic Stewardship Program Manager and Senior PCS Researcher, served on the workgroup which created a white paper from the ANA/CDC on redefining the antibiotic stewardship team.

The paper's purpose was to inform registered nurses in the U.S. about the problem of antibiotic resistance, and to facilitate an expanded and clearly recognized role in hospital antibiotic stewardship programs.

"I was very fortunate to be invited to participate with this group," Monsees said. "Thanks to support from our nursing administration, I am probably one of the few nurses in the country whose position is dedicated to antibiotic stewardship."

At Children's Mercy, a pharmacist monitors a list of antibiotics daily, consulting infectious diseases to determine whether these drugs are necessary, could be switched to a different drug, or if there is a better way to optimize therapy. Monsees works with the team, and is helping to broaden the program's reach to nursing.

"Thanks to the hospital's support,

frontline nurses are taking a more active role in this issue, making sure we meet the standards which have been established by professional and accrediting agencies," she said.

Monsees also sees the hospital's nurses as innovators in antibiotic stewardship. "Our bedside nurses have important roles in antibiotic optimization, including obtaining appropriate cultures prior to initiation of antibiotics, timely administration, monitoring antibiotic therapy for adverse effects and collaborating with our pharmacy and provider colleagues to consider bioavailable options," she said.

Despite these activities being in their scope of practice, the impact of nursing's contribution is understudied, but Monsees is changing that, too.

She has helped co-author three important papers examining nursing's role in antibiotic stewardship. Two were published in the American Journal of Infection Control and the third was published in Infection Control and Hospital Epidemiology with physician colleagues from Johns Hopkins Hospital and the Agency for Healthcare Research and Quality. And, she recently received a \$40,000 grant to study what nurses need to be successful in relation to antibiotic stewardship. Two Children's Mercy units, along with two other Kansas City area hospitals, are participating in her research.

"This is an opportunity for Children's Mercy nurses to be leaders, to really tell us what works in their practice, and to partner with providers so all disciplines can make an informed decision about the best option for the patient regarding antibiotics."



## Code Strong Addresses Workplace Violence

The number of children with psychiatric illnesses admitted to pediatric hospitals in the United States has increased sharply in the past decade, rising 138% between 2005 and 2014.

With that trend has come an alarming reality—workers in health care settings are four times more likely to be victims of workplace violence than workers in private industry, according to the Occupational Safety and Health Administration.

Unfortunately, Children's Mercy nurses have experienced this trend first-hand. According to Shanon Fucik, MBA, BSN, RN, CPN, NEA-BC, Senior Director Patient Care Resources, injuries to frontline caregivers caused by violent patients prompted the formation of a multidisciplinary team charged with developing a formal policy to address the problem.

Fucik and Sue Stamm, MSN, RN, CPNP, CPON, Senior Director Nursing, Hematology/Oncology Services, were assigned to lead the Behavioral Escalation Work Group. To accomplish the task, they used Lean methodology, including a rapid improvement workshop, standard work for team members and visual job aids.

"Before we began this initiative in March 2018, Children's Mercy did not have a formalized process for providing support to staff taking care of violent behavioral/mental health patients in the inpatient setting," Fucik said.

Team members decided to call a potentially violent patient incident "Code Strong," and developed the criteria for activating an intervention on the inpatient units at the Adele Hall campus.

Basically, whenever a patient threatens violence against the staff, themselves, or another patient, any staff member can call a Code Strong by dialing 111 from any phone. Interprofessional responders include security, hospital shift supervisors, a physician, department director, charge nurse, social work, pharmacy, hospitalist and psychiatrist.

The Behavioral Escalation Work Group also implemented a purple "go bag." The bag includes cut/bite/scratch-resistant sleeves and padded arm guards to be worn by the employee responding to the incident; and spit sock hoods to be worn by the patient to prevent spitting on staff.

Before going live, all inpatient nurses received mandatory training and the team performed a Code Strong simulation/response for Cheri Hunt, MHA, BSN, RN, NEA-BC, Senior Vice President for Patient Care

Services/Chief Nursing Officer, and two board members.

"Cheri was very supportive of any resources we needed to ensure staff and patient safety, including allowing me to devote my time and energy to this project," Fucik said.

On Aug. 1, 2018, Code Strong went live, and it's working. Though several codes have been called to date, no staff have been injured during the process.

The team also is using a survey to debrief responders by asking a series of questions designed to help improve the process. And, as Code Strong is implemented and used, the team is anticipating how it can be helpful at other Children's Mercy sites, Fucik said.

"Right now, we only use Code Strong at the Adele Hall campus, but we are looking at how to expand this to our other campuses and services."



Members of the Behavioral Escalation Workgroup  
From left to right: Mindy Schneider, MSW, LSCSW, ACM-SW, Care Management; Deanna Porter, MSN, RN, CPN, 6 Henson Department Director; and Ashley Daly, MD, Hospital Medicine



**I wanted to understand the full context of who we are treating and how each person differs from the next.”**

– Stephani Stancil, PhD, RN, FNP-BC  
Nurse Practitioner, Adolescent Medicine

## Dr. Stancil is 1 in 3 Million!

**T**here are more than 3 million nurses in the United States, but only 30,000 have earned a doctorate, primarily in nursing.

Of those, fewer than a dozen nurses nationally have earned a doctorate in pharmacology, and only one, Stephani Stancil, PhD, RN, FNP-BC, Advanced Practice RN III, Adolescent Medicine, is known to have completed a clinical pharmacology fellowship.

That makes Dr. Stancil 1 in 3 million, literally.

As a board-certified family nurse practitioner, Dr. Stancil serves as the sole provider in an innovative clinic that cares for disadvantaged teens. She integrates research, evidence-based practice and novel strategies to influence care delivery of adolescent medicine, and promote health and wellness with a holistic approach.

And while she loves being a nurse, she has always been interested in medications, dosages and side effects, so she found a way to combine her passions for both.

While working in Adolescent Medicine, she completed her doctorate in pharmacology at the University of Missouri-Kansas City. But Dr. Stancil didn't stop there. She applied for and was accepted as the first nurse clinician-scientist in the Children's Mercy Clinical Pharmacology Fellowship program, one of only three NIH-funded and American Board of Clinical Pharmacology accredited clinical pharmacology programs in the country.

"I wanted to understand the full context of who we are treating and how each person differs from the next," Dr. Stancil said. "I wanted to study and answer questions about individualized treatment. As a nurse practitioner, these questions were important to me."

And that's just what she's doing at Children's Mercy.

Through her collaborative work with clinical pharmacology, Dr. Stancil has led the implementation of pharmacogenomic testing in adolescent medicine, expanding clinical information to guide selection of the most effective treatments and improve patient outcomes.

In fact, Dr. Stancil credits her training as a family nurse practitioner and clinical practice with the adolescent population with providing her fellowship research focus—understanding the use of naltrexone in the treatment of eating disorders in adolescents.

An old, established drug used to treat addiction, naltrexone also is prescribed off-label for a number of other conditions. But the unknowns in its off-label use are many. Dr. Stancil is searching for answers to questions related to the use of naltrexone for eating disorders.

"I hope my work will lead to an understanding of who will benefit from naltrexone and who won't, why it works for some and not for others, so we can reduce some of the trial and error," she said. "The goal is to provide better data to make treatment decisions."

And though she's 1 in 3 million today, Dr. Stancil hopes soon she'll have company from other Children's Mercy nurses who also are inspired to take advantage of the strong culture of growth and development at the hospital.

"If you have a passion for something and an image of what you hope to accomplish, follow that passion, even if the path isn't visible or doesn't yet exist," Dr. Stancil said. "Find the people who can help open doors for you, create the path and then support those who follow."





Stephani Stancil, PhD, RN, FNP-BC, Nurse Practitioner, Adolescent Medicine, recently received the 2019 National Magnet Nurse of the Year Award for Exemplary Professional Practice from the American Nurses Credentialing Center (ANCC).



“

**Our frontline nurses really helped us think through how this would work here so that we could improve our urgent care patient flow process.”**

– Angie Black, MSN, RN, CPNP-PC, CPN  
Senior Director of Emergency  
Nursing Services

## Save My Spot Online Reservation System Improves Urgent Care Patient Flow

With three facilities located throughout the metro, Children’s Mercy Urgent Care provided nearly 85,000 patient encounters in 2016 for everything from ear pain to lacerations. And though most families gave the service high marks for the care they received, they often commented that their wait times were too long.

“We were busiest during the first hour we opened, and just before closing, creating a bottleneck for our patients and families that started their experience off on the wrong foot,” said Angie Black, MSN, RN, CPNP-PC, CPN, Senior Director of Emergency Nursing Services.

So when Katie Taff, MBA, MHA, CPXP, Director of Patient and Family Engagement, and Jennifer Johnson, MD, Director, Division of Urgent Care, approached the Urgent Care team with a possible software solution to the wait-time dilemma, the team wanted to learn more.

“What this software touted was that families could save their spot in line, waiting at home versus in our waiting room,” Black said. “Technically, it isn’t an appointment, it’s an online reservation.”

The software also could be used to better communicate wait times to families, and could level the patient load in the department, adjusting for patient demand and staffing.

After seeing the software in action, the Urgent Care Steering Committee decided to move forward with implementing the custom mobile web-based software, but first they asked for input from nursing staff.

“Our frontline nurses really helped us think through how this would work here so that we could improve our

urgent care patient flow process,” Black said. Black also gives Katie Chaney, the patient access representative for Urgent Care, credit for working through the application’s logistics.

With support from this collaborative team, Urgent Care launched Save My Spot in September 2017, nearly a year after first being introduced to the concept.

In FY 2019, 33,104 patient visits were reserved online using Save My Spot, accounting for approximately 36.4% of all urgent care visits.

Now, Save My Spot is making a difference for urgent care patients, families and staff.

“Our patient access representatives report that families are much less anxious in the waiting room since we began using this software,” Black said. Providers also are having improved interactions with families.

“Families are less stressed and frustrated, which means providers can focus on the reason they are here, not on service recovery,” Black added.

But most importantly, Save My Spot gives families more control over their time, improving their overall experience. Even Black had to use it recently when one of her sons had a scooter accident and sprained his wrist.

“I have to admit, we had never used Save My Spot before, but we saved our spot, waited at home, and literally were on our way an hour after we checked in,” Black said. “It was very convenient.”

## Magnet™ Prize Funds CHAMP® App Expansion

In 2014, Children's Mercy implemented a cardiac high-acuity monitoring program, better known as CHAMP. The tablet-based, caregiver-driven monitoring program was designed to improve communication and patient monitoring for babies diagnosed with single ventricle cardiac diseases, a challenging diagnosis requiring three surgeries between birth and age 3 to reconstruct the child's heart and circulatory system.

Though the staged surgeries can successfully repair the defect, traditionally there has been a 25% mortality rate for these children between their first and second operations. Hospitalizing them long term between surgeries isn't an ideal option for families or providers, and monitoring them at home has been a challenge. But this innovative app developed at Children's Mercy is meeting the challenge.

Data collected in the patient's home via CHAMP is uploaded to a secure cloud-based system, and is available through a web portal to the team. The app even notifies team members when key indicators fall outside pre-determined parameters, expediting intervention.

After more than four years, CHAMP has drastically changed at-home care for these patients, improving survival, and quality of life. In fact, at-home mortality for Children's Mercy patients decreased from nearly 20% in 2012, to only 2.4% since implementation in 2014.

Recognizing this innovative technology and the role nursing played in its development, the American Nurses Credentialing Center awarded its prestigious Magnet™ prize to the CHAMP app in 2016. The \$50,000 award from the ANCC is

sponsored by Cerner, and only one recipient is selected each year.

According to Lori Erickson, MSN, RN, CPNP-PC, Nurse Practitioner and CHAMP Clinical Program Manager, the Magnet award made it possible to pay for and provide in-person training for nursing team members from seven of the eight partner hospitals using CHAMP.

"After training our first partner site, Seattle Children's Hospital, it became clear that in-person training with both nurses and the monitoring physicians would be key to the successful adoption of CHAMP at other sites," Erickson said. "We have used the ANCC Magnet Prize to reimburse the consecutive partner sites' nurses for travel to train with us at Children's Mercy."

In addition to Seattle, other sites have included Cincinnati Children's, West Virginia University Hospital, Arkansas Children's Hospital, Primary Children's Hospital, Cook Children's Hospital, Nationwide Children's Hospital, Children's National Hospital and Texas Children's Hospital.

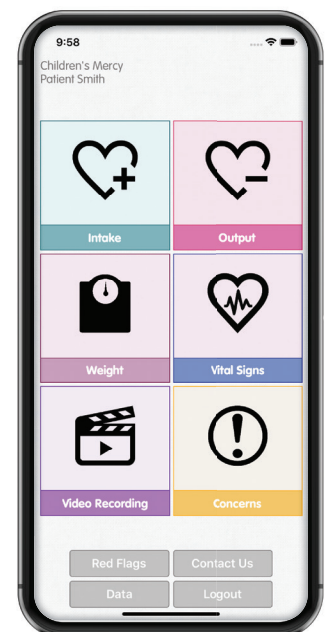
"An added bonus is that we have developed relationships with frontline nursing team members at other sites, creating a nationwide network of single ventricle nurses," Erickson said.

In addition to training, the Magnet prize funds have been used to:

- Implement a pilot research study for a developmental application, BabySparks, that focuses on daily developmental goals for children with congenital heart disease.
- Fund a library of support materials for families of these infants in collaboration with the THRIVE team.

- Provide heart beads to commemorate each step in the child's care journey.
- Provide cards documenting developmental milestones, such as the child's first car ride or the removal of their breathing tube.
- Purchase equipment for Children's Mercy Child Life, including developmental sit-me-up chairs and mama-roos.
- Recognize each child's transition to the next phase of care with graduation certificates, commemorative books, graduation caps and celebrations.

"The Magnet Prize made it possible to provide all the little things that add up to big results for our partner hospitals, and patient families," Erickson said. "We cannot thank the ANCC enough for supporting CHAMP."





In 2017, Children's Mercy became the first Maternal Fetal Transport Program in the region, serving the Kansas City Metropolitan area, Western Missouri and Eastern Kansas.

Kerri Marshall, BSN, RNC-OB  
Perinatal Transport Nurse





## Nursing-Led Initiative Makes Maternal Fetal Transport a Reality

**W**hen Children's Mercy opened the Elizabeth J. Ferrell Fetal Health Center in 2010, it was one of the first five pediatric hospitals in the nation to offer the care necessary before, during and after delivery so healthy moms could give birth to their high-risk infants in an environment where they could stay together.

But as the Fetal Health Center continued to evolve, requests from referral hospitals throughout Missouri and Kansas increased. Unfortunately there was no transport program in the region prepared to care for both mother and fetus.

Recognizing the need for a highly specialized transport service, Sherry McCool, MHA, RRT-NPS, CMTE, Director of Critical Care Transport, and Melanie Foltz, MSN, RN, NE-BC, Director of Fetal Health Services, approached the hospital's executive leadership team with a strategic plan to develop and implement a maternal fetal transport program.

"Research shows that outcomes are better if infants can be delivered at an appropriately equipped hospital, thus eliminating the need for transport after birth," Foltz said.

They proposed a team comprised of the most experienced OB/neonatal transport personnel who would utilize state-of-the-art equipment and transport vehicles to provide their patients with the safest possible out-of-hospital care.

"Our goal was to safely take both mother and fetus to the hospital where mom would deliver, keeping them together," McCool said. In some cases, that might be the Fetal Health Center, but some of these patients would be transported to other facilities.

The configuration of the maternal fetal transport team was extremely important. Experienced OB nurses were

needed to care for the mother, and in the event that a delivery occurred during transport, or the mother was too unstable and needed to deliver at the referral hospital, it was paramount that skilled professionals in neonatal critical care transport be present to achieve the best possible outcomes.

Training the team was equally critical and occurred over a one-year period. The OB nurses spent months writing protocols, practicing simulations, shadowing the critical care transport teams, orienting to the modes of transport (ambulances, helicopters and airplanes), learning safety and survival techniques and completing didactic instruction.

When the program went live in April 2017, the goal was to perform 100 maternal fetal transports within the first year. But the team exceeded all expectations, completing nearly 200 transports in the first 12 months of operation.

Today, thanks to this nursing-led initiative, the Maternal Fetal Transport team brings Children's Mercy to the bedside of these high-risk infants and their healthy mothers, ultimately improving outcomes for infants born in appropriate tertiary care facilities, and most importantly, reducing infant morbidity and mortality.

**200**  
**TRANSPORTS**  
**completed in the first**  
**12 months of operation.**





**It was an incredible undertaking for a very small team to train every bedside nurse in this institution.”**

– Barb Haney, MSN, RNC-NIC, CPNP-AC, FELS  
Clinical Nurse Specialist and co-leader of the AACT

## Central Line Competency Reduces CLABSI Rate

**60** patients hospitalized at Children’s Mercy experienced central line associated bloodstream infections, or CLABSI, in 2016—reaching a concerning 2.63 per 1,000 Central Line Days that October.

According to Susan Burns, MSN, RN, CPN, former Vascular Access Team Nurse Manager and current Clinical Informatics and Practice Manager, this complex problem required a multidisciplinary solution.

“When the Vascular Access Team was created, the theory was that having one team with the expertise to care for central lines would reduce the CLABSI rate, but on most units, the opposite occurred,” Burns said. The team didn’t have the staffing to manage all central lines in a timely manner, leaving nursing staff to do the job and putting patients at risk.

“Over time, because nurses had not been responsible for the maintenance of their patients’ central lines, they had lost that competency,” Burns added. Staff also didn’t have the right supplies on hand to do the job correctly.

“At that point, we stopped to focus on where we could make the biggest difference for our patients, and that was at the bedside,” Burns said.

Burns proposed all clinical nurses acquire the knowledge and skill to change central line dressings,

recognizing they would need to have targeted, comprehensive education to develop a detailed understanding of this complex, multi-step process.

She also explained that the existing kit required nurses to obtain multiple supplies from different patient care areas. Burns proposed working with a vendor to design a new, all-inclusive central line dressing change kit containing all necessary supplies. A job aid would be embedded in the kit, detailing the correct step-by-step procedure.

The All Access Clinical Leadership Team, which is composed of key stakeholders from nursing, medicine, clinical informatics, infection prevention, vascular access team and quality improvement and is accountable to the Executive Vice Presidents and the Board for vascular access practice and outcomes, endorsed her practice recommendations.

From November 2016 to April 2017, the Planning Committee established a multi-faceted approach to ensure central line competency for clinical nurses. The plan included:

- successful completion of an online training module
- participation in a hands-on skills station which simulated the practice setting

- competency validation through successful completion of an independent central line dressing change
- identification and training of super users and learners for each unit
- implementation of the new dressing change kit.


By December 2017, Burns and her team had trained more than 1,000 bedside nurses. To hardwire the skill into nursing professional practice, it was added to the annual competency evaluation and new employee orientation.

“Susan and her team provided exceptional leadership throughout this process,” said Barb Haney, MSN, RNC-NIC, CPNP-AC, FELS, Clinical Nurse Specialist and co-leader of the AACT. “It was an incredible undertaking for a very small team to train every bedside nurse in this institution.”

But their effort has been well worth it. In FY 2019, only 34 patients experienced a CLABSI, with the rate of 1.13 infections per 1,000 Central Line Days.

Going forward, nursing leadership has made competency of this hands-on skill a priority, challenging each unit in 2019 to develop an educational effort that makes sense for their culture and their staff.



A clinical nurse, Shekinah Hensley, is shown in a hospital setting, leaning over a newborn baby lying in a bed. The nurse is wearing blue scrubs, a stethoscope, and a name badge that identifies her as Shekinah Hensley, RN, CCRN, Pediatric Intensive Care Unit. The baby is lying in a bed with a patterned blanket and is looking up at the nurse. The background shows medical equipment and a computer monitor.

Shekinah Hensley, MSN, RN, CCRN,  
Clinical Nurse, Pediatric Intensive Care Unit





**Children's Mercy**  
**ADELE HALL CAMPUS**



## Fast Facts FY 2019

### Inpatient Care

Admissions	16,021
Average Length of Stay	5.6
Average Daily Census	253.9

### Inpatient Average Daily Census

Medical – Surgical	129.7
Intensive Care Nursery	66.9
Pediatric Intensive Care Unit	39.4
Fetal Health Center	1.6

### Specialty Clinic Visits

Adele Hall Campus	180,985
CM Hospital Kansas Campus	54,719
CM College Blvd.	25,044
CM Northland	25,699
CM East	10,406
CM Blue Valley	4,224
Primary Care Clinics	68,866
Other	31,056

**Total Clinic Visits 400,999**

### Emergency/Urgent Care Visits

Adele Hall Campus Emergency Room	64,877
CM Hospital Kansas Emergency Room	36,923
CM Blue Valley Urgent Care	25,430
CM East Urgent Care	31,508
CM Northland Urgent Care	30,338

**Total Emergency/Urgent Care Visits 189,076**

### Surgical Procedures

Inpatient	4,393
Outpatient	15,869

**Total Surgical Procedures 20,262**

**Employees 8,630**

## NURSING Fast Facts FY 2019

**2,825**

Total Number of Nurses

**1,967**

Number of Clinical Nurses

**329**

Number of Advanced Practice Registered Nurses

**86.7%**

Percentage of nurses with a BSN or higher

**73.7%**

Percentage of eligible nurses holding a specialty certification



“

Our work, yours  
and mine, is to hold  
Mercy Hospital to  
its very best while  
we live, to keep  
fully up with all  
that's decent – to  
work as though  
we are going to  
stay forever and  
to realize that what  
is best will live on  
in the hearts of  
others.”

– Katharine Berry Richardson, MD  
co-founder of Children's Mercy







Jasma Dyeall, MSN, RN, FNP-BC, CPN  
Urgent Care Nurse Practitioner





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