A Message of Gratitude From Bonnie Fryzlewicz  
Senior Vice President, Chief Nursing Officer

Looking back on the past year, I’m grateful for the opportunity to lead this incredible team of dedicated and resilient nurses. 2021 brought us continued challenges, milestones worthy of celebrating and opportunities for growth. Despite the pandemic and its subsequent difficulties, our nursing team continues to lead with innovation by:

- Supporting Seattle Children’s COVID-19 vaccine clinics. Together, we’ve provided more than 60,000 vaccinations to our patients, colleagues and community members.
- Creating operational pathways to help Seattle Children’s serve the unprecedented need for care. In 2021, our nurses helped implement new discharge processes to meet high patient volumes in our Emergency Department and Psychiatry and Behavioral Medicine Unit.
- Establishing a new program to centralize our pre-admission process, streamlining our total COVID-19 test coordination process from over 4 hours to 53 minutes.

In 2021, Seattle Children’s adopted the Health Equity and Anti-Racism Action Plan, which is guiding our commitment to dismantle systemic racism and promote equity, diversity and inclusion. Our nurses will continue to play a critical role in delivering on the actions and outcomes outlined in the Action Plan. Here are a few ways our nurses are involved in this vitally important work:

- More than 150 nurses have become equity, diversity and inclusion (EDI) champions.
- Established a program for all nurses to complete EDI training. By June 2022, 1,800 nurses will have gone through the training.
- Increased nursing staff from underrepresented racial/ethnic identities.

You can learn about these efforts and more in this report.

I am honored and humbled to lead this remarkable team and I look forward to continuing our work in 2022. Our nurses will help meet the growing needs in our region by serving more patients from three additional locations; the new Building Care facility at our hospital campus, Seattle Children’s second Odessa Brown Children’s Clinic, and our Autism Center and Outpatient Behavioral Health Clinic.

Over the past year, our team members continued to demonstrate why they are Seattle Children’s most valuable resource and the driving force behind our organization’s ability to provide hope, care and cures. To best support our nurses, we’ll continue to collaborate with our nursing shared governance councils and Washington State Nursing Association colleagues to focus on nursing recognition and retention strategies. I’m proud to be part of our remarkable team and greatly looking forward to what’s ahead.

With great respect and appreciation,

Bonnie Fryzlewicz

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Seattle Children’s

Nursing by the Numbers

148
areas, programs and departments supported by nurses

2,220
nurses

Hired:

235
experienced nurses

112
nurse residents

30
nurse practitioners

*Number of nurses with graduate degrees:

255 with a master’s in nursing

54 with a doctorate of nursing practice

6 with a doctorate of philosophy in nursing

51 with a non-nursing master’s degree

72 nurses enrolled in a graduate program

More than

150
nurses serving as equity, diversity and inclusion champions

42.97%
specialty certification rate

21*
hold a leadership position in a professional organization

135*
nurses volunteered their expertise, both domestically and internationally

390
advanced practice providers

Nurses shared innovative projects and research on the local and national stage

40*
poster and podium presentations

21*
publications (papers or book chapter)

*Based on responses to the 2021 Nursing Professional Profile

Fiscal Year 2021
Seattle Children’s Nursing Professional Practice Model

Our professional practice model, using the acronym CHILD, has five focal points and is foundational to Seattle Children’s nursing team’s work and structure.

**Care delivery:** Our first priority in care delivery is patient safety. We strive to continuously improve care and continually monitor our performance related to national patient safety and organizational safety goals.

**Healthy work environment:** We advocate for the well-being of the mind, body and spirit for ourselves, our colleagues and our patients and families, both at the point of care and in the broader community, by creating healthy, caring environments.

**Innovations and improvements:** As a premier research and teaching facility, Seattle Children’s offers nurses the opportunity to work with outstanding faculty and the latest — often newly emerging — therapies, treatments and technologies. To improve our care and generate new knowledge, we use Continuous Improvement and Innovation methods, apply evidence-based practices at the bedside and provide genuine opportunities for nurses to lead research that leads to important improvements in care.

**Leadership and governance:** Developing strong leaders — both in clinical nurse and management roles — is integral to achieving our goal of being global leaders in pediatric nursing. Through shared governance, our nurses collaborate with management on decisions that affect nursing care. In late 2020, we added an additional council to our shared governance model — the Health Equity through Activism and Learning (HEAL) Council. HEAL’s purpose is to develop clinical nurses to promote an inclusive environment and facilitate anti-racism and health equity in the inpatient setting, ambulatory setting and in the Emergency Department.

**Development of nurses:** We are dedicated to the advancement of pediatric nursing practice through the development of every nurse, from nursing students to executive nursing leaders.

Learn more about Seattle Children’s Professional Practice Model at seattlechildrens.org/about/careers/nursing.

A nurse cares for a patient in the Pediatric Intensive Care Unit.
Nurses Help Create Centralized Pre-Admission Process to Support COVID-19 Needs

Like other healthcare organizations, the pandemic prompted teams across Seattle Children’s to adapt and innovate to continue safely treating patients amid a new virus.

At the beginning of the pandemic, there was not a robust system in place to test patients and families for COVID-19 prior to them arriving for surgery — at least not until Nancy Deem and a dedicated team of nurses helped create one. In 2020, a cross-functional team came together to design a centralized testing and pre-admission process. The team leveraged human-centered design and the Pre-Admission Testing Coordination (PATC) program was created.

About PATC, a nurse-led solution

The PATC team started with seven nurses who agreed to temporarily staff the program. In those first few months, the team expanded, and PATC morphed to become a coordination hub for all admissions. For the first time, families with a child who is scheduled to be admitted to the hospital or who needs to undergo surgery are screened and supported by a nurse. This helps ensure patients and families are fully prepared for admission through a centralized system.

“PATC is that first stop for families. Before arriving at Seattle Children’s, they can explain to us their life barriers and it’s up to us to help make it better. We’re able to get to the core of what a family needs to get here — physically and emotionally,” explains Deem.

In addition to coordinating COVID-19 testing, PATC helps better prepare families for surgeries. “I’m very proud of this program,” says Nic Maurice, director of Perioperative Services. “We asked ourselves at the beginning of this process, ‘How can we effectively test children for COVID in a way that works for families?’ Ultimately, PATC addresses some other problems we didn’t know we needed to solve for. It was created to help deal with COVID testing, but quickly grew into a comprehensive and nurse-led, pre-admission service.”

To the nurses who have helped lead this effort, Maurice says he’s incredibly grateful: “Thank you for dropping everything and jumping into a completely unknown environment to set up a new service in the midst of a pandemic.”

What comes next

Soon, PATC will also roll out a socioeconomic determinants of health assessment to better serve patients and families and address even more barriers to care. “Looking ahead, we are excited to explore how this service could have an impact on health inequities for our patients,” says Maurice. “We see an opportunity to make sure all kids are getting the right level of preadmission care and making sure patients who need a higher level of assessment get to the right place before the ‘big day’ arrives.”

COVID-19 Test Coordination Processing Time

<table>
<thead>
<tr>
<th>July 2020</th>
<th>Current</th>
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<tr>
<td>4.5 hours</td>
<td>53 minutes</td>
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Since implementing the PATC process and team in July 2020, the total COVID-19 test coordination processing time has been greatly reduced.
Nurses Answer the Call, Help Vaccinate the Community

In March 2020, healthcare workers took center stage as the COVID-19 pandemic began. Their efforts to fight the virus have been rooted in Seattle Children’s values of collaboration, integrity and innovation; the nurse-led campaign to help vaccinate the community against COVID-19 is one monumental and impactful example.

Nurses at the center

On Dec. 14, 2020, Seattle Children’s received its first doses of Pfizer’s COVID-19 vaccine. Shortly after, on Dec. 16, the first dose was given to a Seattle Children’s team member.

To help get shots in arms throughout the community, Seattle Children’s relied on its incredible nursing workforce. A call was put out for nursing support to help with vaccination sites; within days, nurses from across the organization and beyond had amassed, including those who came out of retirement to help.

Working in collaboration with guidance from the Centers for Disease Control and Prevention and local public health officials, Seattle Children’s vaccination sites were set up across the region to help provide vaccine to people who were eligible. Vaccine sites included Seattle Children’s Odessa Brown Children’s Clinic, Seattle Children’s Autism Center and other King County sites. In one day, more than 600 vaccine doses were administered.

Did you know... 600 doses equal one vaccine per minute, every minute, for 10 hours?

“We have relied heavily on the flexibility of our nurses to help vaccinate our community,” says Chris Liss, former manager of COVID-19 clinical operations at Seattle Children’s.

As of late 2021, Seattle Children’s has provided more than 60,000 doses to the community, including healthcare workers, community members, and patients and families.

As pediatric patients became eligible for vaccination, nurses used a compassionate and thoughtful approach to helping kids with sensory needs receive doses. Nurses helped provide vaccine to children who have autism and did so without the use of restraints — a milestone worth celebrating. Without Seattle Children’s nurses, those children may have not been able to receive the vaccine.

“The question we asked ourselves was, ‘How do we best meet the needs of our community?’ And at the core of that effort was nurses,” says Liss. “The pandemic has taken so much away, but through these efforts, a substantial impact was made to provide hope and prevent further harm. Those efforts are largely unnoticed. Our nurses stepped up to the plate, despite having been asked to take on so much, and they continue to step up. They are the center of the wheel of healthcare. I’m proud of what they have accomplished and their efforts to go above and beyond to meet the needs of the community.”

Seattle Children’s fellow Dr. Courtney Gilliam was the first member of Seattle Children’s workforce to receive a COVID-19 vaccine on Dec. 16, 2020 by nurse Elena Haugen.

100 nurses volunteered to administer vaccine
A Drive for Health Equity Mobilizes Nurses

At Seattle Children’s, health equity and addressing disparities in care is a priority focus for the organization and an essential step toward becoming anti-racist. As a destination center for children across the region, patients and families deserve to come to a place where they feel confident in the care they receive — where equity and inclusion are embedded into hope, care and cures.

Nurses are a critical component of Seattle Children’s, they make up the largest portion of the workforce, so it is vital to mobilize the strength in nursing to move the Action Plan forward.

Work in this area is prioritized as one of nursing’s nine strategic plan goals. To bring this goal to life, a multidisciplinary oversight group was established to develop the Nursing Anti-Racism and Equity, Diversity and Inclusion (EDI) plan. The oversight group quickly identified three key drivers, shown in the graphic below.

To support the work, the oversight group identified 27 different projects across the three key drivers. In addition to the formal oversight group, 150 nurses have stepped up to support this work by becoming EDI champions, participating in various initiatives across the projects and beyond.

The oversight team has an intentional focus on inclusion and is aligning with the organization’s work related to the Action Plan and ensuring nursing representation on all six Health Equity, Diversity and Inclusion (HEDI) councils.

The three overarching goals of the Nursing Anti-Racism and Equity, Diversity and Inclusion plan for 2021 were:
1. Increasing underrepresented racial and ethnic identities for clinical nurses
2. Decrease turnover
3. Increase inclusion indicator scores

A Drive for Health Equity

Mobilizes Nurses

Health Equity

Developing a Diverse Nursing Workforce that reflects the patients and families we serve through:
- Encouraging Nursing as a Career
- Recruitment
- Hiring

Creating a nursing culture with a strong sense of Belonging and Engagement for all through:
- Inclusion
- Data
- Empowerment

Providing Learning and Growth Opportunities that enable all nurses to excel through:
- Racial Equity Literacy
- Knowledge
- Leadership Opportunities

Nursing Strategic Plan

Seattle Children’s Mission and Strategic Plan

An overview of the three drivers of the Nursing Anti-Racism and Equity, Diversity and Inclusion plan.
Seattle Children’s increased nursing staff from underrepresented racial/ethnic identities to 11.9%.

“We’re beginning to see positive outcomes in increasing diversity,” says Debra Ridling, senior director, associate chief nurse, practice and research at Seattle Children’s. “The big picture is that we need to keep iterating and growing. We are trying to be very intentional, and I’m optimistic we’re moving in the right direction.”

One active project underway is EDI training for Seattle Children’s nurses. The goal of the training is to set a foundation and starting point for all nurses.

Hai-Yen Tang, nurse manager, Outreach Education, and her team oversee the training. When she was a participant in her own EDI training a few years ago, Tang says she left with many questions and underwent a lot of self-reflection. Today, as she leads the nursing trainings, she hopes participants leave with more compassion. During the four-hour training, individuals learn about common language, historical context, implicit bias and tools to address microaggressions.

“It’s not going to be just this EDI training that will get us to where we need to go,” says Tang. “It will take individual work outside the training — we all have to be aware of our own implicit bias. We must be open to being vulnerable when engaging in open, honest discussions about equity, diversity and inclusion. We also have to translate words into actions.”

<table>
<thead>
<tr>
<th>Q4 FY 2020 SEP-20</th>
<th>Q1 DEC-20</th>
<th>Q2 MAR-21</th>
<th>Q3 JUN-21</th>
<th>Q4 SEP-21</th>
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<tr>
<td>Goal: 11.8%</td>
<td>11.0%</td>
<td>11.6%</td>
<td>11.9%</td>
<td>Baseline (10.8%)</td>
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Note: underrepresented racial identities include Black and African American, American Indian/Alaska Native, Native Hawaiian and other Pacific Islanders, Hispanic/Latinx, two or more races

Nursing EDI training fast facts:

- **17** EDI facilitators
- **Four to six trainings** are held each month
- **90%** of training sessions are virtual
- **30 to 35 nurses** per session with three facilitators
- **1,800 nurses** will have gone through EDI training by June 2022

Two Surgical Services nurses.
Mari Moore, who had worked as a unit-based educator in the Neonatal Intensive Care Unit, took on a new role this year, focusing 100% of her time on anti-racism and EDI work as the educator. Moore says the intersection of her identities and lived experiences has brought her to where she is today — supporting this important work. She is involved in many of the related projects underway and believes her perspective is useful to help people learn, grow and ultimately ignite change.

Moore is also a facilitator for nursing EDI courses, and she leads work that aims to better support nurses, and increase engagement, mentorship opportunities and diversity.

“We’re on a path toward healing,” says Moore. “When I think about the future, I’m an optimist. We are all humans wanting to do our best — the best for the patients we serve and people around us. Our goal is to provide a safe, welcoming and inclusive environment for our workforce and patients. Not only are we striving to provide a place where families come for exceptional care, but also a place where team members can grow in their careers. No matter who you are or where you come from, we want to create a safe, affirming and welcoming environment.”

Registered Nurse Residency Diversity Hiring Data (With Combined Groups)

Data shows efforts are working. The 2020 cohort was comprised of 49% white and 30% underrepresented racial and ethnic identities — up from 4% in March 2019.

Nursing programs focused on diversity

The Nurse Residency Program is one example of a project that has demonstrated great success in recruiting and hiring diverse talent. One of the goals is to hire with intention and remove bias. The leads for this program, Amanda Jensen and Tyler Popham, have made multiple improvements over time which have led to these outcomes.

Working toward a better future

As this work continues to be a focus of the organization and projects progress, the nursing team is hopeful and committed to change.

“This is not the end of our journey,” says Ridling. “Evidence shows more diverse teams have more creative solutions, better outcomes and more perspectives — this will only help us get better. This is the beginning. Health equity is a human right, and we have a long way to go, and I am optimistic about what we can accomplish together.”

“We can provide better patient care if we increase diversity among staff. Asking how we do that in a supportive environment is key.”

— Mari Moore
Language of Care Signs Support Patient Needs

Early in the pandemic, groups across the organization took on projects to improve interpreter offerings for patients and families, which had primarily transitioned to a virtual format. As a quality improvement project, teams wanted to decrease barriers facing families and help provide an equitable and inclusive environment to improve care.

Colin Crook, unit based clinical quality leader in the Cardiac Intensive Care Unit (CICU) was interested in this work. He began brainstorming with others how they could expand the use of interpreters, specifically in the CICU. Simultaneously, the Pediatric Intensive Care Unit (PICU) launched their own program, led by Hector Connolly Valdivia, clinical nurse specialist, who had previously done extensive work expanding the availability of video interpreter devices in both the PICU and CICU and was also inspired by work led in the Emergency Department (ED), where individual language signs were placed on patient room doors as a means of communicating to all care team members.

Currently, families can receive interpretive services three different ways — through phone, video or in-person interpreter. However, before Crook and Valdivia’s work, there was no standardized, forward-facing way of knowing which families needed an interpreter while being cared for in the ICUs.

“We are aware there are inequities that exist in healthcare — whether they are unconscious or conscious,” Crook says. “We don’t have a different approach in the way we care for children who speak a language other than English, but when we look at the data, we can see the outcomes are different. We asked ourselves, ‘What can we do as individuals, as anti-racist allies and as an organization to help advance awareness and reduce risk to patients?’ Addressing language barriers was one area where we identified we could make a difference, so we learned from our colleagues, like the ED, and decided to try language of care signs.” The signs serve as a visual cue to help nurses, providers and other workforce members know which language is spoken by a patient family.

“‘We saw immediate benefits for our team members and patients and families,’” Crook says. “‘Being able to effectively communicate is a human need — regardless of race, ethnicity and language. When your primary language is something other than English, it can be a barrier to care. When a child is in the ICU, we need to be able to facilitate a discussion that is clear and ensure the family can understand conditions and changing statuses quickly. Being able to effectively communicate is key to collaboration and building trust.’”

Nurses interact with and provide care to patients and families daily. Having a simple tool to be able to communicate a patient’s language is a great way to ensure connection with families, not only for medical needs, but at a more personal and human level. It not only supports nurses to be effective in their work, but for the entire care team — providing a bright, visual cue that helps normalize the need for interpreters.
How Seattle Children’s Nurses Are Leading the Way in Providing Mental and Behavioral Health Help

The pandemic and its effects have brought an increased awareness to the growing need for more mental health resources in the community. Sadly, many studies indicate rates of anxiety and depression among adults and children have risen over the past year. Learn about three ways Seattle Children’s nurses are helping to meet this need by supporting patients and families in new ways, and ensuring they have access to the right resources and tools.

Connecting Moms to Resources

When Caitlyn Romoser, a nurse in Seattle Children’s Cardiac Intensive Care Unit (CICU), returned to work after maternity leave, she noticed an opportunity in the services provided to moms who had a baby in the CICU.

Most new mothers’ standard postpartum medical appointments include a process where care team members assess the mother’s risk of postpartum depression — a process known as postpartum depression screening. If the mother is identified as likely experiencing postpartum depression or may be at risk for it, the care team offers mental health-related resources, like therapy contacts, phone lines or support groups.

Unfortunately, if a new mom’s baby needs to spend time in the CICU, that mother is more likely to miss their postpartum appointments and, thus, the depression screening. Romoser and her nursing colleague Kate Burnett, both members of the CICU’s Care Delivery Committee, were inspired to change this.

In 2020, Romoser and Burnett began exploring what it would take for Seattle Children’s CICU nurses to begin screening moms for postpartum depression and offering them support resources. Romoser and Burnett partnered with their unit’s Social Worker, Yessenia Cantu, to research and develop a process.

“"This is an especially exciting project for us because it’s been a nurse-identified and nurse-driven improvement. We’re looking forward to supporting our CICU families in this new way."

— Caitlyn Romoser

After about a year of conversation and outreach to other institutions and Seattle Children’s units, they came up with a way.

Burnett explains, “Four days after a child is admitted to our CICU, their nurse will provide a screening tool to the mother — it’s essentially a questionnaire to help the nurse assess if the mother might be at risk for postpartum depression or perinatal mood disorder. Based on the mother’s ‘score’ from the questionnaire, there are different pathways and next steps, like providing handouts with resources or asking our Social Work team to connect with the mother.”

Romoser says providing these resources and support is especially critical to mothers whose children are in the CICU for two reasons: 1) many mothers may not be from the Seattle area, so they are physically separated from their communities and support networks; 2) while the post-birth time is stressful and exhausting for most new parents, those whose babies are in an intensive care unit often face additional stress factors, which increases mothers’ risks for postpartum depression. Romoser says some studies found 50% to 60% of mothers with babies in an intensive care unit struggle with post-partum depression — a statistic that’s higher than the general population.

All Seattle Children’s CICU nurses have completed training to administer the screening tool and learn about the resources available to new moms. The primary resources provided by the CICU care team are from Perinatal Support Washington, a statewide nonprofit committed to shining a light on perinatal mental health to support families and communities; they offer a variety of services, including groups, text lines, a resilience program and more.

To help reach as many mothers as possible, the CICU’s screening tool is offered in 15 languages. Written resources for the mother are available in the languages most frequently spoken by Seattle Children’s families.
About suicide screening

Seattle Children’s uses the National Institute of Mental Health’s Ask Suicide-Screening Questions tool — comprised of four brief questions presented to patients by a care team member.

If a patient’s answers indicate potential suicidal ideation, then the care team works with Seattle Children’s Social Work colleagues to connect the patient and family with the right resources.

The tool’s questions take just 20 seconds to administer and provides a powerful way to connect those who are struggling with help.

Bringing Help to More Children

Devastatingly, one in five children experience mental health disorders in a given year, yet half of those children do not receive the care they need. Suicide is the second leading cause of death in children and adolescents.

To help support patients in need, in 2019 Seattle Children’s Emergency Department and inpatient units began screening all patients 10 years of age and older for suicidal ideation.

This screening process provides a way to help care teams identify patients who may be struggling and ensure those patients and their families receive resources to help. If a patient is struggling with suicidal ideation, an alert or flag is also placed on that patient’s medical record to alert care team members during future patient encounters.

Providing suicidal screening in the Emergency Department and inpatient setting was a significant step, but most of Seattle Children’s patients are seen in ambulatory, or outpatient, clinics. Training ambulatory care team members on the screening process and reaching patients seen in that setting would require significantly more planning and resources by Seattle Children’s nurses.
About the Zero Suicide Initiative

Seattle Children’s Zero Suicide Initiative project workgroup has created a suicide screening and assessment algorithm, training materials, documentation protocols and more to guide the screening process.

Assessing the true impact and benefit of using the suicide screening tool is difficult to quantify. Below are some figures that help show the breadth of today’s mental health crisis and patient need over about a five-month period (figures are from May to Sept. 30, 2021):

- Over 9,000 patients screened during ambulatory appointments
- Over 700 patients’ responses indicated a possible struggle with suicidal ideation, prompting follow-up interventions from Seattle Children’s care teams

Reaching ambulatory patients

Seattle Children’s ambulatory clinic network is comprised of 34 different clinics in 13 different physical locations; these clinics serve over 2,000 patient encounters every day.

Jose Estela, a nurse and director of Seattle clinics and specialty care coordinator for Ambulatory Administrative Services, explains that a core work group began meeting in August 2020 to determine how to operationalize the suicide screening process. The group is comprised of nurses from various clinics, mental health, ambulatory education, ambulatory providers, Epic analysts and a program manager.

The suicide screening tool was phased into multiple clinics on a two-week time schedule starting May 2021, reaching all sites of care and completing the roll out in November.

Between May and September 2021, ambulatory caregivers screened over 9,000 patients — 80% of all patients meeting the eligibility criteria for screening for suicidal ideation.

Estela states instituting the suicide screening and making it widely available to ambulatory patients in 2021 was especially important. “With the pandemic, isolation and not going to school — it’s been such a tough year for many kids. Some parents have been a little surprised we’re asking their child about suicide, but I think the statistics indicate that this screening is, unfortunately, really vital. I suspect we may have saved a couple of lives just by asking these questions, and then providing information and help.”
Designing New Ways for Nurses to Provide Patient Care in the Sleep Clinic

At the beginning of the pandemic, the increase in use of telehealth and the October 2020 launch of a new Epic electronic health record created an administrative challenge for many providers at Seattle Children’s Sleep Medicine Clinic. Their time was increasingly spent writing after-visit summaries and appointment documentation, compiling education and teaching plans, and sharing those with families — ultimately leaving less time to invest in patient and family outreach.

This challenge presented an opportunity for Seattle Children’s nurses to step in and grow their responsibilities to better support patient families.

Identifying where to change

Caitlin Roysden, clinical operations nurse manager, worked with Sleep Medicine leadership and providers to identify eight areas of education and patient care that providers had historically managed, but could be transitioned to the nursing team. After much discussion, the project team determined nurses would manage patient education, teaching and after-visit summaries; these activities fit well within nurses’ scope of practice and skill set.

Roysden says while the transition was a big cultural and operational change for everyone at the clinic, it’s been a welcome one for both the care team and the clinic’s patient families.

“The feedback has been really positive. Our providers have more capacity to complete physician-specific tasks. Our nursing team can engage in a more meaningful way with families and more fully utilize their expertise and skills,” shares Roysden. “We can also offer more of continuity of care with this model. One of our long-term goals is to have nurse-only appointments for some patients and provide more communication and education for patients who have medications that are more intense and challenging to manage.”

To help support this new staffing model and the clinic’s move to a new, larger facility in Bellevue, Washington, the Sleep Medicine team has brought on two additional nurses. Roysden says it’s been exciting to watch their nursing team step into their expanded roles, deepen their knowledge base and provide additional one-on-one service to families.

By the end of February 2022, Sleep Medicine plans to support 100% of telehealth and in-person appointments with this new nursing staffing model.

“It is very exciting to be a part of this dynamic team. We’ve been working hard to develop parent/patient teaching tools for telemedicine clinic visits for some of our common patient concerns. This includes topics like what to expect in a sleep study, and how to work with kids who have behavioral insomnia, parasomnias and narcolepsy. I believe our families are really benefitting as our nurses take on these opportunities for more learning.”

— Emma Kearns, Seattle Children’s Sleep Medicine nurse
New Advanced Practice Provider Leadership Structure Enhances Communication and Collaboration

When Ronna Smith became chief of advanced practice provider (APP) services at Seattle Children’s in 2019, she brought a fresh set of eyes. Her predecessor grew the program significantly; the group started from only 60 APPs in 2005 to 390 across 39 specialties today. As the new chief, Smith embarked on a large task — restructuring leadership roles to better serve APPs at Seattle Children’s. “This restructure was an attempt to be more proactive and plan for our future growth, while also addressing some gaps in the current leadership structure,” says Smith.

While APPs have similarities with physician and nurse roles, they are different from both positions — they can diagnose and treat patients independently or in conjunction with a physician.

Seattle Children’s previous APP structure had 50 to 60 people reporting to one person — too many to foster a personal relationship with leaders, or for leaders to be effective and engaged in the work of their direct reports.

Today, under the new structure, there are five to seven APPs on a team. Each team has an APP supervisor who splits their time between administrative duties and their clinical role. Smaller teams are grouped under a manager.

“It was important to me that every APP had access to a direct frontline supervisor — someone who can be immediately available to them and is close enough to the work that they understand it,” says Smith. “With fewer reports, our senior leadership team can participate in the bigger picture strategy and planning with physician leadership and service line leadership.”

Creating the director and manager roles

The manager position was redefined to fill a gap so APPs would report to someone who knew them and their job and could help with administrative tasks. The former manager role was redefined as director. These individuals are responsible for leading larger groups and multiple front line supervisors on big teams. For example, April Morris is the director of APP practice for the neonatology team. She has five supervisors who report to her; her team encompasses 70 APPs across six different practice sites.

Positive outcomes

Smith says the new structure frees up more time for strategic planning from the leadership positions that were retitled to “associate chief.” Smith says APPs also have much more direct contact with their leader and can escalate issues more effectively and stay in touch with their leadership team more often. “We have received positive feedback from physician leadership and service line leadership about improved communication and collaboration because of the more streamlined approach,” says Smith.

Looking toward the future

The past couple of years have been challenging due to the pandemic; APPs have helped fill gaps and provide contingency staffing. APPs, nurses, physicians and other disciplines work together to provide care.

“The care provided by the APP team at Seattle Children’s is stellar,” says Smith. “I’m incredibly proud to be a part of the team and see their commitment and professionalism every day. They go above and beyond, especially in these last two years, for our patients and families.”

As the APP program continues to grow, the newly implemented structure will help support that growth. In 2021, Seattle Children’s hired 65 APPs. Smith says if they hire another 65 in 2022, the system is set up and ready for them.
Patient volumes by the numbers:

- The average daily census at the hospital increased from 258.9 in FY2020 to 277.9 in FY2021.
- The average daily census in the hospital’s Psychiatry and Behavioral Medicine Unit increased from 31.1 in FY2020 to 34.6 in FY2021.
- The mean amount of time to admit a patient from the Emergency Department has been reduced by about 22 minutes from the highest mean time.

High Patient Volumes Create an Opportunity for Seattle Children’s to Enhance Processes and Predict Future Capacity Issues

In 2021, hospitals across Washington state struggled with high patient volumes and capacity issues. At Seattle Children’s, the influx of patients in the Emergency Department (ED) and Psychiatry and Behavioral Medicine Unit have been especially significant, leading to efforts to better predict patient flow, improve the patient discharge process and onboard new nurses to continue serving patients.

Using predictive models

Efforts to address high census and capacity constraints have helped Seattle Children’s continue to provide world-class care, even during a time of unprecedented need. Much of this work has been accomplished in large part thanks to the incredible and tireless work of Seattle Children’s nursing team.

As patient volumes remain high, the need for more predictive models to understand and forecast staffing needs has taken center stage. Using analytics, teams at Seattle Children’s built a forecasting model to help better understand and plan for future staffing issues and mitigate patient bed shortages.

“Using these models, we’re looking forward and understanding what our status is and taking action on what we think it’s going to be,” says Andrew Mullenix, a nurse and director of patient flow and inpatient access at Seattle Children’s. “It’s a unique approach and not the way most hospitals approach challenges that can come with high census and patient volumes.”

Improving the patient discharge process

To help free up valuable hospital bed space for those who need it most, Seattle Children’s nurses collaborated with other clinical teams to enhance the discharge process; milestones from the discharge process work include:

- Creating a centralized way to address discharge barriers
- Onboarding new nurses in critical areas
- Decreasing patient admit times in the ED
- Setting up additional waiting areas outside the ED to address the increase in patient volumes

Mullenix says he’s incredibly proud of how teams have worked together to utilize information to better inform decisions and help safely discharge patients. He says nursing leadership and nurses throughout every unit have been heavily involved.

“Discharge efficiency is never about working faster or discharging patients when they aren’t ready to go,” says Mullenix. “It’s about making sure we’re ready on the operational end to help reduce the wait time to discharge when the patient has met clinical criteria and is ready to go home. Everything has to be packaged at the same time so many teams are working in parallel.”
In 2021, Seattle Children’s onboarded 235 new nurses. Here’s where they’re serving:

- Acute care: 35%
- Critical care: 28%
- Perioperative services: 15%
- Ambulatory services: 14%

Onboarding nurses to meet high patient volumes

Washington state hospitals across the state were experiencing both a significant rise in patient volumes and nursing shortages. Mullenix says Seattle Children’s quickly sprang into action to help prioritize hiring and focus on nursing retention.

In 2021, Seattle Children’s onboarded 235 new nurses and oriented 248 nurses to new departments. That is a 41% increase in external hiring and a 146% increase in internal transfers.

Elaina Robinson, director of nursing professional development at Seattle Children’s, says she’s grateful for Seattle Children’s nurses who continue to step up for each other and patients and families.

“Nurses at Seattle Children’s genuinely care about the patients and families they serve,” says Robinson. “They have a commitment to excellence and providing compassionate, patient-centered care. As new team members join us, we’ve seen that commitment be imparted — it’s a passing of the torch from experienced staff to new team members. Together, we’re building an environment of inclusion and creating a safe place to learn and grow.”

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Awards and Honors

Seattle Children’s is proud to have earned awards and honors that recognize the quality of care we give to our patients and families, as well as the supportive work environment we provide for our nurses and other healthcare professionals.

Seattle Children’s is the only pediatric hospital in the Northwest to receive Magnet recognition, an honor bestowed by the American Nurses Credentialing Center. Our program has been recognized as a Magnet organization for excellence in nursing services since 2008. In 2022, Seattle Children’s will go through a rigorous re-designation process.

In February 2020, the Accreditation Commission of the National Nurse Practitioner Residency & Fellowship Training Consortium attested that Seattle Children’s Advanced Practice Provider Fellowship Program was reviewed and found to meet or exceed the standards and requirements of the Accreditation Commission Standards, and therefore the Accreditation Commission granted a certificate of accreditation.

ANCC Practice Transition Accreditation Re-Accreditation with Distinction

Children’s RN Residency earned the ANCC Practice Transition Accreditation (PTAP) Re-Accreditation with Distinction. This is the global standard for residency programs that transitions registered nurses into new practice settings. The distinction certification signifies Seattle Children’s is going above and beyond in meeting additional criteria beyond the standard certification.

Seattle Children’s Pediatric Intensive Care Unit (PICU), Cardiac Intensive Care Unit (CICU) and Neonatal Intensive Care Unit (NICU) are recipients of the Beacon Award for Excellence by the American Association of Critical Care Nurses. This award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

In 2021, U.S. News & World Report named Seattle Children’s among the nation’s best children’s hospitals. We are honored to be recognized as one of the nation’s very best places to care for children. U.S. News & World Report has recognized Seattle Children’s with this recognition every year for more than a quarter century.

Seattle Children’s Emergency Department was granted the Lantern Award from the Emergency Nurses Association. This award is given to an emergency department that exemplifies exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy and research.

The ELSO Excellence in Life Support Award recognizes Extracorporeal Life Support (ECLS) programs worldwide that distinguish themselves by having processes, procedures and systems in place that promote excellence and exceptional care in extracorporeal membrane oxygenation.

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Seattle Children’s earned the Get with the Guidelines — Resuscitation Gold Quality Achievement Award for pediatric and neonatal patients from the American Heart Association for our commitment and success in implementing a high standard of resuscitation care.

In 2020, the CARES Foundation designated the Congenital Adrenal Hyperplasia clinic as a Level 1 (surgical) Comprehensive Care Center of Excellence.

American College of Surgeons Level I Children’s Surgery Center

Seattle Children’s has been verified as a Level I Children’s Surgery Center by the American College of Surgeons (ACS). The Level I designation recognizes all surgical, procedural and many support programs and services at Seattle Children’s — more than 40 departments and programs in total.

Heart Center Accreditation

Seattle Children’s Heart Center has been designated as an Accredited Center of Care by Children’s Cardiomyopathy Foundation. This program recognizes medical centers that provide high-quality cardiac care and specialized disease management to children with cardiomyopathy.

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Awards and Honors
Seattle Children’s is proud to honor individual nurses who have earned awards and recognition for the care they give our patients and families. Congratulations!

Nurses Week
Every year in May, Seattle Children’s celebrates our incredible nursing team during National Nurses Week. Seattle Children’s workforce members nominated nurses who demonstrated our six values (compassion, excellence, integrity, collaboration, equity and innovation).

Congratulations to this year’s winners: Erin Sheridan (Surgical) (compassion), Breanne Krabbendam (Cancer Care) (excellence), Kelly Birago (Pediatric Intensive Care) (integrity), Judy Smith (Workforce Health and Safety) (collaboration), Olivia Kerwin (Emergency Room) (equity), Cari Witruk (Endocrinology/Diabetes Clinic) (innovation).

DAISY
The DAISY Award was established to honor the super-human work clinical nurses do for patients and their families every day. Congratulations to: Alison Kula (Surgical), Angela Panda (Dermatology), Danya Akram (Surgical), Gabby Hoffman (Pediatric Intensive Care Unit), Hannah Noll (Rehabilitation), Jeff D’Angelo (Surgical), Jeni Hayes (Medical Unit), Kiflom Woldeabzgi (Cancer Care), Krista Finley (Cardiac Intensive Care Unit), Kyanna Justice (Cardiac Intensive Care Unit), Tegan Lee (Medical), Amy Skjonsberg (Vascular Access Services), Erika Wilkins (Medical), Laura Morano (Clinically Integrated Network), MacKenzie Iverson (Medical), Shannon Kniestedt (Orthopedics), Samuel Hapke (Critical Care Float Pool), Elise Christoferson (Cancer Care), Kerri Morales (Autism Clinic), Tess Graettinger (Medical), Aaron Abella (Medical), Hope Beisswanger (Medical), Lexi Webster (Psychiatry and Behavioral Medicine Unit) Ashlyn Hicks (Surgical).

The DAISY Nurse Leader Award was established to celebrate compassionate leadership and calls for stories and examples of how leaders improve patient care by making a difference through their leadership. Congratulations to: Janet Sullivan (Ambulatory), Denise Sackinger (Nursing Quality, Safety and Magnet), Alison Thomsen (Cancer Care).

The DAISY Lifetime Achievement Award was created to recognize those nurses who have devoted their life’s work to the compassionate care of others. Recipients of this award are nominated for their dedication to nursing through active mentoring, role modeling, advocating for their patients and promoting the positive image of nursing. They serve as a beacon of inspiration to those at all stages of their career and in the various and important roles of nursing. Congratulations to Karen Thomas on earning this award.

March of Dimes Heroes in Action Award
The March of Dimes honors nursing excellence each year by paying tribute to nurses who have a tremendous impact on patients and families. Congratulations to the winners: Alicia Leas (Acute Care), Tacie Anne Reger (Advanced Practice Nursing) and Sarah Storhoff (Ambulatory Admin Services).

Congratulations to Seattle Children’s nurses who were nominated finalists:
- Cassy Showalter (Cardiac Intensive Care Unit)
- Gregory Zorn (Psychiatric)
- Hai-Yen Tang (Outreach Education)
- Hector Valdivia (Pediatric Intensive Care Unit)
- Mari Moore (Nursing Practice, Professional Development and Innovation)
- Kathryn Harris (Regional Neonatal Advanced Practice Provider)
- Katie Banks (Medical)

Thank you to the selection committee: Karen Kelly (Neonatal Intensive Care Unit), Kristy Bahnmliller (Outreach Education), Siobhan Nelson (Surgical), Adrian Harden (Surgical).

Family Choice Awards
Every year, Seattle Children’s Family Advisory Council and pediatric residents select the Family Choice Award winners. Congratulations to Karmen Hayenga (Neonatal Intensive Care Unit) and the Surgical Unit nurses on receiving this year’s award.

King County Nurses Association Shining Star Award
Shining Star Awardees are members who are selected on an annual basis from nominations by their peers. Congratulations to Tonya Hill (Surgical) on receiving this award.
Future of Nursing Report
The National Academy of Medicine Committee on the Future of Nursing 2020-2030 published its consensus study report, “The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity,” featuring contributions from several Seattle Children’s nurses. Special acknowledgments were given in the report to Kathy Eaton (Emergency Room Administration), Deb Gumbardo, Elizabeth Masse (Critical Care Float), Erika Miller (Child Health, Behavior and Development), Mady Murrey and Debra Ridling (Nursing Practice, Professional Development and Innovation).

Advanced Practice Provider Awards
This year, a new award was brought to Seattle Children’s — Advanced Practice Provider of the Year. Congratulations to this year’s winners: Ann Hilmer (Emergency Department), Cheryl Parker (Orthopedics), Pam Christensen (Perianesthesia), Emily Moore (Advanced Practice Provider Administration) facilitated the national event.

David Fisher Award for Excellence in Safety
Angela Turner (Surgical) received the 2021 David Fisher Award for Excellence in Safety.

Margaret S. Lindsay Courageous Provider Award
Congratulations to Anne Anderson (Bioethics and Palliative Care) on earning the Margaret S. Lindsay Courageous Provider Award.

Academic Professional Accomplishments
American Organization for Nursing Leadership (AONL) 2022 Nurse Manager Fellowship
The AONL Nurse Manager Fellowship is a year-long professional development program designed to target the unique leadership development needs of nurse managers through an in-depth environment of learning. The fellowship program seeks to prepare and enable nurses to lead change to advance health, based on the Nurse Manager Learning Domain Framework, developed by AONL. Participants strengthen their current skills, master new competencies and continue the life-long learning needed for the next generation of successful nurse leaders. Congratulations to Christina Finch (Medical) on being selected at AONL’s 2022 Nurse Manager Fellowship.

Association for Nursing Professional Development’s 2022 – 2023 Nursing Professional Development (NPD) Leadership Academy
Congratulations to Melissa Liu (Nursing Practice, Professional Development and Innovation) on being selected to the NPD Leadership Academy 2022 cohort.

Nursing Leadership Fellows
Rebecca Tekippe (Pediatric Intensive Care Unit), Gabby Hoffman (Pediatric Intensive Care Unit), Chris Liss (COVID Operations Manager), Sarah Bye, Anna Dineen (Medical), Ann-Marie Taroc (Pediatric Intensive Care Unit), Amy Sliomecker (Perianesthesia), Erin Etzkorn (Cancer and Blood Disorders Center), Sara Van-DerGiessen (Surgery), Taylor Sytsma (Cardiac Intensive Care Unit), Ellin McElhonne (Perianesthesia), Christina Galvez (Microbiology), Matthew Hodge.

Advance Practice Providers (APP) Fellows
Kristen Benjamin (APP Administration), Shelley Brandstetter (Orthopedics Practice Plan), Joyce Faucett (APP Administration), Bryanna Garity (APP Administration), Alexandra Green (APP Administration), Raven Hayes (Hem-Onc Practice Plan), Lauren Holmes (APP Administration), Haayoung Hwang (Surgical Hospitalist Practice Plan), John (Juhno) Lee (APP Administration), Angela Leo-Nkoah Lee (APP Administration), Lauren Levesque (Neurosciences Practice Plan), Katherine Machado (APP Administration), Emily Nelson (APP Administration), Melissa Pettini (Surgical Hospitalist Practice Plan), Rosie Talud (APP Administration), Grace Uebele (Anesthesia/Pain Med Practice Plan).
Publications


Klee, K., Wilford, B., Thomas, K., & Riding, D. (Accepted for publication May 2021). Conflicts between parents and clinicians: Tracheotomy decisions and bioethics consultation. *Nursing Ethics*.


Nursing Research Grant Program

Spring 2021 Recipients

Stigma, Power, and Sickle Cell Disease: An Analysis of Nurses’ Attitudes, Perspectives and Practice Patterns. Principal investigator: Claire Shearer (Post-Organ Transplant Clinic), co-investigator: Alic Shook (Nursing Practice, Professional Development and Innovation), department: Emergency Department, Cancer Care Unit.

Nursing Research Grant: Increasing Equitable Care of Pediatric Patients with Sickle Cell Disease Experiencing Pain Episodes: A Concurrent Mixed Methods Study of Patient Perceptions and Experiences in the Inpatient Setting. Principal Investigator: Jennifer Napolitano (Cancer and Blood Disorders Center), co-investigators: Emily Roth and Kristina Neill (Cancer Care), department: Cancer Care Unit.

Efficacy of a Pre-visit Questionnaire for Initial Visits in the Mitochondrial Clinic. Principal investigator: Coral Sepulveda (Neurology Clinic), department: Neurology Clinic, Neurosciences Department.

Know Pressure: Evaluating Knowledge of Pressure Injury Prevention Among Adolescents Who Have a Diagnosis of Spina Bifida Following an Education Program. Principal investigator: Elizabeth Kauki (Medical Specialties Practice Plan), co-investigators: Sarah Coburn (Neurodevelopmental Clinic), Amy Carlsen (Neurodevelopmental Clinic), Sarah Fenner, department: Developmental Medicine.

Fall 2021 Recipients

Evaluation of a “Super-Mentor” Program for Training Neonatal Advanced Practice Learners: Recruitment, Retention, and Satisfaction. Principal investigator: Elena Bosque (Regional Neonatal Advanced Practice Provider), co-Investigator: April Morris (Regional Neonatal Advanced Practice Provider), department: Neonatology Regional Program.


Prevalence of Anxiety and Depression in Adolescent Patients with Pulmonary Hypertension. Principal investigator: Emma Jackson (Heart Center Practice Plan), co-investigator: Kelly Merrill (Cardiology Clinic), department: Cardiology.

Exploring Use of Peristeen®-Type Enemas for Pediatric Bowel Management. Principal investigator: Connie Mantel (Surgery Clinic), department: Reconstructive Pelvic Medicine Clinic.

Implementation of a Structured Health Care Transition Program Utilizing Nursing, Support Staff and the EMR. Principal investigator: Mary Wingert (Neurosurgery Clinic), department: Neurosurgery Clinic.
Nurse Researcher Fellowship
The Center for Pediatric Nursing Research is pleased to announce Genevieve Aguilar (Medical) and Juliette Ofamen (Perianesthesia) have been selected to receive Nurse Researcher Fellowships. This inaugural two-year program involves receiving mentoring to design, carry out and present research study results through presentations and publications. Genevieve and Juliette will also receive training to submit applications for internal and external research funding.

Evidence-Based Practice Fellows
Congratulations to the following evidence-based practice fellows: Rachel Campos-Felizardo (Nursing Informatics), Annika Hoogestraat (Cardiac Intensive Care Unit), Maci McCravy (Pediatric Intensive Care Unit), Jeffrey Miles (Emergency Department), Carol Shade (Nursing Informatics), Rachel Williamson (Pediatric Intensive Care Unit), Michelle Woronowicz (Pediatric Intensive Care Unit), Sarah Typolt (Wound Care).

Cardiac Intensive Care Nurses in American Association of Critical Care Nurses Critical Scene Investigator Academy
Congratulations to investigators: Jessica Olsen (Cardiac Intensive Care Unit) and Krista Finley (Cardiac Intensive Care Unit), site coach: Caitlyn Romoser (Cardiac Intensive Care Unit), site point of contact: Jenifer Peterson (Cardiac Intensive Care Unit).

Nurses Help Launch an App to Support Cancer Patients
Cancer and Blood Disorders Center Nurses Kelsey Balmelli and Katie Mace helped customize and launch an app, called COG KidsCare, for Seattle Children’s patient families to help them learn about and better manage their child’s diagnosis. The app is available in English and Spanish languages; information from the app is also offered in hard-copy notebooks.