Seattle Children’s

2020 Nursing Annual Report
Warm Greetings From Bonnie Fryzlewicz
Vice President of Patient Care and Chief Nursing Officer

As I reflect back on 2020 — a year full of uncertainties — I feel immensely proud.

Proud to work for an amazing organization where everyone steps up to ensure our patients receive the best care possible, no matter the hurdles in our way.

Proud of the flexibility, adaptability and resilience of our talented nurses who always rise to meet challenges.

I’ve been a nurse for more than 30 years and what continues to give me hope this year is the strength of our nursing team and their ongoing commitment to patients and families.

We witnessed this commitment as more than 2,000 clinical team members — the majority nurses — received training on how to care for patients suspected of having COVID-19 during the early days of the pandemic.

We saw that same commitment as nurses helped in the rapid deployment of direct-to-home telehealth services and the implementation of Epic, our new electronic health record system.

Seattle Children’s is committed to being an anti-racist organization. As we continue our work to realize this vision, our nurses are spearheading efforts to address equity, diversity and inclusion across their units and the organization as a whole.

And, in the midst of the year’s obstacles, nurses continued to learn, grow and innovate by launching a new ambulatory nurse residency program and offering mobile anesthesia and sedation services so patients can avoid unnecessary anxiety and a trip to the operating room.

But that’s not all. In this report, you will learn about a new handoff process between preoperative nurses and procedural nurses aimed at improving communication and safety. You will also discover how members of the Advanced Practice Provider Fellowship Program pivoted during the COVID-19 pandemic to provide support throughout the organization.

While many uncertainties remain on the road ahead, I am confident we will continue to get through these challenging times with grace, strength and devotion to our mission. Together — even if physically distanced — we are making a lasting difference in the lives of so many patients and families.

With great respect and appreciation,

Bonnie Fryzlewicz

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Seattle Children’s Nursing by the Numbers

149 areas, programs and departments supported by nurses

2,255 nurses

More than 2,000 nurses from 18 states participated in outreach education activities
- Alabama
- Alaska
- California
- Connecticut
- Delaware
- Florida
- Idaho
- Indiana
- Kansas
- Kentucky
- Louisiana
- Minnesota
- Missouri
- Montana
- New York
- North Carolina
- Oregon
- Washington

Average experience is 8.2 years

57.81% specialty certification rate

269 advanced practice providers

140 nurses volunteered their expertise, both domestically and internationally

27 hold a leadership position in a professional organization

52 publications (papers or book chapter)

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

75 poster and podium presentations

*Based on responses to the 2020 Nursing Professional Profile

Fiscal Year 2020
Care Delivery

New Mobile Service Delivers Calm and Comfort to Patients

Nurse practitioners Lindsay Augenthaler and Melanie Reynolds both jumped at the opportunity to join a new team at Seattle Children’s dedicated to improving the patient experience during certain anxiety-provoking procedures.

“There is instant gratification when you help make traumatic situations less traumatic for a child,” says Reynolds, one of four nurse practitioners on the Mobile Anesthesia Sedation Team (MAST).

**MAST fast facts**

In its first year, the MAST team responded to about 800 cases.

In 2021, MAST will have dedicated patient rooms, giving the team the option of offering mobile services or providing anesthesia or sedation services in their procedure space.

The team offers anesthesia and sedation services at the patient’s bedside or in the clinic to avoid unnecessary anxiety of a trip to the operating room (OR).

“There are a lot of wins in sedation,” says Augenthaler. “We get to kind of ride off into the sunset knowing that the patient and family experience is made a little better with in-room or in-clinic anesthesia or sedation services.”

A cohesive team

MAST features a team of four nurse practitioners, 17 registered nurses, 12 anesthesiologists and one Child Life specialist who provide on-call support to teams across the hospital and clinics.

The team’s nurse practitioners — Augenthaler, Reynolds, Kelly Brennan and Alexa Nienhuis — lead the MAST team, with oversight by Dr. Eliot Grigg, an anesthesiologist. The nurse practitioners assess each case, determine if MAST is the right fit, develop an appropriate plan and coordinate with the primary service.

The dedicated team of registered nurses provides nursing care before, during and after the sedation. They recover the child and ensure their condition is stable before handing their care back over to their bedside or clinic nurse.

In most cases, the team’s Child Life specialist may be involved to distract patients during the procedure.

“Everyone does a really amazing job of supporting each other,” says Abby Lang, lead registered nurse on MAST. “Seeing the anesthesiologists, nurse practitioners and the Child Life specialist in action is very inspiring and makes me better at my role. It’s contagious.”

Specialized, mobile services

MAST commonly provides anesthesia or sedation for IV, feeding tube and catheter placements; fracture reductions; dressing changes; drain removals; eye exams; electroencephalography (EEG); electromyography (EMG); and many other procedures. MAST features two service teams:

- A nurse practitioner-led **minimal and moderate sedation team** for procedures lasting less than 35 minutes with minimal pain
- An anesthesiologist-led **deep sedation and general anesthesia team** for procedures lasting more than 35 minutes that are more painful (may also be used if moderate sedation was not effective)

MAST team members Jamie Whipple (left) and Melanie Reynolds, nurse practitioner, help a patient receive sedation for a procedure. Whipple, a Child Life specialist, uses an iPad as a distraction technique. Photo taken before COVID-19 physical distancing and mask guidance.
Once Erica Goss saw the Mobile Anesthesia and Sedation Team (MAST) in action, she was sold. Goss is a registered nurse in Seattle Children’s Urology Clinic. She regularly calls on MAST to help keep patients calm when placing a catheter before a Urodynamics Study — a test used to determine how well a person’s bladder works. Before MAST was available, patients who were anxious would have to go to the OR to get a catheter placed. Thanks to MAST, the clinic can complete more studies while freeing up OR space.

“IT is really nice to know we are doing our best by these kids and families — both in being able to provide care within a reasonable timeframe and being able to give them the best experience we can,” says Goss.

“We get to swoop in and do things that are pretty great,” says Brennan. “Hearing from parents that we saved their kid an OR trip is awesome.”

The team has had to be especially nimble and creative in recent months, especially in light of the COVID-19 pandemic. All patients requiring a procedure must first undergo a COVID-19 test. In some cases, the team assists during those nasal swab tests for patients who are highly anxious.

Although it’s been an unpredictable first year, MAST team members are proud of their efforts and excited for the future.

“The teams calling on us for services have become a lot more willing to roll with the creative punches we throw at them,” says Augenthaler. “It’s been a good transformation for everyone, but I truly think we are at the tip of the iceberg here.”

Some members of the Mobile Anesthesia Sedation Team. Photo taken before COVID-19 physical distancing and mask guidance.
Nurses Join Forces to Improve Communication

After seeing a need for more consistent communication between preoperative nurses and operating room (OR) nurses and anesthesiologists, Elena Raney teamed up with her nursing colleagues to make a change.

Together, they created and implemented the Preoperative to Procedural Nurse Handoff Tool in February 2020.

“There were handoffs done in the past, but each nurse did things differently,” says Raney, a registered nurse in the Post Anesthesia Care Unit (PACU) and co-chair of the PACU’s unit-based Care Delivery shared governance council. “We created the handoff tool to make sure we were consistently passing the right information about each patient from the preoperative area to the procedural area.”

A closer look at the handoff tool

Among other items, the preoperative nurse uses the handoff tool to discuss the following with the procedural nurse:

- Who is present with the patient and whether there are any parental concerns
- Whether the patient has been properly consented
- Patient mobility status
- Assessment of the patient’s skin health
- Behavioral considerations
- Isolation status
- Whether the patient requires any other procedures or needs lab work
- What items the patient is bringing to the OR
- Whether there are spare supplies available for the patient, like tracheostomy tubes and airway supplies

Preoperative nurses also began using a handoff tool when directly transferring patients to an anesthesiology provider. Among other items, the nurse will review:

- Who is present with the patient and whether there are any parental concerns
- Behavioral considerations
- Whether the patient requires any other procedures or needs lab work
- Whether the patient has any medications or infusions due intraoperatively
- Whether the patient was given any medications preoperatively
- Whether the patient is allowed to have anything to eat or drink by mouth (NPO status)
- Any recent illnesses
- Any lines, tubes or drains
- Whether the patient is pregnant

“The handoff tool is intended to improve safety, communication and collaboration, and make sure families know we are all working together as a team,” says Taylor Miller, a registered nurse in the OR and co-chair of the OR’s unit-based Care Delivery shared governance council.

Early wins

Although the rollout of the handoff tool was more difficult than expected, Raney and Miller are pleased with the results so far.

“The initial adjustment was challenging, but using the tool is going smoothly now and people have figured out how to flow with it,” says Raney. “Communication overall has improved and that has even led to some safety catches, like identifying consents that were not completed correctly before the patient’s procedure.”

Pam Christensen, clinical nurse specialist in the PACU, has been amazed by the dedication of the nurses involved in the project.

“I think it’s wonderful that the nurses actually doing the work identified this and ran with it,” says Christensen. “They followed up, rounded with their teams, got feedback then revised the tool. They did amazing work. Now, everyone is collaborating more and building stronger relationships.”
Healthy Work Environment

New Nursing Council Tackles Issues Related to Anti-Racism, Equity, Diversity and Inclusion

When Juliette Ofamen sent an email to nursing leaders in June 2020 expressing her viewpoints on the need to increase anti-racism and equity, diversity and inclusion (EDI) efforts across Seattle Children’s, she had no idea she would soon help address the issues.

“As a nurse, I felt the organization was talking about improving our diversity and inclusiveness, but I wasn’t necessarily seeing that at the bedside,” says Ofamen, a registered nurse on the Post Anesthesia Care Unit (PACU). “I felt motivated to ask our leadership team about nursing’s work in this area because they showed they care about these things and wanted to increase our diversity efforts.”

After Ofamen sent the email, Debra Ridling, associate chief nurse and senior director of Nursing Practice and Research, reached out to Ofamen to share some of the anti-racism and EDI work already underway across the organization, specifically related to nursing. One project in progress was the creation of a new housewide EDI shared governance council. Ofamen was asked to chair the new council, which had its first meeting in November 2020.

Voicing concerns and making changes

Christina Finch, clinical practice manager on the Medical Unit, serves as the leader mentor of the new EDI housewide shared governance council. She has worked on several EDI-related projects at Seattle Children’s over the last five years and is excited about the opportunity to do more through the supportive shared governance model that gives nurses the ability to collaborate with leaders on decisions affecting nursing care.

“We’ve made some strides as an organization, but I definitely think there’s more we can do,” she says.

Finch is African American and says she wants to make sure any instances of racism are not normalized. Instead, she hopes people will feel empowered to speak up and help find solutions to problems.

“I want people to feel like this council is really hearing their concerns and the experiences on their units and trying to make an intentional effort to address them,” she says.

Although the council is still in its infancy, Ofamen is hopeful about what the council will mean for not only nurses, but also patients and families. Growing up in the Philippines until she was 7, Ofamen empathizes with families who are non-English speakers. She envisions broader discussions about how best to support families who do not speak English or are not fluent in English to ensure they receive the same level of care as patients who are native English speakers.

By creating the new shared governance council, she hopes people will have enriching conversations about these sometimes difficult topics and feel motivated to take action.

“It has been a hard few months, but it has been encouraging and inspiring,” says Ofamen. “With this work taking off and getting the support of management, I feel even more passionate about where I work.”

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— Juliette Ofamen, registered nurse on the Post Anesthesia Care Unit
With the increased focus on anti-racism across the nation in mid-2020, groups of nurses at Seattle Children’s decided to be part of the solution.

Here’s a look at some of the work already in motion by nurses in four of Seattle Children’s clinical areas.

**Emergency Department (ED)**

In the ED, a team of nurses formed the Justice, Awareness and Solidarity (JAS) workgroup in May 2020 to “normalize conversations about privilege, identity and oppression in order to better serve patients and families and create a culture of solidarity with all co-workers.”

Since launching, the team compiled a list of resources on anti-racism, including book recommendations and a section on developing a common language (this included terms like implicit bias and race equity, among others). The resource list was distributed to all ED nurses and available to anyone else working in the ED.

The group also worked with ED leadership on a survey to address nurses’ understanding of anti-racism, equity, diversity and inclusion. Results from the survey will help the workgroup develop additional education for nurses.

“We want people to know we stand with them and are willing to fight for their rights and their feeling of belonging,” says RJ Palania, a registered nurse in the ED and JAS workgroup member.

**Neonatal Intensive Care Unit (NICU)**

Lluvia Barragan and Jasmine Jett, both registered nurses in the NICU, paired up in May 2020 to discuss ways their unit could become more anti-racist.

They started a subcommittee in September 2020 where participants discuss a particular book or publication. Their first meeting — held virtually — featured “So You Want to Talk About Race,” by Ijeoma Oluo. During the hour-long meeting, participants examined their own privilege, which, for some, included their economic status, race/ethnicity, education level or the privilege of being a native English speaker. They also discussed the definition of racism and what it means to be anti-racist. Anti-racism is the active, ongoing process of dismantling systems of racial inequity and creating new systems of racial equity.

“My hope is that we continue talking about these topics because this isn’t something that’s going to be fixed this year; it’s going to take decades,” says Barragan.

**Post Anesthesia Care Unit (PACU)**

In the PACU, registered nurse Juliette Ofamen reached out to as many people of color she knew working on the unit to see if they wanted to meet to discuss race and diversity and ways to improve their work environment.

The first meeting featured impactful discussions about what it is like to be a person of color working in the PACU.

The survey data indicated that people want to have these conversations, but do not know how to go about it and are afraid of saying things in a way that comes off ignorant or offensive, says Ofamen.
The PACU has launched a committee to give people a forum to have these conversations and begin looking at improvements they can make on their unit.

Psychiatry and Behavioral Medicine Unit (PBMU)

Equity has been a big topic of discussion in the PBMU for some time. In January 2020, a multidisciplinary group in the PBMU — including registered nurses Mia Strauss and Tram-Anh Thi — formed the Equity Advisory Council. To improve awareness and education, PBMU leaders now send out a list of resources related to equity, diversity and inclusion in their weekly emails to staff members.

In August 2020, the interdisciplinary council also introduced a new job aid that addresses what to do if someone experiences or witnesses a microaggression — a comment or action that subtly and often unconsciously or unintentionally expresses a biased attitude toward a member of a marginalized group, such as a racial minority. Examples of microaggressions are when a patient calls another patient a derogatory term or if someone calls a patient who is transgender or gender non-conforming the wrong pronoun.

To address these issues, the idea is for people to recognize that everyone makes mistakes, to acknowledge the mistake, apologize and commit to further learning and change.

“We want to make sure staff members know how to respond and that they are confident in being able to provide equitable care for all populations,” says Strauss, a charge nurse in the PBMU.

Nurse Teams Up With Residents to Tackle Health Equity

Samy Kunze Garcia is no stranger to the topic of health equity. In 2018, she worked with a nursing colleague on a project as part of their Evidence-Based Practice Fellowship. Their project explored the best ways to address implicit bias among nurses — stereotypes or attitudes that impact a person’s decisions, actions and understanding in an unconscious way.

After reviewing 161 articles related to implicit bias in the healthcare setting, they determined nurses would benefit from equity, diversity and inclusion (EDI) training.

Kunze Garcia worked with Seattle Children’s Center for Diversity and Health Equity as well as colleagues from Learning and Organizational Development to help develop the content for the EDI training for nurses. This content serves as the basis for a four-hour EDI training available to other workforce members. In 2021, all nurses will be scheduled to complete the EDI trainings.

Fast forward to 2019 and 2020 when Kunze Garcia, nurse case manager for Care Coordination, jumped in to assist on another effort to improve health equity. She was asked to help lead focus groups to evaluate the EDI curriculum offered through the pediatric residency program at Seattle Children’s.

After the focus groups, several residents invited Kunze Garcia to join their effort to create a new Health Equity Rounds program — interdisciplinary case-based discussions held quarterly to explore issues of equity, bias and racism in medical settings.

The first Health Equity Rounds was held in August 2020 as part of the virtual Patient Safety Conference and Kunze Garcia was one of the presenters. All Seattle Children’s faculty and staff members are welcome to attend the Health Equity Rounds. As the only nurse initially involved in the program, Kunze Garcia is actively recruiting other nurses to participate.

“Nurses have a unique perspective on patient care because they spend eight to 12 hours with the same family — sometimes caring for them for days,” says Kunze Garcia. “If we don’t talk about what nurses experience and feel, we are never going to change the culture of health equity in the hospital.”
Nurses Play Vital Part in Pandemic Response

Without a clear understanding of what they might be facing, team members from the Emergency Department (ED) and Seattle Children’s Special Pathogens Program stepped up in a big way in early 2020 as cases of COVID-19 began spreading around the world.

In January 2020 — more than a month before the first case of COVID-19 was detected in Washington state — Seattle Children’s established an incident command center to begin planning for a potential surge in cases.

The weeks that followed required a clear vision and well-coordinated training plans to ensure nurses, respiratory therapists, providers and others were competent and confident in the use of personal protective equipment (PPE) like gloves, gowns, masks, respirators and eye protection.

“The unknown is so scary and there have been so many unknowns with COVID,” says Chelsea Eckart, unit-based nurse educator on the Medical Unit and member of the Special Pathogens Program. “The trainings gave people a little confidence and reassurance that we put a lot of thought into this as an institution. Knowledge is power.”

Planning for the unknown

Seattle Children’s Special Pathogens Program was created in 2014 to help formalize the organization’s response to highly contagious pathogens like Ebola, MERS-CoV, measles and now COVID-19. The program includes procedures for setting up a Special Isolation Unit (SIU).

If activated, the SIU is staffed by a specially trained team of providers, nurses and respiratory therapists — many who volunteered to care for patients who may have a contagious pathogen. Originally a 30-member team, the team expanded to about 70 people in early 2020.

As the potential impact of COVID-19 became more clear, inpatient and ED teams soon realized they needed to train as many clinical team members as possible.

“We knew that in order for people to be successful, they had to demonstrate how to put on and take off PPE correctly,” says Ashley Turner, also a unit-based nurse educator on the Medical Unit and member of the Special Pathogens Program. “Evidence shows your highest risk for exposure is when you are removing PPE.”

On the frontlines in the ED

In January 2020, the clinical team in the ED — including about 100 nurses and nurse practitioners — began screening patients for possible COVID-19 symptoms and completed PPE training. Refresher trainings were held in February.

Since patients who may have COVID-19 can arrive at the ED at any time without warning, the clinical teams have to be prepared to handle any situation with the highest level of safety in mind.

“The day of the first community transmission in the United States, which was in Washington state, the nursing leadership team in the ED was notified around noon and started setting up donning and doffing stations outside every room and gathering PPE supplies,” says Sara Fenstermacher, clinical nurse specialist in the ED who helped with the PPE trainings. “It was a wild day, but we mobilized quickly.”
At the ready in inpatient units
In the inpatient settings, Eckart and Turner developed plans on how to train more than 2,000 people in a few weeks. They also helped create job aids with pictures and clear instructions on how to put on and take off PPE.

Before physical distancing mandates were in place, inpatient nurses attended in-person trainings taught by fellow nurses. The training was available 24 hours a day, seven days a week in a designated space in the hospital.

When physical distancing restrictions were instituted in March, Eckart and Turner taught the PPE training to bedside nurses so they could teach other nurses in their area.

“Our staff is amazing,” says Turner. “This has very much prepared us for future pandemics because now we have good guidelines, job aids and escalating systems in place.”

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— Ashley Turner, unit-based nurse educator
Joy Briggs remembers the day vividly: Friday the 13th (March 13, 2020) — the day when the COVID-19 pandemic dramatically changed the way patient care was delivered through Seattle Children’s ambulatory clinics, at least temporarily.

“We knew that Friday it was going to be very different when we came back to work on Monday,” recalls Briggs, clinical operations manager for the Endocrinology and Diabetes program at Seattle Children’s.

Coordinated care with a virtual twist

In many of Seattle Children’s specialties, the medical assistant works with the patient family to gather information and ensure they can connect to the telehealth visit.

In certain specialties, the nurse will log on for the virtual clinic appointment alongside the provider. During the visit, nurses are hard at work creating detailed visit summaries and completing the care management process in real-time while the provider assesses the patient.

Nurses in the Urology program will sometimes remain on the line after the provider exits the visit to offer education and answer families’ questions.

“In the beginning, telehealth saved our clinic by making it possible to see kids we would not have been able to see in person,” says Sharie Matteson, a registered nurse in Urology — one of the first specialties to offer videoconferencing to patients just a few weeks after the start of the pandemic.

Pulmonary nurses Annie Fretwell and Almita Magbalot join telehealth visits involving patients with ventilators and tracheostomy tubes. They have seen firsthand the success of the telehealth visits among this vulnerable population.

“These kids have so much equipment and it is really difficult for families to physically pack up and go to an appointment,” says Magbalot. “The pandemic kind of forced the change and it has ended up being a really great benefit for the team and families.”

Virtual nurse-led education

Nurses serve vital roles in educating patients and families — whether in person or now through a telehealth appointment.

Pulmonary nurses quickly adapted and moved to nurse-only virtual visits to teach patients how to use certain equipment and medications.

Nurses in the Endocrinology and Diabetes program are all certified diabetes educators and regularly teach diabetes management classes to families. When the pandemic hit, they had to cancel the in-person classes and develop virtual learning opportunities led by nurses.

Briggs has been impressed by how quickly and easily nurses and care teams across all specialties mobilized to make telehealth a reality. She is excited for the future of telehealth and the ways nurses may help lead some of those virtual efforts.

“Telehealth is here to stay,” says Briggs. “It’s too bad it took a pandemic to push us in this direction, but we are going in a really innovative and exciting direction.”
Leadership and Governance

An Epic Rollout Two Years in the Making

As Seattle Children’s went live with an epic project on Oct. 3, 2020 — the introduction of its new electronic health record (EHR) system with Epic — Matt Wilke was prepared with his cot and sleeping bag to camp out in his office for a few days, if needed.

Although the days were long during those first couple of weeks after go-live, the process went smoother than many expected and Wilke did not end up needing to use his camping supplies. He is the director for inpatient cancer services and served as the Clinical Operational Readiness (CORe) owner for inpatient services on the Epic project.

The reason for the smooth transition to the new system: expert planning from a multidisciplinary team from across all areas of the organization, including nursing.

The new EHR is expected to improve the patient family experience and the quality and safety of the research and care provided at Seattle Children’s by streamlining information sharing and processes.

“We’ve been working on this project for so long and I was amazed at how well it went,” says Carol Shade, director of Nursing Informatics, Training and Technology. “On the nursing side, all nurses and nurse leaders really leaned in and helped get it done.”

Epic by the numbers: A spotlight on nurses

Nurse informaticists: 6
(Dawn Albin, Andrea Bakke, Alison Berger, Rachel Campos Felizardo, Saaliha Nawaz and Sydney Sloan)

Nursing subject matter experts: More than 150

Nurse credentialed trainers: 11

Nurse super users: 563

Nurses involved in cutover process (entering details about current patients into the new EHR the day before go-live): 31

Hours of Epic training attended by nursing staff: 21,840

Hours nurses spent on Epic projects: 44,000

Leaning in

Seattle Children’s began the journey toward the new EHR more than two years ago. Originally scheduled to launch in May 2020, the Epic implementation was pushed to October 2020 due to the COVID-19 pandemic and the need to train all users on the system virtually — a huge undertaking.

Shade says she was thankful to have those extra five months to prepare for the go-live.

Nurses — the largest segment of Seattle Children’s workforce — played a pivotal role in the design and implementation of Epic. Here’s a look at how nursing teams made Epic a reality in a physically distanced, virtual world.

A robust training plan

In 2019, a group of more than 150 nurses from inpatient and ambulatory clinic settings joined forces with team members from other disciplines to make design decisions about the new EHR system. By the beginning of 2020, the design was mostly complete and teams began to prepare for the transition to the new system.

The first step was to recruit credentialed trainers and super users.

Eleven nurses were recruited to step away from their positions across Seattle Children’s to serve as credentialed trainers. They became experts on the new EHR, helped develop educational materials and trainings for users, and conducted virtual training sessions in partnership with the certified principal trainers working in Information Technology.
Eric Peterson temporarily left his nursing role on the Cancer Care Unit to serve as a credentialed trainer in February 2020. Having a nursing background gave Peterson a better understanding of what nurses really needed to know about the transition to Epic.

Soon after assuming the credentialed trainer role, he determined that nurses working in the inpatient Cancer Care Unit would not need as long of a training session as nurses working in the outpatient Cancer and Blood Disorders Center (CBDC). With the support of leadership, they changed the training requirement.

In addition to the credentialed trainers, another critical piece of the Epic rollout for nursing staff was the use of super users — nurses who received extra training on Epic and were available in their departments to help answer questions about the system and escalate any issues to the proper team for resolution. Throughout the organization (including regional sites), 563 nurses served as Epic super users.

In late-August and throughout September 2020, all nurses completed virtual Epic trainings taught by the credentialed trainers. This was the first time Seattle Children’s conducted 100% of the trainings for a project in a completely virtual format.

“We had to become really creative in this socially distanced environment and figure out how we could reach out to each of our staff members to make sure they had everything they needed to be successful,” says Danica Pytte, senior director and associate chief nurse for the ambulatory division.

From training nurses to turning on the new system

About a month prior to Epic go-live, Mary Field, ambulatory director for the CBDC and Infusion Services, launched a mini go-live of the new module in Epic used by teams in the Cancer Care Unit and the CBDC.

To ensure patients received the treatments they needed without any issues during the switchover to the new EHR, Field’s team had to begin using the system weeks ahead of the organization-wide Epic go-live. During that month-long soft launch, a command center was set up so clinical team members could drop in and receive extra support.

Fast forward to the day before go-live. A group of 31 nurses were hard at work manually entering important details into Epic about the more than 300 patients staying at the hospital. This included height, weight, allergies and non-medication orders to ensure a seamless transition to the new system. The team was led by Molly Brown, director of the inpatient surgical unit, and supported by Alison Berger, informatics nurse specialist, and Shannon Degnan, clinical systems architect with the Clinical Applications team and a registered nurse.

At 4 a.m. on Oct. 3, the switch was made to Epic and the rest is history.

“We would not be where we are today without the flexibility of our nursing staff,” says Pytte. “If we had a problem we needed to solve, we asked for help and support was there.”
A collective sigh of relief

Now that the new EHR is fully operational, nurses will continue to serve on the clinical informatics shared governance council and many other interdisciplinary teams to look at ways Epic can further meet the needs of patients, families and workforce members.

Wilke has nothing but good things to say about his fellow nurses who stepped up in a big way this year by launching the new EHR in the middle of a pandemic.

“Nurses are truly equipped and probably the best role to handle change,” he says. “They are resilient and know how to successfully lead through crises. I couldn’t be more proud of my friends and colleagues.”

What are you most proud of with the Epic project?

“I am so proud of the incredible teamwork and how a group of exceptional nurses from across all inpatient units manually moved the records of more than 300 patients into Epic in one day. Truly remarkable!”

— Molly Brown, director of the inpatient surgical unit
Nursing leader responsible for the coordination of the Epic cutover

“The scale of this change was huge and it took everybody. I can’t emphasize enough the benefits of being on an integrated system. I’m proud of the organization for making this decision — it really shows their commitment to patients and families.”

— Andrew Mullenix, director of Patient Flow and Nursing Resources
CORe owner of bed planning for Epic

“I worked closely with the charge nurse team when making design decisions that would affect patient movement. Their level of engagement and collaboration during design and implementation was inspiring and showed how dedicated they were to the new, integrated EHR that supports safe patient care.”

— Deanna Finch, clinical operations facilities director
Patient Movement Champion for the Epic project

“During the spring and summer, we offered weekly virtual in-services to share Epic workflows with ambulatory staff and provide a closer look at what Epic would look like before they did their training. It was rewarding to see how engaged and receptive people were to the information we presented.”

— Dawn Albin, registered nurse in the Surgical Clinic
Ambulatory nurse informaticist

“Nurses and all workforce members demonstrated engagement and an eagerness for change. It made me so proud to witness everyone living Seattle Children’s values — collaboration, excellence, integrity, equity, innovation and compassion — on a daily basis during the Epic project.”

— Carol Shade, director of Nursing Informatics, Training and Technology
Ambulatory Nurse Residency Program Offers Support, Mentorship and Training to New Nurse Grads

Although their first year as registered nurses has been different than they anticipated because of the COVID-19 pandemic, Serah Mbugua and Katie Howell are thankful they made the decision to join Seattle Children’s as the organization’s first-ever ambulatory nurse residents.

“As new grads, one of our biggest fears is that we will be thrown into the world of nursing and expected to know what to do,” says Mbugua, an ambulatory nurse resident who started in May 2020. “That’s the value of the Nurse Residency Program; you are not really ‘thrown in.’ They help you figure out where you should be at each point in the residency.”

To do that, nurses rotate to a different clinic every four months and work alongside more experienced nurses until they are ready to take care of patients on their own as part of a preceptor program.

All of Seattle Children’s nurse residents — those working in the inpatient and outpatient settings — also attend 21, four-hour classes to work on different skills; run through case scenarios; learn about policies and procedures; hear from speakers; and participate in simulation trainings.

The ambulatory nurse residents also attend classes to learn additional skills used in the clinic setting, like telephone triage and care coordination. Shortly after the start of the pandemic, all trainings and classes went virtual.

During the last six months of the program, nurse residents work on an evidence-based project designed to improve their critical-thinking skills.

Embracing uncertainty

Navigating new waters when you are fresh out of nursing school is hard enough, but Howell and Mbugua both believe navigating those waters during a pandemic and the adoption of Epic — Seattle Children’s new electronic health record system — made them even stronger nurses.

“Since I didn’t have tons of experience under my belt, I was pretty flexible and adaptable and able to go with the flow,” says Howell, who started the ambulatory nurse residency program in February 2020 — just a few weeks before the start of the pandemic. “Every day is different and a new learning opportunity. I’ve learned to be open-minded and to not only accept changes, but embrace them and work to make things even better.”

Seattle Children’s Nurse Residency Program is accredited with distinction through the American Nurses Credentialing Center Practice Transition Accreditation Program.
Filling in the Gaps: APP Fellows Adapt to Meet Changing Needs During a Pandemic

When Caitlyn Shea was searching for a fellowship program after completing her nurse practitioner graduate school training, Seattle Children’s program stood out from the pack.

“Most of the other fellowships were specialty based,” says Shea, a nurse practitioner in the Emergency Department (ED). “I wanted to get another year of hands-on clinical experience. This program was perfect because I could rotate through different hospital settings.”

Shea was hired into Seattle Children’s Advanced Practice Provider (APP) Fellowship in September 2019 and recently completed the program. Like many other fellows, the one-year program did not go quite as expected because of the COVID-19 pandemic.

At the start of the pandemic, the APP fellows were pulled out of their clinical areas to preserve personal protective equipment. They were placed on the “bench,” meaning they stayed at home and could be called up to serve in any area of the hospital if there was a surge in COVID-19 cases or if they needed to fill in for any providers.

Since Seattle Children’s did not see a large number of patients with COVID-19 in those early weeks, the APPs did not have to come off the bench to fill in the gaps very often. They were back caring for patients as part of their fellowship rotation within about a month. The “bench” concept remains part of Seattle Children’s emergency response plan and can be activated at any time if the need arises.

“Even though these fellows got pulled from their regular rotations and the experience was different than what they signed up for, they learned a really valuable lesson about being a team player,” says Ronna Smith, Seattle Children’s chief of APP Services.

A different yet valuable learning experience

During the month or so when she served on the “bench” and did not work at the hospital, Shea was grateful she had a friend and colleague by her side.

Both from out of state, Shea and Ashlyn Fitzgerald, another APP fellow, decided to become roommates prior to the start of the fellowship. While in lockdown, they participated in their virtual didactic classes together.

Feeling guilty that they were not providing patient care at the start of the pandemic, they decided to volunteer to help with Public Health — Seattle & King County’s COVID-19 response efforts — a decision that fellowship program leaders encouraged.

“It was a weird limbo time because we didn’t know when or if we were going to be pulled back in and we didn’t know what it meant for our fellowship program,” says Fitzgerald, now a nurse practitioner also working in the ED.

Although their fellowship experience was not quite what they expected and involved fewer rotations across different specialties, Fitzgerald and Shea are thankful for every minute of it.

“It was a really wonderful experience,” says Shea. “Working in so many settings helped us be flexible, adaptable and versatile. We were learning something new every day and constantly pushed to become even better providers.”

About the APP Fellowship Program

Since 2017, Seattle Children’s has offered the one-year Advanced Practice Provider Fellowship Program to newly graduated nurse practitioners and physician assistants. In a typical year, there are three cohorts of fellows, with seven participants in each cohort.

During the program, fellows spend 70% of their time providing clinical care (alongside physicians/residents), 20% of their time observing in a clinical area and 10% of their time participating in didactic learning (lectures, simulations and case-based learning).

About a year ago, the program moved from training fellows in a single specialty to training them in multiple clinical settings — a decision that proved valuable during the COVID-19 pandemic.

“By training the fellows in multiple areas of pediatric medicine, they can go into any clinical role they want and will be strong, well-rounded providers,” says Angela Forbes, director of the APP Fellowship Program.
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 children’s 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.

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.

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.

Seattle Children’s Advanced Practice Provider Fellowship Program received a **certificate of accreditation** from the Accreditation Commission of the National Nurse Practitioner Residency & Fellowship Training Consortium.

**Pediatric Nursing Certification Board**

The Pediatric Nursing Certification Board acknowledged Seattle Children’s milestone of 500 nurses actively holding the Certified Pediatric Nurse (CPN) credential. To become certified as a CPN, nurses must demonstrate mastery of content in physical and psychosocial/family assessment, health promotion, management of illness/clinical problems, and their professional role.

**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.

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.

Seattle Children's is the only children's 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 2020, **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 out of nearly 200 pediatric hospitals evaluated in 2020. **U.S. News & World Report** has recognized Seattle Children’s as a top children’s hospital every year since it began ranking medical facilities more than 25 years ago.

**CARES Foundation**

The CARES Foundation recently designated the Differences in Sex Development (DSD) clinic as a **Level 1 (surgical) Comprehensive Care Center of Excellence** for the treatment and care of Congenital Adrenal Hyperplasia.

**Forbes Media**

Forbes Media has ranked Seattle Children’s No. 18 on its “**Best Employers in Washington State**” list. Seattle Children’s is the highest-ranking children’s hospital on the list.
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!

March of Dimes

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 Seattle Children’s nurses Therese Mirisola (category: Nursing Administration and Leadership), Karen Thomas (category: Research Advancement) and Chad Markward (category: Behavioral Health). At the March of Dimes ceremony, nurse Karen Kelly served as the mission moment speaker, alongside her grandson and son-in-law.

Nurses Week

Every year in May, Seattle Children’s celebrates our incredible nursing team during National Nurses Week. This year, 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: Adrienne Kleven (compassion), Brenda Campbell (excellence), Anna Liza Lopez (integrity), Heidi Ulom (collaboration), Jen Johnson (equity), Anne Anderson (innovation).

Evidence Based Practice Fellowship

In 2020, eight Seattle Children’s nurses completed the Evidence Based Practice Fellowship. Fellowship projects covered a variety of important issues in nursing practice including: barriers to use of translator services (Genevieve Aguilar); impact of a discharge registered nurse (Anna Boyd and Ginger Kopicky); impact of dietary modifications on constipation (Katie Hammett and Megan Zukowski); equitable care for patients with sickle cell disease (Jennifer Napolitano); injection cap and tubing changes for central line-associated bloodstream infections (CLABSI) prevention (Emily Roth); and prevention of clogged ear tubes (Alyse Whitlock).

Seattle Children’s Odessa Brown Children’s Clinic (OBCC) Ken Feldman Award

Seattle Children’s honors workforce members who encourage, promote and display respect, compassion and advocacy for all people with the annual OBCC Ken Feldman Award. This year, nursing team member Happy Salinas-Santos, nurse practitioner at OBCC, earned the award for her work promoting equity in healthcare.

Dissertation Award in Nursing Science

Denise Sackinger was honored with the Dissertation Award in Nursing Science by the University of Washington School of Nursing. This award recognizes distinguished students in research contribution, creativity and the scientific significance of the research. It is one of the university’s annual teaching and student awards.

DAISY

The DAISY award recognizes extraordinary nurses who go above and beyond to demonstrate care, compassion and dedication in their daily work. Congratulations to Olwen Bode (Post Anesthesia Care Unit), Michelle Botchey (Gastroenterology and Hepatology), Nancy Brajtbord (Emergency Department), Emily Burnham (Biochemical Genetics), Ronelle Caskey (Transplant), Cynthia Chiu (North Clinic in Everett), Chelsea Cramer (Medical Unit), Alyssa Sanchez De La Vega (Medical Unit), Cheryl Egashira (Medical Unit), Olivia Gass (Medical Unit), Emma Gell (Emergency Department), Ken Nguyen (Surgical Unit), Catherine Pursley (Medical Unit) and Emily Vinson (Pediatric Intensive Care Unit).

Kristi Klee, DAISY Nurse Leader Award

This year’s DAISY awards included a Nurse Leader category. This is Klee’s second DAISY Award.

David Fisher Award for Excellence in Safety

The 2020 team winner of the David Fisher Award for Excellence in Safety is the Nephrotoxic Agents Subcommittee team, a multidisciplinary group that identifies patients at Seattle Children’s who may be at risk of developing an acute kidney injury from nephrotoxic medications and develops strategies to reduce harm. The team included Ashley Van Drunen, nursing practice support leader. Therese Mirisola, director of Infection Prevention, was a recipient in the leader category for her work supporting the organization’s infection prevention efforts. The Infection Prevention team has been at the heart of Seattle Children's COVID-19 response.

2020 Nurses of Influence Award

As part of the 2020 Nurses of Influence Awards, the University of Washington School of Nursing awarded Debra Ridling, associate chief nurse and senior director of Nursing Practice and Research, with the Distinguished Research Award. This award recognizes an individual whose research, professional achievements and cumulative contributions have brought personal distinction, enhanced the profession, improved the welfare of the general public, and brought honor and prestige to their field.

Seattle University’s Provost’s Award for Graduate Student Excellence

Seattle University honored Mary Field with the Provost’s Award for Graduate Student Excellence following the completion of the doctor in nursing practice program. She was chosen for having maintained the highest grade point average across her doctoral studies and demonstrating excellence in leadership amongst her peers and in her work at Seattle Children’s.
2020 was a challenging year. Here’s what gave our nurses hope...

“Knowing the work we do is important. No matter what is happening in the world, there are patients, families and co-workers who rely on us to show up and be the best.”

— Psychiatry

“Research studies for new therapies that continue with research nurses — balancing patient safety and protocol adherence so we can collect essential data for regulatory approval and provide treatment.”

— Ambulatory Clinics

“The resilience and commitment of my team members to put patients first and provide family-centered care despite all the new challenges we face.”

— Post Anesthesia Care Unit

“How we all come together to support one another. It allows us to continue to have the sense of belonging and strength needed to get through this very trying time.”

— Pediatric Intensive Care Unit

“I derive hope from the resilience of the patients and families I take care of. These children are going through the hardest struggle of their lives but are still able to have fun and be kids.”

— Cancer and Blood Disorders Center

“Change is constant and I can count on that forever. I am hopeful because I see the desire for change and improvement not only in my co-workers, but around the nation. I look forward to taking action as part of an organization that strives for innovation, excellence and equity.”

— Surgery

“It gives me hope that even when patients and families are going through a stressful time because their child or loved one is ill and requiring our services, they come out on the other side of it with fond memories of their time spent at Seattle Children’s and the care they and their child received.”

— Intensive Care Unit