Seattle Children’s

2018 Nursing Annual Report
Warm Greetings From Bonnie Fryzlewicz, Vice President of Patient Care and Chief Nursing Officer

For more than 25 years, I have been fortunate to work at Seattle Children’s alongside a team of compassionate, resilient and committed nurses.

In November 2018, I became chief nursing officer after Mady Murrey moved into a new role as senior vice president and chief clinical officer at Seattle Children’s. I’m honored to serve in this role during a time of remarkable growth and innovation, and when there is so much to celebrate.

Thanks to the hard work of the talented members of our nursing staff, we achieved our third consecutive Magnet designation by the American Nurses Credentialing Center in 2018. This demonstrates the high degree of nursing excellence at Seattle Children’s.

Read page 16 to learn more about this extraordinary achievement. The accomplishments of our nurses exemplify our organizational values of compassion, excellence, integrity, collaboration, equity and innovation.

In this report, you will also:

• Find out how nurses are collaborating with others across the organization to design the facilities of the future so we can treat even more children who need our help.
• Learn about our redesigned shared governance model that allows more clinical nurses a seat at the table to make decisions that affect nursing care.
• Discover ways we are creating a healthier work environment and hoping to improve resiliency among nurses.
• Learn about innovations led by nurses, including the creation of standardized medication forms for schools.
• Find out about our Nursing Evidence-Based Practice Fellowship and the work of two fellowship participants to improve equity across the organization.

Our nurses do amazing things every day to better the lives of our young patients and these efforts do not go unnoticed. I look forward to continuing our journey to provide hope, care and cures to all children.

With great respect and appreciation,

Bonnie Fryzlewicz

One team. One mission. One vision.

Our Mission:
We provide hope, care and cures to help every child live the healthiest and most fulfilling life possible.

Our Vision:
Seattle Children’s will be an innovative leader in pediatric health and wellness through our unsurpassed quality, clinical care, relentless spirit of inquiry, and compassion for children and their families.

Our founding promise to the community is as valid today as it was over a century ago. We will care for all children in our region, regardless of their family’s ability to pay.

Our Values:
Compassion  Collaboration  
Excellence  Equity  
Integrity  Innovation  

Seattle Children’s  Hope. Care. Cure.
Seattle Children’s
Nursing by the Numbers

143 different areas, programs and departments supported

1,911 nurses

109 nurse residents

22 APP fellows (nurse practitioners only)

Average experience is 7.9 years

48.32% specialty certification rate, which is higher than the national average

45 hold a leadership position in a professional organization

260 nurses volunteered their expertise this year, both domestically and internationally

259 advanced practice providers

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

96 poster and podium presentations

27 published papers

*Based on responses to the 2018 Nursing Professional Profile

Fiscal Year 2018
Nurses Bring Clinical Perspective to Facility Design

We've all heard that it takes a village to care for a child. As the number of patients treated at Seattle Children's continues to grow, that village needs to expand.

Over the past year, dozens of clinical nurses, advanced practice providers and nursing leaders have banded together with other clinical and non-clinical team members to help design the facilities of the future to keep up with that growth.

Here's a look at how members of Seattle Children's nursing staff have lent their expertise to several building projects in 2018.

Building Care

In late-2018, Seattle Children's broke ground on Building Care, a 300,000-square-foot addition to the hospital's main campus. The building will feature patient care areas and support services, including a new Cancer and Blood Disorders Center (CBDC), Perioperative Services, Infusion Services, Laboratory, inpatient and retail Pharmacy, and more.

Laura John, a registered nurse in Infusion Services and the CBDC, is one of several nurses on the Forest Innovation Team (FIT) — a multidisciplinary group focused on how the new building will function best, including patient flow and use of space. The team carefully designs each space down to small details like where electrical outlets should go and what equipment should be in each room.

Over the last year, nurses have been integral to several facility design decisions. This includes:

- Developing a universal room in the CBDC that allows a patient and their family to stay in one location for blood draws, the provider visit and their infusion.
- Helping members of the Pharmacy team better understand how a nurse on an inpatient unit gives oral and IV medications to patients as they design their delivery process.
- Offering feedback on the best delivery system of blood products that emphasizes safety and efficiency.

Dozens of other nurses from both Seattle Children's and affiliate organizations, including the Seattle Cancer Care Alliance, have also participated in the facility design process by touring Seattle Children's Forest Innovation Center. The warehouse space features full-scale cardboard mockups so frontline staff members can test spaces and offer feedback before final design.

A second Seattle Children’s Odessa Brown Children’s Clinic (OBCC)

Later this year, Seattle Children’s will also break ground on OBCC’s second clinic. All of OBCC’s nurses and nurse practitioners contributed to the design of the new facility over the last year and will continue to have a voice during the building process.
Seattle Children’s Forest Innovation Center features full-scale cardboard mockups so frontline staff members can test spaces and offer feedback before final design.

Ana Phommachanh, a community health nurse at OBCC, has been one of several nurses active in the facility design process.

“The sense of family is very apparent when you walk into OBCC and I want to make sure we keep that in the new building,” she says.

Phommachanh is also focused on working with other team members to create a positive patient experience and an efficient space for staff and faculty members.

**Seattle Children’s North Clinic**

In August 2018, Seattle Children’s opened the North clinic in Everett, which offers Urgent Care and more than 18 pediatric specialties.

When designing the clinic, nurses provided important input into the room design, offering recommendations on what supplies should go in each room and how to set up the clean utility rooms. They also helped create policies and procedures related to patient flow.

**Neonatal Intensive Care Unit (NICU) relocation**

For the last three years, Meg Larkin has been one of about 10 nurses working on a project to relocate the NICU to Forest A.4., planned for fall 2020. The new space will be closer to the Emergency Department and the helipad, and will feature larger patient rooms so families feel more comfortable at the bedside and staff members have more space to do their work using the latest technology.

“This design work gave nurses the forum to speak our mind, our fears and our hopes about what would be the best space for us to do our best work,” says Larkin, a charge nurse in the NICU. “It’s very important for those who do the work and will be in the space to have a say in it.”

**Growth in Patient Visits at Seattle Children’s**

Seattle Children’s is growing — both in patient visits and through the creation of new facilities. Here’s a look at that steady growth over the years.

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Total patient visits (inpatient and outpatient)</th>
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<tbody>
<tr>
<td>2009</td>
<td>291,912</td>
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<tr>
<td>2011</td>
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<td>2013</td>
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<tr>
<td>2015</td>
<td>405,817</td>
</tr>
<tr>
<td>2017</td>
<td>429,255</td>
</tr>
</tbody>
</table>

**Did you know?**

Last year, the facility design/redesign team was recognized by the American Nurses Credentialing Center’s Commission on Magnet Recognition as an exemplar — an exceptional practice worthy of imitation.

**Upgrades to inpatient units in River zone**

Over the last year, teams have applied the design principles developed for Building Hope, which opened in 2013, to upgrades of the inpatient units in the River zone of the hospital’s main campus. In 2018, clinical nurses from the Surgical Unit helped convert the old intensive care unit (ICU) beds to acute care beds, which opened in the fall. Nurses helped update the design of the space and developed a care model to support new neonatal patients. They also oversaw the placement of supplies, equipment and furniture, and used simulation to test the design and safety of the space, and to orient staff members to the new spaces.

Nurses from the Medical Unit also launched their detailed facility design project in 2018. They hope to open an updated unit in fall 2019. Megan Auvil, a registered nurse on the Medical Unit, provided leadership on three unit moves leading up to the construction and detailed design phase of the medical floor on River 4.

**An eye-opening experience**

While there’s much more work to do, nurses involved in the facility design process like FIT members Laura John, Katie Richey and Jan Elliott, have appreciated learning about other areas of the hospital and offering an outside perspective on design decisions. Richey is clinical operations manager for Radiology and Gastroenterology. Elliott is a registered nurse in the Cardiac Catheterization Laboratory.

They are also excited to see the results of everyone’s hard work. “We are working to provide a safe, healthy and healing environment for the patient that is also functional, safe and healthy for the staff,” says Richey. “I think our hard work is going to pay off.”
Early in her nursing career while working on an inpatient psychiatry unit in California, Elaine Walsh remembers going home and having dreams about the difficult situations she encountered in her job.

“I worked with a challenging patient population and wasn’t able to get some work situations out of my head,” says Walsh, nurse scientist in resiliency in Seattle Children’s Center for Pediatric Nursing Research.

She quickly learned the importance of self-care.

“Delivering good care is all about taking care of yourself first,” says Walsh. “Research shows that healthcare workers who are burned out make more mistakes. It is critical to take care of the people who are providing care.”

Over the last few years, Seattle Children’s has made a greater effort to do just that by hiring Walsh for a five-year research position and through the work of two shared governance councils.

Building a more resilient nursing workforce

In January 2017, Walsh was hired to lead research about the resiliency of nurses at Seattle Children’s and determine the best ways to increase support for nurses. Resiliency involves bouncing back or finding ways to adapt when faced with stressful or traumatic situations.

Through her work, Walsh is reviewing literature, conducting research studies and interviewing clinical nurses to learn what kinds of stress they feel at work, what helps them cope and what they think will improve resilience.

“My early findings show that people are working hard and do experience some burnout, but they also report levels of resilience that are comparable with or higher than other studies of healthcare workers,” says Walsh.

As part of her work, she is also collecting and/or reviewing existing data to evaluate the effectiveness of staff support programs like Tea for the Soul, Schwartz Center Rounds® and the CONNECT program.

Tea for the Soul — a program offered by the Spiritual Care Department — gives staff members an opportunity to enjoy a cup of tea, some refreshments and quiet music, and to take a breather from their busy and often stressful shifts.

Schwartz Center Rounds® is a bimonthly forum that brings together a multidisciplinary group of clinical caregivers to discuss the social and emotional issues they face when caring for patients.

CONNECT is a home-grown program that was developed by providers with a goal of supporting all healthcare providers, including nurses, in the implementation of compassionate, relationship-based care.
Check out pages 10-11 to learn more about Seattle Children’s shared governance councils.

New avenues of support
In addition to the programs Walsh is evaluating, nurses from across Seattle Children’s have joined together to find other ways to support nurses through their work on two new housewide shared governance councils that launched in spring 2018.

The Nursing Bioethics Liaison Council is responsible for providing education, support and resources to nursing staff members in their clinical areas about situations that are ethically difficult or morally distressing.

One of the bioethics council’s first projects addresses moral distress, which occurs when healthcare providers think they know what is ethically right but are unable to act on those beliefs for various reasons. Research shows that moral distress contributes to emotional distress, burnout and can lead people to leave the profession.

In April 2018, Sarika Steinhaus, former Cardiac Intensive Care Unit (CICU) nurse and Nursing Bioethics Liaison Council chair, piloted moral distress forums on the CICU. The forums provide a designated time and space for staff and faculty members in the CICU to discuss what causes distress and how to handle it.

Due to their success in the CICU, moral distress forums are now being introduced on other clinical units around the hospital, including Perioperative Services.

“My overall goal is to have providers and nurses feel comfortable having an open discussion and that the forums will lead to decreased burnout and more resiliency among nurses,” says Natalie Rejto, a nurse on the Post-Anesthesia Care Unit and the new chair of the Nursing Bioethics Liaison Council.

The Healthy Work Environment Council features a group of nurses from various units focused on the health and well-being of nurses.

In its first year, the council has focused on improving communication among all care team members. It is also dedicated to improving nurse resiliency by replicating a program used on the Psychiatry and Behavioral Medicine Unit to evaluate burnout and implement a support checklist that staff members and leaders can use in difficult moments.

“This is a really unique council to be on at this time in the history of Seattle Children’s,” says Allie Evanger, a registered nurse on the Surgical Unit and co-chair of the Healthy Work Environment Council. “The work of this council will help nurses through all of the changes and growth that’s happening.”

Connecting the dots
After completing research, understanding the findings and looking at the current support services available for nurses at Seattle Children’s, Walsh will develop recommendations on how to improve resiliency and reduce burnout among nurses. The hope is to apply these findings to other roles outside of nursing in the future.

“My sense is that we are not going to reinvent the wheel because I think Seattle Children’s has quite a few supportive resources,” says Walsh. “It may be more about helping people access these resources.”
Developing a Simple Solution to a Complex Process

Being a nurse involves much more than caring for the medical needs of a patient at the bedside. It’s the small things behind the scenes that nurses do every day that keep patients safe, whether at Seattle Children’s or out in their communities.

Each summer and fall, nurses working in Seattle Children’s ambulatory clinics complete tens of thousands of school forms to ensure patients receive the treatments and care they need while at school.

Over the years, this has become an increasingly time-consuming task since schools throughout Washington state do not use a standardized form and the number of patients needing treatments and care while at school has steadily increased by about 10% each year.

Nikki Banks was hired as nursing supervisor of Specialty Care Coordination at Seattle Children’s in 2017. In that role, she looks for ways nurses in the ambulatory clinics can improve efficiency when completing various tasks between clinic visits. One of the first projects she tackled was standardizing school forms.

A standard process

In January 2018, Banks began examining about a dozen different school forms, including medication forms previously adopted by the teams in Seattle Children’s Endocrinology and Neurology clinics. She then partnered with Washington’s Office of Superintendent of Public Instruction (OSPI) to create standardized forms that meet the needs of schools and Seattle Children’s.

Much like the medication form developed by Seattle Children’s Endocrinology Clinic in fall 2014, the universal forms developed by Banks were created in an electronic format so the form is saved in the patient’s medical record and the provider can sign it electronically. In the past, the school forms were completed by hand and never saved to the patient’s medical record. This created an interruption in the continuity of care and a lot of rework for nurses if families lost the form.

Under the new process, Seattle Children’s Health Information Management prints the forms and sends them in the mail to families upon their completion. Patient families can also access the form through the patient portal if they misplace them.

“It’s just amazing to have two entities like Seattle Children’s and OSPI on the same page,” says Banks. “It will take time for this to reach every nook and cranny of public and private schools, but the fact that the process has started and there’s talk about standardization is a big deal.”

By the Numbers:
Seattle Children’s Ambulatory Clinics

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<th>Category</th>
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</thead>
<tbody>
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<td>361,177</td>
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<tr>
<td>Ambulatory clinics</td>
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<td>Nurses working in ambulatory clinics</td>
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<td>Nurse leaders working in ambulatory clinics</td>
<td>31</td>
</tr>
<tr>
<td>Nurse practitioners working in ambulatory clinics</td>
<td>106</td>
</tr>
</tbody>
</table>
A Focus on Standardization

For more than a year, about 25 ambulatory care nurses have served on the RN Standardization Workgroup. The group identifies problems and works to standardize processes to improve the experience for patient families and nurses.

“The group involves frontline staff, which is important because they do the work every day and know best what is needed,” says Jose Estela, director of Seattle Clinics and Specialty Care Coordination.

The group’s current projects include:

• Creating standardized language in the patient’s electronic health record.
• Updating orders related to home care, offsite laboratories and durable medical equipment.

“The group becomes a think tank of what works best, why it works and whether it will work with different types of clinics,” says Nikki Banks, nursing supervisor of Specialty Care Coordination.

A proven method

Deann Atkins helped standardize school medication forms when working as the clinical operations manager of the Endocrinology Clinic several years ago.

Although there were a few bumps along the way, she says the adoption of the universal school form for patients with diabetes was a success. Having a form that nurses are familiar with helps speed up the form completion process. It is also safer since there is consistent language regarding medication administration and standards of care.

“In the past, it would take 20 minutes to fill out one form and now it takes about five minutes,” says Atkins, who is currently interim clinical operations manager for the Gastroenterology and Neurodevelopmental clinics. “That’s a huge time savings when you are completing about 2,000 forms a year.”

Although it’s still too early to know the impact of adopting the universal school forms across all ambulatory clinic settings, Banks anticipates similar results.

“Members of the nursing staff know how to fill out the forms now because there is standard information,” she says. “Although the volume of forms continues to grow, the process is smoother now.”

Universal medication forms for schools are expected to reduce the time it takes ambulatory clinic nurses to fill out each form from about 20 minutes to five minutes.
Giving Nurses a Seat at the Table

Working at night versus the day in a hospital setting is sometimes like a tale of two worlds.

“There are more people around and more resources during the day compared to at night,” says Kelsey Machut, a registered nurse who has worked night shift on the Medical Unit since being hired at Seattle Children’s almost four years ago. “Most nurses start on the night shift then quickly go to days or evenings and forget the struggles of having fewer resources and balancing work, life and sleep.”

To voice the concerns and needs of nurses working the night shift in her area, Machut joined the housewide Night Shift Council — one of several new shared governance councils that began meeting last spring. The council’s mission is to address specific issues related to support, communication and work-life balance for nursing staff members working at night.

“It’s important to keep night shift involved and help them realize they are valued,” says Machut. “The hospital is a 24-hour organization and we need people to want to stay on the night shift because kids don’t stop being sick just because it’s nighttime.”

A new strategy for shared governance

In 2018, nurses from across the organization implemented the redesign of shared governance, which included alignment with the revised Professional Practice Model for nursing that was adopted in fall 2016.

Through shared governance, clinical nurses representing various departments across Seattle Children’s collaborate with nursing leaders on decisions that affect nursing care.

“As a nursing leader, I can come up with some really grand ideas, but I don’t always know if they will work for nurses,” says Kristi Klee, director of clinical nursing quality and safety. “If we need something, we need to ask the people doing the work.”

Over the last year, members of Seattle Children’s shared governance councils also made several improvements to the shared governance model, including:

• Setting designated meeting times built into the work schedules of all members.
• Introducing standard tools that each council can customize. This includes meeting agendas, project plans, project tracking templates and consensus tools that help members make decisions on whether to adopt changes.
• Establishing clear roles and responsibilities for council members. This includes designating a mentor (nursing leader) to support and empower nurses in their council work.
• Training council members on how to have difficult conversations, how to handle feedback, how to track project work, how to run meetings and more.
• Training nurse leaders to effectively partner with and mentor clinical nurses within the shared governance structure.

Shared Governance at a Glance

Clinical nurses involved in shared governance: About 580

Nurse leaders involved in shared governance: About 70

Inpatient and outpatient units involved in shared governance: 20

Housewide shared governance councils: 9

Unit-based shared governance councils: 80
Shared governance gives clinical nurses the opportunity to make a meaningful impact in the care they deliver.

**New councils, new ideas**

In addition to the changes to the shared governance model, new housewide and unit-based shared governance councils were introduced last spring, including the unit-based Clinical Research Center and housewide Healthy Work Environment and Night Shift councils (see model, below right).

The new councils are in the early stages of launching their project plans and are happy to know that people across the organization are listening to their ideas.

“The fact that we’ve established a shared governance council is a huge success,” says Rachel Cortner, a registered nurse in the Pediatric Clinical Research Center and co-chair of the Clinical Research Center’s Leadership and Governance Council. “Our meetings have been running well and we are working on lots of exciting projects. For example, we are creating an orientation toolkit for new research nurses.”

Tiffany Bailey, a registered nurse on the Surgical Unit, hopes to make a difference through her role as chair of the Healthy Work Environment Council. *(Learn more about the council’s mission and projects on pages 6-7.)*

“The topic of healthy work environments is so important because wouldn’t we all love to work somewhere that supports us and helps us flourish in healthy ways as we grow in our careers and our personal lives?” says Bailey.

Although members of the new shared governance councils are still getting their feet wet, Stephanie Easley, a registered nurse on the Medical Unit and chair of Nursing Assembly, is pleased with the positive feedback they’ve already received.

“We are hearing from areas in the hospital that have never had their voices heard,” says Easley. “I love that our nurses are the ones initiating these changes and being supported by leadership.”

As a leader herself, Jill Carey says she decided to serve as the Healthy Work Environment Council’s mentor because she wants nurses to get the support, mentorship and development they need to do their best work.

“If we are going to support nurses, it’s really important that we ask them what they actually want,” says Carey, unit-based educator on the Cancer Care Unit. “It’s awesome to be able to do that through shared governance.”

“**We all got into nursing because we love kids and want to help. Having shared governance councils is the way that people can take that passion and put it toward finding ways to help ourselves and others in the nursing profession.”**

— Kelsey Machut, registered nurse on the Medical Unit
Fellowship Program Gives Nurses Tools to Ask the Big Questions

As relatively new nurses, Olivia Kerwin and Samantha Kunze Garcia had no idea that asking a simple question could potentially lead to changes across Seattle Children’s.

Soon after being hired on the Medical Unit in 2016, both Kerwin and Kunze Garcia became concerned about how implicit bias in staff members could affect patients and families of low socioeconomic and/or minority status — individuals from racial or ethnic minorities, people with disabilities or those who are medically complex, and those with limited English proficiency.

Implicit bias refers to the stereotypes or attitudes that impact our decisions, actions and understanding in an unconscious way. This sometimes includes making a generalization about a group based on cultural norms or expectations that have no basis in reality.

When applications opened for the Nursing Evidence-Based Practice (EBP) Fellowship, Kerwin and Kunze Garcia decided to take the opportunity to explore this issue.

About the EBP Fellowship

In 2015, Seattle Children’s launched the EBP Fellowship, which is an eight-month program that provides mentorship and coaching to nurses as they work on a project relevant to their unit. To date, 45 nurses have participated in the fellowship program.

Evidence-based practice is different than research because it involves answering a question based on evidence that currently exists. Research, on the other hand, is about discovering new knowledge and providing new evidence.

Through the program, fellows meet for two hours a month with the program’s facilitator, Denise Sackinger, nursing quality, safety and Magnet support leader for Nursing Professional Development. They are also paid to work on their project for an additional six hours a month. During this time, they review relevant literature and other evidence and synthesize the information into their findings.

At the end of the program, they present their findings and may recommend practice changes. In some cases, the projects lead to a research study, national presentation and/or publication.

Sackinger has worked for several organizations and says she is amazed by Seattle Children’s commitment to developing nurses through this fellowship program.

“This fellowship gives nurses the opportunity to address a concern that is of interest to them,” says Sackinger. “They develop their question and critically evaluate the evidence to understand best practice and make a recommendation based on their findings.”

Addressing implicit bias

Kerwin and Kunze Garcia began the fellowship program in April 2018 — the first of two program cohorts in 2018. They knew they could move from asking if implicit bias existed to, instead, exploring the best ways to address implicit bias among nurses. They were particularly interested in how to train nurses since they knew their colleagues wanted to do the right thing, but sometimes felt limited by their skill set.
Olivia Kerwin (pictured left) and Samantha Kunze Garcia (pictured center), both registered nurses on the Medical Unit, participated in a Nursing Evidence-Based Practice Fellowship in 2018 led by Denise Sackinger, nursing quality, safety and Magnet support leader for Nursing Professional Development (pictured right). Their project explored the issue of implicit bias among nurses — stereotypes or attitudes that impact our decisions, actions and understanding in an unconscious way.

“Communication is a common thread in a lot of instances of implicit bias,” says Kunze Garcia. “When families have a different or unique way of communicating that may be related to their culture, lived experiences or how they react to an incredibly stressful situation, they may be labeled as ‘difficult’ and there’s this inherent and unnecessary conflict between the family and the care team.”

Recognizing that there are a lot of things we do not know and learning how to ask questions are important first steps in addressing implicit bias, says Kerwin. When nurses don’t ask questions or make assumptions, things may get missed.

**What the evidence shows**

After reviewing 161 different articles related to implicit bias in the healthcare setting, Kerwin and Kunze Garcia determined that nurses would benefit from equity, diversity and inclusion (EDI) training. The trainings may involve case studies and simulations so nurses can tackle real-world issues and learn how to identify instances of implicit bias and how they can feel more comfortable having difficult conversations.

Leaders across Seattle Children’s have completed EDI trainings, but this has not been rolled out to clinical nurses. Senior nursing leaders asked Kerwin and Kunze Garcia to work with Seattle Children’s Center for Diversity and Health Equity to develop an EDI training program for nurses in the coming years.

“The clinical nurses are the ones spending time with patients every day,” says Sackinger. “The way they care for and interact with patients impacts their experience. The organizational feeling is that we need to make sure nurses have the skills to care for families from all cultures.”

Although they are still in the early stages of helping develop the training, Kerwin and Kunze Garcia are optimistic about its impact.

“I have felt so much hope,” says Kerwin. “In the beginning, we were really just hoping to begin a conversation. We are very young nurses who don’t have much experience compared to a lot of the people we work with, but it has been incredible to hear that nursing leaders are willing to listen to us and make changes.”
Awards and Honors
Seattle Children’s is proud to have earned these awards and honors, which recognize the quality of care we give our patients and families and 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. This honor is bestowed by the American Nurses Credentialing Center (ANCC), sponsor of the Magnet Recognition Program. In 2018, we once again received a four-year re-designation. Our program has been recognized as a Magnet organization for excellence in nursing services since 2008.

The ELSO Excellence in Life Support Award recognizes ECLS programs worldwide that distinguish themselves by having processes, procedures and systems in place that promote excellence and exceptional care in extracorporeal membrane oxygenation. ELSO’s goal is to recognize and honor ECLS programs that reach the highest level of performance, innovation, satisfaction and quality.

For more than 25 consecutive years, U.S. News & World Report has ranked Seattle Children’s among the nation’s top children’s hospitals. We are honored to be the only pediatric medical center in Washington to be ranked.

March of Dimes honors nursing excellence each year by paying tribute to nurses who have a tremendous impact on patients and their families. A prestigious group of healthcare professionals review applications and make awards, choosing from nurses who are nominated by colleagues and families alike. These four Seattle Children’s nurses were recognized in 2018: Sheryl Schmeling (Pediatric Nurse of the Year), Leslie Harder (Administrative Leader), Samuel Hapke (Emergency) and Savannah Chatriand (Rising Star).

Our Cardiac Intensive Care Unit (CICU) and Pediatric Intensive Care Unit (PICU) were named recipients of the Beacon Award for Excellence from the American Association of Critical Care Nurses. Our PICU first achieved this honor in 2015, followed by the CICU in 2018. For nurses, the Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover. Applicants are judged in the areas of leadership, appropriate staffing, use of evidence-based practices, outcome measurement, effective communication, and a focus on learning and development of nursing staff.

Our Emergency Department was granted the 2016-19 Lantern Award from the Emergency Nurses Association. The Lantern 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. This award is a visible symbol of an emergency department’s commitment to quality, presence of a healthy work environment, and accomplishments in incorporating evidence-based practice and innovation into emergency care.

March of Dimes

Becker’s Hospital Review

In 2018, Becker’s Hospital Review placed Seattle Children’s on its list of “150 Great Places to Work in Healthcare.” The organizations on the list were chosen for their competitive benefit packages, promoting diversity within the workforce, employee engagement and professional growth.

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Seattle Children’s Nurse Residency Program received accreditation with distinction from the American Nurses Credentialing Center’s Practice Transition Accreditation Program (PTAP) in 2018. The residency program facilitates the transition of new nurses with less than a year of nursing experience into prepared and confident pediatric nurses. The PTAP accreditation recognizes Seattle Children’s Nurse Residency Program as meeting evidence-based standards for transition-to-practice programs.
The DAISY Award recognizes extraordinary nurses who go above and beyond to demonstrate care, compassion and dedication in their daily work.

Each quarter, we give the award to several outstanding registered nurses at Seattle Children’s based on nominations by patients, families and members of the interdisciplinary team (including nurses, physicians, nutritionists, social workers and other staff members).

The award was established by the DAISY Foundation, which focuses on the elimination of diseases attacking the immune system.

**Congratulations to these 2018 DAISY Award recipients:**

- Cynthia Brooks, Radiology
- Lindsay Brownlee, Cardiac Intensive Care Unit
- Rilla Bylund, Medical Unit
- Stephan Dimitroff, Medical Unit
- Brenda Eng, Orthopedics and Sports Medicine
- Karyn Hanken, Acute Care Float Pool
- Ashlyn Hicks, Surgical Unit
- Cara Hilderbrand, Pediatric Intensive Care Unit
- Tyler Carson Horn, Pediatric Intensive Care Unit
- Connie Jackson, Recovery
- Diana Johnson, Emergency Department
- Kaitlyn Knoebel, Pediatric Intensive Care Unit
- Dorothy Liwag, Perioperative Services
- Maricel Morada, Surgical Unit
- George Mullen, Cardiac Intensive Care Unit
- Jennifer Richter, Emergency Department
- Miguel Ruiz, Surgical Unit
- Danielle Slatt, Surgical Unit
- Jeremy Stultz, Cardiac Intensive Care Unit
- Maura Wedell, Neonatal Intensive Care Unit
We Did It Again!

In August 2018, we achieved Magnet designation by the American Nurses Credentialing Center (ANCC) for the third consecutive time.

Magnet designation recognizes the talent, compassion, innovation and collaboration of our nurses. It shows that our patients and families are in the best hands when they choose Seattle Children’s because our nurses meet the highest standards of excellence.

Seattle Children’s is the only children’s hospital in the Northwest to receive Magnet recognition. Fewer than 10% of hospitals across the United States receive this designation.

The path to Magnet re-designation, which occurs every four years, is a thorough and rigorous process. It involves the hard work of team members from every corner of the organization. A big thanks and congratulations to everyone who made this achievement possible!