Warm Greetings From Mady Murrey, Chief Nursing Officer

If asked to summarize this past year at Seattle Children’s in one word, it could easily be growth. Patient need for our services is growing; we are building new buildings; and, in turn, our workforce is steadily increasing.

When Seattle Children’s launched its strategic plan last year, we made a commitment to recruit, train and retain the best and brightest. Nowhere in our organization have we made more progress on this initiative than in nursing, where we added 353 registered nurses in fiscal year 2017.

In this report, you will read about two exciting programs that support this growth: our Nurse Residency Program, which allows us to fill gaps in our nursing staff by hiring and training nurses who have limited experience but incredible promise, and our Advanced Practice Provider Fellowship Program. These wouldn’t be possible without support of our amazing nurses who have welcomed, supported and trained our new hires.

You’ll also read about several programs aimed at meeting critical needs, like our nurse-led initiatives to prevent suicide in youth; simulation programs that help keep up critical nurse skills; and our unit-based clinical nurse specialists, a unique role that supports bedside nurses. Last year we also named our Center for Pediatric Nursing Research, which is empowering nurses to turn their questions into advances in pediatric nursing practice.

These incredible programs and achievements are making a difference for nurses. Our 2017 workplace engagement survey results show significant improvement in three key nurse excellency areas: fundamentals of quality nursing care; adequacy of resources and staffing; and leadership access and responsiveness.

I recently asked our nurses, “What do you like best about being a nurse at Seattle Children’s?” Their responses were touching (you can read some of their answers at the back of this report) — and I am compelled to respond, too: What I love best is being able to support the extraordinary work of our nurses. Every day, I hear about the difference they make in the lives of the kids we serve. Leading this team is truly an honor.

With great respect and appreciation,

Mady Murrey

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Excellence in Action: 
A Look at Some of Our 2017 Nursing Accomplishments

Here’s a look at some of what nurses have accomplished in 2017 in the five areas of our Professional Practice Model:

Care delivery:
- We created a program focused on early identification and treatment of sepsis, resulting in a 60% reduction in patient rescue events.
- We implemented a nurse-administered nitrous oxide program in the Emergency Department.
- Our nurses began providing care in Montana, our third practice state, in addition to Washington and Alaska.

Healthy work environment:
- We implemented creative new staffing models that support nurses to work in two departments, such as the Medical and Dialysis units.
- To support a growing nursing workforce, we added nursing leadership positions on the Cancer Care Unit, Surgical Unit, Medical Unit, Pediatric Intensive Care Unit, Cardiac Intensive Care Unit (CICU), Neonatal Intensive Care Unit, Perioperative Services and Acute Care Float Pool/Vascular Access Service.
- We hired a nurse scientist who is studying resiliency of our nursing staff.

Innovation and improvements:
- We implemented a new advanced continuous renal replacement therapy and extracorporeal membrane oxygenation role in the intensive care units to care for high-risk patients.
- We moved our Operating Room nursing documentation process from paper to an electronic system.
- We celebrated our nursing research program’s new name: the Center for Pediatric Nursing Research within Seattle Children’s Research Institute.

Leadership and governance:
- We supported our charge nurses to grow into frontline leaders in the Psychiatry and Behavioral Medicine Unit.
- We welcomed an advanced practice provider (APP) who is serving as medical director for Infusion Services. This is the first time an APP has served in a medical director role at Seattle Children’s.
- We hosted a shared governance retreat that involved clinical and nursing leaders from across the organization focused on re-envisioning our shared governance model.

Development of nurses:
- Ten nurses completed our Evidence-Based Practice Fellowship.
- We implemented the Pediatric Cardiac Intensive Care Unit Knowledge Assessment Tool (PCICU-KAT), which objectively measures orientation effectiveness in our CICU.
- We expanded our acute care float pool to care for patients in the Emergency Department, Vascular Access Services, Post-Anesthesia Care Unit and the intensive care units.

“The impressive efforts of our nursing staff over the last year show how truly committed everyone is to providing the safest and best care possible to our patients. I’m excited to see what’s ahead over the next year.”

— Debra Ridling, associate chief nurse and senior director of nursing practice and research
When a 12-year-old patient complains of stomach pains, headaches and difficulty sleeping, it may be easy for providers to recommend medication and send her on her way, but Seattle Children’s nurses are asking healthcare professionals to dig deeper.

On closer examination and by asking the right questions, the patient’s care team discovers that, unbeknown to her parents, she has been bullied at school for the last five months and has been cutting herself — a risk factor for suicide.

Over the last year, Seattle Children’s began two initiatives to teach nurses how to determine if a patient has considered attempting suicide, made a suicide plan or attempted suicide.

“Suicide prevention should be as basic as CPR,” says Erika Miller, clinical practice manager of Mental Health Consultation. “Even though I am a psych nurse, I can still do CPR on a patient. We want asking about suicide to be something that everyone can do.”

**Asking the tough questions**

In 2017, Seattle Children’s offered five, six-hour suicide prevention trainings to nurses from Seattle Children’s and the community to meet a new state requirement.

During the trainings, participants learned about suicide risk factors and how to conduct an assessment from nurses from Seattle Children’s Psychiatry and Behavioral Medicine Unit. They also practiced asking patients difficult questions.

“Being able to get more care team members across all medical settings comfortable enough to have these conversations and identify kids at risk is so important and may save lives,” says Miller.

**Addressing a growing need**

On average, staff members in Seattle Children’s Emergency Department treat between 10 and 20 patients every day who need a mental health evaluation because they had suicidal thoughts or attempted to harm themselves.

The Emergency Department began a mental health program in 2011 where patients who present with a mental health-related complaint are seen by a specialized team to determine eligibility for admission.

The number of patients seen through that program has nearly quadrupled. This high demand sometimes causes a long wait for a mental health evaluation.

Seattle Children’s Emergency Department launched a new suicide-screening tool in May 2017 to help nurses prioritize who needs a mental health evaluation right away by determining if a patient is high risk.
If patients answer “yes” to questions on the screening tool, such as whether they have a plan to kill themselves, want to kill themselves or have tried to kill themselves in the last month, they are considered high risk and move to the top of the list for an evaluation.

“The kids are still coming in and that’s not changing, but our threshold for intervention is starting to change,” says Elaine Beardsley, clinical nurse specialist in the Emergency Department.

Since introducing the screening tool, Emergency Department nurses have screened more than 1,000 patients and about 23% of them were considered high risk.

More work to do
Beardsley is proud of Emergency Department nurses for completing these screenings, and for all nurses who are committed to learning about suicide prevention.

“The more awareness around assessing suicidality, the better,” she says. “That’s how we are going to prevent it and get early interventions.”

This work is just the beginning.

Beardsley hopes to one day use the screening for all patients who come to the Emergency Department, regardless of the reason for their visit.

Seattle Children’s will continue to offer the suicide prevention trainings for nurses a few times a year.

“Psych has always been something other medical providers shy away from or don’t feel like they need to know about,” says Miller. “Having it mandated is really helpful for people to see that everyone is responsible for this problem.”

By the Numbers:
2016 Healthy Youth Survey Results for Youth in Washington State

Depressive feelings: Percentage of students who reported feeling sad or hopeless for at least two weeks in the past year.

- 8th graders: 28%
- 10th graders: 34%
- 12th graders: 37%

Suicidal feelings and actions: Percentage of students who reported considering suicide, making a suicide plan or attempting suicide in the past year.

Considered attempting suicide
- 8th graders: 17%
- 10th graders: 21%
- 12th graders: 20%

Made a suicide plan
- 8th graders: 13%
- 10th graders: 17%
- 12th graders: 16%

Attempted suicide
- 8th graders: 8%
- 10th graders: 10%
- 12th graders: 9%

“The more awareness around assessing suicidality, the better. That’s how we are going to prevent it and get early interventions.”

— Elaine Beardsley, clinical nurse specialist in the Emergency Department
Thinking Outside the Box to Build a Diverse Nursing Workforce

Foxy Davison is no stranger to Seattle Children’s Emergency Department and the Odessa Brown Children’s Clinic (OBCC).

Two of Davison’s three children have sickle cell disease—a chronic blood disease that can be treated and managed, but not cured. More than once, Davison has scooped up a sick child and hurried to OBCC or Seattle Children’s hospital campus to help treat the debilitating pain that’s common with the condition.

The Davison children receive their primary care services at OBCC and see specialists through the clinic’s Sickle Cell Program.

“At Odessa, it always feels like it’s a home and a family,” says Davison. “I realize that some of that is because of the cultural representation of the staff there.”

Creating a nursing pipeline
To recruit new nurses, Seattle Children’s leaders recognized the need to reach people early to develop a pipeline pathway. Through programs like the following, in 2017 hundreds of nurses spent time with high schoolers and nursing students, in addition to their normal job duties, to help build a strong nursing workforce.

- **Nurse Camp:** Each summer for the last 15 years, Seattle Children’s has offered a free, three-day Nurse Camp for high school juniors and seniors considering a career in nursing. Through shadowing opportunities, the program introduces nursing to an ethnically diverse group of young people before they make college decisions. More than half of the 39 Nurse Camp participants in 2017 indicated they were from an ethnically diverse background.

- **Heritage University:** Seattle Children’s offered two, four-week trainings in 2017 for a diverse group of nursing students from Heritage University, which is located on the Yakama Indian Reservation in Toppenish, Washington.

- **Diversity senior practicum:** Over the past two years, Seattle Children’s has offered a senior practicum specifically designed for nursing students from racially and ethnically diverse backgrounds. Of the six hosted students, three were later hired by Seattle Children’s.

- **Partnerships:** Seattle Children’s has supported the efforts of the Mary Mahoney Professional Nursing Organization (MMPNO) for the last five years. MMPNO provides financial aid and scholarships to students of African heritage who want to pursue a nursing career. In 2017, Seattle Children’s began working more closely with MMPNO to provide additional opportunities and support to students interested in working at Seattle Children’s.

Davison, who is African-American, says having a diverse group of healthcare workers provides her with a much-needed sense of comfort during stressful times.

“Diversity brings up different opinions, value sets and stories,” says Davison. “Having that diversity present at Odessa helped create a safe medical home for my family.”

Seattle Children’s has made significant investments in recent years to recruit, train and retain the very best nursing staff, with an emphasis on creating a diverse workforce. Here is a look at some of those efforts.
Nursing students from Heritage University located on the Yakama Indian Reservation in Toppenish, Washington, attended two, four-week trainings at Seattle Children’s.

- **Liz Thomas Legacy Scholarship**: The goal of the Elizabeth “Liz” Thomas Legacy Scholarship is to increase the diversity of registered nurses at Seattle Children’s and in the community. The scholarship recognizes students from underrepresented groups in the nursing profession. In 2017, Seattle Children’s awarded six $5,000 scholarships.

**Hiring the team of the future**

Seattle Children’s has also made a significant investment in hiring and training new nurses.

In fiscal year 2017, Seattle Children’s hired 353 new registered nurses. Of those, 122 were hired into a new one-year Nurse Residency Program, which prepares each nurse who has less than one year of experience to work in a pediatric setting.

To hire the nurse residents, Human Resources and nursing leaders teamed up to launch a centralized hiring process that brings together applicants, clinical nurses and hiring managers from different clinical units for a one-day event. Seattle Children’s held three centralized hiring events in 2017.

“Our hiring was kind of haphazard before, where candidates were interviewed on several units and those units may have all wanted to hire the same person, which required negotiations and trading,” says Amanda Jensen, clinical practice manager on the Surgical Unit who helped organize the hiring events. “This is a way for us to look at hundreds of candidates at once, which saves time.”

About 30% of the residents hired for the May residency program, and 27.5% of residents hired for the August program, were from racially and ethnically diverse backgrounds.

“The nursing organization has really done an amazing job of setting clear goals and desired outcomes, and creating an infrastructure and sustainable programming to increase the diversity of our nursing workforce,” says Princess Ayers-Stewart, chief of Workforce Diversity and Inclusion at Seattle Children’s.

Ayers-Stewart has worked closely with Susan Geiduschek, Seattle Children’s associate chief nurse, on these initiatives and they are happy with the recent recruitment efforts.

“We are caring for an increasingly diverse patient population, and research shows that having a diverse workforce leads to better patient outcomes and more patient satisfaction,” says Geiduschek.

That investment in creating a more diverse nursing workforce means a lot to families like the Davisons.

“It’s nice to be at a place where they recognize there is value in having multiple cultural experiences in the workplace,” says Davison. “It makes me glad when I walk through the doors at Seattle Children’s.”

**Diversity and Inclusion Work in Action**

Since launching Seattle Children’s Nursing Workforce Diversity and Inclusion strategic priorities in fiscal year 2016, Children’s has met and exceeded the following goals:

- **Diverse Hiring Goal**: To hire diverse external nursing candidates at or greater than the annual availability over the next three years.
  - Baseline FY16: 23.4%
  - Target FY17: 24.6%
  - Actual FY17: 25%

- **Nursing Inclusion Indicator Score**: The inclusion indicator measures nurses’ feelings about respect, trust, recognition and a sense of belonging at Seattle Children’s, which may be an indicator of whether they stay with the organization. The goal is to increase by .02 year-over-year over the next three years to result in a statistically significant improvement of .06 (a target of 4.02).
  - Baseline FY16: 3.96
  - Target FY17: 3.98
  - Actual FY17: 4.05
Practice Makes Perfect: Nurses Use Simulation to Prepare for Life-Threatening Emergencies

While some may consider Hannah Campbell’s survival a miracle, her mother credits the quick response of nurses and providers at Seattle Children’s for saving her daughter’s life five years ago.

When Hannah was born, her heart was pumping at 253 beats per minute and within 12 days had doubled in size. She was eventually diagnosed with an extremely rare condition where the heart is essentially ingrained with benign tumor cells that continuously grow.

At about 2 months old, doctors implanted a pacemaker, but it failed to steady her heartbeat and she eventually went into cardiac arrest.

The healthcare team in Seattle Children’s Cardiac Intensive Care Unit (CICU) immediately performed cardiopulmonary resuscitation (CPR). When a patient like Hannah doesn’t respond to CPR, they can go on extracorporeal membrane oxygenation (ECMO), a machine that functions for the heart and lungs. This combination of ECMO and CPR is known as ECPR.

Hannah was on ECMO for nearly a month before her heart and lungs were strong enough to function on their own. When she was 4 months old, she had a heart transplant at Seattle Children’s.

“"The medical professionals were so prepared for this type of emergency,” says Jennifer Campbell, Hannah’s mom. “If we didn’t have those people that evening, I wouldn’t be able to see my daughter grow up to be this amazing young lady.”

Hannah is now a sassy 5-year-old who loves to sing, dance, swim and play soccer.

Over the last few years, nurses have increasingly used simulation to train for emergency situations, like cardiac arrest.

Here is a sampling of some of that simulation work.

‘ICUs United’

Since 2014, a team of nurses, providers and respiratory therapists from the intensive care units (ICU) and the Operating Room has participated in a simulation every Tuesday to train for a complex case.

The simulations present team members with several different scenarios, including practicing what to do if a patient needs a massive transfusion, has a difficult airway, has swelling in the brain or needs to be resuscitated but is not responding to traditional CPR.

“ECMO during CPR is a complex therapy that requires multiple teams working together to resuscitate a patient,” says Larissa Yalon, clinical manager of ECMO.
In fiscal year 2017, 58 patients in the ICU settings went into cardiac arrest and nine patients went on ECMO.

“To deliver the best care possible, we need to practice under the most stressful conditions in a safe space where we can learn and grow as a team,” says Hector Valdivia, clinical quality leader for Pediatric Critical Care and Clinical Effectiveness.

**Learning and Simulation Center Introduces New Nurse Leader Roles**

In fall 2017, Seattle Children’s Learning and Simulation Center added three part-time nursing roles to its team. This change recognizes the contributions of nurses and the importance of building multidisciplinary teams.

Beardsley spends about 25% of her time partnering with Dr. Jennifer Reid, associate medical director of Pediatric Emergency Medicine Simulation and Emergency Department physician.

Jen Longcor, nursing professional development specialist for the Nurse Residency Program, and Peterson spend 10% of their time partnering with physicians on simulation trainings.

These three nurse leaders bring their expertise to simulation, while further developing their own simulation skills to share across nursing.

**Just-in-time simulations**

Since November 2016, nearly 400 ICU nurses have participated in a five-minute simulation called a rolling refresher. The simulation features two mobile CPR training carts that nursing leaders take around the units so nurses can brush up on CPR skills.

“The whole premise is to keep the key elements of CPR fresh in the minds of nurses,” says Eli Masse, clinical practice manager for Recognized Illness Severity in Kids (RISK), Code Blue and critical care float pool nurses. “We have made a huge impact and helped staff feel pretty empowered to perform care in a situation that’s really scary.”

Like the rolling refresher program in the ICU, the Emergency Department unveiled a just-in-time simulation program in fall 2017 that focuses on skill building. Nurses and providers participate in the 10-minute simulations twice a week, which present the team with a scenario that requires them to determine the proper lifesaving measure to take, such as administering CPR or caring for a patient with sepsis.

“It is great to see nursing at the cornerstone of simulation and spreading its value,” says Elaine Beardsley, clinical nurse specialist in the Emergency Department. “It’s such a positive method for learning.”

**Special isolation team**

Over the past year, Seattle Children’s Infection Prevention team re-recruited nurses and providers to serve on the special isolation team, which is activated if a patient presents with symptoms that may be caused by a highly contagious and life-threatening pathogen, such as Ebola, MERS-CoV or measles.

Ashley Turner (Rossow) and Chelsea Eckart, both unit-based educators, trained members of the special isolation team in July 2017. The training used four simulations that presented team members with different treatment scenarios, like handling a urinary catheter or taping a patient’s tracheal tube while wearing protective clothing and equipment, including three pairs of gloves. The team will participate in two in-depth simulation trainings in 2018.

“People had an eye-opening experience and were glad they were doing this over a simulation doll as opposed to a live patient for the first time,” says Therese (Tee) Mirisola, director of Infection Prevention.

**Training new nurses**

In fall 2016, Jen Peterson helped design and launch a three-hour simulation course for new ICU nurses to practice caring for the complex needs of ICU patients, like drawing medications quickly during an emergency code activation.

“The biggest gain is for nurses not to freeze in an emergency because they have practiced what to do,” says Peterson, unit-based educator in the CICU.

In 2017, 77 new ICU nurses participated in these simulations and the feedback has been very positive. Some nurses have already applied their learnings to actual patient care.

**From simulation to real-life**

Applying those lessons learned during real-life situations is the intent of the simulations. Families like the Campbells are thankful for these efforts.

“I’m very grateful for everything that the nurses and people caring for these children train for and practice,” says Campbell. “We wouldn’t have our daughter if it weren’t for ECMO and the heart transplant.”
Leadership and Governance

Clinical Nurse Specialists Offer Nursing Expertise With a Special Focus on Safety and Quality

Megan Stimpson’s desire to care for others began as a young child when she would put bandages and casts on her dolls and stuffed animals.

“I was always very interested in the medical field, and I gravitated toward nursing because it was a little less technical and more caring and holistic,” says Stimpson. “I always adored kids so pediatric nursing was the perfect fit.”

Stimpson is one of 10 unit-based clinical nurse specialists (CNS) at Seattle Children’s who serve in a unique and highly skilled role aimed at helping bedside nurses deliver the safest and best care possible to patients. Prior to becoming a CNS, she was a clinical nurse on Seattle Children’s Cancer Care Unit for more than five years.

“As a bedside nurse, you don’t always have time to enact a practice change or find evidence to answer your questions because you are busy delivering patient care,” says Stimpson, a certified CNS on the Cancer Care Unit. “I decided to become a CNS to make things easier for the nurses while keeping patient safety at the forefront.”

Defining the role

Like nurse practitioners, nurse midwives and registered nurse anesthetists, a CNS is also an advanced practice registered nurse, but has a very different focus that Ashley Van Drunen says many patients, families and other clinicians do not fully understand.

Van Drunen, a certified CNS, worked in that role on the Surgical Unit for three years before transitioning into a new role as a support leader for nursing practice about a year ago.

For the last year-and-a-half, Van Drunen has served as co-chair of the Clinical Nurse Specialist Special Interest Group through the Society of Pediatric Nurses, a national organization. One of the group’s goals is to educate others about the role and importance of a CNS. To do that, the group is developing a fact sheet and recently created a definition of a CNS, which was adapted from the definition created by the National Association of Certified Nurse Specialists.

According to the group, a CNS is “an advanced practice registered nurse whose function is to improve outcomes in patient care. The CNS is a clinical practice expert, an educator, a researcher, a leader and a consultant who influences the three spheres of practice: patient care, nursing and systems.”

In 2016, Washington state began requiring people serving as a CNS in a healthcare setting to become certified, which means additional schooling for many people currently working as a CNS. Without the certification, they would not be able to work under the CNS title in the future.

Of the 10 people serving as a CNS on a clinical unit at Seattle Children’s, three are certified as a CNS, two have completed the additional schooling and are studying for their certification, and five are currently in school.

“The new certification requirement protects the CNS title with some specific academic and testing rigor, which is good,” says Kristi Klee, director of clinical nursing quality and safety at Seattle Children’s.

In October 2017, Klee began overseeing all of the unit-based clinical nurse specialists. Previously, they reported to leadership on each unit. Since each CNS may work on similar projects, the new centralized reporting structure encourages teamwork, reduces duplication of work and may lead to quicker practice changes.
Specialized nursing skills in action
On any given day, a CNS wears a variety of hats — from identifying and closely following the progress of high-risk patients on their unit, to working with nurses on process changes related to a new policy or procedure, or evaluating the literature for best-practice standards.

“I don’t take care of one patient at a time like a nurse practitioner, but I oversee a whole patient population on the unit,” says Stimpson. “As a CNS, I try to keep my eye on risks I see out there to keep the patient as safe as possible.”

Over the last year, Stimpson helped implement a new process on the unit to escalate a patient’s care if their blood pressure drops significantly. Since implementing the new process, the unit has seen a 40% reduction in patient rescue events.

Pam Christensen has shared her vast knowledge and nursing expertise as a CNS on the Post-Anesthesia Care Unit at Seattle Children’s since 2012. Although she has her master’s degree, Christensen recently went back to school to complete a CNS certificate program to meet the new state requirement, and recently passed her board certification.

“I feel like I’m here to make sure nurses have what they need on a daily basis to safely take care of their patients and make sure we have good patient outcomes,” she says. “I also help problem-solve when questions and concerns arise.”

Caring for patients with diabetes on the unit, for example, may require a non-standard care plan and the use of insulin. Christensen developed materials and provided education to help nurses safely care for these patients.

“When you consider the level of care we provide, a CNS not only has expertise, but knows where to go to find more information or will phone a friend if they need to,” says Klee. “A CNS has a big picture understanding of how to look across the continuum of care, how to address complex needs and how to provide support to bedside nurses.”

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— Megan Stimpson, certified CNS on the Cancer Care Unit

Megan Stimpson is one of 10 unit-based clinical nurse specialists at Seattle Children’s.

“I’m here to make sure nurses have what they need on a daily basis to safely take care of their patients and make sure we have good patient outcomes.”

— Pam Christensen, certified CNS on the Post-Anesthesia Care Unit
New Residency and Fellowship Programs Build Skills, Confidence and a Sense of Camaraderie Among New Nurses

Although Tamara Lewis’ first year as a registered nurse has been challenging and nerve-wracking at times, it has also been a time of professional growth and confidence building, thanks to a new training program at Seattle Children’s.

Since 2016, Seattle Children’s has made significant investments in recruiting, training and retaining the very best nursing staff. As part of that work, 122 registered nurses with less than one year of nursing experience were hired in 2017 to participate in a new Nurse Residency Program. Seattle Children’s also started a fellowship program in 2017 for advanced practice providers, which includes nurse practitioners and physician assistants. (See sidebar for fellowship program details.)

Lewis was one of 42 nurses in the Nurse Residency Program’s inaugural class in February 2017. There were four different residency cohorts in 2017 and there will be three cohorts in 2018.

“When you’re starting off as a nurse, you need to be in a place where you can ask questions, say that you don’t know something, admit errors and pull in others for support,” says Lewis, a nurse resident on Seattle Children’s Medical Unit. “Having peers going through the experience with you is also vitally important.”

About the program

The Nurse Residency Program does not replace the unit-specific orientations, classes and competencies that have been available to new nurses for years, but provides broader education so they know what to do if a patient’s condition worsens, how to do a thorough head-to-toe assessment, when to call a code or how to make a plan of care.

During the program’s 21, four-hour classes, nurse residents work on different skills; run through case scenarios; learn about policies and procedures; hear from speakers; and participate in simulation trainings. The program also provides ample opportunities for group discussions and self-reflection.

On the units, new nurses work alongside more experienced nurses until they are ready to take care of patients on their own as part of a precepted patient care orientation.

Throughout the residency, nurses also discuss the challenges they face and how to develop coping skills with their peers and staff members from Seattle Children’s Spiritual Care Department. During the last six months of the program, nurses work on an evidence-based project.

“Many nurses come in and they’re super excited and terrified at the same time,” says Stephanie Pommer, manager of the Nurse Residency Program at Seattle Children’s. “It is the right thing to do to help new grads develop their knowledge, build their skills and walk beside them in what can be a really challenging first year on the job.”

Making a lasting impact

From the start of the program to the six-month mark, survey results indicate that nurse residents feel more prepared and nursing leaders are more confident in residents’ abilities to provide safe and effective care.

As Lewis approaches the end of her yearlong residency, she feels prepared and excited for what lies ahead in her nursing career — a dream that was 10 years in the making. Prior to becoming a nurse, Lewis was a nursing assistant at Seattle Children’s. She’s thankful that the Nurse Residency Program was available after completing school to help her become more comfortable and confident on her new career path.

“Being a nurse is very challenging, but I know the work I do is meaningful,” says Lewis. “It’s very important to go to a program where you feel supported. That really helps you be successful because you aren’t going on the journey by yourself.”
“It’s really scary as an RN because you have people’s lives in your hands. I knew being a novice nurse that it would be really hard to succeed. With the residency program, it’s a community that’s rooting for you, has your back, wants you to succeed and is invested in you.”

— Keshia Santiago, Seattle Children’s nurse resident

**Fellowship Program Sets New Nurse Practitioners Up for Success**

Kaitlin Hoban has always loved learning and a new fellowship program at Seattle Children’s has helped her put her medical knowledge to the test in a real-world setting.

In 2017, Seattle Children’s launched the Advanced Practice Provider (APP) Fellowship Program, which provides specialized training to nurse practitioners and physician assistants who are new to working with pediatric patients in the APP role.

“Nurse practitioners come out of school with a lot of knowledge, but the majority of new hires are new graduates or have no experience in the specialty in which we hired them,” says Ronna Smith, director of the APP Fellowship Program.

During the one-year program, fellows spend 70% of their time providing clinical care alongside an experienced nurse practitioner, 20% of their time observing in a clinical area and 10% of their time attending a weekly lecture series. The goal is to hire the fellows by the end of the program.

Hoban spent six years as a registered nurse at Seattle Children’s before becoming a nurse practitioner in 2017. She became one of four fellows in the first fellowship program for nurse practitioners at Seattle Children’s in July 2017.

“It’s been wonderful,” says Hoban. “The greatest part of the program is that I am expected to be a learner and to ask questions. I’m not expected to know everything right off the bat. The fellowship is pushing us to be independent while learning as much as we can from as many different services to make us more well-rounded.”
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 2013 we received a four-year re-designation, following our original recognition in 2008 as a Magnet organization for excellence in nursing services.

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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.

**DAISY Award**

The **DAISY Award** for extraordinary nurses recognizes the superhuman work nurses do every day. Each quarter, the award is given to six outstanding registered nurses at Seattle Children’s selected 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.

Our Pediatric Intensive Care Unit (PICU) was granted the **Beacon Award for Excellence** in 2015 from the American Association of Critical Care Nurses. 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.

**Forbes**

Seattle Children’s was ranked #10 on *Forbes*’ list of “America’s Best Employers” for 2016. We were also the third highest ranked company in the “Healthcare & Social” category. To create the list, Forbes surveyed more than 30,000 U.S. workers to determine how likely they were to recommend their employer to someone else and how they felt about other employers in their industry.

For the 25th consecutive year, *U.S. News & World Report* designated Seattle Children’s one of the nation’s top children’s hospitals. Seattle Children’s ranks #1 in the Northwest, according to the 2017 *U.S. News & World Report* rankings of 200 children’s hospitals. We are honored to be the only pediatric medical center in Washington to be ranked.

**March of Dimes**

March of Dimes honors nursing excellence each year by paying tribute to nurses who have a tremendous impact on patients and their families. Numerous nurses from Seattle Children’s have been recognized with these awards in a number of categories. A prestigious group of healthcare professionals review applications and make awards, choosing from nurses who are nominated by colleagues and families alike.

Seattle Children’s was recognized by the **Women’s Choice Award** as one of the Best Children’s Hospitals for 2017. The award recognizes hospitals that provide comprehensive pediatric services and high quality professional, nursing and support staff.

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Seattle Children’s Nursing by the Numbers

133 different areas, programs and departments supported

1,915 nurses

**Among children’s hospitals, Seattle Children’s ranks**
- in the top 25% for nurses with a BSN or higher degree
- in the top 10% for nurses with a specialty certification

Average experience is 7+ years

56% specialty certification rate, which is higher than the national average

34 hold a leadership position in a professional organization

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

Nurses shared innovative projects and research on the local and national stage
- 300 advanced practice providers
- 66 poster and podium presentations
- 22 published papers

*Based on responses to the 2017 Nursing Professional Profile  
Fiscal Year 2017*
The Heart of Nursing at Seattle Children’s

From their patients and families, to their compassionate colleagues, our nurses share what they love best about being a nurse at Seattle Children’s.

“I get to mold a moment that is forever impressionable in these patients’ and families’ lives.”

“I love working with children. Caring and interacting with them makes me feel young at heart.”

“Making a difference in the lives of my patients and their families every day.”

“I love that no matter how different we are or our opinions might be, we come together as a team to bring about the best possible outcomes for our patients.”

“Getting to see the smiling faces of the children when they start to feel better.”

“I love the compassionate, caring, knowledgeable professionals I work with.”

“The teamwork. In my 15 years as a bedside nurse, I have never felt alone in triumphs and tribulations.”

“The child-specific care we provide, both physiologically and emotionally.”

“My patients, hands down. Every hug, smile, high-five and fist bump is special. It is fun, exhausting, stressful and the most rewarding thing I could choose to do with my life.”

“I love the kids. It really is that simple.”