

# Nursing annual report 2024

[cookchildrens.org/nursing](https://cookchildrens.org/nursing)



# Dear colleagues and friends,

As we look back on 2024, I am proud to share stories of nurses who have such passion to initiate change. Our clinical nurses are empowered to speak up on behalf of themselves, patients and families by offering support, listening and providing tools to do their jobs better. Last year, I watched them proactively identify needs and make improvements through patient advocacy, safety enhancements and innovations in care.

Our nurses collaborated at all levels to make change happen. You will read how they combined science and empathy to create a patient communication tool, allowed us to see patients through the eyes of the caregivers with a new powerful photo voice study, traveled to other hospitals to teach health care providers, met a need for education on safe medication storage and used innovative technology on the Endocrinology unit.

Every change made by our nurses ultimately impacts our patients and aligns with the Cook Children’s Promise. As one nurse said: “If I can change something for the better and it makes a difference in one child’s life, it’s worth it.” As we wrapped up our Nursing Strategic Plan last year, we continued to integrate many of those goals into our nursing roles such as mentorship opportunities as part of our Nursing Professional Development Program. Our mentors provide invaluable guidance every step of the way.

Changes are also needed to ensure nursing remains a desirable career. I was honored to serve on a task force that Governor Abbott created with the goal of addressing health care workforce shortages in Texas. We found comprehensive solutions to remove barriers that exist to expand health care programs at institutions and provide students with the tools necessary to succeed in this field in Texas. After serving on the task force, I realized even more how grateful I am for our nurses and all the remarkable ways they have cared for patients, families and each other. The future is bright!



**Cheryl Petersen, RN, MBA, NE-BC**  
**Chief Nursing Officer, Cook Children’s**

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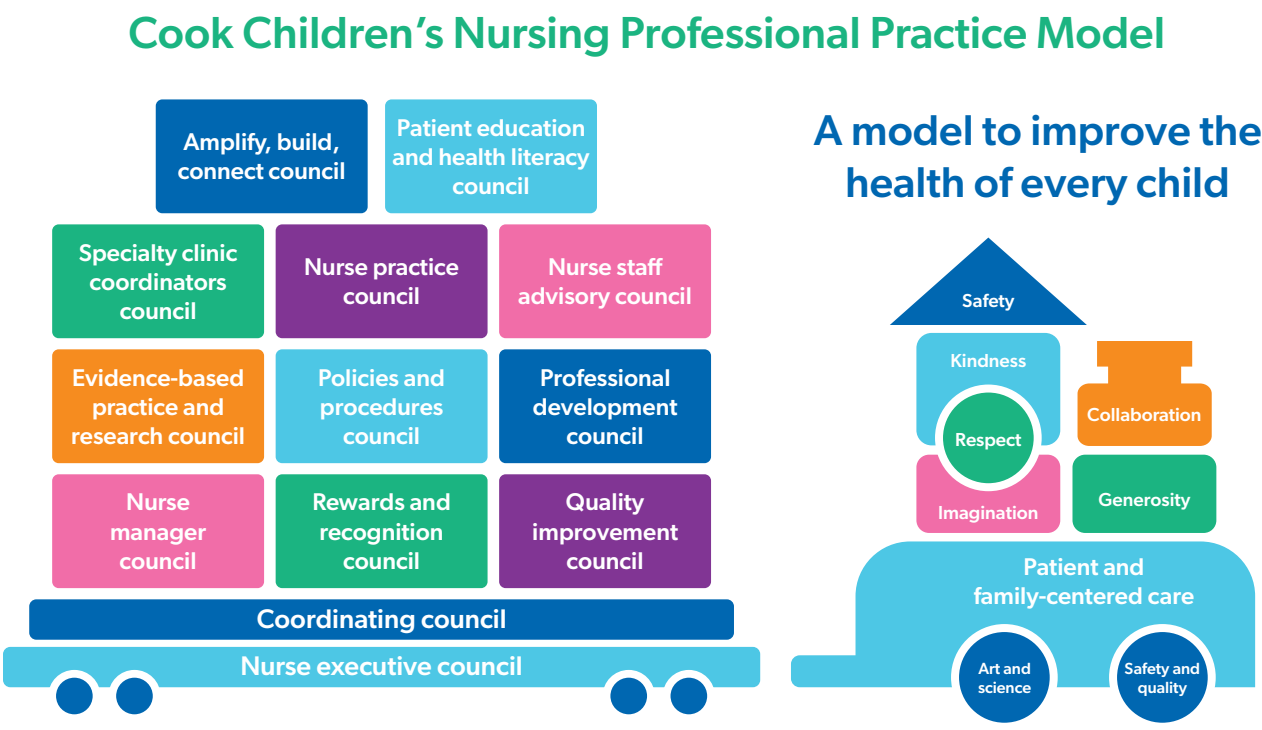
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# Nursing mission statement

Cook Children’s Nursing is committed to supporting the Cook Children’s Promise and values by providing continuous, excellent care for our patients and families, resulting in the highest quality outcomes.

# Nursing philosophy

Nursing at Cook Children’s is about caring and quality. We commit to caring for our patients, our community and our colleagues by demonstrating the values listed on our professional practice model.

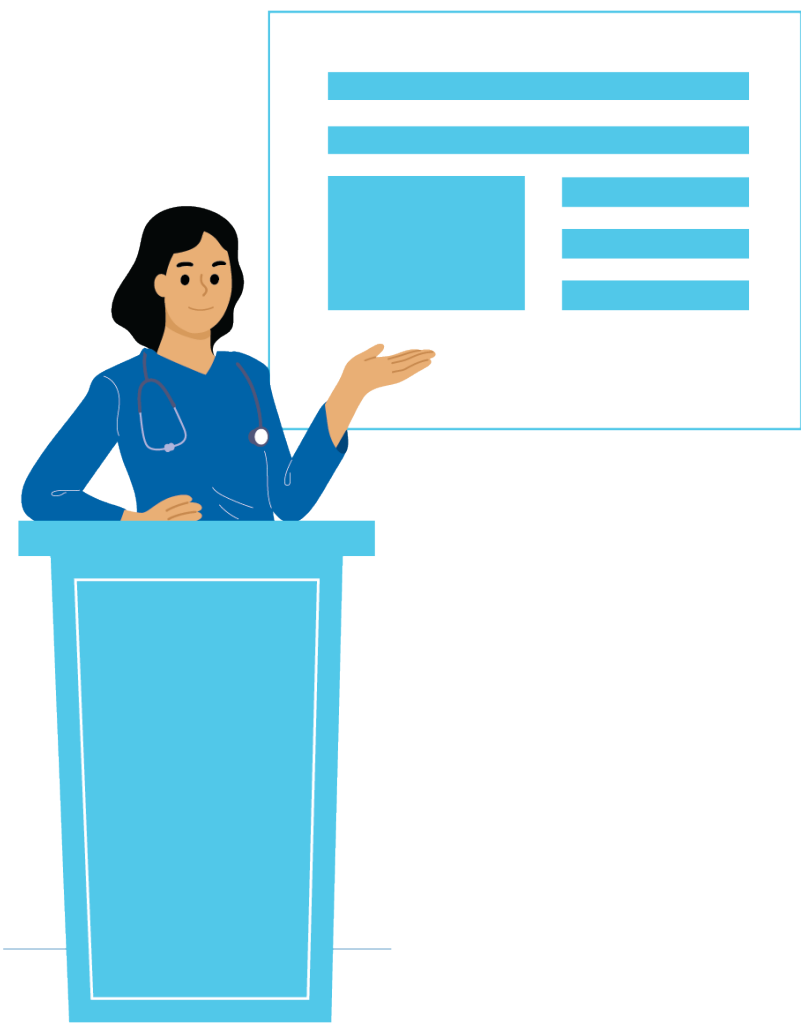


# By the numbers

## Cook Children’s nursing scholarship report

Data reflects projects **led by** or **significantly involving** nurses during fiscal year 2024 (October 2023 – September 2024)

- Scholarly projects completed by nurses during fiscal year 2024 **400**
- Podium presentations **63**
- Professional awards or honors **18**



Nurses who participated in a scholarly activity during fiscal year 2024



- 2,585** Minutes Cook Children’s nurses spent delivering podium presentations to local, national and international audiences
- 30** Manuscripts Cook Children’s nurses published in peer-reviewed journals
- 250+** External clinical trial participations
- 102** Quality improvement projects
- 18** Process improvement projects
- 51** Poster presentations
- 80** Evidence-based practice projects
- 37** Research studies

View Cook Children’s nursing scholarship report 2023-2024.  
[cookchildrens.org/nursing](https://cookchildrens.org/nursing)



# Advocacy



Being his mom sometimes takes second place to his diagnoses.

## Caring through the eyes of the caregiver: A photo voice study

A picture is worth a thousand words.

In 2024, Julie Van Orne, PhD, RN, CPN, CNL, the director of Nursing Research and Innovation, led an innovative qualitative research study that explored the daily lives of caregivers for children with tracheostomies, using photographs to tell the families' stories. This photo voice study, supported by Kia McCoy, MSN, RN, Clinical Nurse Leader in the Transitional Care Unit, aimed to capture the complex experiences of caregivers as they provided care for their children at home using the power of photography.

This research used a collaborative approach, where researchers and community members worked

together to understand and improve the health of people facing significant health risks.

More children with complex medical conditions are surviving, thanks to medical advancements; therefore, the population of children with a tracheostomy is growing exponentially. For these children to be safely discharged home, their parents or caregivers must learn complex skills to care for their child, including operating life-sustaining technology. However, federal reimbursement rates to states to fund supportive programs in the community have remained flat despite inflation and an exponentially increasing patient need, preventing the ability of states from offering Medicaid coverage to every family that needs supportive services.



Eight caregiver participants presented their experiences and perspectives by taking photographs, developing narratives to accompany those photographs, and using the results to advocate for policy change and funding.

“This is an innovative approach that empowers the patients and families to tell their own stories,” Julie said. “It felt therapeutic for the families, and it really opens the eyes of the nurses and other staff to all that these caregivers and patients go through at home – the times we don’t see them.”

Not only has the study increased awareness but Julie advocated for these families by securing funding for photo printing and framing for exhibits in Fort Worth and throughout Texas. She also made these photographs available to Texas legislators before the 2025 legislative session to advocate for more funding to provide resources for these families.

“The ideal scenario would be to show the photos to politicians making decisions for these patients and families,” Julie said. “I hope to expand these exhibits to public areas so that everyone gets a better sense of what these families are going through and can empathize with them.”

The website, [trachcaregivers.com](https://trachcaregivers.com), was created to share the families’ photographs.



**“This was an exciting day because it felt like such a normal thing to do: go to the park.**

**It took me, a nurse, and an occupational therapist to be able to do it all and carry everything.**

**But we did it, and it was fun.”**



After analyzing all interviews, photographs and photograph narratives, four main themes were identified, along with sub-themes. These included:

- Role transition (advocate and educator; the dual role of health care provider and parent).
- Daily challenges (managing medical equipment; coping with feelings of guilt, exhaustion, anxiety and isolation).
- Finding support and thriving in the new normal (integration and acceptance; finding gratitude; the reward of caregiving).



Caption here

# Trauma-informed care in Neonatal Intensive Care Unit (NICU)

Christina Tan, BSN, RN, a nurse on the inpatient Psychiatry unit, and Valerie Shorten, BSN, RN, NICU nurse, are helping nurses in the NICU see families through a trauma-informed lens.

They chose a project focused on trauma-informed care for an Evidence-Based Practice Fellowship at Texas Christian University. Christina and Valerie began researching literature in December 2023 and collaborated with the NICU director, social worker,

clinical therapist, case managers and chaplain.

“Trauma-informed care is the approach and mindset for how you treat families,” Christina said. “Being in the NICU is already a traumatic event and we are trying to shift the mindset and focus. We want families to have a sense of comfort when they’re with us.”

In April 2024, Christina and Valerie implemented education practice changes and taught nurses



through flash training, staff meetings, weekly emails and rounding. They also created a trauma-informed care bundle highlighting six principles – safety, trustworthiness, peer support, collaboration, empowerment and cultural, historical and gender issues. Cook Children’s launched a webpage on their intranet, CookNet, where staff can access resources and receive additional support.

“When we started, we knew the topic and looked through the literature to decide the direction we would go,” Valerie said. “From my experience in the NICU, I realized a lot of what we do here relates to trauma-informed care and the six principles.

Realistically it’s a package deal because when a baby comes to the NICU, you need to care for the entire family.”

More than 50 percent of the 300 NICU nurses responded positively to surveys before and after the project. Christina and Valerie noticed that nurses became more engaged throughout this process.

“Our project is the first step to more as we connect the principles with things they already do in the NICU,” Christina said. “We hope this will eventually be hospital-wide.”

### Six principles of trauma-informed care

#### Seeing families in the NICU through a trauma-informed lens

**1. Safety**

- Commit to sit
- Private rooms
- Angel eye cameras
- Using one voice and limiting stimuli

**2. Trustworthiness**

- Introducing yourself and your role
- Maintaining transparency and communicating free of medical jargon
- Using library consults

**3. Peer support**

- Helping hands sessions
  - Mondays, Wednesdays, Thursdays and Fridays, 8 a.m.-4 p.m.
  - Tuesdays, 12 p.m.-8 p.m.
  - [nicuhelpinghands.org](http://nicuhelpinghands.org)

**4. Collaboration**

- Report given with parents present
- Giving parents choices where appropriate
- Asking parents what they have observed about their baby
- Requesting feedback from parents on what the baby likes or prefers related to feeding, bathing, etc.

**5. Empowerment**

- Helping Hands
- Encouragement to ask daily, “What are your goals today?”

**6. Cultural, historical and gender issues**

- Training on cultural humility and bias
- Video interpreting services
- Providing an interpreter when needed instead of asking if families want one



## Health Care Workforce Task Force: Expanding the pipeline

Health care workforce shortages in the state of Texas persist despite programs aimed to invest in students who have chosen to go into health professions. In April 2024, Governor Greg Abbott directed the Texas Higher Education Coordinating Board to create a task force to examine this long-standing issue from a broader perspective and to identify more comprehensive solutions. Cheryl Petersen,

RN, MBA, NE-BC, Chief Nursing Officer, was one of 65 people chosen from across the state to represent a broad spectrum of experience and expertise in the education and preparation of health care professionals.

Over five months, more than 70 subject matter experts, 50 stakeholders and seven state agencies



came together to break down this issue into its many parts. Members of the task force and advisory committee responded to surveys, submitted suggestions and research sources, participated in workshops, presented information about their programs and attended task force meetings.

The task force worked to identify innovative ways to provide opportunities and remove barriers that exist to expand health care programs at institutions and provide students with the tools necessary to succeed in this field. Cheryl said they brainstormed ideas such as growing individual tuition reimbursement programs, working with students on how to get their general equivalency diploma (GED) and complete training to earn a certificate and reaching out to local school districts to help inspire youth to pursue nursing as they make career connections.

“Our youth are our future,” Cheryl said. “We want to be there for the children who say they want to be a nurse and serve as positive role models in their lives.”

The task force identified three focus issue objectives including expanding the pipeline, modernizing the production model and bolstering faculty and preceptors. Three intensive one-day workshops were organized with a focus on each of the objectives. During the workshops, 35 presentations by stakeholders, experts and agency staff ensured that a diverse group of perspectives was presented.

“This is all about the power of connection,” Cheryl said. “It is important for all of us to step in and realize the difference we can make. There is no limit to the possibilities.”

Website to the task force: [Governor’s Task Force on Health Care Workforce Shortages - Texas Higher Education Coordinating Board](#)



Nurses on the Hematology/Oncology unit

# Combining science and empathy to create a patient communication card

Amy Valenta, BSN, RN, CPN, Resource Nurse, and Natalie Palau, MSN, RN, Clinical Nurse Leader, observed a significant challenge in providing equitable care to hospitalized families with limited English proficiency. In their practice, they noticed interpreter services were prioritized for critical conversations like patient education and provider rounds, while lower priority needs, such as simple hygiene requests or intake and output discussion, were missed. Nurses, often managing multiple patients with numerous interactions, could not feasibly utilize interpreters for every interaction. To address this communication gap, Amy and Natalie designed an interactive communication board.

Focusing initially on Spanish, the second most common language at Cook Children’s, the board employed simple icons accompanied by both English and Spanish captions. This tool aimed to meet basic patient requests, improve the identification of caregiver concerns, and provide a readily accessible means for families to request interpreter services.

To enhance the communication board, the nurses sought feedback from 18 different stakeholders across Cook Children’s, including Family Advisory Councils, Nurse Practice Council, Research and Innovation, and marketing. To ensure the tool is useful and effective for the end users of the board, the nurses utilized a rigorous tool called Lawshe’s Content Validity Ratio. This tool uses the feedback of experts, who in this instance are the patient families and bedside providers, to statistically analyze the clarity and accuracy of every icon and caption. This data led to multiple revisions and subsequent revalidation of the board.

“There is a lot of potential in this project,” Amy said. “We started with 4 Pavilion with the hopes it will one day be used throughout the entire hospital.”

During the admission process, bedside staff, utilizing an interpreter, introduce the communication board to patients and families, explaining its purpose and usage.



exciting to know we will have a direct impact on patients and families, and we hope they will feel empowered to use the boards,” Natalie said.

According to the literature, consistent and clear communication significantly influences patient health outcomes. For instance, language barriers can lead to missed or inaccurate documentation of intake and output, influencing patient care plans and delaying discharge. This board aimed to mitigate this issue by providing a simple, visual communication aid for both caregivers and staff.

Amy and Natalie emphasized that the board is never a replacement for interpreter services. Rather, it serves as a complementary tool, empowering caregivers and families to advocate for themselves, including requesting an interpreter, for even the most basic needs.

“We hope this board makes the families feel more comfortable to ask for an interpreter if needed,” Amy said.

“When we don’t speak the same language, we can miss the emotional component,” Natalie said. “As we meet some basic needs, we hope it helps us forge a better connection with the families.”





## Professional development program celebrating 10 years

Since 2015, the Nursing Professional Development Program (PDP) at Cook Children's has empowered nurses to advance their careers while enhancing patient care. This program, rooted in the hospital's philosophy of nursing excellence, provides opportunities for professional growth and recognizes achievements with financial rewards for successful participation. The initiative reflects the organization's values of kindness, collaboration, imagination, generosity, respect and safety.

Angela York, MSN, RN, CPN, a nurse manager and previous member of the Nurse Practice Council, shared the origins of the program. "Our council, composed of staff nurses, partnered with leadership to research and design a program that aligned with our vision for professional growth," she explained. What began in 2015 with a focus on frontline nurses,

clinical coordinators and educators expanded in 2016 to include managers, creating a comprehensive development pathway for all nursing roles.

Kaylan Branson, DNP, RN, CPN, CNL, director of Nursing Quality and Magnet Programs, emphasized the shift from the previous clinical ladder system to this program, which focuses on professional development rather than tasks tied to job descriptions. "This program is about fostering growth and enabling nurses to reach their highest potential. It's a testament to Cook Children's commitment to supporting our nursing staff," she said. A dedicated PDP Committee provides mentorship and resources to help candidates succeed in the program.

Participants earn points over a two-year cycle for achievements in formal education, tenure and



experience, continuing education, professional role development, innovative contributions to research, evidence-based practice, process improvement and quality initiatives. Successful participants receive financial rewards, but the foundation of the program is truly professional development and career engagement.

Jamie Bankston, MS, RN, LSSYB, Assistant Vice President of Education and Professional Development, highlighted how the program has grown and benefited nurses. “It’s incredible to see how nurses embrace this program to enhance their education, engage in evidence-based initiatives and contribute to community volunteer efforts,” she said. Retention rates among program participants have steadily improved, reaching an impressive 96% in 2023.

The program’s impact extends beyond individual growth. An emergency room nurse, who initially delayed his participation, used the program to

explore new roles and career opportunities. Julie Van Orne, the first nurse to achieve status in the program, earned her Ph.D., and now serves as a Director of Nursing Research and Innovation, inspiring others to participate and set personal goals. Many nurses have also presented their work at national and international conferences, gaining recognition for their contributions to the profession.

The program’s influence has reached other disciplines, inspiring similar initiatives in respiratory therapy, rehabilitation and pharmacy. Kaylan Branson noted, “Our focus is always on our nurses, but everything ties back to our patients. This program aligns perfectly with our hospital’s Promise to deliver the highest quality care.”

As Cook Children’s celebrates a decade of nursing excellence through the PDP, it remains dedicated to fostering a culture of growth, innovation and collaboration that benefits both nurses and the patients they serve.



Nursing Professional Development Program Committee Members review candidate portfolios



# Authentic leadership

The Nursing Strategic Plan at Cook Children’s focuses on authentic leadership – a modern and more inclusive approach to leadership with self-awareness, integrity and transparency at the core.

“Authentic leadership reinforces hardwiring for excellence and emotional intelligence which goes hand in hand,” said Becky Southworth, MBA, BSN, RN, director of the Simulation Program.

Becky, along with Brittany McLaughlin, MSN, RN, RNC-NIC, director of NICU, and Debbie Boudreaux, MSN, RN, CCRN, C-NPT, LP, CMTE, vice president of Nursing and Patient Services, strive to create a safe haven for staff where they feel comfortable acknowledging their feelings.

These nurses formed a committee to brainstorm ways to bring authentic leadership to the forefront. They reviewed the nursing burnout survey and developed a definition and toolkit to help new leaders and those on the unit. The group decided authentic leadership would focus on leading with the heart, with vision, with direction and with transparency.

“The toolkit provides leaders at all levels with ideas and programs that nursing leaders at Cook Children’s have incorporated into their daily routines,” Debbie said.

They also made the nursing website a place where nurses could easily find resources. “It’s nice for leaders who are sometimes stretched thin not to have to reinvent the wheel,” Brittany said.

Becky, Brittany and Debbie presented at the nurse manager meeting and the new nurse leader workshop where the foundation is set for all nurses. A survey was sent out to pull together information and tools. The positive survey results validated their hard work and allowed others to see a snapshot of other departments.

“A good leader directly reflects how we care for each other, which affects the care we deliver to patients and families,” Brittany said. “The more engaged nurses are, the better chance they will stay here and have better attitudes. This is one of my passions, and I hope we can share with new leaders how listening matters. What feels like a small thing makes a huge impact.”



# Empowering Nursing Leaders to apply authentic leadership concepts

In January 2024, four nurses chose an evidence-based practice project focused on leadership style for the Nursing Leadership Academy. Kristen Tepera, MSN, RN, CPN, Lori Hatcher, BSN, RN, Meg Moffer, BSN, RN, CPN, CPHON, and Stefani Cates, BSN, MSN, RN, researched various leadership styles.

“In research articles, there is evidence about authentic leadership being the preferred leadership style,” Stefani said. “It embraces being true to yourself, transparent and upholding those values that align with Cook Children’s every day.” Stefani said that research proved the authentic leadership style increased patient safety and satisfaction, which was linked to staff satisfaction and retention.

“The goal is for both staff and patients to have a positive experience,” Stefani said.

A survey was distributed to all nursing managers and the nurse manager council. They identified a gap and realized that nurse leaders needed training to be sure they were using the preferred leadership style. The group of nurses presented a proposal to all of the system leadership in June 2024 and will be stepping into implementation in the coming months to carry it out further.

“It was a lot of grind work, and we put hours into it, but it was worth it when we saw the positive reactions from different levels of leadership,” Lori said.

They desire to work toward a congruent style of leadership throughout the hospital and plan to implement it by adding education to the curriculum of a class that was already established. The idea will be presented to create a class highlighting authentic leadership and training charge nurses and nurse managers.

Kristen said it was encouraging that an idea from four bedside nurses, who don’t hold leadership roles, was embraced by upper management.

“It’s the level of involvement that Cook Children’s wants, and we can all contribute and be able to make a difference system-wide,” Kristen said. “It was nice to work with people you wouldn’t normally be with and get different perspectives.”

Meg said the culture remains at the forefront as they ensure nurses feel valued in the organization. “We chose something we were interested in and by the end we had poured a lot into it,” Meg said. “It has been a very rewarding process.”



Nursing Leadership Academy Cohort 4  
including authentic leadership EBP group



# Nursing beyond the bedside



## Outreach educators: Transporting with care

As outreach education coordinators, Erin Schulz, MSN, RN, EMT, C-NPT, Rhonda Hawkins, MSN, RN, RNC-NIC, and Jillian Wills, MBA, BSN, RN, CFRN, CCRN, MSTP-C, EMT, travel to hospitals, freestanding emergency departments and facilities in 42 cities to educate staff about pediatric and neonatal health care. Erin’s extensive experience as a Pediatric Intensive Care Unit (PICU) nurse, manager of the Nurse Residency program and transport nurse matched with Rhonda and Jillian’s experience in the Neonatal Intensive Care Unit (NICU) and Cardiac Intensive Care Unit (CICU) allows them to cover a wide range of topics.

From Tyler to Midland and from Childress to Stephenville, Erin, Rhonda and Jillian teach nurses, respiratory therapists, paramedics and physicians the skills to stabilize the patient when in their care until the Cook Children’s transport team arrives. Oftentimes specific certifications are required to be designated such as STABLE (Sugar, Temperature, Airway, Blood Pressure, Labs and Emotional Support), NRP (Neonatal Resuscitation Program) and the cardiac stable module. The outreach education team works with physician liaisons who keep them up to date with the latest in the hospital communities.

Within the last six months, Erin, Rhonda and Jillian have been working with Emergency Department teams on pediatric readiness. They run emergency drills with simulation equipment and work with the team to know vital information such as where the equipment is located, the appropriate pediatric sizes of equipment, common diagnoses and correct medications. They have also been teaching more first responders who see the patient first including EMS systems, MedStar and CareFlite.

“The majority of hospitals we work with treat adult patients so there can be a big learning curve,” Erin said. “Everything we do in pediatrics is based on size – vital signs, medication dosages and equipment.”

A reference card with helpful information specific to pediatrics and neonatal nursing also includes a menu with a variety of topics. From 2012 to 2024, more than 900 classes were taught to health care professionals. A big part of their mission is to help hospitals in certain circumstances keep and treat patients instead of calling on Cook Children’s.



“Our overarching goal is to empower and equip them with skills, knowledge and expertise to care for their patients, so they can stay with their support system,” Erin said. “We look at their top diagnoses and come up with a plan. For example, if a hospital sends us a lot of children with seizures, we provide seizure education.”

All the education is provided free of charge – a unique aspect of the Cook Children’s Transport Outreach Education program.

“I feel like we are touching kid’s lives in a remote but meaningful way,” Erin said. “If I can teach one person to better care for a child and save them, it’s all worth it. It’s been really neat to make a fingerprint and watch the program grow.”



# Outreach educators: Protecting our smallest patients as they sleep

In 2022, Cook Children's saw an increase in deaths related to unsafe sleeping methods. Sharon Evans, BSN, CPN, RN, CPSTI, STACI, injury prevention coordinator, Sophia Price, injury prevention specialist and Taryn Wilson, BSN, RN, CPST, injury prevention coordinator began collecting data and the Safe Sleep Task Force led by Kaylan Branson modeled safe sleep behavior for patients in the hospital.

In 2023, a Safe Sleep Assessment was approved by the Nurse Executive Council and piloted at Cook Children's. The caregiver of every inpatient under the age of one year old is asked:

- How often does your baby sleep alone on their back in a crib, bassinet or pack and play?
- How often does your baby sleep in a device with a buckle (ex: car seat out of car, swing, bouncer)?
- How often does your baby share a sleep surface such as a bed, couch, recliner or rocker with you or anyone else?
- How often is your baby swaddled when sleeping?

If the answer to any of the questions points to an unsafe sleep environment, the patient's caregiver is seen as soon as possible to provide education on safe sleep methods. Sharon is collecting data and hopes to share the assessment with pediatricians and outpatient offices.

Jennifer Gadnai, MBA, BSN, RN serves as the co-chair of the Safe Baby Sleep Council, which takes a partnership approach to educating families and providing resources across much of North Texas. The council provides community education and resources such as sleep sacks, educational cards in English and Spanish, and "Sleep Baby Safe and Snug" children's books. Jennifer's passion for safe sleep stems from her work in the Emergency Department.

"Over my 17 years here, I have seen too many sleep-related deaths in our Emergency Department," Jennifer said. "It's a horrible event and devastating for all involved."

In 2023, there was a 28% reduction in infant deaths due to unsafe sleep methods, and the number dropped by 44% in 2024.

"A lot of parents know not to share sleep surfaces, but there is a convenience factor," Sharon said. "Many co-slept with their first child and think that it's OK to do it again. When babies are in an adult bed, it can be tragic and lead to needless deaths. To be able to prevent something like that is very rewarding."





# Process improvement from a nursing perspective

Aubrey Blackburn, MSN, RN, CPGQ, CSSBB, who has treated patients at Cook Children's since 2015 on the inpatient Neurosciences unit, said she wanted to provide high quality care and fix processes to make the hospital experience easier for patients. In 2021, Aubrey became a Clinical Process Improvement Specialist.

The Process Improvement department uses Lean Six Sigma and applies it to the health care setting. The goal is to eliminate waste and variation within processes across the health care system while learning from a clinical perspective what providers and patients may experience. The project ideas come from leaders or front-line staff, and Aubrey and her team determine if the project needs to be implemented. Aubrey's role consists of three main components – projects, education and mentorship.

In collaboration with perioperative leadership, Aubrey worked with staff members to observe the flow of surgical cases. She spoke with preoperative staff and inpatient nurses, gathered survey results from family members and reviewed data on start times to find out the cause of delays. For perioperative services, she looked at the first case on-time starts and measured how frequently surgical cases started on time at the beginning of the day. After her assessments and creating a new timeline for anesthesiologist orders, consents, IVs and pre-medications, the delays improved significantly.

"With so many groups, there are different pieces that have to fall just right to start on time," Aubrey said. "We benchmarked where we were in comparison to other hospitals in the Children's Hospital Association and aimed to perform in the top of that group."

Process Improvement also developed standardized processes for the Jane and John Justin Institute for Mind Health, which includes nine specialties in an outpatient setting. In October 2023, the Institute transitioned from operating separately to coming together as one group. Many of the patients see multiple specialties, so the goal is to have a streamlined experience.

Charge nurses were another group with variations in how the role operated across the hospital. After surveys, observation and a work sampling study looking at the proportion of time nurses spend on different tasks, a plan was developed to create a more unified experience.

"We looked at how the charge nurse role varies in critical care versus medical-surgical, differs between day and night shifts and alters weekdays versus weekends," Aubrey said. "They have so many responsibilities added to their plate, and we helped them to prioritize the right things for the role."

"It is different being in this role versus bedside where you see results every day. Projects can last for years, but the impacts are so widespread. I love hearing from patient families and staff members about the difference that is being made."

As the newest member of the Center of Nursing Excellence; Aubrey looks forward to utilizing her process improvement knowledge and skills in new ways to support nurses beyond the bedside.





# Nursing Excellence



## Difficult IV Access (DIVA) program — in Prosper

For many pediatric patients, their biggest fear at the hospital is being stuck multiple times during an IV placement. To alleviate that fear and improve every patient’s experience, hospital supervisor John Ferguson, BSN, RN, leads the Difficult IV Access (DIVA) program at the Prosper campus which began in September 2023.

The team consists of a group of 27 RNs and Advanced Care Technicians (ACT) from a variety of units and shifts who are proficient at placing IVs. All staff members at the hospital were able to submit nominations of their peers for the program, and the results were taken to leadership and approved based on a variety of characteristics including the staff member’s demeanor toward families and bedside manner.

“We have used the Plan–Do–Study–Act (PDSA) method which shifted our tracking of goals,” John said. “When we see a goal isn’t attainable, we start adapting.”

The DIVA team focuses on placing IVs throughout the hospital, especially on nights with fewer resources. In January 2024, the team started helping at the outpatient lab. All staff on the team are trained with the goal of uniform placements. John said staff

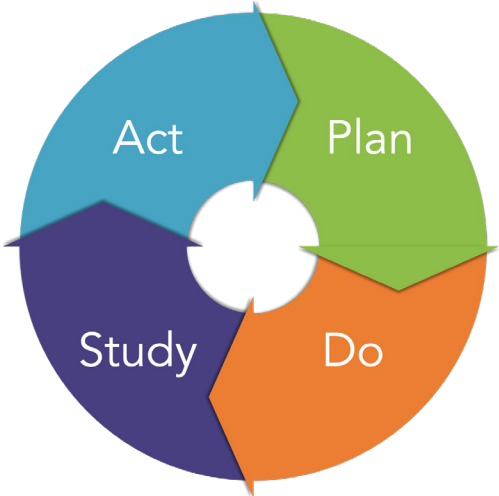
are encouraged to stay in the room while the IV is placed, so they can watch and ask questions. They also participate in ultrasound training classes for IV placement. Using an ultrasound to place IVs results in a longer-lasting IV because they can see the vein more clearly allowing for more accurate placement.

“If everyone is using the same approach with placement and taping, it helps increase the life of the PIV and decreases the chance of infiltrations which is a main goal of DIVA,” John said.

Each nurse is allowed a total of two attempts or four sticks before calling the DIVA team. Every missed IV placement is charted, and if more than six attempts were made, the patient is documented as difficult access.

A thorough Excel spreadsheet tracks each call with data such as the DIVA member response, physician notified, and the reason for access, time taken to access and how the comfort menu was used. From January to October 2024, the team had a 92 percent success rate.

“This team has been a huge success for patient and staff satisfaction,” John said.





# Safe handling of medications: Keeping our patients safe at home

A group of five nurses in the nurse residency program had been seeing many unintentional ingestions of medication in the Emergency Department and knew they could make a difference.

They decided safe handling of medication would be their Evidence-Based Practice Project.

After reviewing the literature on best practices, the group created education about safe medication storage according to age.

“We found overwhelming statistics about families not being educated on how to safely store medication,” said Lily Bruner, BSN, RN, a nurse in 5 South Tower. “We emphasized the importance of medication being out of reach and out of sight or locked up. We also included the North Texas Poison Control number along with signs and symptoms to look for after accidental ingestion.”

The tool they created which includes seven questions and safe medical storage education followed up with seven more questions was trialed in the Trauma Surgery Unit. Abby Fairman, BSN, RN, Emergency Department nurse, said the tool is free and online making it easily accessible to patient families.

The goal is for education to go along with discharge instructions anytime a prescription is written and to distribute the education hospital-wide and to urgent care centers and school nurses. They also had the education written in Spanish.

“Julie Van Orne was our mentor and has been with us every step of the way,” said Ansley Downs, BSN, RN,

Cardiac ICU nurse. “She played a big role in getting the education approved and connected us with countless people to mold our project to be what it is today.” The group received positive feedback about the survey from caregivers who had not heard the information before that moment.

“Grandparents who happened to be there said they had not thought of how they store medication, and that it poses a huge threat when grandkids visit,” Abby said. “One patient we saw had gotten into their grandparents’ blood pressure medication which was in prefilled syringes and ended up in the ICU. Another patient passed away because they accidentally took their sibling’s cardiac medication.”

“As a nurse resident, I am very thankful Cook Children’s is using our project to help these kids,” said Lauren Kizer, BSN, RN, NICU nurse.

After presenting to the Nursing Evidence-Based Practice and Research Council, they received great feedback about how to further propel the project such as setting up a booth at the Trauma Prevention Council Fair and the Pain Management Fair. Each time these nurses have presented, they have found another area where the education could be applicable. Julia Davis, BSN, RN, Emergency Department nurse, said this project is a unique one. “Oftentimes with these projects, the focus is on the nurses, but ours is patient-focused and reaching out directly to families,” Julia said.

“Having the opportunity to work on creating change in the first year of nursing at the bedside has been an awesome experience,” Lily said.





# Innovative technology and nursing in the Endocrinology unit

After two years of monthly quality meetings with the Endocrinology unit physician champions, unit managers and unit director, Abby Green, BSN, RN, CPN, quality nurse, and Alexis Morris, BSN, RN, dayshift nurse manager on 3 North, the endocrinology unit, decided to collaborate with the endocrinology research team to study the safety of fasting studies.

Abby and Alexis worked with Dr. Paul Thornton, medical director of Diabetes and Endocrinology, and his research scientist Deborah Rafferty to evaluate the safety of fasting studies for patients with hyperinsulinism. The condition, which causes the body to produce too much insulin and can lead to low blood sugar, is rare globally. Patients with hyperinsulinism come to Cook Children's from all over the country, and our hospital is one of two Congenital Hyperinsulinism Centers of Excellence in the nation and one of eight internationally to conduct fasting studies for these patients. During the study, hypoglycemia is induced, and they watch how the system adapts to it. Forty nurses at Cook Children's were trained to perform the fasting studies. The trained nursing staff partner with the endocrinologists who give them protocols, so they know how to intervene quickly if needed to prevent severe hypoglycemia.

The study aimed to evaluate if the fasting studies were safe and tracked any adverse events. Of the 145 patients in the study, 95.9 percent did not experience any adverse events. The patients with adverse events did not experience any severe effects. They presented the study to the Pediatric Endocrinology Nursing Society at a national conference and the

article was published in the Journal of Pediatric Nursing and received positive feedback.

"Nurses from another children's hospital asked if they could come and participate in education for them to implement fasting studies in their institutions," Abby said.

For the past year, continuous glucose monitors were used during studies to provide a safety measure and allow nurses to intervene earlier with continuous data in real time. Abby and Alexis along with others on the team worked with Dexcom to develop a system for gathering data needed for the research study. In the past year, more than 70 children have participated in the study.

"We're able to catch low blood sugar much sooner than with scheduled checks," Abby said. "A lot of patients are used to having low blood sugar and don't have many symptoms, so we can't rely on that."

Dr. Thornton is passionate about educating others about hyperinsulinism, which is often misdiagnosed.

"Because we are a Center of Excellence and have first-hand knowledge and experience, Dr. Thornton has challenged us to share our knowledge with others," Alexis said. "We travel to conferences and teach other nurses how to recognize the symptoms in babies. If a baby has unexplained low blood sugar, drawing labs can help make the diagnosis and prevent brain damage."

"Through these projects, we continue to desire to create a safer world for hyperinsulinism patients."





# Nursing awards and recognition



## Great 10 Nurse Honorees

- Amy Valenta**, BSN, RN, CPN,  
Neurosciences Unit
- Kimberly Sheehan**, BSN, RN, Emergency  
Department
- Chansey Pullen**, BSN, RN Neuro Pain Services
- Lori Parrott**, MSN, RN Quality Improvement
- Christina Richardson**, MSN, RN, CPN  
3 Main North
- Melissa Lubahn**, MSN, RN, CPN, PICU
- Danielle Ransonette**, RN, PICU
- Shakyryn Napier**, DHSc, RN, CPN, NEA,  
Heart Center
- Kelsey Bassett**, MSN, RN, CCRC, Research  
Operations
- Sheralyn Hartline**, DNP, RN, CNEP, RNC-NIC,  
Prosper Nursing Administration



2024 Great 10 Nurses

## DFW Great 100

**Shakyryn Napier**, DHSc, RN, CPN, NEA  
Director, Heart Center



# Professional Development program

The Professional Development program was created to support Cook Children’s nursing philosophy and promote quality patient care. The program encourages and recognizes nursing excellence and provides both career enhancement opportunities and financial incentives. The program is a two-year commitment with mentors guiding candidates to achieve identified goals. Nurses participate in evidence-based practice projects, quality initiatives, research studies, volunteer work, councils/committees and much more. At the end of the program, candidates submit professional portfolios to a review committee and earn level placement (level 1, 2, 3 or 4).

### Level 4

Caroline Anderson, MSN, RN, CPOHN  
Laci Brown, MSN, RN, CCRN  
Sarah Cunningham, MSN, RN  
Jarrett Dawson, MSN, RN  
Cory Dean, MMSE, BSN, RN, EMT-B  
Natalie Dodd, MSN, RN, EMT-B, CEN, TCRN, CPEN  
Heith Gammons, MSN, RN, CPEN  
Shannon Hamilton, MSN, RN, CPN  
Rhonda Hawkins, MSN, RN, RNC-NIC  
Nakima Isler, MSN, RN, CCRN  
Brad Litzkow, DNP, RN, CPN, LSSYB, NEA-BC  
Amanda Palau, MSN, RN  
Christina Richardson, MSN, RN, CPN  
Shannon Rosiere, MSN, RN  
Erin Schulz, MSN, RN, EMT, C-NPT  
Deb Smith, MSFS, BSN, RN, CPN  
Katelyn Terry, MSN, RN, CPN  
Katy Walthall, MSN, RN, NPD-BC, CPN  
Angie York, MSN, RN, CPN  
Tiffany Gentry, MSN, RN

### Level 3

Cristina Ayala, BSN, RN, CPN, CPHRM  
Andrea Brown, BSN, RN, CPN, CPHRM, LSSGB  
Christine Chapman, BSN, RN, CPN  
Kristen Cook, BSN, RN, PE  
Alex Fejer, RN, BSN, CPN, MSW  
Kristin Geist, MSN, PMC, RN, CDCES  
Megan Graichen, BSN, RN  
Cody Greenwood, DNP, RN, CCRN, CMTE, EMT  
Meg Moffer, BSN, RN, CPN  
Angela Norton, BSN, RN, CPN  
Stephanie Ogburn, BSN, RN, CDES  
Chancey Pullen, BSN, RN  
Hailey Sayre, BSN, RN, CPN  
Kimberly Sheehan, BSN, RN  
Kaitlyn Smith, MSN, RN, CPOHN  
Beth Spears, BSN, RN  
Rachel Tingle, BSN, RN  
Renee Twaddle, BSN, RN, CPN  
Morgan Watson, RN, MS, CPN  
Tara Wells, BSN, RN

### Level 2

Beverly Baugh, RN, BSN, RNC-NIC  
Josephine Cammus, BSN, RN  
Edgar Carrera, MSN, RN  
Rachel Collins, MSN, RN, CPN, CCRC  
Shelby Cooper, BSN, RN, CCRC  
Wendy Dougherty, RN, IBCLC  
Michelle Espinosa, MSN, RN, CPN, CPEN  
Stephanie Garcia, BSN, RN  
Trista Goodman, MSN, RN, CPN  
Alexandria Lewis, BSN, RN, CPN  
Taylor Mares, MSN, RN, CPN, CPHON  
Valerie Nelson-Doyle, RN, BSN  
Veronia Ortega, BSN, RN  
Kaitlin K. Rayburne, RN, BSN  
Emily Tindall-Burke, BSN, RN, CPN  
Amy Valenta, BSN, RN, CPN  
Kara Vela-Lane, RN, BSN, CCRN

Chelsea Walker, BSN, RN, CPN  
Tricia Weems, RN, BSN, CPN

### Level 1

Kayla Blough, BSN, RN, CCRC  
Jenae Bowmer, BSN, RN  
Karissa Brazell, BSN, RN, CPN  
Rochelle Brechot, BSN, RN, CPN  
Natalie Byrnes, BSN, RN  
Adrienne Calderon, BSN, RN  
Candice Chisholm, BSN, RN, CPN  
Corey Claire, MSN, RN  
Marissa Dawson, BSN, RN  
Whitney Dinkle, BSN, RN

Denae Dodd, BSN, RN  
Shannon Hackfield, BSN, RNC  
Katie Lesikar, BSN, RNC-NIC, CLC  
Debbie Meyers, BSN, RN  
Sheila Mills, RN  
Amanda Moore Rutkowski, BSN, RN, CPN  
Alex Quezada, BSN, RN  
Colleen Reinelt, BSN, RN, CCRN, CST/CSFA  
Katherine Roden, BSN, RN  
Chandler Russell, BSN, RN, CPN  
Tori Sandsor, BSN, RN, CPN  
Madison Stafford, BSN, RN, CPN  
Angie Webb, BSN, RNC-NIC  
Melanie Wilson, RN, BSN





# 2024 The DAISY Award® winners

- Anna Hamdan, BSN, RN Internal Staffing
- Danielle Sia, BSN, RN CICU
- Kyndal Weaver, BSN, RN, 4Main
- Annalee Caro, BSN, RN, 3 Pavilion
- Emily Hendy, BSN, RN, 3 North
- Schnell Chase, BSN, RN, Main PrepPACU
- Katie Cooper, BSN, RN, Dodson Prep SPA GI
- H/O CVL Team:**  
Josephine Camus, BSN, RN
- Karen Gartner, BSN, RN
- Kelci Henegar, BSN, CPN
- Lacy Bayles, BSN, CPN
- Leader:**  
Ashley Chreene, MSN, RN 4Pav



Daisy team Caption here



Daisy leader Caption here

# 2024 Cook Children’s Magnet Nursing Awards

- Structural Empowerment**  
Sara Holden, MSN, RN  
5 South Tower Staff Nurse
- Innovation**  
Danny Figueroa, BSN, RN  
NICU Clinical Nurse Leader
- Exemplary Professional Practice**  
Anthony Garcia, BSN, RN  
Dialysis Clinic Supervisor
- Kelly Jones, BSN, RN  
5 South Tower Staff Nurse
- Transformational Leader**  
Erika Garcia, BSN, RN  
Hurst Urgent Care Clinic Staff Nurse
- Ancillary Staff Members of the Year**  
Marie Kerr  
NICU Unit Secretary
- Summalee Hernandez  
Infectious Disease Clinic Medical Assistant

- Preceptor of the Year**  
Hollie Allen, BSN, RN  
5 Main Staff Nurse
- Mentor of the Year**  
Jessica Hazard, BSN, RN  
NICU Database Coordinator
- Nurse Manager of the Year**  
Amy Kotter, MSN, RN  
Nurse Residency Manager
- Nurse Director of the Year**  
Ashley Kovacev, MSN, RN, CPN  
Nursing Director





# Cook Children’s recognition



ANCC Magnet Recognition®



AACN Beacon Award for Excellence™



Level 1 Children’s Surgery Center: American College of Surgeons — Children’s Surgery Verification™



Society for Simulation in Healthcare Accredited Program (Assessment, Research, Systems Integration, Teaching/Education and Core)



Extracorporeal Life Support Organization (ELSO) Award for Excellence in Life Support – Gold Level



Teddy Bear Transport CAMTS accredited program



Level II Trauma Center



Level IV Neonatal Intensive Care Unit (NICU)



Platinum Recognition – National Hospital Organ Donation Campaign



The ENA Lantern Award



Nationally ranked by U.S. News & World Report in five pediatric specialties

