



# Nursing annual report 2025

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# Dear colleagues and friends,

This truly has been an extraordinary year for our nursing team at Cook Children's, one defined by excellence, innovation and a deep, unwavering commitment to our patients, families and one another. Throughout our entire system, nurses have led with compassion, curiosity and courage, consistently raising the standard for what exceptional pediatric care can be. This collective dedication culminated in one of our most meaningful milestones to date: achieving our fifth Magnet® designation, this time with distinction. It's an honor that reflects not only outstanding outcomes, but also a culture where nursing voices are heard, valued and empowered.

Within these pages, you will find the stories behind the impact. You'll read how our teams are advancing evidence-based practice and expanding nursing research at the bedside, ensuring that every decision is grounded in science, safety and the unique needs of the children we serve. Here, we share our continued commitment to nursing well-being, grounded in the belief that supporting those who serve others sustains both excellence and joy in our profession.

This report also highlights how innovation and technology are shaping the way we deliver care, streamline workflows and connect more meaningfully with patients and families. Through shared decision-making and a strong professional governance structure, our frontline nurses are driving improvements, shaping practice and influencing outcomes at every level of the organization.

Finally, you'll see how we are intentionally preparing and growing our nursing workforce investing in education, mentorship, leadership development and professional growth to ensure that today's success becomes tomorrow's foundation. Together, these efforts tell a powerful story of who we are at Cook Children's: a community of nurses united by purpose, inspired by possibility and committed to excellence today and for the future.



*Cheryl Petersen*

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

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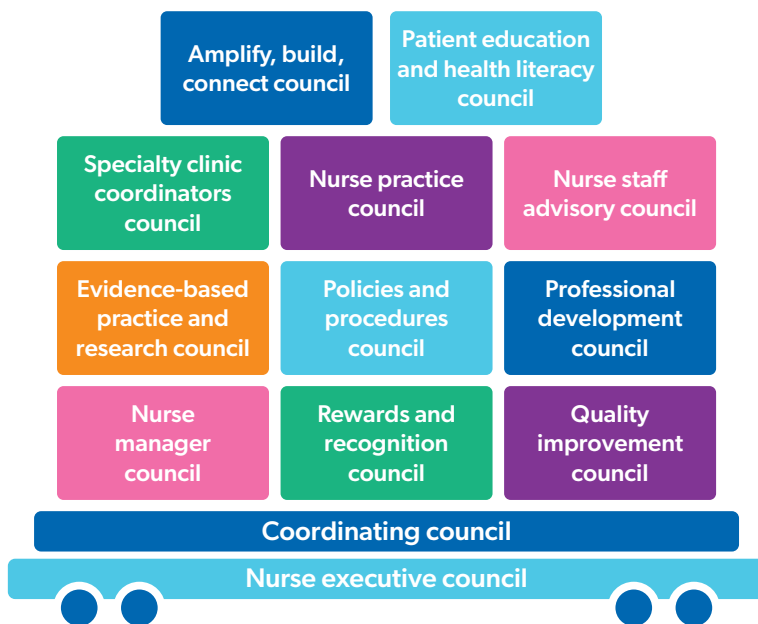
# Nursing mission statement

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.

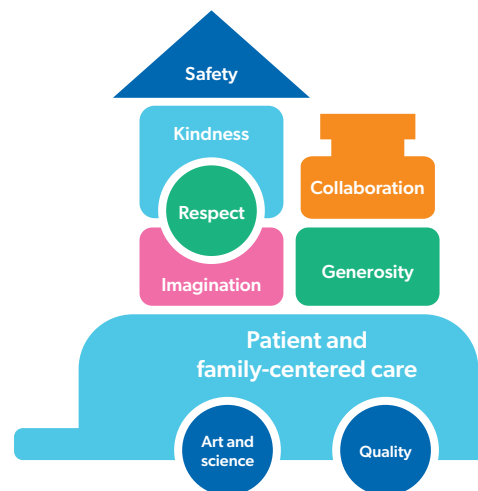
# Nursing philosophy

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.

## Cook Children’s Nursing Professional Practice Model



## A model to improve the health of every child



This was a year of discovery and growth for our nursing department. As part of the 2025-2026 Nursing Strategic Plan, we launched a project to refresh our Nursing Professional Practice Model. This important work will continue throughout 2026, culminating in a new visual model that authentically represents how Cook Children’s nurses practice today, rooted in caring and deeply committed to our patients, families and the nursing profession.

# By the numbers

## Cook Children's Nursing scholarship report

Data reflects projects *led by* or *significantly involving* nurses during fiscal year 2025.



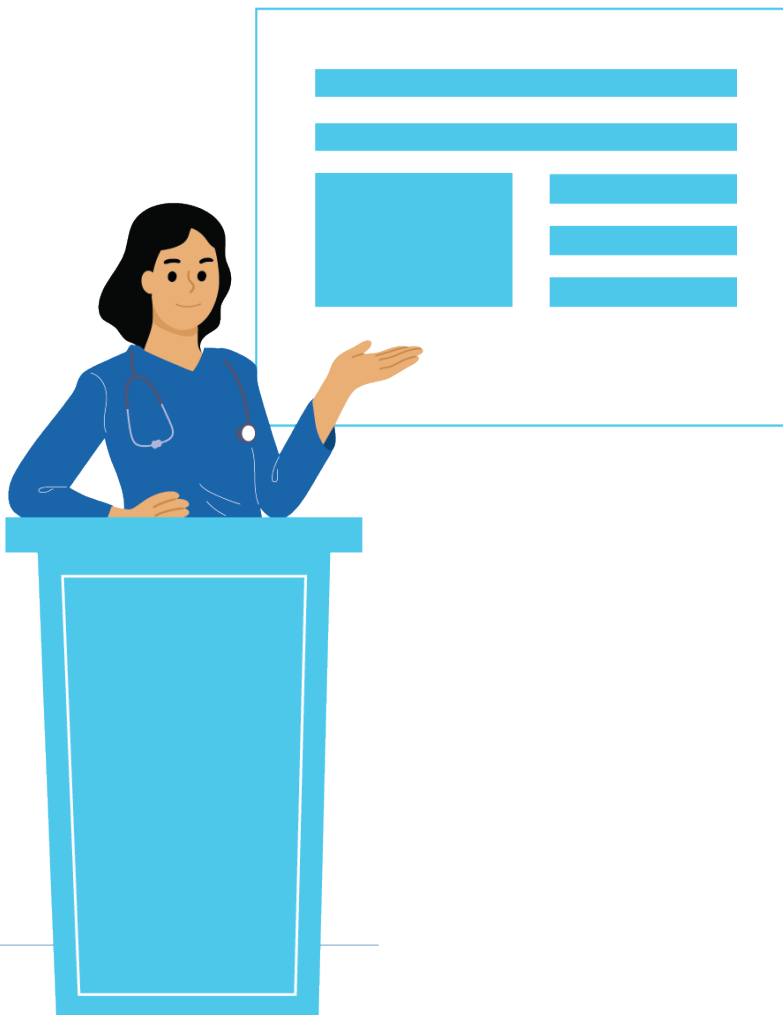
Total projects and scholarly works **252**



Total podium presentations  
(34 national and 22 internal) **56**



Professional awards or honors **5**



Unique nurse contributors

**472**

- 11** Awards and honors
- 5** Professional appointments
- 47** Evidence-based practice projects
- 68** Quality improvement (63) and Process improvement projects (5)
- 25** Research studies
- 20** Publications
- 45** Total poster presentations (36 national and 9 internal)
- 1,500+** Total presentation minutes



View the full  
scholarly report.

# We are Magnet<sup>®</sup> with Distinction!

Over the past year, our Magnet journey has been a powerful reflection of who we are as a nursing community and the extraordinary work that happens at the bedside every day. From the dedication and attention to detail required for our document submission in February to the pride and authenticity shared during our site visit in September, every step of this journey was shaped by our nurses.

It was their voices, their practice and their dedication to excellence that told our story best. Earning our fifth consecutive Magnet designation, this time with distinction, is more than an achievement on paper. It's a celebration of the nurses who show up for patients and families, day after day. Their compassion, clinical expertise and teamwork are what make excellence possible. This recognition belongs to our bedside nurses, whose everyday actions continue to set the standard for nursing practice and patient-centered care.

Cook Children's nurses join an elite group of organizations across the world to achieve Magnet with Distinction status, and it truly sets our nurses apart as role models for nursing excellence, creating a culture and environment that improves patient outcomes and allows nurses to practice at the highest level of their profession.

*Magnet<sup>®</sup> is a registered trademark of the American Nurses Credentialing Center (ANCC).*





Evidence-based practice leading the way in growing professional nurses.



# Spotlight on our Evidence-Based Practice fellows.

Cook Children’s Center for Nursing Excellence partners with Texas Christian University (TCU) to support nurses who participate in the TCU Evidence-Based Practice (EBP) Fellowship program. During the year-long program, fellows receive formal education from TCU and implement an EBP project at Cook Children’s with the support of a mentor. Six recent graduates of the program are Jodi Diaz, BSN, RN; Megan Graichen-Pearson, MSHA, BSN, RN; Casey Manning, BSN, RN; Amy Tubbs, BSN, RN; Samantha Vinson, BSN, RN, CPN; and Julia Wiseman, BSN, RN, CPN.

Jodi and Samantha focused their project on improving orientation for nurses at the urgent care center. Samantha said they wanted to provide more support for the orientee and focus on skills particularly relevant to nurses new to the urgent care practice environment. Jodi reports that their project led to an improvement in nurse confidence and that nurses who completed the updated orientation transitioned to independent practice sooner.

After emergency department staff reported difficulty with the acute management of seizures, Megan and Casey decided to address this issue with evidence-based education and optimized documentation

in the electronic health record (EHR). Megan proudly shared that all nurses who participated in the education reported an improved or affirmed confidence in their ability to manage a patient experiencing a seizure, and that optimizing the EHR increased use of the standardized flowsheet.

Amy and Julia focused their project on supporting children who experienced pre-operative anxiety, specifically at a time when child life specialists weren’t available. Amy shared that their Calming Cart intervention resulted in reduced anxiety and fear for patients, and that sharing their work has inspired other facilities. Julia proudly reported that their intervention is now standard practice in their unit and that they’re writing a manuscript for publication.

The fellowship graduates were eager to share their wisdom with future fellows and applicants. Samantha said, “If you’re passionate about a change in your area, the EBP fellowship is a great way to facilitate the change.” Amy encouraged potential applicants to “take this opportunity for yourself and for your unit.” Casey enthusiastically told nurses considering the fellowship to “apply...lean in...be relentless and enjoy the process.”



**Nurse well-being from every angle.**





# Bringing wellness to the bedside.

Cook Children’s recognizes that nurse well-being is an essential component of safe, high-quality care, which is why well-being is a key component of the 2025-2026 Nursing Strategic Plan. Through innovative research and quality improvement, our system leaders are transforming the educational experience – prioritizing nurse well-being during the workday to significantly reduce stress and anxiety.

### **Nurse Well-Being Day**

Nurses Week at Cook Children’s has always been a celebration of the expertise and impact of nurses, but this year included something more. Nurses Week 2025 kicked off with an entire day dedicated to nursing well-being with great collaboration between teams.

### **Nurse well-being strategic plan team:**

- Ora Asheton, BSN, RN, CPN, LSSYB, nursing excellence and well-being manager
- Tiffany Epperson, MSN, RN, assistant vice president of nursing
- Lisa Farmer, BSN, MSSW, RN-BC, LMSW, Psychiatry services director
- Aly Anthony, MSN, RN, CPN, Hematology and Oncology Center nurse
- Jaime Kuhn, MSN, RN, CPN, Dialysis clinic nurse
- Victoria Hartman, MSN, RN, CPHON, CCRC, Oncology research nurse coordinator
- Helen Ramsbottom, BSN, RN, LCSW, Psychiatry case manager

### **Nursing Rewards and Recognition Council members:**

- Demetria Thomas, BSN, RN, CCM, LSSYB, manager of RN case managers
- Tori Bingham, BSN, RN, CPN, Perioperative Services staff nurse
- Loren Bryant, BSN, RN, CPHON, Hematology and Oncology Center nurse manager
- Rachel Duling, MSN, RN, education coordinator

The meditation room was transformed into a calming oasis room, supporting restorative work breaks with massage pads, snacks and mindfulness activities. Massage therapists provided chair massages, dog teams offered therapeutic snuggles and Bumble Bee Yoga Community, a local yoga studio, brought the yoga to the nurses with brief on-unit sessions designed to demonstrate how nurses can implement movement and breathwork into their shift. The event closed with a night shift Star Party, offering coffee, snacks and virtual stargazing facilitated by the University of North Texas Planetarium. In one single day, over 370 nurses engaged in well-being activities, and based on a post-event survey, 99% agreed that it positively impacted their well-being that day.

### **Making well-being accessible to nursing teams.**

The nurse well-being strategic plan team identified a common theme in the post-event surveys from Nurse Well-Being Day: Nurses need meaningful well-being support that's accessible to them during their shifts. This aligns with the nursing strategic goal to create a framework for implementing quick well-being interventions directly in the clinical areas where the work is being done. Known as Well-Being on Demand, this nurse-designed initiative includes a 24/7 online library of simple, evidence-based well-being interventions along with all the details teams need to activate them in their area.

To implement this initiative, the nurse well-being strategic plan team has joined forces with nurses from across the medical center, including Dewan Perry, MS, BSN, RN, Director of Practice Operations; Jennifer Bias, MSN, RN, Hurst Urgent Care Center Clinical Coordinator; Shauna Martin, BSN, RN, CPN,

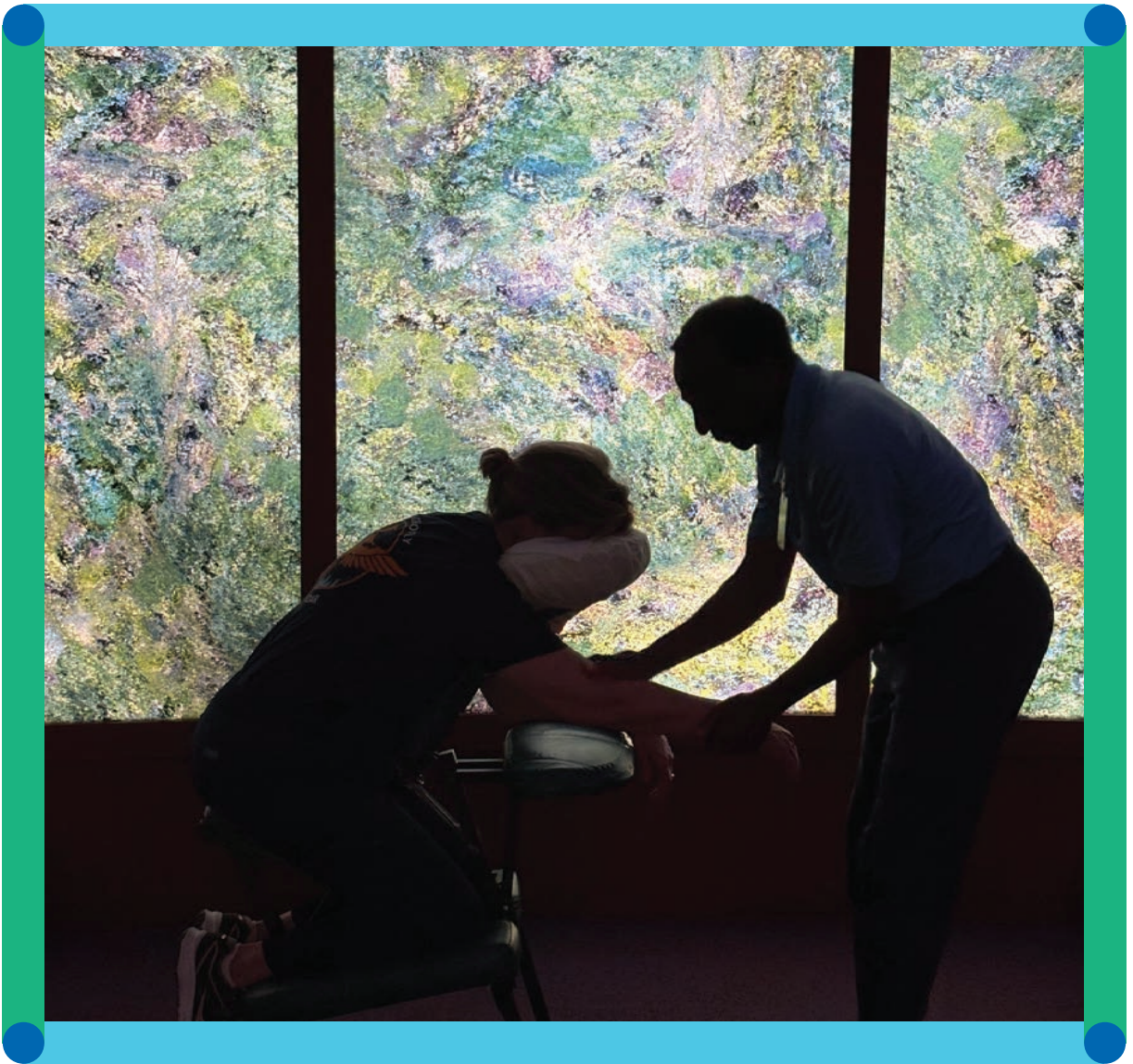


Immunology Clinic Clinical Coordinator; April Syren, BSN, RN, CPN, Urology Clinic Clinical Coordinator; Rachel Snyder, BSN, RN, CPN, Transitional Care Unit Nurse; Christine Chapman, MSN, RN, CPN, Clinical Educator; Deb Smith, MSFS, BSN, RN, CPN, Clinical Operations Nurse Manager; and Meagan Munoz, BSN, RN, Transitional Care Unit nurse.

Well-Being on Demand is meant to empower nurses to integrate self-care practices into their shifts, to equip nursing teams with the tools to sustain well-being efforts at the department level, and to foster collaboration between staff and leadership to co-create a healthier work culture. By co-creating space for self-care within the shift itself, the team aims to foster a system in which nurse well-being is expected, supported and protected.

### **Leading the way to well-being through research.**

At Cook Children's, nurses are leading the way in research to improve nurse well-being. Recognizing that nurse well-being profoundly affects patient care, a team including Julie Van Orne, Ph.D., RN, CPN, CNL, Director of Nursing Research and Innovation; Malorie Brooks, DNP, RN, CPN, CHSE, EBP-C, Director of Evidence-Based Practice and



Implementation Science; Ora Asheton, BSN, RN, CPN, LSSYB, Nursing Excellence and Well-Being Manager; and bedside nurse Annabelle Arntson, BSN, RN, CPN, set out to explore what well-being truly means to nurses.

Through virtual focus groups, the team gathered narratives from bedside nurses and used thematic analysis to understand the lived experiences that shape well-being. The study explored factors such as workload, teamwork, belonging and recognition – cornerstones of a supportive nursing environment.

“This study is near and dear to my heart,” said Annabelle. “As a bedside nurse, I relate to many of the experiences shared in these focus groups. Analyzing the data has reminded me how essential

teamwork and peer support are to feeling valued and whole.”

Annabelle joined the Nursing Evidence-Based Practice and Research Council early in her career and quickly immersed herself in this project. “Working on this study has opened so many professional growth opportunities,” she said. “It’s inspired me to keep asking questions and stay curious.”

“I fell in love with research after leading a project in the Nurse Residency Program,” she shared. “Learning as I go, I try to soak up knowledge from my peers. Being part of this study means a lot. I want to keep challenging myself and discovering new possibilities.” The team hopes their findings will guide initiatives that foster resilience and belong across the nursing workforce.

### Reducing nurse anxiety during simulations.

Nurse educators at Cook Children’s rely on simulation-based learning to ensure nurses have the most refined and up-to-date skills to care for increasingly complex pediatric patients. Cook Children’s simulation lab supports over 9,000 employees annually and provides over 15,000 dedicated hours of simulation.

Two nurse educators, Chandler Patton, MSN, MBA, RN, RNC-NIC, CPN, LSSBB, CBC, and Sydney Beasley, MSN, RN, both education coordinators who support the Neonatal Intensive Care Unit (NICU), recognized that nurses had early academic experiences with simulation that often created lasting anxiety, inhibiting their performance during these educational opportunities even when no “grading” was involved.

Chandler and Sydney noted that during simulation-based training, some nurses had physical reactions to anxiety, such as shaky hands, sweating, wanting to cry and not being able to focus due to anxiety with performance or simulation. They sought a way to help nurses feel more relaxed and prepared when entering the simulation space, thereby enabling them to properly assess their skills, knowledge and behavior.

The team developed an evidence-based intervention to reduce simulation-related anxiety by providing nurses with de-stress activities before engaging in the simulation activities. Nurses arriving at the simulation were offered the opportunity to utilize a Comfort Cart for up to 15 minutes before participation in the simulation. The Comfort Cart was situated in a room with dimmed lights and relaxing music, featuring activities such as brain teasers, coloring books, essential oils and encouragement cards.

Nurses’ stress levels were scored pre- and post-simulation activities using the state anxiety subscale of the Test and Examination Anxiety Measure survey tool. The team observed improved outcomes using the survey tool, and many nurses expressed satisfaction with the cart, offering suggestions for additional comfort items or interventions that would be helpful.

Chandler and Sydney’s recognition of nurse well-being even during an educational activity, highlights our nursing team’s commitment to caring for our nurses as we do our patients. They’re committed to continuing the project for simulation events and thinking about the psychological safety of the staff. They know that simulation is a great tool for building skills, critical thinking and addressing knowledge gaps.



# Nursing research: Generating new knowledge from the bedside.



# Continuous glucose monitors in neonatal infants.

A groundbreaking feasibility study on continuous glucose monitors (CGM) is underway in the Cook Children's Neonatal Intensive Care Unit (NICU). Partnering with Endowed Chair Paul Thornton, M.D., bedside nurses are driving the evaluation of this technology for detecting hypoglycemia in neonates. Because even brief fluctuations in blood sugar can affect a child's long-term development, this team is working to make high-tech, real-time monitoring the new standard for safety.

For bedside nurse and study sub-investigator Paula Dickerson, BSN, RN, RNC-NIC, the motivation to participate in this study was clear. "I was hoping with this research, this would eventually become FDA-approved, in hopes of decreasing the number of sticks in the NICU and increasing hypoglycemia awareness sooner," she shared. Paula believes continuous monitoring "helped ease hypoglycemia concerns between scheduled blood sugar checks," adding that when it comes to low blood sugar, timing is critical and earlier detection may help protect "their delicate brains."

The study has also highlighted the real workload implications for nurses. Every critically high or low CGM reading requires a confirmatory point-of-care glucose check, additional sticks for fragile patients, and CGM-specific training for NICU nurses. "Unfortunately, continuous glucose monitoring did increase the workload as a bedside nurse," Paula acknowledged. Many of these infants became a 1:1 assignment. "However, at the end of the day, it ultimately led to sooner recognition of low blood sugar levels and increased patient safety, which is our ultimate goal at Cook Children's."

As a CGM "superuser," Paula became a primary nurse for one infant on the study. "It allowed me to



learn more about the device while also providing continuity of care for one of our NICU patients," she reflected. For Paula and her NICU colleagues and study team members, Beverly Baugh, BSN, RNC-NIC, Lauren Austin, BSN, RNC-NIC, and Catherine Pillado, BSN, RN, this work blends bedside expertise and research to build the scientific foundation that may one day make continuous glucose monitoring the standard of care for the tiniest patients.



## Pseudohypoglycemia in the Emergency Department.

While battling a surge of norovirus, bedside nurse Wendy Benton, BSN, RN, caught a troubling pattern in the Cook Children's Emergency Department (ED). She observed that dehydration was causing "false" hypoglycemia readings on capillary finger and toe-stick tests, while more intensive venous labs remained normal. By identifying this issue, Benton is now leading the charge to transform how the ED handles glucose monitoring for its most vulnerable patients. "Kids were getting multiple IV sticks, unnecessary tests, meds and even admissions," she recalled. "I could see that it was happening, I just didn't know how to prove it or get evidence to initiate change."

While troubleshooting what she first thought was a glucometer issue, Wendy learned that capillary testing can be inaccurate in patients with poor peripheral perfusion, often the very children seen in triage. Frustrated but determined to do better by the kids, she shared her concern with Chief Nursing Officer Cheryl Petersen, MBA, BSN, RN, NE-BC, which led to an introduction to Julie Van Orne, Ph.D., RN, CPN, CNL, and Aubrey Blackburn, MSN, RN,

CPHQ, CSSBB, in the Nursing Research department. Together, they designed a retrospective study that confirmed her observations: About 25% of children flagged as hypoglycemic in the ED were actually experiencing pseudohypoglycemia.

The project deepened Wendy's trust in evidence-based practice. She now feels more confident that any change in clinical protocols has gone through multiple steps and channels using the best evidence before it reaches the kids. With this foundation, the team is now working on the next steps to improve how blood samples are collected and interpreted, aiming to reduce unnecessary pokes and interventions for children. Wendy reflected on the importance of involving nurses in research conversations and helping them find answers to clinical questions. She said, "Nurses spend so much time providing direct patient care. They see issues from the inside and may even see workable solutions. They need an easily accessible, safe process for this to happen so we can provide the very best evidence-based care."

# Innovations in technology.





## Early ambulation during life support.

The ability to stand and walk is a milestone for any recovering patient, but for a child on life support, it's a breakthrough. At Cook Children's, ECMO Coordinators Danielle Ransonette, RN, and Tammy Elizondo, BSN, RN, are proving that mobility is medicine. ECMO, or extracorporeal membrane oxygenation, is a method of life support that functions as an artificial heart and lungs used in severe cases when other treatments have failed. Many factors impact the chances of survival and the post-treatment quality of life for a child who receives ECMO. The ECMO team at Cook Children's is doing their part to improve the outcomes for these children by including early ambulation during ECMO in the plan of care.

Danielle said, "Because of the nature of ECMO, and the often-total reliance on its support, we are often limited in the amount of mobility we can achieve. Early mobility is so important in the treatment of any critically ill patient, and that includes those on ECMO." She highlights that early ambulation can reduce days on ECMO and days in the ICU.

Care of children who are receiving ECMO is complex. Danielle said, "Getting an ECMO patient out of bed to stand and then eventually walk, takes

time and an entire team of people, including nurses, ECMO specialists, physicians, physical therapists and occupational therapists." Despite the required resources, she said, "The team's commitment to our patients and this process never wavers because we know how important it is to their recovery."

One patient stands out when Danielle reflects on the impact of early ambulation during ECMO. She recalls caring for a teenage patient who required ECMO after a rare reaction to an antibiotic and who was likely to require a lung transplant. ECMO can affect the determination of a patient's transplant status, and the team was dedicated to providing the patient with the best possible opportunity. Thankfully, the child did not require a transplant, and Danielle said, "The work that went into helping her regain and maintain her strength was very important in her ability to recover and return to her normal activities" of dance and cheer.

The ECMO team's dedication to excellence has not stopped at early ambulation. They have acquired a portable treadmill to mitigate logistical challenges of early ambulation and have recently implemented cryobronchoscopy to treat pulmonary hemorrhage in patients receiving ECMO.

# Cook Children's virtual nursing.

Virtual nursing is being redefined with inpatient care at Cook Children's medical centers in Fort Worth and Prosper. Virtual nurses now support admissions, discharges, patient education and pain reassessments, giving bedside nurses more time for hands-on care and the patient-family relationship.

For Director Ashley Kovacev, MSN, RN, CPN, leading this change meant leaning into transparency and trust. "We gave staff the opportunity to voice concerns, ask questions and understand how the change would support both patient care and workflow," she explained. It meant having virtual nurses who were already part of the nursing team's trusted colleagues like Lori Hatcher, BSN, RN, and Nancy Huynh, BSN, RN. Ashley said, "Their commitment to enhancing the patient and family experience and their desire to meaningfully support staff and reduce workload burden set a positive tone from the beginning." Our medical center in Prosper implemented four virtual nurses, Samantha Maggs, Amanda Crowder, Karen Jones and Devonne Kilgore, BSN, RN, all experienced nurses who were able to bring unique experiences and perspectives into building this role.

From the informatics side, lead nurse informaticist Janet Caballero, MSN, RN-BC, focused on designing technology to support real-world nursing work. "The most critical factor was designing the technology to align with the authentic workflows of bedside nurses, rather than expecting nurses to modify their practice to accommodate the technology," she said. "Virtual nursing transitions care delivery from independent nursing roles to a coordinated, team-based model." Jennifer Hammontree, MSN, MBA, RN, LSSGB, and her team also contributed to the development of virtual nursing. Jennifer felt their team's most impactful contribution was utilizing the patient experience center to conduct a series of mini simulations where participants assumed roles (patient, family, bedside



nurse, virtual nurse) in realistic scenarios. This gave the team rich user experience data that enabled them to design and finalize efficient, safe and patient-centered workflows.

As one of the first virtual nurses, Nancy has seen the impact firsthand. "Virtual nursing saves the nurses ample amounts of time during their shift by reviewing discharge information and admitting patients to the unit," she shared. Fellow virtual nurse Devonne has observed how smoothly the model has been embraced. "What surprised me most was how accepting and appreciative our patient families are," she said. "Discharges are quicker, and admissions can be done at a time that's most convenient for families, which really improves their experience. And for bedside nurses, it frees them from certain tasks so they can spend more time with their patients."

For the virtual nursing team in Fort Worth and Prosper, this work demonstrates how technology and nursing can collaborate at Cook Children's, enhancing care while maintaining compassion at the center of everything we do.



# Improving the experiences of patients and families.



# Self-care for caregivers of children with chronic conditions.

The stress associated with caring for children with chronic conditions can detrimentally impact the physical and mental health of parents and other family caregivers. During their time in the Nurse Residency program, Cassie Dearman, BSN, RN, Bri Gervais, BSN, RN, Hailey Maloy, EMT-B, BSN, RN, CPN, Anna Klinefelter, BSN, RN, and Jada Nguyen, BSN, RN, conducted an evidence-based practice project focused on supporting caregivers of children with chronic conditions through improved access to self-care.

Bri said, “We were inspired to do this work because of personal experiences that allowed us to gain firsthand insight into struggles that caregivers of children with chronic conditions deal with. We wanted to raise awareness and alleviate some caregiver burnout that’s often overlooked.”

The team partnered with the Cook Children’s Family Health Library to distribute the *Journey Journal* and the *Health Care Notebook* to caregivers of children receiving dialysis at Cook Children’s Dodson

Specialty Clinics. Jada highlighted that while these resources had historically been available only to families admitted to the hospital, this was the first time it had been shared in the outpatient setting. During conversations with families, some reported they had not yet had time to use the resources, but Hailey said they told the group that they appreciated the thought that someone was looking out for them.

When the group presented their project, they were excited to see caregivers from the Parents as Partners program in the audience. Cassie remembered how their faces lit up when they saw our group presenting the resource they helped make, and that it made the project feel much more impactful when we learned how important the journal is to caregivers. The group shared that they’re grateful for the opportunity to implement a change early in their nursing journey, and Anna shared that their project inspired them to pay more attention to the well-being of caregivers and the importance of family-centered care.



# Leadership rounds improve the staff and patient experience.

Nurses often meet patients and families on some of their worst days. That’s why our nurses at Cook Children’s use family-centered care as a staple of nursing practice to help families navigate through their child’s experience at our medical center.

One leadership team from the Gastrointestinal and Nephrology unit (aka 3 pavilion) noted that the caregiver satisfaction scores for their unit – specifically their likelihood-to-recommend scores – had opportunities for improvement. The team, including Kristen Jackson, Hannah Hardgrove and Kristin Zick, decided to implement an evidence-based rounding strategy to support nurses in establishing trusting and supportive relationships with families.

The project aimed to enhance caregiver satisfaction and likelihood-to-recommend scores by

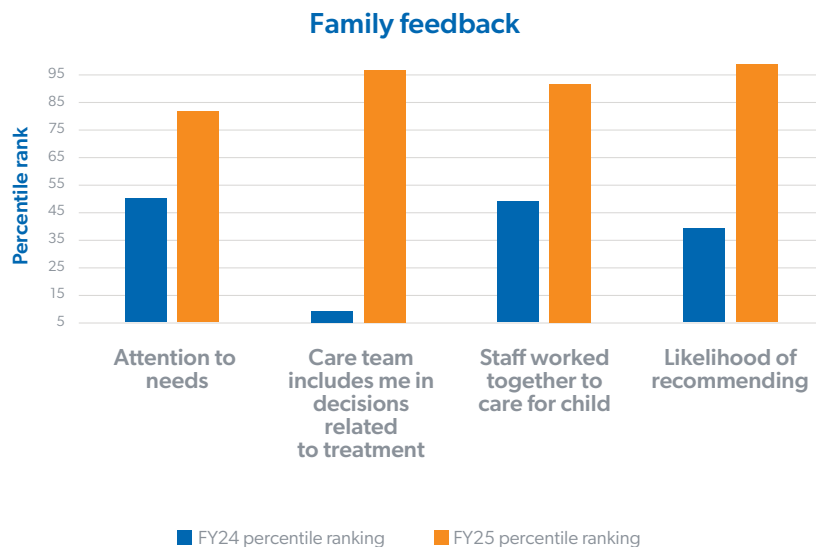
implementing intentional and consistent leadership with caregivers. The result was an established rounding schedule that focused on the needs of the patient or family, team communication, employee recognition opportunities and resources the patients or families may need.

The team immediately received feedback from employees that they felt supported, noting that they specifically appreciated the dedication to checking in with families. Not only that, but the satisfaction scores from families also reflected improved outcomes.

Together, this deliberate approach to leadership and engagement strengthened trust among employees, elevated the voices of families and translated directly into a better care experience for every child and caregiver on the unit.

**“This facility changed my outlook on the health care system. The staff, facility and overall environment was so reassuring in such a difficult time for us with our sick baby. Thank you for providing us with a sense of hope for our baby’s recovery.”**

– Caregiver of patient





# Consistent leadership rounding with caregivers of pediatric patients positively affects satisfaction and boosts likelihood-to-recommend scores

Kristen Jackson, MSN, RN, CPN

**"When leaders listen to families, healing becomes a shared journey"**

### BACKGROUND

When a child is admitted, families can feel stressed, fearful, and out of control. Unaddressed concerns can affect care quality and satisfaction. Through intentional rounding, leaders listen, reassure, and partner with families-building trust and supporting better outcomes.



### AIM

This Quality Improvement Project, which launched in November 2024, aimed to enhance caregiver satisfaction and likelihood-to-recommend scores by implementing intentional and consistent leadership rounding with caregivers.

### IMPLEMENTATION STRATEGIES

- Leaders reviewed caregiver satisfaction scores and discussed incorporating consistent leadership rounding with families using set discussion and action points.
- Developed set areas to focus on such as issues, needs, staff communication, staff recognition, and providing resources/supplies.
- Leader rounded with caregivers and documented for next leader to see who has been rounded on and what outstanding issues or needs there were.
- Posted staff recognition from families: given for going above and beyond!

completed survey  
satisfaction and likelihood-to-recommend scores

consistent leadership rounding with caregivers to help increase likelihood-to-recommend scores.

### RESULTS

#### Family Feedback



### CAREGIVER COMMENTS



"This staff member was very attentive to my needs and my child's needs. They were very professional and caring."

"Thank you for taking the time to listen to my concerns and for providing support."

### CLINICAL IMPLICATION

It is imperative that nursing leadership rounding routine with caregiver concerns and fears are addressed from the front. Through these efforts, the child but also support...



CLASSROOM 110

THE WELLS ACADEMY ROOM 110

# Shared decision-making.



# Prioritizing the nursing voice by strengthening our shared governance.

Cook Children’s nurses spent 2025 strengthening how nurses’ voices shape decisions across the system through a focused, data-driven effort to improve shared governance. Using the Index of Professional Nursing Governance (IPNG) and Council Health Survey, the Nursing Excellence workgroup confirmed what many already felt: Bedside nurse participation had declined, and councils needed clearer structure, support and connection back to the point of care.

From the Nurse Practice Council lens, the goal was straightforward. “We wanted to increase the number of bedside nurses on the council,” said previous council chair Natalie Palau, MSN, RN. “When the nurses at the bedside are the ones making decisions, the quality of our council and shared governance as a whole improves.” The surveys highlighted gaps such as limited formal education for new council leaders, which aligned with plans already underway to launch the “Facilitating Excellence in Shared Governance” class and a standardized toolkit. Melodie Davis, DNP, RN, CENP, council facilitator, describes the toolkit’s impact in helping strengthen councils, noting, “We have seen the fruits of our labor through increased nurse satisfaction, improvement in nurses feeling like

they have a say in their work environment, and with our committee feeling like we have a purpose.”

Data analysis by Aubrey Blackburn, MSN, RN, CPHQ, CSSBB, helped the team target key opportunities and set measurable goals for the 2026 re-survey. She is eager to see changes in the IPNG practice subscale and in Council Health items related to membership, onboarding and use of evidence in decision-making. At the council level, leaders like Andrea Rosas, BSN, RN, CPN, used feedback to restructure meetings, leverage Microsoft Teams and SharePoint, and engage members more actively in follow-up work.

Nurse Practice Council co-chair Linnea Moran, BSN, RN, emphasizes what has changed: “Requiring unit-based council delegates has increased our frontline staff membership, and I think we have really robust discussions now.” For Malorie Brooks, DNP, RN, CPN, CHSE, EBP-C, the message is simple: “We value the voices of our nurses, and we recognize that their engagement in decision-making is the most effective way for us to make informed decisions that improve our health care system and patient outcomes.”



# Preparing and growing the nursing workforce.



# Gamifying nursing professional development.

At Cook Children's, professional development isn't confined to classrooms or checklists. It's something nurses play, experience and own. Throughout the organization, frontline nurses, educators and clinical nurse leaders have transformed clinical advancement into interactive, game-based journeys that spark curiosity, strengthen skills and deepen engagement with shared governance and quality improvement.

What began as a response to education gaps and practice drift has grown into a systemwide movement where nurses advance by rolling dice, rounding bases and returning "back to the basics," all while building confidence, leadership and clinical excellence.

In the NICU, creativity sparked a cultural shift. What started as a vision to create a structured, engaging learning pathway evolved into NICU-OPOLY™, a board-game-inspired professional development track that blends simulation, self-reflection and evidence-based education.

Launched by clinical educator Shannon Rosiere, MSN, RN, NPD-BC, after collaboration with managers, charge nurses and bedside staff, the program created a shared learning pathway for every NICU nurse.

The program's future plans include developing a digital platform to track progress, enroll in classes and reflect on growth in real time.

In the Surgical/Trauma unit, Clinical Nurse Leader Jordan Staggs, MSN, RN, saw an opportunity to address practice drift and the needs of a growing population of new nurses. The result was Back to the Basics, a structured, theme-based game board that guides nurses through essential topics tied to patient care, unit culture and organizational priorities.

Inspired by NICU-OPOLY™, Pediatric Intensive Care Unit (PICU) Clinical Education Coordinator Christine Chapman, MSN, RN, CPN, worked with PICU educators to transform professional development

into a baseball-themed progression, based on Patricia Benner's Novice to Expert framework.

In the Emergency Department, Clinical Education Coordinator Maddie Standifer, MSN, RN, CPN, surveyed her team to identify what education needs they had, and nurses consistently wanted a clearer understanding of how to advance through the department. With this feedback, Maddie and team developed Shoot for the Stars, which groups education requirements into easy-to-follow "star levels," offering a transparent roadmap for growth and clear accountability.

Clinical Nurse Leader Monica Mounce, MSN, RN in the Cardiac Step-Down Unit created Heartopoly, which provides a structured, visual pathway for nurses to advance clinical skills and leadership roles. It guides nurses how to master unit-specific skills, helps them achieve career goals, enhances satisfaction and improves overall professional development.

Together, these initiatives show what's possible when nurses design learning for nurses. Gamification at Cook Children's has strengthened clinical competence, grown future leaders, reduced turnover and reinforced a culture of shared governance and continuous improvement.



# Nursing awards and recognition.



# Cook Children's Great 10 Nurse honorees

**Valerie Shorten**, BSN, RN  
Neonatal Intensive Care Unit

**Christina Tan**, BSN, RN  
Psychiatry

**Aly Anthony**, MSN, RN, CPN  
Hematology/Oncology

**Tara Drake**, MSN, RN  
Neurology

**Kaitlin Smith**, MSN, RN  
Genetic Oncology

**Alyssa Dilbeck**, RN, BSN  
Neonatal Intensive Care Unit

**Blair Sweeney**, BSN, RN, CPN, CPHON  
Hematology/Oncology

**Katie Carpenter**, MSN, RN  
Hematology/Oncology Hemophilia

**Stacey Henley**, MSN, RN, CP-SANE, SANE-P  
CARE Team

**Natalie Palau**, MSN, RN  
Neurosciences



## DFW Great 100 Nurses



**Cameron "Cammie" Elise Larson**, MSN, RN, CCRN, LSSGB  
Pediatric Intensive Care Unit



**Natalie Palau**, MSN, RN  
Neurosciences



**Rebecca Brovina**, BSN, RN, CPN  
Clinical and Translational Science

# 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

Aly Anthony, MSN, RN, CPN  
Stacey Bancroft, MSN, RN, CCRN, CPN, NPJ-BC, LSSYB  
Kate Bradford, MSN, RN, CPN  
Leigh Anne Campbell, MSN, RN, CPN  
Amanda Davis, MBA, BSN, RNC-NIC, EMT-B, CMTE, C-NPT  
Addie Durbin, MSN, RN  
Sara Holden, MSN, RN, CPN  
Andrea Holliman, MSN, RN, CPN  
Jennifer Horn, MSN, RN, CPN, CPPS  
Kristen Jackson, MSN, RN, CPN  
Kim Kimberling, DNP, MHA, RN-BC, FACHE, CPHIMS, CPHQ, LSSGB  
Jaime Kuhn, MSN, RN, CPN  
Stephanie Lavin, MSN, RN, CPN, CPPS, LSS  
Kia McCoy, MSN, RN  
Roberta Miller, DNP, RN, CPN, CPEN, TCRN  
Tara Sloane, BSN, RN, CIC  
Callie Stedman, MSN, RN, CPN  
Jennifer Stephen, PhD, RN, CPN  
Audrey Urlacher, MSN, RN  
Katy Yanez, MSN, RN, CNOR

## Level 3

Marcela Adams, BSN, RN, CPN  
Kenji Alejandro, BSN, RN, NIC  
Ashley Andrus, MSN, RN, CPN

Lauren Austin, BSN, RN, RNC-NIC  
Emily Barnett, BSN, RN, RNC-NIC  
Megan Berezney, BSN, RN  
Tori Bingham, BSN, RN, CPN  
Allison Burgin, BSN, RN  
Raquel Chi, BSN, RN, CNOR, CCRN  
Katie Cooper, BSN, RN  
Sunny Cox, BSN, RN  
Cheryl Craycraft, BSN, RN, CPN  
Brittany Downham, BSN, RN, CCRC, CPN  
Bailey Fleming, BSN, RN, CPN  
Bayli Fudge, BSN, RN, CPN, CLSSYB  
Megan Gibbs, BSN, RN, CPHON  
Erin Gogulski, BSN, RN, CPN, CPHON  
Abby Green, BSN, RN, CPN  
Victoria Hartman, MSN, RN, CPHON, CCRC  
Lori Hatcher, BSN, RN  
Tiffany Henderson, BSN, RN  
Tabitha Hise, BSN, RN  
Virginia Holcomb, MSN, RN, CPN  
Carolyn Jolly, BSN, RN  
Kelly Koch, BSN, RN, CPN  
Christianna Konstans, BSN, RN, CPN  
Elaine Lambert, MSN, RN, CPN  
Cammie Larson, MSN, RN, CCRN, LSSGB  
Kaylynn McHolland-Ward, BSN, RN  
Meagan Munoz, BSN, RN  
Courtney Ozegovic, BSN, RN, CCRC  
Marjolyne Polinar, BSN, RN, CCRN, CPN  
Laura Portillo, BSN, RN  
Anita Proctor, BSN, RN, CPHON  
Mackenzie Prow, BSN, RN  
Michelle Ramsey, BSN, RN, CPN  
Helen Ramsbottom, BSN, RN, LCSW  
Andrea Rosas, MSN, RN, CPN  
Alaina Strain, MSN, RN, CPN  
Blair Sweeney, BSN, RN, CPN, CPHON  
Helen Sweeney, BSN, RN, CPN  
Jewel Walker, MSN, RN, CPN  
Lauren Williams, BSN, RN, CPN  
Mandy Wright, MSN, RN

## Level 2

Ora Asheton, BSN, RN, CCRC, CPN  
Kathy Back, BSN, RN, CPN  
Amber Ball, BSN, RN  
Stefani Cates, MSN, RN  
Kelsey Citta, BSN, RN, CPN, CCRC  
Emma Cooper, BSN, RN  
Denise Corley, BSN, RN  
Rachel Cox, BSN, RN  
Michelle Dozier, BSN, RN, CPN  
Rayanne Falco, BSN, RN  
Lauren Faris, BSN, RN  
Jill Finto, BSN, RN, CPN, CCRC  
Shelley Fitzgerald, BSN, RN  
Sarah Flint, BSN, RN  
Jennifer Guenther, MSN, RNC-NIC  
Seraphie Hammond, BSN, RN  
Abby Hanish, BSN, RN, CPN  
Richelle Hicks, MBA, BSN, RN, RNC-NIC, CBC  
Karen Jimenez, BSN, RN, CCRN  
Elizabeth Kanengiser, BSN, RN  
Alyssa Lam, BSN, RN  
Pauline Lee, RN, CPN  
Lacy Lunaire, MSN, RN, CPN, CCRN  
Paul Manning, BSN, RN, EMT-P, CPN, CEN  
Megan Maxwell, BSN, RNC-NIC  
Belinda Merkel-Coleman, BSN, RN  
Alexis Morris, BSN, RN  
Monica Mounce, MSN, RN  
Nanci Myers, BSN, RN  
Ashley Novinger, MSN, APRN, FNP-C  
Jade Nugent, BSN, RN, CPN, EMT-B  
Kymberly O'Neal, MSN, RN  
Leo Pesin, BSN, RN  
Amy Petersen, BSN, RN  
Maria Posada, BSN, RN, CPN  
Lacey Reed, BSN, RN  
Jaime Rodriguez, RN  
Melissa Rodriguez, BSN, RN, CCRN  
Michelle Russell, BSN, RN  
Erica Salaiz, MSN, RN, MSHQS, CPN  
Tiffany Skrodzki, BSN, RN, CCRC  
Alyssa Slavin, BSN, RN, CCRN, CPN, NC-BC  
Alex Spears, BSN, RN, CPN

Holly Stamp, BSN, RN, CPN  
Renee Stinnett, RN  
Katie Stone, BSN, RN, CPN  
Heather Vandenhoeck, BSN, RN  
Cassandra Westlake, BSN, RN  
Randi Woods, BSN, RN, CPN

## Level 1

Suzanne Brunette, BSN, RN, EMT, C-NPT  
Marta Champion-Johnson, BSN, RN  
Mindy Coates, BSN, RN  
Amber Coleman, BSN, RN  
Shawn Dailey, MSN, RN, CPN  
Andie Edwards, BSN, RN, CPN  
Miranda Edwards, BSN, RN, CPN  
Jennifer Gadnai, BSN, RN, MBA  
Shelby George, BSN, RN  
Alexis Gossett, BSN, RN, CCRC  
Yolanda Guinn, RN  
Mackenzie Hardister, BSN, RN  
Emily Harris, BSN, RN  
Hayden Hayward, BSN, RN, CPN  
Jessica Hazard, BSN, RN, RNC-NIC  
Lauren Hulcy, MSN, RN, CPN  
Kristen Janssen, BSN, RN  
Amy Locker, BSN, RN  
Kelsey Macon, BSN, RN  
Jackie Martin, BSN, RN, CPN  
Shaun Martinez, BSN, RN  
Lauren Moody, BSN, RN, CPN  
Rachel Pemberton, BSN, RN  
Antonia Perkins, BSN, RN  
Anna Reyes, BSN, RN, CCRC, CPN  
Lauren Rodriguez, BSN, RN  
Taylor Ross, BSN, RN  
Nina Siciliano, BSN, RN  
Shelley Thomas, BSN, RN  
Sydney Tittor, BSN, RN  
Aubrey Urbanus, BSN, RN, CPN  
Corinne Vander Stoep, MSN, RN  
Kara Williams, BSN, RN, CPN

# DAISY Award® winners

**Joy Tapley, BSN, RN, CCRN**  
Pediatric Intensive Care Unit

**Susan Mitchell, RN**  
Radiology

**Carolyn Frank, BSN, RN**  
Short Stay Unit

**Chelsea Reyenga, BSN, RN**  
Post-Anesthesia Care Unit

**Hugo Hernandez, BSN, RN**  
General medical-surgical unit

**Kaitlin Smith, MSN, RN**  
Hematology and Oncology Center

**Jenna Monroe, BSN, RN**  
Hematology and Oncology Center

**Seraphie Hammond, BSN, RN**  
Neurosciences Unit Leader Award





RN

RN

RN

RN

RN

RN

The DASH Award  
for Extraordinary Nurses  
Awarded to  
Carolyn Hunt, RN, BSN

# Cook Children's recognition



AACN Beacon Award for Excellence™



Level IV Neonatal Intensive Care Unit (NICU)



ANCC Magnet Recognition with Distinction®



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



ChildKind Certified Hospital



Platinum Recognition – National Hospital Organ Donation Campaign



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



SPN Sapphire award for Pediatric Excellence



Level I Children's Surgery Center: American College of Surgeons – Children's Surgery Verification™



Teddy Bear Transport Commission on Accreditation of Medical Transport Systems



Level II Trauma Center



**“Not all angels have wings, some of them wear scrubs.”**

— Cook Children's patient, Eige Kifunga, 17-year-old sickle-cell fighter

