



**Nursing
annual
report
2023**

Dear colleagues and friends,

As we reflect back on 2023, we're super excited to share a recognition we were just awarded as No. 3 for America's Best Large Employers and No. 1 in Health Care by Forbes, that's already setting our stage for 2024. This past year, we saw nurses collaborating at every turn. From working with each other, across many specialties, to working closely with patient families, our nurses prioritized forming multidisciplinary teams to best serve patients' needs. I watched them communicate effectively, embrace togetherness and identify better solutions to obstacles.

Our new rapid response nurse team directly affects codes through the medical center and Pediatric Intensive Care Unit safety rounds. These are wonderful opportunities to help the team see the world through other's eyes. Their truly remarkable ingenuity lets them discover, as well as reimagine, the best approach to care.

Work continues on all fronts, including a major effort on building a safer environment for our nurses. Two important steps for that was the development of a workload tool and the creation of several new wellness strategies.

As each of our 1,800 nurses commit to fulfilling our Promise to improve the well-being of every child, the care we deliver does not end when we walk out of the medical center. My promise is

to support our nurses every step of the way. It is our privilege to be part of patient families' lives as we strive to create a culture of care. No one knows our patients better than their families, and as we come together with them, we hope to bring a little sparkle to every child's day.

As one nurse said, "It's all about putting ourselves in other people's shoes."



Cheryl Petersen, MBA, BSN, RN, NE-BC
Senior Vice President, Nursing and Chief Nursing Officer



Cook Children's Medical Center nurses with Cheryl Petersen at the 2023 National Magnet® Conference

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Epilepsy Monitoring Unit (EMU) nurses from left to right: Mary Ryan, BSN, RN, Hailey Sayre, BSN, RN, CPN and Marta Champion-Johnson, BSN, RN with patient, Luke

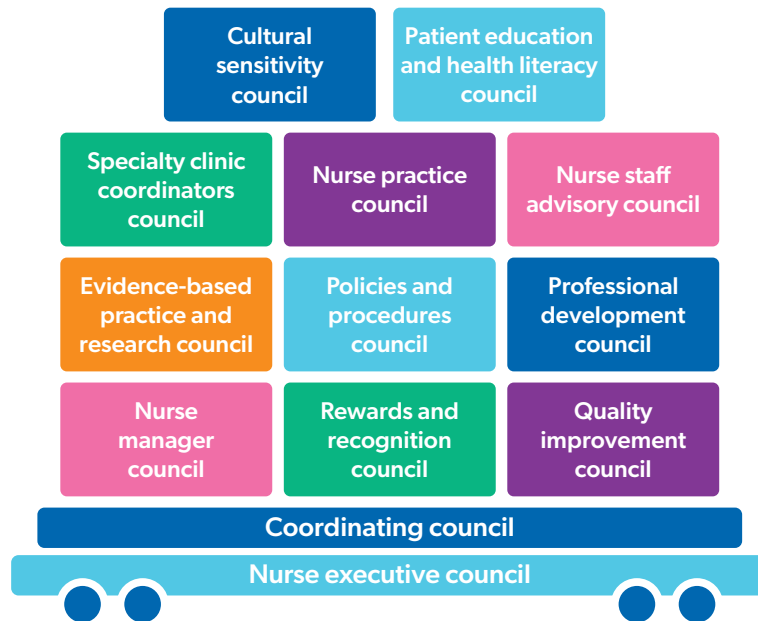
Nursing mission statement

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



By the numbers

Cook Children's nursing scholarship report

Data reflects projects *led by* or *significantly involving* nurses during fiscal year 2023 (October 2022 – September 2023)



Scholarly projects completed by nurses during fiscal year 2023 **268**



Podium presentations **57**



Professional awards or honors **14**

2,305

Minutes Cook Children's nurses spent delivering podium presentations to local, national and international audiences

22

Manuscripts Cook Children's nurses published in peer-reviewed journals

250

External clinical trial participations

Nurses who participated in a scholarly activity during fiscal year 2023

394

69

Quality improvement projects

20

Process improvement projects

26

Poster presentations

31

Evidence-based practice projects

Rapid response nurses working together to reduce codes



Left to right: Kaytee Newland, BSN, RN, and Erin Gunn, BSN, RN, CCRN

With patient volumes quadrupling in 10 years, we faced a significant increase in codes and medical (med) alerts outside of the Pediatric Intensive Care Unit (PICU). The PICU charge nurse was part of the team who responded to each code. This made the nurse unavailable for any urgent PICU needs, including decompensating patients, admissions and providing support to the unit staff.

The PICU and code committees wanted to change this, so they helped create the Rapid Response Nursing Team – a group of 17 nurses trained to respond to codes and med alerts. This allows

the charge nurse to stay in the PICU during codes, while still communicating with the rapid response nurses.

Melissa Lubahn, MSN, RN, nurse manager in the PICU, and Melodie Davis, DNP, RN, CENP, director of PICU, ECMO and Dialysis, worked to set up the team. Preemptive rounding across the medical center, coupled with direct communication with bedside and charge nurses, helps decrease codes by making planned transfers instead of emergent ones. A rounding tool is used to track where the patients are going, as well as interventions used while there. In the first six months, codes dropped 60% and med alerts dropped 50%.

“It’s exciting to see what we have accomplished so far,” Melissa said. “This team is empowering nurses by debriefing and educating them. There are intangibles we can’t quantify, such as increasing patient safety with another set of eyes and learning from each other.”

Melodie said she is grateful that the administration allowed them the opportunity to put the team into place.

“It’s a huge investment of personnel, time and money,” said Melodie. “It also offers an available resource to every child and family at all times. I’m proud of our team for embracing the idea and volunteering for it. They have made a significant impact.”



Back row (left to right): Erin Gunn, BSN, RN, CCRN, Emma Beck, BSN, RN, Ashley Faram, BSN, RN, Nakima Isler, MSN, RN, CCRN. Front row (left to right): Melissa Lubahn, MSN, RN, Emily Russ, RN, Kaytee Newland, BSN, RN, Melodie Davis, DNP, RN, CENP

Enhancing safe staffing with a cognitive workload tool

Staffing is one of the most important aspects when it comes to safe nursing practices. “It defines everything we do,” said Kaylan Branson, MSN, RN, CPN, CPL, director of the Nursing Quality and Magnet Program.

In alignment with the 2020 nursing strategic plan, the Nursing Evidence-based Practice and Research Council made a concerted effort to enhance safe staffing practices by incorporating a new cognitive nursing workload tool. In the fall of 2021, nurse representatives from various inpatient areas collaborated as content experts and assigned minutes to each nursing task within Epic, the electronic medical record software. Frontline nurses meticulously evaluated and assessed each task, as well as considered its attributes and complexities. The resulting tool effectively quantifies the workload associated with caring for each patient. Every nurse assignment carries a total workload, formed by combining the workloads of each patient they are assigned. The overarching goal is to ensure safe and manageable workloads for nurses.

Inpatient medical-surgical and intensive care units piloted the tool to determine the “ideal” workload score range for nurses’ assignments. Kaylan and Julie Van Orne, MSN, RN, CPN, CNL, in collaboration with the EPIC team, spent six months validating the tool with nurses to ensure it accurately reflected workloads and quantified the total workload.

After validation, it was determined that a yellow, green and red color system would be used to guide nurse assignments across the medical center. The colors match the scores – yellow, green and red. The guidance for charge nurses making assignments was that yellow (8.0 and below) means a nurse could potentially take additional patients. Green (8.1 to 12) is just right and red (12.1 or higher) means the workload needs to be assessed. If nurses have a good patient assignment, they have more time to provide high-quality care.

The group built a live dashboard in Epic, allowing nurse leaders to monitor staff levels and determine if red assignments were a potential safety issue. By June 2023, the workload tool had been introduced to charge nurses and nurse managers in inpatient and critical care areas throughout the Fort Worth medical center. The tool operates in real-time, dynamically updating workload scores as nurses chart patient care, provider orders change and patient-care-specific attributes evolve.

So far, the tool has been a success. Leaders follow the units’ staffing levels regularly, and as they see trends, the workloads can adjust. The tool also is in use at our Prosper medical center.

“This is a longitudinal project,” Kaylan said. “We came across the concept of nursing cognitive workload, which became a strategic priority for the organization. The new tool is based on solid data so nurse leaders can make assignments as safely as possible.”



Improving the transfer of medically complex patients

A protocol for transferring patients from the Neonatal Intensive Care Unit (NICU) to the Transitional Care Unit (TCU) began a couple of years ago to prevent complications shortly after patients were moved. Clinical nurse leaders, Kia McCoy, MSN, RN, and Mandi Nottoli, MSN, RN, CPN, worked on the process so patients and families can have a successful and safe transfer to the TCU. Once in the TCU, families learn to care for their medically complex child at home.

“We have many families who come to our unit to learn about caring for tracheostomies and other training programs,” Mandi said. “Our goal is for them to be prepared beforehand and to train consistently so that the entire family can be discharged home when their child is medically ready.”

When patients transfer from different areas with varying levels of stimulation, they can experience intolerance to changes in their environment. This can lead to decompensation requiring increased respiratory support, and result in a transfer to a higher level of care. Kia and Mandi discussed these concerns with other unit leaders to come up with a safer process.

“We wanted to hone in on possible barriers that were preventing safe transfers for our medically complex patients and families,” Kia said.

Collaboration around this process change began in the fall of 2022 between Mandi and Lauren Ebert, a NICU nurse manager. She also took on the role of a transition liaison to review

current barriers and develop standardized protocols reviewing unfavorable outcomes from previous transfers. Both the TCU and NICU leadership teams, the lead neonatologist, along with pulmonologists, Sami Hadeed, M.D., and Karen Schultz, M.D., came together and shared feedback and suggestions to help unite the two units.

The TCU-NICU rollout was so successful that Kia and Mandi wanted to focus on standardizing the same process with the Pediatric Intensive Care Unit (PICU) as well. Kia developed a plan with the PICU night shift nurse supervisor, Nanci Myers, BSN, RN, and bedside nurse Kristen Cook, BSN, RN, PE. The PICU leadership and PICU medical director, Kyle Brown, M.D., reviewed the unit-specific process before the new protocol rolled out in September 2023. Official unit-based policies for the NICU, PICU and Cardiac Intensive Care Unit were developed and implemented that same month.

The transition protocol specifies no ventilator or medication weaning for three days before a NICU transfer and 24 hours before a PICU transfer. Once transferred to the TCU, no ventilator or medication changes should be made on any patient for an additional two to three days. This allows the patients time to acclimate to their new space and care team before changes are made and training begins.

Mandi said they have seen significant improvements since implementing the new protocol. Patients are not experiencing as many complications after being transferred with the help

of a transition-specific goals checklist. This includes turning babies more often, getting them out of the crib more and attempting to bathe them in infant tubs, as opposed to bed baths. The increased stimulation in their current environment helps to gauge whether a baby will do well in the TCU. Training in the TCU has been smoother with more parent engagement resulting in babies being ready to discharge sooner.

Kia and Mandi also collaborated with our Family Advisory Council every step of the way to get feedback from a parent's perspective. They expressed the importance of involving parents who had been in this position previously in any decision-making. This step was vital.

"We wouldn't have been successful if we didn't collaborate to the depth that we did," Kia said.



Kia McCoy, MSN, RN, with patient, Yusef and his mom

Promoting cultural sensitivity and engagement: A shared governance approach

To help plan for nursing strategic goals, leadership sent a survey to every nurse at Cook Children's Medical Center in Fort Worth. The results gathered from about 300 nurses highlighted a need to focus more on cultural sensitivity and engagement.

Cultural sensitivity and engagement are vital to educating the nurse how to deliver culturally sensitive care and advocating for the marginalized groups of our community. The council has the unique opportunity to shape practices and policies that can improve patient outcomes at the hospital by making cultural sensitivity and engagement a pivotal part of the child's care.

Shakyryn Napier, DHSc, RN, CPN, NEA-BC, took the lead in establishing a nursing shared governance council specifically focused on cultural sensitivity and engagement.

Recognizing the need for long-term cultural change, rather than a one-time initiative, Julie Van Orne, MSN, RN, CPN, CNL, emphasized the importance of ingraining these values into the organization's culture. Actively involved in the Cook Children's cultural sensitivity and engagement efforts, both Julie and Shakyryn aim to foster an inclusive and accepting nursing community that values diverse perspectives, talents and experiences.

Chairperson Daniel Figueroa, RN, clinical nurse leader, and co-chair Sonia Kubecka, RN, along with secretary Maria Peterson, RN, provide leadership to the council.

"The nurse is empowered to address health disparities and can advocate for equitable access to health care for all children," Sonia said. "It aligns with the 'Pinky Promise' – everything for the child.

The council is working to introduce the concept of cultural humility. Julie explained that practicing cultural humility in daily nursing routines entails self-exploration and a willingness to learn from others.

Council members receive education and are empowered to act as change agents in each of their work areas.

"Our hope is that staff treat each other with kindness and treat patients and families as we expect to be treated," Shakyryn said.

"It really is all about putting ourselves in other people's shoes," Julie said.

Bottom row left to right: Tracy Vang, Danny Figueroa, RN, Shakyryn Napier, RN, Second row left to right: Megan Maxwell, RN, Jasmine Riles, RN, Deb Smith, RN, Third row left to right: Patricia Wasilewski, RN, Jamie Kuhn, RN, Back row left to right: Malorie Brooks, RN, Julie Van Orne, RN, Caitlyn Lozano, RN



Enhancing handoff communication: A path to improved patient safety



Left to right: Sulema Canales, BSN, RN, Diana Medrano, BSN, RN, and KC Simmons, BSN, RN

Sandy Manoushagian, DNP, APRN, FNP-BC, and Jordan Staggs, MSN, RN, were working as bedside nurses when they realized an opportunity for safer patient care transitions. At shift changes, especially 6:30 a.m., and 6:30 p.m., mistakes are more common as the patient care transfers from one team to another. Sandy said mistakes most often happen because nurses are away from the bedside when they do the patient handoff at the nurses station.

“We found that distractions outside of the patient room shift the focus,” Sandy said. “Having eyes on the patient helps to identify issues and reduces error.”

Sandy and Jordan set out to find a tool that would support bedside nurses, enhance the hospital’s safety culture and foster a family-centered approach to care.

“We hoped that when onboarding new nurses, we could give them new ways to frame a conversation and increase their confidence to stay at the bedside for handoff,” Sandy said.

They did just that by setting up a multidisciplinary task force including Epic, Marketing, Family Advisory Council, Patient Experience, Media Services, Magnet Champions, Quality, Risk Management, clinical educators, physicians and many more. Extensive literature research led to a format that would support the transfer of care for the most complex patients. They landed on ISHAPED, an acronym standing for key elements in a standardized handoff process that automatically populates patient information, making the process more organized.

They also recruited “super user” nurses and clinical educators, nurse managers and staff from each unit to help launch it. After a pilot on two medical-surgical units, Cook Children’s Medical Center in Prosper implemented ISHAPED in January 2023 as well, and then it expanded to 10 acute care units at the Fort Worth medical center. The tool also is used for some transfers from the Emergency Department to inpatient units.



Since the launch of I-SHAPED, handoffs at the bedside have significantly increased and safety events have decreased. The initial outcomes after the pilot were so promising that the medical center in Fort Worth chose to include it as a nursing strategic goal.

“The entire team deserves credit for this accomplishment,” Sandy said. “We couldn’t have done it without everyone’s help.”

I **Introduction**
The team meets at the start of a new shift.

S **Story**
The team reviews what brought the patient to Cook Children’s.

H **History**
The team reviews the patient’s past medical history.

A **Assessment**
The outgoing nurse reviews the patient’s current assessment findings with the oncoming nurse.

P **Plan**
The team discusses the plan of care.

E **Error prevention**
The team discusses measures to ensure patient safety, such as high risk for falls.

D **Dialogue**
Patients and families have an opportunity to ask questions about their care.

Using innovative education and collaboration to reduce unplanned extubations



NICU clinical nurse leader, Danny Figueroa, BSN, RN, CCRN, and patient, Matteo

When unplanned extubations in the Neonatal Intensive Care Unit (NICU) significantly increased, it was a pivotal moment that led to a collaborative approach across the unit. Nurse leaders joined physicians, respiratory therapists and quality leaders to identify issues, like dropping the centerline for the first time in three years.

“It was a humbling moment as we came together to identify ways we could decrease unplanned extubations,” said Brittany McLaughlin, RN, MSN, RNC-NIC, NICU director. Jenny Riddle, BSN, MHA, CPHQ, CSSGB, director of Clinical Collaborative and Quality, narrowed down the main reasons for

the unplanned extubations, which include agitation and pain, kangaroo care, repositioning and repeat extubations.

“It took many months,” said Darryl Miao, M.D., NICU medical director. “We attended the Solutions for Patient Safety conference with leaders from Quality and Nursing and participated in breakout sessions to learn about other tactics being used.”

The team looked at the sedation process to assess the best balance between many factors. This included the baby’s comfort while not pulling out their own tube, taping methods for the tube, positioning of the tube through X-rays, routine nursing care when repositioning the baby, education for parents during kangaroo care, as well as extubation readiness.

April Gardner, MHA, RRT-NPS, manager of Respiratory Therapy, worked with Dr. Miao and neonatologist David Riley, M.D., to start extubation readiness trials in 2021. During the trials, they looked at babies on low ventilator settings. They tried ventilator continuous positive airway pressure (CPAP) to see if they were ready to be extubated. If they tolerated the ventilator CPAP, this was communicated to the providers who would extubate the infant if clinically appropriate. Identifying these infants reduced the number of infants on ventilators and unplanned extubations. This was also a safe practice, as most of the infants who tolerated it, did not require reintubation.

Perdita Shook, BSRC, RRT, respiratory care quality specialist, was instrumental in recognizing issues that were not captured and implementing new processes. As Perdita observed, she identified an issue with guarding the tube, and let NICU leadership know so they could reeducate what guarding should look like.

Samantha Corkum, MSN, RN, RNC-NIC, quality and accreditation supervisor, used Plan-Do-Study-Act (PDSA) cycles to evaluate the rollout of a new taping method for select patients with multiple unplanned extubations. The trial was unsuccessful in both patients, so they abandoned the new taping method and instead evaluated other contributing factors to unplanned extubations. Orientation sessions for new hires focused on proper endotracheal tube securement, extubation readiness trials, two-person position changes, non-pharmacologic comfort measures and sedation.

Danny Figueroa, BSN, RN, CCRN, clinical nurse leader in NICU, said their unit is a hospital within a hospital, and with staff on two floors, it can be hard to keep everyone in the loop with quality indicators and unplanned extubations.

“We have to be creative when it comes to staff engagement and think outside the box to capture as many staff members as possible,” Danny said.

The team planned mandatory meetings and there was employee engagement with Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Critical Care and Medical/Surgical pools.

The continuous collaboration proved to be successful. Solutions for Patient Safety had set a two-year goal to decrease unplanned extubations by 20%. In November 2023, Cook Children’s had

reduced its unplanned extubation rate by 65%.

For patients, dropping the centerline for eight consecutive months means less harm, decreased length of stay and less trauma for the lungs and airway. With many unplanned extubations, hypoxic injury occurs.

“Many of these babies have some form of lung disease, so when they experience an unplanned extubation it can take a while to reopen the parts of their lungs which might de-recruit from the loss of positive pressure support, meaning a longer time on the ventilator,” Samantha said. “The lack of oxygen also affects other organs in micropreemies, and the act of an emergent re-intubation can cause a severe brain bleed.”

The team overcame many challenges to drop the centerline for such a long period of time.

“During that time, we hired 160 new nurses and faced many challenges,” Brittany said. “I’m really proud we were able to get it in motion and stop the issues with the whole team approach.”

Samantha agrees and said this is just one example of how the NICU connects the dots to provide the highest quality care.

“This is everything we could have hoped for,” Samantha said. “It’s why we come to work every day – to make a difference. The NICU is unmatched, and I wouldn’t want to work anywhere else.”

“It took everyone having eyes on it and being aware,” April said. “No one person or discipline could have accomplished this.”

Safety first: Nurses and providers team up to prevent harm



Nurse team caring for patient collaboratively

Weekly safety rounding is elevating the stage for high-quality patient care in the Pediatric Intensive Care Unit (PICU). Kyle Brown, M.D., co-medical director of PICU, hopes the rounds are changing the culture to make it easier for nurses to approach physicians with concerns and have meaningful discussions.

The idea started in 2022 with a clinical collaborative group, which oversees quality numbers and Solutions for Patient Safety. Dr. Brown and Cammie Larson, MSN, RN, clinical nurse leader in PICU, took their ideas and adapted them to help with the PICU's quality initiatives. Champions were identified to lead the

grassroots effort. They evaluated safety issues including hospital-acquired condition prevention bundles and bedside concerns. A scoring template was created to quantify safety issues present during rounding. The goal was to decrease PICU "drift," (the accumulation of unintentional, typically minor, human errors and/or procedural violations).

Cammie said drifting away from something is natural as the focus is always on the biggest deficit. "Drift doesn't happen fast, change takes time," Cammie said. "If we are going to drift away, we need to drift back and create a longer lasting change."

For safety rounding, patients with complex medical needs are identified, such as those with a central line, ventilator or foley catheter. Nurses look for what is most important to contribute to quality and safe care and choose four patients each week who meet the criteria. Weekly multidisciplinary safety rounding started in September 2022, providing timely education to PICU staff. Every Tuesday, in the mornings and evenings, physicians, quality nurses, quality team and nurse leadership are invited to meet at the bedside.

Cammie said they have seen collaboration at every turn. Whether they are brainstorming ideas or physically needing help to weigh a patient, they have all come together in different ways. The rounds have been eye-opening, and Dr. Brown said the dedicated time each week has been helpful for everyone to see the benefits.



Back row (left to right): Colin Mower, M.D., and Kyle Brown, M.D.
Front row (left to right): Robin May, RN, Beth Spears, RN, Melissa Lubahn, RN, Cammie Larson, RN, and Katelyn Terry, RN

“As we talk with the bedside nurses, it allows us to think from different perspectives how to improve care,” Dr. Brown said. “We can have a more detailed understanding of what the nurses do and how to facilitate care. We can also make changes in real time, such as how orders are placed. It shows the unit we care about safety.”

Dr. Brown and Cammie review the data after every quarter to identify problems and listen to staff feedback. Cammie said they have seen significant improvements in several areas, such as a dramatic decrease in out-of-date central line dressings.

Project outcomes have also included improved endotracheal tube safety, appropriately padded peripheral intravenous lines, proper oxygen weaning, pain medication coverage and patients weighed as ordered.

“I’m so proud of the staff for embracing it,” Cammie said. “I get messages all the time from staff who want their patient to be chosen for safety rounds so they can participate.”

Nurse well-being: A strategic guiding star



Left to right: Kayli Russell, BSN, RN, Hallie Phillips, BSN, RN, Napoleon Roberson, BSN, RN, Keziah Amoasi, BSN, RN, Jessica Hanson, BSN, RN, McKenna Rudolphi, BSN, RN, and Robin O'Hanlon, BSN, RN

We all know nursing has some incredibly challenging days. That's why one of our strategies is ensuring we offer our nurses a healthy, fulfilling environment so they can truly find joy in their day-to-day work.

"We know caregivers need to have a full cup before they can give to others," said Melodie Davis, DNP, RN, CENP, director of PICU, ECMO and Dialysis.

Part of the medical center's 2023 Nursing Strategic Goals included wellness, resilience, retention and recognition. Melodie, along with

Lisa Farmer, BSN, RN-BC, LMSW, director of Psychiatric Services, developed the idea to create a "Stay Survey," to gather data on what is going well and to capitalize on that.

The survey went live in June 2023, and after three weeks, they collected 552 responses. Melodie and Lisa took qualitative and quantitative data from the survey and put it into a toolkit that highlights the top components for leaders and unit-based councils to review. The toolkit features various ways teamwork is cultivated with real examples from units so nurses can implement them into their own areas.

Melodie and Lisa built a task force with a cross-section of nursing areas, including clinics, our health plan and the Epic team. The task force meets every two weeks and divides responsibilities so everyone has a voice and can make a significant contribution.

"It is a wonderful collaboration," said Lisa. "There are several different levels where we're seeing the colleague interaction and teamwork play out."

The survey included 25 pages of positive comments, with most referring to colleagues and teamwork. The nurses shared that they most look forward to helping others on the team, along with patients and families, and that they feel their work is meaningful. The action items from the Stay Survey included eight categories:

- **Teamwork and colleagues – foster teamwork and a sense of community**
- **Helping others – celebrate the nurses’ helping spirit**
- **Patient and family interaction – connect, collaborate and elevate the patient experience**
- **Nursing specialty area – strengthen and showcase specialty areas**
- **Schedule – create and enhance scheduling flexibility and other opportunities**
- **Learning and growth – foster an environment of learning and growth**
- **Strong leadership team – grow the leaders**
- **Reasonable workload – cultivate safe workloads on units and hospital levels**

After the toolkit’s rollout in December 2023 to the nurse executive, manager, practice and unit-based councils, they received continuous feedback. The toolkit also was highlighted at Cook Children’s Be Well Expo in January 2024.

With the help of the toolkit and by implementing new strategies, Melodie and Lisa hope nurses will have more time to process patient interactions and outcomes – especially after coming out of the pandemic.

“This is meant to be their guiding star,” Lisa said. “We made it more accessible and with smaller chunks of information. We want nurses to feel reenergized and to tap into their learning styles and interests. We hope to stay focused on the positives and what brings joy and meaning to our work.”



Healing canvas: Promoting nurses' well-being with art therapy



Cheryl Craycraft, BSN, RN

Kayli Russell, RN, had just started working as a tech at Cook Children's when the pandemic hit. She jumped right into the most challenging of times on her unit, 3 Pavilion (3P).

"It was very difficult," Kayli said. "We were short-staffed, and I was constantly picking up extra shifts. One time, I worked five shifts in a row trying to help the unit. I could see the stress the pandemic was putting on the nurses around me."

When Kayli heard that the Nursing Research department was funding art therapy for all staff in March 2023, she immediately wanted to do it. Ashley Kovacev, MSN, RN, CPN, director of

Medical/Surgery, was manager of 3P during the pandemic. She said what the nurses dealt with during the COVID-19 surge was overwhelming.

"They felt like they were on an island by themselves," Ashley said. "Everyone was fearful because of the unknown, especially when the wave first hit us. They had to stuff in their feelings to get through the day to care for others. They didn't have anything left, physically or emotionally, after their shift. Some still haven't processed all they went through."

Cook Children's Art Therapist Diana Gibson guided staff through nine three-hour sessions at various times in the spring. Staff were able to choose projects from mosaics, puzzles, clay, needlepoint or canvas while spending quality therapy time with Diana.

"Some people really opened up as they created," Ashley said. "I made a glass paperweight, and we could choose a word to put inside of it. My word was peace."

Mary Cazzell, Ph.D., RN, director of Nursing Research and Evidence-based Practice for 10 years, set up the art therapy sessions after talking with four nurses during the second wave of COVID-19.

"There were not only the COVID-19 strains, but a mandatory on-call schedule and vaccines that were implemented along with a critical staffing shortage," Mary said. "It was the perfect storm."



Art therapy allowed the staff to express themselves and process emotions. It made a big difference.

“There were lots of tears and sharing. Nurses who were on maternity leave even came in to participate,” Mary said. “I did it too, and needed that meaningful time.”

Kayli attended several sessions and worked with felt material and clay sculptures as she talked about life and personal struggles. She called it therapeutic and recruited people from the unit to go with her.

“I brought as many people as I could with me,” Kayli said. “It meant so much to have this opportunity. I think it’s something everyone needs to experience.” It made Kayli even more thankful for the team she worked with during the pandemic. “I will forever have a special place in my heart for 3P,” Kayli said. “I would not have survived those times without the love and support we had for each other.”

Left to right: Kristen Hastings, MSN, RN, CPN, and
Cortney Miller, MS, BSN, RN, CPN

Expanding our reach: New medical center, more nurses



Left to right: Patricia Kuebena, RN, Linda “Niki” Duran, RN, Amy Tubbs, RN, Madison Morrow, ACT, Shalyn Coulobme, RN, Saundy Dennis, RN, Sheralyn Hartline, RN, and Doris “Dee” Guein, unit secretary

Since the beginning of 2023, Sheralyn Hartline, DNP, RN, CNEP, RNC-NIC, and Stefanie Tanner, MSN, RN, BCEN, have shifted into leadership roles as part of the opening of Cook Children’s second medical center in Prosper, Texas. Both nurses described opening a new facility as a unique experience – one that has challenged them and allowed them to think outside the box.

“We are here to guide the ship, but the staff took ownership of our processes and ultimately provided the safest, quality care for our patients,” Sheralyn said.

Stefanie said it has been a year of robust learning. “The community, market and population are very different in Prosper, so it’s not just copying and pasting what is being done at the Fort Worth campus,” Stefanie said.

Providing the highest quality care and a one-of-a-kind experience is always at the top of their minds as they know people in Prosper have many options to choose from when looking at hospitals.

“As we enter new territory, it has been increasingly important to be involved in community events and build relationships with leaders in the region,” Sheralyn said.

Sheralyn, assistant vice president for Nursing and Patient Care, and Stefanie, director of Nursing and Patient Care, worked to create and implement processes to improve practices for 200 nurses across multiple departments at the Prosper campus. “Our teams refined what is working well,” Sheralyn said. “We also found processes that we needed to take back to the drawing board.”

One of the projects spearheaded by Morgan Cotton, Clinical Risk/Quality Improvement coordinator and Amanda Pulley, manager of Laboratory Operations, is the Emergency Department and Lab Specimen Integrity Project. The interdisciplinary team worked together to provide solutions for specimen integrity issues. Since the project began, there has been a steady decline in specimen issues.

Another project led by frontline staff called Difficult IV Access (DIVA) involved collaboration with child life specialists, Advanced Care Technicians and nurses to improve the process for IV placement and infiltrations. Now, a nurse from the DIVA team, can be called at any time.

Sheralyn and Stefanie also have supported many educational opportunities on the Prosper campus. These include the emergency nurse pediatric course, the trauma nursing core course and crisis prevention intervention, largely driven by clinical practice and advanced education specialist Lucinda Berent.

“It’s a huge plus for staff if they don’t have to travel to Fort Worth or elsewhere to get certifications,” Sheralyn said.

Stefanie who previously served in the Emergency Department in Fort Worth, and Sheralyn, who led the Level IV NICU in Fort Worth, said their different perspectives complement each other well. The dynamic duo communicates with each other from the moment they wake up until going to bed.

“I am a thinker and Sheralyn is a feeler,” Stefanie said. “We are both very outgoing and truly love our jobs. It’s busy and some days are 10 to 14 hours, but when I’m collaborating with Sheralyn, it doesn’t feel like work. I feel like this is what I get to do every day and I’m lucky to get paid for it.”

Sheralyn agrees and says she is blessed to be able to go to a job and do what she loves all day. Her passion for our organization’s Promise is reflected in all that has been accomplished since the opening of the Prosper facility.

“We are so proud of the culture that the team has created in Prosper while using our Promise as the guiding compass,” Sheralyn said.

Nursing awards and recognition

Professional Development program
Nursing scholarship report
The DAISY Award® winners
Cook Children's Magnet Nursing Awards
Cook Children's recognitions



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 1

Paige Armstrong, BSN, RN
Megan Bartlett, BSN, RN
Laura Blount, BSN, RN, CPN
Paige Gilmer, BSN, RN, CPN
Haley Bush, BSN, RN
Katie Cooper, BSN, RN
Rachel Cox, BSN, RN
Brittany Downham, BSN, RN, CPN, CCRC
Rayanne Falco, BSN, RN
Shelley Fitzgerald, BSN, RN
Megan Gibbs, BSN, RN, CPOHN
Seraphie Hammond, BSN, RN

Lori Hatcher, BSN, RN
Rachel Hayes, BSN, RN, CCRN
Amy Locker, BSN, RN
Stefani Lombard, BSN, RN
Jailey Branton, BSN, RN
Megan Maxwell, BSN, RN
Amanda McMillan, BSN, RN
Maddie Miller, MSN, RN, CPN
Marisa Murdock, BSN, RN, RNC-NIC, CPN
Nanci Myers, BSN, RN
Eddie Norton, RN, TCRN
Maria Posada, BSN, RN
Anna Reyes, BSN, RN
Lynette Satterfield, MSN, RN
Courtney Shaefer BSN, RN, CPN
Chanel Amber Sizemore, BSN, RN
Blair Sweeney, BSN, RN, CPN
Tiffany Thetford, BSN, RN
Larissa Thompson, MSN, RN, CPN
Mandy Wright, BSN, RN
Lauren Wroble-Burja, BSN, RN

Level 2

Marcela Adams, BSN, RN, CPN
Kathy Back, BSN, RN, CPN
Sherri Bailiff, BSN, RN, LP, CPEN

Emily Barnett, BSN, RNC-NIC, CPN
Tori Bingham, BSN, RN, CPN
Allison Burgin, BSN, RN
Sunny Burk, BSN, RN
Steffi Kendro, BSN, RN, CPN
Marta Champion-Johnson, BSN, RN
Mindy Coates, BSN, RN
Cheryl Craycraft, BSN, RN
Gina Deeds, ADN, RN
Bailey Fleming, BSN, RN
Anthony Garcia, BSN, RN
Kristen Hastings, MSN, RN, CPN
Jenny Hathaway, MSN, RN, CPN, CNOR
Richelle Hicks, MBA, BSN, RNC-NIC, CLC
Ginnie Holcomb, MSN, RN, CPN
Erin Holden, MSN, APRH, PMHNP-BC, CPN
Madai Kell, BSN, RN, CCRN
Amber Kimball, BSN, RNC-NIC, CPN
Kim Kimberling, MHA, RN, CPHIMS,
FACHE, LSSGB, CPHQ
Kelly Koch, BSN, RN, CPN
Pauline Lee, RN, CPN
Siobahan Lilley, BSN, RN, CPN
Kaitlyn Miller, BSN, RN
Grace Polinar BSN, RN, CCRN, CPN
Jaime Rodriguez, ADN, RN

Melissa Rodriguez, BSN, RN, CCRN
Andrea Rosas, MSN, RN, CPN
Melissa Ross, MSN, RN, CPN
Abby Rychlik, MSN, RN, CNORE, CPN
Callie Sandusky, BSN, RN
Shelley Thomas, BSN, RN
Lacy Tidwell BSN, RN, CPN, CCRN
Amy Mcmurdo, MSN, RNFA, CNOR, CPN
R Jill Plunkett BSN, RN, CPN
Andi Woods, BSN, RN, CPN
Miranda Ziesman, BSN, RN, CPN

Level 3

Alina Barethz, BSN, RN
Lacy Bayles, BSN, RN, CPN
Emily Carvajal, MSN, RN, CPN
Raquel Chi, BSN, RN, CNOR, CCRN
Denise Corley, BSN, RN
Eden Craine-Beebe, BSN, RN
Jennifer Gadnai, MSN, RN
Julie Dandridge, BSN, RN, CPN
Dani Dillard, BSN, RN, CPN
Kara Dorman, BSN, RN
Hannah Doty, BSN, RN, BMTCN, CPHON, CPN
Addie Durbin, MSN, RN
Jill Finto, BSN, RN, CPN, CCRC
Erin Gratton-Fisher, BSN, RN
Jennifer Hammontree, BSN, RN, CCRN
Victoria Hartman, MSN, RN, CPHON
Tiffany Henderson, BSN, RN
Sara Holden, MSN, RN, CPN
Noel K Humpries, BSN, RN, CPN

Kristen Jackson, BSN, RN, CPN
Lizzie Marshall, MSN, RN, CPN, CPHON
Maggie (Mary) McClelen, BSN, RN, CPN
Renee McCullough, BSN, RN, CCPN
Cortney Miller, MS, BSN, RN, CPN
Lauraleigh Newton, BSN, RN
Michelle Ramey BSN, RN, CPN
Julie Riley, BSN, RN
Carol Roberts, BSN, RN, CCRC III
Alyssa Slavin, BSN, RN, CCRN, CPN, NC-BC
Toni Smith, BSN, RN
Callie Stedman, MSN, RN, CPN
Alaina Strain, MSN, RN, CPN
Kaysie Troxell, BSN, RN, CPN, RNC-NIC
Rebecca Windham, BSN, RN
Katy Yanez, MSN, RN, CNOR

Level 4

Kelsey Bassett, MSN, RN, CCRC
Malorie Brooks, MSN, RN, CPN, CHSE
Celeste Calhoun, MSN, RN, CPEN
Leigh Anne Campbell, MSN, RN, CPN
Ashley Chreene, MSN, RN
Amanda Davis, MBA, BSN, RNC-NIC, EMT-B, C-NPT
Andrea Holliman, MSN, RN, CPN
Jennifer Horn, MSN, RN, CPN, CPPS
Stephanie Lavin, MSN, RN, CPN, LSS, CPPS
Melissa Lubahn, MSN, RN
Kia McCoy, MSN, RN
Roberta Miller, DNP, RN, CPN, CPEN, TCRN
Mandi Notolli, MSN, RN, CPN
Erica Salaiz, MSN, RN, CPN

Stephen Sims, MSN, RN, CPN, NPD-BC
Jennifer Stephen, PhD, RN, CPN
Sandra Templeton, MSN, RN
Kristen Tepera, MSN, RN, CPN
Heather Urbanek MSN, RN, CCRC
Rachel Wenthe, MBA, BSN, RN, CPHQ, LSSBB



From left to right: Lexi Brandenburg RN, BSN, CPN, patient Evie Adiputra, Shelly Litchfield RN, BSN, and Andi Alfaro RN, BSN, CPN

2023 The DAISY Award® winners

Luca Justl, BSN, RN
Neonatal Intensive Care Unit

Ashley Chauncey, BSN, RN
Hematology and Oncology Center

Miranda Kelley, BSN, RN, CPN
Neurosciences/Epilepsy Monitoring Unit

Sarah Jordan, BSN, RN, CPN
Infusion Center

Samantha Corkum, MSN, RN, RNC-NIC
Neonatal Intensive Care Unit

Lauren Rodriguez, ADN, RN
Emergency Department

Heather Gonzales, BSN, RN
Transitional Care Unit/Rehabilitation Care Unit

Synniah Preston, BSN, RN
Cardiac Stepdown Unit

Alex Bandong, BSN, RN
Main Observation Unit



DAISY Leadership Award winner, Samantha Corkum, MSN, RN, RNC-NIC

2023 Cook Children's Magnet Nursing Awards

Structural empowerment

Helen Ramsbottom, BSN, MSSW, RN
Psychiatry

Innovation

Natalie Palau, MSN, RN
Neurosciences/Epilepsy Monitoring Unit

Exemplary professional practice

Cammie Larson, MSN, RN, CPN
Pediatric Intensive Care Unit

Transformational leader

Rebecca Acosta, BSN, RN
Dialysis

Preceptor of the year

Caitlyn May, BSN, RN
Pediatric Intensive Care Unit

Nurse leader of the year

Brittany McLaughlin, MSN, RNC-NICU
Neonatal Intensive Care Unit director

Mentor of the year

Barrett Lemmons, MSN, RN
STAR Kids Case Management director

Ancillary staff member of the year

Tammie Thompson
Unit secretary, Pediatric Intensive Care Unit



Rebecca Acosta, BSN, RN, Dialysis



Cook Children's recognition



ANCC Magnet Recognition®



Level II Trauma Center



AACN Beacon Award for Excellence™



Level IV Neonatal Intensive Care Unit (NICU)



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



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Platinum Recognition – National Hospital Organ Donation Campaign



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The ENA Lantern Award



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we promise to improve the well-being of
every child in our care and our communities.





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