



# 2024-2025

## NURSING/PATIENT CARE

## BIENNIAL REPORT



**Boston  
Children's  
Hospital**

Where the world  
comes for answers





Soraya Beaubrun, MSN, RN, CPNP, staff nurse II with Noah - 10 Hale

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# Boston Children's Hospital: Mission, Vision, and Values

## Our Mission

To provide the highest quality health care, be the leading source of research and discovery, educate the next generation of leaders in health care, and enhance the health and well-being of children and families in communities near and far.



## Organizational Vision

Boston Children's will continue to be the world leader in compassionate, equitable, family-centered care and science. Our vision is to lead change in the care and well-being of children through cutting-edge research, state-of-the-art innovative clinical care and diagnostics, and the development of therapies to solve the problems of tomorrow.



## Nursing/Patient Care Team Vision

Through powerful partnerships with patients and families, Boston Children's nurses and interprofessional teams serve as local, national and global leaders in shaping the science and delivery of safe, high-quality, and equitable pediatric health care, while nurturing healthy work environments.



## Our Shared Values: The Boston Children's Way™

At Boston Children's, we hold ourselves to the highest values of **respect, inclusivity and diversity, teamwork, and kindness** to provide patients, families, and each other with an experience equal to the care we deliver.



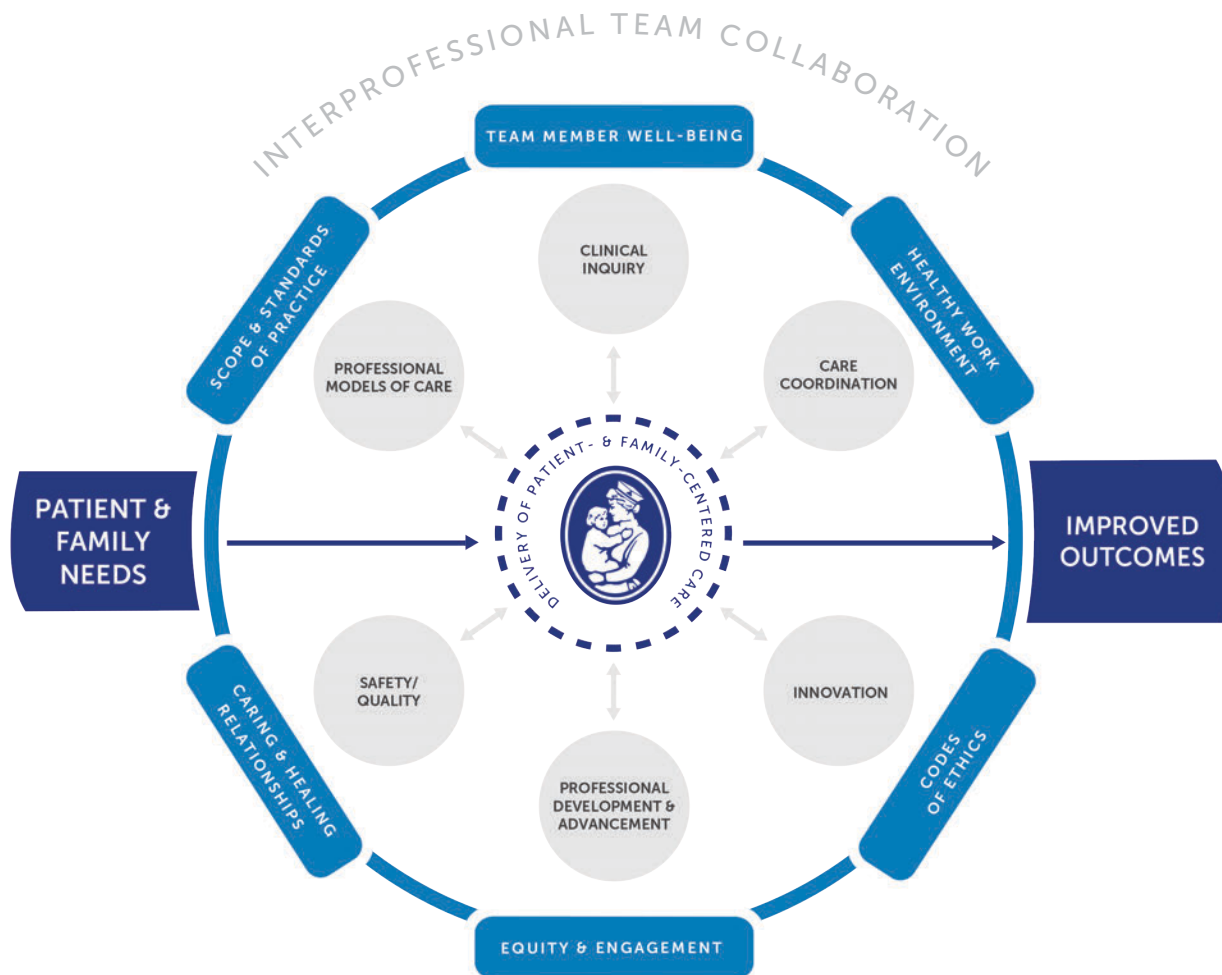
### Featured on the cover:

Natalie Reilly, BSN, RN, staff nurse I with Patrick - Skeletal Health Center; Justina Janiszewski, BSN, RN, staff nurse I with Leah - 11 Hale, Neonatal Intensive Care Unit; Luis Cipriano, BSN, RN, VA-BC, staff nurse II with Kole - Vascular Access; Stacy Ossinger, BSN, RN, staff nurse I with Lincoln - 8 East, Cardiology; Kelly Ann Boey, BSN, RN, staff nurse I with Ketlyn - 9 East, General Medicine; and Elizabeth Hodge, physical therapist II with Theo - Physical Occupational Therapy, Waltham



# Nursing/Interprofessional Practice Model

Boston Children's Nursing/Interprofessional Practice Model provides a framework to guide how nurses and team members practice, communicate and develop professionally. It defines what is important to our care delivery teams, describes the environment in which care is delivered, drives future professional practice evolution, and depicts how all clinical team members interact with patients, families, and colleagues to provide evidence-based, equitable, high-quality care.



# Nursing/Patient Care Goals: 2024-2025

## System-Wide Goals

### Access & Impact

### Our People

### Equity & Engagement

### Innovation & Discovery

### Clinical Care

## Nursing Patient Care Goals and Key Accomplishments

### Community

- Behavioral health inpatient med-surg cohort creation
- Interdisciplinary initiatives aimed to vulnerable support patients/families
- Engage external experts to increase awareness of disparities related to patient care and workforce well-being

### Thriving & Engaged

- Refresh professional advancement model within professional governance structure
- Scale HWE via local champions
- Implement advanced practice clinician transition to practice program
- Expand or measure change to further quantify the impact of the Secret Garden staff well-being space
- Implement and scale Joy Forums
- Design and launch APP transition to practice organizational structure. Implemented Q1 - Leads 2024, directors 2025

### Inclusive Excellence

- Implement summer student placements with academic partnerships to support equity initiatives and strengthen the RN applicant pool
- Engage external thought leaders to raise awareness of equity and belong opportunities

### Research & Innovation

- Implement virtual care opportunities throughout nursing and patient care operational teams
- Support nursing and patient care teams in the selection and workflow design for new enterprise electronic health record and mobile communication transition

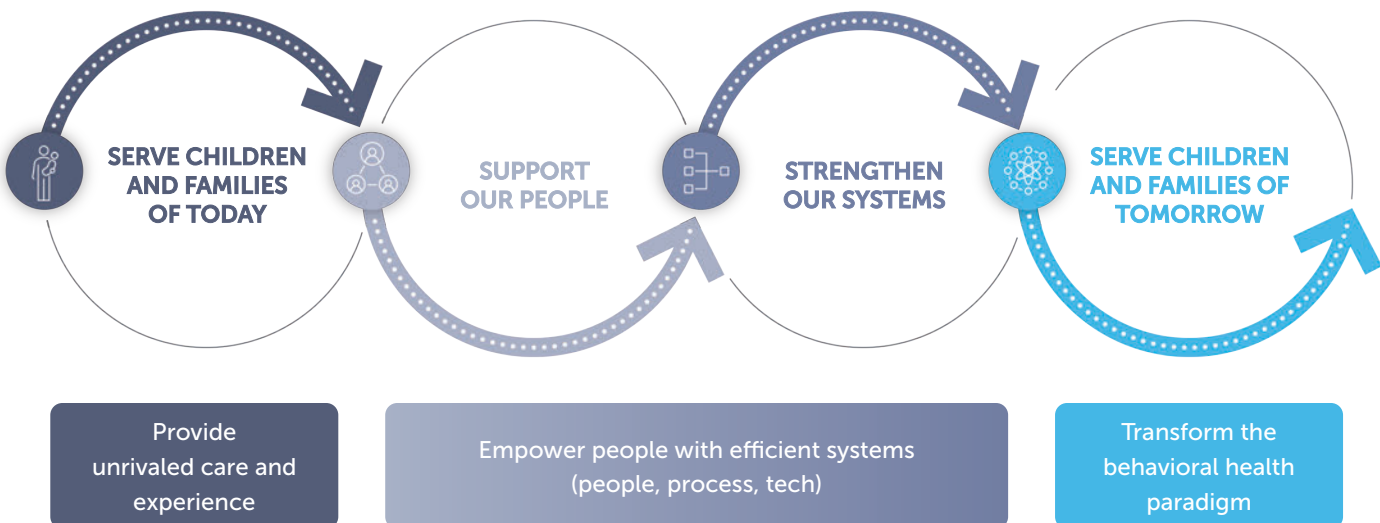
### Optimal Care & Patient Experience

- Scale staff duress/mobile RFID technology to advance team member communication and well-being
- Design and implement Feeding Preparation Center
- Establish nurse-led vaccine clinic

# Enterprise Strategic Framework

Since the organization's founding in 1869, Boston Children's has existed for the same reason – to improve the health and well-being of children. Key efforts have long been directed through scientific research, leading-edge clinical practices, and the education of future physicians and health care team members in close collaboration with communities near and far. Children comprise a small portion of the world's population, yet represent all of our collective futures. Through values informed by kindness, respect, inclusivity, and teamwork we strive to care for one another while expanding access to high-quality child health services to create healthier tomorrows for children everywhere.

## 2026 and beyond







# Growing and Leading Together



Dear Colleagues,

As we have continued to evolve as an organization over the past two years, so too have our nursing and interprofessional team structures. Soon after the opening of the Hale Family Building in 2022, Boston Children's took on additional responsibilities to provide access to needed services following regional consolidation of pediatric care. New collaborations, including Boston Children's integration with Franciscan Children's Hospital in 2023, have contributed to a shift throughout our system of care. The new relationships continue to strengthen access to child mental health, rehabilitation, and other key services regionally, nationally, and internationally. With nearly 7,000 Boston Children's RN's, APRNs, and interprofessional team members providing care across a wide range of nursing and patient care departments, this 2024-2025 edition of our nursing and patient care biennial report showcases numerous care delivery innovations you have contributed to that positively impact Boston Children's mission.

In 2023, Boston Children's Chief Executive Officer, Kevin Churchwell, MD guided the evolution of two nursing and interprofessional patient care leadership positions: An Executive Vice President of Patient Care Operations & System Chief Nurse Executive (CNE) role was created to lead patient care processes and governance to continue to evolve both nursing and interprofessional practice including advanced practice nursing, clinical education and informatics, professional development and clinical inquiry, policy advocacy, as well as system integration with Franciscan Children's Hospital and other

external partnerships. Next, a new Senior Vice President, Chief Nursing Officer (CNO) role took shape to focus specifically on daily hospital and satellite nursing and patient care operations. This new model was subsequently launched when Luke A. Sticht, DNP, RN, CCRN, CENP joined Boston Children's in the fall of 2024.

As we reflect upon your collective accomplishments over the past two years, the impact of your contributions as direct care team members and leaders can be seen throughout our system of care. We are proud to highlight nearly 30 exemplars in this report that align with the five components of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® spanning new knowledge and innovations, exemplary practice, transformational leadership, structural empowerment, and empirical outcomes. These innovations and contributions reflect your clear commitment to the provision of high quality care to patients, families, and communities as well as your ongoing dedication to one another as colleagues shaping exceptional work environments. We look forward to the launch of our nursing and patient care 2026 strategic planning process as we collectively evolve how we work and lead together into the next decade.

With appreciation to all,

*Laura J. Wood*

Laura J. Wood, DNP, RN, NEA-BC, FAAN  
EVP Patient Care Operations &  
System Chief Nurse Executive  
Sporing Carpenter Chair for Nursing

*Luke A. Sticht*

Luke A. Sticht, DNP, RN, CCRN, CENP  
SVP, Chief Nursing Officer



A photograph of two medical professionals, a man and a woman, both wearing blue scrubs, surgical masks, and hairnets. They are pushing a large, white, multi-tiered medical cart on wheels. The man is in the foreground, leaning forward and pushing the cart. The woman is behind him, also pushing. They are in a clinical setting with a white wall and a blue baseboard. The cart has a control panel on the side.

# New Knowledge and Innovation

Joseph Zmuda, MR, MRI technologist, Radiology; Andrea Dyer, MSN, RN, CNOR, clinical coordinator, Operating Room; and Maria Souza, technologist, Operating Room - Intraoperative MRI (IMRI) Surgical Suite







Mary Devine, MPH, senior director, Emergency Management and  
Alejandra Melo, per I-ED/OR/procedural admitting & ED admin

## Strengthening Cybersecurity Safeguards

### Resources and training support extended downtime capabilities

Cybersecurity attacks against health care systems are on the rise, with data breaches a constant threat. The same innovative technology that hospitals rely on to make patient care safer and more efficient through the use of

electronic health records may add vulnerabilities of an attack, exposing sensitive data and disrupting operations.<sup>1</sup>

At Boston Children's Hospital, the Emergency Management Department collaborates with Information Technology and the Clinical Education, Informatics, Practice and Quality departments to continually assess cybersecurity

hazards and develop processes and procedures to prepare the enterprise in the event of a potential downtime due to internal or external challenges. "Our goal is to ensure every Boston Children's team member understands what to do if systems are down, and how to access the resources available," says **Lynnetta Akins-Crichlow, DNP, RN, NI-BC**, director, Clinical Education and Informatics.

In 2024, at the same time the hospital transitioned its clinical electronic health record (EHR) platform to Epic Systems, there was also a renewed focus to prepare and train for a downtime event due to an external threat. This included updating downtime materials, including the distribution of downtime binders and downtime computers to departments throughout the organization. Staff participated in downtime-related training to make sure interprofessional team members are familiar and comfortable with key workflows used during downtime procedures (see graphic, below). Increasingly, the majority of nurses and other team members have only ever charted within an EHR and are far less experienced with manual documentation of care. Downtime simulations are provided regularly to ensure team members can switch from electronic systems to paper and accurately log data into the EHR once the electronic system is restored.

Despite meticulous preparation, the hospital cannot be complacent, says **Mary Devine, MPH**, senior director, Emergency Management. "External threats are ever-changing, and we must continue to create new tools and evolve our processes to ensure up-to-date plans are in place to support every aspect of hospital operations." ■

Reference:

<sup>1</sup> <https://www.reuters.com/sustainability/sustainable-finance-reporting/esg-watch-companies-complacent-about-cybercrime-despite-rise-risk-ai-2025-02-03/>

## 2025 Cybersecurity Simulation Initiatives

**Partnering with Immersive Design Systems (IDS) to develop scenario-based modules.**

- Needs assessment completed with Primary Care

### Quarterly Disaster Recovery Drills

- Objective is to raise familiarity of downtime computers as a resource
- Understand tools available to staff during downtime

**Clinical Education and Informatics, Information Technology and Emergency Management Rounding on units**

## Cybersecurity Focus: Preparing for an Extended Downtime

01

### Development of Departmental Trainings

- Review of available resources
- Understand communication pathways
- Reinforce management strategies during a downtime

02

### Review downtime strategies and incorporate EPIC processes

- Updating forms/workflows to reflect new system
- Understanding available EPIC resources

03

### Updated downtime material

- Pharmacy Downtime Procedures
- Nutrition and Food Services
- Downtime Forms
- Information from Downtime Binders





## Pharmacy Expansion Supports Outpatient Retail Services

Boston Children's Hospital opened a new retail pharmacy in the summer of 2025, with a goal to continue to strengthen both medication access for patients and families and to support discharge transitions. The retail pharmacy, open from 8 a.m. – 11 p.m. 365 days a year, fills prescriptions for inpatient and Emergency Department (ED) discharges, as well as hospital employees and the general public.

**“Having real-time access to patient information enables us to provide a higher level of clinical care and improves safety and outcomes.”**

*Jo Stewart, RPh, MS CSP, manager, Specialty and Retail Pharmacy*

The newly opened Boston Children's Retail Pharmacy has been integrated with the hospital's Specialty Pharmacy footprint on Longwood Avenue with proximity to the patient/family parking garage. This combined location offers numerous benefits to patients, families and providers, including:

- **Service and convenience.** The retail pharmacy creates a reliable care transition for patients and families leaving the hospital or the ED. They can fill their prescriptions in a single stop or have their medications delivered to their homes. Patients who need compounded medications no longer have to find an outside pharmacy to fill these customized scripts. Currently, the pharmacy can fill non-hazardous, non-sterile compounded prescriptions. Hazardous non-sterile compounded prescription services, such as chemotherapy and transplant medications, will be available by mid-2026 following further construction currently in progress.

**“Pharmacy is an essential part of the care team and an essential part of the hospital. Integrating the retail operation into the hospital’s care model is a major step forward for patients and providers, and closes the gap in pharmaceutical care.”**

*Thai Nguyen, PharmD, CSP, 340B ACE, senior director, Specialty and Retail Pharmacy*

- **Integrated care.** Retail pharmacists now have access to the hospital's electronic medical record (EMR), improving care coordination and communication. With one click, pharmacists can look up a patient's medical history, labs, discharge notes and discontinued medications. “Having real-time access to patient information enables us to provide a higher level of clinical care and improves safety and outcomes,” says **Jo Stewart, RPh, MS CSP**, manager, Specialty and Retail Pharmacy. “Integration extends to hospital-based and primary care clinics as well, so a pharmacist can go into the EMR to facilitate care management for an asthma patient, for example.”

- **Improved medication reconciliation.** A Boston Children's pharmacist can compare a patient's current medications with new or modified medication orders to identify and resolve any discrepancies.
- **Improved medication compliance.** The pharmacist can provide patients and families with clear instructions on how and when to take medications, increasing adherence with their regimen and reducing the likelihood of hospital readmissions.
- **More language-accessible care.** The retail pharmacy supports the hospital's prioritization of health equity by ensuring that families who speak a language other than English (LOE) can receive medication counseling in their native language through interpreter services. “We are now able to consistently offer LOE parents and caregivers



**Joy Vreeland, PharmD, BCPS,**  
vice president, chief pharmacy  
and therapeutics officer

interpreter access so that all aspects of their child's medications can be reviewed prior to discharge home,” says **Joy Vreeland, PharmD, BCPS**, vice president, chief pharmacy and therapeutics officer, who notes that the pharmacy will soon be

able to print Pharmacy labels in different languages.

“Pharmacy is an essential part of the care team and an essential part of the hospital,” says **Thai Nguyen, PharmD, CSP, 340B ACE**, senior director, Specialty and Retail Pharmacy. “Integrating the retail operation into the hospital's care model is a major step forward for patients and providers, and closes the gap in pharmaceutical care.” ■





Melissa Vela, DMin, MDiv, BCC, chaplain, Spiritual Care and Nicole Fiore, BSN, RN, staff nurse I with Thomas and mom

## Advancing Interprofessional Science

### Strengthening Spiritual Care Through Research

#### Chaplains' clinical inquiry gives voice to vulnerable patients

Chaplains at Boston Children's Hospital are increasingly focusing on professional development, education and research to improve their spiritual care practices. Both patients and caregivers benefit.

**Melissa Vela, DMin, MDiv, BCC**, chaplain, Spiritual Care, who serves critically ill infants and their families in the Neonatal Intensive Care Unit (NICU), recently earned her Doctor of Ministry at Boston University's School of Theology. Her doctoral thesis, "The Human Dignity of Critically Ill Infants: Practical

Theology with Narrative Inquiry"<sup>1</sup> focuses on the inherent dignity of these vulnerable patients and the vital role NICU nurses play in recognizing and upholding it. The work is being shared by Boston University with further external dissemination plans in progress.

Dr. Vela's research was inspired by the short and meaningful life of her beloved niece who received exceptional care in the Boston Children's NICU. "Our family's story fueled my desire to lift up the stories of all these infants, illuminate their human dignity and all things that teach us what it means to be human, resilient and vulnerable," she says.

Under the mentorship of nursing scientist **Michele DeGrazia, PhD, RN, NNP-BC, FAAN**, director of Nursing Research,



Neonatal Intensive Care, Dr. Vela conducted a qualitative study, interviewing nurses to understand how they define and facilitate human dignity for critically ill infants. These interviews amplified nurses' voices and illuminated the profound care they provide to patients and families, revealing their deep commitment to the concept of human dignity in their practice.

"Melissa's work has changed the intellectual energy of our department and brought attention to the most vulnerable patients we have," says Rabbi **Susan Harris, MHL, BCC**, director, Spiritual Care. "As our awareness has increased, conversations take place more often and more deeply around how we can better support human dignity in spiritual care."

The work of **Shannon Kin, MDiv, BCC**, chaplain, Spiritual Care, shines a light on a critical, often overlooked aspect of adolescent mental health: the connection between spirituality and well-being in young people, especially within psychiatric and behavioral health settings. Her research publication, "Addressing Adolescent Religious/

Spiritual Development in a Pediatric Hospital Setting: Pediatric Psychology Competencies and Collaboration with Spiritual Care,"<sup>2</sup> co-authored with Rabbi Harris and **Kevin Tsang, PsyD**, emerged from the escalating number of young people needing behavioral health support during the COVID-19 pandemic.

**"Melissa's work has changed the intellectual energy of our department and brought attention to the most vulnerable patients we have."**

*Rabbi Susan Harris, MHL, BCC, director, Spiritual Care*

Kin recognized that many of these adolescents were underserved, prompting her to create specialized learning and improved care practices tailored to their unique needs. A key takeaway from her work is the critical role of collaboration within the health care team. To address the complexities of adolescent



Multi-Faith Chapel - Hale Family Building

## Boston Children's Commitment to Whole Family Care

Over the past two years, the social work team has:



Hosted **223+** professional and research workshops for external audiences and **172** events for internal audiences



Published **30** peer-reviewed academic articles



Received nearly **20** research grants



Advanced research and innovation through ongoing partnerships with universities locally and nationally

spirituality, which can encompass both religious beliefs and broader existential questions, Kin developed an innovative assessment model. This model provides caregivers with a roadmap, outlining questions and approaches to encourage teenagers to describe how they conceptualize their spirituality.

Kin emphasizes the importance of acknowledging spirituality as a vital component of adolescent development. Failing to do so can leave a significant part of a young person's identity unrecognized and unsupported. Her work underscores the need for caregivers to engage authentically with teens about these personal and sensitive topics, ultimately fostering a more holistic approach to their care and well-being.

"The spiritual care team at Boston Children's Hospital is in an exciting new phase where we are able to conduct research and write and publish in our own voice," says Harris. "It is gratifying to make contributions as described in these exemplars, which can have profound implications for both nursing practice and spiritual care."

## Social Work Research Advances the Science of Resiliency

While clinical excellence and family interventions are at the heart of all practice-based disciplines, social work is increasingly defined by its contribution to research, innovation and outcomes. At the intersection of

interpersonal healing and health science, social workers are turning inquiry into knowledge. One of the most impactful ways Boston Children's Hospital has brought this to life is through the advancement of its Family-Based Crisis Intervention (FBCI).

FBCI is a model of care pioneered at Boston Children's following the Social Work Department's publication of a randomized clinical trial seeking to define lifesaving care for suicidal adolescents in the Emergency Department (ED).<sup>3</sup> This study called into question the efficacy of common practices both locally and nationally that contributed to long delays between an initial patient and family assessment and an admission to a dedicated inpatient behavioral health care setting. This important study hypothesized that providing whole-family interventions within the context of the ED visit could deliver critical support and stabilization when and where such services were most needed. For other health conditions, children are given immediate stabilizing treatment, but for mental health, children and their families were often left waiting for care. FBCI sought to change that.

The results of this research were significant. Children in the FBCI cohort were significantly less likely to be hospitalized. Family members also reported higher rates of satisfaction, empowerment and knowledge. These gains were also maintained over the follow-up period. The model was viewed as both actionable and viable

to implement, given that the hospital's team of social workers had the skills, time and space to perform the interventions. At Boston Children's, the deployment of FBCI has substantially reduced ED boarding and provided timely, lifesaving care to children and families who require psychotherapy and psychoeducation to recover from mental health challenges.

FBCI is only one of several interventions introduced over the past two years that is now benefiting Boston Children's patients and families. The framework, "Integrating Social Care into Health Care Delivery" as advanced by the National Academies of Science, Engineering and Medicine highlighted the importance of acknowledging the centrality of social factors in determining family health.<sup>4</sup> Boston Children's Social Work Department has led the adoption of the psychosocial acuity scale (PAS) by embedding this tool within clinician workflows in Epic to assess and respond to social determinants of health risks. In a first-of-its-kind study, social workers sought to examine implementation outcomes of a metric of psychosocial acuity within a hospital electronic medical record (EMR), finding that instead of discretionary protocols, the PAS in the EMR was minimally disruptive and yielded excellent results when training and support were provided.<sup>5</sup> Boston Children's seeks to lead the nation in its assessment of family needs and has actively engaged other pediatric health systems to incorporate this tool within its electronic health record. ■

#### References:

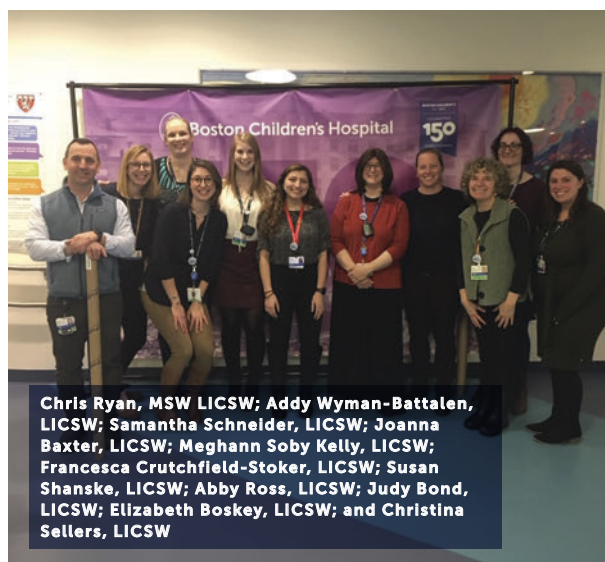
<sup>1</sup>Vela M. "The Human Dignity of Critically Ill Infants: Practical Theology with Narrative Inquiry." Thesis (DMin.)—Boston University, School of Theology, 2025.

<sup>2</sup>Tsang KK, Kin S, and Harris S. Addressing Adolescent Religious/Spiritual Development in a Pediatric Hospital Setting: Pediatric Psychology Competencies and Collaboration with Spiritual Care. *Clinical Practice in Pediatric Psychology*. 2025;0(0) doi:10.1177/21694826251323912

<sup>3</sup>Wharff E, Ginnis K, Ross AM, White E, Forbes P & White M. (2019). A brief family-based crisis intervention with suicidal adolescents in the Emergency Department: Results from a randomized clinical trial. *Pediatric Emergency Care*; 35(3); 170-175. DOI: 10.1097/PEC.0000000000001076

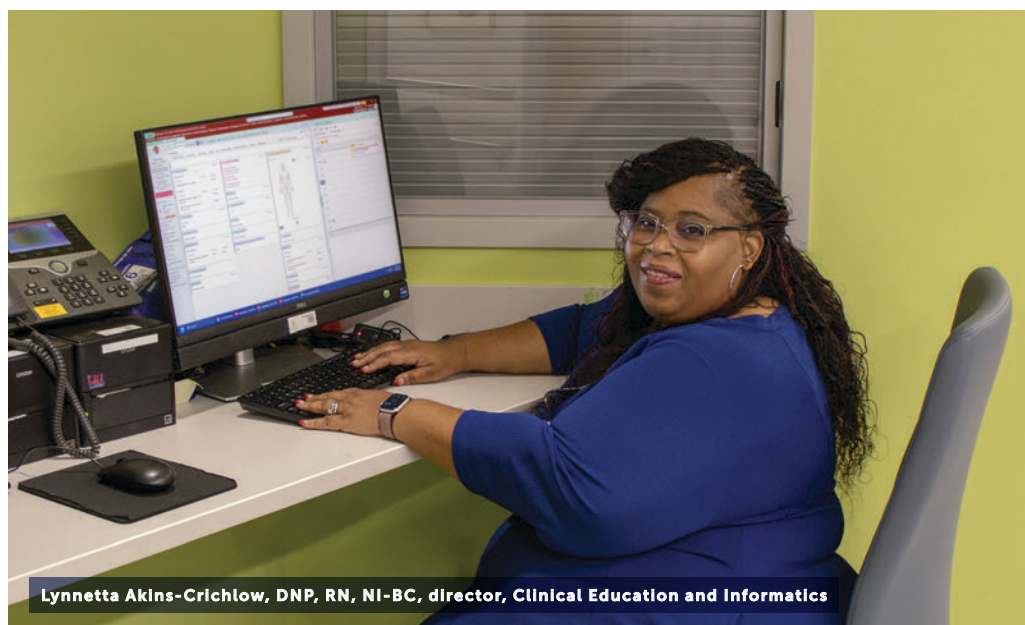
<sup>4</sup>National Academies of Sciences, Engineering, and Medicine. 2019. *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25467>.

<sup>5</sup>Sable P, Ross AM, Clock A, Corder B, Lamontagne N, McCaig J, Shanske S, Tvedte M, Cummings J & Chamorro P. (2021). Illustrating the value of social work: Results of an open pilot trial of the Psychosocial Acuity Scale in a large urban pediatric hospital. *Social Work in Health Care*. DOI: 10.1080/00981389.2021.1926398



## Outcomes/Data

Nurses currently spend an average of 9 minutes on documentation per patient per shift. Epic Corporation has identified time savings opportunities in healthcare systems nationally, with a trend of 5 minutes saved per patient per day per shift, in part impacted through new innovations, e.g., AI and ambient listening tools that capture patient/family and clinician discussions.



**Lynnetta Akins-Crichlow, DNP, RN, NI-BC, director, Clinical Education and Informatics**

# Integrating Artificial Intelligence Within Pediatric Inpatient Nursing Practice

Artificial intelligence (AI) has the potential to reshape care delivery and patient outcomes across the health care continuum. Boston Children's Hospital is actively testing AI initiatives within pediatric inpatient settings to streamline administrative tasks and allow clinicians to spend more time on direct patient care.

## AI-Generated Care Plan Notes

Nurses and interprofessional team members devote considerable time to documentation throughout their shifts. AI has the potential to significantly decrease manual note-taking to optimize workflows and efficiency.

An AI-Generated End-of-Shift Care Plan Note pilot is currently being implemented within three inpatient units – medical, surgical and intermediate care. AI technology analyzes a nurse's documentation in the electronic health record (EHR), including care goals, medication administration draft, lab values and other clinical data, and generates an end-of-shift note summarizing these elements. The nurse then reviews and edits the note for accuracy before adding it to the patient's EHR.

"This technology streamlines documentation, giving nurses more time for patient care," says **Lynnetta Akins, DNP, RN, NI-BC**, director, Clinical Education and Informatics. "It supports their clinical judgment, serving



as a powerful assistant, not a replacement for their professional expertise.”

**Alexandra Paulson, MSN, RN, CPN**, nursing professional development practitioner, Surgical Programs, says the technology shows promising results. “The validation of AI-generated nursing care plan notes indicated documentation accuracy and improved workflow efficiency while reducing documentation burden. The results have already demonstrated that AI can reliably support nurses by generating a starting point for comprehensive and consistent shift summaries.”

## Ambient Listening

Boston Children’s is currently launching an initiative to be the first inpatient setting to implement ambient listening for pediatric nursing. This AI technology is already in use at many prescriber-based clinics. It allows nurses, patients and families to have a natural conversation while the tool records, transcribes, and drafts clinical notes. The notes are subsequently edited by the nurse prior to finalizing.

Ambient listening technology can save time and improve the quality of patient interactions. Instead of typing while talking, clinicians can focus entirely on patients and families. Because the technology is new, education is essential to help nurses shift their focus from documentation to direct conversation.

**“The validation of AI-generated nursing care plan notes at Boston Children’s indicated documentation accuracy and improved workflow efficiency while reducing documentation burden. The findings demonstrated that AI can reliably support nurses by generating a starting point for comprehensive and consistent shift summaries.”**

*Alexandra Paulson, MSN, RN, CPN, nursing professional development practitioner, Surgical Programs*

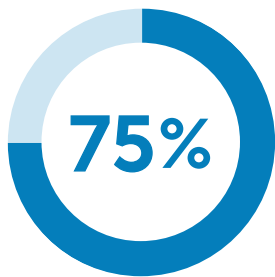
## Potential Advantages

AI has the ability to handle routine tasks, provide insight related to data that’s extracted from patient charts, and efficiently capture patient care that has been provided. In addition, the technology can help every member of the care team to perform more effectively of their license or scope of work. Tools on the horizon will soon include additional clinical decision support, and hospital-focused care plans.

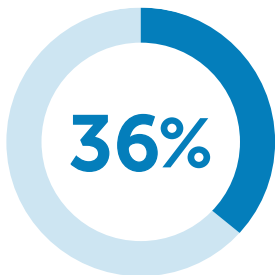
“AI also has tremendous potential, but there’s still a lot to learn,” says **Lee Williams, PhD, MSN, RN, NE-BC, NI-BC**, vice president, associate chief nurse, Clinical Education, Informatics, Quality, and Practice, and CNIO. “Boston Children’s is actively engaged in exploring the newest tools and technology and is developing and disseminating findings to spread and scale AI-related tools in pediatric professional practice.” ■

**“Boston Children’s is actively engaged in exploring the newest tools and technology and is developing and disseminating findings to spread and scale AI-related tools in pediatric professional practice.”**

*Lee Williams, PhD, MSN, RN, NE-BC, NI-BC, vice president, associate chief nurse, Clinical Education, Informatics, Quality, and Practice, and CNIO*



increase of group  
education classes



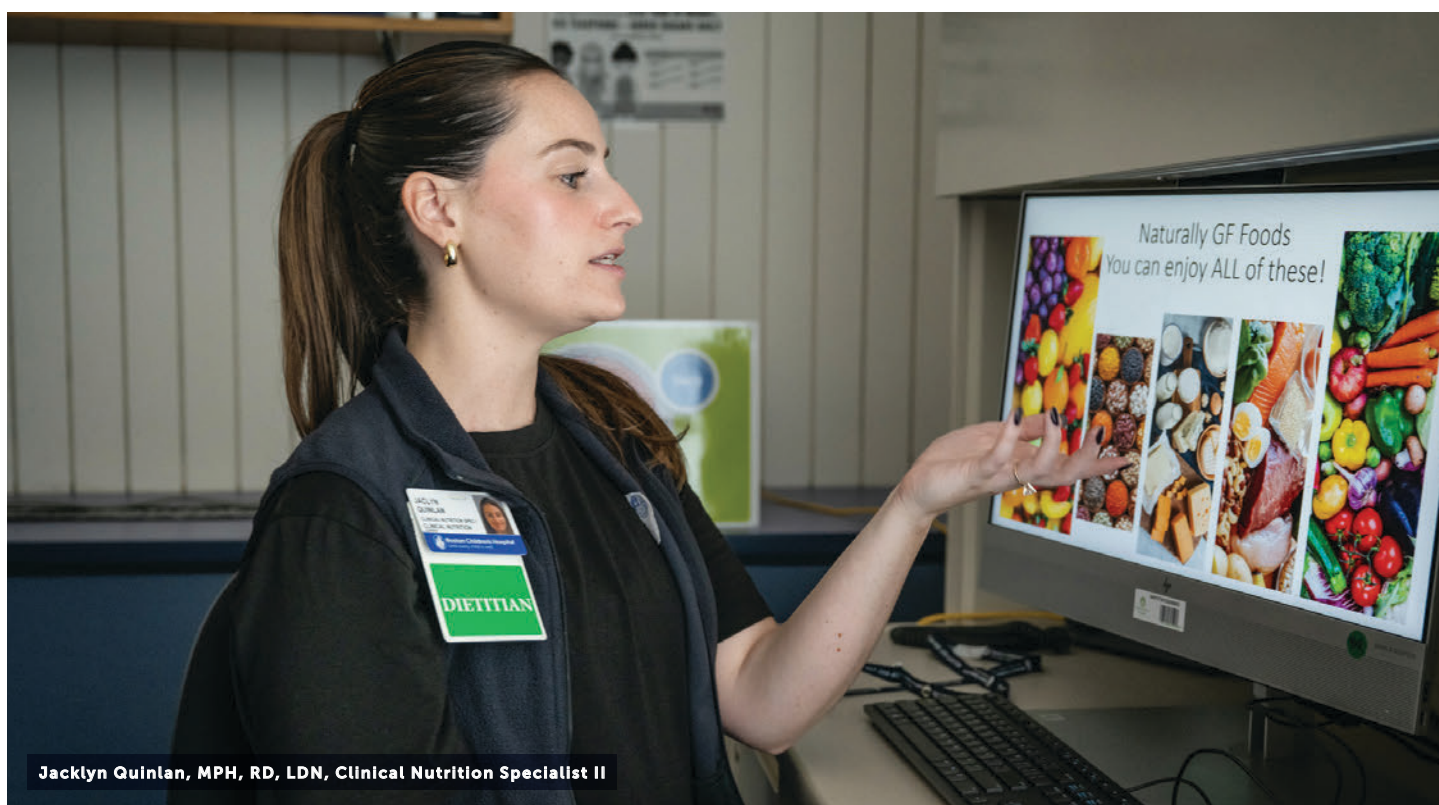
growth of the Clinical  
Nutrition team



## Operationalizing an Innovative Pediatric Feeding Preparation Center

Boston Children's Hospital opened a new and innovative pediatric service three years ago thanks to both a philanthropic donation from the Klarman family and the efforts of a committed, interprofessional team. The Klarman Feeding Preparation Center (FPC) is one of only a small number of similar centers nationally. Boston Children's FPC provides safe, personalized nutrition to infants, children, and lactating mothers with specialized needs during their child's inpatient stay. To ensure accuracy and safety, the FPC also implemented an

electronic application known as the Timeless Medical Women & Infants system (Timeless). Timeless uses two-dimensional (2-d) barcode scanning technology to track enteral feedings, matching the correct product/human milk barcode to the patient's barcode. The system reduces feeding preparation complexity and administration errors through effective inventory management and tracking of human milk, donor milk, and formula via lot numbers and expiration dates.



**Jacklyn Quinlan, MPH, RD, LDN, Clinical Nutrition Specialist II**

Implemented in 2024 following the initial opening of the FPC with the opening of the Hale building in 2022, the use of a barcode scanning system and the team's engagement with formula manufacturers are influencing industry practices to improve patient safety. Few enteral nutrition products currently contain a 2-d barcodes. For this reason, FPC staff must individually label each can or tetra pack with a barcode sticker. This is akin to pharmaceuticals several decades prior that were manufactured and distributed without associated bar code labels.

The Clinical Nutrition team is collaborating with industry partners to begin adding 2-d barcode to products used at the hospital. In September 2025, one company began testing 2-d barcodes on two of their high-volume enteral nutrition products and hand delivered these products imprinted with 2-d barcodes for testing to the FPC. FPC leaders are also in discussion with other industry partners to create barcodes for additional products. This practice will impact nutrition delivery and patient safety nationwide, as more children's hospitals adopt scanning technology to track and ensure the intended enteral feedings reach patients.

## Virtual Visits Transform Ambulatory Nutrition

Telehealth has transformed nutrition care at Boston Children's Hospital, improving patient access and bringing individual counseling and group education directly to families' homes.

Before the COVID-19 pandemic, all clinical nutrition visits were conducted in person. In March 2020 with the onset of the pandemic, 100% of visits were virtual. Today, outpatient dietitians play a hybrid role, conducting more than 50% of visits via telehealth for individuals and groups.

Telehealth offers numerous advantages for patients and staff. The Clinical Nutrition team has grown by 36% and now includes 64 outpatient dietitians. This improves access and options for patients and families, who can choose an in-person or virtual visit. In addition, group education classes have increased by 75%, with classes offered weekly instead of monthly. Virtual cooking classes are most popular with families. They allow participants to show food items, product labels and supplements to the dietitians and ask questions in real time. As the Ambulatory Nutrition leaders continue their work on improving patients' access to nutrition care, access to virtual visits has afforded the team the ability to continue to serve patients. ■





# Exemplary Practice





SARAH  
HOLBERT, BSN, RN  
STAFF NURSE  
INFANT/TODDLER SURGERY  
114477  
Boston Children's Hospital  
United every child is well





# Lactation Support Practice Strengthens Outcomes

Human milk has been scientifically established as optimal infant nutrition. Human milk is a priority for at-risk neonates to help protect from necrotizing enterocolitis and sepsis. It is also an important source of nutrition for patients dependent upon enteral feeding in medically complex and cardiovascular surgical infants. Lactating parents are dependent on breast pumps to initiate, maintain and protect their milk supply while infants need to remain in NPO status, meaning nothing by mouth, from the Latin nil per os. Some infants require supplemental bottles and calories, or are unable to directly breastfeed.

Research into the anatomy and physiology of the breast, as well as engineering of breast pumps, have provided new insights into how breast pump equipment may either facilitate or compromise milk flow. Historically, breast pumps came with a “one-size-fits-all” approach, providing only a 24mm breast flange. This approach was not successful for most women who struggled with nipple pain, damage and low milk output – resulting in early weaning and the need to use formula supplements.

The lactation team at Boston Children’s Hospital reviewed the available literature and science behind the suggested changes in equipment and approach to establishing milk supply. Lactation team members attended workshops and viewed webinars to learn techniques to personalize breast flange sizing for patients. The lactation nurses began to personally size each mother and provide them with a proper fitting flange ranging from 12mm-30mm. The department received feedback instantly from mothers about the increased comfort they experienced with a properly sized breast flange. Families expressed increased satisfaction with their lactation experience as milk volumes increased, and pumping was less painful.

The Lactation Department implemented this important intervention hospital-wide, disseminating information to nurses through Lactation Resource Staff educational programming, and including in-services. To facilitate access, additional breast pump flange sizes have been added to the NICU supply inventory. Other inpatient units can order these products directly. A variety of specialty flange sizes are now available in the hospital’s lactation “Milk Pod” vending machine, as well. Increased awareness of the need to use appropriately sized flanges, and increased availability of multiple flange sizes hospital wide have also reduced staff and client dependence on lactation consultants to dispense these items on an individual basis.

New evidence-based practice has shown that custom-fit flange sizing based on nipple diameter correlates to increased milk yield and improved maternal comfort (Anders 2024<sup>1</sup>). The Lactation Department has adapted this new technique widely and successfully. ■

Reference:

<sup>1</sup>Anders LA, Mesite Frem J, McCoy TP. Flange Size Matters: A Comparative Pilot Study of the Flange FITSTM Guide Versus Traditional Sizing Methods. *Journal of Human Lactation*. 2024;41(1):54-64. doi:10.1177/08903344241296036





## Optimizing Language-Accessible Care

### Enhanced interpreter and translator services strengthen safety and equity

Many individuals are not aware that Boston is ranked sixth among the most ethnically and linguistically diverse cities in the country.<sup>1</sup> One in six Massachusetts residents is foreign born, and nearly one-third of children in the state have a parent who speaks a "language other than English (LOE)."<sup>2</sup> At Boston Children's Hospital, LOE families comprise 14% of the general patient population, and 21% of patients seeking care in the Emergency Department. Hospitalized children whose parents lack comfort with English are more than twice as likely to experience adverse events, making language-accessible care both a safety concern and a social determinant of health.<sup>3</sup>

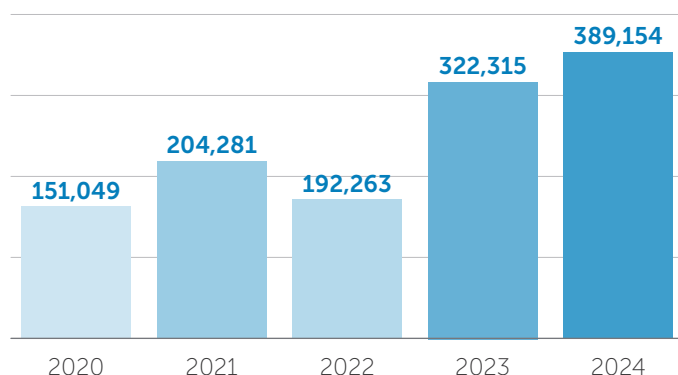
### Meeting Growing Needs

Boston Children's is expanding to meet essential access to language services in all settings of care. Over the last few years, the demand for spoken interpretation has grown by double digits annually – typically between 25% and 35% per year. In FY23, Language Services had 300,000 encounters in 70 languages. In FY24, those numbers jumped to 389,000 encounters in 90 languages, a dramatic uptick in volume supporting patients and families.

Led by **Aaron Grey, MBA, MSW, LICSW**, vice president, Social Work & Family Services, and **Luciana Canestraro, MHA, CMI**, director, Language Access, an internal team of 60-65 interpreters provide services in 12 languages. In concert with contracted partners, the hospital is able to offer in-person services in more than 34 languages. An additional 250+ languages are accessible through remote interpretation services.

## Growth in Annual Encounters 2020-2024

Total number of interpretations per fiscal year



## Reducing Turnaround Time with Technology

The need for written translation has risen as well, and one of the most significant challenges has been to reduce the turnaround time involved. Through a system-wide, interprofessional quality improvement Kaizen process Grey led 16+ departments over the past two years to determine the best process moving forward (see sidebar). Results have been dramatic (see subsequent outcome graphic on next page). The translation of materials that once took an average of four days has now been reduced to on average only four hours.

**“Language equity means we meet patients and families where they are, empower them to use their preferred language, see each patient as an individual and respect cultural and linguistic differences. Boston Children’s Hospital stands committed to the provision of language services that ensure safe and accessible care for all.”**

*Luciana Canestraro, MHA, CMI, director, Language Access*

The hospital has transitioned from a linguist-only translation process to Neural Machine Translation (NMT), which uses a human linguist plus AI. First, AI generates a verbatim translation of the text. Then, a designated person with appropriate health care knowledge reviews the AI translation and validates it to ensure quality.

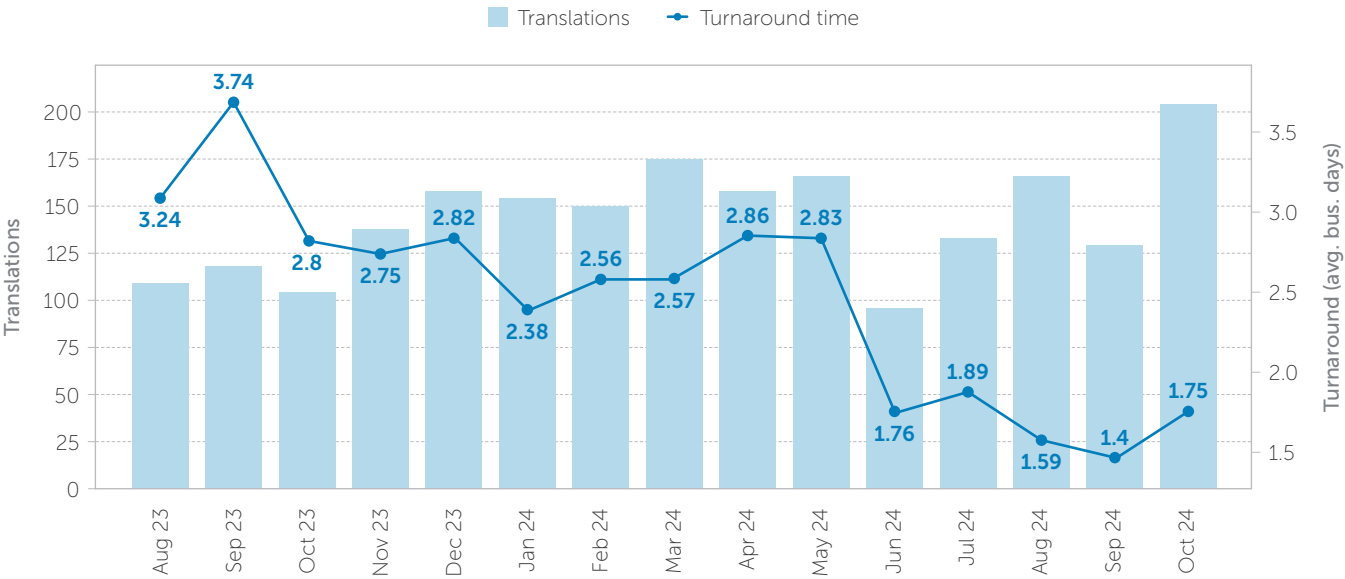
## AI-Assisted Translation

An interprofessional team collaborated through a Kaizen-informed process to determine ways to expedite translation requests. The team studied leading national practices, completed an AI-related market assessment in collaboration with the hospital’s Innovation and Digital Health Accelerator (IDHA), collected provider assessments, and completed current state process mapping.

Participants included:

- Adolescent Clinic
- Clinical Education & Informatics
- Enterprise Project Management Office
- General Medicine
- Innovation & Digital Health Accelerator
- Information Technology
- Language Services
- Neurology Administration
- Nursing (Diabetes, Nursing Career Lattice Program)
- Office of Health Equity
- Office of Patient Experience
- Patient Care Operations
- Primary Care Center
- Program for Language Equity
- Program for Patient Safety & Quality
- Speech-Language Pathology
- Social Work
- Supply Chain

(all areas)  
**Translation Volume and Turnaround Time: 2023-2024**



“NMT has produced impressive gains, shortening the time between request and translation from almost a week to less than a day,” says Grey. “Today, families now leave the hospital with a fully translated discharge summary in hand. They understand their child’s health and treatment history, hospital stay, and follow-up care plan including discharge medications which improves safety, satisfaction and outcomes.”

**Building Language Equity of the Future**

Language access is a key part of health care equity and aligns with other programs at Boston Children’s. With these gains, care is more equitable because patients and families who speak languages other than English can access the full continuum of care with more spoken interpretation and written translation available.

“Language equity means we meet patients and families where they are, empower them to use their preferred language, see each patient as an individual, and respect cultural and linguistic differences,” says Canestraro. “Boston Children’s Hospital stands committed to the provision of language services that ensure safe and accessible care for all.”

**Inclusive Culture Elevates Every Voice**

**Patient Family Advisory Council Advances Commitment to Health Equity**

Boston Children’s Hospital serves a growing population of families who speak a language other than English, many of whom travel from outside the United States to find care they need. Research demonstrates that patients and families who have limited English proficiency are three to five times less likely to speak up and ask questions of the care team.<sup>4</sup> Language barriers impact every aspect of accessing equitable health care – from appointment scheduling, communicating with clinicians, understanding treatment plans and educational materials, to obtaining follow-up care.

To help address these challenges, Boston Children’s Patient Family Advisory Council (PFAC) – a volunteer group of parents and caregivers whose children are patients at the hospital – implemented a formal plan to broaden membership to more fully reflect the hospital’s patient population.

In 2022, the PFAC welcomed a new member who was originally from Brazil. This parent was an English-language learner who is most comfortable speaking in her native Portuguese. The council supports her participation in meetings and work groups through a live, simultaneous interpreter, ensuring this parent’s participation as full contributor.



In 2024, a new Spanish-language family feedback group – Consejo de Familias Latinas – was also launched to bridge cultural and linguistic gaps and to further embed the voices of Spanish-speaking patients and families in hospital planning efforts.

**“Our members feel so engaged and so good about doing this work. The opportunity to partner with the hospital to design programs that affect Latino families and provide input to improve ongoing quality improvement initiatives is mutually beneficial to both the patient/family experience and to Boston Children’s.”**

*Esterlina MacInnes, family partnerships coordinator and member of the Patient Family Advisory Council, Office of Patient Experience*

“The PFAC is deliberate about including all family voices and giving each person the opportunity to both share and receive information in a way that feels most comfortable to them,” says **Katie Litterer**, program manager, Family Partnerships, Office of Experience. “Boston Children’s Hospital cares for patients and families with diverse heritages and language preferences. They are all part of the fabric of our hospital, and we want to learn from their experiences and feedback.”

The PFAC is now exploring innovative ways to incorporate a broader range of perspectives into advisory work. Family advisors will serve as stewards of voices and perspectives that are captured through a variety of channels, helping to amplify patient and family representation in strategic decision-making and improvement efforts.

## Consejo de Familias Latinas

The Consejo de Familias Latinas was formed in 2024 to develop and sustain collaborative partnerships with Boston Children’s Latino patients and families. Created and led by **Esterlina MacInnes**, family partnerships coordinator and member of the PFAC, Office of Patient Experience, and **Elise Gottesman, LICSW**, social worker, Hale Family Center for Families/Global Services, this Spanish-language feedback group ensures that Latino patients and families are engaged in decisions that affect quality

of care, patient safety and the patient/family experience.

Council members include 10 Spanish-speaking Latino parents, each with a medically complex child, who have experienced a broad range of care settings across the hospital – inpatient, outpatient and specialty clinics. As part of Consejo de Familias Latinas, they move beyond advocating for their own needs and consider the broader community. “The council is designed to be a place where, in the context of shared language and culture, Latino families are able to communicate their perspective,” says Gottesman. “It is meaningful and moving for our participants to be valued and heard by hospital leadership.”

At meetings, **Juliana Cardona-Berrio, Certified Healthcare Interpreter, CHI-Spanish** and **Ana Fuentes, Certified Medical Interpreter, CMI-Spanish** provide simultaneous interpreter services for non-Spanish speaking presenters and guests. Program participants throughout Boston Children’s typically join meetings to explore a topic and seek input, e.g., **Rich Robles**, vice president, Chief Diversity Officer; **Katrina Cook, MPH**, new project launch specialist, Innovation and Digital Health Accelerator; **Lisa Rubino, MBA**, director, Office of Experience; and **Bianca Quiones-Perez, MD**, Program for Language Equity. Council members offer feedback on topics ranging from the use of surveys to the evolution of the hospital’s patient portal, as well as proposed workflows to ensure patients receive medications prior to discharge. Feedback related to these specific initiatives seeks to improve patient care, patient experience and re-admission rates.

“Our members feel so engaged and so good about doing this work,” says MacInnes. “The opportunity to partner with the hospital to design programs that affect Latino families and provide input to improve ongoing quality improvement initiatives is mutually beneficial to both the patient/family experience and to Boston Children’s.” ■

### References:

<sup>1</sup><https://www.beckershospitalreview.com/rankings-and-ratings/the-most-ethnically-diverse-cities-by-size.html>

<sup>2</sup><https://miracoalition.org/wp-content/uploads/2023/02/Language-Access-Factsheet-MIRA-Coalition-2023.pdf>

<sup>3</sup>Khan A, Yin HS, Brach C, et al. Association Between Parent Comfort With English and Adverse Events Among Hospitalized Children. *JAMA Pediatr.* 2020;174(12):e203215. doi:10.1001/jamapediatrics.2020.3215

<sup>4</sup>Khan A, Parente V, Baird JD, et al. Association of Patient and Family Reports of Hospital Safety Climate with Language Proficiency in the US. *JAMA Pediatr.* 2022;176(8):776–786. doi:10.1001/jamapediatrics.2022.1831



MG Hurley, MT-BC with Spencer - Child Life Services

## Capturing the Rhythm of Life

### Heartbeat recordings hold eternal memories

Music therapy is increasingly integrated within the clinical treatment of pediatric patients.<sup>1</sup> At Boston Children's Hospital, music therapists provide music-based interventions to support patients and families throughout their health care journey, from meeting psychosocial and physical needs to processing feelings of grief and bereavement.

Heartbeat recordings are a memory-making tool that can help families cope with the loss of a child.<sup>2</sup> In collaboration with a music therapist, a legacy project can incorporate a recording of a child's heartbeat within a piece of music that holds special meaning to the patient and family. Music therapists **Hayley Jang, MA, MT-BC** and **MG Hurley, MT-BC** tailor recordings to individual and parent preferences, involving them throughout the process – from recording the heartbeat itself to choosing a piece of music or even writing a song of their own.

"A beating heart represents the rhythm of life, and capturing this sound before a child passes offers a gift of indescribable value to grieving families," says Jang. "It's a full-circle moment – from a child in the womb hearing its mother's heartbeat to parents hearing their child's heartbeat as a lasting memory."

**"Our therapists continue to find ways to push the envelope with innovative ideas and technologies that support not only the child and family, but the entire care team as well."**

*Kirsten Getchell, MS, CCLS, clinical and program manager, Child Life Services*

Although the intervention is used primarily for families who may lose a child, both patients and families in other circumstances can benefit as well. For example, heart transplant patients can record their heartbeat before and after their procedure. The technique exemplifies how technology can enhance the patient and family experience, says **Kirsten Getchell, MS, CCLS**, clinical and program manager, Child Life Services. "Our therapists continue to find ways to push the envelope with innovative ideas and technologies that support not only the child and family, but the entire care team as well."

Hurley agrees, noting the act of creating and collaborating through legacy projects is a profound process that often integrates the therapeutic relationship among patients, their families and caregivers. "The recording is something tangible that connects the family with their child and their hospital support system. It is one of the most meaningful things we can do for someone." ■

#### References:

<sup>1</sup>Stegemann, T., Geretsegger, M., Phan Quoc, E., Riedl, H., & Smetana, M. (2019). Music Therapy and Other Music-Based Interventions in Pediatric Health Care: An Overview. *Medicines*, 6(1), 25. <https://doi.org/10.3390/medicines6010025>

<sup>2</sup>Schreck, Brian & Economos, Alexa. (2018). Perinatal Music Therapy: Using Doppler Recordings to Connect and Create. *Music and Medicine*. 10. 22. 10.47513/mmd.v10i1.575

### Families Share Their Gratitude

“

Thank you for being there for me and helping me navigate my feelings through the hardest time of my life. Thank you for showing true compassion and caring toward my little family. That song means so much to us.

”

“

I have no words...thank you. This has brought me to my knees and I cannot stop crying. You did a beautiful job. I just miss her so much. Thank you for this gift.

”

**Listen to a heartbeat recording, here:**





# Standardizing Safety Checks in Behavioral Health Inpatient Settings

Safety checks are a fundamental standard of care within behavioral health inpatient settings, designed to identify and mitigate safety risks while addressing individualized needs of patients to promote their overall safety and well-being. At Boston Children's Hospital, staff assigned to perform these safety checks are responsible for visually accounting for each patient at designated time intervals and documenting patient behavior in real time.

The hospital's previous electronic medical record system required staff to carry laptops, which were cumbersome and occasionally led to workarounds. With the implementation of Epic, an opportunity arose to standardize safety check rounding with a more user-friendly handheld device. This transition also eliminated the need for a physical device hand-off.

To ensure a clear transfer of responsibility and facilitate visual identification of staff assigned to safety checks, a standardized practice was established involving the use of a red lanyard. Red was chosen for its high visibility and ease of recognition by all team members. Just as the previous laptop provided a tangible signal indicating change-of-shift reports were in progress, the red lanyard now serves that purpose. During handoffs, each patient is visually confirmed and identified to the incoming staff member. Once all patients have been accounted for, the red lanyard is passed to signify the responsibility for patient assignments has been completed.



**Michael Serwanja – Behavioral Health Counselor  
and Jillian Anderson – Behavioral Health Tech**

To reinforce accountability and consistency, a formal safety checks competency checkoff was established for all behavioral health staff responsible for safety checks. Every staff member is educated in the use of this standard during orientation and evaluated on an ongoing basis, ensuring reliable performance of this critical responsibility.

A final addition – five-minute safety checks – was recently introduced as well. This option provides a flexible level of monitoring for patients at elevated risk of specific behaviors who do not require constant observation. The implementation of these five-minute checks is further strengthening the ability to individualize care and intervene proactively – all implemented with the existing complement of resources. ■

## Safety Checks Quick Wins

**Competency Checkoff:** Rapidly created a consistent, standardized process that improved fidelity to safety checks. This ensures patient safety and staff accountability through clear roles, expectations, and a shared mental model.

**Five-Minute Checks:** Added a flexible observation level to meet the needs of higher-risk patients without defaulting to 1:1, allowing earlier intervention and more tailored care.

# Meeting the Unique Needs of Youth in the Juvenile Justice System

## Nurse-led program provides holistic, patient-centered care

Since 2009, Boston Children's Hospital has partnered with the Massachusetts Department of Youth Services (DYS) to provide comprehensive medical and psychiatric care to young people in DYS custody. The program is part of Boston Children's Division of Adolescent Medicine, and serves the DYS Metro Region, which includes the greater Boston area.

Led by **Caryn Coyle, FNP-BC**, director, Nursing/Patient Care Operations, Division of Adolescent Medicine, DYS, a team of 11 nurse practitioners (NP) work on site at three facilities housing 90 incarcerated youth. The team provides up to 700 primary care visits each month, handling screenings, immunizations, health education, chronic disease management, and connecting those in their care to community primary care and specialists. Although a physician from Adolescent Medicine is available for consultation, the daily care of these children and adolescents is managed through this team of NPs.

This NP-led model ensures consistent access to the clinical team, psychiatric care if needed, and continuity of care to improve outcomes. NPs serve as patient advocates, addressing the significant and complex health concerns of vulnerable youth. It is not uncommon that these youth have had limited access to regular health care and come from communities facing systemic challenges, including economic hardship and histories of trauma.

**“We are an important part of Boston Children’s mission. By giving these children and adolescents the care they need, yet often do not have ready access to, we are fulfilling the hospital’s commitment to health equity for some of the most vulnerable members of our community.”**

*Caryn Coyle, FNP-BC, director, Nursing/Patient Care Operations, Division of Adolescent Medicine, DYS*

The program prioritizes trauma-informed care and patient/family-driven care plans, fostering trust through intimate, day-to-day interactions. NPs are educated in advocacy and holistic methods, ensuring health care needs are met and linking children and families to appropriate providers upon release or transfer.

“We are an important part of Boston Children’s mission,” says Coyle. “By giving these children and adolescents the care they need, yet often do not have ready access to, we are fulfilling the hospital’s commitment to health equity for some of the most vulnerable members of our community.” ■

COMFORT ABILITY®



**Comfort Ability®  
Outcomes**

**50+**

Partnerships with children's hospitals in the United States, Canada, Australia and Latin America.

**300+**

Providers trained in psychological tools and methods to reduce chronic pain and functional symptoms.

**10,000**

Since 2010, more than 10,000 patients and families have benefited from this program worldwide.

**120**

The CAP website, [thecomfortability.com](http://thecomfortability.com) is used across 120 countries.



Lindsay Goodyear, CNP; Desiree Sinclair, CNP; Nicole Berman, CNP; Kelly Garrahan, CNP; Deanna Kovalski, CNP; Rachel Mortell, CNP; Hannah Kalish, CNP; Mary Tang, CNP; Ellen McGrath, CNP; Lia Bryan, CNP; Thomas Haire, CNP; Docia Isibor, CNP; Andrea Van Lierop, CNP; Soraya Beaubrun, CNP; Jessica Damiano, CNP; Caroline Schuler, CNP; Nipali Patel, CNP; Lindsey Barlow, CNP; Helen Rotundi, CNP; Teresa O'Neill, CNP; Jean Solodluk, CNP; Beth Braunegg, MSN, RN, CPNP; Lauren Forbes, MSN, RN, CPNP; Maria DaRocha, CNP; and Kristen Szolomayer, CNP - APRN Pain Service Staff Retreat

## Interprofessional Pain Service Benefits Patients and Families

### Team-based model improves outcomes and quality of life

Chronic pain is a common childhood problem. Research indicates nearly 21% of children and adolescents worldwide experience chronic pain and associated symptoms such as nausea, dizziness, fatigue and muscle weakness.<sup>1</sup>

At Boston Children's Hospital, a state-of-the-art, team-based approach to pain management empowers children and families to be active partners in their own care. Clinicians from multiple disciplines integrate their knowledge to provide a unified treatment strategy.

Boston Children's Pain Service includes the Mayo Family Pediatric Pain Rehabilitation Center (PPRC), a day treatment rehabilitative program that helps children and adolescents with chronic pain return to a more active lifestyle. Patients attend rehab sessions during

the day and return home to their families in the evening. An interprofessional team of physical therapists, occupational therapists, recreational therapists, nurse practitioners, psychologists, physicians, social workers and music therapists work collectively to support patients and families. The focus is on self-management – teaching children and their families how to function effectively despite pain, thereby improving quality of life.

The PPRC recently expanded to include the Young Adult Pain Rehabilitation Program (YAPRC) one of the first in the country designed specifically for 18- to 26-year-olds experiencing ongoing pain. "We recognized a gap in service for this age group – young adults who continue to struggle with chronic pediatric pain conditions that interfere with their daily activities," says **Jonathan Greenwood, PT, MS, MBA, DPT, PCS, FACHE**, executive director, Physical Therapy, Occupational Therapy



and Rehabilitation Services. “The YAPRC helps bridge the gap developmentally and prepare these young adults for independence.”

**Julie Shulman, PT, PhD, DPT, PCS**, who supervises the PT and OT teams for both programs, notes the organization’s interprofessional approach ensures treatment goals are shared and everyone works together to meet them. “Treatment is cohesive. When everyone is on the same page, families don’t get mixed messages about how to manage symptoms. This continuity of care also makes a big difference in outcomes – perceived ‘disability’ shifts, pain intensity improves, anxiety and depression are lessened. Kids return to school, re-engage in sports and activities, and reconnect with their friends.”

Social workers are a unique and vital part of the pain team, as well. “We build a bridge providing essential support for families and caregivers dealing with a child’s chronic pain condition, which is a huge element in achieving treatment success,” says **Aaron Grey, MBA, MSW, LICSW**, vice president, Social Work & Family Services.

Social workers perform comprehensive family assessments to determine specific needs, aiming to reduce structural barriers and increase emotional support. Logistically, this might involve arranging transportation to and from the program, helping families secure housing for the duration of their treatment, connecting caregivers to financial resources, and advocating for family’s needs to the hospital and community supports on behalf of the families. They also provide help with emotional and coping challenges, such as guiding parents on how to manage their own emotions effectively to help their children succeed.

**Katie Staines, MSW, LICSW**, and the social work team support patients in the PPRC and YAPRC. They collaborate with the team’s psychologist to ensure parents and caregivers receive comprehensive and individualized support. “While the psychologist provides targeted cognitive behavioral therapy to the child, we focus on the family’s unique needs—emotional support, navigating their role in their child’s treatment plan, accessing community resources, or managing the stress of caregiving,” says Staines. “This collaborative approach allows us to address the full spectrum of challenges families face, promoting resilience and improving outcomes for children and their caregivers.” ■

Reference:

<sup>1</sup>Chambers CT, Dol J, Tutelman PR, Langley CL, Parker JA, Cormier BT, Macfarlane GJ, Jones GT, Chapman D, Proudfoot N, Grant A, Marianayagam J. The prevalence of chronic pain in children and adolescents: a systematic review update and meta-analysis. *Pain*. 2024 Oct 1;165(10):2215-2234. doi: 10.1097/j.pain.0000000000003267. Epub 2024 May 15. PMID: 38743558; PMCID: PMC11404345.


## Helping Kids Restore Comfort and Return to a Full and Functional Life

Boston Children’s Comfort Ability® Program (CAP) offers brief cognitive behavioral therapy workshops and interventions that use evidence-based tools to transform the way young people and their caregivers manage chronic symptoms such as pain, nausea, functional neurological paralysis or fatigue. Founded more than 15 years ago by pediatric pain psychologist **Rachael Coakley, PhD**, director, Clinical Innovation and Outreach in Pain Medicine, Department of Anesthesia, Critical Care and Pain Medicine, CAP has grown into an international program benefiting thousands of families worldwide.

At Boston Children’s, up to 175 families participate in a CAP intervention each year. Patients are directly referred from many subspecialty services in the hospital. During the intervention, families learn psychological skills to build resilience, regain function and get back on track. CAP also provides freely accessible web-based resources that offer chronic symptom education, peer support and skill reinforcement.

Dr. Coakley and her team are driven by one goal: to ensure no family faces chronic pain alone or without the tools to thrive. Every year, they hear from grateful families who have benefited from CAP. As one parent put it, “Sometimes this journey feels hopeless and quite lonely. The Comfort Ability® Program is an amazing gift.”

# Transformational Leadership



Scott Nesiba, MBA, MHA, BSN, RN, NE-BC, vice president, Behavioral Health Nursing; Keirrah Leger, DNP, RN, NEA-BC, vice president, Associate Chief Nurse Officer for Med/Surg and Procedural Units; Patricia Hickey, PhD, MBA, RN, FAAN, senior vice president, Associate Chief Nurse Officer, Cardiovascular, Perioperative and Critical Care; Lee Williams, PhD, MSN, RN, NE-BC, NI-BC, vice president, Associate Chief Nurse Officer, Clinical Education, Informatics, Quality, and Practice, and CNIO; Aaron Grey, MBA, MSW, LICSW, vice president, Social Work & Family Services; Jon Whiting, DNP, RN, NE-BC, CCRN-K, vice president, Associate Chief Nurse Officer, Nursing Patient Care and Clinical Operations; Joy Vreeland, PharmD, BCPS, vice president & Chief Pharmacy & Therapeutics Officer; Kathy Morgan Gorman, DNP, MSM, RN, NEA-BC, vice president & associate chief nursing officer, Ambulatory, Satellites and Network; Linda Brodigan, CPA, executive director, Patient Care Operations; Rosanne Wetmore, BS, senior director Business Operations, Patient Care Operations; Luke A. Sticht, DNP, RN, CCRN, CENP, senior vice president & Chief Nursing Officer; and Laura J. Wood, DNP, RN, NEA-BC, FAAN, executive vice president, Patient Care Operations & System Chief Nurse Executive

Not pictured:

Courtney Cannon, AB, MBA, senior vice president, Enterprise Operations; Eva Gomez, PhD, RN, NP-BC, CPN, senior director, Nursing Lattice, Equity and Engagement; Lynne Hancock, DNP, RN, NE-BC, director Nursing Excellence, Innovation, and Magnet® Program - Nursing Patient Care Executive Committee









## Relaxation Resources

The Secret Garden's calming, restorative environment offers:

- 1:1 Reiki sessions
- Sound baths
- Massage chairs
- Self-acupressure
- Team-focused activities to support units and departments

# Secret Garden Nurtures Team Member Well-Being

## First-of-its-kind, staff-only respite space builds resilient culture

Health care team members face a wide range of challenges and related stressors. Over the past five years, children's hospitals everywhere have navigated the COVID-19 pandemic, waves of respiratory syncytial virus, as well as child mental health service delivery gaps to name a few. Boston Children's Hospital recognized the importance of self-care as nurses and colleagues throughout the hospital felt many pulls to devote their attention to family outside of work, and patients and family members while at work. Despite the organization's efforts, team member well-being, decompression, and self-renewal remained a challenge.

**Erin Cashin, MS, RN, BHS, PMH-BC, CCAP**, clinical coordinator, Behavioral Response Team, and **Jennifer Schlebusch, MA, BS, CAP, LBCH**, lead behavioral health counselor, Behavioral Response Team, sought to bridge this gap. They knew from experience that integrative mindfulness modalities helped both patients and staff to decompress. Additionally, evidence showed the benefit of access to a dedicated physical space where team members could disconnect from work and restore a positive mindset.

## A Pioneering Proposal

The pair proposed a unique solution: a first-of-its-kind, dedicated location within Boston Children's to serve as a staff-only respite space, open around the clock to all hospital team members to offer self-led and practitioner-led relaxation activities.

**Dick Argys, MHA**, executive vice president, Hospital Chief Operating Officer and Chief Culture Officer, identified a coveted space in the newly open Hale Family Building with a garden-facing view. **Laura J. Wood, DNP, RN, NEA-BC, FAAN**, executive vice president, Patient Care Operations & System Chief Nurse Executive challenged the team to measure the impact of this work from the onset, leading to Cashin and Schlebusch's completion of the hospital's Nursing Science Fellowship under the mentorship of **Mary Poyner Reid, PhD, RN, ANP, CNRN, NEA-BC**, nurse scientist, Medical Nursing/Patient Care Operations. Formal data collection steps were designed, and in subsequent years the team was able to disseminate the impact of this space to internal stakeholders as well as regional and national audiences through podium presentations, poster sessions, and publications.

As Cashin and Schlebusch worked to prepare the space, they involved team members throughout the organization comprised of Environmental Services, Security Services, Infection Prevention and Control, the Culture Works team, Volunteer Services, the Audio-Visual Department, the Office of Clinician Support, Occupational

Health Services, the Family Wellness Center, and Real Estate and Development to prepare the space. In October 2022, the Secret Garden opened its doors with limited hours and further expanded access to 24/7 operations in early 2023.

## A Resounding Success

From the start, the space was a huge success. Staff usage has risen steadily for more than two years, with the highest number of badge swipes recorded in December 2024 at 2,336 – a 538% utilization increase over a two-year period. Because staff frequently enter in groups, the actual number of people using the space is likely significantly higher than door-access badge count measures indicate. Users come from all departments throughout the organization.

As a result of the introduction of formal program evaluation tools, the Secret Garden has been shown to reduce stress. Staff are asked to complete a voluntary survey that uses a five-point Likert scale to measure perceived stress before and after focused time using the room and related services. Surveys consistently reflect a decline in stress levels post use of the Secret Garden, with an average overall reduction of two points. The survey also collects qualitative data to identify what services users find helpful, as well as ideas to enhance the space itself.

## Keys to Success

Cashin and Schlebusch cite the dedicated physical space and 24/7 access to all employees as key contributors to success. Another factor is leadership support. “To have a high level of buy-in from executive leadership up front truly enhanced the growth and success of this program,” says Schlebusch. “Leaders want staff to take advantage of this resource and will often come in with their teams to use the room. They understand the value this brings to all team members.”

The pair hope to expand the Secret Garden to include additional real-time activities for those using this physical space. They also aspire to add further virtual offerings to reach work-from-home and satellite team members. The Secret Garden is “by our staff and for our staff,” says Cashin. “We want to give everyone a chance to feel they are a part of the Boston Children’s Hospital community and foster an even deeper a sense of belonging.” ■

## Staff Feedback

Staff are overwhelmingly positive about the Secret Garden.

Comments from the voluntary survey include:

“

Very calming. Great energy stepping in here. Love this space – it helps with sustainability of our profession!

”

“

This space really allows me to come back to the present and makes me truly grateful for everything. I love the vibes.

”

“

Thank you so much for providing this important respite area to offset the chaotic work environment we sometimes feel.

”

“

This is beautiful and necessary. I would come to activity events on my day off!

”





## Deepening Leadership Professional Practice

### Innovative, enterprise-wide professional development program inspires nurse leaders

Supporting and developing effective frontline nurse leaders and senior nurse leaders is a long-standing priority at Boston Children's Hospital, and a key component of the Nursing/Interprofessional Practice Model. In 2024, thanks to a generous gift from the Mountz Family Fund for Nursing Advancement, **Laura J. Wood, DNP, RN, NEA-BC, FAAN**, executive vice president, Patient Care Operations & System

Chief Nurse Executive collaborated with a nationally recognized team of nurse leaders from Canopy to design an innovative professional development program to offer both advanced practice registered nurses (APRN) and nurse leaders throughout the organization and APRN formal leaders across the enterprise.

More than 160 nurse leaders participated in a series of four workshops within cohorts where they were matched based upon experience level and role. The curriculum was built on the American Organization for Nursing Leadership's (AONL) essential competencies and American Nurses Credentialing Center (ANCC)

More than 160 Boston Children’s nurse leaders completed this innovative leadership development program.

2024-2025 participants included:



Magnet® sources of evidence. Coordinated by **Lynne Hancock, DNP, RN, NE-BC**, director, Nursing Excellence, Innovation and Magnet® Program, and **Lee Williams, PhD, RN, NE-BC, NI-BC**, vice president, associate chief nurse, the series provided the framework for the knowledge, skills and abilities associated with effective leadership across health care settings and leadership roles.

The Power of a Shared Learning Experience

Participants bridged a wide range of experience levels – from new leaders to seasoned professionals. Overwhelmingly, they endorsed the four-part program, stating that the shared learning experience deepened their connections as a team, and offered the opportunity to build rapport with other leaders they might not interact with otherwise (see sidebar).

Nurses were encouraged to embrace a new leadership approach – shifting from a mindset of scarcity to one of abundance. Other benefits included establishing a common foundation and shared language that nursing teams can employ across the organization; validating experiences and challenges with colleagues; and focusing on career growth.

“Boston Children’s nursing and patient care operations is committed to the growth and development of leaders throughout their careers,” says Dr. Wood. “Leading others to achieve common goals is one of the essential skill sets required to support high-quality care, workforce well-being, and the retention and engagement of all team members.”

## Program Impact: Participant Reflections

“

I had the opportunity to meet and collaborate with other leaders whom I would not have known otherwise. It was helpful to gain insight from those who work in different areas and find commonalities in our challenges. These sessions opened me up to new ways of thinking and problem-solving and expanded my views on effective leadership strategies.

”



**Teresa Buckley Dean, DNP, MS, RN**  
director, Case Management

“

I was able to evaluate my role within the larger leadership structure from the perspective of my skillset as both a professional development specialist and nurse practitioner (NP). The workshop helped me take a strategic, methodical approach to assessing multiple stakeholders' priorities while empowering NPs to deepen their professional growth and advance in their careers.

”



**Chris Reeves, MSN, CNP, NPD-BC**  
senior nursing professional  
development specialist,  
Clinical Education, Informatics, Practice,  
Quality & Safety

“

I learned the importance of sharing my vision and priorities with the team at the start of each team meeting. I wasn't sure it would make a difference, but it did. As an example, one team member told me that gaining insights about my setting direction related to key priorities at the start of team meetings helped this individual appreciate my rationale as a leader for prioritizing a specific 'task set' as my number one priority. As a result, she subsequently came to appreciate how highly valued her contributions were to the team outcomes.

”



**Greg Durkin, M.Ed., BSN, RN, NPDA-BC**  
director  
Clinical Education, Informatics, Practice,  
Quality & Safety

“

This workshop was a great opportunity for knowledge sharing and connection among the APRN director group. Specifically, I was able to explore 24/7 coverage challenges experienced by other directors facing similar challenges. Hematology/Oncology/Stem Cell Transport developed a new APP team to balance specialized and flexible coverage across three sub-specialties. This required change to existing team structures. I was able to apply skills I'd learned through this leadership development program to engage APP teams and APRN leads to facilitate implementation.

”



**Katherine Woodard, MSN, RN, CPNP, CPHON**  
director, Advanced Practice Nursing, Hem/  
Onc, SCT, PACT, Advanced Practice Nurse II,  
Department of Oncology





# PT/OT Expansion Brings Specialty Services Close to Home

## Improving Regional Access to PT/OT Services in Needham, MA

An all-new, state-of-the-art physical therapy (PT) and occupational therapy (OT) location is set to open as part of Boston Children's Needham facility in January 2026. The suburban location will give patients and families in areas west of Boston easier access to a broad range of advanced PT/OT care and services close to home (see sidebar). Once open, the clinic anticipates providing more than 5,000 treatments per year to patients in the community.

The 3,500-square-foot space is designed to promote interaction and collaboration among teams and give patients seamless access to therapists, physicians and casting room staff. Children and adolescents will benefit

from the pediatric focus on medical and rehabilitative care. Previously, these patients had to go to an adult facility or travel greater distances to Boston or satellite locations to obtain needed specialty services.

The PT/OT staff will include a blend of veteran therapists bringing a tradition of innovative care and newly hired therapists to form a new team, says **Jonathan Greenwood, PT, MS, MBA, DPT, PCS, FACHE**, executive director, Physical Therapy, Occupational Therapy and Rehabilitation Services.

"We not only provide skilled care, but also support patient and family needs when dealing with injury or illness. The location may be different, the specialties may continue to evolve, but patients and families can expect the same top-of-the-line experience no matter where they receive treatment." ■

## PT/OT specialty services at Boston Children's Needham will include:

**Upper Extremity Occupational Therapy Management** – to help patients regain function and independence in their arms, hands and shoulders.

**Pelvic Floor Physical Therapy** – to address issues such as urinary incontinence, constipation, pelvic pain and genetic syndromes.

**Sports Physical Therapy** – to help patients recover from injuries, improve movement and prevent future injuries with a focus on individualized needs.

**Treatment for Vestibular/Balance Disorders** – to retrain the brain to process balance signals, reduce dizziness and vertigo, and enhance overall function.

**Treatment for Complex Orthopedic Conditions** – to retain strength and mobility and restore optimal function.



Maryanne Fitzgerald, RN, Nursing Project Coordinator, Patient Flow Capacity Center; Kathryn Cotraro, DNP, MSN, RN, NE-BC, senior director, Patient Flow Capacity Center & Central Staffing Office; Susan Smith, BSN, RN, Coordinator of Patient Placement; Julie Ferullo, MHI, Continuous Improvement Consultant Patient Flow Capacity Center; Elyse Paquette RN, CPN, Patient Flow Triage Coordinator; Karlin Gavin, RN MSN CPN, Patient Flow Triage Coordinator; and Claire Kelley, administrative assistant II

# Implementing Predictive Capacity Management

## Innovative "cake model" drives enterprise-wide effort

Capacity planning is a perpetual challenge for health systems. Anticipating and managing fluctuations in patient volume is pivotal for optimal quality, efficiency, staffing and outcomes. However, aligning resources with demand requires the synthesis of complex data sets and coordination across multiple departments and systems.<sup>1</sup>

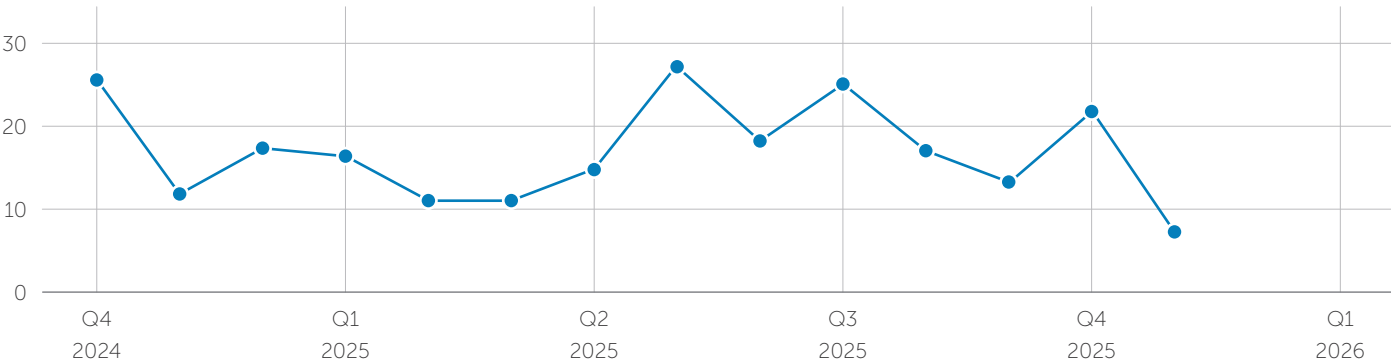
To more accurately forecast patient volume, Boston Children's Hospital has implemented a multi-layered data model akin to a layer cake, now known internally as the "Cake Model" – a Predictive Model for Capacity Management. The cake provides a composite reflecting inpatient, emergency department, and ambulatory care capacity, with specific layers within the cake

depicting specific programs and settings of care. The goal is to build a system that can proactively foresee periods of high demand and peak capacity to optimize resource utilization and manage patient flow.

Led by **Courtney Cannon, AB, MBA**, senior vice president, Executive Operations, this enterprise-wide, multidisciplinary initiative draws expertise from throughout the organization. The team includes members from the Patient Flow Capacity Center, Physician Organization, the Enterprise Project Management Office, Information Technology and the Operating Room. Key goals in the deployment of the model include improved access, enhanced patient throughput, reduced wait times, smoother scheduling of both planned and unplanned surgical cases, fewer admission and access declines, and an improved patient/family experience.

Referral Trends

Number of Referrals



“Our overall goal is to prioritize patient and family needs and ensure we can care for them when they need it, no matter when or how they enter the hospital,” says **Kathryn Cotraro, DNP, MSN, RN, NE-BC**, senior nursing director, Patient Flow Capacity Center and Central Staffing Office. “We’re focused on reducing cancelled cases and minimizing delays, which are disruptive to families who often need to travel and take time off from work when their child needs inpatient care and other specialized services. We want to say ‘yes’ to people who seek care at Boston Children’s Hospital.”

Data analysis of key patterns and trends guides pattern recognition and helps the hospital to increasingly be able to proactively provide resources. For example, a key component of the cake model is monitoring the history of viral trends to identify seasonal peaks, or forecasting times of year when teenage stress levels are high, which could impact demand for behavioral health services. Both inpatient bed capacity and people resources must be available to provide needed services.

**“Our overall goal is to keep patients at the center of everything and ensure we can care for them when they need it, no matter when or how they enter the hospital. We want to say yes to people who seek care at Boston Children’s Hospital.”**

*Kathryn Cotraro, DNP, MSN, RN, NE-BC, senior nursing director, Patient Flow Capacity Center and Central Staffing Office*

Additionally, noting variability in surgical scheduling can help to spread the volume, reduce the risk of cancelations and improve operating room utilization. The team is considering putting a cap on surgical cases and moving that cap up and down based on capacity. Being able to identify times when more surgical cases can be scheduled results in fewer cancellations and less chance of a backlog. No cases are declined for lack of a bed, which strengthen patient/family, team member, and physician satisfaction.

Next steps will focus on further refinement of the model to more accurately predict fluctuations in real time. The newest member of the cake team, **Nima Doroud, PhD**, a data scientist within Patient Care Operations, is working to uncover new signals in the data to enhance these predictive capabilities. Dr. Doroud has met with clinical operations leaders to understand key drivers of volume and how the hospital can incorporate there perspectives and priorities to create more accurate forecasts. Ultimately, this will help align capacity with staffing to increase efficiency and reduce costs. “If the census is high, we can flex scheduling to make more nurses and other key resources available while reducing more costly resource options. If the census is low, we can offer staff the ability to take time off,” says Cotraro. “The goal is to ensure the right resources when and where patients need them.”

References:

<sup>1</sup>Parker, F., Ganjkanloo, F., Martínez, D. A., & Ghobadi, K. (2024). Optimal Hospital Capacity Management During Demand Surges. *arXiv preprint arXiv:2403.15738*





Sherley Ramos, BSN, RN, staff nurse I with Valira - Vaccine Program

## Nurse-Led Vaccine Program Expands Access

Boston Children's Hospital Vaccine Program consolidated its two clinics under the same roof with the opening of a new space in 2025. This outpatient clinical center houses the Vaccine Clinic, supporting access to vaccines for patients, families and employees as well as the Travel and Geographic Medicine Clinic. This Travel Clinic provides comprehensive pre-travel health services, immunizations and education to Boston Children's interprofessional team members supporting care around the world.


"We serve a broad range of Boston Children's patients, employees, and colleagues traveling on global health missions," says **Gregory Peters, MSN, RN**, clinical coordinator, Vaccine Program. "Boston Children's strongly believes in the protection that vaccines offer. We aim to provide as much education as possible and make access to vaccines as convenient as possible."

**"Boston Children's Hospital strongly believes in the protection that vaccines offer, so we want to provide as much education as possible and make access to vaccines as convenient as possible."**

*Gregory Peters, MSN, RN, clinical coordinator, Vaccine Program*

The Travel Clinic is one of the few locations in Massachusetts to provide the yellow fever vaccine for pediatric patients. The shot is required for travel to many countries in Africa and South America. More than 1,100 patients visit the Travel Clinic annually. That number is expected to grow as the Vaccine Program expands in its new clinical space. ■





# Structural Empowerment







## Global Nursing Fellowship 10-Year Milestones

# 23

Collaborated with health care teams in 23 countries.

# 22

Graduated RN/APRN global health fellows representing 15 nursing specialties.

# 10

Fellow cohorts since 2015, 2 year fellowship.

# 6

Active fellows (3 each in Year 1 & Year 2).



**10th Nursing Anniversary -** Deborah O'Dowd, MSN, RN, CCRN; Alexis Schmid, DNP, MPH, MSN, DTN; Christine Placidi, BSN, RN, CCRN; Jessica R. Sexton, PhD, RN, CPEN; Carly Campbell, RN, BSN; Beverly Small, RN (retired); Michelle Morin, MSN, RN; Michael Felber, RN; Rasha Srouji, DNP, RN, CPNP, CNRN; Lisa Morrissey, MPH, MSN, RN, NE-BC; Rebecca Johns, RN, BSN, CCRN; Colleen Nixon, MSN, RN, CPHON NPD-BC (retired); Kimberly Shepherd, MSN, RN, CPHON, CPNP-PC; Amy Federico, BSN, RN, CPN; and Kierrah Leger, DNP, RN, NEA-BC

## Fellowships Strengthen RN and APRN Professional Practice

Over the past decade, Boston Children's Hospital has created a broad portfolio of learning opportunities, including mentored fellowship experiences for nurses and advanced practice providers (APP) to gain knowledge and expertise through scientific inquiry and specialty-focused fellowships. In turn, these programs have strengthened RN recruitment and APP recruitment and retention while shaping a dynamic workforce that improves patient care delivery, safety and outcomes.

### Pediatric Global Nursing Fellowship Celebrates 10 Years

2025 marks the 10th anniversary of the Global Nursing Fellowship (GNF) at Boston Children's Hospital. Initially launched within nursing and patient care operations in 2016, the GNF was strengthened further over the past decade through increasing points of collaboration with Boston Children's interprofessional Global Health Program. The mission of this hospital-wide

program is to improve child health worldwide in areas with the greatest need through collaborative partnerships with global and local nursing and health care teams.

Launched in 2015-2016, the GNF remains *the first and only pediatric-focused* global nursing fellowship in the country. The fellowship offers Boston Children's RNs and APRNs a unique opportunity to impact global health, sharing best practices in pediatric clinical care, education, advocacy, research and multidisciplinary teamwork.

"With nursing experts in every pediatric subspecialty, and nurse leaders committed to advancing child health throughout the world, Boston Children's has much to offer nurses across the globe," notes **Lisa Morrissey, MPH, MSN, RN, NE-BC**, fellowship director and senior director, Nursing & Patient Services, Hematology, Oncology, and Hematopoietic Stem Cell Transplant. "We strive to develop deep relationships where we can build trust, share experiences and opportunities, and respond to needs identified by the local team."

Three Boston Children's RNs/APRNs are selected annually for the two-year fellowship. Fellows are supported through both funding and indirect care time to pursue global health projects within a wide range of nursing subspecialties. GNF alumni go on to serve as mentors for new fellows, lead educational seminars, and pursue dissemination of their work.

Over the last 10 years, 25 BCH global nursing fellows have partnered with clinicians in more than 20 countries, building on long-term relationships and alliances. Sustainability is key, as are social justice and professional collegiality, explains **Eva Gómez, PhD, RN, NPD-BC, CPN**, senior director, Nursing Lattice, Equity and Engagement. "Our nurses go beyond teaching clinical skills. We empower nurses across the globe with opportunities to develop their leadership abilities and advance the nursing profession worldwide."

## A Decade of Impact: Boston Children's Flynn Foundation Nursing Fellowship

Established in 2016 in partnership with the Flynn Foundation, and now celebrating a decade of impact within Boston Children's Hospital, this unique fellowship supports the next generation of oncology nurses nationally. Boston Children's was one of the first children's hospitals to bring this oncology nursing fellowship into pediatrics. The eight-week summer program offers undergraduate nursing students interested in pediatric oncology the opportunity to collaborate with direct care nurses in the

## Global Health Skills Session Offers Hands-on Training

Global Health is a complex and dynamic field that requires a diverse set of skills for nurses and interprofessional colleagues to contribute in a focused way in settings which may have different resource allocation and infrastructure limitations. Boston Children's Global Skills Session offers annual, hands-on training covering everything from basic physical exams to how to function without a cell phone. This multidisciplinary event is open to anyone interested in global health work. Participants include both Boston Children's Hospital team members as well as colleagues external to the hospital.

**Shannon Manzi, PharmD**, director of Safety & Quality, Department of Pharmacy, Applied Informatics Faculty, Computational Health, Informatics Program, serves as faculty for a session specific to disaster medicine global health. "We focus on core medication handling skills that nurses can deploy in the field without the usual high-tech resources relied on in their current professional practice settings," she says.

For example, nurses learn how to turn a plastic water bottle into a spacer for an inhaler, how to quickly calculate vasopressor rates, and how to use a three-way stopcock. They also brush up on fundamental physical assessment skills, such as taking a pulse manually when other tools are not accessible or commonly used in specific global health settings.

Above all, Dr. Manzi seeks to prepare clinicians for a level of austerity that they may not have anticipated. "The most important thing we teach our participants is that they need to be mentally and physically prepared for the differences in U.S. health care delivery and the tools and strategies used to provide care around the world."

Flynn Fellowship Outcomes

21

Nursing students have completed the fellowship since it began in 2016.

8

Several Flynn fellows are currently employed at Boston Children’s: 5 RNs, 1 APRN and 2 clinical assistants.

11

Former Flynn fellows are employed as oncology nurses – some at Boston Children’s and some at other hospitals nationally.

64

Flynn Fellowship program applicants in 2024.

95

Flynn Fellowship program applicants in 2025.

Hematology/Oncology and Stem Cell Transplant units. Three rising undergraduate senior BSN students are selected annually for each cohort. Fellows learn the roles and responsibilities of a pediatric oncology nurse, gain exposure to relevant pediatric oncology practice priorities such as palliative care, and complete an evidence-based practice (EBP) project addressing an aspect of pediatric oncology nursing.

Flynn Fellowship graduates, **Gianna Bender, BSN, RN, CPHON**, staff nurse II, Inpatient Hematology/Oncology, and **Kristin Sullivan, BSN, RN, BMTCN**, staff nurse II, Hematopoietic Stem Cell Transplant Unit currently coordinate the operations of the program in concert with **Lisa Morrissey, MPH, MSN, RN, NE-BC**, senior director, Nursing and Patient Care Operations, Hematology/Oncology/Hematopoietic Stem Cell Transplant and **Colleen Nixon, MSN, RN, CPHON, NPD-BC**, professional development specialist, Nursing and Patient Care Operations, Hematology/Oncology/Hematopoietic Stem Cell Transplant. They cite this pediatric oncology fellowship’s one-of-a-kind opportunity for nursing students.

“The program provides up-close exposure to life as an oncology nurse so students can really see if it’s the right choice for them before they make a commitment,” says Sullivan, who notes that many fellows elect to pursue employment as staff nurses at Boston Children’s after graduation.

Bender agrees, saying the strong foundation she received as a fellow continues to benefit her today. “The fellowship inspires students to pursue careers in pediatric oncology nursing and helps them to visualize the opportunity to make a difference for children and families in the future should they pursue pediatric oncology nursing as a specialty following graduation.”

Nursing Science Fellowship – 15 Years of Impact

Fifteen years ago the Nursing Science Fellowship (NSF) Program was born from the vision of **Patricia Hickey, PhD, MBA, RN, NEA-BC, FAAN**, Senior Vice President/ACNO Cardiovascular, Critical Care and Perioperative Nursing/PCO and **Jean Connor, PhD, RN, CPNP, FAAN**, Director of Nursing Research, Cardiovascular, Critical Care and Perioperative Nursing/PCO. They recognized the untapped potential of clinical nurses to drive innovation and discovery through scientific research. Their goal was to create a structured program where PhD-prepared nurse scientists would

2025 Boston Children’s Nursing Science Fellowship Outcomes

Number of Fellows enrolled in 2025	3
Currently enrolled	11
Graduated in 2025	8
Promotions	2
Higher Education	2
Published Manuscripts	5



### Boston Children's Nursing Science Fellowship Outcomes since 2011

<b>Number of Fellows enrolled since January 2011</b>	<b>137</b>
Currently enrolled	14
<b>Grants Awarded Total</b>	<b>64</b>
Internal	47
External	17
<b>Promotions</b>	<b>44</b>
<b>Completion of Additional Education</b>	<b>38</b>
MSN	20
Master of Public Health	1
PhD/DNP	19
<b>Dissemination (External only)</b>	<b>92</b>
Poster	58
Podium	34
<b>Published Manuscripts</b>	<b>42</b>
Manuscripts in Development	49
<b>Impact on Clinical Practice: Implementation of a new or modified clinical practice due to outcomes of fellows' projects</b>	<b>36</b>

mentor staff nurses, equipping them with the knowledge, skills and confidence to pursue scientific inquiry directly linked to patient care and outcomes.

From its inception, the NSF has evolved into a hallmark of Boston Children's commitment to advancing nursing science and transforming health service delivery. Through rigorous mentorship, fellows have generated new knowledge, led evidence-based practice changes and disseminated findings nationally and internationally. The program has fostered a culture in which curiosity, collaboration, and inquiry thrive through linking clinical practice with scholarly impact.

Today, as the NSF celebrates 15 years of progress, the hospital honors more than 150 nurses who have advanced through the fellowship, and contributed to groundbreaking work in quality, safety and health equity. Their collective achievements are a testament to the power of investing in nurses as scientists, innovators, and leaders, which represents an enduring commitment to advancing the science and art of pediatric nursing at Boston Children's Hospital.

"The NSF is an integral part of a larger conversation reflecting our hospital's commitment to serve as the preeminent center for pediatric nursing science," says Dr. Connor who leads the fellowship with **Patricia Dwyer, PhD, RN, CNOR**, director of Nursing Research, Perioperative and Satellite Nursing/PCO.

The NSF is designed to ensure that nurses bring their learnings full circle by those delivering care to benefit patients and families. "Translation back to practice closes the loop," explains **Zac DiPasquale, MHA**, program administrative manager III, Cardiovascular, Critical Care and Perioperative, Nursing and Patient Care Services. "Nurses start with a practice question, address that question with scientific inquiry, and apply their findings to patient care." Since the NSF began, more than 40 projects have led to new clinical practice changes at Boston Children's Hospital.

In addition, the fellowship has driven academic advancement and career progression, with 19 fellows earning a PhD or DNP, and 43 participants who have subsequently been promoted. "Many nurses enter the NSF after completing the hospital's EBP

Mentorship Program. With support from the NSF, they are able to translate evidence into practice and generate additional evidence through research,” says **Rebecca Matulsky, MPH, CHES**, senior program coordinator, Nursing Science Fellowship, Cardiovascular, Critical Care and Perioperative Services.

Transformational mentorship is another positive outcome. “Often, we see something in someone they can’t see in themselves,” says Dr. Dwyer. “Over a two-year period, we watch as our fellows grow in confidence, empowerment and professional stature. This growth is more difficult to quantify but is equally important.”

**Marcie Brostoff Nursing/Patient Care Fellowship**

The Marcie Brostoff Experience Fellowship was launched in 2024-2025. The fellowship is tailored to nurses and clinicians in patient care operations who want to deepen their expertise in patient and family experience, workforce engagement and patient/family-centered care. The fellowship is named in honor of senior nurse leader **Marcie Brostoff, MS, RN, NE-BC**, who retired in 2021 as vice president, Patient

Care and Clinical Operations. Among Marcie’s broad range of contributions over her 40-year career at Boston Children’s Hospital, she demonstrated a deep commitment to elevate the patient and family voice in organizational planning and decision-making.

One Brostoff Experience Fellow will be selected annually and spend two years examining the influence of patient experience at every touchpoint along the care journey, and evaluating its impact on clinical, financial, consumer and community health care outcomes. The 2025 inaugural fellow is **JoEllen Edson, MSN, RN, CPHON**, Clinical Educator/Staff Nurse III, 6W Hematopoietic Stem Cell Transplant Unit.

**Evidence-based Practice Mentorship Program**

Over the past decade, the Evidence-Based Practice Mentorship Program (EBPMP) has transformed clinical care by embedding a culture of inquiry and continuous improvement across the organization. Through structured mentorship, frontline nurses and interdisciplinary team members partner with experienced mentors to identify clinical questions, appraise evidence and implement best practices that

**Marcie Brostoff Experience Curriculum**





enhance outcomes for patients and families. This program has led to measurable improvements in safety, quality and patient experience by reducing variation in care and ensuring the interventions are grounded in the latest scientific evidence. Beyond clinical outcomes the EBPMP has truly enriched professional development and staff engagement.

For patients and families, the benefits are far-reaching with current evidence informing nursing and interdisciplinary practice. For staff, the program cultivates pride and purpose in care delivery in the shared mission of excellence.

EBPMP leaders **Michele DeGrazia, PhD, RN, NNP-BC, FAAN**, director of Nursing Research, NICU, and **Ethan Schuler, DNP, RN, CPNP-PC/AC, APRN III, MSICU** have fine-tuned the program, expanding participation to include all interprofessional clinical staff, building capacity, improving education modality and tailoring the experience to meet evolving needs.

"Our goal has always been to become part of the fabric of the hospital and ensure we provide the best evidence-based care to our patients," says Dr. DeGrazia. Dr. Schuler notes the EBPMP offers universal benefits – to patients, nursing and interprofessional team members, and the organization. "By constantly evaluating and improving care, we have demonstrated the benefit of fusing the best available science with clinical care delivery to advance high quality care," he says. "Likewise, clinicians who conduct EBP know they are providing care in the right way to optimize patient outcomes." ■

## Evidence-based Practice Mentorship Program Outcomes

# 49%

Of EBP project findings support current practice, 33% support a practice change, and 18% support the need for more evidence.

# 208

RNs, APRNs and clinicians from 45 inpatient units and ambulatory care locations throughout the enterprise have completed the program.

# 166

Graduates have produced 166 EBP initiatives, with 65 presented internally and 46 shared externally at local and national conferences.

# 19

Have enrolled in the hospital's Nursing Science Fellowship.

# 18

Graduates have continued as EBP mentors in training.





Keri Sullivan, MS, RN, CPNP-PC, Lead APRN, Pulmonary, Pediatric Hospital Medicine (PHM), YAU/Bridges, Diabetes, & NP Fellowship; Julia McSweeney, MSN, RN, CPNP, senior director Advanced Practice Nursing; Amanda Growdon, MD, Clinical Chief, Hospital Medicine; Ashli Lund, PA-C, physician assistant, Inpatient Subspecialty Service; Yunitha Men, MSN, RN, CPNP, APRN I, Hospital Clinician Program; Brittany Leland, PA-C, physician assistant, Inpatient Subspecialty Service; Meghan Haynes PA-C, physician assistant, Inpatient Subspecialty Service; Kayla Geaney, MSN, RN, CPNP, APRN I, Hospital Clinician Program; Iliana Guadalupe, MSN, RN, CPNP, APRN I, Hospital Clinician Program; Anna Gardner, PA-C, director, Physician Assistant Services/Emergency Medicine; Elyse A. Ruiz, MSN, RN, CPNP, director APRN, Inpatient Medicine & PIMCU - Inpatient Subspecialty Fellowship

# Advanced Practice Provider Transition to Practice

## Inpatient Subspecialty Advanced Practice Provider Fellowship

In anticipation of changes introduced through The Accreditation Council for Graduate Medical Education (ACGME) to reduce inpatient residency hours in July 2025, Boston Children's senior nursing, physician, operational, and advance practice provider (APP) leaders proactively expanded a range of innovative specialty-specific fellowships over the past two years. APPs are increasingly central to the evolution of interprofessional inpatient and ambulatory care delivery models. The Inpatient Subspecialty APP Fellowship provides nurse practitioners (NP) and physician assistants (PA) with clinical preparation across multiple subspecialties as pediatric residency training shifts more of physician residency hours to outpatient settings.

"We needed a multifaceted approach to strengthen our workforce in the setting of changing clinical needs and care teams. The Inpatient Subspecialty APP Fellowship is one aspect of that," says **Julia McSweeney, MSN, RN, CPNP**, senior director, Advanced Practice Nursing, Advanced Practice Nurse III.

The six-month fellowship offers NPs and PAs hands-on clinical experience as well as didactic education and simulation training. Under the guidance of mentors and APP leaders, APP fellows function as trainees for their initial six months, then begin full-time employment. The first group of 16 APPs completed the fellowship in 2025. The majority have chosen to stay at Boston Children's.

Fellows are cross trained across six clinical subspecialties and are prepared to work in all of these areas when they finish the

program and complete required credentialing. This unique framework supports Boston Children's goal of building a flexible workforce that's adaptable to clinical needs as they arise.

"The new ACGME requirements are a big change, but NP, PA, as well as senior nursing and physician leaders collaborated to develop an innovative solution," says **Courtney Cannon, AB, MBA**, senior vice president, Executive Operations. "While the new resident structure represents a significant shift toward a new care delivery model, we've adapted the care team to ensure continuity for patients intended to meet needs in a different, more dynamic way."

Physicians are supportive across the board. "Having the APP fellows and residents working side by side has been a great opportunity to build interprofessional teamwork," says **Amanda Growden, MD**, clinical chief, Hospital Medicine. **Wendy Chung, MD, PhD**, chief, Department of Pediatrics agrees. "We look forward to this new opportunity to further improve the care we provide to our patients and families in the hospital."

## APP Fellowship Earns APPFA Accreditation

The APP Fellowship at Boston Children's Hospital has earned Advanced Practice Provider Fellowship Accreditation™ (APPFA) from the American Nurses Credentialing Center (ANCC). This evidence-based credential recognizes programs that demonstrate the highest level of quality and excellence in supporting new NPs and PAs during their initial transition to professional practice.

Accreditation is a voluntary process and reflects the quality of Boston Children's program. Through a self-study document, anonymous survey and virtual visit, ANCC appraisers verified that the fellowship is structured in a thoughtful, evidence-based and outcomes-oriented way with processes in place to support ongoing reflection and content revision to best serve participants. Accreditation formally indicates to all stakeholders – clinicians, physicians, as well as administrative leaders that the fellowship meets clear standards of quality and clinical excellence.

### Building Community and Connection

Launched in 2023 under the leadership of **Chris Reeves, MSN, CNP, NPD-BC**, senior nursing professional development specialist, Clinical Education, Informatics, Practice, Quality & Safety, the program supports NPs and PAs in all practice settings as they transition into their new professional roles. Content is designed to not only enhance pediatric clinical knowledge but also build community among novice practitioners through formal and informal peer support and professional development. For example, as participants acquire clinical expertise, they explore ethical practices to further ground their work within the broader health care system and a variety of care delivery models.

"We incorporate concepts that are relevant to fellows practicing in a highly complex clinical landscape," says Reeves. "For example, ethics, health policy and social determinants of health are mainstays of the program curriculum to encourage APPs to consider how their patients experience care beyond the exam room, and how that informs APP practice beyond the prescription pad."

## Inpatient Subspecialty APP Fellowship Outcomes

# 60

When the fellowship was announced, more than 60 internal and external APPs applied reflecting strong interest in this innovative fellowship program.

# 16

APPs have graduated from the Inpatient Subspecialty APP Fellowship and most are now working at Boston Children's Hospital.



PRACTICE TRANSITION  
ACCREDITATION  
PROGRAM®



## Advanced Practice Provider Fellowship Outcomes

# 96%

Identify someone in the hospital community as a mentor who supports their ongoing transition to practice

# 75%

Say they intend to stay at Boston Children's Hospital for at least 5 years

# 25

APPs have completed the program

# 16

Fellows are currently enrolled in the APP Fellowship

Likewise, mentorship is a priority. The unique rolling admission structure Boston Children's has designed and implements offers the opportunity for new APPs to join the fellowship every two months and work alongside more seasoned fellows who provide support and guidance – the true spirit of the word 'fellowship.' At the end of the program, 96% of fellows identify someone within the hospital as an ongoing, trusted mentor, which reflects the fellowship's focus on community and connection. Fostering a sense of community also impacts retention. Data collected indicates 75% of fellows intend to stay at Boston Children's for at least five years.

### Nurturing the Workforce of the Future

The APP Fellowship is another step in the evolution of Boston Children's care delivery models, says **Julia McSweeney, MSN, RN, CPNP**, senior director of Advanced Practice Nursing, Advanced Practice Nurse III. "NPs are increasingly recognized as an indispensable part of the workforce of the future. Understanding how to best support APPs during their initial transition to practice is critical. Formalizing the APRN Leadership Structure and the APP Fellowship represent deliberate efforts to retain exceptional clinicians, recruit top talent and strengthen support for Boston Children's NP teams."

### Heart Center Advanced Practice Provider Fellowship

Boston Children's Benderson Heart Center was the first team within the hospital to develop a specialized

transition-to-practice fellowship for new graduate NPs in 2017. Nursing, Physician, APRNs and administrative leaders in the Heart Center recognized the critical need to increase NP recruitment, transition to practice, and support retention as the Heart Center expanded and patient volumes rose. In 2023, the fellowship grew to include PAs.

APPs complete a year-long Fellowship immersed in hands-on, competency-based, preceptor-guided clinical training and didactic education culminating in a capstone project. Cohort 6 began their fellowship in July 2025, and have been supported by the Heart Center APP Fellowship leadership team including: **Katherine Penny, DNP, APRN, WOCN, CPNP**, APRN director, **Caroline Morin, RN, CPNP, CCRN**, CICU APRN II Educator, **Jamie Harris, MSN, APRN III, FNP**, APRN Educator, **Kelsey Mac Naughton, MSN, CPNP, APRN I** and **Terry Sai, DNP, APRN, CPNP, CE-NP**, director Cardiology Nursing and Patient Care Services and senior advisor, APRN Professional Development, Cardiovascular, Critical Care, and Perioperative Programs.

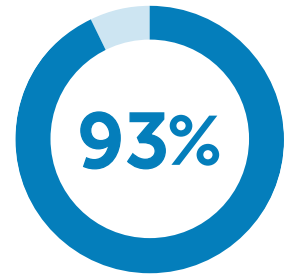
The APP Fellowship was made possible through the corroboration of MD and APP preceptors across all Heart Center settings, and through both philanthropy and ongoing support from Heart Center Executive Committee members:

- **Patricia Hickey, PhD, MBA, RN, FAAN**, Senior Vice President and ACNO, Cardiovascular, Perioperative and Critical Care Nursing and Patient Care Operations, Assistant Professor Pediatrics, Harvard Medical School

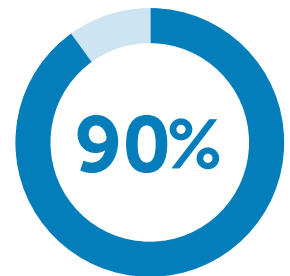




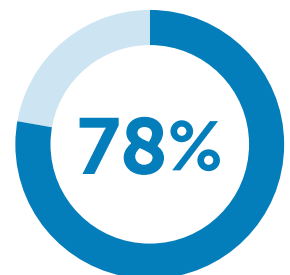
## APP Heart Center Fellowship Outcomes



Hire rate directly from fellowship



Retention at 2 years



Retention at 5 years

- **Pedro del Nido, MD**, Chairman, Department of Cardiac Surgery, William E. Ladd Professor of Child Surgery, Harvard Medical School
- **Tal Geva, MD**, Cardiologist-in-Chief and Chairman, Alexander S. Nadas Professor of Pediatrics, Harvard Medical School
- **Viviane Nasr, MD**, Chief -Division of Cardiac Anesthesia
- **Jennifer Lima, CPA**, Senior Director – Heart Center Financial Operations / Strategic Planning

Benefits impact the entire Heart Center as well as the hospital more broadly. “The fellowship has not only produced well-rounded APPs with skills from all areas but also broken down silos throughout the center and increased interaction among leadership groups,” Morin says.

Likewise, the newly developed core curriculum is open to everyone. “Anyone who wants to attend our didactic classes may do so,” says Dr. Penny. “All new hires

are included, and we see many NPs who have been here 30+ years sign up, which is very gratifying.”

### APP Heart Center Fellowship Structure:

- Four rotations include CICU, ACCU Medical, ACCU Surgical and Ambulatory
- Core curriculum of foundational didactic content presented on dedicated non-clinical days
- Structured “move up days” with transition to next rotation
- Multidisciplinary, high-fidelity simulation in the ICU rotation
- Two case study presentations and a capstone project to enhance learning and leadership skills
- Increased APP fellow, preceptor and leadership check-ins throughout each rotation for transparent, real-time feedback as well as final evaluations. ■



Laura Hyson (volunteer) with Nora

## Volunteer Services: A Snapshot

### In 2024:

- The volunteer workforce included **59%** students, **30%** professionals and **8%** retirees.
- The youngest volunteer is **18**, the oldest **86**.
- Volunteers donated **24,802** hours spanning **52** assignments.
- **74%** of volunteer hours were served on inpatient units.
- Hours at satellite locations increased **49%** over 2023, and ambulatory hours increased by **859**.
- Top inpatient users: 6 Northeast, Hale 8&9, 10 Bert, ED, Hale 10, 8 Mandell, 6 West
- Top ambulatory users: Dialysis & Infusion, Fegan Clinics, Waltham Clinics

# Volunteer Services Marks 70 Years

## Workforce rebuilds post pandemic

2025 marks 70 years since Volunteer Services was recognized with full departmental status at Boston Children's Hospital. Today, a dedicated workforce of volunteers serves as an extension of the health care team, enhancing the hospital experience for patients and families.

The program is rebuilding its ranks following a need to limit in-person volunteer participation during the COVID-19 pandemic. At that time, more than 700 volunteers provided nearly 50,000 hours of service. Today, just shy of 400 individuals have provided an estimated 24,500 hours of volunteer time over the past year alone. Since the program resumed in 2021, the number of volunteers has nearly tripled, and demand for volunteer services has grown significantly, especially at satellite and ambulatory locations.

In this post-pandemic era, volunteer training has increasingly prioritized volunteer well-being. This includes revised infection prevention guidelines as well as new safety precautions and guidance on how to interact with behavioral health patients. The goal is to make sure volunteers feel comfortable engaging with all patients and families.

Boston Children's volunteers are comprised of college students, professionals and retirees. Inpatient/ambulatory volunteers interact with patients and families at the bedside, in playrooms, or in waiting rooms in a range of ambulatory settings. Customer service volunteers welcome patients, families and visitors at the hospital's main entrance and provide wayfinding assistance throughout the Boston Children's campus.

"Our workforce is returning to pre-pandemic levels, with a renewed focus on safety and making sure our volunteers and patients feel successful given their generous contributions," says **Miranda Day, MS, MBA, CCLS**, senior director, Family and Volunteer Services. "We're here to bring joy and to help." ■

# Central Staffing Office Implements New Graduate RN Program

The Central Staffing Office (CSO) at Boston Children's Hospital manages and coordinates staffing needs across the enterprise, ensuring nursing coverage and support for all aspects of patient care. Within the CSO, the Medical/Surgical Float Pool provides care across various inpatient units, including medical, surgical, oncology, neuroscience, bone marrow transplant, cardiology, procedural units (gastroenterology, radiology/PACU, Infusion Day Treatment, cardiac), Bader 5, Emergency Department (ED), PIMCU and Waltham - 5West.

As the need for supplemental staff keeps rising, the CSO must continually hire FTEs to meet demand. **Laura J. Wood, DNP, RN, NEA-BC, FAAN**, executive vice president, Patient Care Operations & System Chief Nursing Executive, and **Jon Whiting, DNP, RN, NE-BC, CCRN-K**, vice president and associate chief nurse, Nursing/Patient Care & Clinical Operations, tasked CSO leaders in 2023 with finding ways to utilize new graduate nurses to successfully guide their transition to practice, promote retention of this growing segment of the workforce, and support the growth and expansion of the Medical/Surgical CSO team.

"Previous efforts to onboard new graduate nurses into the Medical/Surgical Float Pool were only moderately successful, prompting us to implement changes aimed at better supporting the unique needs of these nurses," says **Jody Miller, MSN, RN**, director, Patient Care Operations, CSO. Miller and **Corinne Breed, BSN, RN, CPN**, clinical coordinator, CSO. The two leaders collaborated to redesign and relaunch the program in late 2023 and the winter of 2024.

A key strategic shift was implemented to launch the orientation of new graduate nurses by cohort rather than by unit. This change fostered greater confidence with specific patient populations and accelerated the acquisition of new competencies. In the new model, nurses complete three weeks of orientation on each unit, gaining experience in all three specialties: Medicine (including inpatient psychiatric units and behavioral health patients in the ED); Surgery; and Oncology/Neurology. In addition, the program is geared toward nurses who have completed their senior practicum at Boston Children's Hospital, particularly those who have completed their practicum in the CSO float pool. This ensures they are fully versed in



**Laura Hasmit, RN, BSN; Suha Elsheikh, BSN, RN; Kenna McLaughlin, BSN, RN; and Emma Petrillo, BSN, RN**

all aspects of Boston Children's patient-family centered care delivery model and understand the challenges inherent within a float pool environment.

"To succeed in the Float Pool, CSO nurses must be flexible, adaptable, always willing to ask questions," says Breed. "It is a unique work environment that requires a specific mindset. We also noted that those who completed their senior practicum in this setting were better prepared to meet the challenges as they brought an appreciation of the professional benefits early career nurses may gain from mastering multi-specialty care rather than a single area of specialization."

Each new graduate CSO nurse is assigned a preceptor in each of the three specialty rotations to support them throughout orientation. At the same time, new graduates attend Boston Children's year-long Transition to Nursing Practice program to facilitate their transition from an academic to a clinical practice setting. Since the program inception two years ago, all seven initial new graduate CSO hires remain employed at Boston Children's Hospital and the program maintains a 100% retention rate. A phased expansion of the CSO RN team is an ongoing goal. ■



# Creation and Implementation of Code of Conduct Framework

## Patient, Family and Visitor Code of Conduct sets clear expectations to help teams manage challenging interactions

The COVID-19 pandemic contributed to an increase in anxiety and aggressive behavior from patients, families and visitors in hospitals across the country.<sup>1</sup> At Boston Children's Hospital, staff frequently felt ill-equipped to respond to the increasing pattern of challenging interactions. They asked for help to manage this growing problem, which was increasingly diverting attention from clinical care.

"We were hearing from staff, 'I don't know what to do. I don't want to be rude. I'm worried about how to set effective limits with families,'" says **Dianne Arnold, MSN, RN**, director, Patient Relations and Vaccine Clinic. "Patients and families deserve to have clear expectations regarding appropriate behavior and our staff deserve to be treated with respect and civility. We understood our teams needed more support including scripted language and new skill sets to respond in a clear, firm and compassionate way to these difficult situations."

The first step was creating a code of conduct for patients, families and visitors, setting well-defined expectations about how to behave in a medical setting (see sidebar, below). Boston Children's Office of Experience and Patient Relations teams collaborated with the Patient Family Advisory Council (PFAC) and the Office of General Counsel (OGC) to craft an evidence-based code, with language that aligns with standards established by The Joint Commission, the Massachusetts Health and Hospital Association and other regulatory bodies. A new code of conduct was disseminated across the enterprise between 2024 and 2025. Signage was posted throughout the hospital and satellite locations. Patients and families were informed through newsletters and the website. The Code of Conduct was also reinforced at the point of care in all care encounters.

Staff trainings are ongoing. Tools include "SPACE" – a framework now employed to manage challenging interactions (see insert above); tips for self-management when tensions escalate; and a resource guide for addressing situations in the moment.

### Space: A Framework for Managing Challenging Interactions

- S** **State** the behavior that is not OK
- P** **Point out**, or refer to, the PFV Code of Conduct
- A** **Attempt** to understand the behavior
- C** **Continue** with the discussion/ de-escalation when possible
- E** **End** the encounter if behavior persists

Role playing has been an effective exercise to support teams. Responses are tailored to ensure a workplace that protects physical and psychological well-being – a key tenet of the hospital's commitment to a Healthy Work Environment.

Team members in a wide range of roles have provided excellent feedback related to these trainings and are keen for more opportunities to practice how to respond in these often unexpected, challenging situations. Ultimately the goal is to support families under stress as they enter and navigate Boston Children's care settings while upholding essential Boston Children's values related to respectful communication. ■

#### Reference:

<sup>1</sup> Song K, Blankenship RB, Schaller DJ. Violent Patients. [Updated 2025 Mar 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537281/>

# Patient, Family and Visitor Code of Conduct



At Boston Children's, our core values of kindness, respect, inclusivity, and teamwork are at the heart of everything we do. We expect all our staff, patients, families, and visitors to follow this code of conduct to support a safe and respectful environment for all:

## **NO disrespectful, aggressive, abusive, or violent behaviors including:**

- Offensive or discriminatory comments about personal traits or identities
- Yelling, swearing, physical, or verbal threats
- Sexual or vulgar words or actions
- Refusing care based on personal traits or identities

## **NO purposeful disruption or obstruction of a patient's care or experience**

## **NO photos, videos, or recordings without permission from staff**

## **NO weapons or firearms**

## **NO illegal drugs, marijuana, or alcohol**

## **NO smoking, vaping, or use of tobacco products**

**If you violate these expected behaviors or pose a safety concern, we may:**

- Call security and/or law enforcement
- Ask you to leave the patient care area or the facility

**If you witness or are the target of any of these behaviors, please tell a staff member immediately.**

Español



Português



Kreyòl  
ayisyen



عربي



中文



100

100 hospital employees expressed interest or enrolled in the program in its first year post launch.



## Launch of Nursing Pathfinders Program

### Innovative program supports hospital employees who want to explore future nursing careers

Boston Children's Hospital has long promoted the professional development and advancement of its nursing workforce. Through a philanthropic gift made to the hospital 15 years ago, Boston Children's has also been able to provide key supports including tuition and mentorship to a subset of existing hospital employees who are enrolled in RN degree programs.

Under the leadership of **Eva Gómez, PhD, RN, NPD-BC, CPN**, senior director, Nursing Lattice, Equity and Engagement, the hospital is expanding its focus to identify and support all employees who want to become nurses. Dr. Gomez conceptualized and launched

an innovative program in the spring of 2025 known as Nursing Pathfinders. She astutely recognized the need to offer information, mentorship and resources to all Boston Children's team members who may be thinking or may have even shared with others that 'Nursing is calling to me, but I don't know how to get there.'

"Nursing Pathfinders welcomes anyone in any role and in any department at Boston Children's who wants to pursue a nursing career," says Dr. Gómez. "There are no limits or minimum requirements, such as hours or years of service. A clinical background is not necessary. All anyone has to do is raise their hand and complete a form which is accessible on the [Nursing Pathfinders Initiative intranet page](#)."



## Nursing Pathfinder Resources

### Stage 1

#### Exploration

- Answer questions about nursing as a career path (is it right for me?)
- Individualized career coaching

### Stage 2

#### Prep and Application

- Nursing program options
- Pre-requisites and other preparation to apply for nursing school

### Stage 3

#### In School

- Strategies for success in nursing school
- BCH resources: library clinical resources and literature searches
- Workshops

### Stage 4

#### Recruitment

- Collaborate with nurse recruitment to identify nursing job opportunities
- Connection with HR partners for resume development and interview prep

## Creating Community

Nursing Pathfinders aligns with the hospital's enterprise objective of supporting people by educating and empowering diverse talent. Pathfinders widens the opportunities for all hospital employees, creating a space where they can connect with others in the same situation and find support as they meet their goals. "People often don't know where to begin, what resources are available, or how the hospital can help," says **Sabrina Sterling, MBA**, program administrative manager, Nursing Career Lattice Program. "Nursing Pathfinders can guide them through their journey, so they don't feel lost or alone."

Participants can be at any stage—exploring nursing as a career option, applying to nursing school, attending school, or within one year of graduation. Support includes links to internal and external resources, access to nursing professionals, one-on-one career coaching, educational workshops, strategies for nursing school success, identifying job opportunities, resume development and interview preparation.

## Filling a Need

The program is a powerful recruitment and retention tool, offering support to both clinical as well as non-clinical staff who might consider nursing opportunities elsewhere. "As the nursing workforce pool continues to tighten in Boston and nationally, we recognize the value of internal candidates who are already familiar with our hospital and aligned with our mission," says **Tricia Lopez**, senior education & career coach, Workforce Development. "It's a natural fit for these folks to transition from non-clinical to clinical roles."

Candidates receive coaching and support throughout their career trajectory, with the goal of retaining valuable talent within Boston Children's. The type and amount of support is tailored to each individual, depending on specific needs. Program leaders encourage anyone with an interest in nursing to explore their options.

"It is natural that people might feel apprehensive at first or fear it could be too daunting to realize their dream. In this case, to pursue a career in nursing," says Sterling. "But when we show them how they can achieve that dream, it's emotionally stirring. They feel our collective embrace and support. The human impact is huge." ■





# Empirical Outcomes

Kassandra Brizuela, BSN, RN, CPN, staff nurse I with Madison - 9 East







# Advancing Operational Effectiveness via the Rapid Results Framework

Rapid Results teams generate new ideas in a short timeframe to improve processes and achieve visible results. At Boston Children's Hospital, four cross-functional, multidisciplinary teams organized by **Courtney Cannon, AB, MBA**, senior vice president, Enterprise Operations and **Linda Brodigan, CPA**, executive director, Patient Care Operations spent 90 days delving into challenges impacting patient care and long-term sustainability. The teams' innovative solutions have improved operational effectiveness and built impetus for further change.

## Ambulatory Conversion Rapid Results Team

Under the leadership of **Ronald Heald, MBA**, executive director, Department of Plastic and Oral Surgery and BPOSF, Inc, this team examined why the hospital's ambulatory conversion rates (number of patients who go on to have follow-up/additional services at Boston Children's following their ambulatory visit) had dropped after the COVID-19 pandemic. The team focused on three pathways: Surgery, Lab and Radiology – areas with historically high levels of conversion from ambulatory

– to unearth root causes of impediments and identify solutions to address them.

Recommendations included streamlined MRI scheduling, increased availability of lab walk-in appointments and enhanced care coordination to expedite surgical booking. The team also created a Voice of the Customer Assessment to better understand why patients and families did not complete follow-up care at the hospital, and how to make the process more patient friendly. Lastly, the team built a dynamic dashboard and accompanying operational guidebook accessible to all leaders providing actionable and customizable data now at their fingertips to help diagnose and treat unfavorable trends.

Heald assembled a team that included frontline staff who perform the actual work, as well as leaders and change agents from across the hospital. Cross-functional collaboration yielded multiple benefits. "Gathering a team from different departments with different roles and cultural mindsets added significant value to the process," says Heald. "It enabled us to break down silos and find fresh perspectives to solve problems."

## Quick Wins to Facilitate Patient Access

- Produced and disseminated an enterprise Ambulatory Conversion Dashboard to relevant stakeholders, with data tailored to individual departments.
- Created an Ambulatory Conversion Guidebook with strategies all departments can easily implement to optimize ambulatory conversion moving forward.
- Created a Voice of the Customer Assessment to better understand patient and family motivation.
- Identified and recommended future ambulatory conversion improvement initiatives to drive momentum.

## APP Virtual Visits Rapid Results Quick Wins

Measure	Pilot Results
New Patient Lead Time	Celiac: <b>48.1 days</b> (Baseline: 54.9) Sleep NP: <b>69.6 days</b> (Baseline: 76.5)
Return Visit 7-day Lead Time	GI: <b>82%</b> ( <b>3.8 day</b> avg lead time, n=76) Neuro: <b>39%</b> ( <b>11.6 day</b> avg lead time, n=83)
APP Provider Satisfaction	Mean score compared to 2024. Press Ganey Survey questions: GI: <b>+0.50</b> Neuro: <b>+0.55</b>
MD Provider Satisfaction	<b>62.5% were satisfied/very satisfied</b> with APRN rapid access for their patients. <b>68.8% agree/strongly agree</b> that they would like to continue APRN rapid access. (all other responses were neutral)
Appointment Utilization	GI: <b>70%</b> (84 completed visits) Neuro: <b>86%</b> (86 completed visits)

ROI: Charges/Expected Reimbursement, Estimated NP Clinical Hours, and Estimated Scheduling Hours

### APP Virtual Visits Rapid Results Team

This team explored how virtual visits with advanced practice providers (APP) could improve patient access and staff satisfaction. Focusing on two pathways – Gastroenterology and Neurology – the team looked for ways to not only expedite care for patients and families but also utilize nurse practitioners' (NP) and physician assistants' (PA) skills more effectively.

"At its core, our work addressed seeing the right patient at the right time using virtual care as an appointment modality," says team leader **Christina Hart, MS**, director, Patient Virtual Care, Innovation and Digital Health Accelerator. "If there's a long wait time to see a provider, a virtual visit with an NP can help close the gap, get families into the system more rapidly, and offer peace of mind."

The initiative received broad support from NPs across both departments, who were eager to participate and mold the team's workflow. "We felt our 'behind the scenes' work was acknowledged, as well as our expertise to serve patients through earlier interventions when symptoms arise such as through timely patient/family education," says **Caitlin Dolan, MS, BSN, FNP-BC**, APRN director, Gastroenterology.

Family members offered a unique perspective, as well. "They told us that while virtual visits are a good option, they sometimes prefer in-person care," says team leader **Kevin Pawl, MS, FACMPE**, Enterprise Executive Director of Patient Access. "This helped ensure we implement virtual care in the most appropriate way to accommodate patient preference for both virtual and in-person appointment access."

## OR Rapid Results Quick Wins

- Extended OR release time from three to five business days to allow time to complete more pre-surgical clearances.
- Implemented targeted OR staggering, offering a second room to support a more rapid transition for surgeons to their next case.
- Modified Epic to identify patients who can move from one surgeon to another, and better track cases on hold.
- Created OR Marketplace, where departments can view booking options.
- Created OR Match, a tool to quickly identify unscheduled cases and fill open OR times.
- Formed learning communities where groups come together across departments to share best practices and drive improvements.

## OR Rapid Results Team

With a backlog of surgical cases and operating rooms (OR) sitting empty every week, a significant disconnect existed between perceived need for additional block time and actual OR use. **Katherine Tecci, MBA, BS**, vice president Perioperative Business Operations and **Derek Mathieu, MBA**, Senior Director of Business Intelligence, Physicians Organization at Boston Children's Hospital, as co-leaders, were critical in gaining results for this effort. This team explored ways to optimize OR utilization to provide timely surgical care for patients while supporting surgeon scheduling preferences related to time, day of the week and location.

"We wanted to know why OR time was allocated but unused, how allocated time could be used more effectively and how, as collective departments, we could drive optimal capacity," says team co-leader **Jonathan Modest, MBA, MPH**, executive director, Department of Urology.

The team created interventions to better quantify, identify and schedule patients, so their needs are met and OR time does not go to waste. Key changes include longer OR release time; targeted OR staggering; ongoing IT optimization; a tool to quickly match open cases with open ORs; and development of learning communities to share best practices.

Modest brings a background in process improvement to the task. "Our goal was to build a system that meets patient needs, improves the patient and family experience, and allows patients to get back to their lives," he says.



## MSICU Operational Excellence Key Learnings

- Align the nursing staffing model with new two-floor layout to ensure effective and high-quality patient care delivery across both levels; develop predictive staffing model to better forecast staffing needs and reduce reliance on premium pay and third-party resources; and address hiring strategies to address recruitment and retention challenges.
- Modify the budget to reflect resources required to meet current volume performance.
- Conduct clinical documentation review to identify potential intervention opportunities.

## ICU Operational Excellence Rapid Results Team

Providing safe, high-quality care to patients in the intensive care units (ICU) requires diligent management. This team took a deep dive into Boston Children's Medical-Surgical ICU (MSICU) and Medical ICU (MICU) to examine drivers impacting operational effectiveness and to identify opportunities to strengthen cost management.

**“This project represents our commitment to operational excellence. By accelerating our hiring pipeline, improving day-to-day work processes, and deepening staff engagement, we are creating the conditions for our teams to thrive and deliver exceptional care.”**

*Mary O'Brien, MHA/MSN, RN, NE-BC, director, Nursing & Patient Care Operations, MSICU*



**Mary O'Brien, MSN, MHA, RN, NE-BC, director Nursing & Patient Care Operations, MSICU**

Both units faced staffing shortages. In the MSICU, which recently expanded from 24 to 54 beds on two levels, the team identified opportunities to evolve the staffing model to facilitate workflow changes, meet mandatory RN staffing ratios and reduce reliance on premium pay and high-cost resources such as travelers.

In the MICU, where capacity routinely exceeded 95%, a predictive modeling tool was also introduced to more effectively adjust staffing to match volume trends.

Under the leadership of **Linda Brodigan, CPA**, executive director, Patient Care Operations, the team worked with Human Resources to fine-tune recruitment and retention strategies. “We collaborated on a multi-pronged hiring approach to rapidly fill ICU RN vacancies, strengthen support for new-to-practice nurses following their initial orientation, and improve team member engagement and satisfaction throughout the MSICU,” says Brodigan. The team also worked with Finance to better match clinical documentation coding to volume and patient acuity to more fully reflect the care provided by team members. ■



**Christopher Quigley, MPH, CIC, Infection preventionist II and William Bomentre, MPH, CIC, Infection Preventionist I, Infection Prevention and Control**

## Adapting K-Cards to Prevent Fungal Infections

### Innovative Infection & Control Practices Strengthen Construction Safety

Construction and renovation in health care settings require consistent vigilance to reduce potential risks to patients, especially those with suppressed immune systems. Airborne materials have been associated with respiratory issues and invasive fungal infections (IFI) in vulnerable patients.

**“We are fortunate to have the resources, strong interdepartmental collaboration and good relationships with contractors to achieve these results.”**

*William Bomentre, MPH, CIC, Infection Prevention and Control*

At Boston Children's Hospital, the Infection Prevention and Control (IPC) department collaborates with Environmental Health and Safety, Patient Safety and Quality, Environmental Services, Engineering and Facilities Management to identify potential construction risks and devise effective control measures. Led by IPC infection preventionists **Christopher Quigley, MPH, CIC** and **William Bomentre, MPH, CIC**, the team rolled out an all-new Infection Control Risk Assessment in the fall of 2024 – a systematic process to evaluate and moderate potential construction-associated infection risks, with the ultimate goal of achieving zero IFI.

To build trust and facilitate conversation with a wide range of external contractors, the team adapted Kamishibai Cards – known as K-Cards – a visual management tool used to promote standard practices and improve safety. The cards focused on four key areas: wearing shoe covers on site; regularly replacing the adhesive mat at the construction exit; always using service elevators; and consistent site exit cleaning protocols. To further boost compliance, the team increased IPC education for contractors, providing orientation and monthly safety trainings.

The K-Cards helped assess contractor knowledge, collect data and measure success. Since these strategies were implemented, the hospital had only one confirmed IFI and has now gone 10 months without any IFI infections at all. “We are fortunate to have the resources, strong interdepartmental collaboration and good relationships with contractors to achieve these results,” says Bomentre. “Everyone wants to work together to keep patients safe.”

In June, Quigley and Mark MacIsaac, construction safety officer, presented the work at the 2025 Association for Professionals in Infection Control and Epidemiology (APIC) Annual Conference & Expo. “These results are more than simply leading practices – they are novel practices in terms of IPC and construction,” says Quigley. “Boston Children’s Hospital is writing the book on developing and operationalizing evidence-based practices that are changing the collaboration between infection prevention specialists and the construction industry.”



## K-Card Focus Areas

01

### Shoe covers

- Places shoe covers upon entry.
- Contractor is wearing shoe covers (within site).
- Removes shoe covers upon exit.

02

### Tacky Mat Integrity

- Checks integrity when entering /leaving site.
- If necessary, did you replace or notify someone for replacement?

03

### Use of Service Elevators

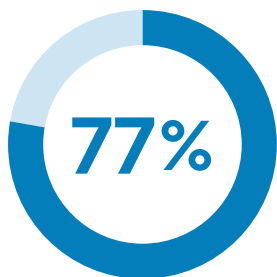
- Identifies correct elevators for use and material transport.

04

### Verbalizes Correct Site Exit Procedures

- HEPA vacuum self and equipment.
- Cleans, covers and contains equipment/materials.





Decrease in the overall  
ambulatory CLABSI rate  
since 2014



Lisette Jimenez, MD, MPH; Dr. Alexandra Carey, MD, HPN Director; Allison Churchill, BSN, RN; Jenn McClelland, FNP-BC, APN III, HPN Clinical Coordinator; Kayla Hope, RD, LDN; Mary Gallotto, MS, RN; Zainab Hussein, HPN Program manager; Kathryn Broyles, FNP-BC, APN II; and Rachel Hoch, PNP, APN I

## The Journey to Eliminate Ambulatory CLABSI

### Nurse-driven interventions significantly lower CLABSI occurrences and risk among home parenteral nutrition patients

Central line-associated bloodstream infections (CLABSI) pose a significant risk of morbidity and mortality within both inpatient and ambulatory patient populations. At Boston Children's Hospital, implementation of evidence-based strategies and bundles for central venous catheter (CVC) care have reduced hospital-acquired CLABSI. Less evidence existed to guide CLABSI reduction and elimination strategies in pediatric patients in ambulatory settings.

To address this issue, a nurse-led, interprofessional team launched a quality improvement initiative focused on children with intestinal failure (IF) who were dependent on home parenteral nutrition

## Improving National Outcomes

Boston Children's nurses had already been tracking the ambulatory CLABSI rate for eight years when the hospital joined the Children's Hospitals' Solutions for Patient Safety (SPS) ambulatory CLABSI cohort in 2022. This national initiative supports the detection and reduction of CLABSI among hematology-oncology and IF patients in the outpatient setting. SPS is a national collaborative of children's hospitals committed to rapid dissemination of pediatric quality and safety improvement strategies to improve child health outcomes. The network applies available knowledge and tests factors using SPS pioneer methodology to develop evidence-based bundles of validated practices to reduce ambulatory CLABSI.

(HPN) – a population at high risk for CLABSI-onset outside of an acute care setting. The team developed and implemented multiple interventions to reduce the ambulatory CLABSI rate, advance patient/caregiver line-care proficiency, and establish evidence-based standards of care for CVC management.

Key initiatives included creation of a standardized HPN education curriculum to educate patients, families and caregivers; a telehealth visit within 48 hours to review home supplies; immersive, high-fidelity simulation sessions; interprofessional team pre-discharge briefings; consistent use of antimicrobial lock therapy; a dedicated registered nurse evaluation of line care as part of scheduled clinic visits; and use of recommended protective barrier products as a standard of care.

Results have been dramatic. Since this QI initiative began in 2014, CLABSI cases among the HPN population have dropped from 2.1/1,000 catheter days to the current

rate of 0.49/1,000 catheter days – a 77% decrease in the overall ambulatory CLABSI rate. Notably, improvements were achieved in the wake of rapid program growth, with the number of HPN patients doubling over the last decade.

Even with these gains, the HPN team continues to seek new insights to eliminate ambulatory CLABSI. "Our nurse-driven interventions hold many positive implications for our HPN patients," says **Jenn McLelland, MS, FNP-BC, APN III**, clinical coordinator, Home Parenteral Nutrition Program. "However, ambulatory CLABSI continues to be a source of major morbidity in patients with IF who utilize an indwelling CVC. Early identification of risk factors for infection is essential to target problem areas and continually improve the quality of HPN care and patient outcomes." ■



# Meaningful Recognition and Nursing Patient Care Impact



Laura J. Wood, DNP, RN, NEA-BC, FAAN; Gabriela Navarro; Tony Zeigler; Seth Germaglan; Hannah Iannelli; Amanda Mangano; Jillian O'Leary; Luke A. Sticht, DNP, RN, CCRN, CENP; and Lori Parker-Hartigan, ND, RN, CPN - Clinical Team Exemplars





# Awards and Recognition



## Emergency Department Receives Record Fifth Lantern Award

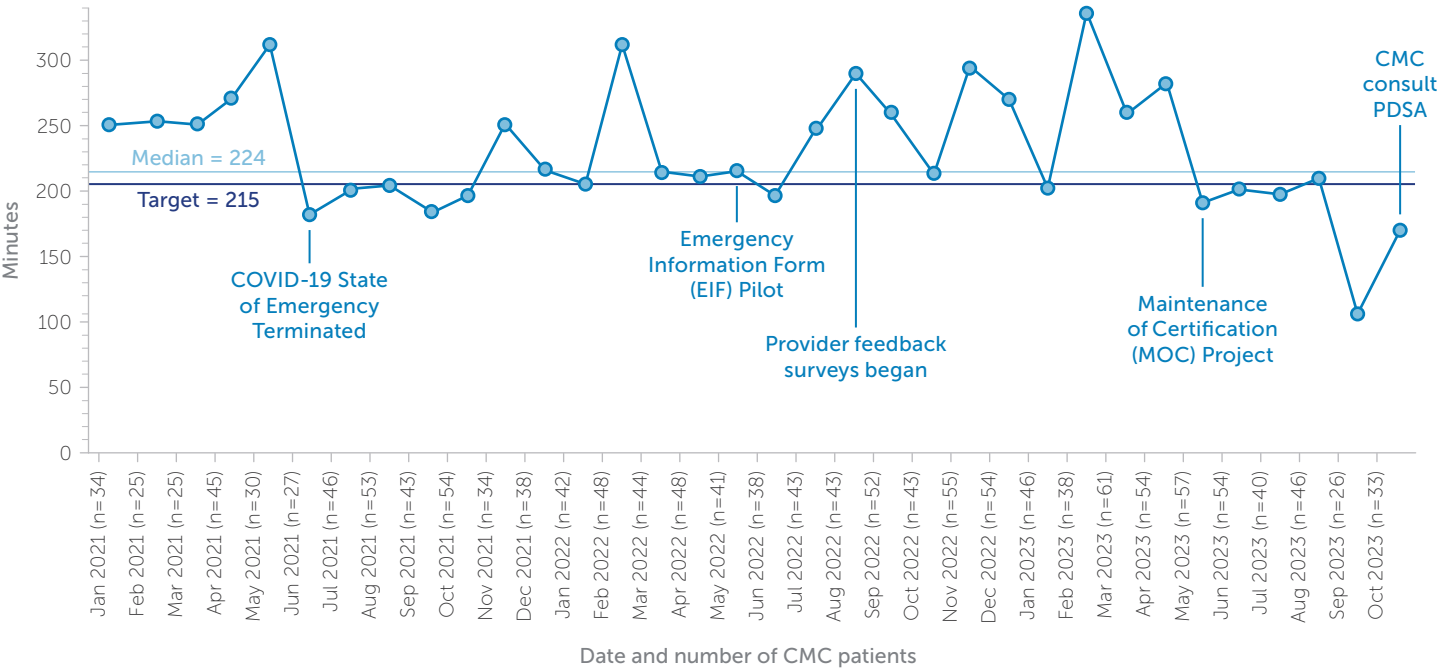
The Boston Children’s Hospital Emergency Department (ED) was recognized by the Emergency Nurses Association with Lantern Award designation for a record fifth time in 2024. The award recognizes EDs for exceptional and innovative leadership, practice, education, advocacy and research. Boston Children’s was noted to be the first and only hospital in the country to receive ENA’s Lantern Award five times.

“This is a huge accomplishment for the ED and a reflection of our amazing team,” says **Paulette Vieira, DNP, MBA, RN,**

**NE-BC,** senior director of Nursing/Patient Care Operations & Emergency Services. “It’s an honor and a pleasure to highlight the interdisciplinary, collaborative effort of all involved.” **Rebekah Mannix, MD, MPH,** chief, division of Emergency Medicine stated, “Our ED embodies innovation, compassion, and an unwavering commitment to patients and families. This Lantern Award reflects not only extraordinary nursing leadership and collaboration, but also the hospital’s strong support for the ED as both an engine of innovation and a vital safety net for our hospital and community.”

As part of the application process, team members shared key quality initiatives that improved patient and staff outcomes. Highlights include:

**Primary Outcome:**  
**ED Arrival to ED Discharge Order, All Children with Medical Complexity (CMC) Patients**  
**Median Time form ED Arrival to Discharge Order**



## Team-Based Innovations Improve ED Outcomes

# 100

Created streamlined Emergency Information Form that decreased time to discharge disposition for medically complex patients from 240 minutes to 100 minutes.

# 5

Implemented multiple staff safety initiatives that reduced serious safety events against ED team members from 42 to 5.

# 11%

Collaborated with QI teams to shorten ED-to-ICU transfer times by an average of 11%.

- **Shorter discharge disposition time for medically complex patients.** A team of ED nurses, physicians, clinical assistants, administrative assistants and complex care specialists created an Emergency Information Form (EIF) in the electronic medical record to streamline access to pertinent data on children with medical complexity (CMC). More than 90% of stakeholders found the EIF useful, providing a snapshot of essential clinical information that helps expedite care. As a result, the ED significantly decreased time to discharge disposition from 240 minutes pre-intervention to 100 minutes.
- **Improved staff safety.** Reflecting national trends, the ED experienced a 400% increase in staff-directed aggression and events in 2021, the first year following the onset of the COVID-19 pandemic. Multiple initiatives to promote staff well-being and safety were implemented, including behavioral focused de-escalation training, the introduction of a staff alert badge system to summon help rapidly, comprehensive physical and emotional post-event care, and the introduction of a Modified Overt Aggression Scale to identify behavioral health patients at risk for violence. These interventions contributed to a significant decrease in ED staff safety events from 42 in 2021 to 5 in 2023.
- **Streamlined ED-to-ICU transfer times.** An interprofessional quality improvement team of providers, direct care nurses, charge nurses, nurse educators, nurse leaders, respiratory therapists, pharmacists and infection preventionists collaborated with key stakeholders from the ED and ICUs to reduce throughput time for critically ill patients. The team streamlined ED-ICU communication and implemented a standardized hand-off process for patient transfers. Median time from bed assignment to patient arrival dropped from 93 minutes to 85 minutes in the MICU; 84 minutes to 73 minutes in the CICU; and 101 minutes to 88 minutes in the MSICU.



## PIMCU Earns First Silver Beacon Award

In 2024, The Pediatric InterMediate Care Unit (PIMCU) received a Silver Beacon award from the American Association of Critical-Care Nurses (AACN). The award recognizes units for exceptional, evidence-based patient care and outcomes, as well as practices that align with AACN's Healthy Work Environment Standards.

"The Beacon Award distinguishes the PIMCU as a model of excellence in pediatric care, clinical practice and a truly healthy work environment," says **Susan Stone, DNP, RN, NE-BC, CPN**, senior director, Nursing and Patient Care Operations, PIMCU. "It demonstrates our team's extraordinary impact, ensuring families feel safe, supported and confident in the care their children receive."

This is the PIMCU's first Beacon Award and, importantly, came at a time of rapid expansion and an influx of new staff. The team turned these challenges into opportunities and improved outcomes in multiple areas. Highlights include:

- **Strengthened staffing.** PIMCU leaders implemented a three-pronged approach to support 40+ new RN hires and high-quality and safe patient care. Key strategies included the use of the Synergy Model in nurse-patient assignments, team member skill mix planning, and an expanded Resource Nurse role. These measures created a safety net that built confidence among nurses at all levels. As a result, the



PIMCU's Healthy Work Environment Assessment Tool (HWEAT) score for appropriate staffing increased from 3.67 in 2022 to 4.06 in 2023.

- **Reduced CLABSI.** After 1.5 years without a central line-associated bloodstream infection (CLABSI), three CLABSIs occurred during the PIMCU's expansion. To ensure competence in central line care, two charge nurses developed innovative, targeted education that combines simulation-based learning to sharpen skills with lecture-based learning to reinforce theoretical knowledge. The unit also adopted an assessment tool originally created in the NICU to facilitate collaboration between resource nurses and bedside nurses, ensuring adherence to central venous catheter (CVC) policies. These measures helped the PIMCU achieve CLABSI-free status for 550 consecutive days to follow.
- **Improved safe medication practices.** To ensure the sustained effectiveness of the PIMCU's medication safety protocols, leaders adopted a data-driven approach to re-educate nurses on the medication review process and actively identify and address barriers to consistent medication scanning. These actions resulted in the achievement of a 93% scanning compliance rate for combined medication and patient identification in 2023 with ongoing efforts continuing to sustain and further improve these outcomes.
- **Relieved preceptor burden.** Onboarding 20 new graduate nurses, 20 experienced nurses and 18 travel nurses led to high levels of fatigue among nurse preceptors. To ease the burden, nurse leaders developed New Graduate RN Boot Camp – an innovative model that gives new RN hires hands-on training, greater confidence and a sense of belonging through teamwork. The restructuring also produced a financial gain, saving the hospital more than \$250K in orientation costs by reducing the duration of orientation and fostering a shared learning model environment.
- **Expanded expertise with simulation.** To give all staff the opportunity to learn and practice their emergency response skills, the PIMCU built weekly interprofessional simulation-based education into the culture. Scenarios included status epilepticus, bradycardic respiratory arrest, supraventricular tachycardia, asthma and sepsis. A majority of participants reported a higher level of confidence after the sessions, ranking themselves at four or five on a five-point Likert scale. ■

## PIMCU Workforce, Work Environment and Patient Outcome Exemplars

# 4.06

An expanded resource nurse role during a period of peak onboarding increased RN team member confidence and raised HWEAT scores for appropriate staffing from 3.67 in 2022 to 4.06 in 2023.

# 550

Innovative, targeted CVC education improved CLABSI prevention, with no infections for 550 days.

# 93%

Data-driven medication safety education and training led to a 93% scanning compliance rate for combined medication and patient identification in 2023.

# \$250k

New Graduate Boot Camp reduced preceptor fatigue and saved the hospital \$250K in orientation costs.

# 4/5

Simulation education embedded in the culture raised nurse confidence with emergency response skills to 4 or 5 on a 5-point Likert scale.



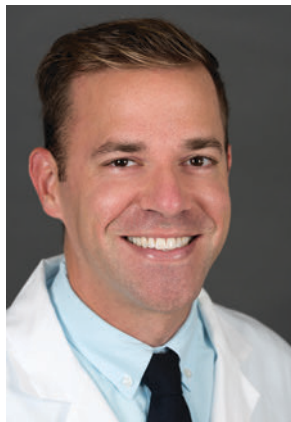
# Two APRNs Named American Academy of Nursing Fellows

Two advanced practice registered nurses from Boston Children's Hospital were among a select cohort of nurse leaders inducted into the American Academy of Nursing (AAN) as Fellows in 2025.



**Lisa Duffy, PhD, MPH, RN, CPNP**  
**Pediatric Nurse Practitioner, Infusion Day and Treatment Program**

Dr. Duffy has spent 30 years dedicated to improving the lives of children with chronic illnesses and supporting families through research, advocacy and compassionate care. Being selected as an AAN Fellow solidifies Dr. Duffy's role as a nurse leader and offers new opportunities for collaboration, mentorship and policy influence. "This incredible honor enhances my ability to advocate for innovative care models and influence institutional priorities. I also hope it contributes to Boston Children's reputation as a leader in pediatric health care and allows me to bring national insights and best practices back to our teams, ultimately improving outcomes for the children and families we serve."



**John Welch, DNP, MS, CRNA**  
**Senior Nurse Anesthetist, Director of Pediatric Nurse Anesthesia Fellowship, Department of Anesthesiology, Critical Care, and Pain Medicine**

Dr. Welch says his selection as an AAN Fellow is a deeply meaningful affirmation that reinforces the value of nurse-led innovation in complex care environments and opens doors for deeper collaboration across disciplines and institutions. "The Fellowship amplifies the voice of nursing in policy and leadership conversations, and I see it as a call to keep advancing the profession—whether through education, global health partnerships or mentoring the next generation of nurse leaders. It is a recognition that service, advocacy and a commitment to equity matter—and that nurses belong at the center of systems change."



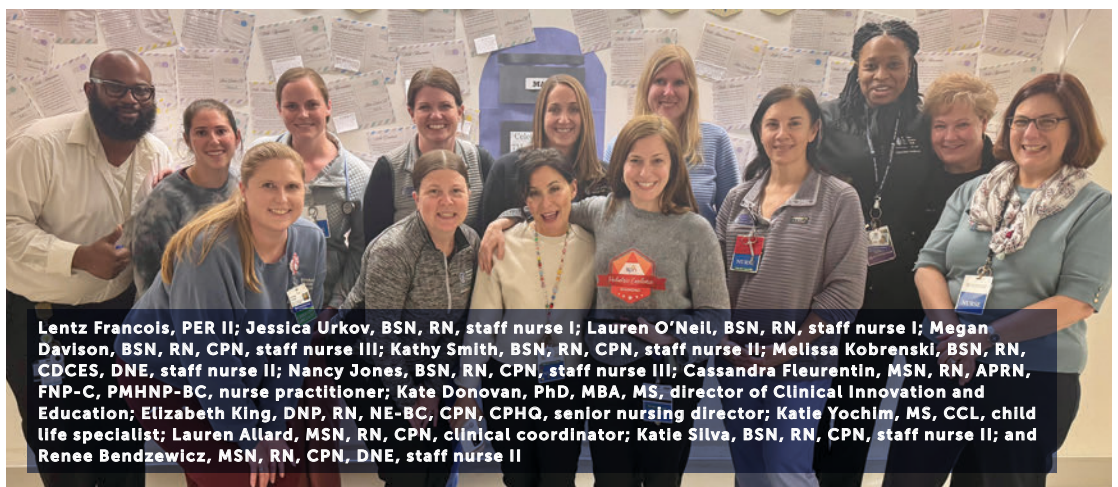
# Two Inpatient Medical Units Achieve Society for Pediatric Nursing Diamond Level Recognition for Pediatric Nursing Excellence

In 2025, two inpatient units at Boston Children's Hospital, 7 Mandell and 9 East, were honored as recipients of the Society of Pediatric Nurses (SPN) Diamond Level Pediatric Nursing Excellence Award, the highest level of recognition awarded through this organization. Under the leadership of **Elizabeth-Anne King, DNP, RN, NE-BC, CPN, CPHQ**, senior director, Nursing/Patient Care Operations, both units were recognized across all five domains of the Pediatric Nursing Excellence Model: Engagement, Values, Principles, Care Delivery, and Continuous Improvement. As two of only five units in the country to receive this award in its inaugural year, 7 Mandell and 9 East demonstrated how nurse-led innovation, strong teamwork, and deep commitment to patients and families can improve pediatric care at every level.

The full applications reflected dozens of key nurse-led initiatives, several evidence-based practice exemplars, collaborative care models, and a shared culture of continuous learning. The following exemplar excerpts offer insight into the work submitted:

## 7 Mandell: Elevating Diabetes Care Through Family Partnership and System Redesign

Unit-based diabetes educators on 7 Mandell launched a quality improvement initiative to strengthen inpatient diabetes education and improve transitions to outpatient care. Recognizing the challenges faced by patients from resource constrained or non-English speaking households, the team implemented



**Lentz Francois, PER II; Jessica Urkov, BSN, RN, staff nurse I; Lauren O'Neil, BSN, RN, staff nurse I; Megan Davison, BSN, RN, CPN, staff nurse III; Kathy Smith, BSN, RN, CPN, staff nurse II; Melissa Kobrenski, BSN, RN, CDCES, DNE, staff nurse II; Nancy Jones, BSN, RN, CPN, staff nurse III; Cassandra Fleurentin, MSN, RN, APRN, FNP-C, PMHNP-BC, nurse practitioner; Kate Donovan, PhD, MBA, MS, director of Clinical Innovation and Education; Elizabeth King, DNP, RN, NE-BC, CPN, CPHQ, senior nursing director; Katie Yochim, MS, CCL, child life specialist; Lauren Allard, MSN, RN, CPN, clinical coordinator; Katie Silva, BSN, RN, CPN, staff nurse II; and Renee Bendzewicz, MSN, RN, CPN, DNE, staff nurse II**





structured workflows, early family engagement, interpreter-supported teach back and proactive coordination with the Endocrinology Clinic. These efforts not only improved discharge readiness and health equity, but also led to dissemination via publication in *Pediatric Quality & Safety*, an international, peer-reviewed, open access online periodical.

## 9 East: Behavioral Health Safety Simulation Driven by Nursing Insight

On 9 East, nurses identified a critical gap in behavioral health room safety and led a simulation-based initiative to standardize room searches and de-escalation practices. In partnership with Boston Children's Immersive Design Systems team, they developed high-fidelity training that included a standardized patient to simulate real-time behavioral distress. The program strengthened staff preparedness perceptions and patient safety, was published in *Clinical Simulation in Nursing*, and further disseminated through a national presentation at the Society of Pediatric Nurses Annual Conference. This initiative demonstrated how frontline nurses shape practice through innovation, communication and teamwork.

## Creating a Holistic Sanctuary: The Inpatient Medical Programs' Family Resource Room

Both 7 Mandell and 9 East led the development of the Inpatient Medicine Family Resource Room, a dedicated space designed for family member caregivers navigating the emotional and logistical strain of a child's hospitalization. Through collaboration with Nursing, Child Life, Wellness and Cultural Services, the



room offers therapeutic outlets (such as Reiki, music and art), emergency items (including toiletries and clothing) and culturally inclusive resources in multiple languages. Staff noted that parent caregivers who engaged with the space self-reported as feeling more emotionally regulated and better prepared to partner in care planning. This initiative is a testament to the belief that excellent pediatric care extends to the whole family, and that family caregiver well-being is inseparable from patient outcomes.

These Diamond-level recognitions reflect more than unit success. They highlight how Boston Children's nurses embody the hospital's core mission to deliver the highest quality care, foster therapeutic relationships, innovate boldly and lead with purpose. Through partnership with patients and families, nurses on 7 Mandell and 9 East have demonstrated what it means to transform insight into impact and care into legacy. ■



## Teams Receive All-Pro Nursing Awards

The *American Nurses Journal* All-Pro Nursing Awards recognize the best nursing teams in the United States for communication, responsiveness, adaptability and a winning formula that drives success.

In 2024, Boston Children's **Culture Works Team** received an Honorable Mention for creation of the Secret Garden – a quiet, nurturing environment for staff who need to reset and recharge. This first-of-its-kind, staff-only respite space is open around the clock to all active hospital employees, offering self-led and practitioner-led relaxation activities. Read more about the Secret Garden and its dramatic impact on staff well-being on pg 38.

In 2025, the **CICU Clinical Practice Mentor Team** received Second Runner Up for its innovative approach to support and guide novice nurses in the CICU. The team created the clinical practice mentor (CPM) role to advance critical thinking skills, model effective communication techniques and

support complicated hands-on tasks. Among the initial positive feedback: 100% of CMPs and 72% of mentees agree or strongly agree that the role has helped them feel more engaged as a CICU nurse.

Also in 2025, the **Newborn Circumcision Clinic Team** received an Honorable Mention for development of the nurse practitioner (NP)-led Newborn Circumcision Clinic, a novel, holistic, family-centered ambulatory model that shifts care from the operating room to an outpatient setting. The clinic offers families an option for circumcision after hospital discharge, and allows NPs and nurses to practice to the full extent of their education and expertise. ■



## DAISY Award® Recipients: 2024 - 2025

The DAISY Award is conferred monthly to an outstanding nurse at Boston Children's Hospital. Recipients are nominated by patients, families and coworkers to recognize and celebrate compassionate nursing care. RN members of Staff Nurse Council review the nominations and select one outstanding nurse to honor each month. Narratives submitted with nominations describe the ways in which nurses and nursing practices impact patients and families. The program is made possible through the generosity of Mark and Bonnie Barnes who launched this recognition program after experiencing the remarkable impact of registered nurses in the care of their adult son.

Now in place in 2,800+ health care organizations throughout the world, DAISY Award recognition is part of Boston Children's commitment to foster healthy work environments and advance meaningful recognition. Over the past nine years, more than 100 Boston Children's nurses have received a DAISY Award recognizing their individual contributions. Pictured here are Boston Children's DAISY Award winners from January 2024 through August 2025.



### January 2024

Tyler Blanchard, BSN, RN  
Staff Nurse I

*Medical-Surgical Intensive Care Unit*



### February 2024

Teresa Scalzi, BSN, RN  
Staff Nurse I

*Cardiac Intensive Care Unit*



### March 2024

Karen Maggio, RN, CCRN  
Staff Nurse II

*Medical-Surgical Intensive Care Unit*



### April 2024

Michelle Nowak, BSN, RN  
Staff Nurse I

*10 Mandell*



### May 2024

Sarah Taft, BSN, RN  
Staff Nurse I

*Orthopedics/Surgery 10 Mandell*



### June 2024

Melanie Marcotte Feinberg, BSN, RN, CCRN  
Staff Nurse II

*Neuroscience 8 Mandell*



### July 2024

John Park, RN, MSN, CCRN  
Staff Nurse I

*Medical-Surgical Intensive Care Unit*



### August 2024

Mary Quinn, BSN, RN  
Staff Nurse II

*Mandell 3*





**September 2024**

Kristin L'Heureux, BSN, RN  
Staff Nurse I  
Oncology/Hematology



**October 2024**

Heidi Tatelman, BSN, RN, CCRN  
Staff Nurse I  
Neonatal Intensive Care Unit



**November 2024**

Naureen Wadhwan, RN, MSN  
Staff Nurse I  
10 Hale - Complex Surgery



**December 2024**

Vanessa Urrea, BSN, RN  
Staff Nurse I  
7 Mandell - General Medicine



**January 2025**

Nathalya Atehourta, BSN, RN  
Staff Nurse I  
9 East - General Medicine



**February 2025**

Laurel Barrie, BSN, RN  
Staff Nurse I  
10 Hale - Complex Surgery



**March 2025**

Chelsey Cyr, BSN, RN  
Staff Nurse I  
11 South



**April 2025**

Emily Alperin, BSN, RN  
Staff Nurse I  
Oncology/Hematology



**May 2025**

Emma Stringer, BSN, RN  
Staff Nurse I  
Medical-Surgical Intensive Care Unit



**June 2025**

Kimberly McCaffrey, BSN, RN, CCRN  
Staff Nurse II  
Hale 7/Cardiac Intensive Care Unit



**July 2025**

Jonathan Glidden, BSN, RN  
Staff Nurse I  
Hematology/Oncology



**August 2025**

Karan Jhaveri, BSN, RN  
Staff Nurse II  
Intensive Care In Transit

# RN Award Recipients: 2024 - 2025

## Clinical Excellence Award

The Clinical Excellence Award is presented annually to a registered nurse who demonstrates the highest level of professionalism, both in practice and in clinical expertise.

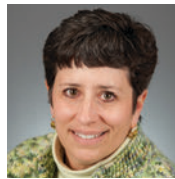
Clinical Excellence Award recipients serve as ambassadors, visibly representing Boston Children's Hospital and professional nursing in the greater Boston community.



**2024**

**Jean Potter, MSN, RN, CDCES, CPN**

Diabetes Nurse Educator, Staff Nurse III  
Inpatient Medicine, 7 West



**2025**

**Sue Hamilton, MS, RN, CCRN, CWOCN**

Practice Nurse Specialist II  
Inpatient Surgery

## Leadership Excellence Award

The Nursing Leadership Award recognizes registered nurses who go above and beyond their job description to become role models, resources and mentors.

Recipients of this award have distinguished records of exemplary leadership, patient and family advocacy, and multifaceted engagement with nursing as a profession and as a passion.



**2024**

**Kathleen Waddicor, BSN, RN, CPN**

Clinical Coordinator  
Adolescent Medicine & Young Adult Medicine



**2025**

**Elizabeth-Anne King, DNP, RN, NE-BC, CPN, CPHQ**

Senior Nursing Director  
Inpatient Medical Programs

## Education Excellence Award

The inaugural Excellence in Nursing Education Award is presented to a nurse who demonstrates ongoing dedication and commitment to providing the highest quality nursing education to patients, families, and the community.

Recipients of this award demonstrate the scope and standards of the professional development nursing specialty and show commitment to the orientation, continuing education, and advancement of nursing professionals.



**2024**

**Colleen Nixon, MSN, RN, CPHON, NPD-BC**

Professional Development Specialist-RN  
Hematology/Oncology



**2025**

**M. Teresa Shannon, MSN, RN, CPN, NPD-BC**

Staff Nurse III & Education Coordinator  
9 East General Medicine

# APRN Award Recipients: 2024 - 2025

## Practice Excellence Award

The Annual Award for Excellence in Advanced Nursing Practice recognizes a direct care advanced practice registered nurse who demonstrates ongoing dedication and commitment to providing the highest quality pediatric care to patients, families, and the community.



**2024**

**Molly Connolly, MSN, RN, CPNP**

Lead Advanced Practice RN  
Emergency Services



**2025**

**Valerie Bailey, MSN, RN, NP-C, CCRN**

Advanced Practice Nurse III  
Cardiac Intensive Care Unit

## Leadership Excellence Award

The Annual Award for Excellence in Advanced Practice Nursing Leadership recognizes an advanced practice registered nurse who demonstrates ongoing dedication and commitment to leadership, advocacy, and action to improve patient care and/or the work environment.



**2024**

**Julia McSweeney, MSN, RN, CPNP**

Senior Director of Advanced Practice Nursing,  
Advanced Practice Nurse III  
Department of Cardiology



**2025**

**Sara Del Vecchio, MSN, FNP, CNRN**

Director of Advanced Practice Nursing,  
Neuroscience  
Neurology

## Education Excellence Award

The Annual Award for Excellence in Advanced Practice Nursing Education recognizes an advanced practice registered nurse who demonstrates ongoing dedication and commitment to education, advocacy, and action to improve patient care and/or the work environment.



**2024**

**Caroline Morin, MSN, RN, CPNP, CCRN**

Advanced Practice Nurse II  
Cardiac ICU, 8 South



**2025**

**Brienne Leary, MSN, RN, CPNP-PC/AC, CCRN**

Lead Nurse Practitioner Stem Cell Transplant -  
Advanced Practice Nurse II, Advanced Practice  
Provider Educator & NP Fellowship Coordinator  
Hematology/Oncology/SCT



# Annual Grant Recipients: 2024 - 2025

## Susan Shaw Grant for Direct Care Nurses

The recipient of the Susan Shaw Grant is awarded up to \$5,000 to support the pursuit of a nurse leader career trajectory.

The grant can be used for events such as seminars, training, coaching, and leadership courses.



**2024**

**Whitney Parks, MSN, RN, CPNP-AC**

Lead Advanced Practice Registered Nurse  
Cardiac Intensive Care Unit



**2025**

**Kerri Tinney, MSN, RN, CPN**

Staff Nurse III/Complex Care Coordinator  
Rainbow KASA Clinic

## Sporing Carpenter Chair Grant for Technical Team Members

The Sporing Carpenter Chair Grant supports the professional development of frontline technical team members. The recipient is awarded \$2,500 to be used for events such as conferences, seminars, training, and leadership courses.



**2024**

**Guerda Conserve**

Clinical Assistant I  
Med/Surg Central Staffing Office



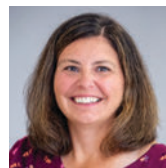
**2025**

**Jennifer Fontaine**

Surgical Technologist II  
Cardiac Surgery Operating Room

## Eileen Sporing Grant for Frontline Interprofessional Team Members

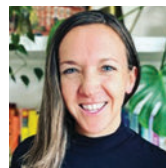
The Eileen Sporing Grant supports interprofessional team members interested in pursuing a clinical leader career trajectory. The recipient is awarded up to \$5,000 to be used for events such as seminars, training, coaching, and leadership courses.



**2024**

**Lisa Mancini, MSN, RD, LDN, CSP**

Senior Clinical Nutrition Specialist  
Gastroenterology, Hepatology, and Nutrition



**2025**

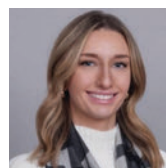
**Patricia Coffey, LICSW**

Social Worker  
ASK Program Primary Care

## Anne Jenks Micheli Leadership Fund

The Anne Jenks Micheli Nursing Leadership Grant awards up to \$3,000 annually for non-academic professional development opportunities.

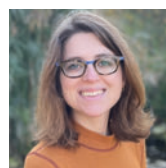
The recipient can use the grant for leadership development and professional advancement, including certificate programs, conferences, executive/leadership courses, professional training skills and more.



**2024**

**Ashley Dow Romano, BSN, RN, PMH-BC**

Clinical Coordinator  
Inpatient Psychiatric Service, Bader 5



**2025**

**Gabrielle Rozowsky, MSN, RN**

Staff Nurse I  
6 Northeast Oncology/Hematology

# Nursing/Patient Care Contributions to Organizational Recognition



## **U.S. News & World Report Best Children's Hospital Recognition**

Boston Children's Hospital is regularly ranked as one of the best children's hospitals in the nation by *U.S. News & World Report*. The rankings are based on four key elements: reputation, patient outcomes, patient safety and care-related factors, such as the adequacy of nurse staffing and the breadth of patient services. These rankings rely heavily on patient outcomes and nurse-sensitive measures.

[childrenshospital.org/about-us/us-news-world-report-rankings](https://childrenshospital.org/about-us/us-news-world-report-rankings)



## **Newsweek: World's Best Specialized Hospitals**

*Newsweek* recently began ranking what it calls the world's best specialized hospitals, which includes pediatric hospitals. Boston Children's has been named *Newsweek's* "World's Best Specialized Hospital" (pediatrics) for 2025, topping the list of 250 children's hospitals around the globe.



## **American Nurses Credentialing Center Magnet® Designation**

The American Nurses Credentialing Center (ANCC) Magnet Recognition® is considered the most prestigious institutional distinction a health care organization can receive for quality patient care, nursing excellence and innovation in professional nursing. Only 10% of hospitals across the nation have achieved this designation. Boston Children's first achieved Magnet designation in 2008, was awarded redesignation in 2012, 2017 and 2022, and is currently pursuing a fifth designation.



## **Emergency Nurses Association Lantern Award**

Boston Children's Emergency Department first received Lantern Award designation in 2012, followed by re-designations in 2015, 2018, 2021, and 2024 from the Emergency Nurses Association. In 2024, Boston Children's became the first hospital in the nation to achieve five consecutive Lantern Awards. The Emergency Nurses Association bestows the Lantern Award on emergency departments that exemplify exceptional practice and innovative performance in the core areas of nursing leadership, practice, education, advocacy, and research.



### American Association of Critical-Care Nurses Beacon Award for Excellence

The Acute Cardiac Care Unit - Inpatient Cardiology/ICP, Pediatric Intermediate Care Unit and Cardiac Intensive Care Unit all currently hold gold Beacon Designation for Excellence from the American Association of Critical-Care Nurses. The award recognizes nursing's impact on every facet of patient care, including work environment, leadership structures, evidence-based practice, improvement science, and patient, family and staff outcomes.



### ANCC Practice Transition Accreditation Program®

Boston Children's Hospital was awarded accreditation with distinction in 2021 for the design and implementation of its Transition to Nursing Practice Program from the ANCC Practice Transition Accreditation Program® (PTAP). The PTAP is widely viewed as the highest standard for residency or fellowship programs that transition registered nurses and advanced practice registered nurses into new professional practice settings.



### ANCC Advanced Practice Provider Fellowship Accreditation

The newly created credential, Advanced Practice Provider Fellowship Accreditation® (APPFA), recognizes transition-to-practice programs for physician assistants (PA) and advanced practice registered nurses (APRN). National advanced practice provider leaders collaborated to create this innovative credential using evidence-based criteria. Earning APPFA means a program demonstrates excellence in transitioning PAs and APRNs to new practice settings.



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

### Joint Accreditation for Interprofessional Continuing Education

In 2017, Boston Children's was the first pediatric hospital in the United States to meet the stringent requirements to earn Joint Accreditation for Interprofessional Continuing Education. Joint accreditation has grown to simultaneously accredit continuing education activities to include nursing, medicine, pharmacy, physician assistants, social work, dietitians, and others.



# Biennial Report Article Contributors

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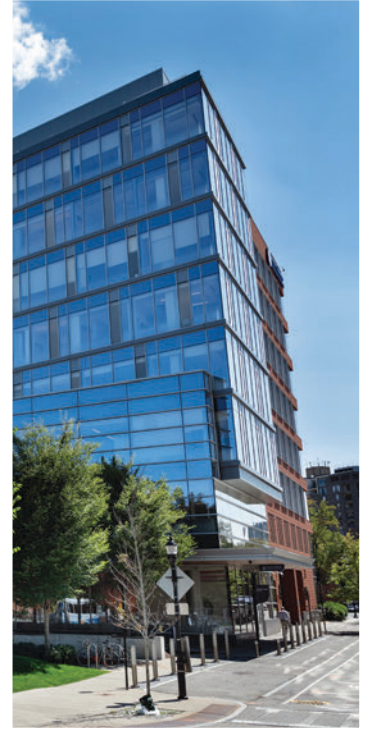
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