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We are pleased to present the Cook Children’s Nursing Annual Report for 2009-2010. This year’s report gives a pictorial overview of our award-winning medical center and the dedicated nursing staff who care for our children.

This is an exciting year for Cook Children's, as we near completion on our building expansion and prepare for our first Magnet re-designation. Continuing nursing excellence through the Magnet journey truly demonstrates our commitment and dedication to providing exemplary family-centered care.

Please join me in celebrating “a day in the life of our nurses” at Cook Children’s Medical Center.

Paula J. Webb, RN, MSN, NEA-BC
Vice President, Nursing
Chief Nursing Officer
Cook Children’s Health Care System
Cook Children’s Health Care System

IS A NOT-FOR-PROFIT, NATIONALLY RECOGNIZED PEDIATRIC HEALTH CARE ORGANIZATION

comprised of seven entities – a Medical Center, Physician Network, Home Health company, Northeast Hospital, Pediatric Surgery Center, Health Plan and Health Foundation. Based in Fort Worth, Texas, the integrated system has more than 60 primary and specialty care offices throughout North Texas. Its service region includes Denton, Hood, Johnson, Parker, Tarrant and Wise counties, with an additional referral area encompassing nearly half the state.

Cook Children’s traces its roots back to 1918, and throughout its continual change and robust growth, it still embraces an inspiring promise – to improve the health of every child in our region through the prevention and treatment of illness, disease and injury. To live up to this promise, Cook Children’s combines the art of caring with the use of leading technology and extraordinary collaboration to provide exceptional care for every child, every day. For more information, please visit www.cookchildrens.org.
From the moment a patient first opens her eyes to wake up, and even after she’s closed them to go back to sleep, our nurses are there for her.

Follow us through 24 hours—a day in the lives of our nurses.
New knowledge and innovation in the Neonatal Intensive Care Unit
Understanding relationships

Research shows that having a lactation consultant in the Neonatal Intensive Care Unit (NICU) improves the outcomes for babies and increases the number of babies discharged from medical center facilities. Cook Children’s provides a full-time lactation consultant to help moms understand the relationship between breast-feeding and their newborn’s health and development.

While other NICU nurses focus on the care of the baby, the lactation consultant is able to provide extra attention to mom, by teaching, encouraging and providing her with resources that can help increase her level of comfort in caring for a premature or sick baby.

Cook Children’s NICU has introduced a number of innovative processes to help our babies grow strong and develop to their healthiest potential. A barcoding system, launched in early March 2010, allows each mother’s milk supply to be labeled and scanned with her baby’s armband. It is then saved into a database prior to freezing the milk for future use. This process improves accuracy in feeding mom’s milk to her baby and monitors the amount and time of day each baby is fed. Before each feeding, the baby’s armband and mom’s milk are then rescanned to ensure proper tracking at each feeding. Special milk warmers are used to help bring milk to a temperature best for a baby so they can use their calories growing, rather than stabilizing body temperature. We have added milk technicians trained specifically for mixing mother’s milk with the needed calories, protein or fat to help the babies grow stronger and healthier. Our NICU nurses are committed to finding the best methods for improving outcomes for our smallest patients.
Why I became a Cook Children’s neonatal nurse
Rhonda Hawkins watched helplessly as her daughter, Kelsie, was taken away to the Cook Children’s NICU. Kelsie experienced congestive heart failure, a complication not uncommon for children born with Down syndrome, and was rushed to the NICU just two days after her birth.

With her daughter battling for her life, Rhonda was comforted by the nurses on staff. “The nurses were amazing,” she said. “They took the time to teach me about Down syndrome and the complications associated with it. They listened and encouraged, but allowed me the time to go through the grieving process.”

Nine weeks later, baby Kelsie, who is now 16, was back at Cook Children’s for heart surgery. This time in the Pediatric Intensive Care Unit, Rhonda stood next to her daughter after surgery, longing to hold her. She met with a team of nurses who helped her to understand her baby’s needs. “They were there to listen and comfort me. It was amazing how they really cared for me as much as they cared for my baby. That was when I knew that this was my calling,” said Rhonda.

Raising Kelsie and her two other children was Rhonda’s first priority, but those moments with the nurses she encountered at Cook Children’s, left a lasting impression.

When Kelsie turned 12 years of age, Rhonda decided to make her dream a reality and went to nursing school. Rhonda has been on staff at Cook Children’s in the NICU for two and a half years. “This is my dream job. I love that the nurses go the extra mile for the families here, and that’s why I love my job,” Rhonda said.

Rhonda also has served as a volunteer in the Down syndrome clinic at Cook Children’s for 12 years.

“Know your calling

Rhonda Hawkins, RN

“This is my dream job. I love that the nurses go the extra mile for the families here, and that’s why I love my job.”
Rhonda Hawkins, RN
During bedside reporting Yullybet Adkison, RN, and Emily Baker, RN, BSN, talk with a mother about her child’s care.
Family-centered care: bedside reporting with family

Family-centered care is recognized as a central component of pediatric nursing at Cook Children’s. Family-centered care means that we take care of the entire family, not just the patient. This culture encourages family members to become partners in their child’s medical treatment and welcomes the family members’ input.

Cook Children’s nursing staff recognized an opportunity to improve communication during shift change and took the family-centered care approach to the next level. Families are now invited to join the nurse-to-nurse shift report. This is an opportunity for families to be more involved in the care of their child, opening the lines of trust and communication so that potential errors are prevented and satisfaction is increased.

Parent involvement in nurse shift report

It’s 18:30 and time for the Epilepsy Monitoring Unit nurse on duty to give her report. As she meets with the nurse taking over the care of her patient, one more interested party is involved in the discussion.

A mother is standing nearby to hear what is being said about her child, ask any questions she may have and add a couple of suggestions.

Nurses now conduct shift-to-shift reports at the bedside, using the electronic medical record with the parents. This practice change offers parents a better understanding of the treatment plan and provides opportunities for parents to ask questions and give feedback. When appropriate, depending on age and ability to understand, the child also participates.

Involving families in the report process has improved communication and helps families take part in the plan of care.

Immediately, this new program began to produce results. Satisfaction survey results improved almost overnight.

“Thank you for waking me up to participate in shift report. I learned information that will enable me to take better care of my child at home,” wrote a parent.
The only pediatric facility in Texas to offer...

GetWellNetwork®, a new in-room Web service at Cook Children’s Medical Center, provides patient families with access to age-appropriate movies, video games, Internet access and email, all from the comfort of their room. Nurses introduce families to GetWellNetwork when they get to their room. Jason Brooks, RN, BSN, says, “It helps the nurses connect a family with important educational information that will help them understand their disease or treatment.” The network includes educational resources on a range of topics including asthma, cancer and diabetes through an exclusive partnership with KidsHealth®, which produces more than 160 educational programs that are age appropriate for the patients, as well as helpful for the parents.

Cook Children’s is the only pediatric hospital in Texas to offer GetWellNetwork, which is available on all inpatient units of the medical center, including the Emergency Department. Our Pediatric Intensive Care Unit will begin utilizing GetWellNetwork within the coming months.

Jason Brooks, RN, BSN, helps a patient become familiar with GetWellNetwork.
Vascular access team

Robert Hill, RN, BSN, JD, uses ultrasound technology in preparation for a PICC line.
During its first full year of service, our vascular access team received 2,513 calls for IV starts. The team had 83.6 percent placement success.

Making an impact

The implementation of the vascular access team at Cook Children’s has had a positive impact on patient care throughout the medical center and specialty clinics. Made up of veteran nursing staff, this team focuses on IV starts and PICC line insertions outside of the NICU. A dedicated team is less disruptive to patient care and allows for consistent evaluation of the insertions, appropriate line maintenance and dressing changes. Tracking peripheral IV requests, number of starts, number of attempts and the securement device used, provides data on team productivity and helps set goals for continuous improvement and patient safety.

As with peripheral IV placement, the team has experienced a steady increase in successful PICC line insertions.

Complications include infection, bleeding, phlebitis, dislodgement, breakage, clotting and incorrect placement – quality indicators we track for PICC lines. The team maintains a database of the indicator results to determine the quality of the program.
Teddy Bear Transport

Helicopter operated by Air Methods Corporation, Engelwood, Colo.
Fixed-wing operated by SevenBar Aviation, Albuquerque, N.M.
At any given moment, and with little warning, the Cook Children’s Teddy Bear Transport team could be called in to action. That ability to be ready at a moment’s notice is thanks in large part to the nurses on the team, who have more than 200 combined years of experience.

Cook Children’s Teddy Bear Transport team is made up of 14 pediatric and neonatal nurses who have been working together so long, they can finish each other’s sentences. The team’s knowledge that comes from working with infants and children every day proves a valuable resource to doctors in our community.

But the nurses on the team aren’t just interested in caring for children in crisis; they also want to provide preventive care. Nurses periodically visit referral hospitals, teaching S.T.A.B.L.E. classes with a focus on early transitional care and are available to consult with doctors on specialized pediatric care upon request.

“We are a team that specializes in specific ages and we have become extremely good at our jobs,” said Teddy Bear Transport Nurse Manager Debbie Boudreaux, BSN, RN, LP. “That sets us apart and creates a powerful resource for the community.”

Nothing is more important to the team than providing children with the best care possible while in transit to the medical center. Nurses were an integral part of the interior design of the new, state-of-the-art helicopter, which includes the latest technology and safety features to help the team to do what they love even better.

The transport team was one of the first pediatric/neonatal dedicated transport teams in the country to receive accreditation in all three modes of transport (ground, helicopter and fixed wing) from the Commission on Accreditation of Medical Transport Systems (CAMTS). The team serves about 2,200 families from around the region every year. “We’ve built this team from the ground up, creating the kind of group we wanted to become and ensuring we provide the best care possible,” said neonatal transport nurse Melissa Irving, RN-BC, BSN, LP.
Nurse Residency program
In its second year, the Cook Children’s Nurse Residency program is focused on attracting new nursing candidates who would be a good fit for Cook Children’s, while providing them an experience to increase their confidence and competence. New nurse graduates receive hands-on clinical time and mentorship, which gives them a strong foundation to begin practice.

The 12-month nurse residency program is divided into two phases. Phase one includes classroom learning and clinical rotations in five different areas. At the end of phase one, a matching process occurs, utilizing feedback from the residents, unit mentors and the unit leadership team. Phase two begins the six-month enculturation period in the unit identified by the matching process. The resident continues to receive support and guidance from the residency coordinator, mentor and preceptor. The curriculum meets the American Nurses Credentialing Center standards for accreditation, incorporates the master’s essentials and prepares residents for the certified pediatric nurse exam.

All levels of nursing throughout Cook Children’s are actively engaged in the program’s success. From the resident selection process through graduation, staff nurses serve as unit guides and nurse educators serve as year-long mentors.

“Thanks to all the nurses that took the time to teach me, to let me grow and who provided a safe environment for me to learn. This year has been a rich learning experience and I am forever grateful for the opportunity to be a nurse resident.”

-A 2010 Nurse Residency program graduate
Councils

The work environment at Cook Children’s is enhanced dramatically through the creative and collaborative efforts of the nursing governance councils. The councils assist in decision making by providing innovative ideas and direction for nursing issues. The councils are represented by staff nurses, clinical leadership, advanced practice nurses, coordinators and managers.

The councils at Cook Children’s are defined as follows:

**Nursing Executive Council**
- Communicates information to and from areas represented.
- Coordinates activities of the councils.
- Facilitates communication/goal attainment.
- Develops a nursing strategic plan in conjunction with the medical center strategic plan.
- Creates nursing bylaws that describe the council structure.
- Serves as an arbitrator during appeals of Clinical Excellence decisions.
- Provides educational and consultative services to council members.

**Coordinating Council**
- Shares reports and information from all councils.
- Discusses areas of concern from council presentations.
- Provides insight or decisions when appropriate to councils.

**Rewards and Recognition Council**
- Organizes and celebrates Nurses Week each year.
- Researches different types of certifications available for the pediatric nurse.
- Encourages participation in the Great 100 Nurses program.
- Facilitates a significant Great 10 Nurses program within Cook Children’s Medical Center.
- Evaluates and administers a useful staff satisfaction survey tool.

**Policies and Procedures Council**
- Reviews existing Patient Services Policies and Procedures.
- Recommends new policies as identified by the group.
- Reviews and approves policies and procedures presented to the committee.
- Assists with the education of staff and serves as liaison between staff and the committee.

**Quality Improvement Council**
- Communicates information to and from areas represented.
- Identifies nurse-sensitive quality indicators appropriate to pediatric setting for monitoring and evaluation.
- Reviews data identified as usable for benchmarking to identify opportunities for improvement and best practice.
- Facilitates processes and resources to ensure data is available to nursing staff.
- Provides evidence that patient care areas are accountable to those receiving service for the evaluation of standards and determination of compliance.
- Improves patient care through the implementation of an evaluation system aimed at preventing, detecting and resolving identified issues.
- Assures communication and reporting of quality improvement activities to the individual patient care units, chief nursing officer, directors, risk manager, Legal, Quality Improvement, Quality in Practice Committee, Quality Analysis and Integration Committee and the Board of Trustees.
Nursing Evidence-based Practice and Research Council
- Acts as an advising body to promote, facilitate and evaluate research and publication activities that enhance the practice of evidenced-based nursing to improve patient care and outcomes.
- Stimulates interest among Cook Children’s nurses to examine the basis of their practice.
- Facilitates the application of research and knowledge into evidenced-based nursing practice.
- Develops support resources which promote the conduct of research and publication by Cook Children’s nursing professionals.
- Serves as a facilitative review body for nursing research proposals and professional publications.

Nurse Staffing Advisory Council
- Solicits and receives input from nurses on the development, monitoring and evaluation of the staffing plan.
- Adopts, implements and enforces a written staffing plan.
- Incorporates a process that facilitates the timely and effective identification of concerns about the staffing plan’s adequacy.
- Provides an annual evaluation of the nurse staffing plan to the Board of Trustees.

Nurse Manager Council
- Coordinates agenda for medical center-wide nurse managers meeting.
- Facilitates open forum for dialogue between specific nursing areas and all other clinical areas.
- Communicates information to the bedside clinicians.
- Develops strategic plans for implementing all change that affects patient care at the staff level.

Nurse Practice Councils
- Provides a forum for discussion among the unit council chairs.
- Shares and reports information from all unit councils.
- Facilitates communication back to the areas represented.

Professional Development Council
- Provides a forum for discussion of clinical education issues impacting practice.
- Facilitates evidence-based, outcome-oriented continuing education programs.
- Promotes mentors and encourages those seeking mentors.
- Develops competent speakers and presenters.
- Creates an environment of quality care through needs-based, outcome-oriented programs.
- Encourages knowledge and application of nursing standards.
- Recognizes and promotes cultural diversity within the organization.
- Collaborates in the development of unit-based leaders.
- Provides point-of-care education.
Research

Nursing research:

Bashore, L. ~ Exploration of the Cultural Beliefs in Mexican American Young Adult Childhood Cancer Survivors and their Decisions to Engage in Cancer Screening Behaviors.

Brown, D. ~ Attitude of Novice Nurses in Pediatric Palliative Care.

Hoff, T. ~ The Effect of Nursing on NICU Patient Outcomes.


Layman, A. ~ The Effect of Nurse Staffing on Selected Identified Patient Outcomes in the Pediatric Intensive Care Unit: A Pilot Study.

Manworren, R., and Smith, A.B. ~ Pediatric Nurses Journeys Providing Post-operative Pain Care.


Newcomb, P. ~ Helping Children Understand the Meaning of Genetic Testing.

Newcomb, P. ~ DNA Methylation Patterns in Children with Asthma.


Smith, A.B., and Bean, L. ~ Child Health Corporation of America’s Pediatric In-patient Falls Study.


Poster presentations:


Podium presentations:

Bankston, J. ~ Enhancing Family-centered Care through Parent Involvement in Shift Report, 20th Annual Society of Pediatric Nurses Conference, April 30 to May 2, 2010, Orlando, Fla.


Burdock, C., Clark, T., King, G., and Downs, H. ~ An Evidence-based Practice Project to Implement Enteral Feeds During Pediatric Stem Cell Transplant, Association of Pediatric Hematology/Oncology Nurses, September 2009, Orlando, Texas.

Green, A., Smith, A.B., and Gance-Cleveland, B. ~ Pediatric Nursing Research: Envisioning the Future. 20th Annual Society of Pediatric Nurses Conference, April 30 – May 2, 2010, Orlando, Fla.

Smith, A.B. ~ Lessons Learned from the Trenches: Achieving Excellence in Research and EBP. 20th Annual Society of Pediatric Nurses Conference, April 30 – May 2, 2010, Orlando, Fla.


Stephen, J. ~ Generational Differences in the Workplace: Solving Conflict and Creating an Inclusive Pediatric Nursing Environment. 20th Annual Society of Pediatric Nurses Conference, April 30 – May 2, 2010, Orlando, Fla.

Publications:

Hood, J., and LaCoe, L.


Hood, J., and Smith A.B.


Newcomb, P.


Newcomb, P., McGrath, K.W., Covington, J.K., Lazarus, S.C., and Janson, S.L.


Fendya, D.G., Snow, S.K., and Weik, T.S.


Zappa, S.


Research scholarship

Nursing scholarship is made possible through the Nursing Evidence-based Practice (EBP) and Research Council and has helped our nursing staff to become even more successful in their roles. We are proud of the strides we have made in discovering new knowledge and creating a unique collaborative environment in our institution that supports and values research by all health care professionals. We are putting our institution’s values and mission into action through the work of nursing and multidisciplinary research. We are excited to envision a future where we continue to grow our support services and research outcomes. Even more discoveries will be made, tested and applied to nursing practice so the best patient outcomes can be achieved.

Evidence-based practice projects:

Reduction of Neonatal Central Line Infections (Neonatal Intensive Care Unit)

Premature infants are particularly vulnerable to central line infections. Cook Children’s NICU management and staff were concerned about the increased number of central line infections compared with benchmarking. A new NICU PICC team was developed and the team implemented an evidence-based bundle of care that has resulted in an astonishing 83 percent reduction in line infections. Outcomes are healthier premature babies and a reduction in care costs.

Medication Reconciliation (Hematology and Oncology Clinic)

Verification of compliance with oral chemotherapy is a challenge in the outpatient oncology setting. A multidisciplinary team of staff from the Hematology and Oncology Clinic conducted an EBP project to improve patient medication reconciliation. An EBP bundle was put into place resulting in standardization of process, education for staff/families and reminders to bring medications to the clinic. The project also used signage, clear discharge instructions and reminder phone calls. Initial outcomes were a 15 percent increase in patients bringing home medications to clinic for reconciliation, as well as positive feedback from patient and staff surveys.

EVP Fall Prevention Program (Quality Improvement Practice Council)

Following the results of the Child Health Corporation of America pediatric falls study, the council identified the need to strengthen our falls prevention program for both in- and out-patient areas. The EBP team is currently evaluating research to identify best practices that can be integrated into the existing program. This research will be used to help achieve higher levels of intervention and decrease preventable falls among patients.

Monitoring Children During Mild to Moderate Sedation (Emergency Department)

Identification of infant and children’s respiratory status during sedation is a critical part of care in the Emergency Department (ED). Evidence was found to support the use of capnography (end tidal carbon dioxide monitoring) as a more sensitive method for detecting respiratory depression and a more sensitive indicator than SpO2, which is currently standard of practice. This project aims to incorporate capnography as part of staff monitoring while children are undergoing sedation in the ED. The desired outcome is improved staff knowledge and proficiency with capnography, as well as decreased incidences of respiratory depression.

Andrea Smith, Ph.D., RN, CPNP, director of Nursing Research, Evidence-based Practice (left) discusses Effects of therapeutic suggestion during light anesthesia on outcomes and implicit memory in children post tonsillectomy, with Shirley Martin, RN, BSN, CPN and Joanna Hughes, RN.
Recognition

Clinical excellence

LeAnn Ash, RN, BSN, CCRN
Cristina Ayala, RN, BSN, CPN
Donna Baker, RN, RNC-NIC
Janet Baker, RN, BSN, CCRN
Kimberly Bobbitt, RN, BSN
Ginger Brewer, RN, BSN, CCRN
Karen Burnett, RN, CPN
Cathleen Carter, RN, BSN, RNC-NIC
Katrina Childress, RN, BSN
Mindy Coates, RN, BSN
Melissa Crable, RN
Linda Cumbie, RN, BSN
Natalie Deal, RN, BSN, CPN
Katie Fenton, RN, BSN
Kimberly Peck, RN, CPN
Amy Philen, RN, BSN
Fay Philpot, RN, BSN, RNC-NIC
Danielle Ransonette, RN
Meghan Rathke, RN, BSN, CPN
Sara Redden, RN
Jerri Redding, RN, BSN, CPN
Shirley Redmon, RN, BSN
Linda Roark, RN, BSN, RNC
Sara Roderick, RN, CPN
Tammy Scarpello, RN
Shawna Sherrill, RN
Moveta Simonson, RN
Loyd Steaman, RN, BSN
Cheryl Thames, RN, CPN
Katy Walthall, RN, BSN, CPN
Ulla-Britt Wilson, RN, BSN, CNOR
Leslie Zimpleman, RN, BSN

Advanced certifications

Staci Alldredge, RN, BSN, CCRN
Marinda Allender, RN, MSN, CPN
Melissa Allman, RN, BSN, CCRN
Candace Alphin, RN, BSN, RNC-NIC
Chelsea Anderson, RN, BSN, CNOR
Leigh Anne Campbell, RN, CPN
Patti Archilles, RN, BSN, CPN
LeAnn Ash, RN, BSN, CCRN
Ron Atchley, RN, CNOR
Cristina Ayala, RN, BSN, CPN
Karen Backus, RN, BSN, CCRN
Donna Baker, RN, RNC-NIC
Janet Baker, RN, BSN, CCRN
Sandra Barber, RN, BSN, CNOR, RNFA
Jacqueline Barowitz, RN, CPN
Rachal Baxter, RN, RNC-NIC
Mary Belknap, RN, BSN, CPN
Stacy Balew, RN, CPN
Jennifer Benton, RN, BSN, RNC-NIC
Glenda Berberich, RN, CPN
Linda Biron, RN, CPN
Dana Blair, RN, BSN, CPN
S. Diane Bonham, RN, BSN, IBCLC
Deborah Boudreaux, RN, BSN, CCRN
Angela Bouunkham, RN, RNC-NIC
Jeannie Bradley, RN, BSN, CPN
Cam Brandt, RN, MS, CPN
Kelli Brazzel, RN, BSN, CPN
Beth Breaux, RN, BSN, CPN, CEN
Ginger Brewer, RN, BSN, CCRN
Shetrelia Brown, RN, CPN
Holly Buchanan, RN, BSN, CNOR
Katharine Bundy, RN, BSN, RNC-NIC
Caitlyn Burdock, RN, BSN, CPN, RNC-NIC
Karen Burnett, RN, CPN
Beth Camacho, RN, BSN, CPN
Natalie Carpenter, RN, BSN, CPN
Cathleen Carter, RN, BSN, RNC-NIC
Dena Casey, RN, BSN, RNC-NIC
Orlando Chapa, RN, MHA, CCRN
Gabriela Chavez, RN, BSN, CPN
Lindsey Childs, RN, BSN, CEN
Stephanie Church, RN, BSN, CCTC
D’Ann Clanton, RN, CPN
Teresa Clark, RN, MS HCA, CPON
Shelley Clonts, RN, BSN, CPN
Donna Collins, RN, CPN
Megan Collins, RN, BSN, CPN
Dinah Cook, RN, CPN
Kathy Cook, RN, CCRN
Sandy Corbin, RN, CPN
Melissa Corder, RN, BSN, CPN
Stephanie Cordova, RN, BSN, CPN
Leeann Cornelison, RN, BSN, CDE
Rebekah Cotton, RN, BSN, CPN
Samantha Crissey, RN, BSN, RNC-NIC
Rhonda Crowson, RN, BSN, CCRN
Lisa Curiel, RN, CPN
Shawn Dailey, RN, BSN, CPN
Julie Dandridge, RN, CPN
Deann Dangnelmay, RN, BSN, CPN
Christina Davis, RN, BSN, CPN
Kathryn Davis, RN, BSN, CNOR
Katie Davis, RN, BSN, CPN
Melodie Davis, RN, MSN, CPN
Natalie Deal, RN, BSN, CPN
Jonathan DePalma, RN, CPN
Araceli Desmarais, RN, BSN, SANE-A
Dawn Dewall, RN, BSN CEN
Angelique Donnelly, RN, BSN, CPN
Michelle Dozier, RN, BSN, CPN
Jan Droke, RN, BSN, CDE
Brad Dunn, RN, CCN
Lauren Gooch-Ebert, RN, BSN, RNC-NIC
Noelia Echols, RN, BSN, CPN
Julie Edwards, RN, BSN, CPN
Karen Edwards, RN, CPN
Amarina Evans, RN, BSN, RNC-NIC
Kathleen Gordon, RN, BSN, CPON
Kelli Goree, RN, CPN
Keely Grant-Mirle, RN, BSN, CPN
Barbara Greer, RN, MSN, CNA
Janet Gresham, RN, CPN
Kathy Grieser, RN, CCN
Robin Grissom, RN, BSN, CPN
Stacey Groome, RN, BSN, CPN
Laurie Growald, RN, CPN
Jennifer Guenther, RN, BSN, RNC-NIC
Carolyn Guess, RN, BSN, CPN
Sharon Gunter, RN, CPN
Ashleigh Haggard, RN, CPON
Stacy Hall, RN, BSN, CPN
Stacey M. Hall, RN, BSN, CPN
Sherry Hamilton, RN, CPN
Terri Hardee, RN, CEN
Lynette Harless, RN, BSN, CCM
Khala Hart, RN, BSN, RNC-NIC
Sheralyn Hartline, RN, BSN, RNC-NIC
Rosamary Hatch, RN, BSN, RNC-NIC
Connie Headley, RN, BSN, RNC-NIC
Kendyll Helf, RN, BSN, CPN
Janice Hennon, RN, BSN APHON
Gina Hernandez, RN, BSN, CPN
Lori Hill, RN, BSN, RNC-NIC
Susan Hillin, RN, BSN, RNC-NIC
Rebecca Hinds, RN, BSN, CPN
Diane Holman RN, BSN, CPN
Katherine Holmstrom, RN, BSN, RNC-NIC
Kelly Holzheuser, RN, BSN, CPN
Barry Hudson, RN, BSN, CPEN
Gwen Hughes, RN, RNC-NIC
Stephanie Hughes, RN, CPN
Jay Hunter, RN, BSN, CCN
Heather Hurford, RN, BSN, CPN
Melissa Irving, BSN, RNC LP
Paula Jackson, RN, RNC-NIC
Jessica James, RN, CPN
Michelle Jimenez, RN, CPN
Frances Johnson, RN, CPN
Cynthia Jones, RN, BSN, CPN
Yolanda Yvette Keenan, RN, BSN, CPN
Regina Kerbs, RN, BSN, RNC-NIC
Stephanie Kern, RN, BSN, CCN
Gail King, RN, CPON
Ginelle King, RN, BSN, CPN
James Kubeka, RN, BSN, CCRN
Lisa LaCoe, RN, BSN, CIC
Kara Lanning, RN, BSN, CPN
Alicia Layman, RN, BSN, CPON
Elizabeth Leeper, RN, BSN, CNOR
Erinn LeMasters, RN, BSN, CPN
Sally Leppla, RN, CPN
Tracy Lewis, RN, BSN, CPN
Jennifer Liddick, RN, BSN, CPN
Siobhan Lilley, RN, BSN, CPN
Jennifer Lipscomb-Rios, RN, BSN, CPUR
Amy Locker, RN, BSN, CPN
Kenneth Longbrake, RN, BSN, NA-BC
Becky Lowery, RN, BSN, CPN
Luke Ronny Lucas, RN, CGN, CGRN
Stephanie Luneau, RN, BSN, CCN
Amelia Macalu, RNC, BSN
Rita Maddux-Potter, RN, BSN, CPN
Amy Madsen, RN, BSN, CPN
Mandy Mansell, RN, BSN, APHON
Miriam Marshall, RN-BC
Shirley Martin, RN, BSN, CPN
Jacqueline Martinez, RN, BSN, RNC-NIC
Sophia Mata, RN, BSN, CPN
Anne Mattern, RN, BSN, CPN
Maureen Mayeux, RN, CPN
Kami McCurdy, RN, BSN, CPN
Nancy McEntire, RN, BSN, CEN
Sherry McGilvay, RN, RNC-NIC
Alexandra McGuire, RN, BSN, CPN
Deana McLelland, RN, CPON
Rebecca Meester, RN, BSN, CPN
Trona Milano, RN, BSN, CCRN
Alma Charlene Milburn, RN, BSN, CPN
Robert Miller, RN, BSN, CPN
Maranda Molina, RN, CPN, CPON
Cynthia Moore, RN, BSN, CPON
Scott Muchow, RN, CPN
Jane Murray, RN, BSN, RNC-NIC
Darla Nagel, RN, CPN
Vickie Nelms, RN, BSN, CPN
Sharon Nelson, RN, BSN, CNN
Brooke Nobles, RN, BSN, CPN
Kathy Norman, RN, CPN
Tamisha Northam, RN, BSN, CPN
Regina O’Connor, RN, CPN
Brenda Osborne, RN, CPN
Margaret Ostrom, RN, RNC-NIC
Heather Owen, RN, BSN, CPN
Carol Paek, BSN, RNC-NIC
Susan Padilla, RN, CPN
Jan Park, RN, BSN, CIC
Laurie Patterson, RN, BSN, CCRN
Sharon Patton, RN, RNC-NIC
Terri Peery, RN, BSN, CPN
Kim Peck, RN, CPN
Cheryl Petersen, RN, MBA, CCRN
Amy Peterson, RN, BSN, CPN
Kristin Peterson, RN, BSN, CPN
Fay Philpot, RN, BSN, RNC-NIC
Lisa Pickens, RN, CPN
Robin Pineda, RN, BSN, CCRN
Terri Pippin, RN, CPN, CDE
Jill Pittman, RN, BSN, CPN
Sharon Pollard, RN, BSN, CPN
Terri Pippin, RN, CPN, CDE
Jill Redding, RN, BSN, CPN
Maryann Reed, RN, BSN, CNRN
Christina Richardson, RN, CPN
Linda Roark, BSN, RNC-NIC
Sara Roderick, RN, CPN
Marsha Rogers, RN, CCRN
Julie Rudd, RN, BSN, CNN
Shayla Rumsey, RN, BSN, RNC-NIC
Jo Lynn Russell, RN, BSN, CPON
Nancy Russell, RN, MS, CPN
Kathy Raman, RN, BSN, CPN
Rosa Salaiz, RN, BSN, CPN
Saskia Schroats, RN, CPN
Judith Serra, RN, CCRN
Diana Shannon, RN, CCRN
Stephanie Sherwood, RN, CPN
Joanne Shreve, RN, CPN
Theresa Seigler, RN, BSN, CPN
Sharon Smith, RN, MSN, CPN
Sally Snow, RN, BSN, CPEN
Tonya Sosebee, RN, BSN, CPN
Adrian Sovik, RN, BSN, RNC-NIC
Lisa Dawn St. Clair, RN, BSN, CPN
Jennifer St. Peters, RN, BSN, CPN
Linda Stacy, RN, CPN
Sara Stagg, RN, BSN, CPN
Jeanie Stakes, RN, CNOR, RNFA
Melissa Stemp, RN, BSN, SANE-A
Jennifer Stephen, RN, MSN, CPN
Barbara Stewart, RN, BSN, CPN
Cathy Stewart, RNC, NAACOG
Jean Stokes, RN, CPN
Glenna Stone, RN, BSN, CPN
Geraldine Marie Stuart, RN, CNN
Ana Suarez, RN, CPN
Rebecca Sullivan, RN, BSN, SANE-A
Wendy Sullivan, RN, RNC-NIC
Kerrie Sutton, RN, CPN
Tina Sutton, RN, BSN, CPN
Renae Taggart, RNC-NIC
Jessica Terry, RN, BSN, CPN
Sorrel Teuscher, RN, CPN
Cheryl Thomas, RN, CPN
Paula Thieme, RN, CDE
Julie Thompson, RN, BSN, CCRN
Melodi Thompson, RN, CPN
Jamie Kuhn, RN, BSN, CPN
Lena Tran, RN, BSN, CPN
Toni Tucker, RN, BSN, RNC
Sheila Unwin, RN, CPN
Leslie Varnon, RN, BSN, CPN
Lisa Wafer, RN, CPN
Lisa Waggoner, RN, CNOR
Tony Wallace, RN, BSN, CPN
Kathryn Wallhall, RN, BSN, CPN
Bronwyn Watkins Holland, RN, CPN
Nadine Waycaster, RN, BSN, CPN
Paula Webb, RN, MSN, NEA-BC
Gena White, RN, BSN, CPN
Tammy Williamson, RN, CNOR
Narae Wilson, RN, BSN, CPN
Ulla-Britt Wilson, RN, BSN, CNOR
Carole Wise, RN, CPN
Julie Withaeger, RN, MSN, RNC-NIC
Jean Wolf, RN, BSN, RNC-NIC
Catherine Wooley, RN, MSN, CPUR
Angela York, RN, CPN
Susan Zappa, RN, CPN

**Cook Children's Great 10 for 2010**
Candace Alphin, RNC-NIC, BSN - Education
JoAnn Bradden, RN - 5 North
Genelle Gonzalez, RN, BSN - Emergency Department
Sophia Mata, RN, BSN, CPON - Education
Amy D. Petersen, RN, BSN - 3 Pavilion
Shirley Redmon, RN, BSN - NICU
Nancy Russell, RN, MS, CPN - Education
Paul Shaffer, BSN, TNCC - PACU/Recovery Room
Carla Williams, RN - Anesthesia
Kimberly Williams, RN, BSN - 5 Pavilion

**Dallas/Fort Worth Great 100 Nurses for 2010**
Susan Hillin, RN, BSN, RNC-NIC - Education
Ronny Lucas, RN, CGRN - Emergency Department
Shirley Martin, RN, BSN, CPN - PACU

**2009-2010 Daisy Awards**
Cathy Tindall, RN, BSN - Surgery
Kelly Jones, RN - 4th Floor
Elaine Arntz, RN - OPS/PACU
Regina O’Connor, RN, CPN - Emergency Department
Amber Deval, RN - 3rd Floor
Sheila Unwin, RN, CPN - Neurology Clinic
Connie Headley, RN, BSN - NICU
Sammie Hooten, RN - 5th Floor
Our promise

Knowing that every child’s life is sacred, it is the promise of Cook Children’s to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.

Every Child: 2020

Every Child: 2020 is the “map” we follow to improve the health of every child in our region.

Map points:

1. Enhance the child-and family-centered environment of care.
2. Expand access to health services.
3. Provide the highest quality of care and safety built upon evidence from clinical and health services research.
4. Foster the continued growth and development of great physicians, great leaders and great staff.
5. Capitalize upon our unique health care delivery system to better integrate processes, services and companies.
6. Enhance community-wide collaborations, coordinate health resources and information, to meet the region’s growing children’s health needs.

Cook Children’s values are:
Safety, Integrity, Caring, Collaboration, Innovation, Giving

www.cookchildrens.org
Cook Children’s Awards/Recognition 2009-2010

February 2009 – Cook Children’s is the only exclusive pediatric system on the list of Top 100 Integrated Healthcare Networks by SDI as published in Modern Healthcare.

March 2009 – Cook Children’s Epilepsy program and Neurodiagnostic department’s EEG lab is recognized as an ABRET accredited EEG laboratory.

June 2009 – U.S. News and World Report puts Cook Children’s on its list of Top Children’s Hospitals: #24 for Diabetes and Endocrine, #27 for Respiratory Disorders, #27 for Neurology and Neurosurgery and #29 for Hematology and Oncology.

July 2009 – Cook Children’s Teddy Bear Transport earns reaccreditation through September 2012 from the Commission on Accreditation of Medical Transport Services.

September 2009 – Cook Children’s Medical Center President Nancy Cychol is named Regional Champion and Cook Children’s Medical Center is named a Gold Medal Hospital for organ donation advocacy and program by the Department of Health and Human Services.

October 2009 – The Cystic Fibrosis Foundation selects Cook Children’s Medical Center as a 2009 Quality Care Award recipient.

November 2009 – On The Dallas Morning News “Top Places to Work in Dallas-Fort Worth” list, Cook Children’s is ranked #23 overall. Cook Children’s is the top ranked Fort Worth-based company, the only health care system listed in the top 40 and the highest ranked not-for-profit on the list.

November 2009 – Cook Children’s is awarded a three-year accreditation from the American College of Radiology.

February 2010 – Cook Children’s is named to SDI’s 2010 Top 100 Integrated Healthcare Networks for the second consecutive year.

May 2010 – Cook Children’s receives Gold Tier recognition from The Joint Commission for 90 percent employee flu vaccination.

June 2010 – U.S. News and World Report places Cook Children’s on its list of Top Children’s Hospitals with a #29 ranking for Pulmonary.

July 2010 – Cook Children’s Medical Center is designated a Level II Trauma Center by the American College of Surgeons and the State of Texas.

July 2010 – Cook Children’s learns that it has once again made The Dallas Morning News’ list of “Top Places to Work in Dallas-Fort Worth.”

August 2010 – Cook Children’s ECMO program receives the ELSO Center of Excellence Award for the third straight year.

August 2010 – Cook Children’s is named to Modern Healthcare’s list of “Best Places to Work in Healthcare” 2010.