Our Mission

Gillette Children’s Specialty Healthcare provides specialized health care for people who have short-term or long-term disabilities that began during childhood. We help children, adults and their families improve their health, achieve greater well-being and enjoy life.

Nursing Vision

By providing excellent nursing care, Gillette nurses help patients and their families achieve greater independence and enjoyment in life. We strive to use our nursing knowledge and expertise to continually advance our practice and to improve our system of care for people who have disabilities.

“All of my nurses at Gillette work hard at taking care of me. They do the best job they can and because of that, it makes me feel safe and happy.”

– Maddy Lavalier, pictured above

On the Cover

Cameron Osterhoudt of Hibbing, Minnesota, stayed at Gillette in April 2015 following cranial vault remodeling surgery. During that time, Cameron’s nurses—including Lance Reed, pictured here with Cameron—made a lasting impression on his family. “Cameron was hooked up to so many tubes and wires that I would get nervous to hold him,” says his mom, Lindsay Osterhoudt. “But the nurses made it easy for me to comfort him.” Reed is one of more than 400 Gillette nurses who demonstrate leadership, innovation, collaboration and compassion every day.
Dear Colleagues,

Over the past several years, the nursing staff at Gillette Children’s Specialty Healthcare has become increasingly engaged with advancing the care we deliver to the patients and families we serve. Our patients seek care throughout their lives, from childhood into adulthood, and Gillette nurses support them during each part of that journey. Regardless of their role within Gillette, our nurses’ commitment is the same—to partner with patients and families to help them reach greater health, happiness and well-being. We remain true to this mission each and every day.

As you read on, you will discover the intensity with which the Gillette nursing staff has embraced varied methods of elevating patient- and family-centered care to new heights. Our nurses believe in empowering patients and families to join Gillette as we continue our journey of quality, safety and excellence in the services we provide. They lead the way in helping children and adults who have rare and complex conditions achieve improved coordination of care and optimal treatment outcomes. They also demonstrate ongoing commitment to advancing Gillette organizational culture.

As I reflect on 2014 and 2015, I wish to share and celebrate key nursing accomplishments that have positively affected the care Gillette provides. You will experience the joy, compassion and dedication our nurses demonstrate as they come together to put their patients first. I am proud of every nurse who continues to strive for excellence. Based on our outcomes to date, I know we have succeeded in not only meeting, but exceeding, the expectations of our patients and families.

Thank you all for being essential partners as we advance the care we provide to the children and families we have the privilege to serve.

All my best,

Karen Brill

Karen Brill, MHA, RN
Chief Nursing Officer
Vice President of Patient Care
My Patients: Why I develop new tactics for patient education.

Using Teach-Back to Educate and Empower Patients

From managing multiple medications to performing certain care procedures at home, families of medically complex patients play an important role in their children’s health. Recognizing this role and the responsibility inherent in it, Gillette nurses partner closely with families to ensure patient safety inside and outside of the hospital. The teach-back method of patient education is an example of this effective partnership at work.

In the teach-back model, a nurse educates a family about a topic related to their child’s care by first explaining important information or instructions. Then, the nurse asks the family to tell or show what they’ve just been taught to ensure complete and accurate understanding.

“Teach-back is a two-way street,” says Kari Kubiatowicz, nurse care manager. “It’s a method that encourages an open conversation where gaps in knowledge can be identified, and it’s entirely structured around making sure patients and families feel confident in their ability to manage their own care.”

Expanding Teach-Back Beyond Nursing

Since launching teach-back in 2012, nurses have led the charge to expand the initiative hospital wide. Today, additional patient care staff—including physicians, pharmacists, therapists, assistive technology specialists and others—have been trained in teach-back. Training includes learning how to navigate challenging scenarios, such as encounters with families who are too hurried to engage in teach-back, and working with an interpreter.

Parents like Lindsay Osterhoudt credit teach-back, along with countless interactions with Gillette nurses, for supporting her family during and after her son Cameron’s inpatient stay. “The nurses did a phenomenal job of educating us while we were in the hospital,” says Osterhoudt. “By the time Cameron was discharged, we were secure in the knowledge that we could take care of our son.”

By ensuring patients and families are fully informed and educated, Kubiatowicz says teach-back has contributed to improved patient outcomes and lowered readmission rates.
Magnetic Signs Improving Patient Safety and Satisfaction

In 2014, the Orthopedics/Surgical Unit Transforming Care at the Bedside (TCAB) team piloted a new idea: using magnetic signs to provide visual, family-friendly medicine education. The signs—which display a medication’s name, purpose and common side effects—also serve as a tool to enhance and ensure timely completion of nurses’ education tactics. When nurses teach a family about a particular medication, they put that medication’s sign on a whiteboard in the patient’s room.

A Visible Reminder and Conversation Starter

The medication magnets are a visual cue to inform as well as prompt discussion between caregivers and staff. “It’s all about beginning a dialogue,” says nurse and TCAB team member Gail Busch. “If we expect our parents to be involved with administering their child’s medications at home, then it’s our responsibility to educate them. Sometimes the best ideas are the simplest, and the medication magnets are just one example of our efforts to proactively engage with patients and families.”

A TCAB team survey found that 94 percent of nursing staff found the magnets helpful in teaching patients about medications.

Well-Received by Families

Medication magnets are a hit with families as well. In a TCAB team survey, 89 percent of families said the signs helped them better understand potential side effects of their child’s medications. Comments have included “Loved them,” “Very helpful,” and “It really helped us stay on top of what our son was receiving, and understand what was going on.”

Following successful implementation on the Orthopedics/Surgical Unit, nurses introduced the concept on the hospital’s other inpatient units. They also created Spanish language versions of the magnets.

TyMed™ Toolkit: New Look Improves Function

The TyMed™ Toolkit helps caregivers properly administer medication to their child upon returning home after an operation. Originally developed at Gillette, during the past year nurses redesigned the toolkit to improve its usability. It now includes worksheets to document medication type, dosage and time administered. Caregivers can also track their child’s pain and activity levels.

A 2015 survey found an overwhelming majority of families felt the TyMed™ Toolkit contributed to their child’s safety and pain management. Going forward, nurses will continue researching the toolkit’s effectiveness in minimizing postsurgical pain and reducing medication side effects.
Nurses Collaborate, Innovate to Help Families Coordinate Care

A Minnesota Department of Health (MDH) grant is giving Gillette nurses a new opportunity to form strong bonds with their patients, families and colleagues. The $480,000 grant, which spans three years, is aimed at helping families of children who have complex medical conditions more easily coordinate care between Gillette and their primary care providers. It’s intended to support families who live in rural areas, who have recently immigrated to the U.S., or who have limited English proficiency.

Teamwork Is Key

Esme Gerogeorge, a nurse on the coordinated care team, says her involvement in the initiative makes her job that much more rewarding. “We’re all working together and can share great ideas and help solve problems,” Gerogeorge says. “If I see that one of my patients might have an issue with getting services once they’re discharged, I can contact the team social worker and make sure things are in place.”

Though coordinated care is not a new concept at Gillette, the MDH grant opens up new opportunities—to improve patient tracking, for example, and to pilot new approaches to care. Nurses work closely with social workers and patient access specialists as part of the coordinated care team.

Nurses have spearheaded many of the components of the coordinated care program. They reach out to community health care providers to help them understand the complex needs of their patients. They also make follow-up phone calls to parents to make sure new medicines are started, images are obtained, and lab testing is completed. In essence, the nurses act as “health coaches” for families.

Improved Access, Ease for Families

Shantel Dudley lives just outside of Bemidji, Minnesota, and says the care coordination team is a huge help. She and her husband, Kent, have six adopted children, all of whom are considered to be medically fragile. “One of the biggest advantages of working with the care coordination team is we’re able to get many appointments done in one day,” Dudley says. “It can make for a long day but it saves us from making many trips to Gillette in the same month. The medical specialists and nurses coordinate with each other to make sure our kids are getting the best care possible.”

Gillette has partnered with four primary care clinics across Minnesota, and the team works closely with 36 families enrolled in the coordinated care program. The MDH grant continues through June 2017.
My Patients: Why I embrace staff training and professional development.

Education Specialists Encourage Nursing Teams to Understand the “Why”

Cathy Johnson firmly believes that nursing care means more than repositioning a patient or starting an IV. “There’s a difference between competence and confidence,” explains Johnson, an education and professional development specialist at Gillette.

Confidence is vital for Gillette nurses, who serve a unique and vulnerable population. “Our nurses have to understand what it’s like to be a patient or family living with a disability,” adds Johnson. “It’s the role of the education specialist to make sure our nurses can practice at that higher level.”

Education specialists help nurses throughout the organization—from recent graduates to seasoned professionals—achieve and maintain their confidence. By encouraging professional development, championing quality and safety initiatives, and partnering with their teams to problem-solve and innovate, the ultimate goal is improved patient outcomes.

All About the Patient

“All About the Patient

“Whether it’s a best practice for hospital-acquired infection prevention, a process change, or a nursing certification we’re encouraging, I help staff understand the ‘why’ behind it,” says Sharon (B.J) Schaffhausen. “Here’s why we do this. Here’s the outcome we want to achieve for this patient.”

Schaffhausen worked as an adult inpatient nurse before transitioning in 2010 to become an education specialist overseeing the Adult Inpatient Unit. In 2015, her role expanded to include nurses at Gillette Lifetime Specialty Healthcare. Just as Schaffhausen’s position has evolved, so has the role itself. Today, each education specialist holds, or is in the process of obtaining, a master’s degree.

Benefits of Higher Education

Higher education is valued for nurses throughout Gillette. Johnson says baccalaureate training teaches the ability to critically reason and to comprehensively assess patient needs. “It’s about professionalism, commitment, responsibility, and realizing when a family has social needs in addition to their child’s medical care.”

By fostering these qualities in their nursing teams—and equipping nurses with the training they need to excel as caregivers—education specialists elevate Gillette nursing practice to that critically important next level. “What we teach through role modeling, asking difficult questions, and challenging the team produces that exceptional nurse,” says Schaffhausen.
My Patients: Why I’m committed to family-centered care.

Family-Centered Rounding Improves Communication, Care

Patients and families who spend time on a Gillette inpatient unit might notice that traditional bedside rounding has a new look and feel. In August 2014, nurses began a concept called family-centered rounding. Piloted by the nursing collaborative governance clinical practice committee, family-centered rounding means that providers round with the patient’s nurse—and with the patient’s family present, whenever possible.

Inpatient Rehabilitation Unit nurse Sarah Anderson, a member of the committee in 2014 and 2015, says the initiative aimed to enhance the hospital’s culture of patient-centered care. “The main purpose for family-centered rounding is to help improve communication between providers, nurses and families,” she explains. “More effective communication leads to improved patient safety.”

To prepare for the launch of family-centered rounding, team members researched different nurse-provider rounding methods, collaborated with provider groups, and communicated the concept to nursing units. After implementation, the team conducted regular audits on each inpatient unit. They also tracked patient satisfaction scores for five communication-specific survey questions to measure improvement.

Rave Reviews from Staff, Families

Anderson says the practice has already made a difference, with positive feedback from nurses and providers. “I appreciate hearing the provider’s plan of care and discussion with families firsthand,” she explains. “It’s also helpful to hear families’ questions and the providers’ answers, so I’m able to reiterate those answers if the same question comes up again.”

Patients and families appreciate the new process, as well. “Families love the ability to speak with their child’s nurse and physician simultaneously,” says Anderson. “Seeing such visible collaboration helps them feel even more confident that they’re receiving the absolute best care.”

Marie Miller, a nurse on the Inpatient Rehabilitation Unit, and Gabrielle Meyer, a pediatric rehabilitation resident, participate in family-centered rounding with Dalton Youngblood and his mom, Crystal Ludwig. Dalton, 12, spent a month at Gillette recovering from Guillain-Barre Syndrome.
Nurse Investigators Improve Care for Complex Patients

Nursing research is a process of discovery and innovation. It’s also one of continual improvement, integrating evidence-based knowledge into clinical practice. Nurse researcher John Belew believes that when nurses question their existing practices through research, it leads to innovations in care.

“The exciting part for me is to see how, even as nurses formulate a project, they’re already making improvements,” he says. “They’re applying research protocols to prove why a certain process or practice is effective, or why it should change.”

Research Benefits Unique Population

Nurse-led research during 2014 and 2015 followed several themes or lines of inquiry: investigations into patient-centered processes, evaluation of interventions or assessment tools, and studies that expand knowledge about children who have disorders of the musculoskeletal or neurological systems. Gillette nurses conduct research that benefits this unique population. “Our nurses see an opportunity to help other providers and health care systems better understand the care of these patients,” says Belew.

A study led by Katie Houle, an education specialist in Perianesthesia, did just that. Houle and her colleagues evaluated a program that reunites parents with children recovering from surgery in the Postanesthesia Care Unit (PACU). The five-year Gillette study found caregiver presence did not significantly prolong patients’ time in the PACU—and, in fact, resulted in more efficient stabilization of patients who have developmental disabilities. The American Society of PeriAnesthesia Nurses published the findings in 2015.

Filling a Research Void

Gillette providers’ expertise in treating adults who have childhood-onset disabilities presents additional research opportunities. Jenna Katorski, a family nurse practitioner at Gillette Lifetime Specialty Healthcare, collaborated with Sean Elliott, MD, and other colleagues to examine lower urinary tract dysfunction in adults who have cerebral palsy. The study, published in 2015 in the Journal of Urology, found that a conservative approach to treatment was successful—and prevented the need for surgical intervention—in more than 75 percent of patients. “Expertise in managing these issues doesn’t exist in the adult medical community,” says Belew. “Gillette providers have jumped into that void to build knowledge.”

Belew, who shares the role of nurse researcher with colleague Rhonda Cady, adds that nurses’ commitment to their patients is the engine that drives research forward. “We want nurses who are bright-eyed and looking for things that could be improved,” says Belew. “That’s a great thing for our patients.”
Pediatric Intensive Care Unit Receives National Honor

When children require intensive care due to injury, illness or recovery from a complex surgery, it’s essential their nurses have the resources, skills and support needed to provide exceptional quality of care. In April 2015, the American Association of Critical-Care Nurses (AACN) recognized the Gillette Pediatric Intensive Care Unit for exactly that, awarding it a prestigious gold-level Beacon Award for Excellence.

Gillette is the only children’s hospital in the region to receive the Beacon Award, the highest honor given by the AACN. It recognizes excellence in all aspects of critical care, from infection rates and outcomes measures to department structure and employee engagement. Recipients must demonstrate improved patient outcomes and alignment with the organization’s six Healthy Work Environment Standards. 2015 was the first year Gillette applied for the award.

A Journey of Improvement

Dawn Baddeley, manager of the Pediatric Intensive Care Unit, says the 18-month application process required painting a comprehensive picture of the team’s structure, mission and values. “The AACN doesn’t just want to know what we’re doing to continue to improve our safety and quality, they want to know how we’re doing it,” she explains. “They challenged us to explore the roots of our nursing culture and describe our journey of improvement.”

Parents like Amanda and Luke Stombaugh believe the recognition is well-deserved. In April 2015 their 3-year-old daughter, Ashlyn, spent 12 days in the Pediatric Intensive Care Unit recovering from critical injuries sustained in a car accident. “We’re incredibly grateful for Ashlyn’s amazing care team,” said Amanda Stombaugh during her daughter’s inpatient stay. “They’re all so dedicated, professional and helpful. We couldn’t be in a better place.”

Baddeley says her nursing team is excited to continue applying for the award, which the AACN gives out in three-year cycles. “I’ve always known there was something special about Gillette,” she adds. “Our nurses love Gillette, love its mission. We hold ourselves to the highest standards.”
Clinic Helps Patients Embrace New Life Stage

Nurses in the Gillette Transition Clinic are eager to support patients entering a new phase of life—adulthood. The clinic, which opened in September 2014, helps patients find physicians, nurse practitioners and other adult-focused providers and services at Gillette Lifetime Specialty Healthcare.

“Most patients and their families are anxious about reaching this milestone in life,” says Kathy Lindstrom, certified nurse practitioner. “They’re preparing to leave providers they’ve built relationships with—and who have cared for them their entire lives. We’re here to help them feel safe and supported.”

Laying a Groundwork of Trust

Transition Clinic nurses listen to families and work with them to craft a plan for a smooth transfer to adult care. These in-depth discussions allow nurses to become familiar with each patient and their dreams for the future. It also builds a foundation of trust and rapport.

“Families are grateful that we’re able to provide the holistic approach to care that their child received as a pediatric patient,” says nurse Michaela Geffre. “It can be an overwhelming time for families, but I try to lighten the mood by telling jokes and asking every patient to tell me three great things about themselves,” Geffre adds.

A Collaborative Approach

The nursing team works closely with social workers, providers, and other Gillette Lifetime specialists to ensure patients’ needs are met as their bodies change and they face new psycho-social challenges that accompany adulthood.

Nurses also encourage patients to become more independent and begin to manage their own health care. In many cases, they’ll act as a “bridge” between adolescents reaching for more freedom and well-meaning parents reluctant to let their children become their own decision-makers.

Lindstrom and Geffre agree that it’s rewarding to see the relief in the eyes of families as they realize they’re not alone on this journey. “We look at the whole patient and can determine what their needs are to make their lives easier and more fulfilling,” says Lindstrom. “That’s very gratifying.”
Nurses Team Up to Reduce, Eliminate Hospital-Acquired Conditions

“Health risks largely considered adult-specific do impact the pediatric world,” says critical care nurse Jenny Bucka. She, along with orthopedic surgeon Libby Weber, M.D., co-leads the Venous Thromboembolism Event (VTE) prevention team at Gillette, one of nine teams aimed at preventing hospital acquired conditions (HACs), readmissions and serious safety events.

The nine HAC teams first came together in 2013, when Gillette joined the Children’s Hospitals Solutions for Patient Safety (CHSPS) collaborative. Nurses lead or co-lead each HAC team, while others serve as active team members. Gillette is one of only several children’s hospitals to tackle all nine HACs immediately upon joining the collaborative.

Two years ago, Gillette didn’t formally track or conduct risk assessments for VTE. “Historically, the pediatric population wasn’t considered at significant risk,” says Bucka. “More recently, research began finding children and adolescents were increasingly developing these clots.” Gillette participation in CHSPS brought an opportunity for nurses to develop a risk assessment tool for patients.

A Customized Assessment Tool

“We took the tool from the adult world and tailored it to our pediatric population,” explains Bucka. “We’ve made it our own. It’s evolved as we’ve realized what works best for our patients and providers.”

Nurses in the Pediatric Intensive Care Unit, whose patients have the highest risk for developing VTE, piloted the tool in February 2014. It expanded to the Adult Inpatient Unit and Orthopedics/Surgical Unit two months later and became part of our electronic medical record that fall. Patients score one point for every risk factor—a list of more than 20 altogether. Nurses assess patients every day.

“Developing any HAC can mean the difference between another day on the ventilator, more time in the hospital, more IVs, or increased medications,” adds Bucka. “So we really have to be engaged. Our HAC prevention work has made everyone feel like they’re part of the improvement process.”

VTEs Per 1,000 Patient Days

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Reliability With the Best Practice Bundle

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New Neurosciences Clinics Mean Less Stress for Families

In January 2014 Gillette began two new clinics—the Acute Care Neurosurgery Clinic and the Neurology Urgent Clinic. Patients with semi-urgent medical concerns can now quickly get an appointment with a pediatric nurse practitioner who has expertise in neurosurgery or neurology. The nurse practitioner evaluates the child’s health issue and determines if hospitalization, a surgical procedure, or a consultation with a physician is needed.

Easier access to these highly trained nurse practitioners reduces emergency room visits, with the goal of also preventing unnecessary hospital admissions. Perhaps more important, it decreases stress and worry for patient families.

Same-Day Assessments Ease Worry

“Advance practice nurses have the educational background and critical thinking skills to understand our patients and figure out how best to help them,” says Amanda Seeley, neurosurgery pediatric nurse practitioner. “When parents are worried about their child who just had a seizure or who has a shunt that may be malfunctioning, you don’t want to tell them they have to wait for an appointment. The clinics run by advance practice nurses mean patients can usually get in to be assessed on the same day.”

Gillette telehealth nurses are a key component to making sure the clinics are working well. “They talk to the families and get thorough medical histories. We have secure email so they can ask families to send in photos of a wound or other medical issue,” Seeley adds. This provides solid background information to help prepare the nurse practitioners working in the various clinics.

Seeley has been at Gillette for about 10 years and has seen significant growth in the number of advance practice nurses—in Neurological Services specifically, but also hospital wide.

In 2015 the Acute Care Neurosurgery Clinic saw 115 patients and the Neurology Urgent Clinic saw 78 patients. That means close to 200 patients received care more quickly. “I think this is a sign of the contributions and strengths these nurses bring to the organization,” Seeley says.
Nursing Certifications

The following nurses received nursing certification in 2014:

Kathryn Adams — CPNP
Sarah Anderson — CRRN
Timothy Bertrand — CPN
Rachel Boehm — CPN
Anne Conklin — CPN
Elizabeth Dahl — CDDN
Doris Daily — CMSRN
Katherine Ellis — CPN
Sara Faehn — CMSRN
Thea Fleming — CPN
Cassandra Flo — CNOR
Heidi Gelhar — CNOR
Andrea Hahn — CPN
Rebecca Hamilton — CPN
Amy Harding — CPN
Missy Hayward — CPN
Nicole Hickman — CMSRN
Bonnie Jarosch — CNOR
Laura Kane — CPN
Michaella Kelly — CPN
Celeste Knoff — CRRN
Jenni Kohnen — CNML
Sarah Krage — CPN
Jessica Lennartson — CPN
Karen Levandoski — RN-BC Ambulatory Care
Kristin Liehr — CPN
Mary Lowe — CPN
Stacy Lund — CNOR
Stephanie Lurken — CBIS
Lisa MacLean — CPN
Fonyia Nkem — CRRN
Anna Parthun — CPN
Natalie Paulson — CPN
Melanie Pelzel — CMSRN
Sacha Peterson — CMSRN
Mary Reak — CPAN
Lisa Reid — CPN
Jody Renneke — CPN
Patrick Rivard — RN-BC Pain Management
Nancy Roster — CBIS
Karla Rydberg — CRRN, CBIS
Tracy Sandberg — CMSRN
Sharon (BJ) Schaffhausen — RN-BC Professional Staff Development
Ashley Shneider — CPN
Nichole Stender — CPN
Kimberly Sullivan — CMSRN
Amy Sundberg — CPN
Amanda Totino — CPN
Jennifer Uecker — CPN
Jacquelyn Wescott — CPN

The following nurses received nursing certification in 2015:

Joel Dickey — CNOR
Lenae Dunaski — CNOR
Danielle Iverson — CPN
Amanda Motter — CNOR
Kathryn Noack — CMSRN
Margaret O’Brien — CPN
Jackie Potter — CPN
Alicia Schaub — CPN
Jean Stansbury — CHPPN

Why I pursue advanced certification.
**Growth in Certified Frontline Nurses**

- 2012: 39%
- 2013: 36%
- 2014: 52%
- 2015: 49%

**Gillette Nurses Holding a Bachelor’s Degree or Higher**

- Gillette 2015: 82%
- Institute of Medicine Recommendation for 2020: 80%

**2015 Education Levels of Acute Care Gillette Nurses**

- Licensed Practical RNs, Diploma RNs, Associate’s Degree RNs: 3%
- Bachelor’s Degree RNs: 59%
- Master’s Degree RNs: 20%
- Doctoral Degree RNs: 18%
My Patients: Why I question and investigate.

Ongoing Research Investigations

**John Belew**, PhD, RN, and **Rhonda Cady**, PhD, RN. “Evaluation of reliability and validity of the tailored observational pain screen.”

Brian Benish, CO, and **Sarah Gutknecht**, CNP, RN. “Efficacy of TLSO in the treatment of progressive adolescent idiopathic scoliosis: A prospective study including monitored wear time.”

**Gail Busch**, BSN, RN, **Rhonda Cady**, PhD, RN, and **John Belew**, PhD, RN. “Nursing use of comprehensive discharge teaching plan and transition home.”

**Rhonda Cady**, PhD, RN.
- “Evaluation of a consultative model of care coordination.”
- “Causes and impact from delayed hospital discharges of children with medical complexity on pediatric hospital days and expenditures.”

**Rhonda Cady**, PhD, RN, and **John Belew**, PhD, RN. “Readiness for discharge: Exploring post-discharge pediatric pain management and post-discharge outcome measures.”

Supreet Deshpande, MD, and **Jean Stansbury**, CNP, RN. “MD study to access the safety of 3mg/mL Gablofen (baclofen injection) delivered by intrathecal administration using the SynchroMed II programmable infusion system (CNS-GAB101US).”

**Angie Drummond**, CNP, RN, and **Sarah Gutknecht**, CNP, RN. “Developmental dysplasia of the hip: Non-operative management.”

Sean Elliot, MD, and **Jenna Katorski**, CNP, RN.
- “Should we continue to perform surveillance cystoscopy for patients with augmentation cystoplasty?”
- “Characterizing the urodynamic findings of adult cerebral palsy patients.”
- “Urodynamic characterization of urinary dysfunction in adults with cerebral palsy.”
- “Gentamicin bladder instillation.”
- “Adult neurogenic bladder database.”
- “Urodynamic characterization of voiding dysfunction in adults with cerebral palsy.”

Katie Engel, PT, and **Gail Busch**, BSN, RN. “Does providing pre-operative education classes have positive impacts on the post-operative periods?”

Patrick Graupman, MD, and **Amanda Seeley**, CNP, RN. “Bedrest after intrathecal baclofen pump surgery.”

**Sarah Gutknecht**, CNP, RN. “Cerebral palsy, gait parameters, and obesity.”

Esther Herbert, RT, **Kathy Lindstrom**, CNP, RN, **Rhonda Cady**, PhD, RN, and **John Belew**, PhD, RN. “Lung volume recruitment with breath-stacking for children and adults with DMD.”

**Jenna Katorski**, CNP, RN, **Karen Levandoski**, RN, **Rhonda Cady**, PhD, RN, and **John Belew**, PhD, RN. “Perceptions of bowel management programs by adults with neurogenic bowel dysfunction.”

Steven Koop, MD, and **Sarah Gutknecht**, CNP, RN. “Fracture incidence in individuals with developmental disabilities.”
**My Patients:** Why I question and investigate.

Leslie Larson, CNP, RN, Krissa Jefferis, CNP, RN, and Jenna Katorski, CNP, RN. “Characteristics of children evaluated in a nurse practitioner-driven minor neurotrauma clinic.”

Denise Leighty, CNP, RN, and Jennifer Maytum, CNP, RN. “Retrospective study of the characteristics of children seen at First Seizure Clinic at Gillette Children’s Specialty Healthcare.”

Kim Marben, DNP, RN.
- “Examining the trajectory of transition in adolescents and young adults with spina bifida.”
- “Personal health questionnaire screening and follow-up: A retrospective review.”
- “Patient activation measure evaluation: A retrospective review.”

Nancy Mendelsohn, MD, and Sarah Gutknecht, CNP, RN. “Diagnosis of mucopolysaccharidosis disorders in patients presenting with bilateral hip disease.”

Tom Novacheck, MD, and Sarah Gutknecht, CNP, RN. “DFEO/PTA long-term outcomes.”

Michael Partington, MD, and Jenna Katorski, CNP, RN. “Research approaches to improve the care and outcomes of people living with spina bifida: Spina Bifida Registry.”

April Pate, CO, and Jenny Wilhelmy, CNP, RN. “Assistive technology seating and wound-care nursing treatment of pressure ulcers in spina bifida, cerebral palsy and spinal cord injured wheelchair users.”

Patrick Rivard, BSN, RN, and John Belew, PhD, RN. “Prospective exploration of pain and somatosensory disturbance among individuals with disabilities in the context of orthopedic surgery.”

Michael Schwartz, PhD, and Sarah Gutknecht, CNP, RN. “Spasticity reduction in children with cerebral palsy and body mass index.”

Frank Symons, PhD, and Jean Stansbury, CNP, RN. “Intrathecal baclofen and pain outcomes in CP.”

Walter Truong, MD, and Sarah Gutknecht, CNP, RN.
- “Obtaining patient-centered pediatric orthopaedic outcome measures in electronic format for real-time use, completeness, and ease of analysis.”
- “Load experienced while using a stander in children with CP.”

**Bolded names indicate Gillette nurses.**

Kristy Ukwaththa, a nurse on the Inpatient Rehabilitation Unit, cares for patients like Kate Schloemann, pictured here, who spend time at Gillette after selective dorsal rhizotomy surgery.
Rhonda Cady, PhD, RN

**Publications**


**Bolded names indicate Gillette nurses.**
Presentations

Podium Presentations


Poster Presentations


Dahl, B. (2015, April 23-24). “Parent perception of visual supports during clinic exam for children with communication and intellectual disabilities.” National Evidence-Based Practice Conference - Nursing Workload Balance - Quality Care and Staff Wellness, Iowa City, IA.


Bolded names indicate Gillette nurses.
Hospital Acquired Condition (HAC) Nursing Team Members

During 2014-2015, Gillette nurses played an important role in all nine of the hospital’s HAC teams. Following is a comprehensive list of HAC team members in nursing as well as other disciplines.

Adverse Drug Events (ADE) Team

Lori Anderson*
Sarah Anderson
Gerry Balder
Arthur Beisang, MD
Tim Bertrand
Jenny Bucka
Rebecca Busch
Kristen Chisholm
Lynn Choromanski
Kathleen Conway
Kristin Crabtree
Christi Daum
Hannah Day
Joel Dickey
Risa Eckardt
Katherine Ellis
Heather Erickson
Lisa Filla
Kristin Frisbie
Louise Giampaolo
Laura Gustafson
Laura Hay*
Traci Herman*
Shalena Janis
Amy Kaiser
Deborah Kershaw
Mark Kremers
Susan Larkin
Jessica Lillesve
Sarah Loiotile
LeeAnn Lyman
Mary Matteson
Anne McManus
Katy Noack
Susan Paget
Mary Jane Rivard
Iris Roberts
Nancy Roster
Susan Schuler
Robert Simon
Tammy Sinkfield-Morey
Ashlee Slye
Gao Vang
Susan Webster-Pimentel
Lorie Xiong
Mary Zahurones

* Indicates leadership role.

Catheter-Associated Urinary Tract Infection (CAUTI) Team

Amy Anderson
Allison Berg
Rachel Boehm
Shari Bohlander*
Barbara Bor
Kathleen Conway
Kristin Crabtree
Sarah Craig
Hannah Dunn
Jennifer Esser
Ralph Faville, MD
Nicole Hickman*
Phil Jacobs
Angela Joyce
Jenna Katorski
Becky Landreth
Kelsey Lewandowski
Heather Mason
Carol Mata
Gail Pries
Carol Rodriguez
Nancy Roster
Alicia Schaub
Kristina Schlottman
Angela Severson
Kirsten Welge
Sally Wulfing
Katie Zawadski

Central Line-Associated Bloodstream Infections (CLABSI) Team

Patty Akers
Dawn Baddeley*
Steven Baisch, MD
Liza Beilke
John Belew
Abbie Boettcher
Barbara Bor
Tessa Brandt*
Kathleen Conway
Kristin Crabtree

2015 Unplanned Readmissions

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<tr>
<th></th>
<th>Gillette</th>
<th>CHSPS Average</th>
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<td>6.7%</td>
<td></td>
<td>7.8%</td>
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</table>

As a result of HAC team efforts and other Gillette safety initiatives, the hospital’s 2015 unplanned readmission rate is lower than the Children’s Hospitals Solutions for Patient Safety (CHSPS) average.
My Patients:

Sarah Craig
Krista Crescenzo
Cassie Dunn
Kristen Gerber
Ceci Gifford
Mary Golden
Jenna Grossardt
Susannah Humpal*
Amy Husome
Natalie Jeanetta
Maria Jurgens
Celeste Knoff
Becky Landreth
Amy Lund
Didi Mon-Sprehe, MD
Megan Munger
Liz Potratz
Sharon (BJ) Schaffhausen
Alicia Schaub
Amy Schleif
Kristina Schlottman*
Rachel Sievers
Robert Simon
Ali Smith
Lisa Reid
Kath Roske
Nancy Roster
Sharon (BJ) Schaffhausen*
Rosanne Steber
Lindsey Stephens
Emily Syverson
Joy Taber, MD

Safety Forward

Every patient. Every time.

Serious Falls (SF) Team

Wanda Baker
Sandy Bates
Holly Bronson
Shawn Chambers
Anne Conklin
Kathleen Conway
Tania Cordero
Kristin Crabtree
Angela DiPalma
Janey Farber
Cassie Flo
Rebecca Houle
Pam Howard
Rebecca Hutchinson
Sue Irle
Nancy Kaltenbach
Renee Kaufenberg
Kelly Kohnen
Doris Lueneburg
Matt Lynch
Kim Marben
Diane Newman
Jill Olson*
Laura Peterson
Jackie Price

Pressure Ulcer Prevention (PUP) Team

Shari Bohlander*
Kristin Crabtree
Thea Fleming
Paula Forte
Willie Henderson
Celeste Knoff
Gary Kroll
Ronna Linroth
Dale Marks
Lisa McConnell
Eric Meininger, MD
Sherry Palfalvi
Krisy Plasch
Elizabeth Potratz
Tammy Sinkfield-Morey
Cheryl Swanson
Amanda Tomczak
Amanda Totino
Jenny Uecker
Jenny Wilhelmy*

Readmissions Team

Shari Bohlander*
John Belew
Holly Bronson
Rhonda Cady
Lisa Carr
Sarah Conlin
Kathleen Conway
Megan Cosgrove
Kristin Crabtree
Thea Fleming
Amy Harding
Laura Hay
Rebecca Hutchinson
Jennifer Kohnen*
Kristin Liehr

* Indicates leadership role.
My Patients:

Lisa MacLean
Lou Ann Minea
Neota Moe
Whitney Regnier
Melanie Rouse
Barbara Sander
Amy Schleif
Scott Schwantes, MD
Nicole Spicer
Jeanette Vang
Kirsten Welge
Nicole Williams, MD

Robert Sturm
Cheryl Tveit
Gao Vang
Rita Wittmer

Why I engage in quality and safety activities.

Safety Forward

Surgery Site Infection (SSI) Team

Shari Bohlander*
Barbara Bor
Sarah Conlin
Kathleen Conway
Kristin Crabtree
Jennifer Esser
Ralph Faville, MD
Mary Golden
Trevor Goldsmith
Patrick Graupman, MD
Tenner Guillaume, MD*
Laura Hay
Michael Healy, MD*
Nicole Hickman
Katie Houle
Pam Howard
Rebecca Hutchinson
Johnson Innis
Phil Jacobs
Patty Kallevig
Peter Kim, MD*
Steven Koop, MD
Becky Landreth
Suzanne Le
Teri Most
Cindy Noble
Michael Partington, MD
Gail Pries*
Mary Reak
Maria Reed
Nancy Roster
Gwen Schuller-Bebus
Teresa Schultz
Larry Smith
Debbie Song, MD
Nicole Spicer
Amanda Steele

Safety Forward

Ventilator-Associated Pneumonia (VAP) Team

Dawn Baddeley
Steven Baisch, MD
Abigail Boettcher
Barbara Bor
Tessa Brandt*
Kathleen Conway
Kristin Crabtree
Sarah Craig*
Cassie Dunn
Susannah Humpal
Sue Irle
Susan Knight
Becky Landreth
Amy Lund
Didi Mon-Sprehe, MD
Catherine Polley
Misty Rutledge
Amy Schleif
Kristina Schlotman*
Robert Simon
Tammy Wawrzyniak

Safety Forward

Venous Thromboembolism (VTE) Team

Lori Anderson*
Steven Baisch, MD
Jenny Bucka*
Madeline Burns
Rebecca Busch
Lynn Choromaski
Kathleen Conway
Kristin Crabtree
Alejandra Eppinger
Amber Gilchrist
Jodi-Rae Ikens
Sue Irle*
Danae Johnson
Celeste Knoff
Didi Mon-Sprehe, MD
Anna Parthun
Amy Paver
Elizabeth Potratz
Libby Weber, MD*

* Indicates leadership role.
Our Mission

Gillette Children’s Specialty Healthcare provides specialized health care for people who have short-term or long-term disabilities that began during childhood. We help children, adults and their families improve their health, achieve greater well-being and enjoy life.

St. Paul (Main) Campus
200 University Ave. E.
St. Paul, MN 55101
651-291-2848
800-719-4040 (toll-free)

Brainerd Lakes Clinic
15860 Audubon Way
Baxter, MN 56401
218-824-5001
800-578-4266 (toll-free)

Burnsville Clinic
305 E. Nicollet Blvd.
Burnsville, MN 55337
952-223-3400
866-881-7386 (toll-free)

Duluth Clinic
Lakewalk Center, Suite 210
1420 London Rd.
Duluth, MN 55805
218-728-6160
800-578-4266 (toll-free)

Gillette Mankato Clinic
1421 Premier Dr.
Mankato, MN 56001
507-207-2700
844-207-2700 (toll-free)

Maple Grove Clinic
9550 Upland Ln. N.
Maple Grove, MN 55369
763-496-6000
888-218-0642 (toll-free)

Minnetonka Clinic
6060 Clearwater Dr.
Minnetonka, MN 55343
952-938-0977
800-277-1250 (toll-free)

Minnetonka Therapies
12400 Whitewater Dr., Suite 2030
Minnetonka, MN 55343
952-908-1500
855-908-1500 (toll-free)

Phalen Clinic
435 Phalen Blvd.
Second floor
St. Paul, MN 55130
651-228-6400
800-578-4266 (toll-free)

Willmar Clinic
1303 1st Street South, Suite 1
Willmar, MN 56201
651-290-8707
800-578-4266 (toll-free)

Outreach Clinics
For locations and schedules:
651-290-8707
800-578-4266 (toll-free)
gillettechildrens.org

Gillette Children’s Specialty Healthcare is named in honor of orthopedic surgeon Arthur Gillette, M.D., who helped found the nation’s first hospital for children who have disabilities. We are an independent, not-for-profit children’s hospital, and our organization has no affiliation with the Gillette Company or the Gillette brand of personal care products.