

2025

Annual Nursing Report



Children'sSM
Healthcare of Atlanta



A Letter From the Chief Nursing Officer

I am honored to share the 2025 Annual Nursing Report, a testament to the extraordinary efforts and exceptional care that Children's Healthcare of Atlanta nurses provide every day.

As I reflect on the past year, I am struck by the impact our nursing community continues to have—locally, nationally and globally. This report captures more than accomplishments; it tells the story of nurses who lead with purpose, advance practice through evidence, and center every decision on the children and families we serve.

At the foundation of our work is a shared investment in professional nursing practice. With a commitment to continued growth, innovation and sustainability, this year, we redesigned our Professional Practice Model infographic to more clearly reflect who we are, how we practice and what we value. We also developed the 2026-2028 Nursing Strategic Plan with nurses at the forefront to drive Children's Professional Nursing Practice into the future.

Our leadership in research and evidence-based practice remains strong. Nurses across the organization produced more than 140 research publications and presentations at the local, regional, national and international levels—an exemplary demonstration of intellectual curiosity, clinical expertise and dedication to improving outcomes for all pediatric patients everywhere.

In further demonstration of that commitment, we accomplished a significant milestone in 2025 as Children's nursing embarked on its first-ever international mission trip, providing care to more than 350 patients in Guatemala. Closer to home, our domestic mission trip continued to Moultrie, Georgia, and extended that same spirit of service, compassion and partnership to communities within our own state. These experiences reflect our shared belief that nursing excellence knows no geographic boundary.

We also advanced care delivery through the implementation of a family-centered rounding pilot, strengthening collaboration and partnership at the bedside, and through the virtual nursing pilot, which is modernizing how we support patients and families.

I am proud of what we achieved together in 2025, and I look forward to another year of witnessing Children's nurses' inspiring professionalism, resilience and passion for *making kids better today and healthier tomorrow*.

Linda Cole, MBA, BSN, RN, FACHE, NEA-BC
Chief Nursing Officer
Senior Vice President, Scottish Rite Hospital Operations

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Nurses at Children’s Healthcare of Atlanta maintain their commitment to delivering exceptional care to kids and practicing at the top of their profession. This Annual Nursing Report outlines our nurses’ steadfast contributions to superior outcomes and continuous self-improvement to further strengthen our focus on what matters most, the kids.

A Mission That Makes a Difference 4

With the most hospitals and neighborhood locations, we’re the largest healthcare provider for kids in Georgia—plus one of the largest pediatric clinical care providers in the country. Yet we succeed and progress toward our Vision to be a *unified pediatric system that does everything possible to make anything possible for kids*.

Our Nurses 6

Caring for kids is no easy task, yet our nurses exemplify the compassionate, caring and supportive nature that is at the heart of Children’s. Whether providing clinical care or working in specialty areas, our nurses span a wide range of roles and responsibilities, all with the same mission of making kids better today and healthier tomorrow.

Excellence in Nursing 30

The Nursing Strategic Plan is a roadmap to position nursing at Children’s as a nationally recognized program through the achievement of superior outcomes. Built upon four strategic focus areas, this roadmap guides us to achieve our Mission and maintain our core belief that kids are at the center of everything we do.

Professional Practice 32

See how our nurses at Children’s elevate professional practice through greater clinical autonomy, evidence-based, patient-centered care, and robust career development and education that advance skills at every stage.

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See how our nurses at Children’s grow leadership and collaboration by developing nurse leaders at all levels and strengthening interdisciplinary partnerships that improve outcomes across our hospital and community.

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See how our nurses at Children’s shape workforce management by fostering a safe, inclusive and supportive work environment while building a flexible, highly skilled nursing workforce that meets the complexity of care.

Technology and Innovation 56

See how our nurses at Children’s drive technology and innovation by integrating advanced tools into practice, engaging in research and adopting new approaches that continuously improve care and efficiency.

A Mission That Makes a Difference

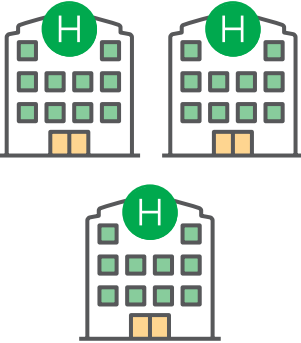


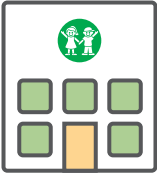

For more than 100 years, Children’s Healthcare of Atlanta has played an essential role in our community and throughout the country by working together on clinical, teaching, research and advocacy programs that provide the highest quality of care. Children’s employees are unique in how passionate we are about kids. We are proud to be problem solvers, innovators and a trusted resource for anyone in a child’s life. Our Mission, Vision, Values and Promise manifest in each of us and serve as a constant reminder that we put kids at the center of everything.

Mission <i>To make kids better today and healthier tomorrow.</i>	Vision <i>To be a unified pediatric system that does everything possible to make anything possible for kids.</i>	Values <ul style="list-style-type: none">• Care about People• Passionate about Kids• Dedicated to Better• Committed to Self	Promise <i>People First, Children Always.</i>
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Who We Are at Children’s

Since 1915, Children’s has made it a priority to give all kids access to the specialized care they need. We want to give every child the best chance for their lifetime. While we deliver exceptional care to kids across Georgia and beyond, we also have advanced the field of pediatrics through groundbreaking research and innovative clinical trials. As we continue to lead the way for comprehensive care, we’ll think bigger, push further and achieve more for the kids we serve.

Today, Children’s consists of:

 Three Hospitals Arthur M. Blank, Hughes Spalding and Scottish Rite Hospitals	 Center for Advanced Pediatrics	Marcus Autism Center 	25 Outpatient Clinics  Eight Urgent Care Centers 
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In 2025, staff throughout our System managed:



Nearly
450,000
patients
(from all 159 counties
in Georgia)

186,085
inpatient days



237,793
Emergency
Department visits

28,163
hospital discharges

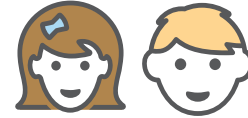


34,568
telemedicine visits

1,241,982
outpatient visits

20,600+
primary care visits

165,534
Urgent Care
Center visits



More than
1.2 million
patient visits

Performed
25 kidney transplants,
22 liver transplants and
10 heart transplants

46,354
surgical procedures
(including inpatient
and outpatient)

52,693
calls to the Children's
nurse advice line

**Arthur M. Blank
Hospital**

- 400,126 patient visits
- 446 licensed beds
- 114,342 inpatient days
- 90,643 Emergency Department visits

**Hughes Spalding
Hospital**

- 90,267 patient visits
- 24 licensed beds
- 2,148 inpatient days
- 57,377 Emergency Department visits

**Scottish Rite
Hospital**

- 340,627 patient visits
- 319 licensed beds
- 69,595 inpatient days
- 89,770 Emergency Department visits



Our Nurses

The professional practice model (PPM) is a framework that serves as a guide for defining, overseeing and evaluating professional nursing practice to ensure and support the advancement of the nursing profession at Children's. The PPM, also referred to as our practice framework, represents nurses' professional identity through eight components that describe how nurses at Children's practice, collaborate, communicate and develop professionally to provide patient-centered care of the highest quality—collectively, it defines what it means to be a Children's nurse.

In 2025, Shared Leadership embarked on a journey to redesign the existing PPM infographic, which provides a visual representation of the PPM components and, in turn, captures the essence of Children's nursing. Through a series of creative discovery sessions conducted in the style of focus groups, Shared Leadership representatives identified several key design elements, including:

- Colorfulness
- Minimal text
- Imagery or iconography
- Circular shape

Children's in-house graphic designers provided a variety of drafts, and in multiple rounds of voting, Shared Leadership selected the new final design pictured above.

By the profession's nature, nurses are committed to lifelong learning. Children's provides critical training and development that makes learning easy and accessible for busy nurses. My Nursing Career Path (My Path), our nursing career advancement program, provides a way for nurses to invest in themselves and their professional growth. In 2025, more than 200 nurses advanced in My Path, with our first Clinical Nurse 5 advancements since 2020!



Professional Nursing Practice

4,557 Children's nurses

464 advanced practice registered nurses

8.25 average years of service

328 nurses hired

Clinical Nurse Advancements

209 nurses advanced in 2025

By Level

144 nurses advanced to Clinical Nurse 3

63 nurses advanced to Clinical Nurse 4

2 nurses advanced to Clinical Nurse 5

By Campus

106 at Arthur M. Blank Hospital

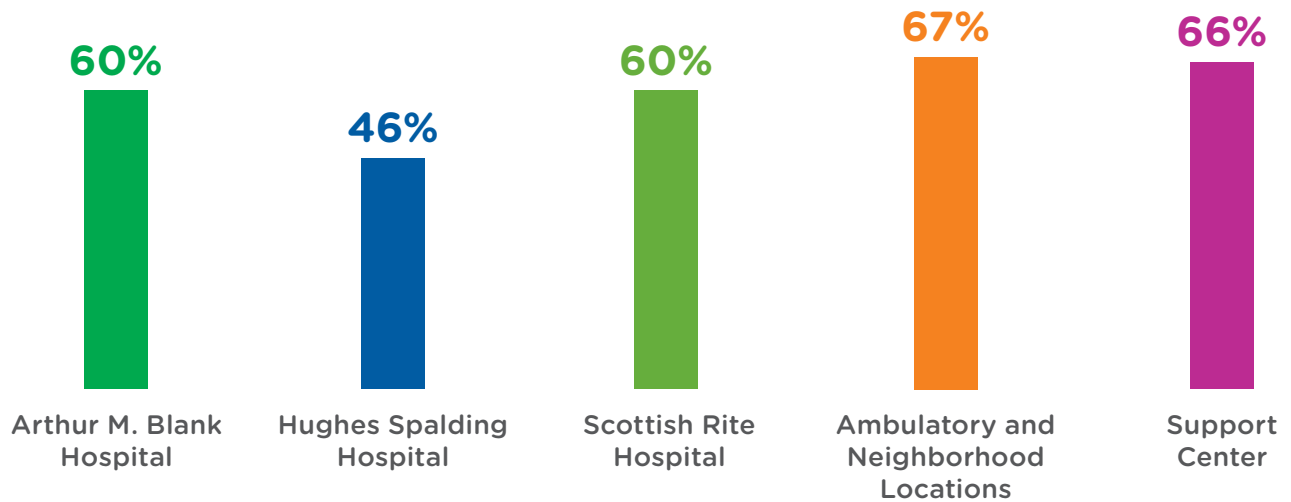
1 at Hughes Spalding Hospital

77 at Scottish Rite Hospital

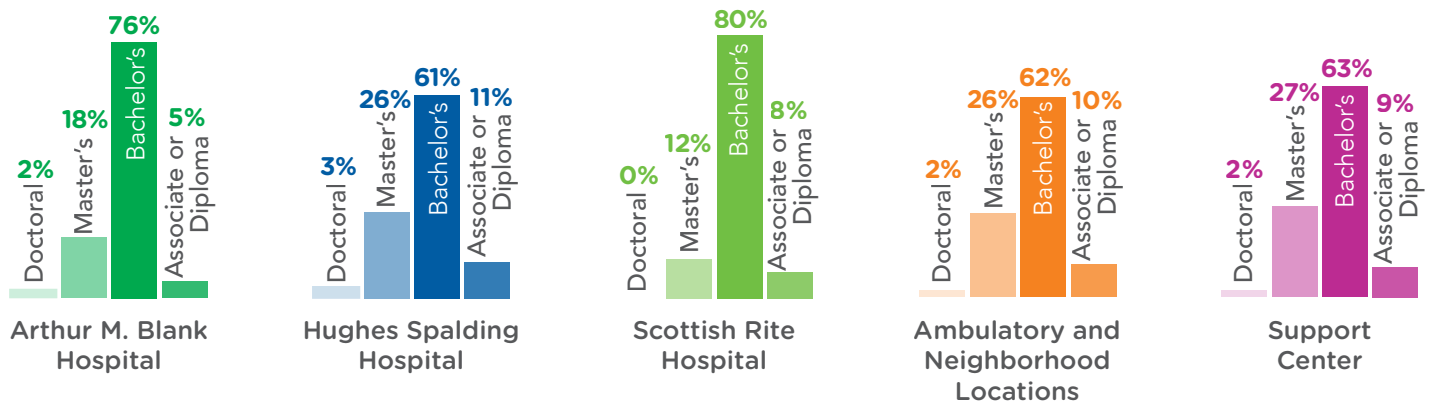
23 at the Center for Advanced Pediatrics and Neighborhood Locations

2 at the Support Center

Nursing Certification Rates



Highest Nursing Degree by Campus



Shared Leadership

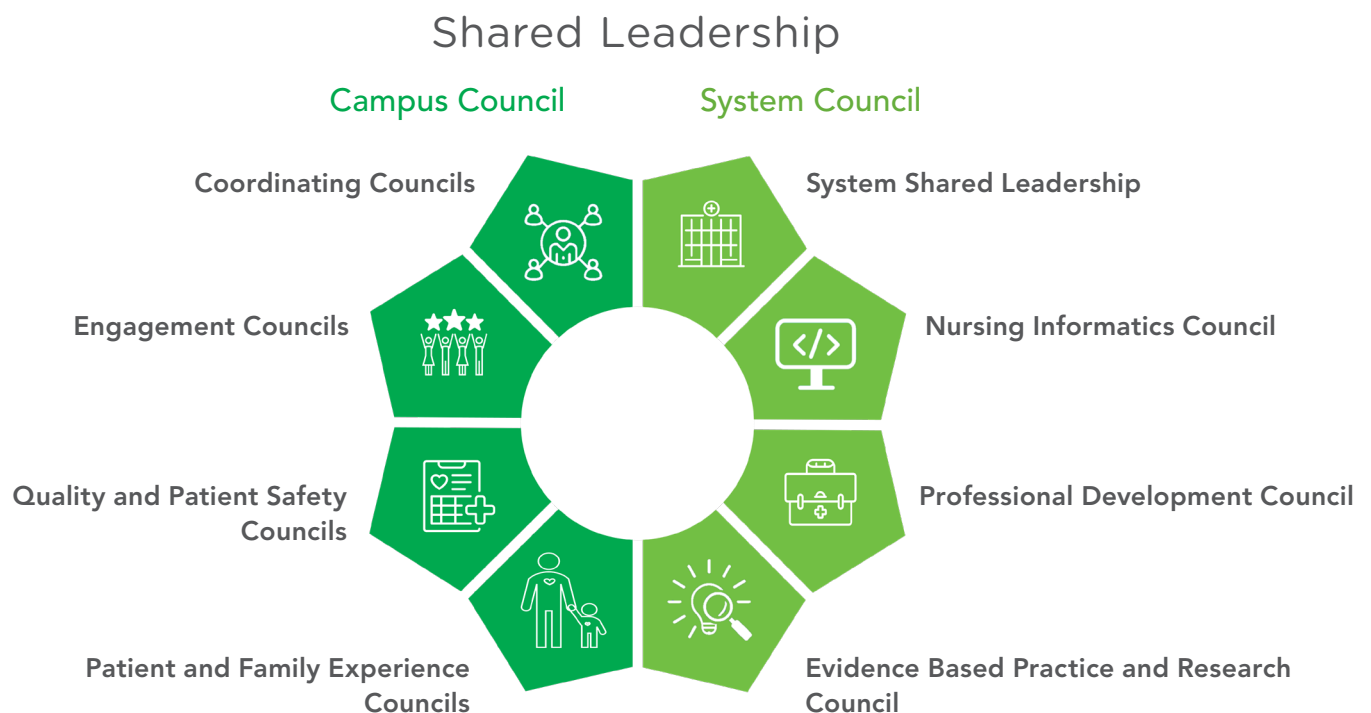
What is Shared Leadership?

Shared Leadership is the shared governance system at Children’s. It was first implemented in 1984 and has evolved through periodic evaluations to better meet the needs of Children’s nurses and reflect changes over time in pediatric healthcare. In 2016, it was formally named Shared Leadership after an interprofessional team redesigned the structure using the Donabedian framework, which is composed of structure, process and outcome components. Now, nurses and interprofessional partners are formally organized to participate in decision-making that impacts clinical practice standards, quality improvement, professional development and research. Shared Leadership is implemented throughout Children’s to engage nurses at all levels.

The purpose of Shared Leadership is to support the Children’s Mission, Vision, Values and strategic plan by engaging and empowering clinical staff committed to achieving clinical excellence and demonstrating superior outcomes through the delivery of quality patient care for our families. Successful Shared Leadership relies on encouraging staff members to provide input to all councils and hold them accountable for following professional nursing practice standards.

There are campus and System-level councils within Shared Leadership.

- The three system councils are the Evidence-based Practice and Research Council, Professional Development Council and Nursing Informatics Council.
- Arthur M. Blank and Scottish Rite Hospitals both have four campus councils: Coordinating Council, Engagement Council, Quality and Patient Safety Council, and Patient and Family Experience Council.
- Hughes Spalding Hospital and ambulatory locations have Shared Leadership Councils that work as teams to cover the work of all campus councils and provide System-level council representation.



Some highlights of the work our Shared Leadership Councils accomplished in 2025 include:



System Council Chairs **received professional development each quarter** including Project Management 101, Empowerment & Delegation, Leading Through Change and Coaching Through Performance.



Quality and Patient Safety Councils organized a **"Speak Up!" theme for Patient Safety Week**, highlighting the importance of clinical staff using good communication to improve patient outcomes.



Professional Development Council reviewed a total of **320+** portfolios by the end of 2025!



Scottish Rite Coordinating Council invited **Mike Riley**, Vice President of Finance, to attend their meeting to learn more about hospital finances. From this meeting came the idea of hosting a **Charge Nurse Finance Class** so charge nurses throughout the System could better understand how their decisions impact unit budgets.



Arthur M. Blank Patient Family Experience Council put together **175 menstrual health supply kits as part of The Period Project**, which focuses on eradicating period poverty. The kits were donated to Aflac Blood Disorder Clinic, postpartum mothers in CICU and CACU, and our outpatient Gynecology Clinic.



Ambulatory Engagement Council hosted **two drives for the Boyce L. Ansley School**, including a book drive to stock the library and a hygiene drive.

Shared Leadership Retreat

This year's biennial Shared Leadership Retreat, held at Yonah Winery in North Georgia, provided an energizing launch to the upcoming two-year term. Designed to educate and inspire new council members, the retreat focused on building council team dynamics, clarifying council goals, and fostering early collaboration among participants. The setting at Yonah Winery intentionally supported resiliency and well-being, offering staff a restorative environment with beautiful sunshine and a refreshing North Georgia mountain breeze. Throughout the day, attendees enjoyed a balance of fun, relaxation and structured learning, reinforcing both their commitment to Shared Leadership and to one another. Feedback from participants was overwhelmingly positive, and the retreat successfully laid a strong foundation for an engaged, effective and resilient Shared Leadership council for the term ahead.



Pediatric Nurses Week

Pediatric Nurses Week at Children’s has grown into a beloved tradition that nurses across the System eagerly anticipate each year. Campus Engagement Councils spend months planning every detail—from the theme and décor to games and giveaways—to ensure a memorable celebration. Each hospital campus hosts both day and night shift events, while Ambulatory and Support both hold a dayshift event for their nurses. In addition to the events, rounding carts that bring the festivities to units are consistent throughout the week.

This year’s theme, “Wild About Pediatric Nurses,” transformed each campus into a jungle adventure. Spirit days included dressing up in animal print, wearing bright and colorful scrubs for “Toucan Do It Tuesday,” and a “Funky Flamingo Friday.” Every unit honored one nurse with the “Wildly Compassionate Award,” celebrating those who consistently go above and beyond in exceptional care, innovation, compassion, teamwork and leadership.

In addition to fun activities like Hungry Hungry Hippos and jungle-themed Jenga, nurses had the chance to connect with system partners and vendors, including the Career Center, Children’s Camps and employee resource groups. These touchpoints help nurses learn more about programs, resources and opportunities available across the organization.

Missed Pediatric Nurses Week this year? Be sure to mark your calendar for the first week of October 2026 and join in the celebration!



ANCC Recognition

According to the American Nurses Credentialing Center (ANCC), Magnet recognition is not merely an award or a badge of honor. It is steadfast proof of a hard-earned commitment to excellence in healthcare, with contented nurses at its heart. The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes.

Similarly, the ANCC Pathway to Excellence designation is proof of a commitment to cultivating a positive practice environment where nurses feel empowered, engaged and supported in delivering exceptional care. At the heart of Pathway is a culture that champions shared decision-making, professional growth and the well-being of every nurse. Unique among nursing excellence programs, Pathway places validation directly in the hands of frontline nurses: designation cannot be earned unless staff themselves confirm that the organization truly lives the Pathway Standards.

The Magnet Recognition Program and Pathway to Excellence Program provide roadmaps to nursing excellence and positive workplace environments, which benefit the whole organization. To nurses, Magnet and Pathway to Excellence recognition mean education, development and support through every career stage, which lead to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.

At Children's Healthcare of Atlanta, we are committed to excellence. In 2019, Arthur M. Blank Hospital (formerly Egleston) and Scottish Rite received Magnet recognition for the very first time, and Hughes Spalding earned Pathway to Excellence recognition for the first time, as well. Four years later, in 2023, Arthur M. Blank Hospital and Scottish Rite earned their second recognitions, with Hughes Spalding's second Pathway to Excellence recognition being awarded in 2024. In June 2027, Arthur M. Blank Hospital will submit their document, followed by Scottish Rite Hospital in October 2027 and Hughes Spalding Hospital in November 2027 in anticipation of becoming Magnet recognized and Pathway recognized, respectively, for the third time.



AMERICAN NURSES
CREDENTIALING CENTER



2025 ANCC Magnet and Pathway to Excellence Conference in Atlanta

The American Nurses Credentialing Center (ANCC) hosts an annual conference that brings together nurses and leaders from Magnet organizations—like Arthur M. Blank Hospital and Scottish Rite—and Pathway to Excellence hospitals, including Hughes Spalding, as well as teams working toward these prestigious designations.

In October 2025, more than 14,000 nurses from around the world gathered in Atlanta to educate, innovate and celebrate nursing excellence. Children's served as a host organization, dedicating months of planning and preparation to help make the event a success. Children's also supported the attendance of 56 nurses, who together contributed more than 370 volunteer hours to keep the conference running smoothly.



Beyond the energy and excitement, nurses were inspired by keynote speakers, learned more about the ANCC and the newly established American Nurses Enterprise (ANE), and participated in sessions focused on innovation and best practices.

One highlight was a presentation by our own Children's nurse **Katie Mannen, BSN, RN, HEC-C**, Nurse Ethicist. Her session, "Empowering Ethics: The Role of the Nurse Ethicist," captured the audience's attention and earned outstanding feedback from attendees on how nursing-led ethics programs can proactively identify and address ethical issues at the bedside while strengthening staff well-being. This presentation described a System-level model in which a nurse ethicist leads the ethics infrastructure, including oversight of the Bioethics Committee, management of the ethics consult service and leadership of the Ethics Liaison Program, an initiative in which bedside caregivers act as a link between the Bioethics Committee and all clinical staff facing everyday ethical challenges. By embedding ethics support into everyday clinical practice, nurses are empowered to recognize ethical problems, utilize ethics services and work to mitigate moral distress. This nursing-driven approach demonstrates how nursing leadership in ethics enhances ethical decision-making and interprofessional collaboration in the clinical setting.

The conference also gave Children's nurses a valuable chance to connect with colleagues from across our System, see how nursing looks in different care areas and share ideas. Attendees networked with peers from other organizations, explored new ways to demonstrate nursing excellence, and gathered strategies for showcasing the incredible work happening at Children's.

Looking ahead, the ANCC Magnet and Pathway to Excellence Conference will return to Chicago in October 2026.

Awards and Recognition

At Children’s, our nurses consistently demonstrate excellence in nursing practice, patient and family experience and dedication to the Children’s Values. Their extraordinary attention to detail and the compassionate care they provide patients and staff are admirable. We recognize their hard work and achievements—both personal and professional—through a variety of celebrations and awards.



Atlanta Journal-Constitution Nursing Excellence Awards

Each year, the Atlanta Journal-Constitution (AJC) asks the Atlanta community to share stories of exceptional nurses to feature in the AJC Nursing Excellence Awards. This year, more than 20 nominations for Children’s nurses were submitted by colleagues, supervisors, patients and families. Nominees attended a luncheon in May, organized by the AJC, to celebrate their bravery, kindness and perseverance.

2025 AJC Celebrating Nurses Awards—Nurse Leader Nominees

- Alison Bolt, MBA, BSN, RN, CCRN, NE-BC | Hospital Planning Director | Arthur M. Blank Hospital
- Carie Watt, BSN, MHA, RN, NE-BC | Director, Technology Dependent Services | System
- Kristen Cranmer, MSN, RN, CPNP, PCNS-BC, NEA-BC | Director, Hospital Planning | Arthur M. Blank Hospital

2025 AJC Celebrating Nurses Awards Nominees

NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Alencia Knight, RN	Clinical Nurse 2	Hughes Spalding Hospital Specialty and Subspecialty Clinics
Ann Haugen, RN, CNOR	Clinical Nurse 3	Scottish Rite Hospital OR
Anna Wood, BSN, RN, CPN	Clinical Nurse 3	Arthur M. Blank Hospital Sedation Services
Ashley Meek, BSN, RN, OCN	Clinical Nurse 2	Arthur M. Blank Hospital Infusion Center
Branden Delany, BSN, RN, CPN	Research Nurse	Arthur M. Blank Hospital Research
Candy Toledo-Valentin, BSN, RN, CPN	Clinical Nurse 3	Scottish Rite Hospital TDICU
Courtney Melnyk, BSN, RN, CCRN	Clinical Educator	Arthur M. Blank Hospital CICU
Danielle Blount, BSN, RN, CPHON	Clinical Nurse 3	Arthur M. Blank Hospital Infusion Center
Delani White, BSN, RN, CCRN	Onboarding Specialist	Arthur M. Blank Hospital CICU
Jen Collier, BSN, RN, CCRN	Clinical Nurse 4	Arthur M. Blank Hospital Cardiac Cath Lab
Karen Wilson, BSN, RN, CPHON	Clinical Nurse 3	Arthur M. Blank Hospital HemOnc Clinic
Karen Shepherd, BSN, RN, CPN	Clinical Nurse 3	Scottish Rite Hospital TDICU
Kathleen Bradley, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital CACU
Kay Van Voorhis, BSN, RN, CCRN	Assistant Nursing Manager	Arthur M. Blank Hospital Heart Center
Laura Bass, MSN, RN, NE-BC, CPHON, NPD-BC	Manager Clinical Operations	Arthur M. Blank Hospital Hematology Clinical Admin
Luke Tucker, BSN, RN, NPD-BC	Clinical Educator	Arthur M. Blank Hospital Cardiac Cath Lab
Mahala Pruitt, BSN, RN, CCRN	Clinical Nurse 4	Arthur M. Blank Hospital Heart Center
Mark Pohlman, BSN, RN, CPN	Clinical Nurse 2	Arthur M. Blank Hospital GPC 12/14N
Michelle Domingo, BSN, RN, CPN	Assistant Nursing Manager	Center for Advanced Pediatrics Allergy Clinic
Paige Smith, BSN, RN, CPN	Clinical Nurse 3	Arthur M. Blank Hospital Infusion Center
Sierra Moffitt, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital NICU
Veronica Garman, BSN, RN, CPN	Clinical Nurse 3	Arthur M. Blank Hospital Sedation Services

Hope and Will Award

Each month, the Hope and Will Award is presented to Children’s employees and teams who go beyond the call of duty by demonstrating outstanding customer services, exemplary attitude and spirit, exceptional skills, and strong commitment to Children’s.

2025 Hope and Will Award Winner

Deborah Mullis, BSN, RN, RN-BC

Nurse Case Manager | Scottish Rite Hospital

Dedicated to Better, Deborah stops at nothing when it comes to doing the right thing for her patients. Her heart for helping others shows in big and small ways as she offers support and advocates for better care. Like recently, when she went above and beyond to help a patient family secure in-home IV antibiotics and nursing care.

The patient was due for discharge, but their family—who was from rural Georgia—was facing obstacles coordinating at-home care. Deborah called many companies in an attempt to secure the IVs and nursing care the child would need to go home. For three days, she worked tirelessly, facing refusal after refusal. Finally, she managed to convince two groups to help the family.

“ Because of Deborah’s passion and fierce advocacy for this patient, both companies confirmed they could provide the necessary care,” said Angela Vangarelli, Vice President, Nursing and Hospital Operations, Scottish Rite, who presented Deborah with the Hope and Will Award. “As a result, the patient was able to finish their treatment in the comforts of home instead of having to stay in the hospital.” ”



DAISY Awards

The family of Patrick Barnes created the international DAISY Award for Extraordinary Nurses in his memory to recognize and thank nurses, the often “unsung heroes,” for the gifts they give their patients and families every day. Nurses at Children’s are nominated for the DAISY Award in recognition of their commitment to the highest standards of nursing excellence and for making a significant difference in the lives of the patients and families they serve.

2025 DAISY Award Winners

NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Abigail Greenberg, BSN, RN, CPHON	Clinical Nurse 4	Arthur M. Blank Hospital HemOnc Clinic
Alencia Knight, ASN, RN	Clinical Nurse 2	Hughes Spalding Hospital Speciality Clinics
Amy Cantrell, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital CICU
Charlotte Moore, BSN, RN	Clinical Nurse 2	Scottish Rite Hospital GPC 2
Erin Szablowski, BSN, RN	Clinical Nurse 2	Scottish Rite Hospital GPC 4
Haley Huckaby, BSN, RN	Clinical Nurse 2	Scottish Rite Hospital GPC 1
Jaime Franklin, BSN, RN	House Supervisor	Central Staffing Office
Jordan Sumlin, BSN, RN, CPN	Clinical Nurse 2	Chamblee Brookhaven Urgent Care
Katie Bly, BSN, RN, CPN	Clinical Nurse 4	Town Center Urgent Care
Katie Lee, BSN, RN, RNC-NIC	Clinical Nurse 4	Scottish Rite Hospital NICU
Katie Poole, BSN, RN	Clinical Nurse 2	Scottish Rite Hospital PICU
Lauren Ziegler, BSN, RN	Clinical Nurse 2	Scottish Rite Hospital PICU
Meg Cuttino, BSN, RN	Clinical Nurse 3	Arthur M. Blank Hospital CICU
Michelle Onorato, BSN, RN, CPN	Clinical Nurse 4	Scottish Rite Hospital PICU
Nikko Guzzi, BSN, RN	Clinical Nurse 3	Arthur M. Blank Hospital PICU
Patrice Tate, ASN, RN	Clinical Nurse 2	Hughes Spalding Hospital Inpatient
Sha'Neese Fails, BSN, RN, CPN	Clinical Nurse 3	Center for Advanced Pediatrics Gynecology
Shannon Sayre, BSN, RN, CPN	House Supervisor	Central Staffing Office
Tia Hollis, BSN, RN	Clinical Nurse 2	Hughes Spalding Hospital Inpatient
William Corley, MS, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital CICU



Meg Cuttino, BSN, RN

Clinical Nurse 3 | Arthur M. Blank Hospital CICU

While care teams in the Cardiac Intensive Care Unit (CICU) are working to mend physical hearts for kids every day, a look behind the scenes reveals the emotional healing that nurses like Meg Cuttino provide in every interaction. Meg's heartfelt compassion recently helped two different CICU patients find joy in the face of hardship.

Meg was part of the care team who helped treat one patient's multi-organ failure. Over the course of this patient's stay, she remained on extracorporeal membrane oxygenation (ECMO) support for respiratory failure, restricting activity and movement. She also had many complications during her journey and weakened to the point where she was bedridden. As time went on and the overwhelming realization of her reality began to take hold, she started showing signs of depression, withdrawing more and more.

Meg was determined to change this patient's perspective and brighten her spirits. She'd gotten to know the patient and knew she loved to read. So, Meg read the Harry Potter series to her. But she didn't just narrate—she performed, changing to a different voice for each character. She even spoke with a British accent!

"She continued to read to this patient up until her last days with us, and her visits were some of the few times this young lady smiled," Meg's nominator said. "Many of us were deeply touched by Meg's acts of kindness to this beautiful heart warrior. Meg filled her last weeks with us with what she loved."

In another instance, a heart patient needed a specific type of therapy to support renal failure while awaiting a second heart transplant and a first kidney transplant. During his time on this therapy, he received a routine four-hour break where he was untethered from the machine, and thus able to move more freely.

He'd spent much of his childhood within hospital walls, which meant he missed out on some of the most memorable times in school—including the famed "egg drop contest," which is considered a rite of elementary school passage. So, Meg got creative and not only coordinated an egg drop contest in the unit during his care—she made sure the entire contest would take place during his four hours of freedom!

The contest was a feat to pull off—with 12 identical egg drop kits, detailed instructions, and contestants she'd rallied from nurses, physicians and advanced practice providers. All contestants (including the patient and his mom!) worked against the four-hour countdown to strategize and successfully drop their egg from the second-floor bridge down to the hospital lobby. Meg even collaborated with other departments to secure approved use of the space and recruited a few Security department members to ensure the space was safe and clear.

Meg's incredible ability to Care About People has reminded many to create time for the things that matter: connection, play and making good memories even during bad times.

"Twelve eggs and contestants, two security guards, four hours of freedom and one nurse mastermind all came together for the CICU Egg Drop 2025 Challenge," her nominator said. "Several eggs survived, many cracked or broke, everyone had a great time and—most importantly—a teenager and his family made a memory they thought they'd missed out on. All because one nurse went above and beyond."

Patrice Tate, ASN, RN

Clinical Nurse 2 | Hughes Spalding Hospital Inpatient

Patrice is Passionate About Kids, and it shows in everything she does—from making hospital rooms feel more like home to using laughter to help patients push through challenges. For her, it all goes back to what matters most: the children we serve. And recently, her dedication made a lasting impact on multiple patients and family members, earning her not one but three DAISY Award nominations.



“

“When I was in pain or uncomfortable, Patrice always made me feel better,” said the patient, who also nominated Patrice for the DAISY Award. “And when I was nervous about getting a shot, she made me laugh and before I knew it, it was over. She’s a great person to talk to!”

”

Earlier this year during a Code White, Patrice helped organize a very special moment for

a patient and his family in the midst of his sickle cell treatment. The patient

was receiving care for a sudden and severe episode of pain, which is a common symptom of sickle cell disease and can require extended hospital visits for care. In addition to receiving treatment for the pain, the patient was also fighting a growing sense of FOMO, or the “fear of missing out,” as Atlanta experienced its first real snowfall in nearly a decade right outside his window. He watched the wintry wonderland from his patient room, desperately wishing to see it firsthand.

Knowing he couldn't go outside, Patrice made the extra effort to bring some snow inside for him—brightening his spirits and distracting him from his discomfort. Thanks to Patrice, this patient will never forget his snow day in the hospital.

“She was not only kind and professional, but she also went above and beyond to bring joy to his day,” his mom said. “Her compassion and thoughtfulness made a tough time much easier for our family. Thank you for making such a meaningful difference!”

And that seems to be Patrice’s specialty—caring with compassion and bringing joy right to the bedside. For another recent patient, she made all the difference when they needed to feel calm and comforted.



Erin Szablowski, BSN, RN

Clinical Nurse 2 | Scottish Rite Hospital GPC 4

Erin is known by many as a shining example of what it means to be a Children's nurse. She is incredibly dedicated to her patients and has a special talent for connecting with them on a deeper level. Above all, she is Passionate About Kids and is always looking for ways to make her patients' days a little brighter. Like recently, when she found an intentional way to bring joy and comfort to a child on her unit.

Erin and her team were caring for a nonverbal patient who was often alone without family or visitors. As their shift was nearing its end, Erin—who had been working as charge nurse that day—had an idea to lift the patient's spirits. She walked into the patient's room with a hairbrush and fun



music playlist and proceeded to brush out every knot and tangle from the patient's hair.

The team member who later nominated Erin for a DAISY Award joined to lend a helping hand and witnessed how this simple, kind gesture from Erin transformed the patient's demeanor. "The patient was exhibiting all of her 'happy signs,' which we rarely got to see since she was alone much of the time," she said.

After fixing the girl's hair, Erin also helped her into a wheelchair and pushed her around the unit for a change of scenery. Even though it was quickly nearing shift change, Erin determinedly made time to make the girl feel cared for and seen.

"It was evident that with every moment spent together, Erin was adding much-needed sunshine to this patient's life," her nominator said. "When we were walking out of our shift together, she told me that she would request to have that patient the next day. And this is just one instance of many that we witness the love, care and passion she has for our patients and families. She inspires me to be better every day!"

2025 Team DAISY Award Winners

The Team DAISY Award honors groups of two or more people, led by a nurse, who identify and meet patient and patient family needs by going above and beyond the traditional role of nursing. Employees nominate groups for Team DAISY Awards across the System, and campus leaders and the Nurse Engagement Councils vote on a winning team.

NICU Team, Scottish Rite Hospital

Team Leader: Cara Van Treek, BSN, RN, RNC-NIC, NE-BC

Team Members: Becky Johnson, BSN, RN, CPN | Bridget Harper | Candi Snipes, BSN, RN, RNC-NIC | Dana LeNeveu, BSN, RN, RNC-NIC | Devin Navarro, BSN, RN | Diane Jorge, BSN, RN, CCRN, RNC-NIC | Eric Keller, BSN, RN | Greg Sysyn, MD | Jessica Wright, BSN, RN, RNC-NIC | Kate Wood, RT | Kathy Sasser, MSN, RN, IBCLC, RNC-NIC | Kim Kum, BSN, RN, RNC-NIC | Krista Warnock, BSN, RN, RNC-NIC | Liz Brown | Lori Helfrich, BSN, RN, RNC-NIC | Natalie Johnson, BSN, RN | Nathaniel Canty | Rebekah Bagwell, BSN, RN, RNC-NIC | Sara Hart, BSN, RN | Sarah Alexander, BSN, RN, CPN | Sarah Van Pelt, BSN, RN, RNC-NIC | Saralyn Bracken | Trish Patterson

When a 4-month-old patient's condition worsened and this family made the heartbreaking decision to withdraw care, his parents shared one last wish: to create beautiful memories with him—Christmas pictures with Santa, family photos, and time outside in the sunshine. The Scottish Rite Neonatal Intensive Care Unit (NICU) team embodied being Passionate About Kids and came together to make every part of that wish come true in the Scottish Rite Garden. Their coordinated efforts brought peace, dignity and warmth to patient's final moments and created lasting memories for his family.

"[The baby's] passing was a profoundly peaceful experience due to the highly orchestrated efforts of so many people," the team's nominator said. "The exemplary teamwork and devotion of this team demonstrate the profound compassion that they provided to the patient and his family. Their actions exemplify the essence of the Team Daisy Award!"

Team members contributed in various ways, including:

- Becky Johnson, her husband, Tom (affectionately known as the Phipps Santa), and Liz Brown, came in on their day off to make sure that this family could get their Santa wish.
- The SR Pediatric Intensive Care Unit donated decorations so that it truly felt like Christmas.
- Greg Sysyn, MD, spearheaded coordination of care and came in on his day off to ensure undivided attention to the process.

- Sara Hart and Lori Helfrich provided end-of-life care with compassion, supporting the family in the garden and back in the NICU.
- Diane Jorge coordinated staffing and logistics, ensuring everything was seamlessly in place.
- Krista Warnock and Nathaniel Canty collaborated with the security team to create a private and reverent space for the family in the garden, akin to an honor walk.
- Candi Snipes devised a private path through the hallways to preserve the family's privacy.
- Sarah Van Pelt arranged for the mother to hold her son in a wheelchair on the way to the garden.
- Dana LeNeveu ensured all medical preparations and signoffs were meticulously completed.
- Kate Wood and Saralyn Bracken provided respiratory support and aided in capturing cherished family moments.
- Trish Patterson created footprints and molds and skillfully guided the family in communicating with the patient's siblings, including providing valuable resources.
- Bridget Harper offered comforting music and crafted heartbeat bears for the patient's siblings and mother.
- The Vascular Access team placed a hidden IV in the foot, allowing the patient to receive comfort meds at end of life in a place where he could be seen as a beloved child rather than a patient.
- Kathy Sasser offered empathy, comfort, support—and most of all, hope—to this family.



Primary Care Clinic Team, Hughes Spalding Hospital

Team Leader: Jennifer Roan, BSN, RN

Team Members: Alana Oliver, BSN, RN | Alexandra Hickman, BSN, RN | Alliah Rodriguez, LPN | Christina Lovelock, LPN | Dulce Henriquez, MA | Fatima Ortega Mondragon, MA | Jesse Wright, RN | Jessica Anderson, LPN | Jessica Harbin, LPN | Julie Oestreich, BSN, RN, CPN | Katrina Calvert, RN | Kay Harrell, BSN, RN | Kerri Anderson, BSN, RN | Kimberly Hunt, RN | Latonya Smith, LPN | Lesley Ramos-Pacheco, MA | Leslie Inskeep, BSN, RN | Lyndsey Smith, BSN, RN | Michelle Tisdale, BSN, RN | Nathan Perdomo, LPN | Nicholas Pelaez-Pino, MA | Nisha Kurian, MSN, RN | Raquel Turnquest, BSN, RN | Vanessa Deas, MSN, RN



“Their kindness and solidarity during moments of hardship are a true reflection of the heart of nursing.”

The Primary Care Clinic (PCC) team at Hughes Spalding is always Dedicated to Better. They model teamwork, compassion and innovation—creating a culture of respect, belonging and shared purpose where team members thrive and patients and families receive exceptional, family-centered care.

The PCC team continually looks for ways to improve how care is delivered. By identifying and implementing process changes, they reduced patient intake time to just 21 minutes. They also partnered with Grady to access newborn charts for patients seen at Hughes Spalding, allowing staff to enter histories into the EMR before appointments and leading to smoother visits and higher satisfaction for families and staff.

To further enhance efficiency and the patient experience, the team also developed a vaccine nurse visit process so vaccines can be ordered and prepared before the patient is brought back. This step reduced wait times and streamlined visits, demonstrating the team’s commitment to collaboration, creativity and continuous improvement.

They also embrace technology and evidence-based tools to support comfort and care. In one instance, the PCC team helped implement virtual reality (VR) and reintroduced Buzzy to reduce needle-stick pain for pediatric patients, reinforcing their focus on patient-

centered, trauma-informed care. They have also adopted new tools that support more accurate, efficient and comfortable newborn assessments.

“The PCC team at Hughes Spalding represents the best of healthcare: compassionate, innovative, resilient and united,” a nominator said. “Their shared commitment to excellence, teamwork and patient-centered care has transformed their clinic and created a lasting positive impact on patients, families and colleagues alike.”

The team brings a big-picture mindset to each situation, caring for the whole family—not just the medical need. In one example, a mother arrived severely depressed and struggling to care for her children, with limited food and no support system.

“They made sure the children were safe, nourished and comforted by providing snack packs and food vouchers so they wouldn’t go hungry,” a nominator shared. “They also worked collaboratively to connect the mother with mental health resources and community programs that could offer ongoing support. Every team member played a role—providing emotional support, coordinating resources, or simply being present with empathy and understanding.”

The mother began receiving the help she needed, the children were supported, and the family left knowing they were not alone. In this moment—and so many others—the PCC team demonstrates the true heart of nursing beyond the bedside.

They bring that same heart to one another. New hires frequently share how supported and valued they feel from the start, and the team takes pride in mentoring and onboarding both permanent staff and float nurses. When a colleague experienced a traumatic event that left her family without a home, the PCC team immediately rallied to collect donations, supplies and funds.

TDICU Discharge Team, Arthur M. Blank Hospital, Center for Advanced Pediatrics and Scottish Rite Hospital

Team Leader: Mary Fran Petty, MSN, RN, NPD-BC, CPN

Team Members: Alina Reyes, BSN, RN, CPN | Brooke Fraley, MSW | Charlotte Eaddy, LCSW | Desiree Tillman-Griffin | Emma Walton, LCSW | Erin Byars BSN, RN, CPN, CMGT-BC | Joy Cook, BSN, RN, CPN | Kelly Powell, BSN, RN | Laura Greene, BSN, RN, CPN, CMGT-BC | Martha Matthiessen, BSN, RN, CMGT-BC | Sarah Herold, RN, CPN | Stephanie Nelson Theus, LCSW



When an opportunity arose to improve patient outcomes, team members across units and campuses came together in an incredible display of Dedicated to Better—ensuring patients in the Technology-Dependent Intensive Care Unit (TICU) have the best chance at bright futures after discharge.

Patients discharged from the TICU with a tracheostomy (trach) with or without a ventilator for the first time enter the community with extensive supplies, medical equipment, prescriptions and other needs. After discharge, the Technology-Dependent Pulmonary Clinic (TDPC) becomes their primary outpatient team for technology-related needs.

In June 2025, in-patient and out-patient TICU team members at Children’s recognized there was no formal hand-off process between teams at discharge. They noted that the lack of a formal hand-off process increased the risk of fragmented care and readmissions. In response, they unified to close the gap and create a seamless transition for these vulnerable patients and their families.

They began by organizing discharge meetings across the TICUs and TDPC. Inpatient case managers and coordinators at Arthur M. Blank Hospital and Scottish Rite aligned on upcoming first-time trach discharges.

Together, they designed a standardized handoff process, including a document template summarizing each patient’s pertinent past medical history, hospital course, home supplies and equipment, prescriptions, and relevant social considerations.

Under their new process, the inpatient team completes this document before discharge and shares it with the TDPC team, who reviews it in preparation for caregiver needs, the Telehealth visit and the first in-person TDPC appointment.

Before implementing the new process, “encounters”—defined as phone calls, hospital visits/readmissions and patient messages (via MyChart)—averaged between two and 18 per patient before the first clinic appointment. After launching the handoff process on June 1, 2025, encounters decreased to two to six per patient, showing a significant improvement between the discharge and the first TDPC visit.

“This team’s efforts are creating safety for our patients and ensuring that we are setting families up for success!”

DAISY Leader Winners

The DAISY Nurse Leader Award recognizes nurse leaders who have gone above and beyond in their impact on compassionate patient care.

Liz Griffin, BSN, RN, CPN

Assistant Manager Nursing | Arthur M. Blank Hospital PACU

Liz is a leader who deeply Cares About People. Her work ethic inspires her Post-Anesthesia Care Unit (PACU) team to strive for excellence, and her commitment to her patients and team members is evident in everything she does. Resilient and adaptable, Liz is always ready to lend a hand, whether it's assisting with patient care or supporting staff during busy times. This was particularly evident throughout 2025 as she led her team through multiple code whites, health challenges and more.



“

“She consistently sets a high standard for her colleagues, embodying what it truly means to be an exceptional nurse and team player.”

”

“Liz’s willingness to help fosters a supportive and cooperative environment that benefits

both staff and patients,” her nominator said. “She is the shining example of an approachable and dedicated leader for her team.”

According to team members, Liz works hard to create an atmosphere that is collaborative and inclusive. She treats everyone with dignity and respect, promotes open communication, and encourages staff across disciplines to work together to provide the best care possible. She is known for building strong relationships, proof of her reliability and integrity, and for inspiring others through her resilience.

“Over the past year, Liz has shown remarkable adaptability in the face of significant adversity,” her nominator said. “Despite confronting a challenging health situation, her radiant smile and positive attitude did not waver.”

Through her extraordinary example of positivity and resilience, Liz has inspired her PACU team—demonstrating that they can overcome even the toughest challenges.



Misti Ellis, BSN, RN, CPN, NE-BC

Manager Clinical Operations | Scottish Rite Hospital GPC 4

Misti Cares About People—going above and beyond to celebrate and support her team. From special surprises to checking in on team members having a rough shift and organizing massage therapists to come to the floor just when it’s needed most, she is always turning ordinary workdays into moments of genuine care, connection and support.

She is also a strong advocate for her staff with hospital leadership and consistently offers thoughtful feedback to help her team be the best nurses they can be.

She runs a smooth unit with minimal chaos or complaints from families or other staff members.

“Misti is always looking out for our floor,” her nominator said. “It is her example of genuine joy, kindness, thoughtfulness, and compassion that inspires all of us to exhibit these qualities as well.”

And her genuine care doesn’t stop at her responsibilities as a manager—she is also known as a true friend.

Everyone who works with her on GPC 4 knows they are in great hands under Misti's leadership—a true picture of nursing leadership.

“She takes the time to really get to know who we are outside the hospital,” her nominator said. We all know we can talk to Misti about anything—work-related or personal. She wants nurses, techs and others to reach their career goals, encourages us to dream, offering practical advice, and instilling the confidence we need to succeed!”

Pam Conine, BSN, RN, CPN

Assistant Manager Nursing | Hudson Bridge Urgent Care

A Children’s nurse for 28 years, Pam goes above and beyond for her team at Hudson Bridge Urgent Care. In both nursing and leadership, she exemplifies Care About People—known as the perfect balance of intelligence and compassion.

“Pam is an amazing resource, sharing her years of knowledge in a way that never makes you feel ashamed for not knowing something,” one nominator said. “She never expects us to do anything she wouldn’t do herself. When I am orient new hires, I list Pam as one of the best things about Hudson Bridge Urgent Care.”

Pam is often the one to fill the gap when the urgent care is short staffed—sometimes working multiple days in a row. She’s earned deep respect and admiration from her team.



“She is the best ANM I have ever encountered,” another nominator said. “Pam cares so much about patients and staff alike. I've never heard nurses talk so positively about a manager in my entire career.”

Recently, when plumbing issues forced the Urgent Care to close and re-open, staff had to drive back and forth. Pam again stepped in for her team. She drove an hour on her day off just to be present, show respect for their time, and advocate to ensure they were compensated.

In every example of Pam’s care and devotion, one theme stands out: “Pam Conine is what a true nurse leader should be,” a nominator said.

“Pam isn’t known to sit in her office,” a third nominator said. “Every morning, you can find her opening doors for patients with a smile, helping with screening during the morning rush, or jumping in to help wherever she’s needed.”

American Association of Critical-Care Nurses (AACN) Beacon Award for Excellence

The Beacon Award for Excellence—a significant milestone on the path to exceptional patient care and healthy work environments—recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN’s six Healthy Work Environment Standards. Units that achieve this designation meet national criteria consistent with the ANCC Magnet Recognition Program, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

Congratulations to the Technology Dependent Intensive Care Unit (TDICU) at Arthur M. Blank Hospital, the Technology Dependent Intensive Care Unit (TDICU) at Scottish Rite Hospital, Cardiac Intensive Care Unit (CICU) and the Pediatric Intensive Care Unit (PICU) at Arthur M. Blank Hospital for receiving this honor in 2025!

Technology Dependent Intensive Care Unit (TDICU) at Arthur M. Blank Hospital Receives Silver Beacon Award for Excellence

This is the first time our TDICU at Arthur M. Blank Hospital has received a Beacon Award! This award highlighted strengths including leader visibility, collaboration and effective decision making. The department demonstrated excellence with the development of team simulations and improved outcomes with medication safety through data-driven education.

Technology Dependent Intensive Care Unit (TDICU) at Scottish Rite Hospital Receives Gold Beacon Award for Excellence

This is the second time our TDICU at Scottish Rite Hospital has received a Beacon Award and their first time achieving Gold status! This award highlighted strengths including nursing experience and leader visibility. The department demonstrated excellence with the development of the Family Simulation Lab and Program that equips families to provide emergency care to track patients in the home setting.

Cardiac Intensive Care Unit (CICU) at Arthur M. Blank Hospital Receives Silver Beacon Award for Excellence

This is the fourth time our CICU at Arthur M. Blank Hospital has received a Beacon Award! Stories were shared with the AACN about how the department utilized the onboarding specialist role, their work to decrease time to epinephrine administration and engagement efforts within their department.

Pediatric Intensive Care Unit (PICU) at Arthur M. Blank Hospital Receives Silver Beacon Award for Excellence

This is the fifth time our PICU at Arthur M. Blank Hospital has received a Beacon Award! This award showcased departmental collaboration, leadership effectiveness, and passion for providing high quality care. Our submission highlighted the work of our onboarding specialist team, our mentorship program, our new Census and Safety Huddle, and our process for obtaining staff feedback following our move to the new campus.

Emergency Department at Scottish Rite Hospital Receives Lantern Award

The Emergency Nurses Association (ENA) presents the Lantern Award to recognize exceptional and innovative performance in leadership, practice, education, advocacy and research. This is the fifth time our Emergency Department at Scottish Rite has received the Lantern Award! The application submitted to ENA included exemplars on Shared Leadership, staff recognition, engagement surveys and workplace safety. The department was able to highlight efforts to provide safe patient care by focusing on throughput during volume surges to ensure all patients are seen in a timely manner and creating overflow spaces to care for low acuity patients, impacting the “left without being seen” rate, keeping it well below the national average and improving customer service scores.



Level IV Neonatal Intensive Care Unit (NICU) Designation

Children’s Healthcare of Atlanta’s Neonatal Intensive Care Unit (NICU) at Scottish Rite Hospital has achieved Level IV NICU certification, the highest designation for neonatal care. This certification follows evaluation and verification under the American Academy of Pediatrics (AAP) and Georgia Department of Public Health (DPH) standards, recognizing the unit’s ability to provide the most advanced, comprehensive care for critically ill and medically complex newborns.

As a Level IV NICU, the unit is equipped to care for infants born at all gestational ages with severe challenges—including those requiring complex surgical interventions, advanced respiratory support, and multidisciplinary specialist care. Level IV designation signifies the availability of specialized pediatric surgical teams, high-level respiratory support, advanced imaging and around-the-clock subspecialty resources that go beyond lower-level units.

This accomplishment places the Scottish Rite Hospital NICU among a select group of neonatal units (including the Arthur M. Blank Hospital NICU) capable of handling the most acute and technically demanding neonatal cases, and it enhances neonatal care access not only for families in Georgia but also for those in the broader Southeast region. The certification reflects the hospital’s ongoing commitment to clinical excellence, multidisciplinary collaboration, and improved outcomes for the region’s smallest and most vulnerable patients.

This is a three-year certification, so the Scottish Rite Hospital NICU will be up for recertification in 2028. The NICU at Arthur M. Blank Hospital achieved Level IV certification in 2023 and will be going through the recertification process in 2026.

Research

In 2025, nurses at Children’s Healthcare of Atlanta continued to demonstrate that bedside expertise and scholarly inquiry go hand-in-hand, advancing research and evidence-based practice in ways that directly improve the lives of children and families.

Our nurses authored 46 publications, delivered 60 podium presentations and shared 35 poster presentations at local, regional, national and international venues—ensuring that the innovations developed at Children’s are shaping pediatric nursing practice far beyond our walls.

Their voices reached even wider audiences through participation in eight podcasts, bringing nursing insights into public conversations about health and care.

This year, our nurses secured external grant funding for the Mexico City Period Clinic Evidence-Based Practice Initiative and the National Bleeding Disorder Foundation Nursing Excellence Program, while also receiving support for four internally funded studies that are driving inquiry and improvement across our System.

Our influence is global: **Kelly Tickle, DNP, RN, PCNS-BC, PPCNP-BC, EBP-C**, was invited to speak at Children’s Hospital in Mexico City, where she is helping implement an adolescent bleeding clinic to improve outcomes for adolescent females.

Our nurses are also shaping national dialogue and policy: **Stacy Buchanan, DNP, RN, CPNP-PC**, has emerged as a leading national nursing voice in vaccine administration, serving on multiple national committees and participating in media interviews to influence both practice and public understanding.

Together, these accomplishments reflect a vibrant culture of curiosity, rigor, and innovation—one in which every nurse is empowered to ask questions, seek answers and translate evidence into exceptional care for every child we serve.

2025 Annual Nursing and Allied Health Research and Evidence-based Practice Symposium

Now in its 14th year, the Annual Nursing and Allied Health Research and Evidence-based Practice (EBP) Symposium brought our “Touchdown! Research and EBP!” theme to life, celebrating the heart and science our teams put into practice every day. This organization-wide event gives nurses and allied health professionals the chance to network with colleagues who are using science to shape care; learn from the latest research, evidence-based practice, and quality improvement projects; and explore topics that are defining the future of healthcare.

The 2025 symposium featured an address from Children’s clinical leaders, Amy Berk, DNP, RN, a nurse scientist with the Microsoft corporation, and Michael Fundora, MD, a Children’s cardiac intensivist, dynamic speed-speaker sessions where staff shared department-based projects and studies, and all-day poster viewing. The day was both a celebration and a catalyst for continued inquiry and innovation across Children’s.

The Gettis Award

The Nursing and Allied Health Research and EBP department honored **Margaret Gettis, DNP, CPNP-PC, EBP-C**, for her tireless work empowering bedside nurses to operate top of license by utilizing scientific evidence to drive nursing practices. The award is now slated to be presented annually to a doctoral student-employee with a robust, evidence-based practice change impacting pediatric patients in the Children's System. The inaugural award was presented to **Yolanda Perez-Duncan, DNP, RN, CRNA**, for her use of virtual reality technology to impact preoperative anxiety in children undergoing outpatient surgery.



Poster Award

Laura Youngblood, DNP, RN, CPNP-PC, presented a poster, Provider Perspectives on Clinical Guidelines for Administration of Intravenous Immune Globulin (IVIG) in Pediatric Patients, and was presented the poster award.



Podium Award

Amelia St. John, MSN, RN, CPNP-AC, won the podium award for her presentation on feeding host and disease factors associated with gut microbiome in infants with congenital heart disease.



Excellence in Nursing

The Nursing Strategic Plan is a roadmap to position nursing at Children’s as a nationally preeminent workforce through the achievement of superior outcomes.

With clinical nurses’ feedback top of mind, nursing leaders carefully crafted the Nursing Strategic Plan, built upon four focus areas, each with two sub-focus areas, that ladder up to our System strategy. This plan guides us as we achieve our Mission to *make kids better today and healthier tomorrow*.

Nursing Strategic Plan Development

In 2025, the future of nursing at Children’s wasn’t written by a small group in a boardroom—it was written by nurses across our entire System.

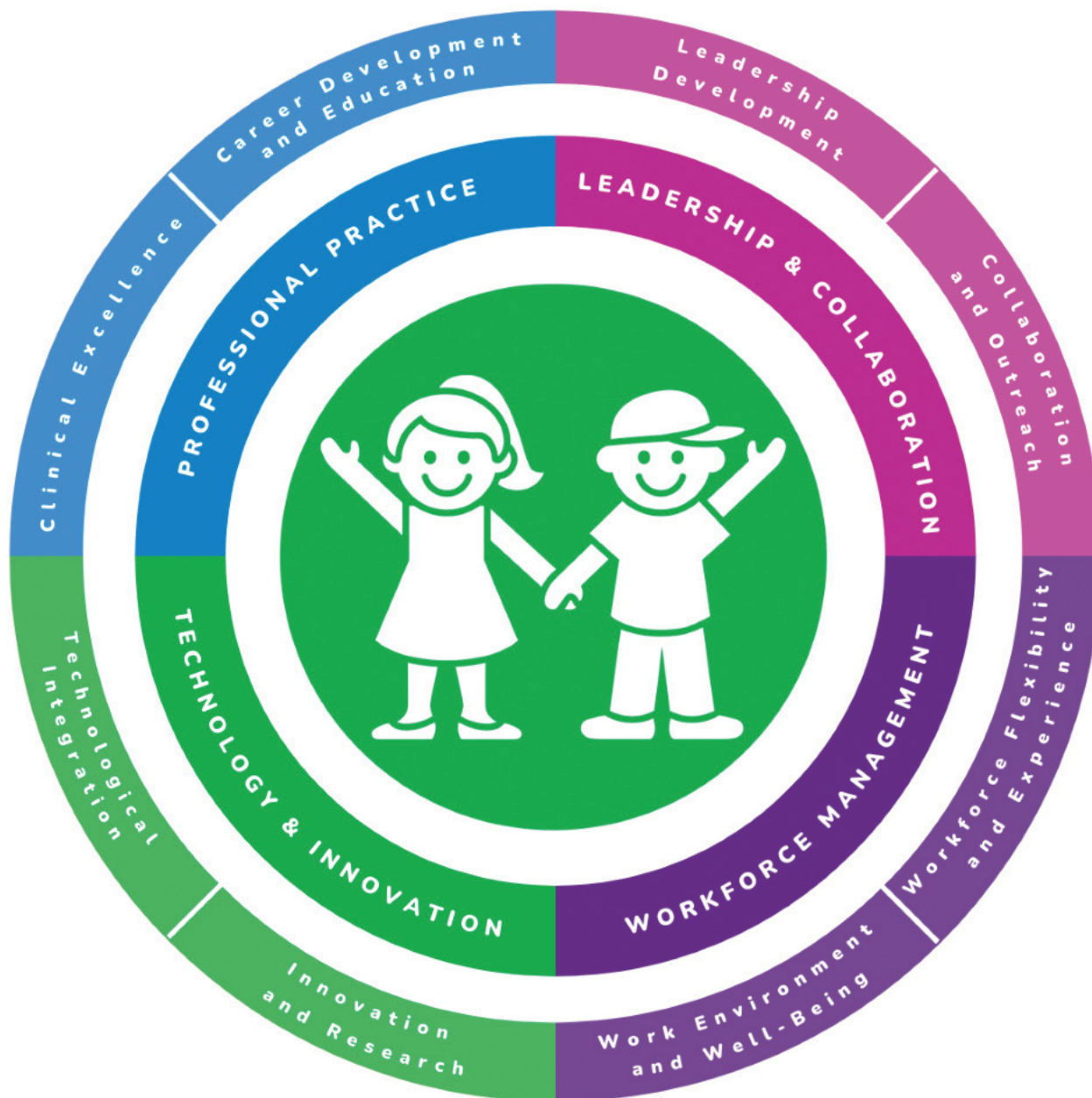
As we set out to develop the 2026-2028 Nursing Strategic Plan, we were intentional about one thing: the plan had to come directly from the nursing workforce. Their voices, experiences and ideas would not just influence the plan—they would define it.

In August 2025, Children’s hosted Nurse Cafés at all campuses centered around the question, “What’s Your Vision for Nursing at Children’s?” These events were opportunities for nurses to connect with nursing leaders, hear about the future of nursing at Children’s and, most importantly, share their input and ideas about System efforts and priorities. Nurses from all roles and settings spoke candidly about what they value most in their practice, what challenges they face and what they hope nursing at Children’s will look like in the years ahead.

From these sessions, we gathered more than 800 pieces of feedback that were reviewed and analyzed. Clear patterns emerged, and from those, we identified four main focus areas, each with two sub-focus areas, for our new Nursing Strategic Plan. These focus areas reflected exactly what nurses told us they needed to provide excellent care, grow in their careers, feel supported and drive innovation.

Next, we brought this draft structure to the Shared Leadership Retreat in September 2025, where nearly 250 nurses from across the System came together. There, nurses had another opportunity to react to, refine and validate the proposed focus areas. Their feedback helped ensure the plan was not only aligned with nursing priorities, but also realistic, meaningful and representative of diverse perspectives and practice environments.

Following the retreat, we incorporated this feedback and took the refined focus areas to Nursing Leadership in Q4 2025. With their partnership—and still firmly grounded in the voice of our nurses—we finalized the 2026-2028 Nursing Strategic Plan with the following focus areas and sub-focus areas:



From the first question asked in Nurse Cafés to the final approval, this plan is rooted in nursing. It is built from the ideas, insights and aspirations of the nurses who care for our patients and families every day. The 2026-2028 Nursing Strategic Plan truly is a plan developed by nurses, for nurses—a shared roadmap shaped by their voices and designed to move Children’s nursing boldly into the future.

Professional Practice

Clinical Excellence: Empower nurses to exercise greater autonomy in patient care decisions, promoting evidence-based practices and patient-centered care to achieve optimal patient outcomes and ensure high-quality standards. Encourage and support initiatives that enhance clinical skills and expertise across all nursing roles, driving continuous improvement in care delivery and patient satisfaction.



Career Development and Education: Provide comprehensive professional development programs, including career ladders and continuing education opportunities, to support nurses in achieving their full potential and advancing their careers.

CLIP the CLABSI: Reducing Central Line Infections in Immunocompromised Patients through Interdisciplinary Rounding

Central line-associated bloodstream infections (CLABSIs) pose a significant risk to patients who need central venous access for administration of treatment, resulting in poorer health outcomes, increased cost and longer length of stay for patients. Immunocompromised patients, such as those on the Aflac Hematology/Oncology/Bone Marrow Transplant units, are at even higher risk of developing a CLABSI due to significant immune suppression. Members of the Aflac CLABSI Task Force—a group dedicated to reducing CLABSI prevalence on Aflac—recognized the need for more intentional intervention in response to increasing CLABSI rates. As a result, nurse leaders began conducting weekly central line infection prevention (CLIP) rounds.

CLIP rounds, led by nurse leaders in collaboration with a physician, a member of quality improvement and a member of infection prevention, aim to prevent CLABSI development through the identification of high-risk patients. The nurse leader identifies five high-risk patients and engages in discussion with the bedside nurses of those patients in an attempt to collaborate on an actionable, individualized plan to prevent the patient from developing a CLABSI. Examples of some of the interventions identified as a result of CLIP rounding include reducing central line entries by identifying medications that can be changed from IV to oral, increasing hygiene compliance through increased education and awareness of barriers and standardizing care through the identification of process gaps.

Since beginning CLIP rounds in April 2025, there has been a statistically significant improvement in the frequency of CLABSI events. As a result of this success, Aflac has expanded CLIP rounding to all inpatient areas across both day and night shifts. Through continued weekly CLIP rounding, nurses on Aflac hope to further reduce CLABSI rates, ensuring that patients receive the safest, highest quality care.

Aflac CLIP Rounds: Nurse Leaders

NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Abby Fitzpatrick, MSN, RN, CPHON	Assistant Nurse Manager	Arthur M. Blank Hospital 10NW
Caitlyn Mueller, BSN, RN, CPN, NE-BC	Clinical Operations Manager	Arthur M. Blank Hospital 10NW
Cara Esposito, BSN, RN, CPN	Assistant Nurse Manager	Arthur M. Blank Hospital 9NW
Emily Carson, BSN, RN, CPHON	Administrative Resource Nurse	Arthur M. Blank Hospital 9NW
Laura Bass, MSN, RN, CPHON, NPD-BC, NE-BC	Clinical Operations Manager	Arthur M. Blank Hospital 9NW
Leonor Nickell, BSN, RN, CPHON	Administrative Resource Nurse	Arthur M. Blank Hospital 10NW

Aflac CLIP Rounds: Interdisciplinary Leaders

NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Abby Cox, MPH	Aflac Operations Director	Arthur M. Blank Hospital HemOnc Admin
Claire Stokes, MD, MPH	Hematologist/Oncologist	Arthur M. Blank Hospital
Kristi Herndon, DNP, APRN, CPN, CIC, CPNP-PC	Manager Infection Prevention	Support Quality Admin
Rachael LeRoux, MSHS, CPPS	Manager Quality/Project Management	Arthur M. Blank Hospital Hematology Clinical Admin

Workflow for Sourcing and Administering GnRH Agonist Medications

Externally sourced pharmaceuticals require a complex process to track and administer. They also bypass Children’s pharmacy controls, checks and balances, making it impossible to verify the integrity (e.g., temperature regulation) of a medication that a patient or family brings from home. In 2023, Children’s identified a way to better protect the quality and safety of patient care. Beginning January 1, 2024, the Children’s Pharmacy department became the only authorized source of pharmaceuticals or medications to be administered to Children’s patients in our hospitals or outpatient locations by Children’s staff. In 2025, the focus shifted to sustaining and refining this model through consistent, collaborative operational work.

Recognizing the challenges and risks associated with families bringing in outside medications, a team composed of endocrinology nurses and leaders, Ambulatory Outreach Clinic nurses and leaders, insurance verifiers and clinical educators formed the Specialty Drug team. Their joint efforts have significantly transformed the workflow for sourcing and administering GnRH agonist medications at Children’s, setting a new standard for patient care, quality and safety.

To help streamline patient care and medication management, the Specialty Drug Pool was created within Epic. **Jamie FitzStephens, BSN, RN, CPN**, and **Mauver Tyson, BSN, RN**, two ambulatory nurses, oversee this Specialty Drug Pool, acting as navigators for families throughout the approval process and providing support to the clinical nursing staff. They provide education to parents on the medication options compatible with the patient's insurance and work closely with Insurance Verification team members Alaina Belin, CHAA, and Jewel Washington, CHAA, to ensure a smooth medication approval process. Jamie and Mauver are strong supporters for these patients, often advocating for greater coverage approval. Jamie arranged training sessions with each pharmaceutical representative for endocrinology and outreach RNs and LPNs. Hands-on product demonstrations and preparation techniques, as well as critical medication safety information, are regularly reviewed with the nursing team.

Children's Physician Group (CPG) Clinical Educators **Ashley Reid, BSN, RN, CPN, NPD-BC**, and **Caryn Monat, BSN, RN, CPN**, developed training materials tailored to each specific medication. Utilizing System-level talking points, manufacturer guidelines and evidence-based research, they put together tip sheets for many medications.

Endocrinology clinics are held at six different locations across the metro Atlanta area—their two main hubs at the Center for Advanced Pediatrics and Meridian Mark, and at four of the Ambulatory Outreach sites. The endocrinology nursing leadership team, composed of **Sarah Mann, BSN, RN, CPN**, **Laura Katz, MSN, RN, NP-C**, **Eugenia Stewart, BSN, RN**, and **Sarah Neely, BSN, RN, CPN**, continuously modified the process to help ensure a smooth workflow. On an ongoing weekly basis, this team collaborates with Ambulatory Outreach Clinic leadership **April Saffor, BSN, RN, NE-BC**, **Courtney Azzi, BSN, RN, CPHON**, and **Winnie Doyley, BSN, RN, CPN**, to coordinate medication procurement, storage, accessibility and scheduling, helping to see that the six clinical locations are properly stocked and staffed.

Since the inception of the Specialty Drug workflow two years ago, the CPG endocrinology department has witnessed numerous positive outcomes. Families are relieved of the complexities of navigating insurance and specialty pharmacy issues, leading to an enhanced patient experience. For families opting for home nursing, the Specialty Drug team efficiently coordinates separate approval and administration processes. Endocrinology providers also celebrate the new workflow as patients are able to receive their medications and injections more quickly, limiting delays in care. They frequently consult with the Specialty Drug nurses to help meet patients' needs.

This collaborative initiative has been instrumental in preparing nurses for the specialized administration of these drugs. This process enhances clinical skills across all nursing roles, driving continuous improvement in care delivery and patient satisfaction, achieving better patient outcomes by following high-quality standards. This team highlights the Vision of Children's by unifying departments to do everything possible to make anything possible for our patients.



Process by the Numbers:

Number of nurses trained on specialty injections:

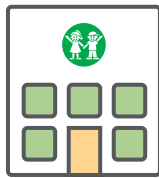


Endocrinology: 28



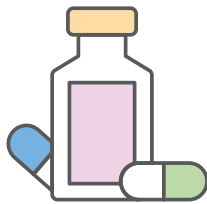
Outreach: 11

Number of sites that manage specialty injections: **6**



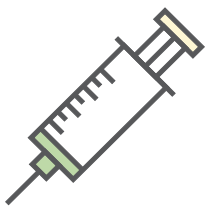
- The Center for Advanced Pediatrics
- Meridian Mark
- Town Center Outpatient Care Clinic
- Children's at Satellite Boulevard
- Children's at North Point
- Children's at Forsyth

Number of specialty drugs administered: **4**



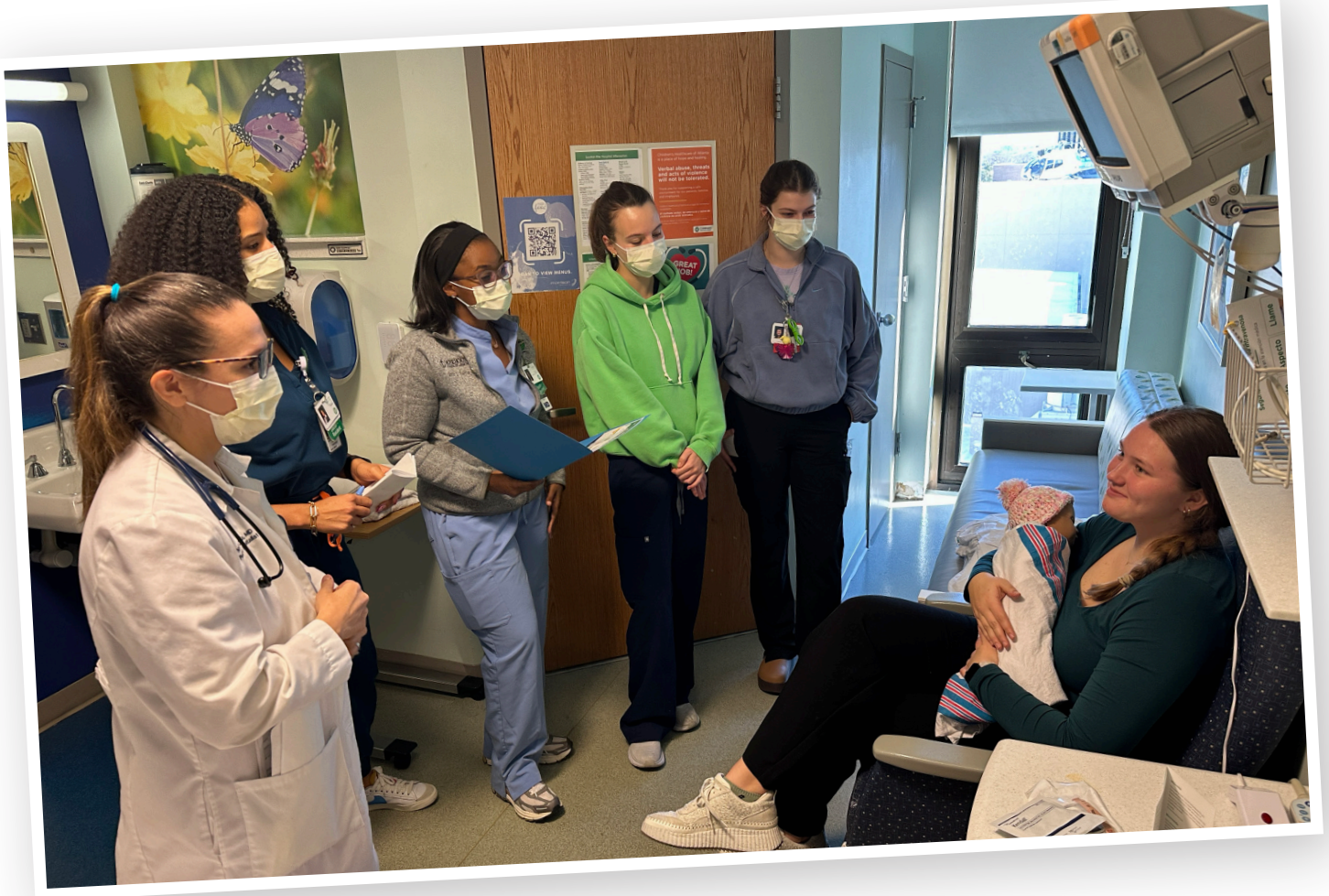
- Lupron
- Fensolvi
- Triptodur
- Testosterone

Number of in-office injections across locations:



2024: approximately 326

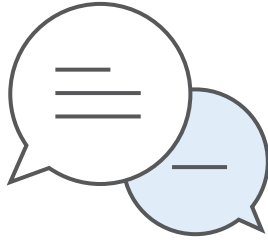
2025: approximately 350



Finding Our Voice at the Bedside: Family-Centered Rounds on Fourth-Floor GPC

On the fourth-floor General Patient Care (GPC) unit at Scottish Rite, high-quality care is built on collaboration, communication and trust. In late 2024, as novice nurses joined the unit and new Pediatric Hospital Medicine (PHM) providers rotated through, an opportunity for growth emerged. Nurses were eager to contribute more meaningfully to care discussions, families sought clearer communication and patient experience scores reflected the need for stronger alignment at the bedside.

Recognizing this need, nurse leaders **Misti Ellis, BSN, RN, CPN, NE-BC**, and **Kaitlyn Nottrott, MSN, RN, CPN**, as well as bedside nurse **Erin Szablowski, BSN, RN**, partnered with Pediatric Hospital Medicine and the Patient and Family Experience department to design and launch a pilot of family-centered rounds (FCR) on the fourth-floor GPC in February 2025. They led the planning, staff education and implementation efforts, helping ensure nurses were prepared and empowered to take an active role in this new model of care. Implemented across all beds on the unit, the initiative was designed to intentionally bring nurses, providers, and families together in real time to create a shared, patient-centered plan of care.



Good and consistent communication between staff and patient families **increased by 11%**

Each morning between 9:15 and 11:15 a.m., the bedside nurse began rounds by providing a concise handoff to the PHM attending, using the Situation-Background-Assessment-Recommendation (SBAR) format to share overnight updates and clinical concerns. Together, the nurse and provider entered the patient's room, where families were welcomed as active participants. Plans of care were discussed openly, questions were encouraged, and nurses confidently advocated for their patients by voicing concerns, offering insights and reinforcing education.

For both novice and experienced nurses, family-centered rounds fostered growth in confidence, critical thinking and communication. Nurses gained a clearer understanding of the medical plan while exercising greater autonomy in patient care decisions. Over time, trust deepened between nurses and providers, strengthening collaboration and reinforcing mutual respect for each team member's expertise.

Families experienced this transformation, as well. Being included in bedside discussions helped create clarity, reassurance and alignment among all members of the care team. This shared understanding translated into measurable outcomes, with both measures ("Good communication between staff" and "Consistent communication between staff") increasing by 11%.

From February through August 2025, Family Centered Rounds reshaped daily practice on PCA 4 and have since been sustained as standard work. Beyond improved metrics, the initiative strengthened relationships, elevated professional practice, and reinforced a culture of clinical excellence.

Family-centered rounds exemplifies the Professional Practice pillar, empowering nurses to practice with autonomy, advance evidence-based care, and partner with families to achieve better outcomes. On fourth-floor GPC, these moments at the bedside have become more than rounds—they are a powerful reminder that when nurses are empowered and families are engaged, excellence in care naturally follows.

“

Katie Lupo, BSN, RN, described the change as transformative for their practice: *“FCR has made a HUGE impact on our practice. Being able to communicate directly with the doctors, patients and caregivers all at once about the patient's plan of care, expected treatments/labs/imaging, etc., allows everyone to be on the same page about what is going on.”* **Emily Roth, BSN, RN**, says, *“Family-centered rounds makes it much easier to be on the same page and have a more united care team.”*

”

Leadership and Collaboration

Leadership Development: Cultivate leadership skills at all levels by providing training, mentorship and opportunities for nurses to take on leadership roles, with a focus on succession planning to ensure a strong pipeline of future leaders. Encourage a culture of shared leadership that values input from all team members and prepares them for advancing responsibilities.

Collaboration and Outreach: Strengthen collaboration between nursing staff and other healthcare professionals to enhance patient outcomes within the hospital and throughout the community. Promote effective communication and teamwork across departments and campuses.

Local to Global: Community Outreach in Action

Children’s nurses can apply throughout the year for incredible mission trip opportunities—both here at home, in Georgia and around the world. Thanks to a generous donor, these life-changing experiences are completely free for participating nurses. By investing in nurse resiliency through meaningful mission work, Children’s nurses are changing lives far beyond the hospital walls—and coming back renewed, inspired and ready to care.

Domestic Mission Trip to Moultrie, Georgia

Our domestic mission trip, launched in 2023, partners with Emory University’s Nell Hodgson Woodruff School of Nursing, which has provided healthcare to migrant farmworkers in Moultrie, Georgia, for 32 years. Children’s nurses, together with nursing students, help ensure that farm workers and their families receive essential health assessments, while longstanding collaborations with additional health specialty schools expand services to include physical therapy evaluations, mental health resources, dentistry and pharmaceutical support when needed. In 2025, more than 1,200 patients were seen by a team that included more than 100 health professions students and 13 Children’s nurses. Relationship building and mentorship are highlights for both the Children’s nurses and Emory nursing students developing their pediatric skills.





Week One

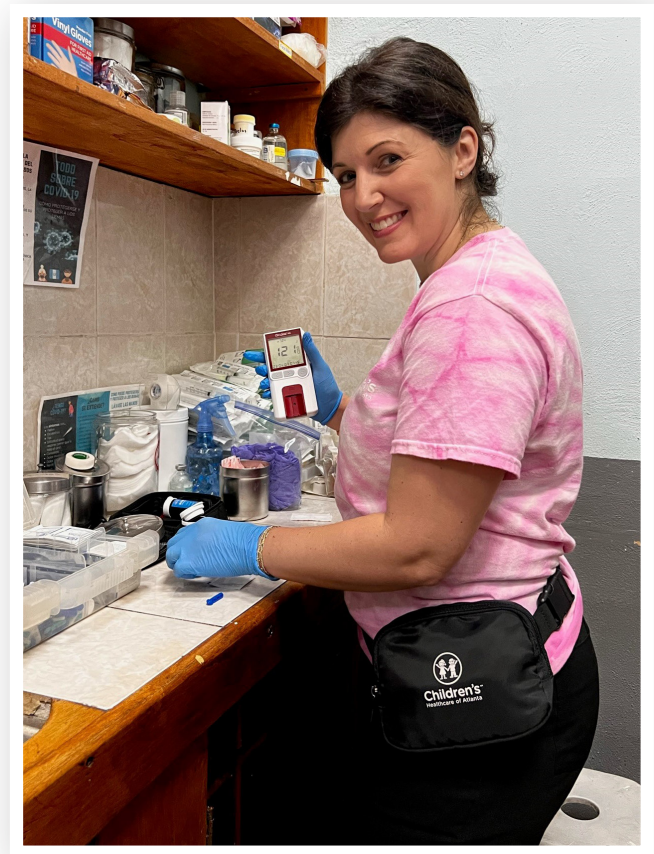
NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Alice Mitchell, RN, CPN	Clinical Nurse 3	Scottish Rite Hospital TDCU
Caryn Monat, BSN, RN, CPN	Clinical Educator	Center for Advanced Pediatrics Clinical Education and Quality
Julie Oestreich, BSN, RN	Clinical Nurse 2	Hughes Spalding Hospital Primary Care Clinic
Marisa Byram, BSN, RN-BC, CPN	Clinical Patient Safety Coordinator	Support Quality
Molly Zimmerman, MSN, RN, CPN	Clinical Nurse 4	Arthur M. Blank Hospital GPC 12/14N
Monica Lyles, BSN, RN	Clinical Nurse 3	Scottish Rite Hospital Sedation Services

Week Two

NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Alexys Lawrence, BSN, RN, CPN	Assistant Nurse Manager	Scottish Rite Hospital GPC 3
Anslee Webb, BSN, RN	Clinical Nurse 2	Hughes Spalding Hospital ED
Kari Ellis, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital Special Procedures
Kathy Sasser, BSN, RN, IBCLC	Clinical Nurse 2	Scottish Rite Hospital NICU
Kristy Lucarelli, MSN, RN, FNP-BC, CPPS	Clinical Patient Safety Coordinator	Support Quality
Lauren DeMott, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital PICU
Stephanie Pearson, BSN, RN, CPN	Clinical Nurse 3	Support Nurse Advice Line

International Mission Trip to Guatemala

The inaugural international mission trip in 2025 brought 11 nurses from across the System to San Antonio, Suchitepéquez, Guatemala, where they cared for more than 100 patients each day. With support from Children’s Pharmacy and Volunteer Services departments, the team packed extra suitcases filled with donated over-the-counter medications, medical supplies, hygiene kits, coloring books and more! Several Spanish-speaking Children’s nurses provided hygiene and nutrition education through nine classes at two local schools, extending their impact beyond the clinic. As a reprieve to the Guatemalan heat and daily hard work, the group had a midweek respite to kayak, paddleboard and ride horseback, supporting their own well-being while experiencing Guatemala’s natural beauty. Participants described the trip as “life changing,” and the shared experience created lasting bonds among nurses who work in different areas of the System. Because of the overwhelming success of this program, the trip will now be offered twice a year, expanding the opportunity to even more Children’s nurses.

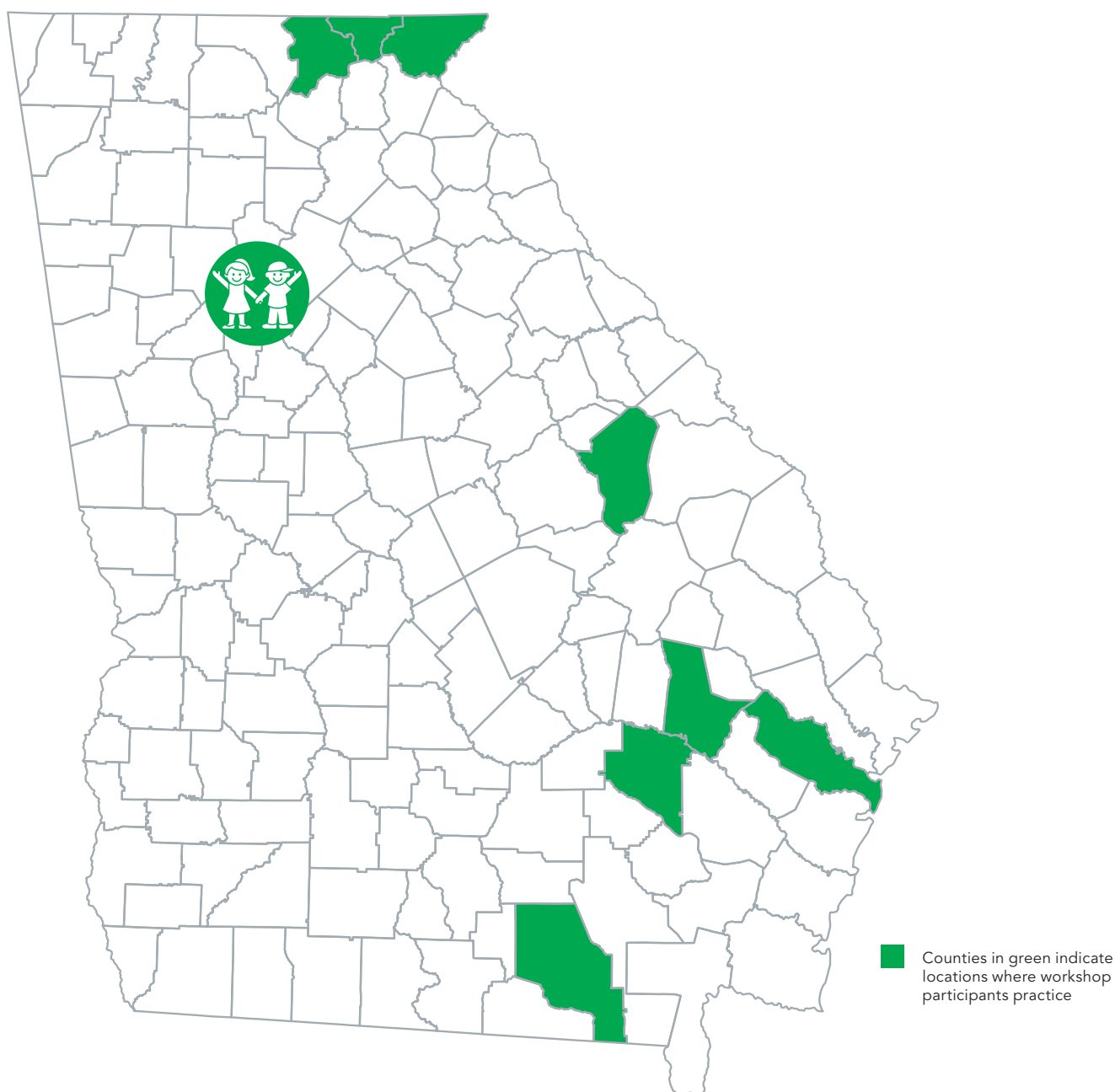


NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Anna Sanford, BSN, RN, CPN	Clinical Nurse 4	Scottish Rite Hospital GPC 3
Becca Miller, BSN, RN, CPEN	Clinical Nurse 3	Scottish Rite Hospital ED
Bri McGuffie, MSN, RN, CPN	Clinical Onboarding Specialist	Arthur M. Blank Hospital GPC 12/14N
Izzy Shoemaker, BSN, RN, CPHON	Assistant Manager Nursing	Arthur M. Blank Hospital HemOnc Inpatient
Juls Phanthavong, BSN, RN, NE-BC, NPD-BC	Director, General Patient Care	Arthur M. Blank Hospital GPC, Vascular Access/Wound Ostomy
Kelci Laporte, MSN, RN, CPNP-AC	Advanced Practice Provider	Center for Advanced Pediatrics Anesthesia
Kristen Ramey, BSN, RN, CPN	Clinical Nurse 4	Scottish Rite Hospital PICU
Luciana Michna, BSN, RN, CCRN	Administrative Resource Nurse	Scottish Rite Hospital PICU
Nataly Patlan Reyes, BSN, RN, CPN	Onboarding Specialist	Scottish Rite Hospital GPC 3
Olivia Powell, BSN, RN, CCRN	Onboarding Specialist	Arthur M. Blank Hospital PICU
Tina Spitler, RN, CPN	Clinical Nurse 4	Scottish Rite Hospital Day Surgery



Simulation in Action: Collaborative Innovation to Support Pediatric Care in Georgia's Rural Health Community

In 2025, as a part of the established KidsABC initiative with the Mercer University School of Medicine and the Georgia Rural Health Innovation Center (GRHIC), the Children's Simulation Center launched a collaborative effort to expand access to high-quality simulation-based education using a hub-and-spoke framework. The Simulation Center contributed expertise in pediatric simulation methodology and faculty development, and the GRHIC team leading local implementation and delivery of simulation education to rural clinicians. As the hub, Children's offered longer, in-depth and pediatric-focused training in simulation for staff and providers who work in rural emergency departments.





For simulation education, **Amanda Tate, BSN, RN, CPN**, and **Candace Koon, MSN, RN, CPHON**, delivered a three-day immersive workshop for a GRHIC-based rural health simulation educator Kenya Jones, BS, RRT. The workshop provided evidence-based training in simulation design, facilitation and debriefing. Ongoing collaboration with Simulation Coordinator **Monica Simoneaux, MSN, RN, CNOR**, includes mentorship, course design consultation and facilitator coaching. The Simulation Center also provides shared access to educator development workshops, supporting the sustainable delivery of high-quality pediatric simulation to improve care for children across Georgia.

In addition, the Simulation Center worked with the Children’s Rural Health team to enhance the Rural Emergency Department Education Day. These workshops focus on core pediatric competencies including assessment, recognition of clinical deterioration and effective communication, with the integration of experiential learning to enable application of course content in realistic scenarios. **Monica Simoneaux, MSN, RN, CNOR**, partnered with content experts **Katie Marakovitz, BSN, RN, CPEN**, **Brandy Hunter, BSN, RN, CPEN**, **Kenya Jones, BS, RRT**, **Shelby Dixon, MSN, RN, CPEN, NPD-BC**, **William**

“Loved the simulations! They were realistic and helped knowledge retention!”

Thompson, BSN, RN, CPN, Erin Bouchard, BSN, RN, NPD-BC, CPN, and **Pam Mason, BSN, RN,** to develop a tailored case study, scheduled for implementation in 2026 at the Arthur M. Blank Hospital Simulation Center Trauma Lab.

In parallel, under the leadership of Kiran Hebbar, MD, the Simulation Center developed a simulation-based Rural Health Provider Workshop for adult emergency medicine clinicians participating in the KidsABC program. Delivered by pediatric critical care and emergency medicine faculty, the learner-centered workshop integrated brief didactic sessions with hands-on skills stations and high-fidelity simulation covering shock, respiratory failure, airway management, analgo-sedation, point-of-care ultrasound (POCUS) and urologic emergencies. Rapid-cycle deliberate practice (RCDP) scenarios supported skill acquisition and mastery in pediatric emergency care. This collaborative effort further extends Children’s impact within Georgia’s rural health communities and aligns with the statewide rural health initiatives led by Mercer University School of Medicine and the Georgia Rural Health Innovation Center.

“I feel more confident in my role with critical pediatric patients after having taken the course.”



Rural Health Provider Workshop Data Highlights

98%

of respondents felt the workshop was an effective way to deliver to the course content

98%

of respondents were, overall, completely satisfied with their learning experience

40%

increase in confidence diagnosing and managing shock in pediatric patients

34%

increase in confidence managing a pediatric patient's airway

36%

increase in confidence performing a point of care ultrasound (POCUS) rapid ultrasound for shock and hypotension (RUSH) exam on pediatric patients

Growing Together: The Power of Nurse Mentorship

Mentoring is a powerful, relationship-driven way to support growth, confidence and success at every level of nursing—from new clinical nurses to nurse managers, nurse directors and senior leaders. Children’s Healthcare of Atlanta strongly supports and encourages these mentoring relationships as a vital part of its nursing culture.



At its core, a mentoring relationship pairs a less experienced nurse (the mentee) with a more experienced nurse (the mentor) in a supportive, trusting partnership. This is not just about answering questions—it’s about walking alongside someone as they navigate challenges, discover their strengths and define their path.

<p>The goals of a strong mentoring relationship are to:</p>	<p><i>Develop meaningful, trusting relationships with one another.</i></p>	<p><i>Navigate the challenges of transition—whether into a new role, a new unit or a new level of leadership.</i></p>	<p><i>Foster the art of effective communication, engagement and relationship-building.</i></p>
<p><i>Coach on principles of career planning and development at every stage of a nursing career.</i></p>	<p><i>Guide nurses in their professional, personal and interpersonal growth.</i></p>	<p><i>Communicate openly about expectations, learning opportunities and stressors.</i></p>	<p><i>Support optimal engagement and integration into the organization’s culture.</i></p>

During the mentorship, nurse mentors help mentees examine and develop their own ideas rather than simply giving solutions. They encourage reflection, critical thinking and self-awareness, helping mentees grow in confidence and independence—whether the mentee is just starting at the bedside or stepping into a complex leadership role.

Mentors also play a key role in career development. They can help mentees explore different career paths, clarify goals and identify the skills and experiences needed to move forward. By guiding mentees through organizational networks, mentors often open doors to new opportunities, collaborations and resources that might otherwise be out of reach.

Mentoring is about connection, growth and shared purpose. It strengthens individuals, builds resilient teams and supports a culture at Children’s where nurses at all levels feel seen, supported and empowered to reach their full potential.

Kristen Cranmer and Caitlin Bate



From the start, their mentorship was intentional. **Caitlin Bate, BSN, RN, CPHON**, Clinical Operations Manager, Infusion Center, at Arthur M. Blank Hospital, wanted a trusted thought partner to help her work through tough situations and stretch her leadership skills. At the same time, **Kristen Cranmer, MSN, RN, CPNP, PCS-BC, NEA-BC**, Director, Neonatology, at Arthur M. Blank Hospital and Scottish Rite Hospital, was hoping to invest in an emerging leader and create room for open, growth-focused conversations. It was through the mutual connection of Caitlin's leader that the two were paired together.

When asked when the mentorship “clicked,” Caitlin didn't hesitate to respond, “Vulnerability is a must. Kristen is so relatable and easy to talk to, but it wasn't until I asked for mentorship around a specific challenging situation that I realized how strong our mentor-mentee relationship was—and how much it could grow.” That moment shifted their connection from a formal pairing to a trusted partnership.

Mentorship isn't a one-way street—mentors often experience powerful personal and professional growth too, even if it tends to be overlooked. Kristen is quick to point out how much she has learned from Caitlin. “Caitlin has shown me just how hard the manager role is at Children's,” Kristen shares. “Every day is a new challenge. To be successful, you have to be a critical thinker, a creative problem-solver, and willing to hold staff accountable and have hard conversations.” She sees these traits in Caitlin because Caitlin has intentionally developed them. Their dedicated mentorship time has allowed them to explore the realities of leading through complexity and supporting teams, while also prompting Kristen to reflect on her own leadership.

Outside of their roles, Caitlin and Kristen discovered another bond: both are full-time working moms with kids around the same age. They swap stories about balancing work and family, share strategies to maintain some sense of equilibrium and laugh about the latest trends their kids bring home.

That personal connection adds depth to their professional conversations and reinforces that leadership and life are deeply intertwined.

Caitlin and Kristen have a lot of advice to give to new mentor-mentee pairs. They agree that strong mentorship is built, not assumed. Their advice for all mentor-mentee relationships:

- Be honest about your strengths and growth areas.
- Be vulnerable. Your mentor can't help you grow if you're not open about where you need support.
- Come prepared. Treat meetings as a priority, think ahead about what you want to discuss, and jot down situations between meetings that are worth unpacking together.

Although Caitlin has been a nurse leader for almost a decade, Kristen is her first formal leader mentor. Having an experienced mentor outside her immediate team has become invaluable—a place to lean in, learn, test ideas and feel supported through operational changes and tough conversations.

In one sentence, their mentorship is a safe, honest partnership focused on real challenges and real growth. Together, Caitlin and Kristen are excited to keep building on their partnership, tackling new challenges and modeling what meaningful, mutually beneficial mentorship can look like—for leaders and for people.

“Every day is a new challenge. To be successful, you have to be a critical thinker, a creative problem-solver, and willing to hold staff accountable and have hard conversations.”

Carie Watt and Mikeon White

When **Mikeon White, BSN, RN, CPN**, General Patient Care Clinical Operations Manager at Hughes Spalding, started looking for a mentor, she wanted someone well-rounded who could support her leadership and professional growth. Her HR business partner and director recommended **Carie Watt, MHA, BSN, RN, NE-BC**, Director, Technology Dependent Services at Arthur M. Blank Hospital and Scottish Rite Hospital—and that match quickly became a turning point in Mikeon’s career.

From the start, their relationship was flexible and authentic. As they put it, “It’s as formal or informal as we make it.” They meet monthly and as needed, beginning each conversation with a check-in before diving into leadership tools, people management, quality, service, finances and broader professional development. They don’t just talk roles—they support each other as whole people.

A key turning point came when they discussed how to set and track individual and team goals. Carie shared a tool that organizes goals and strategies, which Mikeon adopted for herself and plans to use with her new team. Another moment sealed their connection: an early conversation about family and faith. “Family is very important to me,” Mikeon says. “That day I knew Carie was ‘my person.’”

The impact has been significant. After 19 years in the same department and unit, Mikeon felt ready for change but was nervous to leave what she knew. Through several honest conversations, she found the courage to “step out on faith.” She’s now in a new role, new department and new location within Children’s—and she doesn’t believe she would have taken that step without Carie’s encouragement and guidance.

For Carie, the growth goes both ways. Mentoring Mikeon has reminded her how important it is to stretch beyond comfort: avoiding change is easy, but real growth happens when we lean into the unknown. She describes Mikeon as resilient, curious and dedicated; Mikeon sees Carie as professional, inspiring and visionary.

If Mikeon could go back to their first meeting, she’d tell herself, “Where has Carie been all these years? You should have done this years ago.”

Carie defines successful mentoring as synergy—both people learning and growing. For Mikeon, it’s about connection and a shared “why.” The experience has motivated her to one day become a mentor herself.

Looking ahead, both are excited to support each other as they lead new teams this year. Their mentorship has become more than a program match—it’s an ongoing partnership built on trust, courage and mutual growth.



“
“Family is very important to me ...
That day I knew Carie was ‘my person.’”
”

Martha Hummer and Iriana Thompson

On a busy pediatric unit where nights can turn intense in an instant, Martha and Iriana discovered what true mentorship looks like.

Martha Hummer, BSN, RN, CPN, Clinical Nurse 4, first met **Iriana Thompson, BSN, RN**, Clinical Nurse 2, as her preceptor during orientation on the General Patient Care (GPC) Medical unit at Arthur M. Blank Hospital and immediately felt a connection. She asked to be Iriana's mentor—only to find out that Iriana had requested her too. Their match was mutual and meaningful from the start.

The mentorship “clicked” during one of Iriana's first independent shifts. On one of those nights, she faced her first rapid response. Martha guided her through it—patient, steady and encouraging.

“It was a reassuring moment for me that I'm going to be a great nurse,” Iriana recalls.

Later that week, they spent over an hour together consoling a very irritable infant until the baby finally fell asleep. For Iriana, those moments proved that Martha was not only a skilled mentor but also a friend—someone who made her feel safe, supported and heard.

Martha beams with pride when she talks about Iriana. “I feel proud of Iriana every shift I work with her,” Martha says. “It is so fun to see her become an amazing pediatric nurse.”



One of Martha's proudest moments was when Iriana decided to pursue her nurse practitioner degree and asked Martha for a recommendation letter. Weeks later, Iriana ran up to her at the start of a shift, phone in hand, showing her acceptance email from Emory University. Martha says, “I had a smile on my face all shift!”

To Martha, Iriana is joyful, calm and flexible—a steady presence in intense situations. To Iriana, Martha is approachable, compassionate and reassuring—a trusted role model in both nursing and leadership.

For Iriana, a successful mentorship means “having someone walk alongside you, uplift you and help you find your confidence as a nurse—especially on the days when the job feels heavy.”

Their story shows the heart of mentoring at Children's Healthcare of Atlanta: two nurses walking side by side, growing together and proving that the right relationship can shape both a career and a calling.

“
I feel proud of Iriana every shift I work with her ... It is so fun to see her become an amazing pediatric nurse.”
”

Workforce Management

Work Environment and Well-Being: Foster a safe, inclusive, and supportive work environment by addressing workplace challenges, promoting psychological safety, and implementing initiatives that enhance staff well-being and job satisfaction.

Workforce Flexibility and Experience: Cultivate a nursing workforce that is both agile and highly skilled by expanding flexible roles and intentionally closing the gap between nurses' experience and the complexity of care.

Building Resilience Together: Supporting Staff through Shared Experience

Caring for children and their families is deeply meaningful work, but it also brings emotional, ethical and practical challenges. In January 2025, the third floor General Patient Care (GPC) unit at Scottish Rite Hospital partnered with the Strong4Life Staff Support team and the nurse ethicist to launch monthly resiliency huddles—dedicated sessions designed to foster psychological safety, connection and staff well-being.

“

“The resiliency huddles gave us a safe space to voice our struggles, and they encourage us to support each other through the difficult times.”

**-Maddie Moore, BSN, RN, CPN,
Clinical Nurse 3**

”





Each one-hour huddle is intentionally structured as a leadership-free space, allowing team members to speak openly without fear of judgment or repercussions. The goal is not to solve problems or review policy, but to build community and support. The staff support team and nurse ethicist open the conversation, then step back so the space truly belongs to the staff. They remain present as facilitators to ensure that the discussion stays respectful, inclusive and productive.

Staff are invited to share difficult patient situations, ethical concerns, staffing challenges and the everyday stressors that accompany clinical work. To create a welcoming, calming environment, the huddles include refreshments, fidget items and—on special occasions—visits from therapy dogs.

Over time, these huddles have become a trusted forum where staff can process their experiences together. Team members report feeling less isolated and more understood, knowing that others share similar challenges.

Though each session lasts just an hour, the impact extends far beyond the meeting. By creating intentional time for reflection and mutual support, third-floor GPC has strengthened unit culture, promoted psychological safety, and reaffirmed the importance of caring for the caregivers who serve patients and families every day.

“*I value our monthly resiliency huddles because they offer a safe, supportive space to openly discuss our work. Knowing that others understand and empathize with the same experiences makes me feel validated and reminds me that I’m not alone in my role.*”

-Nataly Patlan-Reyes, BSN, RN, CPN,
Onboarding Specialist

”

Neurology Partnership Finds Staffing Solutions

Staffing challenges frequently present and require creative approaches to solving. In early 2025, **Megan Deal, MSN, RN, CPN**, Clinical Operations Manager of Children’s Physician Group (CPG) Neurology at Children’s Healthcare of Atlanta, faced such a challenge. Engagement Survey feedback from staff reflected dissatisfaction around engagement, retention and manager effectiveness. Her staff provided feedback about the high volume of patient care and limited staffing resources. This led to burnout, high turnover and overall staff dissatisfaction. Megan maintained open lines of communication with her staff and began to dig into possible solutions.

She decided to pursue support through partnering with the inpatient neurology unit at Scottish Rite Hospital to cross train nurses to support outpatient in times of high volume. She recognized that partnering with inpatient would be ideal as the inpatient nurse knowledge and experience with the neurology patient population would benefit her teams quickly.

Megan connected with **Mikeon White, BSN, RN, CPN**, Clinical Operations Manager of the First Floor General Patient Care (GPC) unit at Scottish Rite (when the project began) and made a proposal for inpatient neurology nurses to cross train to outpatient neurology.

Mikeon was also dealing with staffing challenges due to low patient census and was excited about this idea. She and Megan partnered to create a cohort of nurses from Scottish Rite who contracted to the Children’s Physician Group (CPG) for three months. Ultimately, two were selected and offered the opportunity to contract with outpatient neurology.

Each nurse completed approximately one month of orientation, which included ambulatory Epic training, clinic orientation and comprehensive training in telehealth nursing.

One of the nurses, **Callie McCollins, BSN, RN, CPN**, reflected: “Cross-training in CPG outpatient neurology has greatly enhanced my nursing career. This growth opportunity allowed me to apply my bedside skills and competencies in the outpatient setting. I’ve had the chance to reconnect with some of my previous patients, which made me realize how valuable continuity of care is in supporting them and their families beyond hospitalization. Throughout my cross-training, I was supported by my preceptor, Rachel, whose depth of knowledge in neurology greatly enriched my learning experience. Her support and willingness to share her expertise strengthened my confidence and contributed to my overall growth in the outpatient setting.”

Rachel Boyette, BSN, RN, CPN, Callie’s outpatient preceptor, commented, “Having come from inpatient neurology to outpatient neurology myself, precepting Callie was a dream. She was already familiar with the patient population, the meds, the red flag symptoms, and many of the providers. Our team is amazing, and our nurses are all top notch, but having nurses who have had hands-on



“*Cross-training in CPG outpatient neurology has greatly enhanced my nursing career. This growth opportunity allowed me to apply my bedside skills and competencies in the outpatient setting.*”

“*Our team is amazing, and our nurses are all top notch, but having nurses who have had hands-on immersion in emergent situations that can occur with the neurology patient population is invaluable beyond measure.*”

immersion in emergent situations that can occur with the neurology patient population is invaluable beyond measure. It can be intimidating to give advice and telephone triage neurology patients if you have not had hands-on experience with this population previously. Callie moved seamlessly from inpatient to outpatient because of her ability to connect the dots from inpatient experiences to outpatient situations, a skill that is difficult to master if you have not worked with seizures and other neurological emergencies before. She came to us familiar with when and how to give rescue meds and with knowledge of the medications we deal with on a daily basis. I cannot adequately articulate how impactful the inpatient pediatric neurology experience Callie brought with her is."

Danielle Wright, BSN, RN, CPN, shared: "I had been working bedside nights for nearly 16 years, 12 of those at CHOA on the first floor. Outpatient nursing had always been in the back of my mind as an 'eventually' plan as I headed closer to retirement. I was excited when the opportunity presented itself to test the waters and see what the outpatient world was all about. I was nervous to experience change but felt it was a great baby step since I would get to apply my 12 years of neuro experience to the cross-training experience.

I was immediately welcomed by the team, and it made the transition so easy. I was asked, about a month into it, if I would think about staying. I was so worried that I would miss the bedside and the experience/connection created with patients and families. As time went on, I realized that fear was unfounded. Some days, I feel even more connected to my patients because I am creating an ongoing bond and getting to help them in their best times and not their worst days. I have also found a sense of work-life balance that I was never able to fully achieve in my time at the bedside on nights. This change found me at a time where it was very needed for me professionally and personally."

Valerie Price, BSN, RN, one of Danielle's preceptors, commented: "Having Danielle join us in the outpatient clinic was fantastic! She came with all of the knowledge and experience caring for our patient population that made adjusting to outpatient flow so seamless. Once she learned how to navigate the workflow of outpatient, she was able to handle patient calls and emergent situations flawlessly with the background knowledge she already had from her inpatient experiences. It was also so helpful to learn from Danielle how things worked inpatient to better translate processes to our patients from a more inside perspective, such as epilepsy monitoring unit admissions. Having precepted Danielle, I think we both were able to walk away with refined knowledge to better serve the patients in our clinic. It was a truly fantastic opportunity for each of us to gain knowledge of how the inpatient and outpatient worlds work together to better serve our kiddos."

This partnership brought about a timely and effective staffing solution for both inpatient and outpatient groups. The experience was so positive that the two cross-trained inpatient nurses requested to transfer and took full-time RN positions in outpatient neurology working under Megan and Assistant Nurse Manager Penelope Allong, MSN, RN, CPN.



"I was nervous to experience change but felt it was a great baby step since I would get to apply my 12 years of neuro experience to the cross-training experience."

"It was a truly fantastic opportunity ... to gain knowledge of how the inpatient and outpatient worlds work together to better serve our kiddos."

Hughes Spalding Patient Review and Disposition Committee



In spring 2025, concerns about staff safety at work were raised during the Hughes Spalding Campus Coordinating Council meeting as well as executive rounding. Frontline staff reported increasing incidents of workplace violence related to caregiver escalation, particularly in the Hughes Spalding Primary Care Clinic. They also expressed concern that, after reporting these incidents, some caregivers seemed to slip through the cracks and were later rescheduled without clear follow-up or resolution to their concerning behaviors.

In response, Hughes Spalding leadership—including Julia Jones, VP of Operations; Bill Auten, Director of Facilities; Joron Murry, Director of Physician Practice for Primary

Care and Specialty Clinics; and **Shari Baker, BSN, RN, CNML**, Director of Patient Care Services—implemented enhanced security presence and rounding in the Primary Care Clinic, especially during peak volume times. During an interdisciplinary brainstorming session focused on closing the loop on workplace violence incidents and improving communication back to frontline staff, Joron Murry proposed the creation of a committee dedicated to reviewing these events and determining appropriate follow-up. Through several iterations, this concept evolved into the Patient Review and Disposition Committee (PRDC).

The PRDC is led by nurses, **Kelly Thrift, MSN, RN**, Clinical Operations Manager, in collaboration with **Shavail Pierce, BSN, RN, CPN**, Clinical Program Manager, and **Jennifer Roan, BSN, RN, AMB-BC**, Assistant Nurse Manager. It provides a structured, dedicated forum to review workplace violence concerns with an interdisciplinary team that includes the frontline staff who have direct knowledge of the event. In addition to those staff members, the committee includes the director of physician practice, practice manager, clinic medical director, social work manager, manager of security, the patient's provider, BMH provider, and the campus medical director.

To support efficient and informed discussion, a situation assessment (SBAR) is prepared by nursing leadership in advance to summarize the incident and relevant background. PRDC reviews incidents that involve a caregiver's breach of a behavior contract, Occurrence Notification System (ONS) submissions related to workplace violence, and any caregiver-related situation identified by frontline staff as needing further review. Following SBAR review, the committee determines appropriate next steps, which may include but are not limited to patient dismissal, visitor restrictions or other actions such as revoking caregiver MyChart access. Once a disposition is determined, the practice manager and/or clinical operations manager collaborate(s) with Risk and Legal as appropriate.

Since its inception, the committee has reviewed and discussed seven workplace violence concerns, and the PRDC has supported clinic leadership in addressing these concerns in a timely, consistent and policy-aligned manner. It has added structure and accountability to the response process and helps ensure that resolutions are clearly communicated to all stakeholders, including the frontline staff who initially raised the concern.



Technology and Innovation

Technological Integration: Leverage technology to improve patient care, streamline workflows and enhance communication. Invest in tools and systems that support efficient clinical practice and operational excellence.

Innovation and Research: Encourage innovation and participation in research initiatives that advance nursing practice and patient care. Support the adoption of new technologies and methodologies that drive continuous improvement.



Nursing Informatics Council

The Nursing Informatics Council supports the Nursing Strategic Plan by advocating for technology options that support standardization, quality, safety and practice initiatives for nursing and clinical teams. In 2025, the council prioritized continued effort around the following areas of focus for improvement:

- Nursing efficiency: decreasing time in documentation and improving administrative tasks.
- Nurse well-being.
- Patient care: reducing alert fatigue.

Some notable achievements in advancing technology to help improve nurse well-being, efficiency and patient safety included virtual nursing, support of nursing concern in regard to patient deterioration and the launch of Epic for clinical documentation in our ambulatory surgical centers. In total, more than 25 requests were submitted to the Nursing Informatics Council for review and voting. Some of the approved requests include updates to patient-controlled analgesia (PCA) order set to support ordering in line with doses that can be programmed within PCA pump, several flowsheet updates in support of System central line-associated blood stream infection (CLABSI) prevention work, and adding a documentation option when family is unavailable to complete the admission database within 24 hours.

Nursing Efficiency

Targeted Rounding

Beginning in July 2025, the Nursing Informatics Council began targeted rounding. These sessions partnered a council member with a nursing informaticist to share Epic efficiency tips and to hear open feedback from nurses about suggestions for enhancements or things that are not working as intended. Rounding teams were able to meet with over 220 nurses. Example topics included how to create and use flowsheet macros, required documentation, Brain optimization and how to personalize Epic to organize tools in a way that works best for each nurse. The council is planning to continue rounding in 2026 with a rotating schedule of refresher topics, as well as new features added with monthly and bi-annual Epic releases.



CLABSI Improvements

Nursing Informatics continued its focus to support System quality goals to reduce central line-associated bloodstream infections (CLABSI) by helping to increase hygiene compliance. This was achieved through tools that support placement of hygiene orders and real-time feedback of hygiene status. In July 2025, we implemented a new nursing hygiene order panel, updated patient list columns, and more targeted required documentation requirements. The nurse hygiene order panel has been used over 300 times and is helping to support Caregiver Initiated Protocol 1-14 Hygiene for Patients with Invasive Lines or Tubes. The patient column updates allow for quick at-a-glance compliance checks, as well as a hover report that provides relevant audit data reducing the need for staff to open the chart for information. The updated required documentation helps ensure that nurses only see the required hygiene data for their patient and helps with more accurate tracking of documentation with SlicerDicer. Documentation compliance has increased from 74% to 80% for patients with central lines.



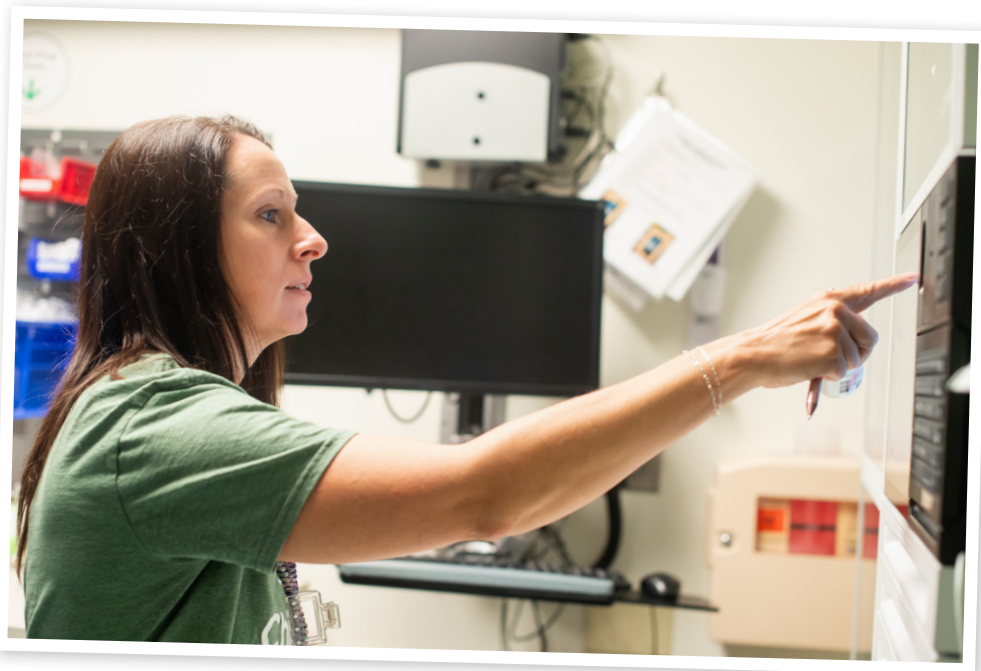
Operational Impact and Emerging Technology



In addition to Epic optimizations, emerging tools such as AI-driven analytics, and self-service reporting platforms like Epic SlicerDicer, Microsoft tools such as Teams further expanded nurses' ability to access and act on data in real time.

In 2025, 33 data models were deployed to SlicerDicer, Epic's self-service analytics tools, 18 of which were clinical. We saw a high level of interest and participation from nurses across the organization attending training for how to use this tool to gain actionable insights and drive process improvement work. In fact, from 2024 to 2025, the number of nurses using the tool doubled.

One example of how a unit is leveraging technology is the Scottish Rite 4 South unit embracing the opportunity to adopt and leverage Microsoft Teams. With **Melanie Bankston, RN, BSN, CPN**, Assistant Nurse Manager and Nursing Informatics Council Chair, leading the charge, they started off slowly with a general announcements channel and added focused channels for charge nurses, unit secretaries, onboarding specialists, staffing (call-offs/floats, scheduling and swaps), education, FYIs, patient experience and staff engagement. They also created a private 4 South Quality and Patient Experience Team with a link to the OneDrive QPS Notebook and a 4 South Leadership Team for shared administrative documents. Last fall, after some mutual frustration about being out of the loop with unit happenings, **Diane Nelson, MSN, RN, CPN, NE-BC**, Clinical Operations Manager, encouraged the leadership team to use Teams to create a daily leadership chat. In this chat, leaders post current equipment issues and updates on progress to resolve outstanding issues. By utilizing Teams, staff have up-to-date information that helps support them in their patient care and Shared Leadership work. Teams has greatly reduced the email volume and has also allowed staff to quickly catch up on progress and next steps if they are out for a few days.



Nurse Well-Being

Virtual Nursing Pilot for General Patient Care



Beginning in May 2025, a multidisciplinary steering committee—with representation from Clinical Informatics, IS&T, Nursing, Nursing Research, Process Improvement, Patient Family Experience, Clinical Learning, Simulation Center, and bedside nurses—spent six months designing a Virtual Nursing (ViRN) care model. This work led to the launch of the General Patient Care (GPC) Virtual Nurse Pilot on October 28, 2025, on the 12th- and 14th-floor North units at Arthur M. Blank Hospital, with expansion to the 15th-floor North and West units on December 10, 2025.

The pilot leverages existing technology (Epic, Voalte and Andor room camera/TV conferencing) to streamline workflows, improve patient outcomes

and satisfaction, reduce admission and discharge delays, improve throughput, lessen bedside nursing workload and support documentation compliance.

This multidisciplinary team contributed clinical and technical expertise, developed and refined technology tools, and used simulation to test workflows, define which tasks are appropriate for virtual versus bedside care, and assess impact on patient and family experience.

During the introductory phase, the ViRN has been staffed 9 a.m. to 9 p.m. Mondays through Fridays to match peak throughput times. The virtual nurse focuses on completing admissions and discharges for bedside nurses and participates in daily discharge rounds, allowing the unit team leader to remain on the unit for direct clinical support. Future enhancements may include virtual education, quality documentation monitoring (for example, bundle compliance and PIVIE documentation), Watcher support and dual signoffs for high-alert medications. The ViRN role has improved team knowledge sharing at admission and expanded outreach to families, helping ensure they are prepared for discharge and that criteria are met.

Family surveys about the Virtual Nurse experience have been overwhelmingly positive, with an average satisfaction score of 4.83 out of five. The initial pilot concludes in early April 2026, and the team anticipates further growth of virtual nursing capabilities at Children's to enhance workflow management, staff support, patient safety, and family communication and pave the way for a flexible workforce model.

“Whenever I function in the ViRN role, I feel the most helpful admitting and discharging families who don't speak English. I'm able to pull up an interpreter almost immediately and help the family get settled while their bedside nurse is able to finish things up with other patients on the floor.”

Some feedback from one of the nurses filling the Virtual Nurse role specifically calls out the ability to effectively communicate with our non-English-speaking families, stating, “Whenever I function in the ViRN role, I feel the most helpful admitting and discharging families who don’t speak English. I’m able to pull up an interpreter almost immediately and help the family get settled while their bedside nurse is able to finish things up with other patients on the floor.”



NAME/CREDENTIALS	JOB TITLE	CAMPUS/DEPARTMENT
Bri McGuffie, MSN, RN, CPN	Onboarding Specialist	Arthur M. Blank Hospital GPC 12/14N
Caitlin Whittington, BSN, RN, CPN	Clinical Educator	Arthur M. Blank Hospital GPC 12/14N
Jenay Baskin, BSN, RN	Clinical Nurse 2	Arthur M. Blank Hospital GPC 12/14N
Katie Clausen, BSN, RN, CPN	Onboarding Specialist	Arthur M. Blank Hospital GPC 12/14N
Lisa Grattan, MSN, RN, CPN	Clinical Nurse 2	Arthur M. Blank Hospital GPC 12/14N
Nicole Ross, BSN, RN, CPN	Clinical Nurse 3	Arthur M. Blank Hospital GPC 12/14N

Virtual Reality in Primary Care Clinic: Advancing Care through Innovation and Collaboration

This year, nursing leaders and frontline nurses implemented virtual reality (VR) technology as a non-pharmacological comfort measure during pediatric immunizations at the Hughes Spalding Primary Care Clinic. This milestone reflects a shared commitment to innovation and patient-centered care through technology.

The initiative was driven by a strong interdisciplinary partnership, led by **Calvin Williams, DNP, CPN, NE-BC**. Clinic nurses, including **Jennifer Roan, BSN, RN, CPN**, and **Joirelle Dorsey-Hayes, BSN, RN**, and medical assistants shaped workflows, completed hands-on training and integrated VR into routine immunization visits. The leadership team collaborated closely to ensure the technology aligned with operational priorities while maintaining efficiency in a fast-paced clinic seeing more than 100 patients per day.

Children who previously approached immunizations with fear were visibly calmer, allowing nurses to focus on connection, comfort and safe care delivery. One patient captured the experience simply, stating, "I didn't even feel it. Can I use VR again next time?"

Key accomplishments included:

Successful integration of VR into standardized immunization workflows.

Reduction in procedural anxiety through technology-enabled distraction.

Preservation of clinic flow while enhancing the patient and family experience.

This initiative celebrates nursing leadership, innovation and collaborative problem-solving. It demonstrates how technology, when guided by evidence-based practices and teamwork, can elevate care delivery and achieve quality outcomes in primary care.

Clinical Decision Support and Alert Improvement

The Clinical Decision Support team has continued to prioritize reducing interruptive alert burden for nursing by reducing the alert rate (total number of alerts per encounter) from 4.95 to 2.24. In addition, by making the alerts more actionable and refining how we define and measure alert success, the alert success rate increased from 10% to 30%. Removing low-value alerts, improving alignment with workflows and refining success measures has helped to reduce nurse alert burden and more accurately capture the work done.

Continued focus and effort was also placed in device alert reduction. The Alarm Improvement (AIM) Committee prioritized cleanup of roles in Voalte, making it easier to find the correct resource and allow for targeted escalation and routing to the right team member. The nurse call system, Responder 5, received modifications to support Code Purple, Behavioral Emergency Response Team (BERT) and Difficult Airway Response Team (DART) specifically at Arthur M. Blank Hospital. In 2026, the team will work to bring this functionality to Scottish Rite, as well.

All of the work above supports the goal of reducing cognitive burden for our nurses, making alarms meaningful and actionable.

Patient Care

Nursing Concern for Clinical Deterioration

In February 2025, the Quality and IS&T teams introduced early detection tools to mitigate clinical deterioration among non-ICU inpatients. These tools included a Watcher Program with automated Pediatric Early Warning Score (AutoPEWS) calculations based on documented patient data. Integrating these tools and references directly into the bedside nurse documentation workflow helped ensure they were easily accessible and could reliably support safe management of patients with any level of concern. Nurses were educated and empowered to pair their own subjective assessments (documented using the new Nursing Concern Assessment) with objective data from AutoPEWS, reinforcing the importance of clinical judgment in early recognition of deterioration. Throughout the year, the Quality and IS&T teams partnered with bedside staff to sustain engagement and iteratively refine the tools, with the goal of improving the accuracy of deterioration awareness and enhancing the resources available to support patients through recovery. Baseline documentation of the Nursing Concern Assessment for clinical deterioration alongside patient vital signs compliance was set at four times per day, and we were able to move to a state of sustained compliance in fewer than three months.

Transitioning Ambulatory Surgery Centers to Epic

This past fall, Meridian Mark and Satellite Boulevard Ambulatory Surgery Centers successfully transitioned to Epic clinical documentation using the Optime and Anesthesia modules. This implementation marks the final chapter of eliminating paper documentation, bringing all surgery centers at Children's together to use the same Epic tools. With the integration of the multiple modules of Epic, providers now have access to patients' full records. This is especially important when care is required due to postoperative complications.





Through consistent dedication and tireless work, Children's Healthcare of Atlanta nurses continue to leave a meaningful and lasting impact on our community.

Thank You for your unwavering commitment to exceptional care, teamwork and innovation.

Together, you are the heart of the Children's family, *doing everything possible to make anything possible for kids.*



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