



Norton Children's Hospital

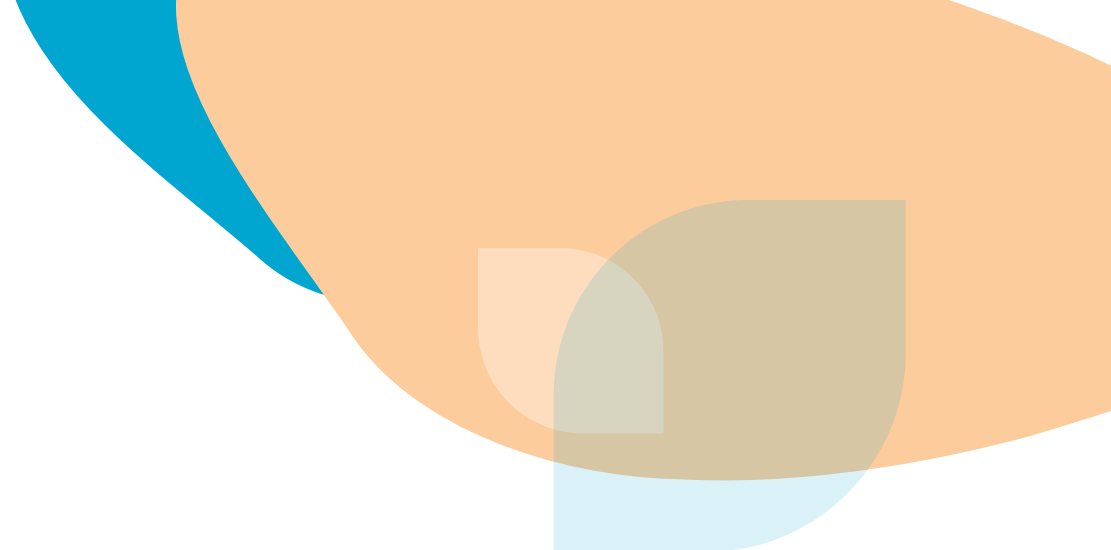


Norton Children's Hospital and Norton Children's Medical Center

2025 NURSING ANNUAL REPORT



NORTON Children's



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Message from the CHIEF NURSING OFFICER

As we reflect on 2025, I am filled with pride in the continued growth, strength and stability of our Patient Care Services Team. This year represented a meaningful shift, not defined by challenge, but by progress. Together, we have built on a strong foundation and translated that work into real momentum across our organization.

At the heart of our success is a clear and unwavering commitment to nursing excellence. Our journey toward Magnet designation has served as both a guide and a catalyst — sharpening our focus on outcomes, strengthening our professional practice and elevating the voice of nursing. Through this work, we have not only demonstrated the impact of nursing care, but also deepened our shared accountability for delivering exceptional results.

One of the most powerful examples of this progress is the continued advancement of our professional governance structure. What was once a vision is now fully in motion. Direct care nurses are actively leading, influencing decisions and driving improvements in practice and outcomes. This level of engagement reflects a culture where nurses don't just participate; they own their practice and shape the future of care at Norton Children's.

In 2025, we also made meaningful investments in programs that support our teams and strengthen our workforce. We successfully piloted our Clinical Advancement Program, creating new pathways for nurses to grow, be recognized and advance within the profession. Through our Norton Healthcare Encompass Nurse Residency Program, we welcomed and supported our first two cohorts of new graduate nurses — intentionally building confidence, competence and connection as they transition into practice. Additionally, the implementation of our Behavioral Emergency Response Team has enhanced our ability to safely and effectively respond to patients experiencing behavioral health crises, supporting both patient outcomes and staff well-being.

These initiatives, alongside countless other efforts across our system, reflect a shared commitment to innovation, collaboration and continuous improvement. Guided by our Reaching for Zero philosophy, we remain focused on delivering safe, high-quality and compassionate care to every patient, every time.

This report highlights just a few of the many accomplishments from this past year. Each represents the dedication, expertise and passion of our teams. It truly is an honor to work alongside such an exceptional group of professionals who continue to inspire and elevate the standard of care.

On behalf of our leadership team, thank you to our nurses for the difference you make each day for our patients, their families and for one another.



Erik Martin, DNP, R.N., CENP, FAAN, FAONL

*Vice President and Chief Nursing Officer
Norton Children's Hospital and
Norton Children's Medical Center*

MAGNET JOURNEY

Creating a Magnet culture of nursing excellence

Magnet designation is the highest healthcare achievement where nurses are the foundation. Magnet designation validates and celebrates organizations where nurses' voices are empowered and heard. Nurses are involved in decision-making, problem-solving and collaborating with

interprofessional teams. The organization exemplifies and showcases the great value nurses bring to it, highlighting nursing excellence in practice through the work nurses do every day to produce quality patient outcomes.

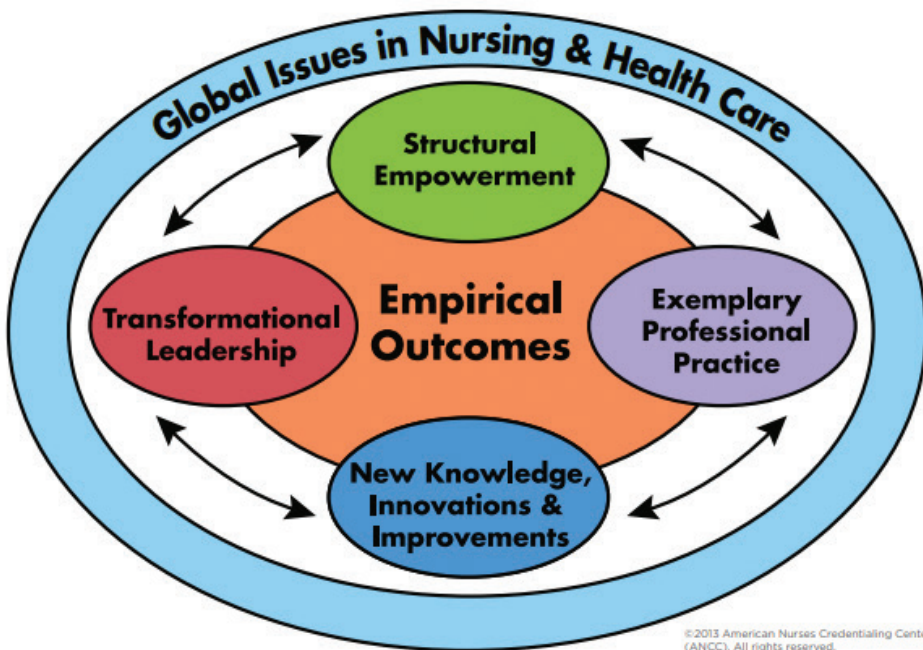
—Magnet Steering Council

In 2025, Norton Children's advanced its pursuit of Magnet designation by applying for recognition and investing in professional development — sponsoring nine clinical nurses and five leaders to attend the 2025 Magnet conference — demonstrating a strong commitment to nursing excellence.

The five components of the Magnet model are:

- Transformational leadership
- Structural empowerment
- Exemplary professional practice
- New knowledge, innovations and improvements
- Empirical outcomes

The Magnet Model



Nursing Professional PRACTICE MODEL

Message from the Magnet program director

On the following pages, you will discover meaningful examples of how Norton Children's nurses bring the Nursing Professional Practice Model and the five Magnet components to life through exceptional care at the bedside and service within our community.

Rooted in professionalism, integrity and compassion, our nurses are driven by a shared commitment to excellence and an unwavering dedication to providing the very best care to every child and family they serve.



Sherri Stephan, MHA, BSN, R.N.
Director, Norton Children's Magnet Program

Nursing Professional Practice Model



Our nursing professionals live out Kristen Swanson's Theory of Caring.

Maintaining belief – A perspective of hope and belief that the patient can handle the challenges that could await

Knowing – No assumptions, but clarity and understanding the patient's point of view

Being with – Showing up and being there for the patient

Doing for – Helping the patient with tasks they normally would do for themselves

Enabling – Giving the patient room to heal

Evidence-based practice – Providing holistic quality care based on current research and knowledge

Advocacy – Safeguarding, valuing, mediating and championing social justice within provision of care

Integrity – Soundness of moral character and honesty

Empowerment – Supporting professional governance, open leadership communication and team relationships

Respect – Intentional act of showing consideration for others' interests and well-being

Equity and inclusion – Freedom from bias and ensuring a sense of belonging to all

The Norton Healthcare Nursing Professional Practice Model places care at its center, reflecting nursing's commitment to patients, families and communities. Nurses at Norton Children's consistently demonstrate exemplary professional practice by integrating Kristen M. Swanson's Theory of Caring into every aspect of care delivery. The five caring processes — maintaining belief, knowing, being with, doing for and enabling — guide nurses' clinical decision-making, interdisciplinary collaboration and therapeutic relationships. This shared professional framework supports structural empowerment by promoting advocacy, integrity and respect, and it advances evidence-based practice and innovation. As a visual and operational cornerstone of nursing practice, the model reflects our collective commitment to equity and inclusion, professional excellence and continuous improvement to positively influence patient, family, nurse and organizational outcomes.

Transformational LEADERSHIP

Transformational leaders promote innovation, support professional growth, empower nurses to participate in decision-making and foster a culture of trust, accountability and continuous improvement. Nurse leaders at Norton Children's consistently exhibit these qualities as demonstrated by the following examples.

Transformational leadership in action

Norton Children's nurse participates in a statewide forum to advance pediatric emergency care

Joy Storm, MPH, BSN, R.N., nurse manager, Emergency Department (ED), Norton Children's Hospital, advocates for pediatric healthcare through active participation in the Kentucky Pediatric Emergency Planning Committee (KPEPC). This statewide, interprofessional committee develops pediatric emergency preparedness guidelines and informs trauma system regulations across Kentucky. In 2025, Kentucky integrated pediatric readiness into trauma system regulations, reflecting statewide commitment to improving pediatric outcomes.

KPEPC provides a collaborative platform for Norton Children's Hospital nursing and interprofessional leaders to influence policy, emergency preparedness standards and statewide initiatives impacting pediatric health. Through her role with KPEPC, Joy and others from Norton Children's Hospital, such as Mary E. Fallat, M.D., FACS, FAAP, chief, pediatric surgery; and Abby Bailey, MPA, NRP, senior program coordinator, pediatric disaster care preparedness, actively contribute to the development and implementation of KPEPC initiatives, frequently serving in leadership roles.

For instance, Joy and Abby collaboratively led the implementation of the PsySTART tool in the ED, promoting the early identification of behavioral healthcare needs for pediatric trauma patients and advancing use of evidence-based nursing practice. This initiative has strengthened initial clinical decision-making and care coordination. The tool currently is under

evaluation for integration into Epic, our organization's electronic medical records system, which will expand its benefits to other hospitals within the region.

An important initiative for KPEPC is preparing local emergency departments to manage pediatric emergencies. This is accomplished through a pediatric readiness site verification process. As a lead member of the pediatric readiness site verification team, Joy applies her pediatric emergency nursing expertise to advocate for safe, high-quality care for children by verifying that local emergency departments are prepared to provide care and manage pediatric emergencies. The team consists of Joy; Mark J. McDonald, M.D., MHA, CPE, system vice president, pediatric medical affairs, Norton Children's, and medical director, Norton Children's Hospital; and Morgan Scaggs, administrator, Kentucky Emergency Medical Services for Children. Together, the team conducts full-day pediatric readiness assessments, evaluating hospital emergency departments against established standards. Following each visit, the team submits a detailed report to the KPEPC steering committee outlining whether the facility meets the criteria for pediatric ready verification.

Furthermore, Joy and the Norton Children's Hospital team, in collaboration with the University of Kentucky and state officials, are working to establish a pediatric specific "strike team." This specialized team would deploy during large-scale pediatric emergencies occurring outside traditional hospital settings, ensuring timely access to coordinated, high-quality care for children across Kentucky.



Joy Storm, MPH, BSN, R.N

*Nurse Manager, Emergency Department
Norton Children's Hospital*

Joy's advocacy in KPEPC and her nursing leadership role in the Kentucky pediatric readiness site verification team exemplify how Norton Children's nurses advocate for pediatric community health by participating in external forums where state-level pediatric policy and healthcare decisions are made.

Norton Children's Hospital nurse manager advocates for a critical, high-cost nutritional product to enhance patient outcomes

With over 100 beds in the neonatal intensive care unit (NICU) at Norton Children's Hospital, improving outcomes for newborns is a strategic priority. Preterm neonates under 28 weeks' gestation with extremely low birth weight (ELBW), weighing 1,250 grams or less, are particularly vulnerable and at risk for poor outcomes. This patient population has a significantly higher risk of respiratory failure, intraventricular hemorrhage, necrotizing enterocolitis (NEC) and infection.

NEC is a gastrointestinal condition that is most common in preterm infants. NEC damages intestinal tissue and can cause tissue death, leading to potentially life-threatening infections. To reduce these risks, the NICU team strives to mimic the intrauterine environment as much as possible, including providing nutrition that closely replicates placental support. To provide this type of nutrition, donor human milk and human milk-based fortifiers, such as Prolacta, are required. Prolacta is the only product available for fortification to maintain an exclusive human milk-based diet. Using Prolacta in extremely low birth weight infants is known to decrease feeding intolerance and aid in the establishment of a healthy gut microbiome to support positive care outcomes.

Mia also collaborated with Megan Mudd and Brooke Ault, clinical nutritionists with Norton Children's Hospital, to obtain their perspectives and ensure she had complete information regarding the nutritional benefits. To advocate for the use of Prolacta, Mia prepared an evidence-based presentation for hospital leaders to support its continued use. The presentation highlighted current practice, the use of human milk-based fortifiers in promoting growth and reducing the incidence of necrotizing enterocolitis, product comparisons, and the most recent trends and outcomes from the Vermont Oxford Network, a nonprofit collaboration of hospitals that works to improve neonatal care.

Through her advocacy, Mia successfully demonstrated the clinical value of continued Prolacta use, resulting in sustained access to this critical resource for the NICU's highest-risk infants. This outcome exemplifies how nurse leaders influence organizational decision-making by aligning unit-level goals for improved patient outcomes with system priorities for financial stewardship. By leveraging current evidence and interprofessional collaboration, Mia effectively justified the continued use of Prolacta based on its impact on patient outcomes despite its significant cost.



Mia Coulter-Nellums, BSN, R.N.
*Nurse Manager, Neonatal Intensive Care Unit
Norton Children's Hospital*

Cardiac intensive care unit and pediatric intensive care unit leaders advocate for resources to support nurses

Cardiac intensive care unit reduces code events

In September 2024, the Jennifer Lawrence Cardiac Intensive Care Unit (CICU) at Norton Children’s Hospital experienced a code event rate of 8.47 per 1,000 patient days. At the same time, a higher number of new graduate nurses joined in 2024, resulting from the CICU’s annualized nurse turnover rates reaching 24% in 2023. These novice nurses were still developing the critical thinking skills necessary to quickly identify and respond to subtle changes in a patient’s medical condition, a skill vital to caring for critically ill CICU patients. This created an opportunity for a nursing practice change focused on bedside peer support.

Retrospective review of cardiac events revealed “delayed recognition of patient deterioration” as a theme and opportunity for improvement. To address this gap in practice, a team of clinical nurses in the CICU, including Anna Marie Vogt, BSN, R.N., clinical nurse educator, collaborated with Megan Conway, MSN, R.N., CCRN, nurse manager, and Dawn Williamson, R.N., BSN, R.N. CCRN, clinical nurse educator,

to review literature for evidence-based practices aimed at decreasing cardiac arrest rates and improving support for novice nurses in high-acuity settings. The literature identified formal peer support programs as a successful strategy for reducing code events and nursing turnover rates.

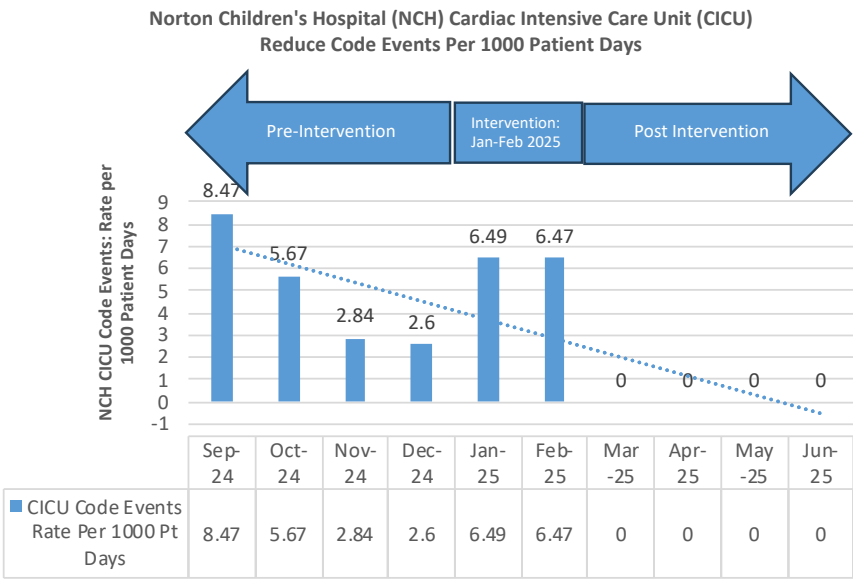
Leveraging this concept, the unit collaborator role was designed to provide peer clinical support at the bedside, aimed at improving critical thinking, early recognition of patient deterioration and building novice nurse confidence. With night shift being the area of greatest need, the CICU began piloting this concept a few nights a week. Immediate feedback demonstrated that the unit collaborator nurse enhanced the quality of care and support for inexperienced nurses. Megan shared the results with Erik Martin, DNP, R.N., CENP, FAAN, FAONL, vice president and chief nursing officer, Norton Children’s Hospital and Norton Children’s Medical Center, to garner support for expanding unit collaborator coverage to seven nights a week.

As staffing stabilized at night, the need for peer support began shifting to days. In 2024, the CICU pivoted resources to expand the unit collaborator role to include part-time day shift coverage. Unfortunately, cardiac arrests/code events continued to increase despite this expansion. Notably, cardiac arrest reviews revealed a common denominator in the unit’s staffing during these events: There was a gap in unit collaborator coverage in each instance. Armed with this information, the CICU team made the decision to reimagine their care delivery model to support expanding the unit collaborator role.

To prepare the team for a successful expansion, Megan, Dawn and Anna developed an implementation plan that included role standardization and plan-do-study-act (PDSA) problem-solving cycles. They worked to refine the role and identify process improvement opportunities, consistent educational offerings, designation of a lead unit collaborator and resiliency care breaks.

Outcome

Following the implementation of the redesigned unit collaborator role, code events in the CICU decreased from a rate of 8.47 per 1,000 patient days in September 2024 to zero by March 2025, achieving the goal. Through real-time education, the unit collaborators identified and prevented patient safety issues from occurring and developed novice nurses’ clinical judgment and proficiency in practice.



Reducing central line-associated bloodstream infections in the pediatric intensive care unit

Susan Webb, MSN, APRN, PCNS-BC, CCRN, clinical quality, Norton Children's Hospital, recognized that despite ongoing education and the use of dedicated dressing change teams, the pediatric intensive care unit (PICU) continued to identify nonocclusive and soiled central line dressings, increasing the risks of central line-associated bloodstream infections (CLABSIs).

Susan shared this concern with Alicia Hanna, DNP, R.N., CCRN, nurse manager, pediatric intensive care unit, Norton Children's Hospital, and other PICU leaders, including Nicole Higdon, ADN, R.N., clinical nurse and assistant nurse manager; Stacy Flanders, DNP, R.N., CCRN-K, NE-BC, director, patient care services – critical care; and Mary K. Sandquist, M.D., pediatric critical care medicine physician. They agreed that increasing education and support for clinical nurses at the bedside was essential to improving bundle reliability and decreasing CLABSIs.

At the same time, PICU leaders were evaluating opportunities to redesign the rapid response nurse role to better support patient safety and unit needs. Alicia had recently submitted a business proposal for a dedicated rapid response nurse, outside of daily clinical nurse staffing ratios, to Erik Martin, DNP, R.N., CENP, FAAN, FAONL, vice president and chief nursing officer, Norton Children's Hospital and Norton Children's Medical Center, and it was approved.

Following approval for the outside-of-staffing rapid response nurse, PICU leaders discussed patient safety and bundle-reliability data with clinical nurses to determine how this new role could best support improved outcomes. Clinical nurses and leaders identified that real-time bedside coaching, reinforcement of central line maintenance practices, and immediate response to safety concerns were essential

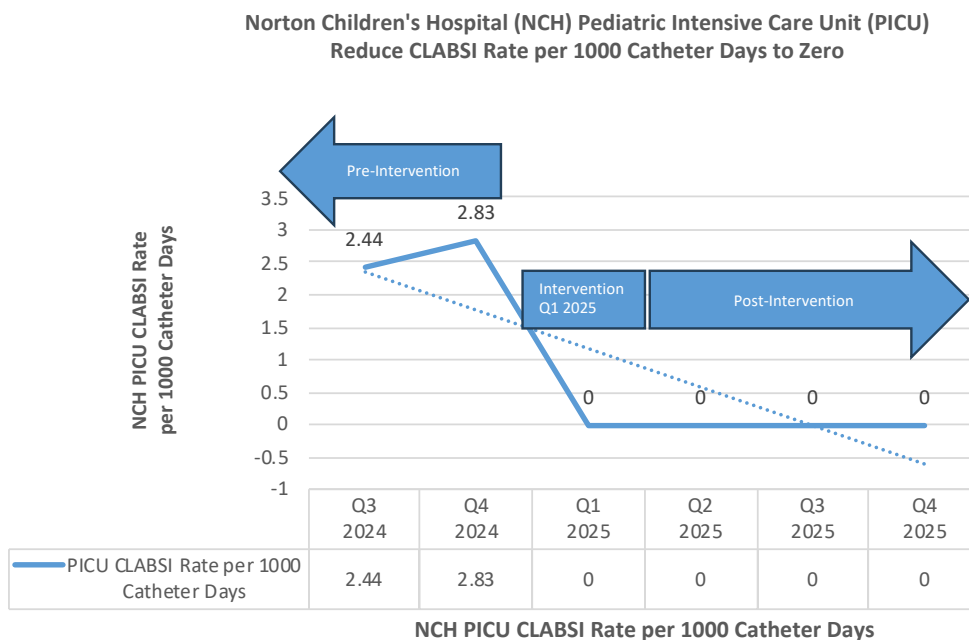
strategies for reducing CLABSIs. Based on this feedback, the team recognized that the rapid response nurse, when not responding to rapid response calls, could provide targeted staff development and mentor bedside nurses in evidence-based infection prevention practices.

The PICU also had an existing part-time unit collaborator role that clinical nurses frequently relied on for education and reliability checks. After reviewing data trends and clinical nurse input, Alicia and Susan worked collaboratively to redesign these roles by combining them into a single position. They determined this change would provide continuous 24/7 rapid response and unit collaborator coverage, strengthening bedside support with the goal of improving consistency in bundle-reliability practices. Nurses selected for the combined role were chosen for their demonstrated clinical expertise, strong performance, and ability to model and reinforce safety behaviors, ensuring the role directly advanced patient safety and supported improved outcomes.

To support the rapid response/unit collaborator nurses during and after implementing the new role, Susan facilitated monthly development meetings. These sessions prioritized reinforcement of central line bundle practices and reliability. Subject matter experts, including members of the vascular access team and wound care specialists, provided focused education to strengthen clinical competency and support consistent adherence to evidence-based practices.

The implementation of the rapid response/unit collaborator role with targeted bedside nursing education and support significantly improved bundle reliability and reduced the PICU's CLABSI rate. In 2024, the PICU reported three CLABSIs. In 2025, the PICU achieved zero CLABSIs, with bundle reliability reaching 90% or greater for seven months.

These examples demonstrate how transformational leaders engage and support nurses to provide exceptional care at the bedside, advancing their skills and improving patient care outcomes.



Structural EMPOWERMENT

Norton Children's supports nursing autonomy and professional growth, empowering nurses to use shared decision-making and innovation to improve care and the nursing practice environment. Examples of this include the development of a sexual assault nurse examiner (SANE) program and an initiative to reduce cardiac arrests through early activation of extracorporeal cardiopulmonary resuscitation (ECPR).

Structural empowerment in action

A clinical nurse drives change to improve care for pediatric sexual abuse victims

Joelle Hirst, BSN, R.N., SANE-A, SANE-P, a clinical nurse in the Norton Children's Hospital Emergency Department (ED) identified an opportunity to improve care for pediatric victims of sexual abuse. In 2023, the EDs at Norton Children's Hospital and Norton Children's Medical Center, a pediatric outpatient facility, provided care for 296 patients with concerns for sexual abuse. Norton Children's did not have a dedicated internal program for children and adolescents who may have experienced sexual abuse. These ED visits highlighted the need for trauma-informed, developmentally appropriate care delivered by pediatric-credentialed sexual assault nurse examiners (SANEs).

Joelle was motivated to grow as a leader and expand her impact on patient care and outcomes. With support and encouragement by Erik Martin, DNP, R.N., CENP, FAAN, FAONL, vice president and chief nursing officer, Norton Children's Hospital and Norton Children's Medical Center, she joined the American Organization for Nursing Leadership (AONL). Through her active participation in AONL, Joelle strengthened her leadership competencies in data-driven decision-making, executive communication, financial stewardship and leading system-level change.

Joelle described this experience as transformative to her leadership identity, expanding her understanding of leadership as an essential component of clinical nursing practice. Joelle applied these leadership competencies to develop the first Sexual Assault Forensic Examiners (SAFE) Nurse Program at Norton Children's facilities.

To determine the extent of the issue, Joelle led a team of nurses in applying

forensic nursing standards of practice to identify gaps in care. She guided the team in conducting a system-level evaluation of pediatric sexual abuse care through retrospective case reviews with a focus on trauma-informed care, credential-appropriate practice, documentation integrity, advocacy integration and continuity of care.

Using data from the case reviews, Joelle developed and presented a compelling proposal to Norton Healthcare and Norton Children's leaders that was approved, paving the way for development of the pediatric SAFE Nurse Program. To support this work, Joelle was promoted to manager of the program, and she began developing its foundations and structure, including:

- Strengthening partnerships with sexual assault and domestic violence advocacy centers, child abuse pediatricians, the Commonwealth Attorney's Office, Child Protective Services and other community stakeholders
- Formalizing a professional affiliation agreement with Family & Children's Place Child Advocacy Center, a local program for children who may be victims of abuse, neglect or maltreatment
- Recruiting pediatric nurses to pursue SANE credentialing through the Kentucky Board of Nursing (a process that takes several months) and providing education and support for them at the bedside
- Developing processes to ensure patients received necessary care and services during program development
- Finalizing program guidelines, protocols and consultation workflows, and educating ED providers and nurses



Joelle Hirst, BSN, R.N., SANE-A, SANE-P

*Manager, SAFE Nurse Program
Norton Children's Hospital*

- Initiating pediatric SANE nurse participation in regional multidisciplinary team meetings with community partners

By the first quarter of 2025, enough Norton Children's nurses had completed SANE training and credentialing to begin responding to SANE consultations. By the end of 2025, the percentage of Norton Children's patients receiving an evaluation and care by a SANE-credentialed pediatric nurse almost doubled from 2024.

Through participation in AONL, Joelle strengthened her leadership competencies and applied them to lead development and implementation of the SAFE Nurse Program at Norton Children's, improving access to trauma-informed, developmentally appropriate, pediatric-credentialed SANE care for patients in Louisville and the surrounding region.

Norton Children's Hospital reduces the time to initiate extracorporeal cardiopulmonary resuscitation following cardiac arrest

Evidence supports that prompt initiation of extracorporeal membrane oxygenation (ECMO) following cardiac arrest can be a more effective method of restoring and maintaining blood flow and oxygenation than conventional cardiopulmonary resuscitation (CPR) alone. Known as extracorporeal cardiopulmonary resuscitation (ECPR), this procedure has been associated with improved survival rates and more favorable neurological outcomes. The ECMO team analyzed code events at Norton Children's Hospital and the ECPR initiation times, which revealed delays related to candidate identification, ECMO circuit preparation and team activation processes. These critical data points informed efforts to streamline resuscitation protocols, with a strategic focus on improving patient survival and neurological results.

Work began with the establishment of an interprofessional ECMO program improvement taskforce, including Jamie Furlong-Dillard, D.O., critical care physician; Deanna R. Todd Tzanetos, M.D., critical care physician, and medical director, cardiac critical care and pediatric ECMO; Bradley Oelkers, RRT-NPS, ECMO/VAD/CRRT, manager, ECMO; as well as ECMO specialists and clinical nurses Caroline Schifano, BSN, R.N., CCRN; Lexie Cross, MSN, M.Ed, CPN; and Arpha Corpuz, BSN, R.N., CCRN. Other team members included respiratory therapists and physicians and nurses from Surgical Services and the Emergency Department. The team reviewed Norton Children's Hospital historical data and compared survival benchmarks against the Extracorporeal Life Support Organization database and reviewed best-practices literature. They also consulted comparable ECMO centers to gather insights on program structure, workflows, team coordination, candidate criteria and target initiation times.

The group was divided into four subgroups to identify targeted improvement

opportunities in specific clinical practice areas. Each subgroup evaluated their role in the ECPR process and identified opportunities to reduce delays by analyzing their workflows and conducting timed trials. The subgroups included the following departments and teams:

- **Surgical Services:** Ashley Payne, BSN, R.N., CNOR, MBA, clinical nurse and nurse educator; and Caroline Agamemnonos, BSN, R.N., clinical nurse educator; led the work in Surgical Services, which focused on optimizing processes for patient readiness and minimizing delays in setting up the sterile field to support rapid cannulation.
- **Pediatric intensive care and emergency medicine physicians:** Jamie Furlong-Dillard, D.O., and Mary K. Sandquist, M.D., critical care medicine physicians, and Sandra Herr, M.D., and Amy Hanson, M.D., emergency medicine physicians, developed strategies for faster patient selection and criteria for early ECMO activation.
- **ECMO specialists:** ECMO specialists and clinical nurses Caroline, Lexie and Arpha played a key role in analyzing workflow delays and recommending process changes to improve circuit readiness and streamline ECMO priming processes.
- **Cardiac intensive care unit, invasive cardiology and Emergency Department:** The clinical nursing teams collaborated to develop rapid-access preparation workflows, assign roles during ECPR activation and design simulation training to improve team coordination. Key contributors in these departments included the following:

- » **CICU:** Dawn Williamson, BSN, R.N., CCRN, clinical nurse educator; Megan Conway, R.N., MSN, R.N., CCRN, CICU nurse manager; and Jacquelyn Fink, respiratory therapist
- » **Invasive cardiology:** Lisa Baker, BSN, R.N., supervisor, cardiac catheterization lab; and Ashley Beckett, MSN, APRN, CPNP-AC, nurse practitioner, cardiology
- » **ED:** Madison Lauter, BSN, R.N., CPN, TNL, clinical nurse educator; Jordan Brown, BSN, R.N., TNCC, TNL clinical nurse; Jill Masden, BSN, R.N., CPN, clinical nurse educator; Joe Fidel, BSN, R.N., clinical nurse; and Elise Hyde-Ferrell, BSN, R.N., CEN, TNCC, TCRN, TNL, trauma clinical nurse

The team implemented the following key strategies to improve the initiation of ECPR after a code event:

1. **Interprofessional activation simulations:** The team established scheduled high-fidelity ECPR simulations that include all care teams that respond and/or participate in ECPR activation. These simulations reinforce processes and team coordination, minimizing role confusion and reducing handoff times. Debriefings after each simulation provide an opportunity to identify inefficiencies and continuously refine the process.
2. **ECPR candidate identification:** During daily rounds in the intensive care units, the medical team identifies patients who may be candidates for ECMO and/or ECPR if their clinical condition deteriorates. This proactive approach ensures that when a code event occurs, ECPR is initiated promptly, minimizing delays while awaiting a bedside assessment and team determination.
3. **Standardized ECPR checklists:** The team updated the checklists to reduce confusion and streamline the notification process.

Outcome

Reducing time to initiate ECPR is critical to improving patient survival rates and reducing neurological harm from cardiac arrest. This work resulted in a reduction in the average time to ECPR initiation from 49 minutes in the third quarter of 2023 to an average of 26 minutes in the first quarter of 2025, representing a 47% reduction in ECPR initiation time. This improvement demonstrates how clinical nurses participating in an interprofessional organizational decision-making group influenced process redesign to improve response time for lifesaving interventions.



Norton Children's Hospital nurses and child life specialists provide stress relief items for children in the ED

These nurses and child life specialists collaborated with a local nonprofit organization, Hearts Like Hayley Jade, to provide toys and stress-relieving activities for children receiving care in the Emergency Department.



Left to right: Ali Faugno, child life specialist; Erica McMann, BSN, R.N.; Jesse Adams, leader, Hearts Like Hayley Jade; Sierra Jones, BSN, R.N.; Madison Lauter, BSN, R.N.

Exemplary PROFESSIONAL PRACTICE

Through interprofessional collaboration and a steadfast focus on safety, Norton Children's nurses deliver high-quality, evidence-based care that advances patient outcomes, strengthens family-centered care and improves the nurse practice environment. The following are just a few examples of exemplary professional practice at Norton Children's.

Exemplary professional practice in action

Norton Children's Hospital implements a behavioral health emergency response team

Between 2017 and 2023, the American Academy of Pediatrics reported a substantial increase in pediatric behavioral health patients boarding in emergency departments and inpatient units. Norton Children's Hospital has experienced the same trend. Although the hospital operates a 20-bed inpatient behavioral health unit (6C) and a four-bed behavioral health emergency department annex, demand for specialized behavioral healthcare consistently exceeds available capacity. As a result, more patients with behavioral health symptoms are admitted to medical units, either for concurrent medical conditions or while awaiting placement in a behavioral health facility. Corresponding with this rise, workplace violence events at Norton Children's Hospital increased, peaking at 34 documented events in April 2024, placing nurses at risk of injury and disrupting patient care.

Erik Martin, DNP, R.N., CENP, FAAN, FAONL, vice president and chief nursing officer, Norton Children's Hospital and Norton Children's Medical Center conducts regular virtual meetings with clinical nurses. During these meetings, medical/surgical nurses expressed feeling unsafe and voiced frustration with the challenges of caring for behavioral health patients in a medical unit. Following these meetings, Erik championed efforts to address safety concerns and improve patient care. He started by organizing a hospitalwide interprofessional team to identify concerns and discuss recommendations. Next, he requested that Kyle Riley, BSN, R.N., director, patient care services, and Sherri Stephan, MHA, BSN, R.N., then director, care management and behavioral health, convene an interprofessional working subgroup to develop specific strategies to reduce workplace violence and nurse and staff

injuries, and improve the care of behavioral health patients. This group also included Nicole McVey, BSN, R.N., nurse manager, medical/surgical unit 5E/5W; Mildred "Milly" Green, MSN, R.N., clinical nurse educator, pediatric clinical care; Klint M. Schwenk, M.D., hospital medicine physician; and other representatives from nursing, physician services, psychology, child life, expressive therapy and care management.

The subgroup developed a targeted plan to support behavioral health patients at Norton Children's Hospital and the staff caring for them, through early identification of safety risks, a consultant for behavioral health unit 6C, de-escalation training, and huddles to enhance communication and care planning. In April 2025, the subgroup began the next phase of the plan, designing and implementing a behavioral health emergency response team (BERT).

Forming the team

Historically, Norton Children's Hospital experiences fewer behavioral health patients during the summer months, with an increase in volume coinciding with the beginning of the school year. Therefore, the team set implementation of the BERT to occur by September 2025. The subgroup developed supporting processes, including:

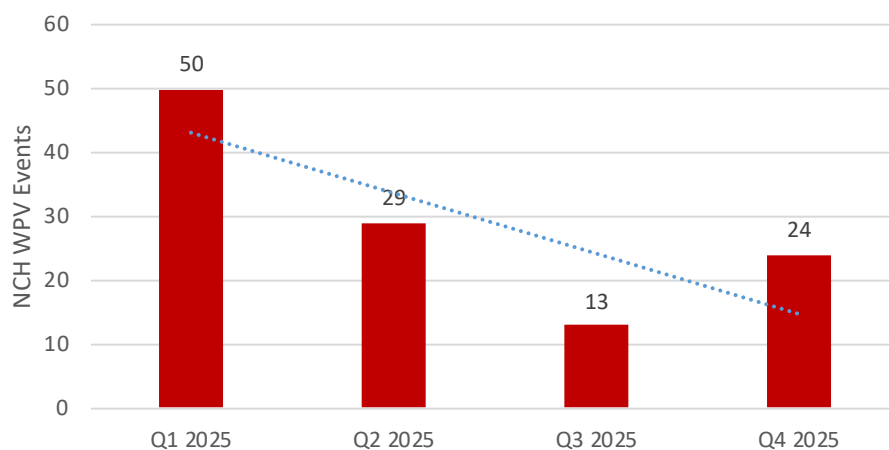
- Identification and responsibilities of team members and/or roles for the BERT

- Processes for activating a BERT response, including activation through the Vocera communication devices staff members carry
- Criteria and education materials for staff
- Planning and conducting BERT simulations to identify barriers and process issues prior to implementation
- Finalizing staff debriefing processes

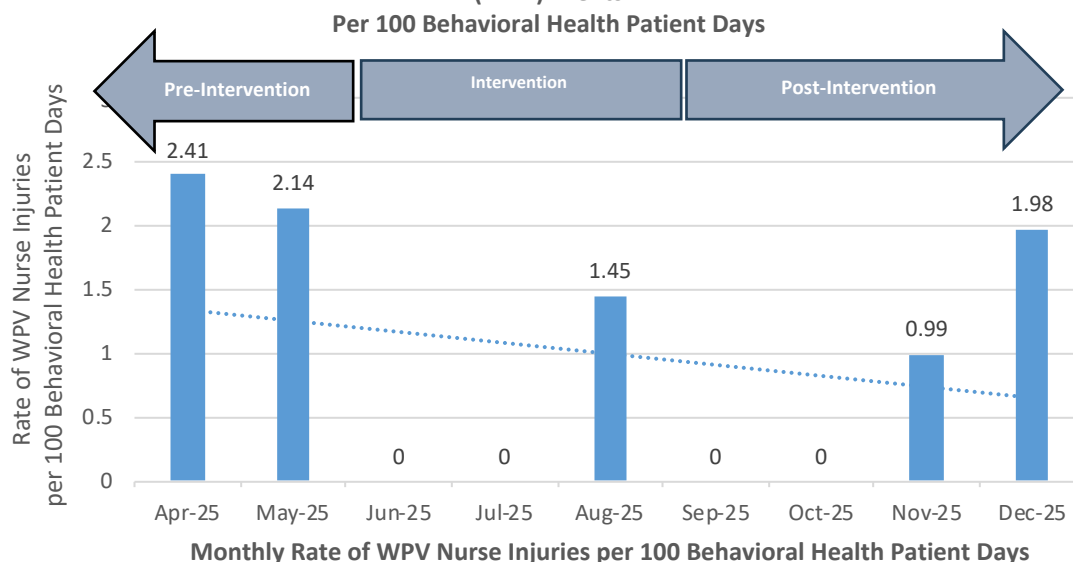
The Norton Children's Hospital BERT was designed to provide a rapid, coordinated

response to behavioral health emergencies by bringing together a unit 6C behavioral health nurse consultant, a unit nursing leader or house supervisor, and security personnel to support de-escalation, role clarity and safer crisis response. The BERT began responding to behavioral health emergencies at the end of August 2025, after staff education and simulations to refine the process. After implementation of the BERT, Norton Children's Hospital experienced a reduction in workplace violence events and related nurse injuries. See the charts below:

NCH Workplace Violence (WPV) Events: 2025



**Norton Children's Hospital (NCH)
Reduce the Rate of Nurse Injuries from Patient Related Workplace Violence (WPV) Events**



Time to first hold in the NICU

The neonatal intensive care unit (NICU) implemented a nurse-led interprofessional education initiative that reduced the time to first parental hold for its most vulnerable infants.

Through participation in the Vermont Oxford Network Quality Improvement (VON QI) Collaborative “All Care is Brain Care,” Norton Children’s Hospital benchmarks the neurodevelopmental outcomes for premature infants in the NICU. Norton Children’s Hospital data revealed an increase in Grade III/IV intraventricular hemorrhage (IVH) rates. In the “All Care is Brain Care” framework, parental holding is a neuroprotective practice, contributing to the infant’s emotional and cognitive development, making parental holding an important key metric.

Parents of infants born at less than 32 weeks’ gestation were waiting an average of 13.2 days to hold their baby for the first time in the Norton Children’s Hospital NICU. The impact of this delay was evident when one mother passed away before holding her infant, and another held her infant only during end of life. These events highlighted the devastating cost families pay when neonatal holding is delayed and underscored the urgent need to improve parental holding practices.

Reducing time to first hold in the NICU was identified as a key opportunity to support a family-centered environment and promote the neurodevelopment of low birthweight (LBW) infants. Research indicates skin-to-skin contact improves bonding and is critical to an infant’s neurodevelopment. One study found

that every additional 20 minutes of skin-to-skin time with premature infants correlated to a 10-point increase in their neurodevelopmental scores at 12 months corrected age.

Danielle Brooks, MSN, APRN, NP-C, nurse practitioner, NICU; and Daulton Walls, MBA, BSN, R.N., C-ELBW, assistant nurse manager, NICU; convened an interprofessional planning team, including nursing leaders, clinical nurse educators, respiratory therapists and advanced practice providers to review parental holding practices. The team identified variability in staff confidence, coordination and standardized processes as key barriers to early parental holding, highlighting the need for targeted interprofessional education.

Danielle and Daulton worked closely with Jasmina Dizdarevic, BSN, R.N., CCRN, C-ELBW; Leanna Magner, BSN, R.N.; and April Sargent, BSN, R.N., all clinical nurse educators in the NICU, to create an educational plan to support early safe parental holding for NICU patients.

The team developed goals and objectives for decreasing time to first hold that included grouping very low birthweight (VLBW) infants together, designating and educating core staff to care for them, developing a plan for the first hold/cuddle within 24 hours of admission, and conducting the first hold within three days of admission.

Jasmina, Leanne and April assisted the team in developing a targeted education plan with job aids, checklists and simulations. The nurse-led interprofessional education plan and interventions included:

- Holding/cuddling interprofessional simulations for hands-on practice
- Job aids to standardize processes for holding

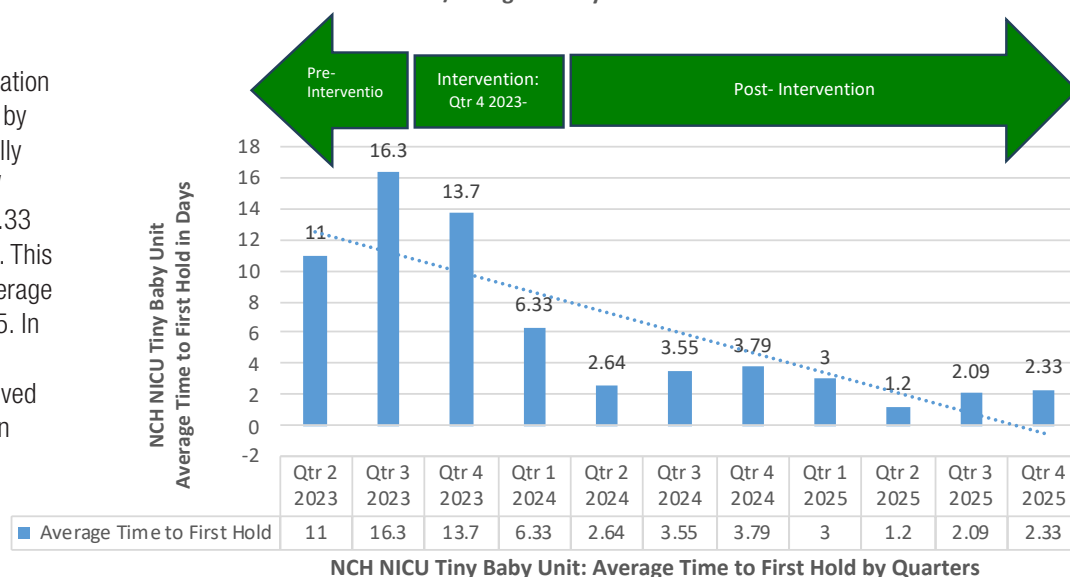


- Implementation of the “Cuddle Huddle,” an interprofessional timeout to discuss patient-specific barriers to holding and strategies to mitigate risk, and to develop a plan for the first hold
- Creation of a Cuddle Huddle checklist for consistency between caregivers
- Plan-do-study-act (PDSA) cycles to evaluate attempts and refine processes to enhance the holding experience; early learnings revealed the benefits of engaging the family in the process and holding plan
- Use of storytelling to reinforce the purpose, promote engagement and share successes
- Creating an electronic dashboard to display the most recent hold, and track successes and opportunities

Norton Children's Hospital (NCH) Neonatal Intensive Care Unit (NICU)
Tiny Baby Unit Goal: Reduce Average Time to First Hold for Infants Born Under 32 Weeks/1250g to 3 Days or Less

Outcome

This nurse-led interprofessional education and structured simulation activity led by Jasmina, Leanne and April successfully decreased time to first hold for VLBW infants from a high of 16.3 days to 2.33 days, representing an 85% reduction. This improvement was sustained at an average of three days or less throughout 2025. In recognition of their achievement, the Norton Children's Hospital NICU received the 2025 VON Award for Excellence in Quality Improvement.



NCH NICU Tiny Baby Unit: Average Time to First Hold by Quarters

Staying in the Norton Children's family

Nurses are the heart of care at Norton Children's. Serving as the constant presence at the bedside, nurses play a vital role in ensuring patient safety, advancing quality outcomes and supporting families during their most vulnerable moments. Their commitment to excellence and compassion strengthens our culture, enhances the patient experience and drives the success of our organization. Therefore, the retention of our nursing workforce is essential to our mission and ensuring high-quality patient care.

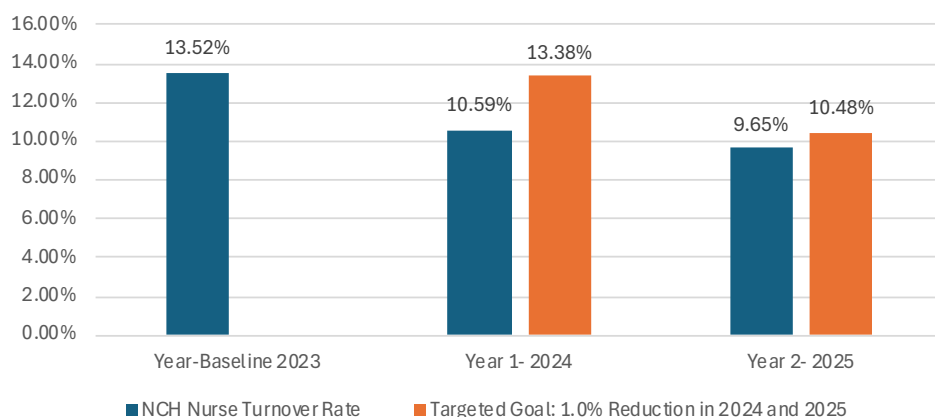
National registered nurse turnover rates surged during the COVID-19 pandemic, reaching 27.1% in 2021. We experienced similar challenges at Norton Children's, with turnover at 19.1% in 2022. In 2023, the turnover rate decreased to 13.52%. Despite this improvement, Erik Martin, DNP, R.N., CENP, FAAN, FAONL, vice president and chief nursing officer, Norton Children's Hospital and Norton Children's Medical Center, recognized the need for further action. With the support of nursing leaders,

Erik developed a plan focused on the following strategies:

- Implementing targeted recruitment strategies to attract and retain nursing talent
- Advancing the professional governance structure to support shared decision-making, amplifying nurses' voices in practice and patient care
- Focusing on nurse well-being and maintaining a safe practice environment

We extend our sincere appreciation to Norton Children's nurses, leaders and professional governance councils and committees. Through your collective efforts, Norton Children's achieved a significant reduction in nurse turnover, surpassing the established goal of a 1% decrease in both 2024 and 2025.

Norton Children's Nurse Turnover Rate (2023-2025)



New knowledge, INNOVATIONS AND IMPROVEMENTS

New knowledge, innovations and improvements in action

Norton Children's nurses use technology to improve the care experience in the Emergency Department

The Norton Children's Hospital Emergency Department (ED) is a high-volume pediatric ambulatory setting that cared for more than 46,000 patients in 2025. With this high volume, the ED identified instances of patients who left without being seen as a persistent challenge affecting throughput and the patient and family experience.

Although clinical care processes were initiated promptly, families often had limited awareness of what was occurring between check-in, triage and room placement. Clinical nurses from the ED identified this communication gap as a modifiable contributor to anxiety, perceived delay in treatment and patients leaving without being seen.

To guide improvement, a team led by clinical nurses evaluated the Norton Children's Hospital ED triage processes and early care workflows to identify specific communication gaps impacting the rate of patients leaving without being seen. The team included Kimberly Rohr, R.N., SANE, assistant nurse manager, ED; and unit-based council clinical nurses Madison Lauter, R.N., BSN, CPN; Katie Kaelin, R.N., BSN; and Jordan Leib, R.N., BSN. Their review determined that nurses consistently initiated protocol-based orders and aligned care with provider order sets; however, families did not see these steps occurring.

The team reviewed evidence-based practices from Press Ganey that demonstrated clear, proactive communication improves the parent/guardian experience, reduces anxiety and increases trust. Although automated text messaging functionality existed within Epic,

our electronic medical records system, it had not been implemented at Norton Children's Hospital. The team decided automated text messaging could be a key strategy to improve communication with families and reduce the incidence of patients leaving without being seen. After deciding on this strategy, the team focused on developing workflows and a targeted education plan.

In quarter 1 of 2025, during staff meetings and shift huddles, the unit-based council clinical nurses delivered just-in-time education for staff on the electronic medical records text messaging workflow. The council solicited front-line feedback, tested small process adjustments (such as when consent was obtained and how contacts were verified), and shared updates with ED leadership to support adoption, consistency and accountability.

The ED activated the electronic medical records system's automated text messaging pathway for consenting parent/guardian contacts, and clinical nurses integrated consent and phone number verification into the arrival workflow to ensure the key Epic status events reliably triggered standardized messages.

These messages narrate each stage of the ED visit (arrival/check-in, triage start/completion, room placement, provider evaluation and discharge instructions). In addition to event-based updates, the initial message contains a link to the Norton Children's Hospital ED information website, which provides key details to address questions that are common for patients and parents/guardians.

Outcome

The Norton Children's Hospital ED baseline rate of patients leaving without being seen in quarter 4 of 2024 was 1.70%. Following implementation, it was 0.72% (quarter 2, 2025), 0.68% (quarter 3, 2025), and 0.73% (quarter 4, 2025), demonstrating a significant reduction.

Clinical nurses led the implementation and adoption of the Epic text messaging technology by designing the workflow, educating peers and ensuring consistent use of standardized, family-facing narrated care messages for consenting parent/guardian contacts throughout the ED visit. This demonstrated nurse-driven innovation that improved communication about care progression and was associated with a sustained reduction in patients leaving the ED without being seen.

2025 Research!Louisville conference

Since 2008, Research!Louisville has united regional healthcare organizations to host the area's only free, multiorganization research symposium. The event provides a forum to share research, evidence-based practice and quality improvement work, advancing patient care and outcomes across the community.

Collaborators include Norton Healthcare/ Norton Children's; UofL Health; Jewish Hospital; Baptist Health Louisville and Baptist Health LaGrange; Sigma Theta

Tau, international honor society of nurses; and regional schools of nursing. In 2024, the symposium formally expanded beyond nursing to welcome allied health and pharmacy professionals, strengthening interdisciplinary learning and collaboration.

Norton Children's nurses have been key contributors for more than two decades, serving as planners, hosts, and poster and podium presenters. Research!Louisville supports Magnet requirements, fosters professional growth and encourages

dissemination of scholarly work beyond the local level. Held each fall, the symposium continues to promote mentorship and collaboration across healthcare disciplines and academic partners.

Norton Healthcare and Norton Children's ongoing involvement reflects a strong commitment to advancing professional practice and contributing to the collective progress of healthcare across the region.

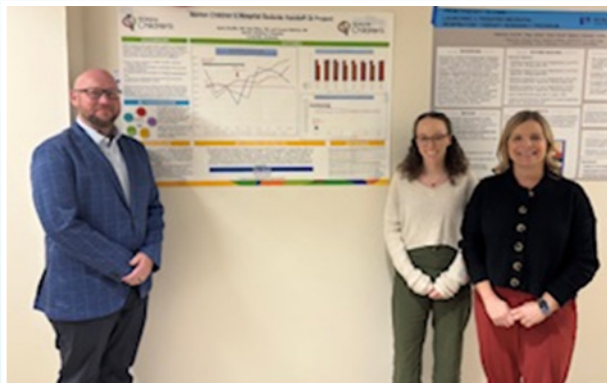
Samples of 2025 Research!Louisville presentations

Poster title: Norton Children's Hospital Pediatric BSHO [Bedside Handoff] Project: Quality Improvement

Kyle Riley, BSN, R.N.

Kylee Chaffin, MSN, R.N.

Cassie Wofford, BSN, R.N.



Poster title: Patient Review Sessions: A Pilot Program to Prepare for Low-volume, High-acuity Patients in the Emergency Department

Cara Lowery, MSN, R.N.



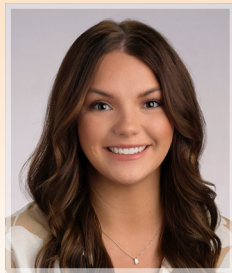
Podium presentation: Vicarious Resilience Among Sexual Assault Nurse Examiners (SANEs): A Concept Analysis

Joelle Hirst, BSN, R.N., SANE-A, SANE-P

Nursing PROFESSIONAL GOVERNANCE

Message from the Norton Children's Nursing Congress president and vice president

Professional governance is integral to nursing excellence at Norton Children's, supporting high-quality patient care, nurse engagement, and evidence-based clinical decision-making. Through shared accountability and collaboration, nurses actively influence practice at the unit and system levels. This structure promotes a culture in which front-line nurses lead quality, safety and practice improvement initiatives. Norton Children's is committed to sustaining professional governance as a cornerstone of nursing practice and professional development.



Mackenzie Phillips, BSN, R.N.

*Registered Nurse
Addison Jo Blair Cancer
Care Center (7W)
Oncology Specialty Care Unit
President, Nursing Congress
Norton Children's Hospital*



Becca Shutt, R.N., BSN, ABLS

*Registered Nurse
6E/6W
Vice President, Nursing Congress
Norton Children's Hospital*

Nursing Congress model

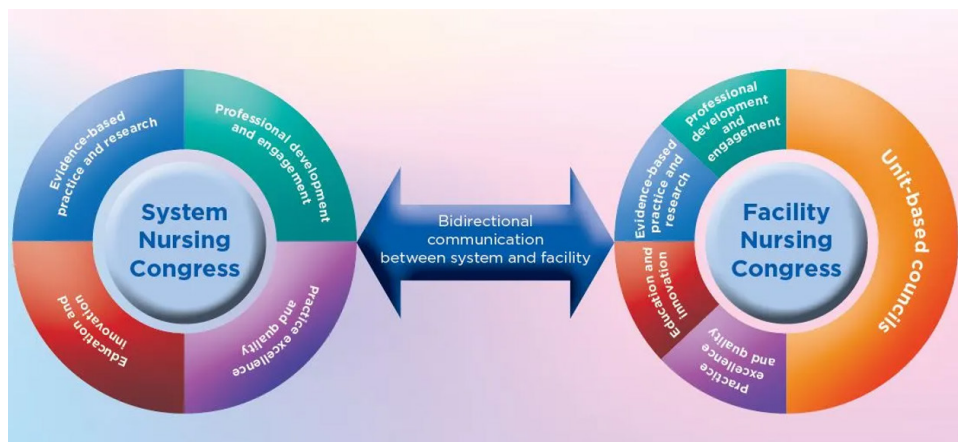
Purpose

The Norton Children's Nursing Congress serves as the principal body for professional nursing practice and governance at Norton Children's. This structure aligns with the Norton Healthcare professional governance structure and supports bidirectional communication between Norton Healthcare and Norton Children's Nursing Congress and its councils. The Nursing Congress ensures nurses hold the authority,

accountability and autonomy to make decisions about clinical practice within prescribed legal and ethical boundaries, and in collaboration with interprofessional teams. The Professional Governance structure provides a forum for nurses at all levels to partner in decision-making regarding the professional work environment, nursing professional practice and care delivery.

Responsibilities

- Oversees clinical nursing practice, supporting research and evidence-based practice
- Ensures the consistent application of and framework for nursing professional practice aligning with regulatory and ethical standards, the Norton Healthcare/Norton Children's mission, vision and values, and the Norton Children's patient care services strategic plan
- Promotes patient safety and quality outcomes through interprofessional collaboration and performance improvement
- Fosters the professional development of nurses and growth of the nursing profession, and strengthens the work environment
- Ensures consistent and equitable decision-making regarding council and chair tenure in the event of leadership changes or vacancies



Accomplishments

- Established the resident and nurse collaboration team
- Coordinated a mobile coffee cart for nursing units to celebrate the Magnet application
- Prepared educational materials for nurses regarding sepsis prevention and care and delivered the materials to units on a cart, along with treats for staff
- Coordinated the first Norton Children's Hospital Professional Governance Fair



From left to right: Becca Shutt, BSN, R.N.;
Jordan Schwartz, BSN, R.N.;
Mackenzie Phillips, BSN, R.N.

Nursing Congress: Making a difference

Professional Governance Fair



Norton Children's COUNCILS

Professional Development & Engagement Council

Purpose

The Norton Children's Professional Development & Engagement Council aims to improve the nurse's practice environment by supporting nurses in their professional growth and the attainment of new knowledge and skills. This council promotes a culture of participation, engagement, accountability and ownership in nursing practice.

Responsibilities

- Support nurses in their professional growth and development through the achievement of advanced degrees, professional certifications and engagement in the Norton Children's Professional Governance structure
- Recognize nurses for exemplary professional practice and their impact on the patient and family experience

Leader

Jessica Kay, BSN, R.N.
Registered Nurse, 6E/6W
Norton Children's Hospital

Chair, Professional Development & Engagement Council
Norton Children's Hospital

Accomplishments

- Coordinated and hosted three successful nursing grand rounds
- Assisted Norton Children's nurses in the first round of the Career Advancement Program (CAP)
- Reviewed and selected DAISY Award winners
- Scheduled and planned a DAISY Award celebration breakfast
- Coordinated certification day activities

Quality & Practice Excellence Council

Purpose

The Norton Children's Practice Excellence & Quality Council advances evidence-based nursing practice to improve patient care and the professional practice environment through the review and recommendation of nursing standards, quality and safety outcomes, and standardized nursing processes.

Responsibilities

Commitment to the continuous evaluation and improvement of nursing practice, evidenced by the following:

- Monitoring available patient care outcomes data related to nurse-sensitive indicators and Norton Children's quality goals
- Implementation of evidence-based projects
- Assisting with and supporting practice changes
- Supporting interdepartmental and interprofessional communication

Leader

Amber Gelnett, BSN, R.N.
Assistant Nurse Manager and Nursing Float
Norton Children's Hospital

Chair, Quality & Practice Excellence Council
Norton Children's Hospital

Accomplishments

- Review and approval of Epic documentation changes:
 - » The addition of "Touch, Look, Compare" to the Epic nurses IV flowsheet to support peripheral intravenous infiltration and extravasation (PIVIE) prevention
 - » Made recommendations to support streamlining airway suctioning documentation
 - » The addition of "Cord Securement" as a selection for nurses in the "Peds Daily Cares/Safety" section
- Review with council majority vote to change medication administration times
- Incorporated a safety story with relevant error-prevention strategies and dashboard review into each meeting

Education & Innovation Council

Purpose

The purpose of the Norton Children's Education & Innovation Council is to act as the coordinating council that provides bedside coordination, voice and perspective for nursing education throughout Norton Children's Hospital. This council provides guidance and advice to maintain initiatives that align with the annual nursing goals and the patient care services strategic plan.

Responsibilities

- Collaborate with educators and nurse leaders to complete an educational needs assessment annually
- Assist the Norton Children's Hospital Pediatric Education Department in the identification, planning and promotion of clinical competency
- Provide insights into current educational practices and identify opportunities for innovation using evidence-based teaching strategies
- Serve as liaisons for nursing teams to ensure effective communication and consistent messaging regarding educational requirements, innovation and opportunities
- Partner with the Professional Development & Engagement Council to promote professional growth opportunities for nursing staff
- Educate nurses on the meaning, importance and purpose of evidence-based practice through collaboration with the Evidence-based Practice & Research Council
- Evaluate new innovations in healthcare that promote safety, quality and efficiency through collaboration with Quality & Practice Excellence Council

Leader

Chelsea Archuleta, BSN, R.N., CPN
Registered Nurse, 6E/6W

Chair, Education & Innovation Council
Norton Children's Hospital

Accomplishments

- Developed and implemented the Norton Children's 2025 Learning Needs assessment
- Conducted a review of PIVIE education session content and hands-on strategies, then provided recommendations to enhance learning impact for bedside staff
- Reviewed education content for the implementation of Timeless Milk Management and provided recommendations

Evidence-based Practice & Research Council

Purpose

The Norton Children's Evidence-based Practice & Research Council aims to cultivate interest in nursing research, promote evidence-based practice and research utilization, and assist healthcare professionals in conducting research projects.

Responsibilities

- Oversight/review of clinical quality improvement projects, evidence-based practice projects and research projects that include or impact nursing and the interprofessional teams
- Communicate research activities through various forms
- Inform and support continuing education offerings that highlight research efforts about research methods
- Support the research portion of Johns Hopkins Medical Evidence-Based Practice Model by prioritizing research ideas, reviewing literature and conducting studies as indicated by strategic and operational needs
- Using project teams, conduct research projects that answer questions raised by staff related to practice, quality, service, education, leadership or professional issues

Leader

Kylee Chaffin, MSN, R.N.
Registered Nurse
Addison Jo Blair Cancer Care Center (7W)
Oncology Specialty Care Unit

Chair, Evidence-based Practice & Research Council
Norton Children's Hospital

Accomplishments

- Completed the first Norton Healthcare/Norton Children's systemwide nursing research project, which identified barriers to bedside handoff; results were shared and are being utilized on specific units
- Two members of the council presented a project at Research!Louisville annual conference
- One member presented a research project to the Kentucky Nurses Association River City Chapter

PROFESSIONAL NURSE certifications

Norton Children's system

Whitney Abell	Trauma Certified Registered Nurse, Trauma Nursing Core Course (TCRN, TNCC)
Jessica Acevedo	Trauma Nursing Core Course, Trauma Nurse Lead (TNCC, TNL)
Callie Allison	Certified Pediatric Nurse (CPN)
Jill Anderson	Certified Pediatric Nurse (CPN)
Chelsea Archuleta	Certified Pediatric Nurse (CPN)
Teale Armknecht	Registered Nurse Certified in Neonatal Intensive Care, Certified in Care of the Extremely Low Birth Weight Neonate (RNC-NIC, C-ELBW)
Paige Ayres	Certified Critical Care Nurse (CCRN)
Sami Bacci	Certified Critical Care Nurse (CCRN)
Angie Ballard	Psychiatric-Mental Health Nursing Board Certified (PMH-BC)
Jamie Barnett	Certified in Infection Control (CIC)
Sarah Barr	Certified Child Passenger Safety Technician (CPST)
Ginger Baumgardner	Certified Pediatric Nurse (CPN)
Jaymie Beaty	Certified Critical Care Nurse (CCRN)
Hannah Belk	Sexual Assault Nurse Examiner (SANE)
Taylor Bergman	Certified Pediatric Hematology Oncology Nurse (CPHON)
Pennie Berry	Certified Pediatric Nurse (CPN)
Shanna Blocker	Certified Ostomy Care Nurses (COCN)
Kristina Booker Ables	Certified Pediatric Nurse (CPN)
Freddie Boroughs	Certified Nurse Operating Room (CNOR)
Mary Bott	Trauma Certified Registered Nurse (TCRN)
Madisen Bowling	Certified Critical Care Nurse (CCRN)
Susie Bowman	Certified Pediatric Hematology Oncology Nurse (CPHON)
Beverly Brangers	Certified in Care of the Extremely Low Birth Weight Neonate (C-ELBW)
Carrie Brantley	Certified Pediatric Hematology Oncology Nurse (CPHON)
Jessica Brewer	International Board-certified lactation Consultant (IBCLC)
Sarah Broderick	Certified Pediatric Emergency Nurse (CPEN)
Alicia Brogan	Certified Specialist in Poison Information (CSPI)
Lisa Browder	Certified Pediatric Nurse (CPN)
Carrie Brown	International Board-certified lactation Consultant (IBCLC)
Jordan Brown	Trauma Nursing Core Course, Trauma Nurse Lead (TNCC, TNL)
Krista Broxson	Certified Child Passenger Safety Technician (CPST)
Erin Buckles	Registered Nurse Certified in Neonatal Intensive Care, Certified Pediatric Nurse (RNC-NIC, CPN)
Brooke Byrne	Certified Pediatric Nurse (CPN)
Donna Callahan	Certified Pediatric Nurse (CPN)
Kelsey Castanon	Certified Critical Care Nurse (CCRN)

PROFESSIONAL NURSE certifications

Barbara Chenault	Certified Specialist in Poison Information (CSPI)
Brad Chevalier	Certified Specialist in Poison Information (CSPI)
Stephanie Childress	Trauma Certified Registered Nurse (TCRN)
Terra Clark	Sexual Assault Nurse Examiner- Credential (SANE Credential)
Stephanie Cline	Certified Hospice and Palliative Pediatric Nurse (CHPPN)
Joy Comingore	Certified Pediatric Nurse (CPN)
Megan Conway	Certified Critical Care Nurse (CCRN)
Veronica Cook	Certified Pediatric Hematology Oncology Nurse (CPHON)
Arpha Corpuz	Certified Critical Care Nurse (CCRN)
Lindsey Cox	Certified Child Passenger Safety Technician (CPST)
Emily Crase	Trauma Certified Registered Nurse (TCRN) (TCRN)
Susan Craycroft	Certified Pediatric Hematology Oncology Nurse (CPHON)
Tamara Crews	Certified Critical Care Nurse (CCRN)
Lexie Cross	Certified Pediatric Nurse (CPN)
Lauren Curry	Certified Critical Care Nurse (CCRN)
Mary Curtin	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Carle Davidson	Certified Pediatric Hematology Oncology Nurse (CPHON)
Melissa Davis	Certified Pediatric Nurse (CPN)
Christy Densford	Certified Pediatric Nurse (CPN)
Caitlin Dickerson	Certified Pediatric Nurse (CPN)
Meghan Dillon	Certified Child Passenger Safety Technician (CPST)
Jasmina Dizdarevic	Certified Critical Care Nurse, Certified in Care of the Extremely Low Birth Weight Neonate (CCRN, C-ELBW)
Destiny Durand	Trauma Nurse Lead (TNL)
Charmaine DuToit	Certified Pediatric Hematology Oncology Nurse (CPHON)
Catherine Eikenberry	Certified Critical Care Nurse (CCRN)
Lauren Estes	Psychiatric-Mental Health Nursing Board Certified (PMH-BC)
Stacy Flanders	Certified Critical Care Nurse, Nurse Executive Board Certified (CCRN, NE-BC)
Caroline Flowers Schifano	Certified Critical Care Nurse (CCRN)
Morgan Fryman	Certified Pediatric Nurse (CPN)
Destiny Fullen	Certified Critical Care Nurse (CCRN)
Barb Furey	Certified Pediatric Nurse (CPN)
Hannah Garcia	Certified Critical Care Nurse (CCRN)
Amber Gelnett	Certified Pediatric Hematology Oncology Nurse (CPHON)
Lindsay Germond	Certified Child Passenger Safety Technician (CPST)
Stacie Gibson	Psychiatric-Mental Health Nursing Board Certified (PMH-BC)
April Glass	Certified in Neonatal Pediatric Transport (CNPT)
Mckenzie Goff	Trauma Nurse Lead (TNL)
Brandi Goggans	Certified Child Passenger Safety Technician (CPST)

PROFESSIONAL NURSE certifications

Stephanie Gordon	Certified Critical Care Nurse (CCRN)
Vicki Gordon	Certified Pediatric Nurse (CPN)
Amanda Graham	Certified Critical Care Nurse (CCRN)
Holly Graves	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Grace Greenwell	Certified Critical Care Nurse (CCRN)
Nicole Greenwell	Sexual Assault Nurse Examiner, Trauma Nurse Lead (SANE, TNL)
Shelly Guagenti	Certified Pediatric Nurse (CPN)
Tristan Hamilton	Certified Critical Care Nurse (CCRN)
Amber Hancock	Certified Pediatric Nurse (CPN)
Alicia Hanna	Certified Critical Care Nurse (CCRN)
Bri Hans	Certified Critical Care Nurse (CCRN)
Heather Hartlage	Certified Hospice and Palliative Pediatric Nurse (CHPPN)
Carey Hascamp	Certified Pediatric Nurse (CPN)
Lesley Hass	Certified Pediatric Nurse (CPN)
Shelley Hays	Certified Pediatric Nurse (CPN)
Suzanne Hedgspeth	Certified Pediatric Nurse (CPN)
Kayla Hepke	Certified Pediatric Hematology Oncology Nurse, Certified Pediatric Nurse (CPHON, CPN)
Melanie Hess	Certified Pediatric Emergency Nurse, Certified Asthma Educator (CPEN, AE-C)
Hannah Highbaugh	Certified Critical Care Nurse (CCRN)
Chanley Hill	Certified Critical Care Nurse (CCRN)
Joelle Hirst	Sexual Assault Nurse Examiner Adult/Adolescent, Sexual Assault Nurse Examiner-Pediatric (SANE-A, SANE-P)
Tatyanna Hiserote	Certified Critical Care Nurse (CCRN)
Kiersten Hodge	Certified Diabetes Care and Education Specialist (CDCES)
Shelby Hodgkins	Sexual Assault Nurse Examiner (SANE)
Rebekah Hoerner	Certified Pediatric Nurse (CPN)
Shannon Hogan	Certified Pediatric Nurse Practitioner (CPNP)
Charlies Howard	Certified Critical Care Nurse (CCRN)
Elise Hyde-Ferrel	Certified Emergency Nurse Trauma, Trauma Certified Registered Nurse (CEN, TCRN)
Ashley Johnson	Certified Critical Care Nurse (CCRN)
Sarah Johnson	Certified Pediatric Nurse (CPN)
Lauren Johnson	Certified Critical Care Nurse (CCRN)
Madeline Keller	Trauma Nurse Lead (TNL)
Andrea Kellogg	Certified Child Passenger Safety Technician (CPST)
Kat Kelly	Certified Pediatric Nurse (CPN)
Gloria Keltner	Certified Pediatric Nurse (CPN)
Michael Kenney	Certified Critical Care Nurse (CCRN)
Kayla Kinnley	Certified Pediatric Hematology Oncology Nurse (CPHON)

PROFESSIONAL NURSE certifications

Erin Kirk	Certified Pediatric Nurse (CPN)
Stacy Ladd	Certified Pediatric Nurse (CPN)
Olivia Lancaster	Certified Pediatric Nurse (CPN)
Madison Lauter	Certified Pediatric Nurse, Trauma Certified Registered Nurse (CPN, TCRN)
Amanda Lawson	Certified Critical Care Nurse (CCRN)
Nicole Liddle	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Ellie Linderman	Certified Personal Trainer (CPT)
April Loveall	Certified Pediatric Nurse (CPN)
Becca Luhrsen	Certified Pediatric Nurse (CPN)
Mary Margaret Luttrell	Certified Critical Care Nurse, Certified Pediatric Nurse (CCRN, CPN)
Kristen Lyttle	Certified Critical Care Nurse (CCRN)
Rebecca MacGilvray	Certified Critical Care Nurse (CCRN)
Leanna Magner	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Leanna Magner	Certified in Care of the Extremely Low Birth Weight Neonate (C-ELBW)
Savannah Malone	Certified Critical Care Nurse (CCRN)
Morgan Martin	Certified Critical Care Nurse (CCRN)
Erik Martin	Certified in Executive Nursing Practice, Fellow of the American Academy of Nursing (CENP, FAAN)
Claire Martin	Certified Pediatric Nurse (CPN)
Jill Masden	Certified Pediatric Nurse, Trauma Nursing Core Course (CPN, TNCC)
Icy Mathai	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Whitney Mathley	Trauma Certified Registered Nurse, Trauma Nursing Core Course, Trauma Nurse Lead (TCRN, TNCC, TNL)
Allison McClellan	Sexual Assault Nurse Examiner (SANE)
Ashley McDaniel	Certified Critical Care Nurse (CCRN)
Caroline McGaha	Certified Critical Care Nurse (CCRN)
Kerry McKeegan	Certified Pediatric Emergency Nurse (CPEN)
Shawn McLeod	Trauma Certified Registered Nurse, Trauma Nursing Core Course, Trauma Nurse Lead (TCRN, TNCC, TNL)
Alex McMahan	Trauma Certified Registered Nurse, Trauma Nursing Core Course, Trauma Nurse Lead (TCRN, TNCC, TNL)
Kristin McMillin	Certified Child Passenger Safety Technician (CPST)
Nancy Melton	Certified Pediatric Nurse (CPN)
Elizabeth Metzger	Certified Critical Care Nurse (CCRN)
Lynsey Metzger	Certified ECMO Specialist-Pediatric (CES-P)
Andrea Miller	Certified Critical Care Nurse (CCRN)
Emily Moats	Certified Critical Care Nurse (CCRN)
Holly Morris	Certified Pediatric Nurse (CPN)
Jennifer Moss	Certified Critical Care Nurse (CCRN)
Melanie Mullins	Psychiatric-Mental Health Nursing Board Certified (PMH-BC)
Teresa Munson	Certified Pediatric Hematology Oncology Nurse (CPHON)
Ashley Nelson	Certified Professional in Healthcare Quality, Professional in Patient Safety (CPHQ, CPPS)

PROFESSIONAL NURSE certifications

Rachel Neuymayer	Certified Critical Care Nurse (CCRN)
Hannah Newton	Certified Critical Care Nurse (CCRN)
Becca Nicks	Ostomy Management Specialist, Wound Care Certified (OMS, WCC)
Cheri Nicolson	Certified Critical Care Nurse (CCRN)
Kirsten Noe	Certified Child Passenger Safety Technician (CPST)
Hilary Nolat	Certified Pediatric Nurse (CPN)
Stephanie Nunn	Certified Nurse Operating Room (CNOR)
Elizabeth Ottersbach	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Allie Overfield	Certified Pediatric Hematology Oncology Nurse (CPHON)
Jackie Owensby	Certified Pediatric Emergency Nurse (CPEN)
Cassie Parrish	Trauma Nurse Lead (TNL)
Courtney Pate	Certified Pediatric Nurse (CPN)
Kristie Payne	Certified Pediatric Nurse (CPN)
Jasmine Perry	Certified Ostomy Care Nurses (COCN)
Rachel Pike	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Lauren Podvin	Certified Critical Care Nurse, Certified Neonatal Pediatric Transport (CCRN, CNPT)
Frances Price	Certified Pediatric Hematology Oncology Nurse (CPHON)
Jessica Purser	Certified Specialist in Poison Information (CSPI)
Jeremy Ramsey	Certified Pediatric Hematology Oncology Nurse (CPHON)
Alex Rayman	Sexual Assault Nurse Examiner (SANE)
Sara Reinke	Certified Specialist in Poison Information (CSPI)
Katherine Reissen	Certified Pediatric Nurse (CPN)
Ashley Reitzel	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Rachael Roberts	Certified Pediatric Emergency Nurse, Certified Trauma Registered Nurse (CPEN, TCRN)
Teresa Rodgers	Certified Child Passenger Safety Technician (CPST)
Kim Rohr	Sexual Assault Nurse Examiner (SANE)
Don Santay	Certified in Care of the Extremely Low Birth Weight Neonate (C-ELBW)
Krystin Sapp	Trauma Certified Registered Nurse, Trauma Nursing Core Course, Trauma Nurse Lead (TCRN, TNCC, TNL)
April Sargent-Cardwell	Certified Critical Care Nurse (CCRN)
Kristina Schroeder	Certified Pediatric Nurse, International Board-certified Lactation Consultant (CPN, IBCLC)
Nita Schroeder	Certified in Infection Control (CIC)
Brooke Schroeder-Fleig	Certified Critical Care Nurse (CCRN)
Kim Sheehan	Certified Pediatric Nurse (CPN)
Jessica Siepler	Certified Critical Care Nurse (CCRN)
Lindsey Simpson	Certified Pediatric Hematology Oncology Nurse (CPHON)
Tracy Skaggs	Certified Foundational Perioperative Nurse, Trauma Certified Registered Nurse (CFNP, TCRN)
Michael Smith	Certified Hospice and Palliative Pediatric Nurse (CHPPN)
Rebekah Smith	Certified Critical Care Nurse (CCRN)

PROFESSIONAL NURSE certifications

Jenny Southworth	International Board Certified Lactation Consultant (IBCLC)
Judy Spalding	Certified Pediatric Nurse (CPN)
Katie Starck	Certified Pediatric Nurse (CPN)
Allyson Steinfeld	Certified Pediatric Nurse (CPN)
Courtney Stejbach	Certified Critical Care Nurse (CCRN)
Joy Storm	Sexual Assault Nurse Examiner- Credential (SANE)
Amanda Stotts	Certified Pediatric Hematology Oncology Nurse (CPHON)
Kiersten Stovall	Certified Critical Care Nurse (CCRN)
Lauren Striegel	Certified Critical Care Nurse (CCRN)
Lois Taurman	Certified Specialist in Poison Information (CSPI)
Jennifer Thomas	Certified in Executive Nursing Practice (CENP)
Kimberly (Brooke) Thompson	Certified Critical Care Nurse (CCRN)
Kim Thompson	Certified Pediatric Nurse (CPN)
Amber Thorpe	Certified Pediatric Hematology Oncology Nurse (CPHON)
Ally Thurman	Trauma Certified Registered Nurse (TCRN)
Andrea Timperman	Registered Nurse Certified in Neonatal Intensive Care, Certified Child Passenger Safety Technician (RNC-NIC, CPST)
Emma Tran	Certified Critical Care Nurse (CCRN)
Jessica Vanhooose	Certified Critical Care Nurse, Certified Pediatric Nurse (CCRN, CPN)
Usha Varughese	Registered Nurse Certified in Neonatal Intensive Care (RNC-NIC)
Michelle Vitols	Certified Specialist in Poison Information (CSPI)
Jay Vowels	Certified Specialist in Poison Information (CSPI)
Daulton Walls	Certified in Care of the Extremely Low Birth Weight Neonate (ELBW)
Melissa Ward	Psychiatric-Mental Health Nursing Board Certified (PMH-BC)
Susan Webb	Certified Critical Care Nurse (CCRN)
Jordan Weiter	Trauma Certified Registered Nurse (TCRN)
Terri Wells	Certified Nephrology Nurse (CNN)
Heidi Wentworth	Certified Diabetes Care and Education Specialist (CDCES)
Ashley West	Certified Critical Care Nurse (CCRN)
Debbie White	Certified Pediatric Hematology Oncology Nurse (CPHON)
Kelly Williams	Trauma Certified Registered Nurse (TCRN) (TCRN)
Dawn Williamson	Certified Critical Care Nurse (CCRN)
Martha Wingate	International Board Certified Lactation Consultant (IBCLC)
Emily Wuensch	Certified Critical Care Nurse, Sexual Assault Nurse Examiner (CCRN, SANE)
Kelly Zink	Certified Professional in Infection Control, Certified Professional in Healthcare Quality (CIC, CPHQ)

AWARDS and RECOGNITIONS

Norton Children's recognizes nurses who make a difference in our community

Good Samaritan Award

Norton Children's Hospital formally acknowledges the contributions of clinical nurses in advancing the strategic priorities of the organization. A key strategic priority is fostering a culture in which all employees embody Norton Healthcare's mission and purpose: "to provide quality healthcare to all those we serve, in a manner that responds to the needs of our communities and honors our faith heritage."

Kayla Matala, ADN, R.N., clinical nurse, pediatric intensive care unit (PICU) exemplifies this commitment both inside and outside the hospital. She was honored with a Good Samaritan Award in recognition of her extraordinary efforts to assist a motorcyclist following a severe accident.

On Oct. 4, 2024, following the completion of her shift in the PICU, Kayla met her husband for dinner. Shortly thereafter, while stopped at a traffic light, she witnessed a motorcyclist collide with a vehicle. Without hesitation, she intervened. Drawing on the

clinical expertise she applies daily, Kayla immediately rendered assistance to the injured individual. She recounted, "He had to be going 60 to 70 miles per hour when he collided into a car. I immediately pulled over, turned my flashers on, and ran to him to start CPR." She further stated, "I knew the impact was likely too much for him to survive, but I had to give him a fighting chance." Emergency medical personnel arrived approximately 15 minutes after she initiated CPR.

In recognition of her actions, PICU clinical nurse Kyann White, BSN, R.N., nominated Kayla for the Good Samaritan Award. The award recognizes employees who demonstrate extraordinary acts of service or compassion in the community and in alignment with the organization's mission and values. Kayla was selected and was formally recognized on June 19, 2025. Russell F. Cox, president and CEO, Norton Healthcare and Norton Children's, presented the award during a meeting of the Norton Healthcare board of trustees,

with Kayla's family and Norton Children's Hospital leaders present. Furthermore, she was recognized in the July 2025 edition of the Norton Children's newsletter, Children's Chatter.

Below is an excerpt from the award recognition, detailing her heroic efforts.

“Although the motorcyclist ultimately did not survive his injuries, Kayla never stopped trying. She gave everything she had — her training, her strength, her heart — until EMS took over. In a moment of chaos and tragedy, Kayla did what she was trained to do. She showed up, acted without hesitation and fought for a stranger's life.”

Kayla's actions demonstrated the values of compassion, service and community commitment that are central to our organization's mission and strategic priorities. Through the Good Samaritan Award, Norton Children's Hospital formally recognized Kayla for embodying these values and representing the organization's commitment to serving others both inside and outside the hospital.



Kayla Matala, ADN, R.N., at center, surrounded by family and Norton Children's leaders, accepting the Good Samaritan Award

AWARDS and RECOGNITIONS



DAISY Award

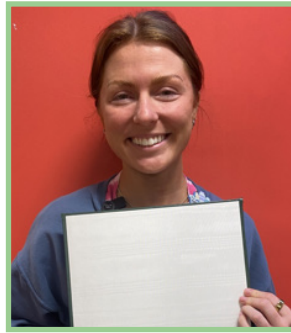
The DAISY Award is an internationally recognized program that honors nurses for exceptional and compassionate care. Nominations are most often submitted by patients, their families, physician providers, fellow nurses and others on the care team.

Norton Children's Hospital



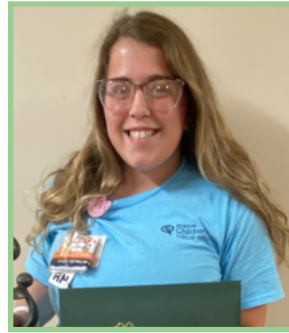
January

Emily Bush, ADN, R.N.
Emergency Department



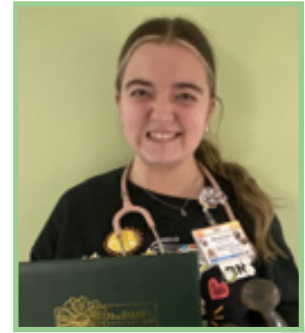
April

Rebekah Arnold, MSN, R.N.
7W, Oncology and Renal



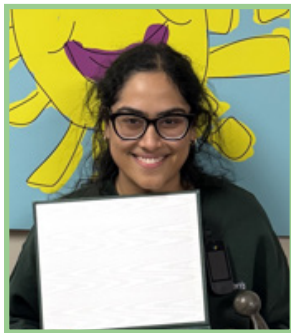
July

Joslyn Taylor, ADN, R.N.
7W, Oncology and Renal



October

Mackenzie Bratcher, BSN, R.N.
5E/5W, Medical/Surgical Unit



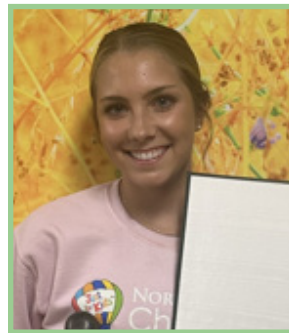
February

Jisha Abraham, BSN, R.N.
4E, Pediatric Intensive Care Unit



May

Mackenzie Kerns, BSN, R.N.
Neonatal Intensive Care Unit



August

Chloe Loftus, BSN, R.N.
Neonatal Intensive Care Unit



November

Mackenzie Stegall, BSN, R.N.
Emergency Department



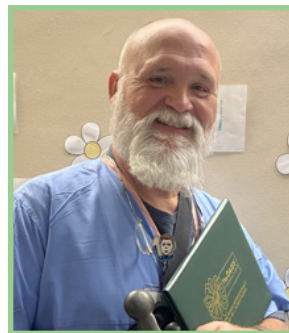
March

Ashley Sherrard, ADN, R.N.
5E/5W, Medical/Surgical Unit



June

Mackenzie Bratcher, BSN, R.N.
5E/5W, Medical/Surgical Unit



September

Bill Hilton, ADN, R.N.
Anesthesia, Surgical Services



December

Jessica Kay, BSN, R.N.
6E/6W, Medical/Surgical Unit



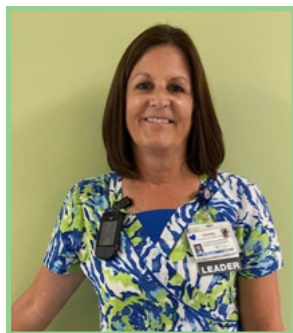
AWARDS and RECOGNITIONS



DAISY leader awards, Norton Children's Hospital



Stephanie Childress, BSN,
R.N.
*Assistant Nurse Manager,
Emergency Department*



Christy Densford, BSN,
R.N.
*Assistant Nurse Manager
5E/5W, Medical/Surgical Unit*



Catherine Eikenberry, BSN,
R.N.
*Assistant Nurse Manager
Pediatric Intensive Care Unit*

DAISY Award for nursing ethics



Mona Sadler, ADN, R.N.
Neonatal Intensive Care Unit



Breanna Guthrie, BSN, R.N.
Neonatal Intensive Care Unit



AWARDS and RECOGNITIONS



Norton Children's Medical Center



April

Nick Cannon, BSN, R.N.
Emergency Department



December

Clayton Mazuch, AND, R.N.
Emergency Department



AWARDS and RECOGNITIONS

Other awards

Beacon Awards for Excellence from the American Association of Critical-Care Nurses

- Jennifer Lawrence Cardiac Intensive Care Unit: Silver Beacon Award for Excellence (official plaque and celebration pending)
- Progressive care unit: Bronze Beacon Award for Excellence
- Pediatric intensive care unit: Bronze Beacon Award for Excellence



AWARDS and RECOGNITIONS

Norton Children's Hospital NICU received the Vermont Oxford Network (VON): 2025 Excellence in Quality Improvement Award for the project First Moments Matter - A QI Project to Improve Time to First Hold for Very Low Birth Weight Infants



Opening of the tiny baby microunit within the NICU at Norton Children's Hospital

U.S. News & World Report: Norton Children's ranked No. 1 in Kentucky and nationally in eight specialties (behavioral health, cancer, cardiology and heart surgery, diabetes and endocrinology, neurology and neurosurgery, orthopedics, pulmonology, and urology)



Projects, publications and PRESENTATIONS

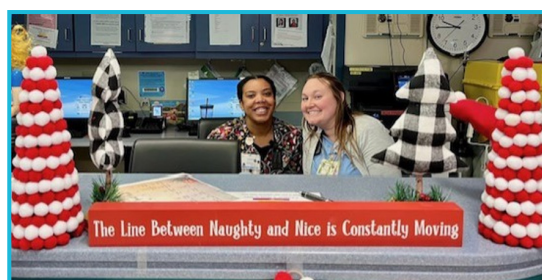
TITLE	PRESENTATION OR PUBLICATION TYPE	PRINCIPAL INVESTIGATOR	OTHER AUTHORS	LOCATION OF PRESENTATION/ PUBLICATION
Identification of Challenges to Bedside Nursing Handoff (BSHO) in an Acute Care Setting: A Cross-sectional, Mixed-methods Study	Presentation	Kylee Chaffin, MSN, R.N.		Kentucky Nurses Association Annual Conference
Optimizing ECMO Activation-to-Cannulation Times During Cardiopulmonary Resuscitation	Poster	Lexie Cross, MSN, R.N.	Arpha Corpuz, BSN, R.N., CCRN	Specialist in Education in Extracorporeal Membrane Oxygenation Conference
Strategies to Address Workforce Complexities: Leadership AONL Workforce Committee	Podium	Erik Martin, DNP, R.N., CENP, FAAN, FAONL		American Organization for Nursing Leadership Annual Conference
CNO Panel: Nursing in Pediatrics	Panel discussion	Erik Martin, DNP, R.N., CENP, FAAN, FAONL		Press Ganey HX Conference
Standardized Specimen Handling	Poster	Ashley Payne, BSN, R.N., CNOR, MBA	Paige Wilson, R.N.	Association of Perioperative Registered Nurses Conference
Nursing Workforce Issues in Healthcare: Insights From AONL's Workforce Committee	Webinar	Erik Martin, DNP, R.N., CENP, FAAN, FAONL		Kentucky Hospital Association Staffing Committee Consortium
Nonocclusive Dressings in the PICU	Poster	Susan Webb, MSN, APRN, PCNS-BC, CCRN	Jill Baker, BSN, R.N. Kristina K. Bryant, M.D., FAAP, FPIDS	Norton Children's Hospital
Nondiapering With Urinary Catheters	Poster	Susan Webb, MSN, APRN, PCNS-BC, CCRN	Kristina K. Bryant, M.D., FAAP, FPIDS	Norton Children's Hospital
Sip on Safety: Enhancing Safety Culture One Mocktail at a Time	Poster	Brennon Quick, MSN, R.N.		American Organization for Nursing Leadership Annual Conference
Sip on Safety	Presentation	Brennon Quick, MSN, R.N.		Society for Pediatric Sedation Annual Conference
Bedside Handoff	Poster	Kyle Riley, BSN, R.N.	Cassie Wofford, BSN, R.N.	Research!Louisville Annual Conference
Stigma Reduction Interventions Among Pregnant Women Living With HIV: Using a Novel Literature Synthesis — The Interconnection Between Health Equity and Health Promotion	Presentation	Joelle Hirst, BSN, R.N., SANE-A, SANE-P	R. Ross, F. Avorgbedor, K.K.S. Dery, A. Asamoah, M. Al Araydeh, S. Sapkota	Midwest Nursing Research Society Conference
Vicarious Resilience Among Sexual Assault Nurse Examiners (SANEs): A Concept Analysis	Presentation	Joelle Hirst, BSN, R.N., SANE-A, SANE-P	Ratchneewan Ross, Ph.D., R.N.	Research!Louisville Annual Conference and Allied Health Symposium
Treating the Invisible Wounds: Updates in Comprehensive Care for Sexual Violence Patients	Presentation	Joelle Hirst, BSN, R.N., SANE-A, SANE-P		University of Louisville. School of Medicine Department of Pediatrics Pediatricians Urging Safety and Health (PUSH)
Vicarious Resilience: An Alternative to Vicarious Traumatization and Burnout	Presentation	Joelle Hirst, BSN, R.N., SANE-A, SANE-P		Wisconsin International Association of Forensic Nurses Education Day
Enhancing PA Education on Sexual Assault and IPV: Evaluating the SATELLITE	Poster	Joelle Hirst, BSN, R.N., SANE-A, SANE-P		Physician Assistant Education Association Forum, Research!Louisville Annual Conference

Supporting PATIENT CARE and NURSE WELL-BEING through FUN and CONNECTION

Halloween fun



Holiday magic is in the air!



Closing remarks from your CHIEF NURSING OFFICER

As we reflect on the progress and impact of 2025, we are equally energized by what lies ahead. Over the past year, we took a deliberate and inclusive approach to shaping our 2026–2027 Patient Care Services Strategic Plan, and it is one grounded in listening first. Through more than 800 insights gathered from the Norton Children’s Hospital Pulse app (a staff survey tool for real-time feedback), leader rounding and our professional governance councils, the voices of our direct care teams clearly guided our path forward.

These insights were thoughtfully synthesized and refined through collaborative work with nursing and interprofessional leaders, ensuring our plan reflects both the realities of daily practice and our highest aspirations for care. The result is a focused, actionable road map anchored in four core pillars: eliminating preventable harm through reduction of hospital-acquired infections, elevating the patient and family experience, strengthening employee well-being and optimizing our workforce for the future.

This plan is more than a document; it is our North Star. It aligns our teams, sharpens our priorities and reinforces our shared commitment to safe, high-quality, compassionate care. Just as important, it reflects a culture where every voice matters and where those closest to the work help define the way forward.

As we look ahead, we do so with clarity, purpose and momentum. Together, we will continue to innovate, collaborate and lead — always keeping our patients, families and each other at the center of all we do.



Erik Martin, DNP, R.N., CENP, FAAN, FAONL

*Vice President and Chief Nursing Officer
Norton Children’s Hospital and
Norton Children’s Medical Center*



Norton Children’s leader strategic planning retreat