

WEDNESDAY, OCTOBER 14, 2026

KEYNOTE

Caring for Rare in 2026

Speaker: Stacey M. Browning, *High Growth Tech President, Chair-elect Cincinnati Children's Hospital, OH*

In this session, Stacey Browning shares her journey raising a medically complex son and how his life shaped her path from leading a major HR tech company to serving on the Cincinnati Children's Hospital Board. Drawing on both personal experience and leadership perspective, she explores what effective care and community inclusion look like today, why environment matters for individuals and caregivers, and how practical change management strategies can strengthen collaboration between families, guardians, and care teams.

PLENARY SESSION 1

Beyond Buzzwords: Cultivating Organizational Culture in Healthcare Settings

Speaker: Dan Conners, M ED, *St. Joe's, OH*

Discover the profound impact of organizational culture in this engaging session. Unpacking the reasons why organizational culture matters, we'll explore how it shapes employee engagement, productivity, and the overall success of your program or agency. Delve into the critical components that define your culture, including leadership values, communication strategies and management practices that can be applied to anyone who leads a team. Through real-world examples, gain a deeper understanding of how a strong organizational culture attracts and retains top talent, fosters innovation, and contributes to long-term success. Join us for a thought-provoking discussion on why organizational culture is a cornerstone for thriving workplaces and how you can leverage it to create a resilient and successful environment.

BREAKOUT 1

A. Diagnosing Malnutrition in Children with Neurological Impairment

Speaker(s): Sarah Vermilyea, MS, RD, CSP, LD, CNSC, *St. Joe's, OH*; Mandy Neudecker, MLIS, *Rainbow Babies and Children's, OH*; Gina Rempel, MD, FRCPC, FASPEN, *Children's Hospital Winnipeg, CANADA*; Tejas S. Desai, MD, MSc, FRCPC, *Children's Hospital London Health and Sciences Center, CANADA*

This session presents the recommendations for diagnosing malnutrition in children with neurological impairment (CNI), developed by the international expert group "Promoting International Collaboration for Nutrition in Children with Neurological Impairment" (PICNNIC). The proposed speakers are 4 of the 19 members of PICNNIC and include a neurodevelopmental pediatrician, a pediatric gastroenterologist, a dietitian, and a medical librarian. CNI face functional, medical, and social drivers of health that increase their susceptibility to malnutrition compared to their peers without NI. Challenges in acquiring reliable anthropometric data, as well as severity-specific variations in body composition, restrict the applicability of conventional nutrition indicators. In this session, we will discuss the PICNNIC consensus research process and follow a case study through the PICNNIC algorithm and recommendations. Adoption of these consensus recommendations aims to improve early detection of malnutrition and enable comprehensive, individualized nutritional assessments and interventions.

B. A Collaborative Approach to Programming for the Medically Complex Learner

Speaker(s): Erin Ficociello, M.Ed, CAGS and Rujal Kansara, MPT, *New England Pediatric Care, MA*

New England Pediatric Care is a skilled-nursing facility for medically complex children and young adults. NEPC houses a 766 DESE approved day school for students K-22, and Young Adult Programming. This presentation is for professionals looking for ideas and approaches to more fully develop their own school, recreation, or day hab programming. This presentation will outline several thematic units our residents at NEPC engaged in during the 2025-2026 school year. Presenters will walk through all stages of thematic programming: from planning, to individualizing, to execution.

C. Transforming Orthopedic Care for Children with Medical Complexity

Speaker(s): Jocelyn Dennis, DNP, CPNP-AC, CCRN, *Children's Mercy Hospital, KS*

Children with medical complexity (CMC) frequently have significant functional limitations that necessitate high-risk orthopedic surgeries. These procedures are associated with increased length of stay, higher rates of postoperative complications, and greater healthcare costs in this population. Children's Mercy Hospital in Kansas City, Missouri has implemented a nurse practitioner-led, telehealth complex care program to support CMC undergoing orthopedic surgery and improve patient outcomes. This multidisciplinary program ensures coordinated, comprehensive care throughout the surgical process.

This presentation will review current research on CMC in orthopedic surgical settings, examines the feasibility and implementation of a complex care program, and encourage thoughtful discussion on how healthcare professionals can positively influence the surgical experience for this vulnerable population.

BREAKOUT 2**A. Discussing Life-Sustaining Medical Care for Children with Medical Complexity**

Speaker(s): Alexandra Schoenberger, MD, Lori Herbst, MD; Jennifer deSante-Bertkau, MD, MBE, *Cincinnati Children's Hospital, OH*

As many children with medical complexity (CMC) age, they experience increased hospitalizations, clinical decline, or life-threatening illness. Discussions about changes in technology use, DNR status, and limitations for aggressive interventions become increasingly important, yet exact parameters for when limitations to medical care may be offered are not well established. Thus, by the time CMC reach adulthood, many families have never been approached with advance care planning (ACP) discussions, and may be surprised by even routine ACP questions common in the adult setting.

Pediatric Complex Care providers, in both the inpatient and outpatient settings, are well-poised to decide when these discussions are ethically or medically appropriate and guide families through them. In this session, we discuss differences in ethical and legal principles surrounding surrogate decision making for adults vs. children, explore how bias can impact framing and timing of these discussions, and reflect on provider distress that can accompany disagreements surrounding decision making while developing techniques to increase resiliency and compassion.

B. From Chaos to Confidence: High Reliability in Home-Based Medically Complex Care

Speaker(s): Angela Dickson, MN, BSN, RN, CIC, LSSBB; Monica Ngeno, MPH, MSN; *Pope's Place, WA*

This session explores the application of high-reliability principles within home-based care for medically complex children, youth, and young adults. This session will emphasize the organizational culture shifts required to support safe, consistent practice in decentralized environments. Participants will examine how just culture frameworks promote shared accountability, psychological safety, and learning from error in settings where families and clinicians navigate high variability and uncertainty. Through practical examples and emerging evidence, the session will highlight strategies for strengthening situational awareness, improving team coordination, and advancing culture change that reduces preventable harm. Attendees will leave with actionable approaches for cultivating reliability, resilience, and trust in complex home-based care delivery.

C. Palliative Rehabilitation in Practice: Creation of a Program

Speaker(s): Carrie Van Quathem, MS, PT, CBIS-T, CPHQ, [ChildServe, IA](#)

Rehabilitation services—including physical, occupational, speech, and therapeutic recreation—are essential components of interdisciplinary care for children with medical complexity. However, care teams often face challenges when traditional, progress-oriented rehabilitation expectations conflict with medical trajectories that may limit developmental gains. This presentation will describe how the Pediatric Complex Care Association (PCCA)–supported Palliative Rehabilitation Clinical Practice Guideline served as the foundation for developing a palliative-focused rehabilitation program within one organization. Attendees will gain insight into program considerations such as aligning rehabilitation goals with quality of life, focusing on family-centered priorities, and inclusion of palliative and trauma-informed philosophies into the rehabilitation care plan.

BEAKOUT 3

A. A Multidisciplinary Approach to Encopresis and Functional Constipation

Speaker(s): Molly Danly, MOT, OTR/L; Claire Karlen, PhD; Amy Zimmerman, MD, [Ranken Jordan, MO](#)

We will present an innovative, multidisciplinary treatment program to address the multifaceted nature of chronic constipation and encopresis. Traditional treatment protocols involve a combination of laxatives and daily enemas over several months. In contrast, our program takes a more integrative approach, including five treatment points: medication management, timed toileting, fiber and fluid goals, pelvic floor therapy, and family education to promote long-term progress and improved quality of life. To address each of those points, our team consists of a physiatrist, psychologist, multiple therapists (i.e., pelvic floor), a registered dietitian, and social worker. Over a five-year period, we have seen 185 unique patients, 47 of whom were admitted for our inpatient program. We will present data illustrating the effectiveness of our inpatient program with two primary outcome variables: 1) decreased bowel accidents (54% report no bowel accidents following admission) and 2) decreased admissions to outside hospitals for bowel cleanouts (4% of patients readmitted). Finally, we will present a case study demonstrating a typical course of treatment.

B. Educating for Complexity: The Growth of ChildServe's Palliative Care Course

Speaker(s): Stephanie Nemmers-Bello, MSN, ARNP, CPNP and Dawn Schwartz, DNP, ARNP, NNP-BC, CHPPN, TIP, CENP, CPHQ; [Childserve, IA](#)

Over the past decade, ChildServe has transformed its Pediatric Palliative Care Course from a foundational training course into a comprehensive, interdisciplinary, learning experience that equips clinicians, and non-clinicians, to manage the complex needs of children and young adults with serious illness. This session will outline the course's evolution—including curriculum redesign, integration of

evidence-based frameworks, family-centered experiential learning, interdisciplinary competencies, and application-focused clinical scenarios. Participants will gain insight into how ChildServe expanded the course to better support decision-making, communication, symptom management, and collaboration across care settings. Attendees will leave with replicable strategies to strengthen their own palliative education programs and enhance clinical practice for children and young adults with medical complexity.

C. Bringing Psychology to Bedside: Model for Pediatric Complex Care Sub Acute Rehab

Speaker(s): Nakisa Asefnia, PhD; Lauretta Oseni, MD; Eugene Suwandhi, MD, Master of Medical Management, *Children's National, DC*

Integrated, co-located pediatric psychology improves identification of psychosocial risk, increases family engagement at point-of-care, and is linked to better patient and caregiver outcomes (reduced anxiety/depression, improved functioning, and select medical gains). However, evidence for co-located models in sub-acute inpatient complex-care populations is limited. Established pediatric psychology consultation-liaison models (e.g., critical care, palliative care, oncology) show clear roles in assessment, brief evidence-based interventions (CBT, trauma-informed care, pain coping, behavioral strategies), staff consultation, and systems advocacy. Implementation should prioritize embedded consults, routine psychosocial screening with stepped-care triage, workforce/training plans, and prospective measurement of clinical and implementation outcomes to demonstrate value and sustainability. This presentation outlines an embedded pediatric psychology model for complex care in sub-acute inpatient rehab, summarizes evidence and implementation strategies, and identifies areas for service expansion.

THURSDAY, OCTOBER 15, 2026

PLENARY SESSION 2

Beyond the Needle: Preventing Pain, Trauma, and Fear

Speaker: Stephanie Nemmers-Bello, MSN, ARNP, CPNP, *Childserve, IA*

Pain is never “just a poke.” This presentation explores how everyday medical procedures can create lasting pain memories and trauma for children, and what we can do differently. Grounded in evidence, personal story, and pediatric pain science, ChildServe’s Comfort Commitment highlights why pain is personal, how untreated procedural pain impacts long-term outcomes, and how small, intentional changes can transform a child’s experience of care.

Attendees will learn practical, trauma-informed strategies to reduce unnecessary pain and distress, including comfort positioning, distraction, child life partnership, comfort kits, and phased implementation of evidence-based tools. The session connects research to real-world practice, addresses common barriers, and challenges the belief that pain is inevitable in pediatric care.

This presentation is for anyone who wants to be part of the solution—creating safer, more compassionate healthcare experiences for children and families while improving efficiency and trust. Every child, every time, deserves comfort that heals without harm.

BREAKOUT 4

A. The use of A.I. in an Infection Prevention and Antibiotic Stewardship Program

Speaker(s): Tina Hess, Bachelors in Healthcare Admin; Megan Morris, MSN, RN, CPN, CPHQ; Linda Mosiello, RN, MS, C-NE, LHNA, *Sunshine Children's Home & Rehab Center, NY*

This presentation explores how Artificial Intelligence can be responsibly integrated into pediatric complex care settings to strengthen infection prevention and antibiotic stewardship practices. Tools can analyze. Attendees will learn how AI tools can analyze clinical trends, identify early infection risks, support appropriate antibiotic selection and duration and monitor outcomes in medically fragile children. This session highlights how these technologies can be implemented in full compliance with federal and state regulations.

B. Pharmacist-Led Telehealth for Post-Discharge Medication Safety at Home

Speaker(s): Billie Mitchell, PharmD, BCPPS and Laretta Oseni, MD, *Children's National Hospital, DC*

Children with medical complexity are at high risk for medication errors after hospital discharge due to polypharmacy, formulation changes, and caregiver burden. This session presents an innovative pharmacist-led telehealth model designed to strengthen medication safety in the home setting. Participants will learn about a structured post-discharge encounter that can identify errors across eight medication domains, close knowledge gaps, and support caregiver confidence. Early feasibility data, interpreter integration, workforce considerations, and implementation lessons will be shared. Attendees will leave with a clear understanding of the value of pharmacist post discharge visit and practical strategies on how to adapt a scalable medication-safety approach within pediatric complex care hospital discharge workflow.

C. It's All Fun and Games Until... Creation and Implementation of a Safe Play Program

Speaker(s): Carrie Van Quathem, MS, PT, *Childserve, IA*

In the highly regulated environment of pediatric complex care, it is surprising that few formal standards exist to guide safe play and toy use for children with medical complexity. This presentation will explore the experiences, challenges, and lessons learned during the development and implementation of a comprehensive safe play program within our organization. Through real-world scenarios and practical tools, attendees will gain strategies to assess toy safety risks, identify unmet needs, and adapt play opportunities to medically complex populations. The session will include a blueprint that organizations can use to design and implement their own safe play programs.

BREAKOUT 5

A. Elevating Vascular Access Management Through Multidisciplinary Care

Speaker: Diane Carey, RN, MSN, CPN; Chana Katz, RN, BSN, WCC; *Blythedale, NY*

Central line-associated bloodstream infections (CLABSI) remain a serious threat to medically complex pediatric patients who depend on long-term vascular access for therapies such as TPN, IV antibiotics, chemotherapy, or IVIG. These patients face heightened infection risk due to prolonged central line use. Many new graduate nurses also enter practice with limited hands-on experience in pediatric vascular access because of reduced clinical exposure and limited specialty training. At Blythedale Children's Hospital, rising CLABSI rates led to a nurse-driven, multidisciplinary initiative focused on targeted education, enhanced surveillance, and structured bedside practice. Two key interventions—the Fundamentals of Infusion Therapy (FIT) course and the "Central Line Up" rounding process—

standardized care, reinforced bundle compliance, and provided real-time coaching. These efforts reduced CLABSI rates, improved nursing competency, increased bundle adherence, and strengthened documentation, fostering safer, collaborative vascular access management.

B. Building a Better Start: Creating a New Clinical Onboarding Experience

Speaker(s): Stephanie Nemmers-Bello, MSN, ARNP, CPNP and Dawn Schwartz, DNP, ARNP, NNP-BC, CHPPN, TIP, CENP, CPHQ; *Childserve, IA*

This session will explain the creation, implementation, and continued revision process of a new inpatient clinical onboarding experience at ChildServe. Onboarding and orientation programs are recommended and positively impact retention (De Vries et al., 2023), and a quality onboarding experience leads to increased job satisfaction and performance (Bauer, 2010). Those who work in clinical administration and education, facilitate new hire education, or those interested in facilitating a similar project are the target audience. This session will outline the creation and implementation of clinical onboarding, how the original learning needs were identified, and how this experience has been and continues to be revised. Also highlighted are the staff feedback surveys and the impact this has had for clinical leaders and for the new staff attending onboarding itself.

C. An Interdisciplinary Approach to Airway Liberation in Pediatric Sub-Acute Care

Speaker(s): Anastasia Evanoff, M.S.Ed, CCC-SLP, CLC; Mariann Spanos, Masters of Science; Lan Tu, Bachelors; Stephanie Waters, MS, CCC-SLP, CLC, *St. Mary's Hospital for Children, NY*

Current evidence supports the use of tracheostomy teams to improve outcomes and reduce costs by shortening ventilator and tracheostomy dependence, decreasing intensive-care needs, and reducing length of stay. To ensure consistent and equitable care, our interdisciplinary Airway Committee reviewed regional practices and created a ventilator-weaning protocol emphasizing ongoing assessment of each child's respiratory and medical status. The goal was to provide a slow, systematic pathway toward ventilator liberation to enhance comfort, caregiving, participation, and mobility. Trends in management led to the development of the Airway Liberation Pathway, which includes three routes: full support to CPAP with in-line valve, full support to trach collar with valve, and full support to cap with decannulation. These standardized paths improve monitoring, communication, and individualized airway progression across varying levels of acuity.

BREAKOUT 6

A. Shared Experience and Collaboration: PEWS in the Subacute Northeast

Speaker(s): Carla Cangemi, MD, *St. Mary's Hospital for Children, NY*; Colin O'Reilly, DO, *Children's Specialized Hospital, NJ*

The presentation will focus on: 1) Individual processes, experiences, and evolution of the Pediatric Early Warning Scoring System (PEWS) in Pediatric Acute Rehabilitation in two distinct healthcare entities (Children's Specialized Hospital in New Jersey- first implemented in 2017, St. Mary's Hospital for Children, New York- implemented in 2025), inclusive of initiatives directly aimed at staff culture change as well as augmentation of electronic medical record 2) Impact on performance metrics (Rapid responses, Medical Emergencies, Urgent, and Emergent transfers to acute care) 3) Collaborative approach and shared learning between two distinct entities to elevate patient safety and successful implementation.

B. Bridging Legal, Social, and Medical Priorities Within Complex Care Populations

Speaker(s): Angeleah Whitlatch, LISW, and Dawn Schwartz, DNP, ARNP, NNP-BC, CHPPN, TIP, CENP, CPHQ; *Childserve, IA*

Children with complex medical needs often present with equally complex social and legal circumstances that challenge continuity of care, informed consent, and discharge planning. This session will cover advanced methods to ensuring the correct legal documentation is obtained to support necessary medical decisions and prevent care delays in addition to establishing reliable communication channels across interdisciplinary teams. Participants will examine high-risk scenarios where unclear legal orders or fragmented communication impede care. The session will also highlight models for early, structured collaboration with outside stakeholders such as Health and Human Services (HHS) to support decision-making, strengthen care participation, and improve outcomes for complex medical populations. Attendees will gain practical tools used in high-acuity environments to optimize interagency partnerships and enhance system reliability for patients and families.

C. Transportation Considerations for Children with Medical Complexities

Speaker(s): Mary Beth Herberg, OTR/L, CPST; Jacinda Banet, COTA/L, CPST; Allison Schram, COTA/L, CPST; Sarah Taylor, MS, OTR/L, CPST, *Home of the Innocents, KY*

This session will discuss different options for transporting children with complex medical conditions, following best practices. We will discuss pros and cons of transporting in a wheelchair vs. a car seat, safe transportation with medical equipment, and how our facility altered our practices to comply with what is recommended through the National Highway Traffic Safety Administration and Child Passenger safety technicians. PCCA member facilities would benefit from knowing what best practices include for transportation of their residents.

Closing Plenary**Emergency Preparedness Simulation with Parents of Medically Complex Children**

Speaker(s): M. Laurette Hughes, PhD, CPNP, *Franciscan Children's, MA*

This session will present an ongoing study conducted with >60 parents at a pediatric post-acute care hospital. A simulation learning (SL) experience is offered to parents at teaching completion. The SL includes 3-4 scenarios which may be encountered in the home setting after discharge. A SL experience lasts about 90 minutes, including debriefing after each scenario to reinforce the skills and understanding. Parent/guardians complete a survey immediately following SL, as well as participate in 2 telephone interviews 7 days and 30 days after discharge.

This learning model may interest providers with a similar patient population whose parents are anticipating bringing their child with medical complexity home. The standard of care is teaching parents the skills of tracheostomy care, medications, enteral feeding, and participation in-house stays; however, emergencies rarely occur in these times. Emergent events are difficult, if not impossible, to demonstrate at the bedside. This model provides the opportunity for parents to have firsthand experience with a life-like mannikin in a home simulated setting to experience reacting to potential emergencies.