

New Collaboration Process Happening in the Cardiac Unit!

By *Connie Fischman, BSN, RN, Nurse Manager, Cardiac Program; Erika Vila, MSN, RN, Nursing Director, Cardiac Program; Jason C. Katz, MD, Director, Pediatric Cardiology Fellowship Program, Attending Pediatric Cardiologist and Cardiac Intensivist*

Have you ever wished nurses, physicians and other care teams could work collaboratively on process improvement, sharing individual viewpoints in order to make a team-driven decision? The Institute of Medicine's latest report in 2011 has called us to the challenge of becoming full partners with physicians and other health professionals and redesigning healthcare in the United States. In an effort to actualize this vision for transformational care, the Cardiac Care Center is currently piloting a forum to do just that. Physicians, nurses, advanced practice nurses, pharmacy and ancillary staff have come together to form a collaborative council. Individual viewpoints can be expressed openly within the team, in order to enhance decision making and move processes forward as a stronger and more cohesive team.



great improvements to an already outstanding inpatient cardiology service. The first order of business includes improving physician rounds in the CICU, discharge planning in the CICU/2NE, a Heart Institute Party, and a nursing "pearls" education program.



Cardiology is proud to announce the creation of the Cardiology Collaborative Council (CCC), a new multidisciplinary council in inpatient cardiology (CICU and 2NE). The CCC was created to improve three main areas of inpatient cardiology: 1) processes and workflow; 2) teamwork and morale; 3) nursing education. The CCC is made up of physicians, nurses, nurse practitioners, nurse educators, pharmacists, care assistants and unit clerks. The co-chairs of the CCC are Jason C. Katz, MD, and Azizi Jones, RN. The CCC hopes to make

Reference:
Institute of Medicine of the National Academies. (2011). *The Future of Nursing Leading Change, Advancing Health*. Washington, D.C.: The National Academies Press.

In this issue

Council Promotes Practice and Service Excellence

Daisy Awards: A Call to Action!

LifeWings Takes Off at MCH

Nurses Make the Difference in PEDS Go Live

Cardiac Care Center Hosts Lectures

Room Cleaning Through the Eyes of the EVS Team

Comfort Theory a New Nursing Practice at Miami Children's Hospital

Rotational New Graduate Program at Miami Children's Hospital

TPN Quality Update

Nurses Week 2012



From the Desk of Jackie Gonzalez

Dear Colleagues:

In August, we submitted Miami Children's Hospital's 2012 Magnet re-designation document to the American Nurses Credentialing Center (ANCC). The process of pulling these materials together requires much teamwork and dedication by nurses and other MCH colleagues throughout our organization. For me, it is a labor of love and a process of reviewing nursing's processes and our excellence as well as opportunities for improvement. The exercise of gathering and assembling documentation gives us all the opportunity to reflect upon MCH's dynamic culture of nursing excellence.

Our collective efforts and initiatives demonstrate our passion in supporting the needs of children and families in our care and our focused commitment to excellence in care, practice, safety and patient advocacy. MCH nurses are established and proven leaders within our organization and in the larger community of healthcare. You are instrumental in defining and operationalizing care standards and in conducting research and evidence-based practice projects to advance care, while providing leadership in local, regional and national professional organizations. Thank you for your leadership.

The team's accomplishments submitted with the documentation tell MCH's story page by page. After our document submission on August 1st, the ANCC Program appraisers have 4 months to review, clarify or ask for additional information. I anticipate our site visit approximately during Quarter 1 of 2013 and look forward to our eventual re-designation as a Magnet hospital, with your great representation and leadership. Please know that I am immensely proud of our entire nursing team. Magnet designation is about recognition of nursing care excellence. Thank you for all that you do each day to ensure that we continue to hold the highest organizational honor that can be bestowed on a nursing team – Magnet designation.

I also want to appreciatively acknowledge the hard work to achieve national recognition of nursing excellence by MCH's receipt of the following:

PICU AACN "Gold" Beacon Award
NICU AACN "Gold" Beacon Award
ECLS ELSO Excellence in Life Support

Congratulations to the teams that have worked so hard to achieve these outstanding results!

Sincerely,

Jackie Gonzalez, MSN, ARNP, NEA-BC, FAAN

Senior Vice President / Chief Nursing Officer / Patient Safety Officer



Council Promotes Practice and Service Excellence

By Inga Bolanos, RN,BSN,CPN

The Professional Practice and Service Excellence Council was formed in 2012. Under the chairmanship of Veronica Scott-Fulton, and co-chairs Carolyn Domina and Jenny Cordo, the council's purpose is to facilitate professional development and standardize service excellence measures to improve patient satisfaction.

The 3 East unit has several projects and initiatives in place in collaboration with the council. Beginning July 25, 2012, 3 East will pilot a uniform project. Through voting of unit staff, royal blue uniforms were chosen for registered nurses and hunter

green was selected for care assistants. The stage was set prior to the uniform selection when Elizabeth Padilla, RN, conducted a survey of patients and families, with results indicating our customers would appreciate the color coding system to help them distinguish between caregivers.

In addition to professional practice, the council also focuses on service excellence. Aside from the uniform pilot, 3 East is currently educating staff regarding Miami Children's Hospital's transition to a new customer satisfaction survey. The hospital will be using the Hospital Consumer Assessment of Healthcare Providers and

Systems (HCAHPS) to replace our current surveys. HCAHPS provides 18 objective questions relating to pain management, communication by nurses and physicians, response times to call lights, providing privacy, and the admission and discharge process. The goal is to increase patient satisfaction scores and each unit will have their own patient satisfaction goals.

We are a new and developing council. We have many exciting initiatives and goals in place to improve professionalism and service excellence. Please feel free to reach out to me or other council/committee members.

Daisy Awards: A Call to Action!

By Diana Garcia, RN, MSN, CPN

The Daisy Award is a merit-based award that honors high-quality clinical skills, strong leadership, and highly compassionate patient care. Patients and families nominate caregivers through the GetWellNetwork in their rooms and through ballot boxes on each unit. These nominations are an expression of patient and family appreciation for the work nurses do each and every day. Consider for a moment how it feels to have your efforts recognized by those who walk alongside you.

When the Daisy Award first came to Miami Children's Hospital, all nominations received were solely from peers. Colleagues noticed the extraordinary efforts of others, and took the time to recognize those whose actions extended far above and beyond the standard. All registered, practical, and advanced practice nurses working in any area in any capacity are eligible to receive the award.

We know that appreciation is the glue that holds us together. Our Values and Guiding Behaviors encourage us to appreciate and consider the diversity of our talents and identify new ways to develop ourselves and our team in a positive way. Our Magnet designation supports structural empowerment where nurses have access

Let's take the lead in 2012 and increase our respect and support by nominating each other for Daisy Awards!

Congratulations to the most recent Daisy Award recipients!

They are: **Maria Soto**, Director of 3 East/3 South, **Yuleidi Herrera, RN**, of 3 East; **Kimberly Martin, RN** of 3 Northeast; and **Janice Serrano, CNS** in PICU.



to and seek out opportunities to recognize each other. Nomination forms are available on the *MCH Portal* >Document Center>Forms>Daisy Award Ballot and each unit has ballots available as well.





LifeWings Takes Off at MCH

By Maryann Duva, RN, BS, BSN, MBA, CPN, LHRM

LifeWings – a program that advances patient safety through utilization of safety practices developed by the aviation industry – was originally started at Miami Children’s Hospital in 2009. Jacqueline Gonzalez, RN, Senior Vice President/ Chief Nursing Officer and Patient Safety Officer, sought ways to enhance safety practices. The LifeWings company was contacted and they met with senior leaders, and legal and risk management teams to present the program concepts. It was decided that this was an innovative program that Miami Children’s Hospital should take on.

We entered into a partnership with patient safety consulting firm LifeWings, LLP, which is run by a group of physicians, nurses, fighter pilots, former NASA astronauts, airline captains, medical executives and insurance experts.

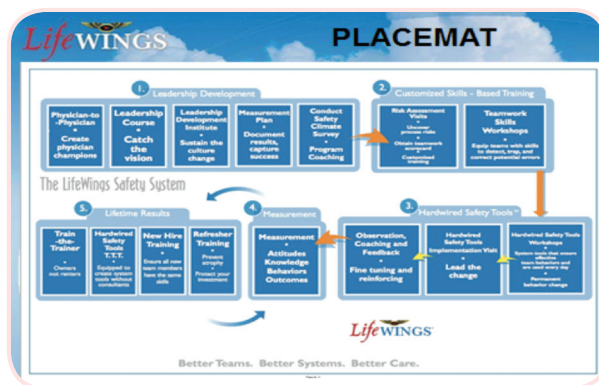
LifeWings utilizes checklists and other standardized procedures from the aviation field, which have been shown to dramatically reduce error rates. The LifeWings program was easy to adapt to our hospital setting. The emphasis of the program is on enhancing communication, creating better teamwork among all staff members and ultimately improving patient safety. Life Wings has worked successfully in more than 80 hospitals nationwide.

Miami Children’s Hospital and LifeWings have begun to work with departments in the hospital.

The LifeWings program was started in the Surgical Services area (which includes the Operating Room, Same Day Surgery, Recovery Room, Minor Procedures) in 2009 and has moved on to the Emergency Department, Urgent Care Centers, Pulmonary Department, LifeFlight, Cardiac Care Center, PICU

(Pediatric Intensive Care Unit), ECMO, Pharmacy, NICU (Neonatal Intensive Care Unit), 2 North, CICU (Cardiac Intensive Care Unit), 2 Northeast, 3 North, Infusion Unit, Bone Marrow Transplant Unit, IV Team, 3 Northeast, Psychiatry and Dieticians. The medical units (2 East, 3 East, and 3 South) and Radiology are to follow in 2013.

Below is the LifeWings “Placemat” for the program. It provides you with a snapshot of the program.



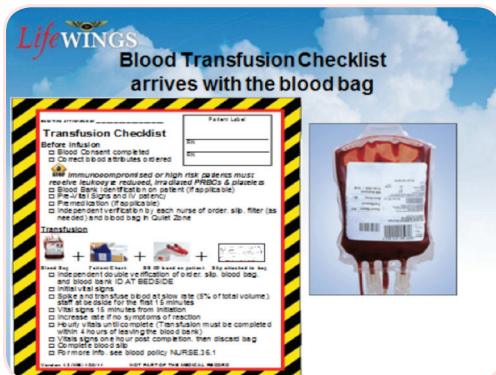
Over 200 checklists have been created including protocols, tools and guidelines that have been developed by these departments. Many of the checklists have been used across the continuum of the clinical departments, such as a blood transfusion checklist, breast milk checklist, metabolic screening of newborns and “quiet zone.” Some examples of the tools are as follows:

How can you recognize a LifeWings checklist, guideline or tool? Look for the unique “Caution Border” around the checklist. This indicates that it was created through the LifeWings program.

One of the most important aspects about this program is that it is run completely by hospital staff. All eight trainers attended a week-long course with the LifeWings company to become certified trainers in crew resource management and since completing the program, have started to facilitate the program and instruct the staff. The facilitators for the program are as follows:

- Maryann Duva, RN, BS, BSN, MBA, CPN, LHRM**, Risk Manager and LifeWings Program Manager;
- Charles Dickson, Psy.D**, Clinical Psychologist and LifeWings Facilitator;
- Beverly Kram, RN, BA**, Cardiac Care Center and LifeWings Facilitator and former flight attendant for over 20 years;
- Ivette Nieves Roldan, RN, MSN, CPN**, Director 3 East and LifeWings Facilitator;
- Sandy Wehking, RN, CPN**, Same Day Surgery Charge Nurse and LifeWings Facilitator

Congratulations to these leaders for helping LifeWings take flight at Miami Children’s, making a difference in the lives of the patients and families we serve.





Nurses Make the Difference in PEDS Go Live

By Ingrid Gonzalez MSN, RN, CPN



Sneak Peak into Cerner World

In preparation for the PEDS electronic data system implementation, nursing leadership set up various meetings on a weekly basis to update the Leadership Team on what would happen hour-by-hour starting 24 hours prior to the go-live date. These meetings were led by Bing Wood and Ingrid Gonzalez. They were started about a month and half before the go-live date.

Fliers with detailed information and cut-over instructions with staff responsibilities were distributed so that the nursing leadership team could disseminate the information to their staff.

Six months prior to the go-live date, several events took place in order to prep the staff. One hour PEDS EMR “Sneak Peaks” were held in the hospital auditorium.

The classes were instructed by the Subject Matter Expert (SME) team. The class combined lecture and hands-on demonstrations, a blended-learning approach to convey the new documentation piece. One-on-one practice sessions were also schedule and taught by our SME team. Formal training was included in the preparation of our staff and our SMEs were involved in every single class serving as proctors.

Teaching guides and pocket guides were created and edited by Ingrid Gonzalez and Bing Wood.

In-services on the individual clinical units were conducted several times a week. PEDS EMR information boards were created and laminated for each unit as the design of the clinical documentation became more apparent. These learning events were created with themes to make it fun for the staff.

Schedules for the SME and the super-users were developed to cover all shifts and all units. Nursing leaders accommodated the super-users and removed them from the clinical shifts, so that they could be on the units supporting staff during the transition of

units from the old system to the new system. This coverage was sustained for the four weeks past go-live. All shifts, including nights and weekends were covered by super-users and nursing leaders.

Congratulations to our nursing leaders for helping make our transition to PEDS a success!

MIAMI CHILDREN'S HOSPITAL PEDS
May 21st, 2012

Expiring Medications
If you see these icons, notify MD to renew the medication or the medication will fall off the MAR
*Automatic stop order report will print at Midnight each night

- Hard Stop Renewal-orders discontinued after they reach their stop date/time.
- Soft Stop Renewal-Orders that reach their soft stop need to be renewed or discontinued. Soft-stop orders are not discontinued automatically.

Not Given Medications
To chart that a medication has not been given:

- From MAR click on dose that was not given and this box will display
- At bottom check Not Given box
- Choose Reason medication was not given
- Sign

*This does not effect barcode compliance!
*Please do NOT right click and "Chart Not Done"

Line Dates
*Line dates must be charted every shift for PIV's, Central Lines, and Foley's!!
*Chart Insert date and Current date and Line days will calculate automatically

Medication	5/18/2012 0900 EDT	5/18/2012 1000 EDT	5/18/2012 1100 EDT	5/18/2012 1200 EDT	5/18/2012 1300 EDT	5/18/2012 1400 EDT
Not Given						
Reason	Infused Site Medication Cancelled No Blood Return Patient intubated Patient refused Saw Anesthesia Record Tachycardia Tachycardia					

Central Line	3:00 EDT 09:00 EDT
Insert/Access Prior to Hospitalization	
Insertion/Access Date	5/1/2012
Current Date	5/21/2012
Central Line Days	05/01/2012
Site Conditions	
Number of Lumens	
Activity	



The SME team.



Room Cleaning Through the Eyes of the EVS Team

By Sasha Waters, EVS

I know you all may wonder about how the hospital rooms are cleaned, or how the housekeeper knows when the next room needs to be cleaned and so on. Well, I can tell you that being a housekeeper is not an easy job. We work very hard.



housekeeping team that a room needs to be cleaned as well as when the next discharge is ready. Sometimes we may get a “stat” clean, meaning we have to suspend the

Housekeepers have to follow the 7 steps to cleaning a room: 1) Pull trash 2) High dust 3) Damp wipe 4) Clean bathroom 5) Dust mop floor 6) Wet mop floor 7) Inspect the room. We also carry a beeper. When a room is placed into the bed tracking, the beeper will then send an alert to inform the

room that we are currently doing to rush over to the other room. We have 15 minutes to respond to the beeper. Once this room has been finalized, we are to return to the previous room and continue with our day.

Cardiac Care Center Hosts Lectures

The Cardiac Care Center is hosting a series of lectures for nursing staff on topics related to congenital heart disease. On the third Wednesday of every month, at 6 p.m. for the dayshift and 9 p.m. for the night shift, a 45- to 60-minute lecture will be given by a physician on a topic identified by the nursing staff. The lectures take place at the CICU workstation, and 1 CEU is offered. Everyone is welcome to attend.

For more information please contact Ruby Whalen at: ruby.whelen@mch.com; or at extension 3680.

Rotational New Graduate Program at Miami Children’s Hospital

By Viviane Dureny

Miami Children’s Hospital’s “New Graduate Float Program” has been both rewarding and fulfilling. When I started this program, I did not know what to expect. My emotions ranged from excitement to fear and anxiousness.

the following thoughts... “*Viviane, embrace yourself, you can do it! God is with you.*” With that, I collected myself and began my journey.



The program was divided into four specialty tracks: Intensive Care Units (ICUs), Emergency Department/Urgent Care Centers/MRI (ED/UCC), Medical/Surgical and Ambulatory Surgery. I had personally chosen the ICU track. After three days of hospital orientation, I started my clinical experience. I remembered vividly walking in the room of my first patient. He was an intubated infant with chest tubes, drips and multiple lines. The first thing that came to mind was “*Viviane, what in the world have you got yourself into? God help me.*” Then the second thought “*Viviane, run and run as fast as you can while you have the chance.*” Then

The wealth of knowledge and skills that I have attained is overwhelming. I have learned a great deal. All the ICU rotations have augmented both my critical thinking and bedside skills. Some of the advantages of rotating to different units are learning new skills, being exposed to multiple diagnoses and meeting new

people. The team work displayed in the units is amazing. The compassion and care exemplified is phenomenal. This program has been instrumental in developing my career as a nurse.

Most of the hospitals in South Florida focus primarily on hiring experienced nurses, as they did not want to spend time and/or money investing in training new nurses. Unfortunately, nurses and hospitals are not immune from the troubled economy. On behalf of my colleagues, we are very grateful to Miami Children’s Hospital for giving us this opportunity to embark on this challenge. We are thankful to everyone who has contributed to making this a great learning experience. I will strive to continue to grow in my knowledge and skills. In conclusion, I am glad I did not run, God was with me and I did it!



Comfort Theory a New Nursing Practice at Miami Children's Hospital

By Donna Wilson RN, BSN

For many years, Miami Children's nurses have embraced the conceptual framework of the "Caring Theory." Specifically, this refers to Dr. Jean Watson's Theory of Human Caring, which seeks to balance the cure orientation of medicine. It is when we include caring and love in our work and in our lives that we discover and affirm that nursing, like teaching, is more than just a job. It is also a life-giving and life-receiving career for a lifetime of growth and learning. (Parker & Smith, 2010).

Today, we have embraced yet another theory that solidifies all areas of the nursing care continuum: health practice, education and research. The Comfort Theory was developed in the early 1990s by Dr. Katherine Kolcaba and later on in 2001 she refined this theory to include hospital-based outcomes. These were artfully detailed in her book, *Comfort Theory and Practice* (2003).

The word comfort as we know it, can be one of the most overused or underused words in our vocabulary as nurses. Comfort encompasses actions we perform each day as nurses: We soothe, console, or reassure. We bring compassion to our patients and families in times of pain, loss of a loved one or, when an uncertain diagnosis is pending.

According to Kolcaba (2003) comfort is "the immediate state of being strengthened through having the human needs for relief,

ease, and transcendence addressed in four contexts of experience." These contexts serve as the positive outcome that is desired to empower the patients and their families to engage in health-seeking behaviors (HSBs).

Comfort Theory emphasizes the physical, psycho-spiritual, sociocultural, and environmental aspects of comfort which contributes to a proactive and multifaceted approach to care. It is clear that this provides a framework for clinical practice guidelines, which mandate that comfort be well defined and well documented. (Kolcaba, 2003). Looking at the benefits from a nursing perspective, 1) physical : provide a clean/safe environment, create flexible schedules, encourage continuity of care, and provide resources; 2) psycho-spiritual: provide support, feedback, define roles, give recognition, respect, and encourage accountability; 3) sociocultural: take part in major decisions, act as mentors, advocates for the staff, and become great leaders; 4) environmental: create a strong nursing department, encourage teamwork, and set professional goals. (Kolcaba, 2010)

In March of this year, Dr. Katherine Kolcaba visited our institution during our Magnet re-designation "kick-off" week. At this visit she shared with us what Comfort Theory was, and how when integrated into everyday nursing practice, the opportunities created represent the very essence of nursing. Providing care and comfort are

the first interventions that a nurse normally provides for her sick patient or family. Comfort is one of the most fundamental and basic needs of an individual. She also viewed Comfort Theory as patient/family centered theory that results in a holistic dimension of care, a healing environment, better management of symptoms and the identification of needs requiring comfort interventions. (K. Kolcaba, personal communication, March 21, 2012).

In conclusion, as the Miami Children's Hospital community continue to grow and move out of its comfort zones, moving forward in this season of change; re-designation, expanded cultural diversity, newer technological experiences, research and professional development opportunities, we must keep in mind as stated by March & McCormack (2009), that " the theoretical structure of Kolcaba's Comfort Theory has real potential to direct the work and thinking of all healthcare providers within one institution" (our institution).

References

- Current Nursing. (2011, February 10). Comfort theory. Retrieved July 4, 2012 from http://currentnursing.com/nursing_theory/comfort_theory_Kathy_Kolcaba.htm.
- Kolcaba, K. (2003). *Comfort theory and practice: A vision of holistic health care and research*. New York, NY: Springer Publishing Company.
- Kolcaba, K. (2010). *An introduction to comfort theory in the comfort line*. Retrieved July 4, 2012 from <http://www.comfortline.com>.
- March, A., McCormack, D. (2009). *Nursing theory-directed healthcare: Modifying Kolcaba's comfort theory as an institution-wide approach*. *Holistic Nursing Practice*. 23(2), 75-80.
- Parker, M.E., Smith, M.C. (2010). *Nursing theories and nursing practice* (3rd ed.). Philadelphia, PA: FA Davis Company.
- Webster Dictionary. (2004). *The Merriam-Webster dictionary*. (11th ed.).Springfield, MA: Merriam-Webster Inc.



Nursing Matters is produced quarterly by and for the nursing staff of Miami Children's Hospital in collaboration with the Marketing department

Jackie Gonzalez, ARNP, MSN, NEA-BC, FAAN
Senior Vice President
Chief Nursing Officer

Marcia Díaz de Villegas
Director of Marketing and
Public Relations

Marketing Editor:
Rachel Perry

Nursing Editor:
Casey Joseph, RN

Contributing Writers:
**The nursing staff of
Miami Children's
Hospital**

Layout: **Roberto Perez**

Photography:
**Edgar Estrada,
Steven Llanes,
Juan Carlos Rabionet**

To submit news and information to the **Nursing Matters** newsletter, please email casey.joseph@mch.com.

Articles accepted must be written by MCH nurses, previously unpublished and don't forget to include your full credentials for credit.

TPN Quality Update

A goal of the MCH Quality Pillar Team is to improve quality related to intravenous therapies. One aspect of this goal is to reduce prescribing errors associated with handwritten Total Parenteral Nutrition (TPN) by achieving 100 percent electronic TPN ordering.

The TPN Calculator is located under the W drive, folders residents and/or cardiology. Once completed, print and provide the signed TPN order to unit secretary to scan to pharmacy via PYXIS-Connect and into PEDS progress notes. The one exception to this is NICU, which uses NeoData.

Nurses Week 2012

By Casey Joseph, RN, CPN

Nurses Week was May 6-12, 2012. Nurses hospital-wide were celebrated with events throughout the week. The nurses received a duffel bag for this year's gift. On Monday, we had a kick-off breakfast for all nursing staff with a slideshow of nurses in many areas of the hospital. Tuesday and Friday we had massage/makeover days. Nurses enjoyed a 15-minute massage from Miami-Dade and Aveda Institute students. Mary Kay was also on-site for makeovers and tips. The Food Trucks visited the campus on Wednesday. Congratulations to

Thursday night. The Main Auditorium was transformed into a beautiful banquet hall, complete with ficus trees, flowers and balloons as well as 2 buffet tables of delicious food! Our guest speaker this year was Pat Morgan, Executive Coach. She gave us 5 tips for taking ourselves and our professions to the next level.



Congratulations to Dorcas Torres, Nurse of the Year 2012!!!



the Operating Room on winning the LEAN/Lifewings contest! The Project Management Office and Risk Management were both impressed by the revision of their hand-off sheet, from two pages (six sections) down to one page (three sections). All Certified Nurses were celebrated with a breakfast with Jackie on Thursday morning. The Annual Awards Dinner and Ceremony was held on campus

Heritage Day was held in the Research Atrium on Friday afternoon. There were booths from different countries with sampling of various cuisines. The Miami Beauty Queens were on hand to welcome nursing staff. There was a delicious pasta dinner served on Saturday evening in the Palm Garden. We hope you enjoyed this Nurses Week and once again: **Thanks For All You Do!**

