

## Transformational Leadership



### Cheryl M. Topps, ARNP, MSN Manager, Clinical Systems

Cheryl began her career in informatics in 1996, with the implementation of the clinical documentation system "Emtek." She is currently Manager of Clinical Systems, Information Technology. She is responsible for overseeing the analysts that support PharmNet, PC Oncology, rehabilitation therapies, including occupational, physical speech, audiology, applied behavior and respiratory; and computerized provider order entry (CPOE), including documentation in PEDS. Cheryl is involved with various teams, committees and special projects underway throughout the organization. Cheryl has more than 30 years of pediatric nursing experience. She has worked in various pediatric settings as a staff nurse, manager, and clinical educator in St. Louis and Miami. Cheryl has been involved in many speaking engagements, poster presentations and publications. She received her master's in nursing and advanced registered nurse practitioner

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## Structural Empowerment

### 2013 Nurses' Week Winners



#### UNIT RN OF THE YEAR

**2E** • Farrah Chutkan, BSN, RN, CPN

**2N** • Gretel Rodriguez, BSN, RN

**3NE** • Heather Katcher, MSN, RN, CPN

**3S** • Anamaria Jauregui, RN, CPN

**3E** • Desiree Galendez, BSN, RN

**2NE** • Esther Wooten, BSN, RN, CPN

**3N** • See Overall winners

**Psych** • Tionnei Knight, BSN, RN

**PCC** • Teresa MacKenzie, RN, CPN, CCM

**Float Pool** • Janyne Solomon, RN, CPN

**NICU** • Mayra Mendez, RN

**PICU** • Jennifer Valdez, BSN, RN

**CICU** • Leslie Brannon, BSN, RN

**PACU** • Saadia Cedeno, BSN, RN

**OR** • Maikelin Morera, RN

#### Same Day Surgery

• Annette Bonwit, BSN, CPN

**Minor Procedure Suite** • Ana Lopez, RN

**Doral** • Nicole Quinlan, RN

**Midtown** • David Diaz, RN

**Miramar** • Ntiense Inokon, MSN, RN, CPN

**ED** • Lilia Alonso, MSN, RN, CPN

#### Life Flight

• Joann Dennis, BSN, RN, CPN, CPEN

**UR** • Jorge Brao, RN, CPUR

**Dialysis** • Solfia Torre, BSN, RN, CDN

**IV Team** • Cynthia Steen, RN

**Radiology (MRI)** • Diana Veras, MSN, RN, CPN

#### ROOKIE OF THE YEAR:

Esther Garcia, RN, (CICU)

#### LEADER OF THE YEAR:

C. Ellie Taft, MSN, RN, ARNP, CCRN, CPON (CICU)

#### SUPPORT STAFF OF THE YEAR:

Carmen Marando, EMT (LifeFlight)

#### PROFESSIONAL SERVICES:

Natalia Lopez, BSN, RN, CPN (3E)

#### LPN OF THE YEAR:

Marisela Carmona, LPN (IV Team)

#### MCH RN OF THE YEAR:

Crystal Rivera, RN (3 North)

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## Nurse Leaders In the Spotlight

**Cheryl M. Topps, ARNP, MSN**  
**Lourdes Lopez-Fernandez, RN, MSN**

in pediatrics from Florida International University and her bachelor's degree in nursing from University of Missouri – Columbia. Outside of work, Cheryl enjoys traveling, watching sports, attending her son's baseball games and of course, shopping! She is married to Shawn, a Principle Planner for Miami-Dade County Housing Agency and together they have a son, Jordan.

### **Lourdes Lopez-Fernandez, RN, MSN**

The nurse informaticist blends nursing science and process with information systems to help improve workflow for nursing and other clinical areas. The role of the nurse informaticist goes beyond the implementation of software systems. They work as liaisons between IT and clinicians to help IT understand clinical needs and help clinicians understand new technology and embed it seamlessly into their practice.

Lourdes Fernandez has been at MCH for more than 15 years. She has grown within the institution starting as a care assistant and after obtaining her bachelor's degree in nursing from Florida International University, she began as a registered nurse in PICU. After approximately six years as a PICU nurse, the opportunity to get involved in an IT clinical project arose, which has led her to her career in nursing informatics and her attainment of a master's degree from the University of Phoenix. Over the past 10 years, she has led the transition to medication barcoding, online staff scheduling and patient acuity. Most recently, she helped with the workflow and design of PEDS CareNet, iNet (nursing and ancillary documentation), NHQM Asthma, and CareAware. Currently, she is working with the CMIO on optimizing the use of PEDS to help improve clinical and patient outcomes and to meet regulatory requirements (i.e. TJC, Meaningful Use).



### **From the Desk of Jackie Gonzalez**

Dear Colleagues:

It is my privilege this year to serve as president of the Florida Organization of Nurse Executives (FONE), a group of nursing leaders from throughout our great state. These leaders are dedicated to advancing professional nursing practice and patient care by promoting excellence in leadership to shape the future of healthcare delivery, education and health policy.

I was pleased to be a part of the FONE spring conference held in Orlando. This annual event of spring provides nurse leaders an opportunity to learn, share, reenergize and reflect upon our important roles in leading nursing teams across this great and diverse state we call home.

The conference theme was "Moving the Nursing Agenda: Celebrating Successes and Planning for the Future" and our keynote speaker was Linda H. Aiken, PhD, FAAN, FRCN, RN, professor and Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. She is a renowned authority on causes, consequences and solutions for nurse shortages in the U.S. and around the world. Dr. Aiken's presentation on "Impact of Nursing on Patient Outcomes: Implications for Practice, Education and Policy" was the centerpiece of the FONE program and was truly illuminating.

Also on tap was JoAnn Webb, Senior Director of Federal Relations and Policy for the American Organization of Nurse Executives, who shared her thoughts on "Nursing and Healthcare Challenges in the 113th Congress," and Patti McCue, RN, MSN, ScD, Senior Vice President, Chief Nursing Officer, Centra, Lynchburg, Virginia.

It was a privilege to work with these and other esteemed nursing leaders throughout the state and engage in a collective dialogue to enhance service to the patients and families we so proudly serve.

Change is the only certainty in the dynamic and ever-evolving field of nursing to which we devote ourselves daily. Leadership in FONE has been an empowering experience that expands one's perspective and encourages members to collaborate for the betterment of our profession. I encourage all of our emerging nursing leaders to become active in FONE at the regional level or higher so that you can be a valued voice for understanding and growth in our beloved profession.

Sincerely,

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

Senior Vice President / Chief Nursing Officer / Patient Safety Officer



## Exemplary Professional Practice

# Utilization Review At MCH

By Liana Tidwell, RN, BHA, CPUR, CPHQ

### Intent of Utilization Review (UR)

- The intent of UR is to ensure that care delivered to patients is appropriate for time and setting and to control costs that will, in the end, provide sufficient monies to allow facilities to provide care to all constituents.
- Utilization review places another level of review between the provider of health care (e.g., a doctor or hospital) and the payer (e.g., the health care plan insurer).
- Providers must consult with the utilization review service either before a course of treatment is instituted (a precertification or admission review), or on an ongoing basis as the treatment is being conducted (a concurrent review).
- However, if the treatment is not approved, either on initial review or on appeal, it does not mean the patient will be denied the care, it simply means the payer will not foot the bill.
- The patient is always free to pay for the care without being reimbursed by the plan.

### Role of UR in Managing Length of Stay (LOS)

- In order to reduce LOS and inappropriate admissions, UR reviews all patients within 24 hours of admission to assure proper level of care (LOC) placement. This is accomplished via the implementation of an "Admit to UR Protocol" order by physicians.
- This protocol allows the UR nurse to review the medical record and apply InterQual/MCG criteria to determine the appropriate status, level of care and continued level of care based on the application of clinical guidelines, using severity of illness and intensity of service criteria.

### UR Contributes to Interdisciplinary Rounds

- UR formally attends a minimum of one multidisciplinary round per week on each unit. UR also informally attends daily unit rounds to review appropriate level of care and medical necessity of each case.

- UR communicates LOC and medical necessity criteria and plan for discharge with attending physicians, residents, social work and clinical team.
- UR involves the physician advisor (medical director for UR) on all cases where medical necessity and/or level of care is questionable.

### UR Role in Discharge Planning

- UR identifies potential needs for discharge and communicates with planning team and physicians to begin the discharge planning process.
- Social work arranges for patient placement, equipment, social issues, alternate levels of care.
- UR is the driver for controlling LOS and avoidable days.
- UR identifies complex cases that will require multiple resources upon discharge.
- UR collaborates with attending physicians, social work and nursing in the discharge plan of care.

### Outcomes

- UR decreases inappropriate lengths of stay (LOS) by implementation of standardized criteria (InterQual/MCG) to guide and drive to decrease practice variations.
- UR ensures best practices via EVB Committee by actively participating in the implementation of practice guidelines and protocols.
- Over the past year (2012) UR was able to decrease avoidable days by approximately 50 percent.
- UR was able to successfully overturn approximately 70 percent of the cases that were denied and appealed. UR has also decreased cases requiring appeal by 55 percent.
- UR has sustained Observation (OBS) cases with LOS > 48 hours at or below the CHCA benchmark of 4 percent to 6 percent.

### How will this impact DRGs?

UR will be a catalyst in managing the patient's plan of care, specifically managing the goal for length of stay (GLOS), and discharge planning needs with the rest of the multidisciplinary team.

### How can nursing be involved?

Assist UR and social work in identifying complex needs for discharge. This should be done on admission.

There needs to be proactive and early identification of services, and resources needed for after care with provider, team and the patient/family within 24 hours of admission.

- Develop a set of "triggers" to identify a case for referral (i.e. chronic/complex case).
- Identification of eligibility/coverage needs on admission that may potentially delay discharge to alternate levels of care.
- Assist DC planning team in anticipation for authorization of specialized services as soon as treatment is ordered (i.e. medications not covered by insurance; wound VAC).
- Incorporate anticipated length of stay and discharge criteria into care plan with the use of Clairvia.

### The UR Team

**Liana Tidwell, RN** – Manager

**Mario Rodriguez, RN** – Coordinator

**Catherine Donnellan, RN**

**Jorge Brao, RN**

**Grisel Cepeda, RN**

**Myrlande Lafond, RN**

**Mary Blackburn, RN**

**Sady Rodriguez, RN**

**Griselle Angulo, RN**

**Charity Zayas, RN**

**Arlene Leyva** - Psych

**Brian Ainsley** - Psych

**Robert Aguero, RN**



## Exemplary Professional Practice



### Did you know?

MCH held its first ever Budget Town Hall Session for all MCH staff on February 14.

The session was provided by the Finance Department to educate staff on the 2013 operating and capital budgets in detail.

They reviewed assumptions, projections and key initiatives. Very informative session.

## Structural Empowerment

# Miami Children's Hospital Nurses Provide Flu Vaccines to the Community

By Jill Tahmooressi, BSN, MBA, RN-BC

**M**iami Children's Hospital nurses give time, skill and talent to the community. The H3N2 influenza epidemic of 2013 provided an opportunity for community

outreach. Genevieve Sierra RN, staff nurse at the Miami Children's Hospital West Kendall Urgent Care Center noted that "Many children were coming in with flu symptoms and testing positive."

Based on the presentation, age and any underlining conditions such as asthma, the Miami Children's Hospital attending physicians with the assistance of mid-level providers such as Clarisa Avalos, ARNP, at the center prescribed Tami-flu® to combat the symptoms.

On February 2, 2013 12 MCH nurses participated in partnership with the Miami-Dade County Health Department and vaccinated at least 50 children. The event was held from 10

a.m. to 3 p.m. with announcements arranged by Miami Children's Hospital via e-blast fliers to schools and pediatrician offices. In addition the MCH Facebook social media site hosted repeated news feeds of the event. The Channel 6 local news and several other news agencies broadcast the event

and encouraged all children 6 months of age through 18 years of age to come out the Miami-Dade Fair Grounds to get a flu vaccine.



Samantha Lacayo, LPN of Royal Palm Elementary School.

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## Miami Children's Hospital Celebrates National Nurse Certification Day





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The nurses who participated at the event included:

- **Michelle Bonte, RN-BSN, CPN** Staff nurse Operating Room. Michelle volunteered her time with a certificate of participation awarding five APEX points for community advocacy.
- **Milagros Tablante, ARNP-BC**, Cardiology Department. Milagros volunteered her time because, "I have a passion to help the community."
- **Patricia Rowe, RN-BSN, CPN** Staff Nurse Emergency Department. Patty volunteered her time with a certificate of participation awarding five APEX points for community advocacy.
- **Sofia Torre, RN-BSN, CPN** staff nurse Dialysis Center. I volunteered not for APEX points, because I am already at the highest level of achievement Level 4, yet because I want to be involved and help the community."
- **Chau Nugen, RN-BSN, CPN** staff nurse Operating Room was awarded APEX certification of participation.
- **Lineda Richmond, RN-BSN, CPN** staff nurse, Afterhours Department awarded APEX certification of participation.
- **Cindy Harrah, ARNP, MSN**, Preventive Medicine Department, supervisor of four Miami Children's Hospital staffed Health Suites in the Miami-Dade County Public School System.
- **Evelyn Hughes, ARNP-BC, MSN**, Preventive Medicine Department, supervisor of four Miami Children's Hospital staffed Health Suites in the Miami-Dade County Public School System.
- **Samantha Lacayo, LPN** (pictured) of Royal Palm Elementary School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.
- **Lourdes Ferraro, LPN**, of W.R. Thomas Middle School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.
- **Melissa Chow, LPN**, of Southwest Senior High School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.
- **Arlene Chin, RN**, of Goulds Elementary School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.
- **Shalonda Love, LPN**, of Caribbean Elementary School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.
- **Elvira Hernandez, LPN**, of Emerson Elementary School, a Miami Children's Hospital Health suite in partnership with The Children's Trust: Health Connect in Our Schools.

Interviewed by Channel 6 News at the event, Jill Tahmooressi, RN-BC, MBA, BSN Nursing Director Ambulatory Services stated, "The first and most important step in protecting yourself and your family against the flu is to get a flu vaccination every year. Centers for Disease Control and Prevention (CDC) states, "with very few exceptions, everyone 6 months of age and older should get an annual flu vaccine. Vaccination is especially important for people at high risk of serious flu complications which includes young children, pregnant women, people with chronic health conditions (like asthma, diabetes or heart and lung disease), and people 65 years and older." Don't delay! Anyone receiving for the very first time in their lives, a flu vaccination will require only for the first time, a follow up in 28 days. This is necessary only the first year of vaccination, thereafter once a year is recommended." Both the injectable form of the vaccine for 6 months to 35 months of age and then 35 months through adulthood was available as well as the nasal spray, Flu mist for healthy children age 2 years and over.



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 Diaz de Villegas**  
Director of Marketing and  
Public Relations

Marketing Editor:  
**Rachel Perry**

Nursing Editor:  
**Deborah Hill-Rodriguez, MSN, ARNP, PCNS-BC**

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](mailto: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.

## New Knowledge, Innovations & Improvements


# Innovation in Improving Patient Satisfaction: Call Light No Pass Zone

**T**his is an example of innovations in administrative practice. MCH's first quarter 2013 patient satisfaction scores in relation to response time were identified by nursing leadership as below expectations. Nursing leadership decided to look into innovative ways to improve patient satisfaction scores related to response time. The Nursing Department is committed to providing excellence in customer service in congruence with MCH's care delivery of Family Centered Care. Nursing Leaders Erika Vila, DNP, RN, NEA-BC (CICU Nurse Director); Deborah Hill-Rodriguez, MSN, ARNP, PCNS-BC (2 East Nurse Manager); Jane Bragg MSN, ARNP, NEA-BC, CPON (3NE Nurse Director); and Marisol Calero (service excellence facilitator representative from Patient & Guest Relations Department); collaboratively identified the creation of a call light no pass zone as best practice across organizations.

A "Call Light No Pass Zone" pilot was started on June 2013 on 3 Northeast, 2 East and 2 Northeast.

This is an innovative interdisciplinary collaborative service excellence pilot project spearheaded by the Nursing Department to improve staff responsiveness to call lights which will in turn improve key Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) scores. MCH started using HealthStream's top box and HCAHPS scores modality in third quarter 2012.

The goals of this pilot are to foster an environment to increase staff visibility, and decrease response time to call bells within one minute. Weekly reports will be run in the piloted areas to trend the staff response times. The No Passing Zone training for the pilot will focus on the priority of responding to call lights and ways to convey the message to patients and families that their request will be conveyed to another staff member in the initial responder is unable to resolve the request. A friendly innovative "S.T.O.P." acronym was created to remind staff of the expected process in responding to call lights as demonstrated below.



**S.T.O.P.**

- Stop and ask "how may I help you"
- Take the time to listen to needs
- Offer assistance or use a resource
- Plan ahead and anticipate future needs

The action plan for this pilot will involve:

- Development of "No Pass Zone" criteria for answering and responding to call lights
- Compile patient survey and comments from the HCAHPS surveys to monitor progress (pre- and post-implementation data)
- Obtain call light response times (pre- and post-implementation)
- Create focus groups with staff (RN and support staff) involvement in reporting out the progress of the pilot unit
- Continuously analyze outcomes
- Organization wide implementation after pilot proves successful