



**MIAMI
CHILDREN'S
HOSPITAL®**
We're here for the children

Nurse Leader



In the Spotlight

Mirtha Gonzalez

Education:

Graduated from San Jose State University, California with a BSN and minor in Psychology in 1979.
MSN, ARNP from Florida International University in 2000

Work Experience:

1979-1981 - Neonatal Intensive Care at Santa Clara Valley Medical Center
1981-1987 - Neonatal and Pediatric Intensive Care at MCH
1987-2001 - Operations Administrator
2001 - Interim Clinical Nurse Specialist
2001 - present Director NICU & IV Team

My leadership role gives me the opportunity to build cooperative relationships with managers, staff, clinical nurse specialists and the medical team.

Family:

Husband, two stepsons age 32 and 30 and 18- year-old daughter. Parents reside in California.

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PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 6 • Issue 1 • Spring 2005

2005 JCAHO Survey: An Organizational Success

*By Ingrid Hunter
Accreditation Coordinator*

The nursing team's commitment to providing quality and safe care for our patients was evident throughout the recent JCAHO survey. Staff who had the opportunity to speak with surveyors did an excellent job.

Here's a sampling of surveyor comments:

- "Why is it that everyone I talk with knows the answers?"
- "Nursing staff very impressive—Magnet status evident!"

The surveyors' tracer methodology enabled them to provide a thorough review of our entire organization. They visited the majority of our inpatient units and hospital ambulatory sites and all of our off-site facilities. Throughout their review of overall patient care and safety, key areas of emphasis were medication management, national patient safety goals, safe environment, staff training, education and use of patient data for patient care and performance improvement. The following is a list of just some of the positive comments from the JCAHO survey team:

- Teamwork evident
- High-quality, caring, knowledgeable, dedicated staff
- Appreciated the openness of staff and leadership
- Staff's knowledge of improvements on departments/units
- Infection control – evidence of good practices
- Encompassing a culture of safety
- Overall implementation of national patient safety goals
- Medication management—excellent work throughout organization
- Impressed that pharmacists are assigned to special care areas and oncology
- Use of bar-coding system; addressing the override issue
- Implementation of rule of six
- Staffing effectiveness program – a model program
- Sedation services- same care level at sites; impressed we have an overall sedation coordinator

As we go forward now and JCAHO moves to unannounced surveys, we need to continue to work on our systems and any identified opportunities for improvement. A key area identified for improvement by the surveyors was the use of "Not to Use" abbreviations. This National Patient Safety Goal (NPSG) applies to all healthcare providers who write orders and who write medication related documentation in the medical record. We need teamwork and everyone's help to be successful with this NPSG. As evidenced by so many successes, we know with attention to this challenge, we can be successful in our efforts to stop the use of the identified "Not To Use" abbreviations.

I extend a very special thanks to the nursing leadership and staff for learning and implementing all the new challenges that came our way for a successful survey.

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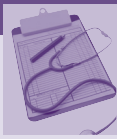
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Changes To CPR Classes!



Are you short on time? Do you need your CPR card fast? Then try the new FastTrack CPR.

If you have a current card:

- Take the Basic Life Support Course in CHEX - you save time!
- Register for FastTrack CPR
- Bring current card and proof of CHEX course completion to class
- FastTrack is available from 8 a.m. to 10 a.m. every other Wednesday

If your card has expired, you need to register for the 4-hour CPR Renewal Class.

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Strategies to release anxiety:

Reading a good book, boating (the combination of water and a boat can energize me for a new week) spending time with family, friends and playing the piano.

Awards:

2002 South Florida Organization Nurse Executives –Nursing Leadership Award



MIAMI CHILDREN'S HOSPITAL. We're here for the children

From the Desk of Jackie Gonzalez



I was recently asked to share my thoughts about nursing leadership and challenges, to which I replied that leadership moments happen in nursing every day. Challenges arise as we care for children and their families that give us pause to decide whether or not we view these challenges as opportunities not yet taken or as obstacles to doing the right thing. Being a nurse requires leadership skills. Challenges occur every day that involve decisions that may require confrontation, discussion, teamwork and certainly advocacy on behalf of the needs of patients we serve. Being an MCH nurse carries with it a high level of expectation and in turn great joy for the work that is done.

As a commitment to leadership development within the hospital, there are many ways that you can sharpen your skills. I try to emulate the skills and traits of those whom I most respect and then try to put them into practice. I seek the advice and objectivity of those I know who will be most candid and really help me to grow and improve. There are several courses available through CHEX, including the Harvard Management courses which are nationally recognized for their content. Finally, there is tuition reimbursement available for formalized education. Practicing leadership skills begins in small ways. The easiest way is to get involved at whatever level you are able and most comfortable. If that includes joining a committee to improve care or working on a project in your department, both are great ways to start. There is also nothing wrong with officially approaching someone about mentoring you. It is an honor when someone asks you to mentor them and it is also a wonderful opportunity to share a legacy of wisdom with another person or generation.

This last busy season has presented challenges, requiring leadership and teamwork. I am proud to say that the entire nursing department has pulled together to meet and exceed the needs of patients. It is exciting to be in the planning and development phases of new patient care units and to be part of the expansion of existing patient care areas that will include more space for patients, families and staff. Please participate with your departments in planning when the opportunity arises. You are a vital part of planning the future of MCH and your input is important, as is that of the families that we are also involving. Please show your leadership by being a part of building MCH's future!

Jackie Gonzalez, ARNP, MSN



The Joy of Certification

By Sara Turpel

Upon accepting an acting award at a televised ceremony a few years ago, the actress Julia Roberts exclaimed that she was “shamelessly filled with joy!” I must admit that I had that same feeling when I found out that I passed the CCRN exam – I was so pleased with myself it was almost embarrassing! The wonderful feeling that came over me when I opened that piece of paper and read the results is one that I know many of you have shared, and many of you will share soon.

Why certification? I asked myself that many times over my many (many, many) years of nursing practice. I didn't really see any value in it and never pursued taking a certification exam. Of course, with our Magnet designation here at MCH and the need to increase the number of certified nurses we have, I was encouraged by my director to take up the certification challenge. I was hoping I'd pass the test, of course, because I wanted those letters to put behind my name. What I've gained from certification, though, is so much more than just the initials.

Like most nurses I know, I enjoy keeping current with my clinical practice and I do subscribe to a couple of nursing journals, which I leaf through every month when they arrive in the mail. Actual studying, though, is not usually on my schedule. When I decided to take the certification exam, I had to STUDY. What I learned from all of that studying has been invaluable. It was a great review of things I already knew, but it was also a ton of new information that has been very helpful in speaking intelligently to my peers, my patients and their families, and the physicians I work with.

In order to maintain my RN licensure, I have always done the minimal number of courses necessary to renew every two years. Let's face it, we don't have to really put ourselves out there and study a lot to get those minimal CEU requirements for the State of Florida – and I didn't. Now, to maintain the certification, I need to do more courses and even make sure I have the right kind of educational offerings. I no longer leaf through those journals; I read them carefully and complete the CEU tests! Having the certification has forced me to spend some time studying and really understanding my clinical practice, and the ongoing requirements keep me better informed and better able to care for my patients.

The best part of certification has been that it's gotten me excited about learning and excited about nursing again. As a result, I even decided to go back to school and pursue some formal education again. It's nice to know that I have that body of knowledge and I'm considered an expert in my field. I know after asking other nurses that many of you feel the same way. Yes, it will be nice when the Magnet reviewers come back to re-certify us and we can show them our high numbers of certified nurses. But the real joy is written, tangible proof that patients who come to Miami Children's Hospital are cared for by nurses who are real-life, honest-to-goodness, certified experts.

Stop Pediatric Pressure Ulcers- 2005 International Pressure Ulcer Prevalence Survey

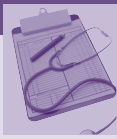
By Deborah Salani, ARNP-BC, Debbie Hill Rodriguez, ARNP, MSN, CS, and Michelle Franco, ARNP, MSN, CPON, CPN

While there is an abundance of nursing research on the incidence, prevalence and high cost of pressure ulcer prevention and management in adults, (Pressure Ulcer in Adults: Prediction and Prevention, Agency for Health Care Policy and Research (AHCPR, 1992), little empirical data exists to guide pediatric nursing practice.

Pressure ulcers can lead to serious implications such as pain, extended hospital stay, and slower recovery. A pressure ulcer is defined as any lesion caused by unrelieved pressure that results in damage to underlying tissue. Pressure ulcers usually occur over bony prominences and are graded or staged to classify the degree of tissue damage observed. The occipital region is at increased risk for skin breakdown in infants and toddlers compared to adults because the head at that age constitutes a greater proportion of total body weight and surface area.

Since 1989, Hill-Rom has been conducting national pressure ulcer prevalence surveys to help facilities assess pressure ulcer occurrence, as well as benchmark and compare with other facilities of similar size. For the first time in March of 2003, the pressure ulcer prevalence study was expanded to include acute care and long-term care facilities globally creating the first international pressure ulcer database with over 450 participating facilities. Miami Children's Hospital has participated in the international prevalence study in both 2004 and 2005. This year, 120 children were enrolled in the study. The results are pending.

Hospital organizations can benefit from benchmarking pressure ulcer prevalence and wound care with other hospital facilities to evaluate and improve quality patient care.



A Study of Family Presence: Preferences and Practices of Healthcare Staff

By Deborah Salani, ARNP-BC, MSN, CPON, Bing Wood, ARNP, MSN, and Michelle Franco, ARNP, MSN, CPN, CPON

The purpose of this study is to identify preferences and practices of pediatric nurses, physicians, respiratory therapists, and other healthcare staff with regards to allowing family presence during rounds, invasive procedures and cardiorespiratory resuscitation (CPR).

Allowing patients' family members to be present during rounds, any invasive procedures and during CPR, continues to be a very controversial topic in any healthcare setting, especially in intensive care units (MacLean, S. Guzzetta, C White, C. et. al., 2003). Consistent with the emerging concept of family-centered care, some institutions have opened their doors to families as part of the team during rounds. The collaboration of the patient's family during rounds has always been an integral part of family-centered care. In the last ten years, many professional organizations (Emergency Nurses Association and American Heart Association) support family presence during resuscitation efforts. (Guidelines 2000 for CPR and Emergency Cardiovascular Care.) Preferences and practices of pediatric healthcare professionals are unknown.

The purpose of this study was to identify current MCH practice and the preferences of pediatric nurses, physicians, respiratory therapists and other healthcare staff with regards to allowing family presence during rounds, invasive procedures and CPR. The revised family presence survey tool was utilized to survey the staff. A total of 371 surveys were returned, a 37% return rate. Data was statistically analyzed. The mean age of the responders was 37 years with an age range from 20 years to 66 years. A total of 82% of the responders were female and 18 percent were male. There is a tremendous amount of diversity reflected in the ethnicity of respondents: Caucasian 40%, Hispanic 37%, African American 6% and other 17% (Caribbean Islands, Jamaica, Bahamas, Haiti, and Trinidad). The distribution of responders by profession is listed below:

Registered Nurse	245	(68%)
Advanced practice	18	(5%)
MD*	54	(13.5%)
Other (SW, CLS, CAs, Clergy)	54	(13.5%)

* Among MD responders, lengthy suggestions and expressions of their perceptions were noted.

Miami Children's Hospital staff who responded has extensive experience: 45% have > 10 years of experience; 16 % have 5-10 years, and 39% < 5 years. Areas of employment included: critical care units 57%, medical/surgical units 32%, other 8% and outpatient 3%.

There is inconsistent practice regarding family member's presence during rounds at Miami Children's Hospital, with 36% of

the responders allowing family presence practice, 39% responders not allowing family presence and 25% not sure whether family practice is allowed.

This holds through as well during CPR. The responses on the current practice portion allow family members during CPR as follows: 62% responded "no," 19% responded "yes," 29% responded they "do not know."

When responders were asked about allowing family members during invasive procedures, 62% responded that we do not allow family members present during invasive procedures, 19% said "yes" they allow and 29% did not know.

Families are partners in the care of each child. The following questions were asked of 371 respondents: Do you think families should be allowed during rounds? Fifty-one % responded "yes," 44% responded "no," and 5% "do not know." Do you think families should be allowed during CPR? Thirty-five % responded "yes," 60% "no" and 5% "do not know." Do you think families should be allowed during invasive procedures? Thirty-two % responded "yes," 60% "no" and 8% "do not know."

Overall, results indicate that not all staff feels comfortable with having families present at all times. The correlations of staff perception of family presence during rounds, invasive procedures and CPR are outlined in figures 1 through 3.

So why is staff hesitant to allow families to be present? These are the three most cited barriers to family presence during rounds:

- Families might become emotionally upset and interfere with care
- Violation of the patient's confidentiality and privacy rights
- Insufficient room at the bedside

Four most-cited barriers to family presence during CPR and invasive procedures:

- Families might become emotionally upset and interfere with care
- Insufficient room at the bedside
- Technical skills will be affected during family presence

Nurses are a catalyst for family-centered care and promoting family presence. The results of this study have provided insight for shifting paradigms in practice with regards to family presence. Transforming to family presence at the bedside (families are not visitors) is not a change project with a start and end date. Nor is it a complete submission to a "the family is always right" philosophy. It is an ongoing process involving significant culture change and



requires time for those involved to learn, digest, question, discuss, experience, experiment, have successes and failures, and slowly integrate family needs into everything surrounding patient and family care. As we continue to explore the reasons for perceptions associated with the above barriers to integrate family presence in our family-centered program, the shift of paradigm may be accomplished by identifying among us champions for family presence. These may be MDs, RNs or anybody with a passion that families are not a threat to healthcare but instead they are our partners.

3 North Nurses Complete APON's Pediatric Chemotherapy and Biotherapy Administration Course

Recently the 3North management team and some staff nurses attended the Association of Pediatric Oncology Nurses' (APON) Pediatric Chemotherapy and Biotherapy Therapy Provider Course. This two-day course was presented at Miami Children's Hospital by APON instructors Michelle Franco MSN, ARNP, CPON, CPN; and Jeannette Garcia RN, BSN, CPON. The course provides a comprehensive review of knowledge required to administer chemotherapeutic agents to pediatric patients. Topics presented included cancer overview, legal and ethical issues, principles of chemotherapy and biotherapy, chemotherapy agents and classifications, safe handling, administration and immediate post-administration issues, toxicity, symptom management, late effects of chemotherapy and psychosocial issues.

The Association of Pediatric Oncology Nurses (APON) provides and promotes expert practice in pediatric hematology/oncology nursing among its more than 2,100 members and the public at large. Miami Children's Hospital is one of the first pediatric institutions in the United States to host this chemotherapy course. For more information about the course and future course offerings, please contact Michelle Franco at (305) 663-8575. For more information about APON, visit www.apon.org.

Figure 1:

Staff perception of family presence during rounds

Variable	P Value	Significance
Age	0.61	
Gender	0.59	
Ethnicity	0.62	
Profession	0.02	Significant
Years of Experience	0.41	
Job status	0.55	
% of direct patient	0.14	
Area	0.49	

Of these variables correlated, staff perception of family presence during rounds, profession is the only statistically significant variable

Figure 2:

Staff perception of family presence during CPR

Variable	P Value	Significance
Age	0.46	
Gender	0.02	Significant
Ethnicity	0.02	Significant
Profession	0.003	Significant
Years of Experience	0.34	
Job status	0.88	
% of direct patient	0.0001	Significant
Area	0.004	Significant

Figure 3:

Staff perception of family presence during invasive procedures

Variable	P Value	Significance
Age	0.13	
Gender	0.01	Significant
Ethnicity	0.08	
Profession	0.004	Significant
Years of Experience	0.15	
Job status	0.14	
% of direct patient	0.008	Significant
Area	0.0042	Significant

Florida International University School of Nursing's Research Day

florida International University School of Nursing is having its annual Nursing Research Day, "Improving Health Care Quality Through Research" on October 21, 2005. The conference will be held at the Radisson Hotel Miami, 1601 Biscayne Boulevard, Miami, Florida.

The keynote speaker is Loretta Sweet Jemmott, van Ameringen Professor in Psychiatric Mental Health Nursing and Co-Director of the Center for Health Disparities Research at University of Pennsylvania. Dr. Jemmott is one of the nation's foremost researchers in the field of HIV/AIDS prevention among African-American adolescents. MCH will have an exhibit booth; so if you would like to serve as a volunteer for the exhibit booth, please contact Patricia R. Messmer, Nurse Researcher, patricia.messmer@mch.com.



MCH Participates in a Day in the Life of Nurse

The Nursing Shortage Consortium - South Florida sponsored the a Day in the Life of a Nurse™ program for high school students on Wednesday April 13. “In Greater Miami alone, about 200 students from 16 high schools participated in the program this year” stated Jackie Gonzalez, RN, Consortium president and Miami Children's Hospital CNO. “Each year this program has grown thanks to the support of our member hospitals and schools of nursing, and our close collaboration with the Miami-Dade County Public Schools”.



This year, the program incorporated curriculum infusion workshops, held at the Schools of Nursing at Miami-Dade College, Florida International University, and the University of Miami, for Miami-Dade County Public School teachers from the areas of language arts, mathematics, science, social sciences, and applied technology. “This has become an important part of the Day in the Life of a Nurse™ program as it prepares the teachers to better support a participating student’s interest in the nursing profession. During these workshops, teacher teams prepare lesson plans related to the career of nursing for infusion into the instructional programs.” explained Natasha Melbourne, RN, the Consortium’s Day in the Life of a Nurse™ program coordinator for Miami-Dade County and Clinical Educator at Miami Children’s Hospital.

MCH employees participated in the 2nd Annual Florida Magnet Research Conference

MCH participated in Florida’s 2nd Annual Magnet Hospital Nursing Research Conference held in Tampa in February. The theme of the conference was “Nursing Research at the Point of Care.” The conference was a huge success with over 300 nurses attending from throughout Florida as well as from as far away as Colorado and the Carolinas.

Bing Wood, ARNP, MSN and Pat Messmer, PhD, RN, BC, FAAN were actively involved in the conference planning committee with other representatives from designated Magnet hospitals across Florida.

Jackie Gonzalez, ARNP, MSN was one of the breakout session speakers. The topic was “An Evidence-Based Approach to Evaluate Staffing Effectiveness.”

Three poster presentations was featured from MCH:

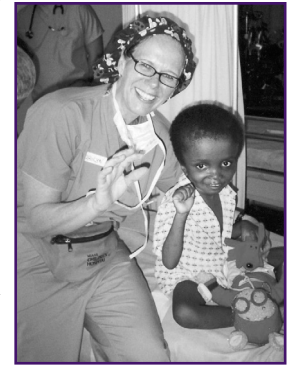
1. “Send in the Clowns: A Nurse Support Program for Graduate Nurses” ; Jane Bragg, RN, MSN, MBA, CNAA, BC, Patricia Messmer, PhD, RN, BC, FAAN, Michelle L. Franco, ARNP, MSN, CPN.
2. Enhancing Nurse Physician Collaboration Using “PAM” Pediatric HPS Patricia R. Messmer, PhD, RN, BC, FAAN; Susana Barroso, RN, BSN & Jackie Gonzalez, ARNP, MSN, CNAA, BC
3. Family Presence during Rounds, Invasive Procedures and Cardiorespiratory Resuscitation: Preference and Practices of Pediatric Nurses, Physician, Respiratory Therapist and other Health Care Staff. Deborah Salani, ARNP, MSN, CPON & Bing Wood, ARNP, MSN

MCH Bringing Hope and Healing to Haiti

Miami Children’s surgical team led by Dr. John Ragheb, MCH Director of Neurosurgery, traveled to Port-au-Prince, Haiti in March, bringing hope and healing to families of children with

hydrocephalus, and leaving a legacy of better healthcare within the tiny island republic.

Working in affiliation with Project Medishore, a non-profit organization dedicated to bringing medical care to Haiti, Dr. Ragheb and his team arrived with surgical equipment and supplies to provide



life-saving intervention for babies with hydrocephalus, a disease that causes cerebrospinal fluid to accumulate in the brain.

Participants from Miami Children’s Hospital included: neurosurgeon Dr. Greg Olavarria, Carolyn Domina, ARNP, MSN, CNOR; Tamika Tipler, RN, Marcia Socorro, OR tech; Suze Newton, OR tech.

During the three-day visit, the team performed endoscopic neurosurgery on 17 children, creating new pathways for fluid drainage within the youngster’s brains and halting the accumulation of fluid. Previously, hydrocephalus went untreated in Haiti, leading to the inevitable disability or death of afflicted children.

The Miami Children’s medical exchange promises lasting benefits for the people of Haiti. During the visit, Dr. Ragheb trained a Haitian neurosurgeon to perform the corrective surgery and supplied him with donated equipment for future interventions.

“Through the extraordinary efforts of Miami Children’s operating room staff and a Jackson



Memorial Hospital anesthesia team, we provided life saving care to children in need. Most importantly, we gave the families hope for a normal life.”



3South Nurses Present At Neuroscience Conference

Congratulations to members of the nursing staff from 3South who were accepted for presentations at the American Association of Neuroscience Nurses (AANN) Annual Conference April 7-11 in Washington DC. These staff nurses represented the Neurology/Neurosurgery Unit and Miami Children's Hospital with two presentations. Cheryl Minick, RN, and Lizette Garcia, LPN, presented on behalf of Ma Jomela Nagal, RN, and Elizabeth Woodman, RN, "The Challenges When Caring for the Pediatric Patient with Extraoperative EEG Monitoring and



Intracranial Electrodes." Lisa Capezzuto, RN; Marcina Manraj, RN; Marina Sepulveda, RN; and Becki Small, RN; presented a poster titled "Nursing Implementation in Brachial Plexus Repair." The nurse's clinical expertise and knowledge in both subjects was superb, and the networking with other neuroscience nurses was a great experience for all who attended the conference. A depth of gratitude is extended to Pat Dean, ARNP, MSN, Clinical Coordinator Epilepsy Program, for assisting and empowering the nurses to be a part of this great conference.



N U R S I N G N E W S

CERTIFICATIONS

The following members of the nursing team completed their CPN certification:

Farrah Chutkan	Sofia Morales
Kety Mareus passed the CPN Certification Pediatric Exam	Chantelle Mouttet
Heather Miller	Sue Villanueva
Mia Cervantes	Vicky Gimon
Vicky Gonzalez	Aimee Richardson
	Lisa Martinez, RN

Gay Folsom, RN, received the ANCC Pediatric Certification

ANNOUNCEMENTS

Jane Bragg, RN, MSN, MBA, and **Pat Messmer, PhD, RN, BC, FAAN**, have been accepted from Sigma Theta Tau's 16th International Nursing Research Congress.

Solfia Torre, RN, was awarded the manager's position in the Dialysis Unit

3 North started a local South Florida Chapter of the Association of Pediatric Oncology Nurses. **Jeannette Garcia, RN**, Manager; and **Lauri Metz, RN**, Manager worked very hard on this.

Maria Fernandez, MSN, ARNP, has been elected President, of the Florida Chapter, ASTNA – Air Surface Transport Nurses Association.

Maryann Henry, RN, MSN, has successfully completed her healthcare risk manager license exam. She has also assumed the role of Secretary for the Sigma Theta Tau-Pi Alpha Chapter at Florida International University.

Bing Wood, RN, MSN, ARNP, has been chosen President of the Sigma Theta Tau-Pi Alpha Chapter at Florida International University.

GRADUATION

The following have received their master's in nursing degrees:

Mio Cervantes	Anna Plelelgra
Chantelle Mouttet	Sue Villanueva

PUBLICATIONS

Jill Tahmoore has been notified that "Testing Three Treatment Modalities for Pain Management in the Postoperative Appendectomy Pediatric Patient" will be published in the *Journal for Specialists in Pediatric Nursing*.

NEW HIRES

Sandra Amador 11/08 RN 1
Dana Casciato 11/8 RN2
Madonna Cruz-TCA 1/15

Pursuit of Excellence is produced quarterly by the Marketing Department for the Nursing Staff of Miami Children's Hospital

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"It is not bad handwriting. It's specifically encrypted for patient confidentiality and can only be viewed with these special glasses."

Nurses Week Schedule Of Events

"Nurses: Many Roles, One Profession" is the theme for Nurse's Week to be held May 6-12. Miami Children's has scheduled the following activities to honor nurses during this special week.

Friday, May 6

Nurse's Week Excellence Awards Ceremony, 2 pm. to 5 p.m., the auditorium. Appetizers will be served and raffles will be held.

Saturday, May 7

Dinner Celebration, 6 p.m. to 9 p.m., conference rooms A and B in the auditorium

Tuesday, May 10

Breakfast Celebration, 8 a.m. to 10:30 a.m., the Research Building Atrium.

Thursday, May 12

Lunch Celebration, featuring Magnet highlights, 11:30 a.m. to 2 p.m. in the Research Building Atrium



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