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PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

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Nurses Come Together to Promote Family-Centered Care

By Jane Salvaggio, MSN, ARNP

with contributions from Diana Arias, Michelle Badali, Leslie Brannon, Denise Jorge, Lisa Sosa, Carla Trueba, Luisa Angel and Mary Ernst

Miami Children's Hospital has embraced the philosophy of family-centered care and declared its importance in our mission statement. A team of nurses in the Cardiac Care Center decided to create a Family-Centered Care Committee to promote and facilitate these principles. The team first reviewed the nursing literature to gain a more in depth understanding of the concepts. The nurses began by addressing the needs of the family when a loved one is in the critical care unit.

The need for information:

One of the team's first steps was to review the welcome folders given to parents in the Cardiac Care Center. It was vital to assure the accuracy of information about the hospital, unit, community, and congenital heart disease. Special programs and resources were also included. The team then reviewed the unit brochure given to families in order to be sure that all of the information was current, easy to understand, and welcoming. The brochure was printed in English and Spanish, the two languages of our community's largest cultural groups. The highlights of this information were posted in the family waiting room. Parents were given an ID "code" to ensure confidentiality and parental permission for the release of information when calls were received in the unit.

The need for reassurance and support:

The Cardiac Care Center has a dedicated social worker and Child Life specialist, as well as a chaplain and psychiatric services available to families. The team chose to focus on end-of-life support in order to exemplify the Family-Centered Care philosophy mentioned in the hospital's mission statement. The team found keepsake boxes for families to store their mementos, and provided supplies to the staff so they could offer photographs and footprints of the babies to the parents. Grief counseling information was added to the boxes as a resource for families after they have left our unit.

The need to be with the child in the ICU:

Visiting guidelines were evaluated and written to allow almost unlimited visitation. Families, nurses and physicians all had input into what they thought would work best. The team made sure the wording was open to special situations. The guidelines were visibly posted throughout the unit and printed on the unit brochures. Although no formal policy is in place, family presence during codes is now being encouraged, based on family's requests and evidence in the literature. A nurse takes the role of communicator with the family member to explain and/or clarify what is transpiring during the code and transitions to a support person during the grieving process, when necessary.

Nurse Leader



In the Spotlight

Kimberly Hunter

Education:

Graduated from University of North Carolina with a BSN (1984) and MSN (1987). Earned MBA from University of Tennessee (1993)

Work Experience:

1984-91 – Staff Educator and Nurse, East Tennessee Children's Hospital, Knoxville, TN

1987-91 – Assistant Professor of Nursing, University of Tennessee, Knoxville

1992-93 – Practice Management Consultant, FIS Associates, Knoxville

1994-95 – Client Manager-Physician Practices, Medaphis Physician Services Corp., Knoxville
1995-96 – Healthcare Consultant, Coastal Physician Group, Durham, NC

1996-98 – HMO Plan Manager, Principal Health Care of the Carolinas, Raleigh, NC

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Lippincott Nursing & Health Professions Collection



Nurse Leader



In the Spotlight

1998-99 – Senior Management Consultant, Management Directions of North Carolina, Chapel Hill

1999-2004 – Senior Systems Engineer and Operations Administrator, Mayo Clinic Scottsdale, AZ

2004-Present – Director of Nursing Operations and Clinical Information, MCH

“I have worked 21 years in healthcare. My first job out of college was working as a staff nurse on an infant/toddler unit at a children’s hospital. Since 1993, I have worked on the business side of health care.”

Publications:

“Pain in Toddlers: Nurses’ Assessments and Interventions” in Research in Pain and Therapy, Raven Press, NY. (1990)
“Sickle Cell Anemia: A Case Study” in Basic Pathophysiology, Mosby, New York (1990).

Family:

Husband, Gary is an assistant professor at FIU; son Josh is 6.

Awards:

1991 Commonwealth Fund Executive Nurse Fellow, one of 25 nurses selected nationwide. Beta Gamma Sigma Honor Society, Sigma Theta Tau International Honor Society



From the Desk of Jackie Gonzalez

The past few weeks of hurricane watching, preparation and relief efforts have elicited a flurry of emotions, including feelings of helplessness, sadness, worry and hope as we have watched the devastation that has befallen our neighboring states. The challenges we faced following Hurricane Katrina are so small in comparison. I am extremely proud of our MCH employees. So many of you demonstrated generosity of spirit by extending assistance and opening your hearts

to our neighbors in Louisiana and Mississippi. The MCH LifeFlight® team, working tirelessly and with courage on our behalf, enabling our hospital to come together, reaching out in a very dramatic way to fulfill our collective desire to assist storm torn regions.

The LifeFlight® team mobilized quickly on August 31st to respond to the call to evacuate patients from our sister free-standing children’s hospital, Children’s Hospital of New Orleans. There was tremendous teamwork not only in New Orleans, but at home here, as the other team members who remained behind worked diligently to assure that the needs of the children of our region were served. LifeFlight® was able to evacuate the last two critically ill neonates from New Orleans Children’s Hospital, as their hospital waited to evacuate and close. Two teams assisted in air evacuation and transport of approximately 24 patients out of New Orleans hospital facilities. They coordinated their efforts with colleagues from Texas Children’s Hospital, Mercy Kansas City Children’s Hospital, Children’s Hospital of Alabama, Arkansas Children’s Hospital and Dallas Children’s Hospital. They returned from this extremely difficult mission on September 3rd and were warmly welcomed home by MCH employees.

Simultaneously, MCH was invited to participate in partnership with the Miami Veteran’s Administration (VA) Hospital to possibly receive patient evacuees from the New Orleans region. Within 24 hours, MCH joined with the VA, the American Red Cross and the Coast Guard as a part of the National Disaster Medical System (NDMS) and prepared to receive patients who were en route from New Orleans. On Saturday, September 3rd, at the Opa Locka Airport Coast Guard hangar, several MCH employees volunteered as a part of this Disaster Response team to triage patients who were evacuated and were in need of medical care and shelter. When the C-130 transport plane landed and the doors opened, everyone in the entire hangar was completely silenced by the gravity of the situation. Thirty-seven patients, many of whom were critically ill, and evacuees left the airplane, seven of them children. MCH received all of the children who were admitted as patients and the MCH family quickly began to assist them in their new surroundings.

Other members of the MCH family have also been active in relief efforts. Joann Wiacek, RN, Nurse Manager from the Emergency Department was deployed to Mississippi as a part of the Disaster Medical Assistance Team (DMAT). She spent several weeks there taking care of patients who were in great despair and with significant illnesses and injuries. While there she ran across a mom whose child was hospitalized at MCH several years ago, and talked with her about her fond memories of the hospital and the care her child received here. She returned to MCH, only to be deployed once again to Texas prior to Hurricane Rita’s arrival.

Throughout this time, our staff also experienced preparations for Hurricanes Katrina and Rita, which required commitment on the part of everyone. Thanks to all of you and our families for your cooperation and dedication during this time. And thanks for your patience as the wonderful team from Plant Operations worked round the clock to restore the chillers for air conditioning.

The resilience of the families that we have seen that have come here to our doors are also a reminder of our own resilience in difficult times. The great generosity of spirit and the heartfelt care that you have extended not only to these families but to each other is what continues to make MCH the place that it is. All of these reasons are what distinguish MCH’s excellence and are a wonderful testament as to why I choose to work here. I am extremely proud of the MCH team!

Sincerely,

Jackie Gonzalez, ARNP, MSN
Senior Vice President / Chief Nursing Officer



continued from page 1

Family-Centered Care

The need to have a place to sleep near the child:

The Cardiac Care Center had a room for parents to sleep, but this was no longer meeting our families' needs. The team invited several family members to our meetings to discuss how we might make this room more "family friendly." A phased sleep room revision was planned and we began a fund-raising initiative. The team made and sold badge holders, jewelry, T-shirts and organized a "Family Fun Day." An interior designer was hired to coordinate the purchase of furniture and accessories to make our room feel "more like a second home." More than \$25,000 was raised and the grand opening of the newly designed room was held on March 18. These are just a few examples of how MCH's nurses are striving to facilitate the principles of Family-Centered Care. The Cardiac Care Center's Family-Centered Care Committee, with the support of the entire staff, will continue in its efforts to meet the needs of the patients and families that we serve.

Connie Fischman Recognized at Nursing Spectrum Event

Connie Fischman, RN, BSN, was a finalist for Nursing Spectrum's 2005 Nursing Excellence Award. She was nominated by her colleagues in the category of Mentorship. Connie was recognized for providing a positive influence, guidance and support to the nurses on her unit.



Attending the Nursing Spectrum event were (1st row, left to right) Connie Fischman; Denise Jorge, RN; Ingrid Gonzalez, CNS; Lisa Sosa. Back Row: Jeff Fischman, Mary Ernst, RN, Maytee Gonzalez, RN; and Richard Martinez, RN

Planning Meetings with the Architects Featuring NICU



Representatives of HKS Architects met recently with NICU staff to share ideas as part of the design process for the planned new NICU unit.



Also attending were (left to right) Jackie Gonzalez, MSN, ARNP, Senior Vice President and Chief Nursing Officer; Carol Cupido-Hylton, RN, and her daughter. Back row: Marcina Maraj, RN; Elizabeth Padilla, RN; and Anna Diaz, RN, and Martha Tanos, CA.



The entire MCH entourage at the Nursing Spectrum event.



National Survey Shows Nurses Think Patient Safety is Improving

A recent national nursing study indicates that technology is contributing to greater patient safety in hospitals.

The 2005 Survey of Frontline Nurses' Perception of the State of Patient Safety," sponsored by McKesson and conducted by Harris Interactive, found that 72 percent of frontline registered nurses believe medication safety in hospitals has improved over the past five years.

However, 94 percent of respondents have seen serious medication errors within that same time frame, indicating that much work remains to improve safety in the nation's hospitals.

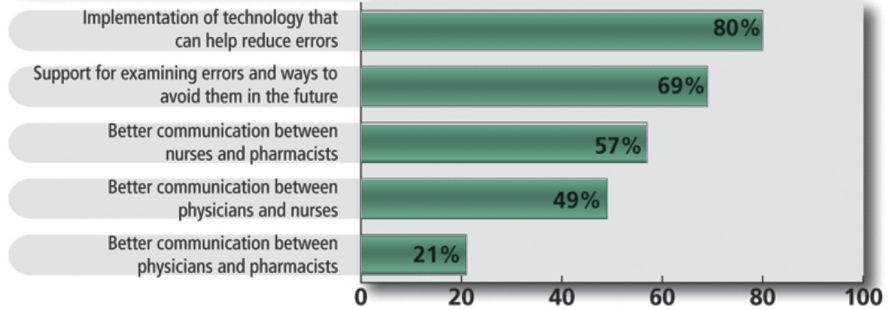
Other key findings from the survey include a limited use of information technology among frontline nurses. Less than half (43 percent) of nurses said they have used online documentation tools at a nursing station. Only 32 percent have used these tools at the point of care.

Automated cabinets are by far the most commonly used technology, cited by 70 percent of nurses. However, bar-code medication administration tools are used by only 23 percent of nurses to check for the "five rights," right patient, right drug, right dose, right time and right route.

By far the greatest barrier to improving patient safety in hospitals is the nursing shortage, cited by 71 percent of frontline nurses.

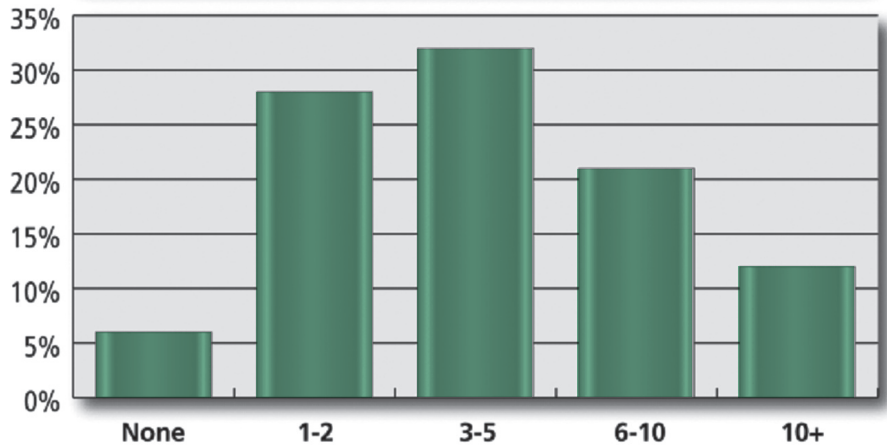
Nearly all respondents (96 percent) believe an electronic health record will have a positive impact on patient safety in hospitals.

If you feel medication safety is better in your hospital than five years ago, which of the following are reasons for this improvement?



(National Survey Findings)

How many serious medication errors have you witnessed within the last five years?



Hot Topics in the Tropics

By Amanda Ranft, MSN, ARNP

Hot Topics in the Tropics IX," a local neonatal nursing conference sponsored by the Southeast Florida Association of Neonatal Nurses, was held recently in Fort Lauderdale. **Dr. Leopaldo Malvezzi** from the MCH surgical team spoke about the complications of necrotizing enterocolitis (NEC) for premature babies.

Neonatologist **Dr. Pablo Valencia** spoke about the management of neonatal hypoglycemia and plastic surgeon **Dr. Ibrahim Amjad** spoke regarding skin care in neonates and the prevention/treatment of IV infiltration in this "at risk" population. Kudos to **Pat Wilson, RNC** and **Debra Langer, RN** of the NICU for their role in coordinating this two-day event!

3 South Grand Rounds: Collaboration

By Marina Sepulveda, RN

Neurology and neurosurgery took center stage on June 3 when 3 South held its first in-house Grand Rounds. The six-hour presentation covered an extensive curriculum relating to our neurological and neurosurgical patients.

Pat Dean, ARNP, of the Division of Neurology, outlined the different types

of seizure disorders that affect our patients, as well as the most common seizure medications and their side effects. Pilar Genaro ARNP, discussed the 10 cranial nerves and their physiological and neurological presentations. She also talked about the ketogenic diet and how MCH is using it effectively for patients with seizure disorders. Maria Penate, RN, Neurosurgery, covered nursing management issues when caring for patients with laminectomy, rhizotomy, and craniostomy.

With the collaboration of the Pathology Department, Steven Melnick, MD, and Amilcar Castellano, MD, the nursing staff

was able to see a dissected brain and go over its anatomy and physiology. For the staff, especially our new nurses, this was a very productive learning experience.

Our goal is to increase our nurses' knowledge and awareness, and keep everyone updated on the latest treatment modalities to better serve our neurological/neurosurgical patient population.



Dr. Amilcar Castellano, right, during 3 South in-house Grand Rounds.



Back-to-School Event Helps Uninsured Homestead Children

By Gloria Galdamez, ARNP

Open Door Health Center (ODHC), a clinic for the poor and uninsured located in Homestead, celebrated its annual back-to-school event on Saturday, August 6.

Dr. Nilda Soto, Medical Director, other staff members, representatives of the Health Department, health care provider volunteers, and other volunteers participated at the event.



Children attending the event were able to receive physical examinations, immunizations, hearing and vision screenings and kidney screenings. In addition, back packs with school supplies were distributed and volunteers supervised a number of games for the children to enjoy. Many uninsured children and their families benefit from this event.

As a volunteer at ODHC, taking part in this event gives me a great deal of personal satisfaction. I feel that we are truly making a difference. There are many uninsured children in the State of Florida who need health care. Participating at the event, performing physical examinations and assisting the staff clinic with other various activities, such as translating, completing forms, and others, is a very gratifying experience.



This event was successful in helping many children get ready to start the new school year. Their parents were very grateful for our assistance, since they do not have the financial resources to pay for this invaluable service.



N U R S I N G

N E W S

ANNOUNCEMENTS

Pat Messmer, PhD, RN, BC, FAAN, took part in an expert panel in the Hawaii Research Congress in July.

Sandya Rigau, 3 East manager, received the award for Nurse of the Year given by MCH residents.

Connie Chan, Jill Tahmooressi, and Javier Hernandez were the Mentors of the Month of June.

Sarah Taylor, RN, 3 North, achieved National Certification in Pediatric Oncology Nursing.

Jane Bragg, MSN, ARNP, won the State FNA Outstanding Nurse Administrator Award

Connie Fischman, RN, was a finalist for the Nursing Spectrum Excellence Award for Mentoring.

The following Nursing leaders were honored by District V with the SFONE Award:

Registered Nurse Practice Award – **Kristeen M. Roberts, RN, MSN, CPN**

Community Action Award – **Carolyn W. Domina, ARNP, MSN, CNOR**

Nursing Student Liaison Award – **Dania S. Vazquez, ARNP, MSN**

Advanced Practice Award – **Lisa M. Burton, ARNP, MSN, CS, BC**

Communications – Media Award – **Natasha H. Melbourne, ARNP, MSN, C,BC**

Sheri Allyne, Research

Alina Alvarez, Research

Pat Bower, ER

Suzy Carr, Tech Support

Grace Copeland, Volunteer Services

Paola Franco, Food and Nutrition

Edwin Garcia, ER

Brian Hannigan, Preventive Med.

Jasmin Jarquin, Patient Financial Serv.

Michele Molina, Food and Nutrition

Maria Morales-Ojeda, 2 East

Isabel Perez, ER

Pharmacy Techs, Pharmacy

Hilda Santock, Research

Barbara Soliman, Preventive Med.

Garfield Watson, Pulmonary Dept.

APRIL/MAY MENTORS

PUBLICATIONS

Ma Jomela Naga presented “The JCAHO Experience from the Staff Perspective” at WorldCiti Medical Center in the Philippines.

Joann Nieves, MSN, ANRP; Luisa Angel, RN; Michelle Badali, RN; Maytee Gonza, RN; and Julissa Jimenez, RN, presented their abstract, “Single Ventricle Nursing Care: Variations in Practice and Potential Solutions for Management,” at the fourth World Congress of Pediatric Cardiology and Cardiac Surgery in Buenos Aires, Argentina in September.

Deborah Hill Rodriguez, MSN, ARNP, CS, BC, submitted an abstract “Certification – to Be or Not to Be?” that has been selected as a paper presentation at Florida International University School of Nursing’s Annual Research conference, “Improving Health Care Quality Through Research.”

Renewal of Florida Licenses

By *Patricia R. Messmer, PhD, RN, C,BC, FAAN*



Effective January 1, 2006, all Registered Nurses (RNs) in Florida will be audited for continuing education (it is now random) via CE Broker (www.cebroker.com) in accordance with Florida Statute 456.025. The CE Broker system is the Florida Department of Health continuing education tracking database.

Your continuing education hours are recorded and MCH is a subscriber; therefore all your courses with the CE Broker system are tracked. However if you have taken courses outside of CE Broker, you must keep a copy if you do not have all 25 hours per CE broker as required.

All Florida-licensed RNs and LPNs are now in a 24-month renewal cycle and must complete 25 hours of appropriate continuing education during each renewal period. One contact hour is required for each calendar month of the licensure cycle, including one hour on HIV/AIDS, two hours on Prevention of Medical Errors, plus one hour of Domestic Violence. The HIV/AIDS, Domestic Violence, and Prevention of Medical Errors courses must be from a Florida-approved provider. In lieu of completing courses in HIV/AIDS education or Domestic Violence, a licensee may complete a course in end-of-life care or palliative health care.

A registered nurse who also holds a current Advanced Registered Nurse Practitioner certificate may satisfy the continuing education requirements for both licenses by completing appropriate courses for a registered nurse, or may satisfy up to 50 percent of the requirement by completing continuing medical education coursework.



LifeFlight® Land Survival Training – Two Days in the Everglades

By Maria Fernandez, MSN, ARNP, MSN, CMTE

Miami Children’s Hospital’s LifeFlight® program is committed to the safety of our patients, families and crew. One of the yearly events required by all staff is attendance at the “Land Survival Course.”

Usually when you think of an educational course, the first thing that comes to mind is sitting in an air-conditioned room with a pen and pad. Well, that’s definitely not the case here! Our course is held in the Everglades, miles and miles into “no man’s land.” That’s because this course is designed to strengthen the flight team’s knowledge of skills that may be required in the event of an emergency or forced landing. The skills that are taught in this course will ensure the safety, health and survival of the crew, the patient and the family.

A few of the topics covered in this unique training exercise include:

- Mental attitudes needed in order to survive
- Physiological and emotional signs, feelings and body needs
- Identification of parts of the helicopter to use for survival
- Ways to obtain food, water, fire and shelter from the environment
- Ways to navigate in unfamiliar areas
- How to use compass, maps, and global positions systems (GPS)
- Identification of dangerous animals, such as snakes, insects

This two-day course is usually held in February when the weather will cooperate with us and the mosquitoes are not as bad. We start by driving at least 20 miles into the Everglades, then we hike for another three miles further into the marsh. The hike would not be so bad, if we all didn’t have to slog through water up to our hips. We do get to enjoy the beauty of nature, such as the wading birds, alligators, snakes, panthers, raccoons, and much more.

When we arrive at the camp area, we set up our tents, get settled in (find the tree that you want to use as the rest room), and the course begins. Although, this takes us into the night time, our instructor does not let us rest. Instead, we have to navigate through the night with our compass, the moon and the stars. We stay overnight and by morning we pack our supplies and head back to civilization.

We are very honored to have **Eric Linfors, EMT-P**, to provide us with this course. He has many years of experience in the wilderness, and we thank him for his expert guidance.

Lippincott Nursing & Health Professions Collection

Thanks to Roumiana Katzarkov, Director of the Medical Library, the library has increased the nursing collection of online journals. Nurses can now access the full text of any article from the collection listed online. Pediatric Nursing and the Journal of Pediatric Nursing are now available in the library, as well as other specialty journals, including:

- AACN: Clinical Issues*
- Advances in Nursing Science*
- Advances in Skin and Wound Care*
- American Journal of Nursing*
- Cancer Nursing*
- CIN: Computers, Informatics, Nursing*
- Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*
- Critical Care Nursing Quarterly*
- Gastroenterology Nursing*
- Holistic Nursing Practice*
- Infants & Young Children*
- JONA: The Journal of Nursing Administration*
- Journal for Nurses n Staff Development (JNSD)*
- Journal of Behavioral Health Services & Research*
- Journal of Hospice & Palliative Care Nursing*
- Journal of Nursing Care Quality*
- Journal of Patient Safety*
- Journal of Perinatal & Neonatal Nursing*
- LPN 2005*
- MCH, The American Journal of Maternal/Child Nursing*
- Nurse Educator*
- Nurse Practitioner*
- Nursing Administration Quarterly*
- Nursing Management*
- Nursing Research*
- Orthopedic Nursing*
- Plastic Surgical Nursing*

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From the main screen...

click on News/Updates...

then double-click on Nursing News.

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"No, I don't have a decal yet. I just started driving this when the price of gas hit \$2.20 a gallon."

Food For The Soul

Food for the Soul is a regular feature of the Pursuit of Excellence newsletter. MCH nurses share favorite recipes such as this one provided by Marie Prophete, RN

OXTAIL IN LIMA BEANS WITH WHITE RICE

Ingredients:

- 1 family pack of oxtail
- 2 cans of lima beans
- 1 onion
- 1 bell pepper
- Hot pepper or hot sauce to taste
- White rice
- Tomato paste
- Olive Oil

Directions:

- Marinate oxtail to taste. Place in pressure cooker for 7 to 8 minutes (when it starts boiling), remove from heat and let cool.
- Place a pot on stove at medium heat, add 2 tbs. of olive oil, 2 tbs. of tomato paste and oxtail, stir slowly.
- Take 1 can of lima beans and add to oxtail. Drain the other can of beans and add to pot. Let it simmer, then add bell pepper, onion, hot sauce or hot pepper to taste.
- Cook white rice to taste.



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