



**MIAMI  
CHILDREN'S  
HOSPITAL®**

*We're here for the children*

**Nurse Leader**



**In the Spotlight**

**Dania Vazquez**

**Education:**

- MSN (1999) - Florida International University  
Pediatric Nurse Practitioner
- BSN (1987) - University of Miami, Miami, Florida
- ADN (1977) - East Los Angeles College

**Work Experience:**

- Began her nursing career at MCH in 1980
- 2005 – Present: Pediatric Nurse Practitioner and Clinical Nurse Specialist in Psychiatry inpatient unit. Performs history and physicals for the admissions of patients. Treats medical conditions of patients in collaboration with the psychiatry attending physicians.
- 2003 - Present: Pediatric Clinical Instructor, Adjunct Faculty; Florida International University
- 2003 – 2005: Pediatric Clinical Instructor, Adjunct Faculty; University Of Miami
- 2003 - 2005: Clinical Nurse Specialist, Neurology and Respiratory Units; Miami Children Hospital

# PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

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## Miami Children's Hospital Mentorship Program

*By Leslie Abascal, RN*

**I**n effort to provide support to new nurses, Miami Children's Hospital is designing a one-year mentorship program for the new nurse. The program is an opportunity for new graduates to enhance their critical thinking skills and personal development. Graduates will



have the opportunity to receive personalized support through a one-to-one exchange with a senior nurse who has volunteered to serve as a mentor. Mentoring can provide many benefits, such as bringing together theory and nursing practice, guidance, career development and increasing self esteem. A mentor is a person who embodies the characteristics that you admire, and is willing to help you develop those characteristics yourself, so you can achieve your goals and ambitions. It occurs through active communication. A mentor shows a strong commitment to the profession.



A mentor is willing to be a role model and advocate. The mentor will be able to provide career guidance, advice and leadership for beginning nurses who often find the transition

to an actual hospital environment to be challenging and stressful. Each new nurse will be carefully matched with an experienced senior nurse. Each new nurse, or mentee, is encouraged to communicate concerns, problems, and/or specific goals or career paths he or she wants to accomplish in the future. Each mentor and mentee is then encouraged to agree on methods and ways to communicate, talk on the phone or email each other on a regular basis. The mentor and mentee will provide documentation quarterly to the Recruitment and Retention committee so that the success of the program can be tracked.



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Nurse Leader



In the Spotlight

- 2001 – 2003: Pulmonology Pediatric Nurse Practitioner
- 2000 – 2001: Manager GI LAB, Pediatric Nurse Practitioner; Miami Children’s Hospital
- 1997- 2000: Manager Infusion Unit, Hem/Onc Unit.; MCH
- 1983 – 1990: Worked in various positions at MCH, including Hem/Onc unit and clinic and Gastroenterology Department. First role at MCH was as a staff nurse in the float pool.

**Quote:**

“My passion for nursing has motivated me to learn and work in different sub-specialties and roles. After 20 years in nursing I went back to school to get my MSN and become a Pediatric Nurse Practitioner. Throughout my years at MCH, I have collaborated with the Staff and Community Education Department for the education of hospital-wide nursing staff, and have been a speaker in multiple lecture presentations.”

**Publications:**

- 2005 - Collaborated with the article, A Collaborative Approach to Expand Clinical Experiences and Cultural Awareness with Undergraduate Nursing Students, published in the *Journal of Professional Nursing* 21(4), 240-243.
- 2005 - Q&A Section in the journal *Advance for Nurses* (5)
- 2004 - Pediatric Emergencies in the journal *Advance for Nurses*
- 2002 - Collaborated with the article published in the *Clinical Journal of Oncology Nursing* on The ABCs of Low Blood Cell Count, (2002).

**Family:**

Husband, Santiago and three children, Eric 22, Janell 18, and Brian, 13



**From the Desk of Jackie Gonzalez**

Dear Nursing Team:

In June and July of this year, I talked with many of you about ways to improve service to the families we serve and to enhance the work environment. The following are top concerns expressed by all shifts and departments as well updates on

actions taken to improve: (All issues have been discussed with the appropriate director or vice president.)

1. General cleanliness - (including garbage pick up) and delays in the admission/discharge process. **ACTIONS:** Kathleen Spence, Manager (3 North) and Pat Wilson, Manager (NICU) met with Environmental Services to assist in improving our processes. An additional round of garbage pick-up will be conducted on the night shift, particularly when the hospital is at Code Bed. A discharge team has been added to the Environmental Services staff during peak periods to admission/discharge cleaning.
2. Computers - down time and availability of Help Desk **ACTIONS:** The Spectralink server and phones have been upgraded and should yield more reliability. To improve wireless connectivity, Bell South is completing a walk-through survey of the entire campus to identify ways to improve coverage and reliability and plan for future additions. In 2007, the campus will be completely wireless, not just in patient care areas. All units have been evaluated and monitors replaced. New PCs are being upgraded and given full functionality for all applications to all the patient care areas. The Help Desk is adding approximately 72 additional hours per week of staff time for assistance.
3. Supplies – inadequate supplies particularly on weekends and when products are not available, no communication mechanism until the need for them arises. **ACTIONS:** A supply performance improvement team has been developed to focus on these areas. The issue of outages of washcloths should be solved as washcloth replenishing was transferred from Environmental to Materials Services.

I had the good fortune to attend my last meeting as a member of the Education Council of the National Association of Children’s Hospitals and Related Institutions (NACHRI) in Boston, Massachusetts. I had such great pride as I walked around the exhibit area to see Miami Children’s Hospital was listed as being a member of the Emergency Department and PICU focus groups charged with improving patient care. I also walked by a poster submitted by Patricia Messmer that was among 39 others selected from over 150 entries. This is just one example of the great work being done by our nursing staff. Thanks for all you do!

“The secret of joy in work is contained in one word - excellence. To know how to do something well is to enjoy it.” *Pearl Buck (1892 - 1973), The Joy of Children, 1964*

Sincerely,

**Jackie Gonzalez, ARNP, MSN, CNA, BC, FAAN**  
Senior Vice President / Chief Nursing Officer

**E.D. Team At Nurses Association Event**

By Don Mitchell, BSN, BA, RN, CEN

Several staff members from the Miami Children’s Hospital Emergency Department were recently sponsored by the hospital to attend the Emergency Nurses’ Association annual Scientific Assembly in San Antonio, Texas on September 14-16. Attending were Debbie Salani (Director), Isabel Perez (Manager), Marie Prophete (Manager), Don Mitchell (Clinical Educator), and Amy Hollifield (Staff RN). Additionally attending were ENA veterans Beth Ramey (Sim Lab Coordi-



nator), Cindy Garlesky (Pain Service), and Rachel Philotas (PALS Coordinator). Many timely topics were presented, from ER best practices, to severe sepsis practice management, to assessing suicidality in ER patients, to conducting and applying research in the emergency department setting, and more. In addition to the many lectures were supplemental educational offerings such as research posters, and an archive of recorded and printed clinical material for review and continuing education.



# Know the Forces: Magnet Forces 3, 4 and 5

Magnet Forces 1 and 2 were discussed in the previous issue.

## Force 3- Management Style

The organization and nursing administrators use a participative management style, incorporating feedback from staff at all levels of the organization. Feedback is characterized as encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

- 1) The CNO is visionary and influences others toward the achievement of goals through open communication and intellectual stimulation.
- 2) There is effective horizontal and vertical communication between nurses throughout the organization.
- 3) There is visibility and accessibility of nurse leaders.

## Force 4- Personnel Policies and Programs

Salaries and benefits are characterized as competitive. Rotation shifts are minimized, and creative, flexible staffing models are used. Personnel policies are created with staff involvement, and significant administrative and clinical promotional opportunities exist.

- 1) The performance appraisal process for all nurses is goal oriented and is linked to professional standards of practice and career development.
- 2) There are workplace advocacy policies and procedures that reflect safeguards for employee rights and a safe and healthy work environment.
- 3) The staffing system adapts and flexes to internal and external factors such as staff illness, unanticipated shifts in workload, and so forth.

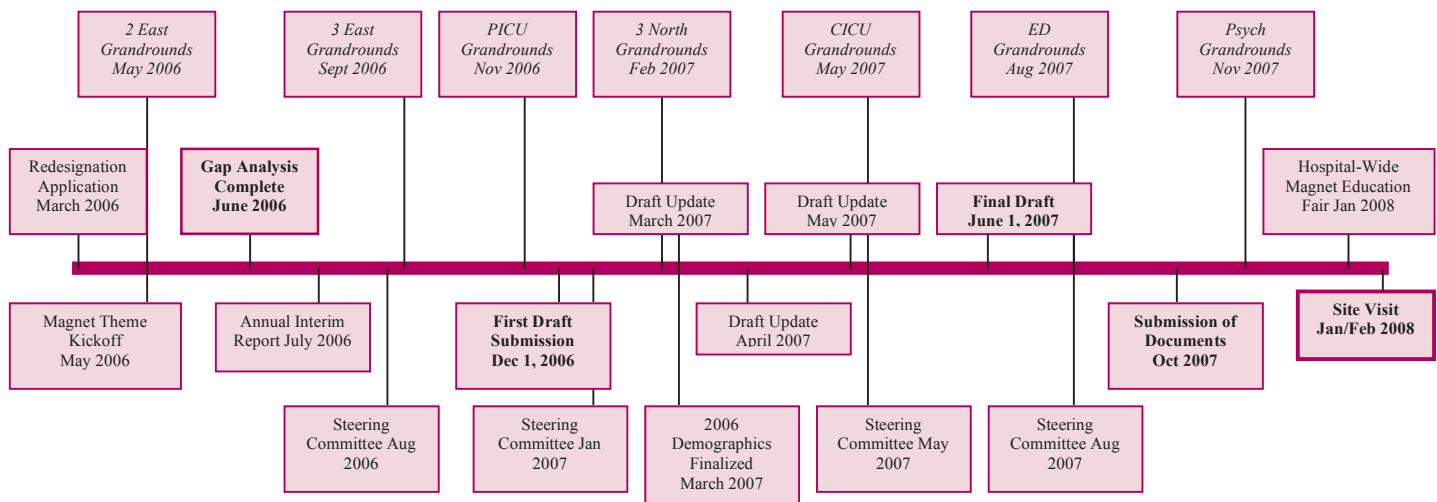
- 4) Strategic nursing recruitment and retention programs exist that involve direct care nurses and show evidence of professional practice opportunities.
- 5) There is collaboration between nursing, finance, and human resources.
- 6) Personnel policies support career development and advancement.
- 7) Formal, informal, regular and ongoing performance appraisal processes are evident and include self appraisal and peer review. A 360 degree appraisal process is used as appropriate.

## Force 5- Professional Models of Care

Models of care are used that give nurses the responsibility and authority for the provision of patient care. Nurses are accountable for their own practice and are the coordinators of care.

- 1) Care delivery models define and promote the professional role of the registered nurse, including accountability for one's own practice and the continuity of care.
- 2) Care delivery model(s) incorporates evidence based practice and contemporary management concepts and theory.
- 3) There is adaptation to regulatory considerations relating to care delivery models.
- 4) The staffing system incorporates patient needs, staff member skill sets and staff mix.

## 2006-2008 Magnet Timeline







# Practice Update

By Debbie Hill Rodriguez, MSN, ARNP; Carla Trueba, RN, MSN, CPN

## Tubing Misconnection Risk Reduction Strategies

- Always trace tube or catheter from the patient to the point of origin before connecting any new device or infusion.
- Recheck connections and trace all tubing to sources upon the patient's arrival after being transferred to a new setting or service as part of the hand off process.
- Route tubes and catheters having different purposes in different directions when appropriate such as sedated/chemically paralyzed children and neonates:
  - IV lines routed toward the head
  - Enteric lines toward the feet
- Label high risk catheters (examples- epidural, external ventriculostomy, intrathecal or arterial) and do not use catheters that have injection ports for these lines.
- Never use a standard Luer Lock syringe for oral/enteric medications or feedings.
- Inform non-clinical staff, patients and families that they must get help from clinical staff whenever there is a real or perceived need to connect or disconnect devices or infusions.

## References:

JCAHO. (2006). Tubing misconnections- A persistent and potentially deadly occurrence. [Joint Commission \(36\)](#).

## Policies Updated:

- Central Venous Line Set-up and Tubing Change
- Central Venous Line, Administering Intermittent Medication through a Heplock
- CritiCore Fluid Output and Temperature Monitor
- Epidural Catheter Management
- Epidural Patient Controlled Analgesia
- Feeding Pump- Continuous Enteral Feedings
- Foley Catheter Care
- Gastric Lavage Solution
- Gastric Suction- Intermittent
- Gastrostomy- Tube changing, site care and feeding
- Intrarenal Pelvic Pressure Monitoring
- IV Implantable Device- Accessing Discontinuing and Dressing Needle Change
- Scalp Vein- Peripheral IV
- Assisting with Placement of External Jugular IV
- Medsystem Multi-Channel Infusion Pump
- Nasoduodenal Feeding Tube Insertion
- Nasogastric Tubes; Insertion and care for drainage or feeding
- Care of Neurosurgical patient
- Cardiac- Care of the patient with an indwelling pericardial drain
- Peripherally Inserted Central Catheters and Midline Catheters
- Placement of neonatal Neo PICC
- Pressure Monitoring
- Urinary Catheter
- Vital Signs- Routine

## Placement Confirmation of Nasogastric/Oralgastric and Nasoduodenal Tubes

### Naso/Oralgastric (NG/OG) Tube Placement Confirmation

- Initial NG/OG tube placement, an X-ray is recommended to confirm proper placement before initiation of feedings. (Although X-ray is the Gold Standard, cost and radiographic exposure preclude routine use in practice.)
- When to check placement when an X-ray is not obtained
  - Initial insertion
  - Intermittent Bolus or cycle feedings- prior to feeds and medication administration
  - Continuous feedings- check placement with the initiation of feeds and once a shift. Turn off the feeding pump for one hour prior to aspirating fluid. If the patient as an X-ray ordered for another reason, use the X-ray as confirmation of tube placement.
  - When there is any suspicion of tube displacement, such as increased respiratory effort or change in behavior.
- Attach syringe to side port of tube and gently aspirate fluid. (If confirming tube placement after insertion, do not remove stylet from main port until placement is confirmed unless unable to aspirate with stylet in place)
  - Once fluid is aspirated, the following steps are completed to determine placement of the tube:
    - Check the pH of the aspirate fluid

pH	Placement most likely in-
1-4	Stomach
5-6	Stomach/lungs/post pyloric
Greater than 6	Post pyloric/lungs

- Determine the color of the aspirate fluid

Stomach Aspirate	Clear, light yellow or light green
Duodenal Aspirate	Bile Stained
Lung Aspirate	Mucous or serosanguineous

- For patient's receiving continuous feedings
  - Turn feeding off and flush tube with 3-10 mls of water (use air for fluid restricted patients) 1 hour prior to checking placement
  - Check placement as listed above.
- If gastric placement is confirmed, remove stylet (if applicable) and proceed with NG/OG feeding and/or medication administration.
- If unable to aspirate fluid from the tube, try the following-
  - Use a larger sized syringe- decreases syringe pressure
  - Reposition patient to move tip of tube away from stomach lining



## A Profile of Licensed Practical Nurses

By Israel Corbo, RN, MSN, CPN

Licensed Practical Nurses (LPNs) have been formally used in the USA since the 1940s in response to nursing shortages throughout the country. As of the year 2000, Florida has over 37,000 LPNs actively working in a variety of settings and the United States has more than 596,000. The majority of LPNs work in the private sector and in long-term care settings. The roles of LPNs vary by state and are regulated by the Board of Nursing. At Miami Children's Hospital, there are over 30 LPNs actively working with the majority of them working in the Emergency Department (ED).

The role of LPNs varies by institution, but at MCH there are very broad guidelines related to the LPN responsibilities. LPNs have similar job functions as registered nurses (RNs) but with some restrictions enacted such as not being allowed to deliver intravenous medication by "push," or allowed to deliver blood products or allowed to document primary assessments on patients. At MCH, the LPN role on each unit is defined by the unit's clinical nurse specialist and the director of the unit.



While the role of LPNs varies, most LPN perceptions are the same. They often feel that they are underutilized to their full capacity. Some LPNs believe that RNs are using them as "glorified care assistants," others feel that they are "underappreciated." LPNs also feel they are limited in their professional growth as areas such as NICU, PICU and the OR do not have positions for LPNs. A task force has been created to address the LPN's concerns and further information can be obtained by submitting queries to Israel Corbo and Kenneth Patino at israel.corbo@mch.com and kenneth.patino@mch.com, respectively.

LPNs in the ED were asked what they liked most about working in their department and the general consensus was they enjoy "the variety of things to do," the fact that it is "fast paced," the different "challenges" and the "hands-on" the department offers. The LPNs from other units gave similar responses about what they enjoyed most about working as an LPN.

The future of LPNs at MCH looks promising as the need for their utilization increases. Hopefully a deeper understanding of the LPNs' role has been generated and just as important a greater respect for them.

### More information on LPNs

- The Department of Health's primer on LPNs, published 11/2004: <ftp://ftp.hrsa.gov/bhpr/nationalcenter/lpn.pdf>
- A very good scholarly paper regarding the effect of LPN reduction on Florida hospitals: <http://www.flcenterfornursing.org/research/effectlpnpaper.pdf>
- Advance for LPNs magazine's website: <http://lpn.advanceweb.com>
- The National Federation of Licensed Practical Nurses: <http://www.nflpn.org/stateOrg.html>
- The Journal of Practical Nursing: unfortunately their website was not working at the time at <http://www.napnes.org>, but a quarterly subscription can be obtained through <http://www.amazon.com>

- Inject 3-5 mls of air into the tube and then attempt to aspirate fluid again. Repeat this action until fluid is aspirated. The tube may be against the abdominal wall, advance 3-5 cm at a time.
- Leave the tube open to air.
- Place patient on left side for 10-30 minutes and reattempt aspiration
- If unable to confirm placement
  - Ask another RN to attempt placement check
  - Remove tube and retry insertion
  - Notify physician and obtain order for X-ray to confirm placement

### Documentation

- Document in progress notes
  - Color of aspirate
  - pH of aspirate
  - Problems related to confirmation of tube placement and actions taken

### Nasoduodenal Tube (NDT) Placement Confirmation

- Initial NDT placement- Measure length of the tube at time of placement. Mark at insertion site and document tubing length in nursing progress notes. CXR/KUB ordered and obtained to confirm placement in the duodenum.
- Each shift- Measure the length every shift and compare to length at time of tube placement.
  - Check pH with change in length measurement or change in patient's clinical status, such as vomiting, abdominal distention, pain and watery stools.
    - Check the pH of the aspirate fluid

pH	Placement most likely in-
1-4	Stomach
5-6	Stomach/lungs/post pyloric (ND)
Greater than 6	Post pyloric(ND)/lungs

- Determine the color of the aspirate fluid

Stomach Aspirate	Clear, light yellow or light green
Duodenal Aspirate	Bile Stained
Lung Aspirate	Mucous or serosanguineous

### Documentation

- Document the length of the NDT at insertion and every shift.



# Celebrating Compassion and Excellence with the DAISY Foundation

By Suzy Prieto, MSN, ARNP

**T**he DAISY Foundation was established in 2000 by members of the Patrick Barnes family. It was founded in memory of the Barnes' son, Patrick, who died from complications of idiopathic thrombocytopenia purpura (ITP) at the age of 33 and is dedicated to funding research to help fight diseases of the immune system. The family wants to support nurses for their caring and compassion and recognize the super-human work nurses do every day by conducting an appreciation program in hospitals around the country.

## The DAISY Award

The DAISY Award is a nationwide program that recognizes excellence in nursing. It was created by the DAISY Foundation in 2001 to recognize the clinical skills, extraordinary compassion and care exhibited by nurses every day. The award is given monthly to an outstanding registered nurse in more than 50 hospitals across the United States.

Each month in numerous hospitals and medical facilities around the country, award recipients are chosen by their nurse administrators, peers, physicians, patients and families to receive:

- A presented certificate, identifying the recipient as an "Extraordinary Nurse"
- A DAISY Award pin
- A unique, hand-carved Shona stone sculpture, enscribed with the phrase "A Healer's Touch"

As of August 2006, many nurses have been recognized with the DAISY Award for Extraordinary Nurses in many pediatric hospitals throughout the U.S. and all materials given to the monthly winner are donated by the DAISY Foundation.

The nursing unit or department of the recipient will receive Cinnabons® cinnamon rolls, a favorite of Patrick's during his illness with the sentiment that the heavenly aroma will remind them how special they are and how important their work is.

## Who is eligible for the DAISY Award?

Recipients possess the following qualities and attributes:

- Consistently demonstrate excellence through clinical expertise
- Have a positive, compassionate attitude
- Demonstrate "patient centeredness" reflecting a consistent focus on meeting patient and family needs
- Demonstrate special connection/bond between a patient and family
- Demonstrate collaboration with all members of the health care team
- Have excellent interpersonal skills

## How to Nominate an Extraordinary Nurse

- Nominations from peers, patients, families, physicians, and the nursing leadership team will be collected monthly.
- The DAISY Award Committee at MCH will elect one RN a month who possesses the qualities established by the foundation.
- The DAISY Award will be presented to the extraordinary nurse the following month.

The Daisy Award Program will begin in January, 2007. It will be coordinated by a sub-committee of Retention and Recruitment, and the meetings will begin in November, 2006 once a month from 8:30 p.m. to 9:30 p.m. so that day and night shift nurses can participate. Suzy Prieto, MSN, ARNP, Manager of 3 East on nights will be the chair of this committee.

# Halloween Safety Tips

By Israel Corbo, RN, MSN, CPN

**H**alloween is a fun time for kids, but it is also an important time to be extra vigilant of possible safety hazards so that your children have a fun and safe Halloween. Halloween safety tips include:

## Costume Safety

- Choose a costume made of flame-retardant material.
- Costumes should be short enough so that they don't cause your child to trip and fall.
- For good visibility, add some reflective tape to the costume or candy bag or make/choose a costume made of bright material that is visible in the dark.
- Masks should fit securely and allow your child to see well and not hinder visibility.
- If using face paint, make sure it is nontoxic and hypoallergenic.
- Knives, swords and other props should be made of a flexible material, so that they don't pose a hazard.

## Trick-or-Treating Safety

- Children should be well supervised by an adult when trick-or-treating. Older children should trick-or-treat in large groups in well known neighborhoods.
- Carry a flashlight.

- Stick to well lit houses in familiar neighborhoods only.
- Follow traffic signals and rules of the road.
- Drive slowly.
- Avoid taking shortcuts across backyards or alleys. Stick to the sidewalks of well lit streets.

## Candy Safety

- Instruct your children to bring all candy home before eating it so that you can carefully inspect it for tampering. Children shouldn't snack while they're out trick-or-treating, before parents have a chance to inspect the goodies. To help prevent children from munching, give them a snack or light meal before they go – don't send them out on an empty stomach.
- Tell children not to accept – and, especially, not to eat – anything that isn't commercially wrapped.
- Throw out candy or treats that are homemade, unwrapped or if they appear to have been tampered with (pinholes in wrappers, torn wrappers, etc.)
- Parents of young children should remove any choking hazards such as gum, peanuts, hard candies or small toys.
- Wash all fresh fruit thoroughly, inspect it for holes, including small punctures, and cut it open before allowing children to eat it.



# N U R S I N G N E W S

## ANNOUNCEMENTS

### CONFERENCES

**2007 National Magnet Conference, Oct. 4-6, Denver, Colorado-**  
Oral Presentation- **Deborah Hill-Rodriguez, MSN, ARNP, CS,BC, Patricia Messmer, RN,C, PhD, FAAN,** and **Jill Tahmorressi, RN,C, MBA-** “Certification: Perceived Values and Inspirational Strategies”

Poster Presentation- **Mary E. Ernst, ARNP, MSN, CNA, BC; Jane Bragg, MSN, MBA, CPON, CNA,BC; Michelle Burke, ARNP, MSN, CPON, CPN; Solfia Torre, RN, BSN; Marilou Vicera, RN, BSN; Lilliam Rimblas, RN, BSN, CPN; Josphine Villanueva, RN, BSN & David Aguero, RN, ADN-** “Reaching the APEX of Nursing Excellence”

Five staff nurses represented Miami Children’s Hospital at the conference:

- Med surg areas- **Ruby DeJesus, RN, BSN, CPN (3South)**
- ICUs- **Mariam Teruel, RN, BSN (NICU)**
- OR- **Lilia Alonso, RN (PACU)**
- ED- **David Pastor, RN**
- Offsite campuses- **Maxine Jacobowitz, RN, BSN (Dan Marino Center)**

### CERTIFICATIONS

CCRN certification - **Sheila Perez, BSN, RN, CCRN (Lifeflight), Christina Hoade, CCRN certification (CICU)**  
CPN certification - **Carla Trueba, MSN, RN (PICU), Ivette Roldan, MSN, ARNP (3East/3South), Lisa Capezutto, RN, CPN (3South), Inga Bolanos, RN, CPN (3E), Richard Bolanos, RN, CPN (3NE), John Cunningham, RN, CPN (ED), Nancy Perdomo, RN, BSN, CPN (Outpt), Gloria Awal-Ramos, RN, CPN (CMS), Lilliam Rimblas, RN, BSN, CPN (3N), Liz Roman, RN, CPN (Outpt), Vanessa Tamariz, RN, CPN (3E), Frances Valdes, RN, CPN (Outpt), Susana Valdes, RN, CPN (ED), Liz Woodman, RN, CPN (3S), Narcisa Galsim, CPN, Dania Arias, CPN (CV), Monica Brown, CPN**

**Amy Thompson, RN, BSN** FIU preceptorship-practicum students  
**Jennifer Healy** received her MSN from FIU

CEN- **Don Mitchell, BSN, RN**

Legal Nurse Consultant- **Debra Langer, RN (NICU)**

Neonatal Nurse- **Mary Mulcahy, RN,C (NICU)**

Nurse Practitioner- **Ivette Machado, MSN, ARNP, BC**

### PRESENTATIONS

Evaluation of Patient Flow and Staffing Effectiveness: Incorporating Evidence Based Practice. Presenters: **Jackie Gonzalez, Bing Wood, Kim Hunter,** ANCC Ninth Annual Magnet Conference, Miami Beach, March 29-31, 2005

**Sophia Morales** of pediatric surgical services won second place for clinical poster presentation at the 22<sup>nd</sup> Annual Pediatric Conference held in Dallas, Texas on Sept. 14-17, 2006.

**Ingrid Gonzalez MSN, RN, CPN,** and **Carla Trueba MSN, RN, CPN,** submitted an abstract “Blended Learning: a Recipe for Exceptional Critical Thinking Skills” to the International Council of

Nursing Conference. It was accepted for poster presentation at the Pediatric Nursing 22<sup>nd</sup> Annual Conference in Dallas, TX in Sept. 2006.

**Alison Schelfow, RN; Angela Casablanca; Carla Trueba-** poster for South Florida Gold Coast Chapter (AACN) South Florida Gold Coast Chapter, Evidence Based Practice: Reducing the Incidence of Urinary Tract Infection by Using Multi-Media Presentation.

3 posters accepted to the 22<sup>nd</sup> Annual Pediatric Nursing Conference held in Dallas, Texas Sept. 14-16. **Sofia Morales** won second.

**Jeanette Diane’s** poster was titled: Delayed Dressing Changes in Small Partial Thickness Burns. Sofia’s poster was: The Italian Connection: Nursing Care Across Cultures. The other nurses were **Ingrid Gonzalez** and **Carla Trueba.**

**Bing Wood** presented Implementing Humpty Dumpty Falls Assessment for Pediatric Patients, AACN, South Florida Goldcoast Chapter, Ft. Lauderdale, Fl. July 27-28, 2006 and at the 17<sup>th</sup> Annual STTI Research Congress, Quebec Canada (paper), July 20, 2006.

**Bing Wood** and **Jackie Gonzalez** presented the value of CPSP: Improving Patient Quality& Safety, Work Environment and Organizational performance, CPSP-NACHRI Annual user meeting, Arlington, VA., June 2, 2006

**Bing Wood, Jackie Gonzalez** and **Kim Hunter** presented Practical Strategies to assess Staffing Effectiveness: Meeting JCAHO New Staffing Effectiveness Standard, 9th Annual, March 28-31, 2006

### ACCOMPLISHMENTS

**Kathleen Spence** is now 3 North day shift manager (she transferred from infusion unit manager)

**Sarah Taylor** was hired as infusion unit manager

**Sarah Turpel’s,** article, “It’s Not Easy Being Green,” appeared in Advance for Nurses publication in August.

### AWARDS

**Deborah Hill-Rodriguez, MSN, ARNP, CS, BC, Pat Messmer, PhD, RN, BC, FAAN, Jill Tahmorressi, RN, C, MBA-** “Perceived Values of National Certification” won the Research Poster Award at the Society of Pediatric Nurses Annual Conference in Orlando

**Cheryl Minnick, BSN, RN, Bing Wood, ARNP, MSN, Deborah Hill-Rodriguez, MSN, ARNP, CS,BC, Pat Messmer, PhD, RN,BC, Maryann Henry, RN, Dania Vasquez, ARNP, MSN,** and **Deborah Salani, MSN, ARNP, BC, CPON -** Won the 1<sup>st</sup> place for the poster “Implementing the Humpty Dumpty Falls Assessment Program” at an Evidence Based Practice Conference in San Antonio, Texas

**Sofia Morales, MSN, ARNP, CPN-** Poster titled “Italian Connection: Nursing Care Across Cultures” won best poster at Pediatric Nursing’s Annual Conference in Dallas Texas.



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

**Jackie Gonzalez, MSN, ARNP, CNAA**  
Senior Vice President  
Chief Nursing Officer

**Marcia Diaz de Villegas**  
Director of Marketing and Public Relations

**Rachel Perry**  
Editor


**Maria Fernandez, MSN, ARNP**  
Co-Editor

**Communication Council Committee**  
Contributing Writers

Layout  
**Roberto Perez**

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

## Frida Hill-Beck Celebration of Nursing Event Slated

urses, Heroes, Helpers & Healers” is the theme of the Frida Hill-Beck Celebration of Nursing event to be held at 5:30 p.m. Dec. 5 in the Miami Children's Hospital auditorium.

Anyone wishing to participate in the presentation contest should contact Rachel Philotas at ext. 4916. Seating is limited and registration for the event can be conducted on the CHEX system under the Nursing Celebration heading.

## 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 Arlene Horacheck, RN.*

### IDA'S CHEESECAKE

#### Ingredients:

- 2 cups of finely crushed graham crackers
- 1 1/2 cups of sugar
- 1 1/4 sticks of butter
- 3 8 oz. bars of cream cheese
- 5 eggs
- 1 1/3 tablespoon of vanilla
- 1 1/2 pints of sour cream

Preheat oven to 300 degrees. Mix 2 cups of finely crushed graham crackers with 1/2 cup of sugar and melted butter. Line bottom of a 9 x 13 pan and press down hard. Next, mix the cream cheese until smooth. Add 1 cup of sugar, eggs, and 1 teaspoon of the vanilla, mix well. Pour over crust and bake 50 minutes. Mix by hand the sour cream, 1 tablespoon of sugar and 1 tablespoon of vanilla. Pour over cake and bake another 10 minutes. Let cool for 30 minutes, then cut into squares. Store in the refrigerator overnight, or at least 8 hours before serving.

MCH-RDP10/2006-O



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