



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

Nurse Leader



In the Spotlight

Debbie Salani

*Director of
Emergency Services*

Debbie brings to her role more than 25 years experience as a pediatric nurse practitioner.

Degrees:

- Bachelor's degree in psychology from Marywood University in Scanton, Pennsylvania
- BSN, University of Miami
- MSN, University of Miami

Career Highlights:

- Currently serving as Director of Emergency Services for MCH
- Clinical Nurse Specialist, PICU
- Clinical Nurse Specialist, Hematology/Oncology Unit
- Published articles in various journals on a variety of pediatric nursing topics

PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

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Miracles in Haiti

*By Carolyn Domina, ARNP, MSN, CNOR, CNABC
Operating Room*

Since 2003, a surgical team from MCH has made multiple trips to Haiti to help children diagnosed with hydrocephalus. With the help of Project Medishare, Helping Hands Clinic and from the Pavillon Notre Dame des Pauvres, where the surgeries are performed in Haiti, we have been able to make a difference in the lives of dozens of families.



surgeries as possible before dark. When night falls, we generally lose power and water.

The children that we treat range in age from a few months to 12 years of age, with some being a bit older. Most of these kids

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The neurosurgical team has been performing a procedure known as a ventricular peritoneal shunt, which involves placement of a small flexible plastic tube that diverts excess cerebral spinal fluid from the brain to another part of the body where the fluid can be reabsorbed. We also have performed a procedure known as an endoscopic third ventriculostomy (ETV) in which a small hole is made in the floor of the third ventricle of the brain which allows the cerebrospinal fluid to bypass the obstruction and flow toward the area where it can be excreted by the body.

We normally go with a team that consists of two neurosurgeons, three registered nurses, two surgical techs, one anesthesia attending, one or two certified nurse anesthetists, and ancillary help. The team joins the Haiti clinic staff and typically provides intervention for 15 to 20 children in two and a half days. A typical surgical day extends for 12 to 13 hours. The team arrives on a Sunday and sets up the operating room. We bring all of our own supplies and are grateful to South Miami Hospital's Sterile Processing Department, which helps us with the sterilization of our neuro packs. We are able to start surgery on Sunday and perform about four to five cases. Over the following two days, we perform as many

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Nurse Leader



In the Spotlight

Teaching Highlights:

- Served as adjunct instructor at Florida International University as well as the University of Miami (psychiatric nursing and pediatrics)
- CPR instructor trainer
- PALS instructor

Certifications:

- Board certified in Pediatric Oncology
- Board certified as Pediatric Nurse Practitioner

Family:

Debbie is married and has two teenagers, a daughter named Lauren, 15, and a stepson named Ricky, 16



From the Desk of Jackie Gonzalez

Dear Nursing Team:

One of the most powerful recruitment tools is personal experience. For example, in the Spring, we held our biannual open house event for nursing students and nurses interested in working at Miami Children's Hospital (MCH). It was the largest open house ever held at MCH with 74 interested applicants in attendance and standing room only. In addition, each month when I welcome new members of the MCH nursing staff during orientation, I always ask, "What made you decide upon MCH as your choice of places to work?" Without fail, I am always told that one of the top reasons for joining the MCH family is the welcoming environment and the teamwork that was observed here during their clinical rotation. I am always very proud of the compelling testimonials that are given during this session that convey a high regard for the nursing staff of MCH. Without fail in every orientation there is always a new staff member who made the decision to return to MCH after having had a child or family member hospitalized here. There is no better tribute to the care you provide, than the experience of those who seek MCH as their working "home" after their own personal encounter.

In May and June, I had the great opportunity to visit with many of you during my rounds throughout all campuses of the hospital. I thank so many of you for your candor and suggestions. In the next editorial I will be summarizing the most frequently cited topics of interest and what is being done to enhance service.

I hope all of you have enjoyed some relaxation this summer and that the season was filled with new adventures, visiting friends, family, new places or just enjoying restful days at home! Enjoy!

Sincerely,

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



Implementing a Humpty Dumpty Falls™ Scale & Prevention Program

By Maria Lina “Bing” Wood, ARNP, MSN

Team members: Deborah Hill-Rodriguez, ARNP, MSN, CS,BC, Dania Vasquez, ARNP, MSN, Deborah Salani, ARNP-BC, MSN, CPON, Patricia R. Messmer, PhD, RN,BC, FAAN, Maria E. Soto, ARNP, MSN, MBA, Maryann Henry, MBA, BSN, BS, CPN, RN & Cheryl Minick, BSN, RN,BC

Safety in hospitals is a continuous focus and concern for healthcare providers. Patients are exposed to multitudes of tests, medications and a new and unfamiliar environment.

These new exposures, coupled with the patient’s diagnosis and current mental status, provides an arena for multiple safety concerns. Safety issues especially of concern are medical errors and falls risk. Moreover, the Joint Commission recognizes that patients are subject to many unfamiliar situations that may jeopardize their safety. Therefore, the JCAHO National Patient Safety Goals were developed. Of importance in this discussion is the JCAHO National Patient Safety Goal #9 which directly deals with falls prevention by asking hospitals to “Reduce the risk of patient harm resulting from falls” (*JCAHO, 2005*). JCAHO mandates hospitals to describe trends in falls, injury rates associated with falls and implement a high-risk fall protocol for patients. Since falls are the leading cause of unintentional injury for children, Miami Children’s Hospital identified patient falls as a major safety initiative (*National Safe Kids Campaign, 2004; Park, et.al., 2004*).

Falls have been shown to be an issue affecting many hospitals. However, most fall prevention programs focus on the elderly (*Diener & Mitchell, 2005*). These prevention programs that include assessment of risk for falls and prevention protocols have proven successful in the reduction of inpatient falls (*Hendrich, et.al., 2003; O’Connell and Myers, 2002*). Several tools to identify at risk patients have been implemented and validated within the adult population. Hendrich (2003) and Morse (2002) developed risk assessment tools to identify patients who are at risk for falls. Validation of these tools has not occurred in the pediatric population.

Children under the age of 10 years have the greatest risk of fall-related death and injury as curiosity and development of motor skills are associated with falls (*National Safe Kids Campaign, 2004; Park, Cho & Oh 2004*). Hence, pediatric hospitals must examine their fall types, rates and at-risk populations. (*Levene & Bonfield 1991*) reported falls were the result of the improper use of cot (crib) sides, i.e. placed in position only half way up or incorrectly secured. Most falls occurring in children under 5 and a half years occurred when parents were present. Only one tool is identified in the literature and that is by Graf (2005) who developed the GRAF-PIF predictor model, reporting predictors of 12-24 months old, male 2:1 ratio over females and children with neurological and respiratory diagnosis.

Falls prevention literature, mainly focusing on elderly populations, and revealing the lack of a pediatric focus on falls prevention tools. Therefore, a multidisciplinary team was developed to create a Falls Prevention Program. The falls prevention program consists of a pediatric risk assessment tool, including the inpatient, outpatient and emergency settings, and protocols for the prevention of falls. This innovative program was developed with a pediatric focus promoting child friendly materials. The image of “Humpty Dumpty” was chosen because of its familiarity and because it illustrated the familiar concept depicting a fall.

The following research questions were posed:

1. What parameters are included in developing a pediatric falls assessment tool?
2. Which parameters have the highest predictive value of patient falls?
3. What score puts a child at risk for falls?

A study was developed to validate the Humpty Dumpty Falls™ Scale. Risk factors associated with pediatric patient falls included patient’s age, gender, diagnosis, cognitive impairments, environmental factors, response to surgeries/sedation/anesthesia and medication usage. The scale was created from historical falls reporting data and process improvement data to identify average scores of all inpatient populations. When children were assessed for their risk of falls, anyone with a score of 12 or greater had the Humpty Dumpty picture placed in visible sight notifying all healthcare professionals that the child was a risk for falls and to ensure all precautions were taken.

A review of 71 charts of those pediatric patients who fell during 2005 were compared to a control group of 71 charts (matching age and diagnosis) who did not fall. The results indicated that most falls occurred in children under age 3 but the next at-risk group was children age 12 years and older with a neurological diagnosis. The Humpty Dumpty Falls™ Scale was validated and determined to be a reliable tool for prevention of pediatric falls. Most significantly, the hospital falls rate has decreased by 28% after implementation of the program.

Patient falls safety protocols identify pediatric at-risk patients thus reducing incidences while addressing JCAHO Patient Safety Goals. Replication of the Humpty Dumpty Falls Prevention Program™ at multiple sites to continue to test the evidence-based fall assessment tools (inpatient and outpatient) is warranted.

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A Day in the Life of a Nurse

By Natasha Melbourne, ARNP, MSN



On April 4, 2006, Miami Children's Hospital (MCH) participated once again in The Nursing Shortage Consortium of South Florida's signature event "A Day in the Life of a Nurse." Since the beginning, MCH has played a major role in the success of this extraordinary event. Coordination efforts for Miami-Dade County are handled through a joint venture between MCH's Staff and Community Education Department and the Miami-Dade County Public School Board. This year's event included a total of 26 hospitals and 45 high schools from Miami-Dade, Broward, Palm Beach and Hendry counties.

Our partner school this year was South Dade Senior High School. The students arrived early and eager to experience up



close what "a day in the life of a nurse" is truly about. During their interactive tour, students visited the departments of CV, PICU, NICU, Radiology, 3 South, ED, OR and LifeFlight®.

After a very exciting morning, the students shared their experiences over lunch. Katherine Slater, a student at South Dade Senior High, remarked, "I really liked the OR. All the equipment is impressive and we even got to use some of it." The OR dedicated a suite complete with a simulated patient (a box covered with sheets), for the students' benefit. The OR staff, including Chris Wolary, RN, challenged the students to locate and remove various items from inside of the "patient" using surgical tools, including scopes and a closed circuit video monitor.

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9th Annual Magnet Conference in Miami Beach is a hit!

By Kelli-Ann McIntosh, RN, BSN



Miami Children's Hospital had the pleasure of co-sponsoring the Magnet Conference in Miami Beach. Over 2,500 nurses were present to enjoy beautiful Miami. We had 45 volunteers from MCH, all decked out in their tropical shirts that represented us extremely well.

Monday - MCH hosted nurses from Singapore General Hospital and Istanbul Memorial Hospital in Istanbul, Turkey. Both hospitals are interested in obtaining Magnet status.

Tuesday - MCH hosted nurses from throughout the country and the world, including Montreal, New Zealand and United Arab Emirates for a hospital tour in the morning. Our nursing research/

evidence-based practice posters were displayed in the Research Atrium. Everyone loved the MCH gyuaberas.

Wednesday - Jackie Gonzalez, Bing Wood, Jill Tahmooressi, Maria Soto, Debbie Hill-Rodriguez and Patricia Messmer served as facilitators and co-hosts of the pre-conference for Magnet 101 and 201 sessions.

Thursday - MCH hosted in conjunction with the American Nurses Foundation (ANF) and the American Nurses Credentialing Center (ANCC) a buffet dinner and silent auction in support and honor of Margretta M. Styles, EdD, RN, FAAN to raise funds for the ANF/ANCC Styles Credentialing Fund. Dr. Styles served

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OR Nursing

By Kelly Dickenson, R.N.

I remember the day I decided to be an OR nurse. I was in nursing school doing my final clinicals at an adult hospital. My instructor chose two of us to observe surgery. For the next two clinical days, I got to see open-heart surgery and a big genito-urinary reconstruction. Sirens and flashing lights went off in my head, telling me that surgery was the specialty I should choose when I graduate. I loved being in the Operating Room. I loved everything about it. For months I had been struggling with my choices over what department interested me the most, and those two days helped me make my decision.

I knew I wanted to be at Miami Children's Hospital because I had been a care assistant there before I started nursing school. I applied to the OR as a circulator, which is what a surgical nurse is called because we "circulate" around the room during surgery. Carolyn Domina hired me as a GN and when I got the results that I passed my boards a few weeks later, I was a circulating nurse.

I received an intensive orientation to the OR and to each specialty within the OR lasting nine months. Now I am doing everything from operating lasers, to steering giant microscopes around the room, and watching surgeons take beans out of kid's ears, to placing titanium rods and screws in their backs. I've assisted with cases caused by lawnmower, airboat, and meat grinder accidents to pencils in the eyes.

Every day is different and exciting. Surgical technology is constantly changing and our equipment and knowledge gets better and better. The OR continues to be a fulfilling and always challenging and ever changing environment. It is my home.



Deborah Hill-Rodriguez to Lead Magnet Re-designation Effort

The MCH nursing department will be marching toward re-designation of Magnet status in 2007 and we have a new "General" to lead the way. Deborah Hill-Rodriguez, RN, MSN, ARNP, CS-BC, has taken on the role of Magnet Project and Clinical Outcomes Coordinator for the hospital, and states she will be "guiding MCH through the Magnet re-designation process and beyond."

Debbie started her nursing career here at MCH 15 years ago, first as a staff RN on 3 South and then moving into the Nurse Manager and Clinical Nurse Specialist (CNS) roles on that same unit. Prior to her new position, Debbie was serving MCH as the CNS for 3NE and 2East. She has conducted research within the hospital, has facilitated on-site Certified Pediatric Nurse preparation and testing, has published in professional journals, and has presented at national conferences. This summer, Debbie will be presenting at an international nursing conference.

The Magnet re-designation process is much like the initial application process. All of the documents must be submitted again and there will be another site visit. In addition to her Magnet responsibilities, Debbie will be serving as the Clinical Outcomes Coordinator, working especially closely with the Quality Management Department. She will help to unite all departments where nurses work, including those providing care in settings outside of the inpatient nursing care units.

Debbie has two children, ages 8 and 5 years. When she's not at work, she enjoys watching professional race car drivers and professional football players do their thing, and cheering on her kids from the sidelines of their many baseball games.



American Heart Association (AHA) Certification Updates

Did you know that.....?

- The AHA requires that you complete a required amount of training hours for certification? As a result, latecomers will need to reschedule.
- AHA Instructors must be paid for their time, whether two people or 20 people attend their class.
- At MCH, 12 out of every 25 registered participants (on average) fail to show up to class.

- A five-day notification of withdrawal to the Department of Staff & Community Education is required in order to:
 - Avoid a no show charge to your department.
 - Allow ample opportunity for other staff to attend in your place.
- Failure to attend the second day of a two-part class (i.e. PALS) without proper notification will also result in a no show charge to your department.

AHA Certification Courses are a Free Benefit to MCH Employees.



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Miracles in Haiti

have had hydrocephalus since birth with little or no follow up care as there are few pediatricians to provide care. Hydrocephalus can pose risks to a child both mentally and physically. Some parents travel all night and day just to bring their child to the clinic for examination and treatment. The travel is tedious and mostly



by bus, tap tap (brightly painted bus or pickup truck) and foot.

During the most recent trips, we are seeing not only new patients, but also our post-op patients. We are having some wonderful results. Some of the kids are in school and some

are learning to walk and talk. It is amazing how resilient they can be. Also, with help from Project Medishare almost all of our patients are receiving CT scans before surgery and post-op scans if deemed necessary.



Our goal is to train teams in Haiti to continue to perform procedures and to provide follow up care so that the local medical community is equipped to serve children with hydrocephalus in the years ahead.

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Magnet Conference

as Past President of ICN, ANA, ANCC and ANF and is ANA Hall of Fame 2000 Inductee. Over \$4000 was raised during the event enabling the ANF/ANCC Styles Credentialing Fund to reach the \$100,000 level to be endowed.

Friday - Jackie Gonzalez, Bing Wood, and Kim Hunter presented Evaluation of Patient Flow and Staffing Effectiveness: Incorporating Evidence-Based Practice.

Maria Soto, Bing Wood, Debbie Hill-Rodriguez and Patricia Messmer served as facilitators at the networking luncheon for hospitals seeking Magnet status.

Three posters were also presented during the conference along with a MCH booth.

- Amanda Ranft, Deborah Salani, Ingrid Gonzalez, and Mirtha Gonzalez - *Safeguarding Our Smallest Patients: Moving Away from the "N-Factor" to Standardized Concentration Utilizing Bar Code Technology and New Infusion Pump Programs*
- Julissa Jimenez and Ingrid Gonzalez - *The Heart of the Nurse Speaks the Same Language: A Photographical Comparison of Nursing in Italy and the US.*
- Deborah Salani, Michelle Franco, Debbie Hill-Rodriguez, and Amanda Ranft - *When I Grow Up.... I want to Be a Pediatric Nurse.*

Magnet Redesignation Kickoff!

The Magnet Committee did a fabulous job presenting the 14 Forces of Magnet during opening ceremonies of Nurses Week.

Our Re-designation is set for 2007 and the committee held a contest to name our campaign. Here are the slogans that were submitted:

- Mission Magnet - Ramona Sheerer
- Sticking to Magnet - Don Mitchell
- Magnet- Keeping the Pull - Vicky Angulo-Vasquez
- Magnet- Making it Stick - Vicky Angulo-Vasquez
- Magnetizing Matters - Jill Tahmooressi
- Excellent Endeavors - Michelle Burke
- Committed to Magnet - Mialing Ramirez-Velez
- Shining Through Magnet - Anonymous
- Miami Children's Magnetic Nurses - Jill Tahmooressi
- Magnificent Magnet Nurses - Jill Tahmooressi
- Marching Onward with Magnet Designation - Jill Tahmooressi
- Magnet- Going for the Silver: Attaining the Gold - Pat Messmer

The winning slogan - MCH - Shining Through Magnet

- This slogan was picked for 2 reasons
- Nurses Shine when they receive Magnet Status
- Florida is known as being the Sunshine State
- Note on the sun that there are 14 rays- Each depicting the 14 Forces of Magnetism.



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Family Advisory Council Makes a Difference

By Janet Bell-Taylor, MBA

The Miami Children's Hospital Family Advisory Council (FAC) was formed in 1998. The Council's mission is to create a partnership with hospital personnel to ensure that families receive sensitive, comprehensive, compassionate, and family inclusive services. The FAC seeks to accomplish this by educating staff on family care issues, educating families on health care issues, reviewing family concerns and providing recommendations to the hospital. The council also strives to promote a positive relationship between the hospital and the community.



The FAC members and Miami Children's Hospital have worked collaboratively to:

- Foster the development of community resource guides for all families coming to MCH
- Review architect plans and provided input related to hospital redesign
- Participate actively in the redesign of the Family Resource Center
- Develop a pilot program for Communication Boards
- Develop the Guide to Patient/Family Services
- Participate in the Customer Service Excellence Program
- Conduct staff education and sensitivity training
- Develop and implementing a Parent Mentor System
- Participate in MCH policy review
- Develop and distribute the "Ask the Doctor Pad"
- Advance family-centered care initiatives

FAC membership includes staff, parents, and other family members who have had varied experiences with Miami Children's Hospital, and is open to any parent. Meetings are held once a month in the evening.

For more information about the Family Advisory Council at Miami Children's Hospital, please contact Janet Bell Taylor, Director of Patient & Family Services and Child Life, at (305) 669-5819 or by email janet.belltaylor@mch.com.



Floating: Attitude is Everything

By Sara Turpel, RN, MSN, CCRN

Okay, I admit it: I hate to float. Oh, I'll pretend that I don't. After the initial shock upon finding out that it's my turn to float, I might be heard saying things like, "It'll be a good experience," or "I don't mind floating, it'll be fun for a day." And though I like to refer to this as the "fake it 'til you make it" approach, basically I'm just lying. I've always been in awe of the nurses on the Float Team. Floating on a regular basis? Are they crazy?

Nevertheless, many of my most valuable nursing lessons have been learned through floating experiences. I remember the very first time I ever floated. I was working on a Peds unit and I had to float to an adult unit. This is where I learned (after shedding several tears on the walk from my home unit to this foreign environment) that adults are just big kids, and I was perfectly capable of taking care of them. Another valuable lesson came when I worked for the first time in an intensive care unit and we had to float a nurse to one of the general pediatric floors. The nurse who floated was scared, and I was flabbergasted at this thought. You mean ICU nurses are as afraid of floating to the floor as floor nurses are of floating to the ICU? Imagine that!

Have you ever heard one single comment that changed your life? In my nursing career, most of these life-changing comments have been from patients. But recently, I heard a comment from a nurse that has, hopefully, changed my attitude about floating. A nurse I've known and worked with on and off for many years stopped by our unit to borrow something. She told me that she'd floated from her home unit, the Neonatal Intensive Care Unit, to a pediatric med-surg floor. Thinking that this must have been a very stressful event for her, my eyes widened and I asked her how it was going. "Well," she said, "I didn't want to go at first, but then I just figured that this is where God wants me to be today."

Wow! What a great attitude! I smiled at her and told her so, then walked away. What she said has stuck with me, though. There must have been a patient, or family, or another nurse who needed her that day, and who wouldn't have been able to reach her if she was on her home unit. She reminded me that sometimes things happen that we just can't understand, but if we stay positive and try to do our best, things seem to work out. I'm grateful for this little reminder and I hope I can think this way the next time it's my turn to float.



Committee Updates:



Patient Family Education Committee Update

The Patient Family Education Committee is currently updating approximately 50 of the “We Want You to Know About” pamphlets to incorporate current practice. The committee has designed a folder that all parents/patients receive on admission. The folder is to include pre-filled items as well as diagnosis, medication and treatment-related pamphlets individualized for each patient. The folders will be coming soon so please keep your eye out for them. The committee has also been working hard on doing chart audits to ensure that patient education is being completed. Good job, nursing maintains above 96% for overall patient education.

The PI committee Update

MCH participated in benchmark nursing quality indicators with NDNQI (National Database of Nursing Quality Indicators). The very first quarter data was successfully submitted recently. The nursing PI committee members are responsible for collecting monthly and quarterly data. This is a benchmark for quality indicators that ANCC for magnet certification recommends. The pediatric indicators are IV infiltration and pain assessment and reassessment.

Clinical Practice Committee Update

Members are in the process of researching and implementing evidence-based practice changes in their respective units. Examples of current projects include:

PICU: evaluating the use of stat lock devices for securing of central lines to help decrease the incidence of nosocomial infections, since literature indicates that sutures act as a medium for bacterial growth and possible contamination of central lines.

PICU/NICU (and soon to include CICU): reducing blood stream infections focus group; project monitors the insertion and maintenance practices for central lines with the aim of decreasing the incidence of nosocomial infections.

2E: practices regarding pin site care and surgical wound/ostomy care practices are being reviewed.

3S: practices regarding subdural lead care are being reviewed.

New products recently implemented or currently under review include; NS bullets for wound care (instead of opening large sterile water containers), vinyl tape measurers, safety TB syringes, leur-lock TB syringes, closed arterial blood sampling systems, “endotracheal tube-friendly” pacifiers, and mini-lock Huber needles.

Family-Centered Care

The team regrouped to include Family Advisory Council (FAC) representatives, MD Champions, RN staff from each nursing inpatient/outpatient setting. Thalia Meil of the FAC was appointed chair. She will be assisted by Bing Wood, Maria Soto and Janet Bell-Taylor. Goals will be developed by this group. Several staff members were sent by MCH to attend the Institute for Family Centered Care conference and have brought recommended action plans for MCH. The team’s initial meeting was on May 23 and it will convene every first Tuesday at 8 a.m. Recommended membership includes RN representative from each nursing area, two to three MD Champions (Hospitalist, ICU intensivist, ED), members from FAC.

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Magnet Redesignation Kickoff! Do You Know the 14 Forces?

Force 1- Quality of Nursing Leadership

- 1) Competency, skill and educational advancement are valued attributes at all levels. Individuals are encouraged and supported in making progressive gains in these areas.
- 2) There is congruence between the mission, vision, values, philosophy, and strategic plan of nursing services and those aspects of the organization.
- 3) The CNO is accurately perceived by all employees as representing all nurses in the organization at the highest governing body and in matters arising from or impacting the practice of nursing or the environment in which it is practiced.
- 4) The CNO and other nurse administrators are able to secure adequate fiscal and human resources to support nursing practice.
- 5) Nurse satisfaction is measured using valid data collection tools/methods. Direct care nurses participate in decision-

making relative to planning changes based on the data.

- 6) Nurses from a variety of roles are involved in decision-making bodies in the organization.
- 7) Direct care nurses are routinely involved in formal and informal work groups within the organization.

Force 2- Organizational Structure

- 1) The CNO serves as an influential member of the organization’s highest decision-making body for strategic planning and operations.
- 2) Decentralized, shared decision-making processes prevail throughout the nursing operations of the organization.
- 3) The organizational structure is responsive to changes in the healthcare environment.

Other Magnet “Forces” to be discussed in future issues.



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A Day in the Life of a Nurse



Kyle Smith, a teacher from South Dade, stated "they certainly don't see this on *Gray's Anatomy*."

The students from South Dade left MCH with a much greater appreciation, understanding and respect for the profession of nursing. "A Day in the Life of a Nurse" became reality for close to 300 students in Miami-Dade County thanks in part to the dedicated nursing staff at MCH. The event was coordinated by Natasha H. Melbourne and Danielle Goldson (PICU). Group leaders included Patricia Eib, NICU; Liz Padilla, Float Pool; Willane Touissant, CV; Linda Nylander-Housholder, Staff & Community Education. Station leaders included Sheila Pérez, LifeFlight®; April Anderson, CV; PICU; Chris Wolary, OR; NICU; 3S; ER; Radiology.



Incredible kids need incredible nurses.

Pure and simple. If you're a Miami Children's Hospital nurse you know how true that statement is. Our incredible patients, children who make a lasting impression on us everyday, rely on you, the incredible nurse.

While we honor you each day of the year, National Nurses Week gives us the opportunity to share with the local community just how much you are valued for your hard work, hope and care. You inspire us to reach new levels of personal and professional excellence.

Individually and together, you have made Miami Children's Hospital a world-renowned name in pediatric healthcare. In 2003, you earned the ultimate recognition when MCH was designated as a Magnet hospital for quality care and nursing excellence.

For this, we thank you, today and every day.

Announcing our 2006 Nursing Excellence Award Winners



Majomela Nagai, RN
3 South



Teresita Fetre, RN
After Hours



Heather Leidich, RN
NICU



Christopher Wolary, RN
OR



Kathleen Allason, RN
South Dade



Lily Alexander, RN
2E



April Anderson, RN
2NE



Nubia Albites, RN
3 East



Karen Murray, RN
3 NE



Lourdes Lam, RN
Cath Lab



Jennifer Gamad, RN
Ambulatory Surgery



Thomas Flock, RN
CICU



Lisette Gorelick, RN
ER/OP/Rapid Care



Bonnie Fagley, RN
Float/SR



Irma Vergara, RN
IV Team



Isoldy Augusten, RN
PICU



Shirley Kendziora, RN
Psych



Griselle Angulo, RN
Quality/UR



Lilia Alonso, RN
PACU



LPN of the Year:
Lisette Morales, RN
3 NE



Rookie of the Year:
Geeta Singh, RN
3 NE



Mentor of the Year:
Joann Wlcek, RN
Emergency Dept.



Research Award Winner:
Holly Olsen, RN; Sheila Perez, RN; Rene Boscoy, RN



Research Award Winner:
Holly Olsen, RN; Sheila Perez, RN; Rene Boscoy, RN



Research Award Winner:
Holly Olsen, RN; Sheila Perez, RN; Rene Boscoy, RN

Everybody Has A Dream
What's Yours?



Sarah Taylor, RN 3 North
Nurse of the Year 2006

EOE/AA

www.mch.com



Magnetizing Mentorship at MCH

By Debbie Del Favero MSN/ED, CPN, CNA, BC



mentorship in nursing provides an opportunity for nurses to give back to the profession by sharing time and expertise through the development of a nurse mentee.

A nursing mentor is willing to identify areas of excellence and potential as well as areas needing further development in order to facilitate the nurse mentee's career success. The distinguishing factor between mentorship and preceptorship is the long-term commitment of the nurse mentor to the successful development of the nurse mentee. Mentorship provides a personal connection in a high-tech nursing environment.

As an ANCC Magnet designated facility, the nursing department at Miami Children's Hospital recognizes the need to continually develop nurse leaders. This in turn provides a supportive nursing mentor relationship among nurses in order to sustain excellence in the quality of nursing care provided to our pediatric patients. The ANCC Magnet Force # 11, Nurses as Teachers, emphasizes the need to have cohesiveness within the Nursing Department. This can best be illustrated by nurses honoring and valuing nurses in a mentorship relationship. The ultimate outcomes are extraordinary, excellent nursing care and superior patient outcomes.

Over the past several months, the Recruitment and Retention committee and the Nurse Manager Development Task Force have both launched initiatives to provide nursing mentorship programs at the staff nurse and nursing leadership levels. The rewards for the participating nurse mentees include career success and advancement, personal and professional satisfaction, enhanced self-esteem and confidence, empowerment, growth and respect. The rewards for the nursing mentors include creative and rejuvenating challenges, personal satisfaction and confirmation, continued commitment to learning, increase in supportive networking, honoring others, giving back, and leaving a nursing legacy.

Mentorship benefits the career development of the mentor and the mentee, while supporting excellence in a Magnet organization. Nurses have identified mentoring as a job satisfier when they are able to see staff change and move forward. The nurturing, supporting and strengthening of nurses through mentorship leads to improved patient care outcomes and advances the organizational goal of the hospital by providing excellent care to children and families.

Code Blue: What do you do?

By Linda Nylander-Housholder, MSN, ARNP, CCRN



Codes do not happen often, so it is essential that staff take all necessary steps to remain prepared. This means taking CPR, PALS, NRP and ACLS training and making sure that your patients have code cards at the foot of their beds, and that you know where the airway equipment is in your area and how to use that equipment. In a code, put the patient's bed flat and remember the ABC acronym – airway, breathing and circulation – that you have practiced in every CPR class. Remember the new CPR guidelines- 30 compressions to two breaths, and for 2-rescuer infant and child, 15 compressions to 2 breaths, or a minimum of 2 minutes (5 cycles of 30:2, 10 cycles of 15:2), of CPR before you stop to assess the patient.

Get the patient on a monitor and check for palpable pulse and rhythm. Know signs and symptoms that indicate a need to defibrillate, cardiovert or pace. Know how to use the Lifepak 20 in AED, defibrillator or pace modes. (Note; Lifepak 20 Guidelines on portal) Know where your primary code medications oxygen and epinephrine 1:10,000 and where they are located (epinephrine top drawer crash cart – loose not in grey box). Document, document everything, patient information, pulse checks with (+c) and without compression (+ means palpable pulse, - means pulse unpalpable). Use the key at the bottom of the code sheet for accepted abbreviations for rhythms. Circle when compressions

started or stopped and circle medication dose mg or ml in cell. Don't forget vital signs must be charted every 5 minutes and neuro checks every 10 minutes. Last but not least, print names and titles of all MDs, nurses and RTs and have them sign their names and titles to the right of their printed names. After the code, don't forget to meet with the OA, director or designee to review the documentation and how the code went, remember this is a great time to learn and make suggestions for improvement.

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Humpty Dumpty Falls™

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N U R S I N G N E W S

ANNOUNCEMENTS

Debbie Hill-Rodriguez won the Research Poster Award at The Society of Pediatric Nurses Annual Conference in Orlando for "Perceived Values of National Certification Among Pediatric Nurses."

Debbie Hill-Rodriguez and Pat Messmer presented "Perceived Values of National Certification Among Pediatric Nurses" at the 3rd Annual Tampa Magnet Conference.

Kathy Geiger, RN, BSN, CPN, and **Nicole Dixon, RN** presented "Cultural Care of the Native American Pediatric Surgical Patient" at the 14th Annual American Pediatric Surgical Nurses Association Conference in Hilton Head, SC.

Also, the South Florida Chapter of Society of Pediatric Nurses (based at MCH) won an award for the most CEU offerings at the Society of Pediatric Nurses Annual Conference.

In October 2005, **Madelyn Ogle** and **Kimberly Hunter** passed the Certified Nurse Administrator certification exam.

Emergency Department has been recognized as the Best in Overall Pediatric Emergency Department Satisfaction for 2005 by the Jackson Organization

Maria Fernandez, ARNP, MSN, MBA, CMTE presented "Katrina Experiences and How to get your Hospital Ready for the Next One" at the St. Mary's Hospital Trauma Course.

Bing Wood-presented with **Jackie Gonzalez** and **Kim Hunter** in the annual Magnet conference. Topic: "Evaluation of patient flow and Staffing Effectiveness: Incorporating Evidenced-based Practice."

CERTIFICATIONS

Congratulations to recent awardees of the CPN:

Amy Thompson – CCRN

Diane Chafin – MBA in Healthcare Administration

Diana Garcia and **Bernie Ragasa** – are attending the National Teaching Institute Conference in Anaheim, CA, an AACN supported conference.

Debra Langer received a certification for registered legal nurse consultant.

Maria Fernandez, ARNP, MSN, MBA/HSA – CMTE completed her Master of Business Administration (MBA) at Nova Southeastern University in specialization in Health Service Administration.

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

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MCH RNs eligible for Loan Forgiveness Program



Registered nurses employed full time at Miami Children's Hospital are eligible to apply for the Loan Forgiveness Program offered by the Florida Department of Health. The program will pay up to \$4,000 per year, for a maximum of four years, to be applied to the principal only of the outstanding nursing student loan. The Florida Department of Health (DOH) has confirmed that Miami Children's Hospital is exempt from the required \$2,000 site match fee.

Applications are accepted beginning August 1 with a deadline of September 1.

Applications are available on the website: www.nslfp.com.

South Florida Chapter Society of Pediatric Nurses (SFCSPN) Dinner and CEU Program

Monday – August 7, 2006 4:30 p.m. - 6:00 p.m.
Miami Children's Hospital – Main Auditorium

with a special presentation on
Reducing Central Venous Line related Blood Stream Infections using Best Practice Nurse Bundles
by **Dorothy Thomas RN, BSN, CIC**

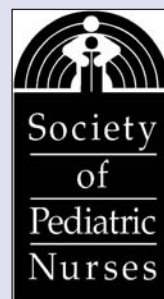
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\$25 Non-Members

R.S.V.P.: Jill Tahmooressi, Vice-President / Program Director
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REMINDER – Support your local chapter by making your 2006 annual dues donation of \$10

Business meeting: 4:30 p.m. - 5:00 p.m.
1 Hour FREE CEU 5:00 p.m. - 6:00 p.m.

Dinner sponsored by Johnson & Johnson.



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