

## 2007 MCH Nurse Unit Winners

### 2007 MCH Nurse of the Year



Johnny Mok, RN  
3 E



Ana Arrubla, RN  
2 E



Marocon Villanueva, RN  
2 NE



Jean Buckley, RN  
3 NE



Sylvia Pérez, RN  
3 N



Beatriz Milian, RN  
3 S



Ana Ruiz, RN  
Ambulatory



Susana Flores, RN  
CICU



Susana Sanchez, RN  
ER/Rapid Care



Elizabeth Padilla, RN  
Float/SR



Janet Madill, RN  
NICU



Karen Witsken, RN  
OR



William Gehring, RN  
PACU



Vivian Lacandalo, RN  
PICU



Shirley Kendroza, RN  
Psych



Grisel Cepeda, RN  
Quality/UR



Veronica Rivera, RN  
MRI/Radiology



Verna Haik, RN  
South Dade



Cindy Garlesky, RN  
Support Department



Liane Franquiz, RN  
Rookie of the Year



Saskia Izaquirre, BHT  
Nursing Support of the Year



Lizette Garcia, LPN  
LPN of the Year



Ingrid Gonzalez, MSN, ARNP  
Leader of the Year



Carolyn Domina, MSN, CNA  
Research Winner



Carol Roach, RN, BSN, CPN  
Research Winner



## From the Desk of Jackie Gonzalez

Dear Nursing Team:

I hope you all are enjoying some time for rest and relaxation this summer. Summer seems to go by very quickly and before long school will be starting. I want to thank so many of you for participating in the Meetings with the CNO Rounds that were held in February and March of this year. Approximately 150 members of the nursing staff attended. It was great seeing and talking to so many of you! Your feedback is very much appreciated and I would like to share what many of you noted during these sessions:

What is working:

1. **TEAMWORK:** Overwhelmingly, in every session teamwork was mentioned as the number one satisfier of what is working at MCH. Teamwork among and throughout the different hospital departments, including collaborative departments e.g. Pharmacy, Admitting, IV team, Resource and Float staff, etc. was noted.
2. **TECHNOLOGY** to Enhance Safety and the Work Environment: Med point electronic charting was noted to prevent potential medication errors; Spectralink phones to enhance communication with the patient/family and the team; and the computer system in same day surgery.
3. **RESOURCES & SUPPORT:** Many items were mentioned here such as the IV team, transporters; respiratory therapists, education and policies/procedures on-line; Lexicomp and other available resources available for medication information; Access to the library; Child Life and OR play area; Volunteers in surgical/ambulatory area; Admitting nurses helping to obtain patient history is helping.

Other initiatives noted as working included Nurse Patient ratio, bed control meetings, helpfulness of fellow employees, unit-based committees helping to build interdepartmental teamwork and morale, love of MCH and finally, the improvements in the physical plant.

What needs improvement and what is being done?

1. **OVERALL CLEANLINESS:** An EVS hospital-wide improvement project has been launched (to include hospital "customers" and staff). You will be seeing results of this project throughout the remainder of this year. As a part of this project, under the leadership of Milly Diaz, Director, the EVS Department is involved in making sure that the right resources are available to match the activity of the hospital.
2. **DIETARY:** Efforts have been focused on building infrastructure to continue to improve clinical dietetics and patient nourishment logistics with new the Dietary Director. There are plans for offering debit card availability. You will be hearing more about this.
3. **MORE CARE ASSISTANTS:** An Open House was held for Care Assistants and all open positions were filled at that time. We will make sure that we offer this again as needed.

Other items noted by staff as needing improvement included helping staff with setting boundaries while still supporting family centered care. The Psychiatry Department has been helpful in providing educational sessions surrounding this topic. Tuition reimbursement policy was also noted and changes have been subsequently made based on feedback from employees.

Have a wonderful and safe summer and enjoy family and friends!

Sincerely,

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



# Adolescent Self-Harm

By Jane Bragg, RN, MSN, MBA, CPON, CNAA, BC

**S**elf-injurious behavior is defined as deliberate, repetitive, impulsive, non-lethal harming of one's body. The most common forms of this behavior are cutting, scratching, and burning, although behaviors may include, carving, bruising, breaking bones, pulling hair out, as well as other forms of bodily harm. The typical onset is at puberty, with more adolescent females engaging in the behavior than males.

Self-injury is a coping mechanism, the adolescent's way of dealing with or relieving painful or hard-to-express feelings. Many of the adolescents have reported that they were discouraged from expressing emotions. Some scientists believe that problems in the serotonin system may predispose some people to self-injury. Self-injurers may attempt to conceal the resultant scarring, and if discovered, often make excuses as to how the injury happened. In some schools, it has been reported to be fashionable to cut.

Here are some signs that may indicate a teen has a problem with self-harming behavior:

- Cuts or burns on arms, legs, or abdomen
- Knives, razor blades, box cutters, or other sharp objects hidden in bedroom
- Locking self in bedroom or bathroom after a bad day or negative encounters with others

Self-harming behaviors can be dangerous, particularly if substance abuse co-exists. Self-injurers can become desperate about their lack of self-control and the addictive-nature of their acts, which may lead them to suicide attempts. The self-injurious behaviors can be a symptom of mental health conditions, such as bipolar disorder, sexual abuse, eating disorder, major depression, anxiety disorders, as well as psychoses.

If a teen displays signs and symptoms of self-injury, she or he should be evaluated by a mental health professional. Treatment options to prevent this self-destructive act from occurring include a combination of

medication, individual and family therapy. Health professionals who encounter a person with self-inflicted wounds should be sensitive to the needs of the person. Sometimes these people are treated as if they are a nuisance or not as deserving of care as someone who has an accidental injury. Treating them in such a manner furthers feelings of unworthiness they may already feel. Treat them with empathy as you would any other patient with an illness or injury.

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# Why You Should Join a Professional Organization

By Jane Bragg, RN, MSN, MBA, CPON, CNAA, BC and Jill Tahmooressi, RN, MSN, MBA

## Florida Nursing Association

- FNA is a strong organization of professional registered nurses. FNA is the only nursing organization that advocates for nurses across all specialties and practice areas.
- The membership carries with it a subscription to a new professional nursing journal, *American Nurse Today*. All Florida nurses receive *Florida Nurse*, the official quarterly publications of FNA. Members of the association receive the *American Nurse* and *Members Only* newsletters and the quarterly "Heartbeat" publication, which is the District 5 (Miami-Dade County) chapter of the Florida Nurses Association. Advanced Registered Nurse Practitioners also receive the FNA ARNP Scope. The mark of a professional is knowledge of information pertinent to the improvement of our profession.
- FNA has a strong presence in Tallahassee and is the political watchdog relative to issues that have an impact on nursing and on the care of the public. It is essential that the voice of nursing is clear and present when these critical issues arise. It is the strength

of the membership behind us that allows us to be successful. The FNA provides up-to-date legislative information to its members and has developed a legislative network to enhance political knowledge and power of its members. All members are encouraged to participate at this level.

- Participation in the activities of the FNA, such as the many conferences, provides the opportunity for networking with colleagues and many nursing notables. The District 5, Florida Nurses Association representing the nurses in Miami-Dade County meets five times a year for general membership meetings. Several of those meetings are usually held at Miami Children's Hospital. The local District 5 chapter works on local interests such as patient and nurse advocacy, annual award recognition, membership activities and mentoring of student nurses to name a few.

Become a member. You can't afford not to join. Help us create the "preferred future" for nurses. Go to [www.floridanurse.org](http://www.floridanurse.org) for an application or call Jill Tahmooressi, FNA District V President at ext 8536.

**Society for Pediatric Nurses**

The Society for Pediatric Nurses offers excellent opportunities for participation with maximum convenience.


- Local meetings are held four times per year with two of the four usually at Miami Children's Hospital. This maximizes potential for earning APEX points.
- Specialized continuing education activities are offered free of charge to SPN members, including certification review courses
- The local chapter offers on-site Miami Children's Hospital national certification testing
- Members receive six issues of the *Journal of Pediatric Nursing*, SPN's official journal
- SPN offers opportunities to serve on the board or in officer positions. MCH offers APEX points for those who serve in such leadership positions.

For more information on how to join SPN, (info needed here.)



# If You Think Running a Marathon is Tough, Try Chemotherapy

By Angie Carret, RN, BSN

 n January 8, 2007, I participated and completed my first half-marathon at Walt Disney World. This long journey started 5 months earlier, when I began training and ended when I crossed the finish line that Saturday morning. This was one of the hardest things I've ever done in my life. It was also one of the most rewarding.

I participated in the Disney Marathon Weekend as a member of the Leukemia and Lymphoma Society Tem in Training. This organization specializes in training individuals to partake in endurance events all around the country. As a member, you raise money for research in lymphoma, leukemia and other blood related cancers.


Many people believe that in order to take part in an endurance event such as a marathon, you need to be "an athlete." However, I am an example of how the proper training and perseverance can help anyone cross the finish line on race day. The team in training program consisted of group training sessions every Saturday morning for five months. The coaches train you to overcome physical and mental obstacles during this time.

On the weekend of the race, there are various events that the Leukemia and Lymphoma Society plan. At this time, members from across the country are able to share their stories and personal reasons for joining. Many people were running because of a parent, a child, or a

friend who had passed away from cancer. There were also many cancer survivors in remission, who felt this was their way of keeping hope alive within themselves. People were running for many different reasons. In the end, the crucial goal was not only to reach the finish line; it was ultimately to help find a cure for cancer.

As a new graduate nurse working on 3 North, I've worked with children battling this powerful disease. Many children are lucky to win the battle, but some are not. It was their inspiration and their words of hope that helped me endure the fatigue and pain that started to overwhelm me on mile seven. It was their smiles that came to my mind as I crossed the finish line that morning after 13.1 miles. It was the spirit of so many that had passed that lingered over us that morning, bestowing upon us the energy to keep going for a greater purpose.

The entire event was one of the most difficult things I've ever had to undergo. However, it was also one of the happiest and most amazing experiences in my life.

 ill Tahmoressi and Pat Messmer spoke at the Society of Pediatric Nurses 17th Annual Convention in Milwaukee, on April 14. Jill spoke on "Bedside Nurses: The Key Factor in Cultivating Patient and Family-Centered Care," while Pat spoke on Humpty-Dumpty Falls™ Scale and Prevention Program.







## Pandemic Flu and the Healthcare Worker

By Joan Vinski, RN, MSN, CIC  
*Infection Control*

**T**here has been much media attention given to pandemic flu in the past year. While many healthcare workers are familiar with the seasonal flu, most in practice today have had no experience with a flu pandemic. A flu pandemic occurs when a new influenza virus emerges among humans and spreads easily from person to person. Because the virus is new to humans, people have little or no immunity and the virus spreads worldwide. There have been only three occurrences of pandemic flu in the 20th century. The last pandemic occurred in 1968 and caused about 34,000 deaths in the United States. There is currently no pandemic influenza in the world. However, many believe that it is only a matter of time before the next pandemic of influenza occurs.

When a pandemic influenza occurs, the impact may overwhelm the healthcare system. In the early stages of the pandemic, there will be no vaccine to protect people. Once a potential strain of influenza is identified, a virus strain is selected to develop the vaccine for that particular strain. Antiviral medications may be of benefit, but may not be available or may not be appropriate for the current pandemic strain. Therefore, the ability to limit transmission in healthcare settings will depend on the effective use of infection control measures. These measures include cough etiquette, hand hygiene, and isolation of infected patients. All patients ill with fever and respiratory symptoms should be handled as potentially infectious and placed in respiratory droplet precautions (Some conditions such as avian flu may require airborne precautions.) The consistent use of personal protective equipment such as gloves, gowns, and masks will protect the healthcare worker when providing care to symptomatic patients. Furthermore, health care workers with respiratory symptoms and fever should not work until the symptoms are resolved. For more information, go to <http://www.pandemicflu.gov>.



## The Impact of Nurses On a Child

By Susana Flores, RN, BSN

**H**ospitalization is stressful. It is stressful for adults, and even more so for children. Sick children who are hospitalized, may be unexpectedly and unwillingly taken from a comfortable and familiar atmosphere – their home, family, school and friends – and brought to a foreign seeming place, filled with constant activity and medical procedures, some of which may be invasive and painful. Children are among the most vulnerable members of our society, and hospitalization only increases their vulnerability.

The relationship that pediatric nurses form with the children in their care is vital in establishing trust and rapport for optimal health care delivery. The nurse must strive to develop meaningful relationships with patients and families, while maintaining professionalism.

In pediatric nursing, we bring a human, emotional aspect of caring for the patient and family. When a therapeutic relationship with pediatric patients and their families is formed, there is open communication and effective teaching that empowers the family.

A study done of school-aged children admitted to an intensive care unit showed that nurses were the primary ones that helped ease the patient's fears. When the children were asked who or what helped the most while they were in the PICU, 43 percent stated their nurses and 29 percent said it was their families. When the children were asked who were the people they most remembered while being in the PICU, nurses were mentioned first, showing the lasting effect that nurses have on their pediatric patients.

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## Know the Forces: Magnet Forces 11 and 12

By ???  
*Magnet Forces 1 through 10 were discussed in previous issues.*

### Force 11- Nurses as Teachers

Nurses are permitted and expected to incorporate teaching in all aspects of their practice. Teaching is one activity that reportedly gives nurse a great deal of professional satisfaction.

1. Orientation
2. Mentoring
3. Patient and family education
4. Clinical and leadership staff development
5. Scholarly initiatives

### Force 12- Image of Nursing


Nurses are viewed as integral to the organization's ability to provide patient care services. The services provided by nurses are characterized as essential by other members of the healthcare team.

1. The CNO exerts influence on strategic planning and decision-making bodies at the highest level of the organization.
2. There is recognition throughout the organization of nursing as integral to the operations and success of the organization.



# Evidence-Based Nursing Practice

By Patricia R. Messmer, PhD, RN-BC, FAAN

 Evidence Based Nursing (EBN) is the process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences. Three areas of research competence are: interpreting and using research, evaluating practice, and conducting research. These three competencies are important to EBN. The following factors must be considered to implement EBN:

- sufficient research must have been published on the specific topic
- the nurse must have skill in accessing and critically analyzing research
- the nurse's practice must allow her/him to implement changes based on EBN

**EBNursing Practice:** solves problems encountered by nurses by carrying out four steps:

1. Clearly identify the issue or problem based on accurate analysis of current nursing knowledge and practice
2. Search the literature for relevant research
3. Evaluate the research evidence using established criteria regarding scientific merit
4. Choose interventions and justify the selection with the most valid evidence

**Research utilization** transfers research findings to nursing practice and is carried out by individual nurses, groups of nurses working together to solve problems, interdisciplinary teams, and institutions and organizations seeking to make system-wide improvements in care outcomes.

**Literature review** is a scholarly analysis of a body of research about a specific issue or topic whereas **clinical decision-making** entails drawing conclusions based on EBN, clinical expertise, patient preference, and other factors such as cost-benefit analysis, availability of alternatives, etc.

There are several models for research utilization in nursing that serve as a foundation to understand evidence-based nursing practice.

(1) The Conduct and Utilization of Research in

Nursing (CURN) project was designed to develop and test a model for using research-based knowledge in clinical practice settings. Research utilization is viewed as an organizational process. Planned change is integrated throughout the research utilization process. Systems change is essential to establishing research-based practice on a large scale (Haller, et al, 1979; Horsley, et al 1983; Horsley, Crane, & Bingle, 1978).

- (2) The Stetler Model of Research Utilization applies research findings at the individual practitioner level. The model has six phases: (1) preparation, (2) validation, (3) comparative evaluation, (4) decision making, (5) translation and application, and (6) evaluation. Critical thinking and decision making are emphasized (Stetler, 2001)
- (3) The Iowa Model for Research in Practice infuses research into practice to improve the quality of care, and is an outgrowth of the Quality Assurance Model Using Research (QAMUR). Research utilization is seen as an organizational process. Planned change principles are used to integrate research and practice. The model integrates evidence-based healthcare acknowledges and uses a multidisciplinary team approach (Titler, et al, 2001).
- (4) Kathleen Stevens- The ACE Star Model of Knowledge transformation depicts various forms of knowledge in a relative sequence, a S research evidence is moved through several cycles, combined with other knowledge and integrated into practice. The ACE Model provides a framework for systematically pitting evidence-based processes into operation. The model illustrates five major steps of knowledge transformation: 1) Discovery, 2) Summary, 3) Translation, 4) Integration and 5) Evaluation. Evidence-based processes and methods vary from one point of the star model to the next (Stevens, 2006; Stevens & Cassidy, 1999; Stevens, 1999).

At the CHCA meeting in Kansas City September 13-14, 25 the CNOs and their nurse researchers held a forum to discuss strategies and priorities for research and evidence-based practice. Senior Vice President/CNO Jackie L. Gonzalez, ARNP.MSN, CNAA-BC, FAAN and nurse researcher, Patricia R. Messmer, PhD, RN-BC, FAAN represented MCH at this historic meeting. The goals were to:

- change nursing culture to promote

acceptance and utilization of EBP

- identify and review existing models of EBP at CHCA hospitals noting the infrastructure, strengths/weaknesses, successes/failures and costs involved.
- develop a website for EBNP, creating a template for use in other facilities
- create a database for posting results of ongoing and completed research studies
- encouraging CHCA pediatric facilities to share systematic reviews, policies & procedures, clinical practice guidelines
- hold forums to communicate interest areas, identify content experts and solicit consultation
- offer opportunities for multi-site studies / collaborators.

A CHCA / CNO nurse researcher advisory group was formed to define ethics and "ground rules" of multi-site collaboration for PI/Co-PI authorship in regards to individual, institutional and CHCA. The group developed processes to identify and prioritize research studies and determine procedure for dissemination of study findings. Jackie Gonzalez and Patricia R. Messmer – MCH were selected for the advisory group. The other CNOs include: Velinda Block of St. Louis; Andrea Colon of New York. The nurse researchers selected were: Sharon Barton, Children's Hospital of Philadelphia; Pat Jamerson, St. Louis Children's Hospital; Shelly Malin, Children's Hospital of Wisconsin; Anne Marie Kotzer, Denver Children's Hospital; Crystal Bennett, Los Angeles Children's Hospital, and Myra Huth, Cincinnati Children's Hospital. The first Advisory Group meeting was held February 8-9, 2007 at St. Louis Children's Hospital in St. Louis, Missouri. A criteria sheet was created to evaluate which project would serve the greatest benefit; it was the consensus to study the pediatric fall rate and prevention programs across all the CHCA facilities.

On February 21, 2007, Pat Messmer and 22 pediatric and evidence-based practice nursing leaders from 18 children's hospitals and colleges of nursing across



# Staff Nurses Practicing Evidence-Based Practice at MCH

Lisa Morgan, RN, BSN and Dorothy Thomas, RN,BSN,CIC are publishing an article, "Implementing Evidence-based Nursing Practice in the Pediatric Intensive Care Unit" in the March/April, 2007 issue of *Journal of Infusion Nursing* 30(2)

Manuella Janvier-Anglade, RN, MBA/HCM presented a poster, "Tell Me about our Medical Home for Children with Special Needs at National/International Evidence-Based Practice Conference in Phoenix, Arizona February 22-24, 2007.

Cheryl Minick, MSN, RN, CPN presented the poster, "Implementing a Humpty Dumpty Falls Scale & Prevention

Program" at the 5<sup>th</sup> Annual 2006 Summer Institute of Evidence-based Practice: Quality Improvement, Quality Indicators June 29-July 1, 2006 San Antonio, Texas.

Allison Schefflow, RN, BSN, a staff nurse on PICU is the leader for the Evidence-based practice committee, conducts regular meetings and has a bulletin board for Evidence-based projects.

*Plans are to have a staff nurse devoted to Evidence-based Nursing Practice on each unit. They will wear a gold star and Allison (PICU) is the first to don her gold star.*

the country met in a Leadership Summit in Phoenix, Arizona prior to the National/International Evidence-Based Practice Conference. They launched the first National Consortium for Pediatric & Adolescent EBP (NCPAEP) which was funded by the Agency for Healthcare Research & Quality (AHRQ). The mission of NCPAEP is to promote interdisciplinary EBP and collaborative research for improving child and adolescent health outcomes across the care continuum. "Despite extensive research, it takes an average of 17 years to translate research findings into practice to treat high-risk children and adolescents," said Dean Bernadette Melnyk of the College of Nursing at Arizona State University and chair of the Summit. "Our vision is that EBP must be accelerated to promote the highest quality of healthcare for this vulnerable population."

The Centers for Disease Control released findings in February, 2007 of a dramatic increase in teen suicides in the U.S., which is one major reason why Melnyk feels we must be more aggressive in generating evidence from studies to guide best practices with high-risk teens and then to translate the findings from these studies into clinical practice. "We can speed progress more rapidly through a national consortium versus institutions trying to tackle these issues by themselves," the ASU nursing dean said. The NCPAEP working group formulated its strategies and plans and reported them to the 340 attendees of the National/International EBP Conference, Translating Research into Practice with Vulnerable

Populations, in Phoenix. NCPAEP's National priorities and recommendations for advancing pediatric and adolescent EBP included:

- Standardize and define best practices for care of children, teens and families,
- Infuse EBP expertise into nursing education, professional organizations, policy development, state boards of nursing, certification exams, and other pediatric organizations,
- Provide evidence-based education tools, guidelines and resources,
- Change the practice paradigm and strengthen the value of EBP, and
- Engage participation from all healthcare facilities to participate in the effort.

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## It is Now Hurricane Season

**J**une 1 officially kicked-off the 2007 Hurricane Season. The Federal Emergency Management Agency (FEMA) has recommended that you have a family preparedness plan in place which will sustain your family for three days.

### Supplies

- First Aid kit
- Prescriptions
- Food and water for up to 72 hours
- Extra clothing and blankets
- Flashlights and batteries
- Toys

### Miami-Dade County Office of Emergency Management

#### Contact Information:

- [www.miamidade.gov/eoc](http://www.miamidade.gov/eoc) will provide you with the following:
  - Evacuation zones
  - Flood zones
  - Law enforcement & fire department contact phone numbers
  - Government Services
  - Animal Shelters
  - Registration for electrically dependant & oxygen dependant community patients

**MCH Hurricane Hotline** - (305) 667-1957 • [www.mch.com](http://www.mch.com) and go to employee portal

## Florida International University Honors Three MCH Nurses

**I**n honor of its 25<sup>th</sup> anniversary, Florida International University's College of Nursing and Health Sciences recently honored 25 of the program's top alumni, including three nurse leaders from Miami Children's Hospital.

The MCH honorees included:

- Linda Nylander-Housholder, Critical Care Educator and ECMO specialist
- Rosa Roche, Pediatric nurse practitioner in the MCH Division of Pulmonology
- Bing Wood, Pediatric Intensive Care Unit Director

The three were selected from among more than 3,860 nurses who have graduated since the founding of the FIU nursing program.

Congratulations, Linda, Rosa and Bing. You make us proud!

## Daisy Award Winners

**B**elow please find DAISY Award winners for the months of March, April and May. The DAISY Award is offered at many hospitals nationwide and is presented by the DAISY Foundation, an organization for the elimination of diseases attacking the immune system (hence the acronym) in memory of Patrick J. Barnes.



### March – Ana Diaz, RN, BSN

Ana Diaz, RN, LPN, of 3 Northeast was selected as the March recipient of the DAISY Award for Extraordinary Nurses. Ms. Diaz was nominated by a member of the hospital's Family Advisory Council. The nominator wrote: "Ana Diaz is an extraordinary person who demonstrates on a consistent basis her compassion, understanding and professionalism to her patients and their families. Ana works in the hematology/oncology unit, which is a department where patients are not just seen occasionally but rather on an ongoing basis. Ana gets to know her patients, not only their medical needs but also their likes and dislikes. Ana presents to her patients and their families a sense of calm and reassurance, which helps them cope with their illness."

### April – Diane Chafin, RN, MHA

Diane Chafin, RN, of the PICU has been chosen as the hospital's April DAISY Award recipient. Ms. Chafin was nominated by Liz Fauerbach of the MCH Family Advisory Council. Ms. Fauerbach wrote: "Diane is a true patient advocate. She treats every patient and family as unique individuals and just seems to know what each patient or family needs. Diane collaborates very well with the physician team, providing the physicians with valuable information and advocating on behalf of her patients. Diane goes above the call of duty to provide any assistance her patient may need."

### May – Trish Maynard, RN, BSN

Trish Maynard, RN, of the Cardiac Intensive Care Unit was chosen as the hospital's Daisy Award winner for the month of May. She was nominated by Lisa Sosa, RN, Cardiovascular Unit Manger.

Ms. Sosa wrote: "In the many years that I have known Trish, she has always been caring and dedicated to being a nurse. She gives all her patients and families excellent care. She listens to their needs and provides them with the information they seek and want. She is very caring with her patients. She talks to them in a kind and gentle manner. She holds the babies and rocks them when they are irritable. With one specific family, she built a special bond with mom and dad and helped them develop a bond with their dying baby. She was by their side when they needed someone to talk to and gave them the encouragement they needed."

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## Evidence-Based Nursing Practice

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# Congenital Heart Institute Receives First Place in Nursing Research at Conference

By Marilyn Torres, PharmD., Jane Salvaggio, ARNP, MSN and Ingrid Gonzalez, ARNP, MSN

**A**wareness and treatment of surgical pain in children has improved over the years, and continues to be a challenge, especially in the post-operative period. With this knowledge at hand, an adjunct therapy used to manage post-operative pain was investigated by our team here at MCH. Our goal was to determine the safety and efficacy of the continuous infusion pump (ON-Q Pain Buster) in the pediatric patient undergoing cardiac surgery.

The following abstract was submitted and won first place in the nursing research plenary session at the Pediatric Cardiovascular disease Conference held recently in Orlando.

Use of a Continuous incisional infusion of either levobupivacaine 0.25% or bupivacaine 0.25% in pediatric patients undergoing median sternotomy.

Jane Salvaggio, ARNP, Marilyn Torres, Pharm D, Ingrid Gonzalez, MSN, Lynda Rusinowski, ARNP, Cristi Tyler, ARNP, Milagros Tablante, ARNP, Redmond Burke, MD, Robert Hannan, MD, Christopher Tirota, MD, MBA.

Congenital Heart Institute of Miami Children's Hospital and Arnold Palmer Hospital for Children

An adjunct therapy to manage post-operative pain was studied by a collaborative team in the Congenital Heart Institute at MCH. The safety and efficacy of the continuous infusion pump (ON-Q Pain Buster) was evaluated in a prospective, randomized and double blind study with either levobupivacaine 0.25% or bupivacaine 0.25% vs. saline in an elastomeric continuous infusion pump (ONQ Pain Buster) via median sternotomy soaker catheters for a duration of 72 hours after open heart surgery in 72 pediatric patients.

## RESULTS:

Bupivacaine levels were drawn on the first 41 patients. There were no reported side effects and no levels were considered toxic. The total amounts of morphine required was decrease by 17% ( $p=0.019$ ) over the three day study compared with the placebo group, midazolam by 34% ( $p=0.001$ ), lorazepam by 35% ( $p=0.001$ ), ketorolac by 56% ( $p=0.05$ ). Overall, pain scores were less in the test group, but statistical significance was not achieved. The usage of ondansetron was decrease by 10% ( $P=0.07$ ), which was a marker for nausea and vomiting, approached statistical significance in the test group compared to the control group.



The poster received the highest score for the Nursing Research Plenary Session. The top two Nursing Abstract had the opportunity to deliver an oral presentation as well. Marilyn and Ingrid presented early Saturday morning to an audience of about seventy-five nurses from all over the United States including Martha Curley and other top nursing researchers.

We congratulate Marilyn Torres and Ingrid Gonzalez for representing Miami Children's Hospital at the Tenth Annual Update on Pediatric Cardiovascular Disease.

## Rituximab-Chemo Treatment for Nephrotic Syndrome Patients

by Arnold Jumagbas, RN, BSN and Kelli-Ann McIntosh, RN, BSN

**A** new trend that is being used for treatment of nephrotic syndrome patients on 3 NE is Rituximab (rituxan) an intravenous drug used also for rheumatoid arthritis and non-Hodgkins lymphoma. It belongs to a class of drugs called monoclonal antibodies.

In treatment of NS patients, it is used when other chemo drugs or standard treatments are not effective or if the patient is no responding well. Rituximab destroys numbers of B-cells – cells of the immune system that are responsible for inflammation. It is a man-made antibody that was developed using cloning and recombinant DNA technology from human and rat genes. It attaches to receptors that cause the cell to lyse. The dosing is usually administered once weekly for four weeks at a dose 375 mg per meter squared. Once mixed, it can be stored at room temperature for up to 12 hours and should be protected from sunlight.

The most common side effects are fever, rigors and chills that occur during the first dose of the drug. Other symptoms include nausea, itching and hives, fatigue, difficulty breathing, vomiting, decreased blood pressure and flushing.

Tylenol and Benadryl are given before the start of treatment. Frequent monitoring of vital signs is maintained until treatment is complete. If any side effects occur, stop treatment and notify the doctor right away.

After 12 to 24 hours of Rituximab treatment, critical levels of potassium, calcium and phosphate are monitored. Blood works for CBC and metabolic panel are obtained before and after treatment. Always follow up with the doctor to monitor any severe side effect of treatment.



# Keeping the Money Flowing: the Need for a Solid Retirement Strategy

**R**etirement's getting closer. Hopefully, you have been saving and investing for your retirement on a regular basis, and you have a good idea of what you want to do during retirement. You probably still have one big nagging question: how can you be sure that your retirement income will last as long as you do?

Improvements in health care and changes in life style generally mean that a person retiring today at age 65 can look forward to 20-30 more years ahead. And while some expenses may decrease over time, others – such as health care – will most likely increase. Here are some key points to consider before you retire to make sure you have an adequate income stream to support your entire retirement.

## Sources of Income

Financial advisors often say you'll need from 70 to 80 percent of your pre-retirement earnings to maintain a comparable standard of living in retirement, but some say the figure is higher than that. Make a list of all your expected sources of retirement income. Your top four sources will probably include:

- Social Security
- Workplace-based retirement plans (traditional pension plans and 401(k), 403(b), 457, and/or profit sharing plans)
- Personal savings (IRAs and other savings and investment accounts)
- Employment

Expected inheritances may be another possible source of income to consider, but you can't bank on the expectation of receiving a windfall from some relative's estate. A Social Security Administration study says that only about 3 percent of retirement income comes from sources other than Social Security, retirement plans, savings, and employment.<sup>1</sup>

Let's take a look at each of your potential income sources.

## Social Security

If you are an average American who participated in the Social Security system you can expect that your Social Security benefit will provide about 40 percent of your total retirement income – enough to provide a foundation for your retirement, but hardly enough to fully support you and your family.<sup>2</sup>

In addition to the estimated benefits and information on your annual Social Security statement, you'll find a lot of helpful information including calculators and links on the Social Security website: go to [www.ssa.gov](http://www.ssa.gov) and click on Plan Your Retirement. You can also read more about Social Security in our article entitled "Understanding Social Security."

## Workplace-based Retirement Programs

Many workplaces offer some form of defined contribution program such as 401(k), 403(b), and 457 plans. Some workplaces may also offer a pension plan, also known as a defined benefit plan, which is typically paid for by the plan sponsor. For those people who have been covered by one or more of these retirement programs, income from this source may account for about 18 percent of their total retirement income.<sup>3</sup>

Pension plans generally provide a guaranteed benefit based on a formula in the plan. In a defined contribution program, a participant's

account balance grows tax-deferred and the ending balance will depend on how much has been contributed and how well the investments have performed.

Check the Summary Plan Descriptions (SPDs) for all the retirement plans that cover you. Don't forget about plans from prior jobs where you still have a balance or accrued benefit coming to you. The SPD will tell you when you can begin taking your benefit and what forms of benefit are available. Distribution rules may vary from plan to plan, so read them all closely. Your most recent benefit statements will also be helpful, and you can request more information from your benefits department or your employer.

By law, some retirement plans dictate that if you are married, you must take your benefit in the form of a joint and survivor annuity unless you and your spouse waive that requirement in writing. Some payment options include death benefits and some don't. Do you have a spouse or children whom you want to provide for? Consider your current and future needs when deciding which option(s) to choose.

## Personal Savings, Investments, and IRAs

You may also have a variety of savings accounts, traditional and/or Roth IRAs, stocks, bonds, mutual funds, and other types of investments, each with its own set of tax implications as you take distributions. Income on these assets may provide about 16 percent of your total retirement income.<sup>4</sup>

## Employment

A recent AARP survey reports that fully 80 percent of "baby boomers" plan to work in retirement, but more because they need the income than strictly for pleasure, as compared with an earlier study five years ago.<sup>5</sup> Earnings income accounted for approximately 24 percent of the total income for those age 65 and older, according to the Social Security Administration.<sup>6</sup> Income from ongoing employment may help fill in any gaps in your retirement income stream.

## Timing and Taxes

Reviewing all your potential income sources is the first step. Figuring out *when you start* tapping into these sources, *in what order* and *in what form* can make a big difference in the income you receive and the taxes you'll have to pay. And don't forget about inflation. Twenty years from now you'll need to be drawing down more income to support the same level of goods and services you're buying today. You have to plan for that, too.

For Social Security, the age at which you can receive your full benefit depends on what year you were born (for anyone born in 1960 or later, the age is now 67). You can begin receiving your Social Security benefits as early as age 62 (however, they will be in a permanently reduced amount – up to 30 percent reduced if you were born in 1960 or later). If you begin receiving payments before your full retirement age and are still working, your benefits can be affected by the amount of money you make. Or, you can delay receiving your benefits, in which case they will be increased for each month beyond your full retirement age that you wait (up to age 70).



Generally speaking, for workplace-based retirement programs, if you take your benefit as an annuity, you are taxed on the amounts as you take them out. If you take a lump sum distribution, the payer will automatically withhold 20 percent of the amount as prepayment of your federal taxes (unless you directly roll over a tax-qualified distribution to an IRA or another tax-qualified plan). You don't have to start taking any money out until age 70½ at the earliest. At that age, you will have to take at least a minimum amount each year or face a penalty.

Regular after-tax savings accounts are not subject to further taxation when you make withdrawals. Traditional IRAs usually are made with tax-deductible contributions going in, so withdrawals generally are taxable on the way out. Roth IRAs are different: if you're over age 59½ and have had a Roth IRA for five tax years, all distributions from it are tax-free. Distribution rules and their tax consequences for stocks, bonds, and mutual funds can be complicated; consult a broker or professional tax advisor for help.

Should you tap into your tax-free income sources first? Does it make sense to take at least part of your retirement income as an annuity? Should you start taking Social Security as soon as you are eligible, even if you're still working? Should you wait? How do you know which is better? A professional financial advisor can help you determine what makes the most sense for your situation.

### Keep Planning

Bottom line, proper planning is the key. Start planning early, and understand that the process continues after retirement as you fine-tune your plans and make necessary adjustments to keep up with inflation and your changing needs. Enlisting the assistance of professional financial advisors will help you make the most of your various income sources so you can truly enjoy the retirement of your dreams.

### References:

1. Social Security Administration, "Income of the Population 55 or Over, 2000," Washington, D.C. 2002.
2. Ibid.
3. Ibid.
4. Ibid.
5. RoperASW for AARP, "Baby Boomers Envision Retirement II," May 2004, 24.
6. Social Security Administration, "Income of the Population 55 or Over, 2000," Washington, D.C. 2002.

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

### ANNOUNCEMENTS

#### Cancer Survivor's Day at Tropical Park on June 3

### CERTIFICATIONS

The following members of the 3 North nursing team completed their CPON certification:

**Lilly Rimblas, RN**

**Ana Diaz, RN**

**Marina Spisniak, RN**

**Romina Randall** in the Cancer Center obtained her CCRC-Clinical Coordinator Research Certification

**Pauline Harris** CICU achieved her CCRN

**Lourdez Gonzalez, RN**, received her CCRN.

**Jennifer Healy** successfully passed the Nurse Practitioner exam

### GRADUATION

**Angel Cruz** Ward Secretary for the Cardiac Care Center graduated from the Miami-Dade College of Nursing program and is now a GN.

**Lisette Pais** of CICU received her bachelor's degree in nursing from Florida Atlantic University.

**Jessica Lemus** and **Eileen Guell** passed their nursing boards.

The following received their master's in nursing degrees:

**Claudia Garcia**, manager PICU completed her MSN from Florida International University

**Christina Forcine**, staff nurse in PICU, completed her MSN from the University of Phoenix

### NEW HIRES

**Kristina Diaz RN**

**Stan Mesen**

**Aniela Ledon RN**

**Janette Sosa, RN**

**Christine Singelmann GN**

**Ariana Pandal GN**

**Sarah Hibel GN**

**Giselle Andramunio GN**

**Vivette Dobbins TCA**

**Shannon Hutcherson RN**

**Merlin Wehbe RN**

**Vanessa Lluy, RN**

**Anlynn Vesquez, RN**

**Maray Deversa, RN**

**Lina Garcia RN**

Transfers:

**Jessica Gil**, PICU from 3NE

**Sabrina Copple**, PICU from OR



# National Patient Safety Week

By Rachel Philotas, RN, BSN

**m**iami Children's Hospital celebrated National Patient Safety Week in March with a week's worth of activities for employees, patients and the community.

Educators joined us from different departments of the hospital, along with representatives of the Miami-Dade Police Department, the local Poison Control Center and the National Center for Missing and Exploited Children.

Different educational booth activities focused on child identification, patient safety, poison control, child safety, hand washing, proper dispensing of medications, trauma and bike safety. We also offered a

one-hour workshop regarding child exploitation which included internet safety.

It was a very successful celebration. Not only did staff, patients and the community become more aware of safety issues, they also had fun and received giveaways to remind them that prevention saves children's lives.

We would like to say thank you for the educators that helped made this event a success. More than 150 families have visited our booths during that week.





# Schedule for JCAHO Surveys

This schedule will be implemented during an unannounced JCAHO survey.

## DAY 1

TIME	PHYSICIAN	NURSE	ADMINISTRATOR
8:00 – 9:00 am Nursing Conf. Room	Surveyor Arrival and Preliminary Planning Session Joint Commission Only		
9:00 – 10:00 am Auditorium	Opening Conference and Orientation to Organization MCH Participants: <b>Rene Murai, BOD Chairman</b> <b>Thomas Rozek, President &amp; CEO</b> <b>Senior Leaders (see detailed list)</b> <b>Diane Bowles, Director of Quality Resources</b>		
10:00 – 11:00 am Nursing Conf. Room	Continued Surveyor Planning Session Joint Commission Only		
11:00 – 12:30 pm Hospital or offsite	11:00 – 12:30 pm Hospital or offsite Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
12:30 – 1:00 pm Nursing Conf. Room	Surveyor Lunch		
1:00 – 3:30 pm Hospital or offsite	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
3:30 – 4:00 pm Nursing Conf. Room	Special Issue Resolution		
4:00 – 4:30 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session Joint Commission Only		

## DAY 2

TIME	PHYSICIAN	NURSE	ADMINISTRATOR
8:00 – 8:30 am Research Large Conf. Room	Daily Briefing MCH Participants: <b>Thomas Rozek, President &amp; CEO</b> <b>Senior Leaders (see detailed list)</b> <b>Diane Bowles, Director of Quality Resources</b>		
8:30 – 9:30 am Hospital or offsite	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Individual Based System Tracer – Data Use MCH Participants: <b>Christian Patrick, CMO, Chair PI Council</b> <b>Anselmo Cepero, MEC Chair/ President of the Medical Staff</b> <b>Kevin Hammeran, COO</b> <b>Jackie Gonzalez, CNO</b> <b>PI Council Representatives</b> <b>Ana Poveda, Staffing</b> <b>Effectiveness</b>
9:30 – 12:00 pm Hospital or offsite			Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
12:00 – 12:30 pm Nursing Conf. Room	Surveyor Lunch		
12:30 – 1:00 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session Joint Commission Only		
1:00 – 3:30 pm Hospital or offsite	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
3:30 – 4:00 pm Nursing Conf. Room	Special Issue Resolution		
4:00 – 4:30 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session Joint Commission Only		

\* Or alternate/Director of Nursing designated by Director of Quality Resources • See separate Life Safety Code Agenda.

# DAY 3

TIME	PHYSICIAN	NURSE	ADMINISTRATOR
8:00 – 8:30 am Research Large Conf. Room	Daily Briefing MCH Participants: <b>Thomas Rozek, President &amp; CEO</b> <b>Diane Bowles, Director of Quality Resources</b> Senior Leaders (see detailed list)		
8:30 – 9:30 am Hospital or offsite	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Environment of Care Session MCH Participants: <b>Robert Nowlan, VP</b> <b>Mario Calderara, Plant Operations</b> <b>Pablo Suarez, Security</b>
9:30 – 12:00 pm Hospital or offsite			Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
12:00 – 12:30 pm Nursing Conf. Room	Surveyor Lunch		
12:30 – 1:00 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session Joint Commission Only		
1:00 – 1:30 pm Hospital or offsite	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD, CMO</b> <b>Jill Tahmooressi, RN*</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonazlez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>	Special Issue Resolution <b>Nursing Conf. Room</b>
1:00 – 2:30 pm			Surveyor Preparation of Findings Joint Commission Only
2:30 – 3:30 pm Administrator: Nursing Conf. Room	Individual Based System Tracer – Medication Management MCH Participants: <b>Connie Chan, Pharmacy Director</b> <b>Clinical Pharmacists</b> <b>Frank Magnarelli, Clin. Engineering</b> <b>Diane Bowles, Dir. Quality Resources</b>		
3:30 – 4:00 pm	Interim Exit Conferenece MCH Participants: <b>Christian Patrick, MD, CMO</b>	Special Issue Resolution <b>Jackie Gonzalez, CNO</b> <b>Jill Tahmooressi, RN</b> <b>Nursing Conf. Room</b>	Interim Exit Conferenece MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
4:00 – 4:30 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session Joint Commission Only		

# DAY 4

TIME	PHYSICIAN	NURSE
8:00 – 9:00 am Research Large Conf. Room	Leadership Session MCH Participants: <b>Rene Murai; BOD Chair</b> <b>BOD Vice Chair</b> <b>Thomas Rozek, President &amp; CEO</b> <b>Kevin Hammeran, EVP, COO</b> <b>Christian Patrick, SVP/CMO</b> <b>Anselmo Cepero, MEC Representative</b> <b>Jackie Gonzalez, SVP/CNO</b> <b>Other Senior Leaders</b> <b>Other Senior Staff</b>	
9:00 – 10:00 am Nursing Conf. Room	Individual Tracer Activity MCH Participants: <b>Christian Patrick, MD</b> <b>Jill Tahmooressi, RN*</b>	Competence Assessment Process MCH Participants:
10:00 – 11:00 am Research Large Conf. Room		Individual Based System Tracer – Infection Control MCH Participants: Otto Ramos, MD; Director – Infectious Diseases Joan Vinski, RN; Director of Infection Control Laboratory Section Chief Cathy Viar, RN; Infection Control Practitioner Mario Calderara; Director of Plant Operations Clinical Pharmacist CNS Jackie Gonzalez, RN; Senior VP/CNO Karen Namoff, ARNP; Employee Health Office Staff Nurses
11:00 – 12:00 pm Nursing Conf. Room		Individual Tracer Activity MCH Participants: <b>Kevin Hammeran, EVP, COO</b> <b>Diane Bowles, BSN, RN, CPHQ*</b>
12:00 – 12:30 pm Nursing Conf. Room	Surveyor Lunch	
12:30 – 1:30 pm Nursing Conf. Room	Medical Staff Credentialing and Privileging MCH Participants: <b>Christian Patrick, MD; SVP/CMO</b> <b>Elizabeth Menocal; Director of Medical Staff Services</b> <b>Anselmo Cepero, MD</b>	Individual Tracer Activity MCH Participants: <b>Jackie Gonzalez, SVP, CNO</b> <b>Debbie Hill Rodriguez, ARNP*</b>

continued on page 15

TIME	PHYSICIAN	NURSE
1:30 – 3:30pm Nursing Conf. Room	Surveyor Report Preparation Joint Commission Only	
3:30 – 4:30 pm Research Large Conf. Room	CEO Exit Briefing and Organization Exit Conference MCH Participants: <b>Rene Murai, BOD Chairman</b> <b>Thomas Rozek, President &amp; CEO</b>	Senior Leaders (see detailed list) <b>Diane Bowles, Director of Quality Resources</b>

\* Or alternate/Director of Nursing designated by Director of Quality Resources • See separate Life Safety Code Agenda.

## Life Safety Code Survey

This schedule will be implemented during an unannounced JCAHO survey.

TIME	LIFE SAFETY CODE SPECIALIST
8:00 – 8:30 am Nursing Conf. Room	Surveyor Planning Session Joint Commission Only
8:30 – 9:30 am 2 <sup>nd</sup> Floor Variety Conf. Room	Facility Maintenance Review <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
9:30 – 10:00 am 2 <sup>nd</sup> Floor Variety Conf. Room	Facility Orientation <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
10:00 – 12:30 pm Tour	Life Safety Code Building Tour <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
12:30 – 1:00 pm Nursing Conf. Room	Surveyor Lunch
1:00 – 4:00 pm Tour	Life Safety Code Tour, continued <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
4:00 – 4:30 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session

TIME	LIFE SAFETY CODE SPECIALIST
8:00 – 8:30 am 2 <sup>nd</sup> Floor Variety Conf. Room	Facility Orientation MCH Participants: <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
8:30 – 9:00 am Nursing Conf. Room	Surveyor Planning Session Joint Commission Only
9:00 – 10:00 am 2 <sup>nd</sup> Floor Variety Conf. Room	Life Safety Code Building Tour <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
10:00 – 12:00 pm Tour	Life Safety Code Building Tour <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
12:00 – 12:30 pm Nursing Conf. Room	Surveyor Lunch
12:30 – 4:00 pm Tour	Life Safety Code Tour, continued <b>Robert Nowlan, VP</b> <b>Pablo Suarez, Director of Safety and Security</b> <b>Mario Calderara, Director of Plant Operations</b>
4:00 – 4:30 pm Nursing Conf. Room	Surveyor Team Meeting/Planning Session

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

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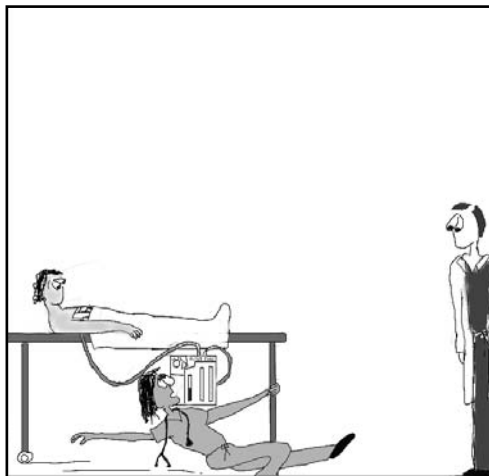
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MCH-RDP072007-O



*"No, it's not a new yoga move. I just got stuck this way when I tried to read the drain on the chest tube..."*

## 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 Nancy Perdomo.*

### BAKED SHRIMP WITH FETA AND TOMATOES

#### Ingredients:

1/4 cup butter  
1 tbsp. minced garlic  
1 1/2 lbs. large shrimp, peeled and deveined  
1/4 tsp. crushed red pepper flakes  
3/4 tsp. dried oregano  
salt to taste  
1/4 cup chopped fresh parsley  
3/4 cup dry vermouth  
1 (14.5 oz) can diced tomatoes  
4 oz. crumbled feta

Preheat oven to 350. Put the butter and garlic in a large skillet and place over medium-high heat. Once the butter has melted and the garlic begins to sizzle, stir in the shrimp, red pepper flakes and oregano. Cook until the shrimp are firm and opaque, about 5 minutes. Season with salt then stir in the parsley and pour into a casserole dish.

Pour vermouth into the skillet and simmer until reduced by half. Add the tomatoes and continue cooking until heated through. Spoon tomato mixture on top of the shrimp and sprinkle with the feta cheese.

Bake in preheated oven until the cheese softens and turns golden brown, about 15-20 minutes.

You may want to broil the top for the last 5 minutes. Serves 4-6



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