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

PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 10 • Issue 2 • Summer 2009

2009 MCH Nurse of the Year

Carolina Ferraz, RN
3 South

2009 MCH Nurse Unit Winners

Cristina Suarez, RN
Rookie of the Year

Juliette Edwards, RN
Lifeflight® Leader of the Year

Deborah Del-Favero, RN
Nursing Director
Scholar of the Year

Michelle Perez, LPN
ER LPN of the Year

Dalva Ferraz
3 East, CA
Nursing Support Staff of the Year

Diana Arias, RN
CICU

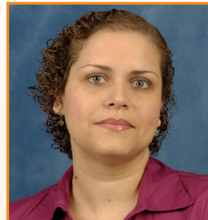
Nancy Breen, RN
3 E

Michelle Bursztein, RN
3 N

Grisel Cepeda, RN
Patient Access

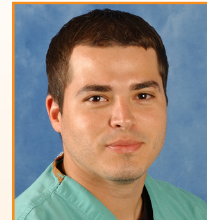
JoAnn Dennis, RN
Lifeflight®

Melinda Duran, RN
PICU



Carolina Ferraz, RN
3 S

Susan Goldstein, RN
PACU



Yoely Hernandez, RN
Psych

Danny Monroe, RN
OR

Raquel Morales, RN
Radiology

Gail O'Donnell, RN
NICU

Ana Perez, RN
2 N

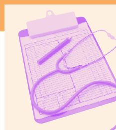
Jocelyn Reyes, RN
3 NE

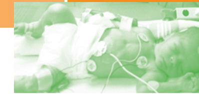
Jennifer Stringer, RN
Same Day Surgery

Stefania Sarno, RN
CV

Donald Torres, RN
ER

Stephanie Whitley
2 E





From the Desk of Jackie Gonzalez

Dear Nursing Team:

As we look ahead to the fall, one topic looms very large: H1N1. The hospital is working hard to prepare for what promises to be a challenging flu season and we ask each and every one to do their part to ensure that we are prepared and ready to protect the children in our care. We have been in contact with a sister children's hospital in Australia, Children's Hospital of Westmead, to understand what lessons they have learned after winding down a busy flu season there. We anticipate that our volume will grow, so we have enhanced our supplemental staffing and supplies in preparation. Our Incident Command plan has been updated and is being continually reviewed to make sure we are in our very best state of preparation.

What can you do? First, we ask all staff, especially those involved in direct patient care, to take good care of yourself which includes very seriously considering receiving a flu vaccine. H1N1 is a new strain of the virus and people have no immunity against it.We also encourage staff to consider having the standard flu vaccine. A single dose of the standard influenza vaccine and two doses of the H1N1 vaccine will offer the best protection and, in turn, protect your own family and our patients from transmission by caregivers.We expect to have the H1NI vaccine here by the end of October, if not sooner. The standard influenza vaccine is here now. Watch for the posting of times and locations to receive your vaccine.

While the virus combination associated with H1N1 is new, the method used to prepare the vaccine is exactly the same method used for years in developing the seasonal influenza vaccine.

We also remind staff to apply all hand hygiene standards, before and after patient contact and employ social distancing when ill to ensure that you are not a carrier. Good hand hygiene and infection control precautions are our first line of defense.

The CDC recommends that healthcare workers with influenza-like symptoms stay home for a minimum of seven days. MCH will comply with these guidelines to avoid transmission to our patients.

I thank each and every one of you for your commitment to patient care and the well being of our patients. With advance precautions we can ensure that we as caregivers remain healthy and strong for the families who look to us for support in their time of need.

Sincerely,

Jackie Gonzalez

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

Cardiac Care Center Nurses Make a Difference for Families with the 'Warming Hour'

By Lisa Sosa, RN

In the winter of 2008, the Cardiac Care Center piloted the "Warming Hour" by offering patients, parents, or family members warm blankets at bedtime. At the beginning of the shift, the nightshift care assistant would check the blanket supply in the linen cart and in the blanket warmer. It was important to determine if there was an ample amount of small and large blankets on the unit. If the supply was low, then the care assistant or unit secretary would notify environmental services to restock the unit linen cart. The care assistant would then fill the blanket warmer during his or her round of the unit, in order for the blankets to be warm for the "Warming Hour."

After the night shift manager or charge relief returned to the unit from the bed control meeting, they introduced themselves to the patients and parents and asked them if they would be interested in receiving a warm blanket. At around 9:30 p.m., the nurse manager or charge nurse would ask the patient or family, if they had any concerns regarding their stay or their child's care. If any concerns were identified they were dealt with promptly. This became a nightly ritual in the Cardiac Care Center. Occasionally, the nurse manager or charge relief was unable to distribute the warm blanket to the families due to assisting with critical patients in the ICU. If this occurred, the patient's nurse would offer the patient or family a warm blanket. When the nurse manager or charge relief became available then they would introduce themselves to the patients and/or families.

In December, the members of the Cardiac Care Center Patient-Family Centered Care Committee were formally notified about the pilot study. The staff was also formally notified during the December unit staff meeting about the "Warming Hour" and the steps which had been taken in order for the pilot to be initiated. A few weeks later, a three- question survey was created using a Likert-Scale. The questions in the survey were as follows:

1. Do you like the fact that you are being offered a warm blanket at night?
2. Would you like the service to be continued?
3. Did this service impact your overall satisfaction of your stay?

The scale ranged from Strongly Disagree = 1, Disagree = 2, Neither agree nor disagree = 3, Agree = 4, Strongly Agree = 5. Prior to discharge the families were asked if they would be willing to complete a short questionnaire regarding the "Warming Hour".

At the following unit staff meeting an update about the "Warming Hour" was given and the staff was asked to continue distributing the warm blankets. They were also asked to hand out the questionnaire to the families because the families' feedback was essential to determine if the "Warming Hour" was beneficial.

Although the preliminary surveys returned were limited, the feedback was positive and encouraging. The nursing staff had started documenting in nursing notes that they had offered their patient and/or patient's family a "warm blanket." The staff was then encouraged to add a parameter "warm blanket" under the treatment flow sheet. This allowed them to consistently document if a "warm blanket" was offered such as offering the "Parental Medication Sheet."

March of Dimes, March for Babies 2009

Every year since 1970, the March of Dimes organization conducts a walk to raise funds for babies in more than 900 communities across the country. Teams sign up for the walk and set a fundraising goal to help raise money for the organization. The money raised supports programs in the community that help mothers have healthy, full-term pregnancies. And it funds research to find answers to the serious problems that threaten our babies.

On an almost perfect Saturday morning in April, the Miami Children's Neonatal ICU team, together with families and friends, gathered at Key Biscayne's Crandon Park to help support the March for Babies. The NICU team, dressed in their self-designed team T-shirts either lavender or black, stopped to listen to actress/singer Jennifer Lopez address all the walkers at the starting line of the four-mile walk. The NICU was able to raise over $1,000 for March of Dimes.

The NICU team was made up of the following: Elena Ortega (Team Captain), Maria Elena Cervera, Sandra Mollera, Annalyn Velasquez, Detra Phallon, Flor Tena, Marisol Guerra, Karen Jacobs, Lisa Cepeda, Sheri Escalante, Serena Baker, Suzette Coulton, Sarah Whaley, Tahira Memon, Viviane Jean Louis, Raquel Szkolnik, Sandy Stroberg-Frank, Rene Bascoy, Evelyn Hughes, Jennifer Vega, Patricia Wilson, Debra Langer, Sherry Lanthier and Mayra Lopez

Infection Prevention and Control Corner

By Cathy Viar, RN, CIC and Barbara Simmonds, RN, CIC

What's new in Infection Prevention and Control? The first thing you may note is a slight name change. Will we remember to answer the phone that way all the time? Probably not, but we will try. The emphasis for all of us is preventing healthcare associated infections, not just controlling them after they happen.

You will be seeing new signage in the near future. I know we have talked about it for ages but it is finally closer. The isolation signs will be a lot simpler – only three categories in addition to standard precautions.

These will be:

- Airborne Precautions: Pretty much the same as previously, with the exception of being used for Varicella as well as the other diseases. If the child has Varicella or disseminated Zoster, it will require two signs.
- Contact Precautions: Will cover enteric, regular respiratory illnesses and draining wounds as well as skin infections
- Droplet Precautions: Will be used for diseases such as pertussis, influenza, etc.

These have been designed from the 2007 Guidelines for nfection Control developed by CDC and other agencies. Our goal is to make life simpler for everyone. In-service trainings will be held when the new signs are completed so stay tuned for more information.

A big part of Standard Precautions is proper hand hygiene. Hand hygiene is nothing new. Ignaz Semmelweis was the father of hand hygiene in 1846. Many improvements and a lot of documentation have happened since then. You all know the JCAHO Patient Safety goals include the reduction of healthcare associated infections, aiming for **zero** infections. Bottom line is, proper hand hygiene is one of the most important parts of preventing infections. Appropriate hand hygiene includes washing with soap and water, lathering and scrubbing for 15 to 20 seconds or the use of alcohol gel.

When should you use hand hygiene? It should be used: 1) at the beginning of your shift 2) before and after every patient contact 3) before eating 4) after using the restroom 5) after coughing, sneezing, or blowing your nose, or playing with pets 5) any time hands may be soiled. Now for another aspect of hand hygiene – fingernails. Fingernails should be kept short, and clean. If nail polish is used, no chips can be present, which may prompt the need to redo polish every couple of days.

What about artificial nails? These are never acceptable in healthcare. Why? There are a many evidence-based studies that show artificial nails can harbor fungus as well as gram-negative organisms. To ensure that we act in the best interest of our patients, we must use good judgment on personal hygiene, including our nails. What is our definition of artificial nails? Anything God didn't give you, so this includes acrylics, wraps, fills, etc. People ask, "Well if I am wearing gloves, it shouldn't matter, right?" Wrong. We all know there may be microscopic leaks in the glove and it is not worth the risk. Acrylic nails have been shown to tear gloves more easily. Current MCH policies prohibit the use of artificial nails in the critical care units, Bone Marrow Transplant Unit, and of course the Operating Room areas. It is anticipated this policy will be expanded to all clinical areas as it is in many other health care facilities.

The policy for hand hygiene at Miami Children's is on the Portal: **I601H11-4**. It contains a very interesting picture on the last page showing colonization of organisms on nails.

If you have any questions please feel free to call Infection Prevention and Control at ext. 2399 and we will be happy to help you. Thanks for all you do to keep our patients safe as well.

MCH Nurses Take Part in Lion's South Florida Diabetes Youth Camp

By Awilda Valdez, RN

The Lion's Club of South Florida again held its Diabetes Youth Camp in June, with MCH nurses helping to make this a safe and exciting event for participating children. For those of you who may be unfamiliar with this program, it is a one-week long sleepover camp for children ages 6 to 12 who have Type 1 Diabetes. This camp was started by the Lion's Club of South Florida in 1987 in collaboration with Miami Children's Hospital. It has been instrumental throughout the years in providing these children with a safe and monitored environment where they can not only acquire new skills in the area of diabetes management, but most importantly, gain a sense of "community" with other children who share the same condition and concerns.

The camp has hosted children from Central and South America as well as from around the United States. Two years ago, the Lion's Club was able to sponsor six youngsters from Honduras who came to the United States to attend the camp. These children had such a positive experience that officials decided to start a diabetes summer camp in Honduras the following year.

It takes a multidisciplinary group to put this camp together. The group consists of a pediatric endocrinologist, diabetes educator, dietician, and pediatric nurses that care for children with diabetes. With the many technological advances in diabetes care, the nurses at camp are not only testing the campers' blood sugars and injecting insulin, but they are also assisting them with carbohydrate counting and continuous subcutaneous insulin infusion via insulin pump.

The camp is a very rewarding experience not only for the children but for the staff as well. Many of our campers will later return as counselors or counselor-in-training once they are no longer able to participate as campers.

A New Beginning

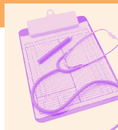
By Patricia Wilson, RN, CCRN

Have you ever observed behaviors among your colleagues at work that you think could be improved? Or do you see other colleagues' behaviors that make you think, "Yes, I want to be like that nurse!"?

In NICU, we have begun a journey to define our Code of Conduct, a document that spells out how we can best present our unit to our colleagues and to the families in our care.

The Code of Conduct is a way to define what we, the nursing staff, expect from ourselves. We are not looking at the nursing "job" per se. Other guidelines exist that that define expectations for the caregiver role. Rather, the focus of this initiative is on how we interact so as to inspire us to be our best at all times.

Our task force is made up of new nurses, mid-level and senior nurses, coordinators and managers. Everyone gets a voice to say what behaviors are exemplary and which behaviors should be discouraged. The Code of Conduct will be posted in our unit and will empower staff to support each other and the unit. We have just begun. It will be an interesting journey, so stay tuned.



Pain Team Corner
The Caffeine Buzz

By Aileen Sanchez RN, BSN

Caffeine is that magical ingredient in many of our most cherished drinks that gives us a jumpstart on our day or a kick of energy to keep us going.

We learned in the Wake Up and Smell the Caffeine in NICU article posted in the Winter 2008 Nursing Newsletter Vol 9(3) that caffeine citrate is given to premature infants to increase breath¬ing frequency and decrease episodes of apnea. So, you ask, what else can caffeine do? A less common use for caffeine is in the treatment of postdural puncture headache (PDPH).

Also known as spinal headaches, PDPH can occur hours to days after a lumbar puncture or epidural anesthesia. Patients with PDPH often present with severe headache and nausea that worsens when sitting or standing and improves when a horizontal position is assumed. These symptoms are thought to be a result of leakage of cerebrospinal fluid (CSF) into the epidural space causing decreased hydrostatic pressure and irritation of the meninges.

Here at Miami Children's, patients with headaches are commonly admitted to 3 South. Once diagnosed with PDPH, the treatment alternatives are discussed with the patient and family. The most common treatment plan is a conservative approach that includes complete bed rest, IV hydration and administration of IV caffeine sodium benzoate. Bed rest decreases the amount of CSF leaking out, the IV hydration replaces the CSF, and the IV caffeine sodium benzoate is thought to help constrict the vasodilated cerebral vessels. Although caffeine has been used to treat headaches for over a century, the evidence of its effect is debated. Ninety percent of patients diagnosed with PDPH at MCH opt for conservative treatment with headache resolution in more than 85 percent of the cases.

The epidural blood patch (EBP) is another treatment that can relieve the PDPH. The EBP involves administration of the patient's blood into the epidural space to plug the dural leak. The EBP resolves the headache in about 80 percent of cases, but as with any invasive procedure, it comes with risks and creates higher levels of anxiety for our pediatric population.

So the next time you are presented with a patient, who has a severe headache, ask the following questions:

- Did the patient have a lumbar puncture (or epidural injection) within the past two weeks?
- Does the headache get worse when sitting or standing up?
- Does the headache get better when they lie flat?

Now, enjoy that cup of caffeine - oops I mean coffee.

Thank you, Frieda Hill Beck!

By Sherry Lanthier, RNC, BSN and Janet Madill, RNC

MCH NICU nurses recently attended The National Association for Neonatal Nursing's (NANN) 24th annual educational conference, " Navigating Neonatal Care: A Safe Passage Home" in Fort Lauderdale.

A national conference of this size allows for networking sessions, lectures, exhibits and healthy discussions of neonatal research and practices from colleagues across the country. Sessions are led by experts in the field to address topics and emerging technologies, all being relevant to our own practices. It meets the educational needs of experienced nurses and practitioners while addressing the foundations of practice for those novice nurses.

Thirty concurrent sessions provided something for everyone. Some of the various sessions included topics such as: preventing infections in the neonate, wound care management, medication safety, neonatal radiology procedures, continuous EEG monitoring in the neonate, infant driven feeding practices, neonatal surgical emergencies, examination of the dysmorphic infant, pain management in the NICU and controversies in palliative care, to name a few. Well-represented children's hospitals from around the country shared research, ideas, and practices allowing for healthy discussion. We were especially delighted to note that the sessions included a presentation by our own Joann Nieves, MSN, ARNP, on congenital heart disease and a talk on current advances in cardiac surgery by Redmond Burke, MD.

Numerous paper presentations and more than 50 author-attended posters on critical care, educational and research topics were also offered for peer review. This provided further participation and opportunity for us to network with other neonatal nurses from around the country.

As recipients of Frieda Hill Beck funding, we had anticipated attending this national conference and were inspired to join our national organization, NANN. We had previously attended conferences held by the local chapter, SEFANN (South Florida Association of Neonatal Nurses) and became members of that professional organization as well.

Educational opportunities such as conferences provide us with a review and renewal of knowledge and skills, opportunities to brainstorm and allow us to return to our workplaces with shared ideas and renewed enthusiasm.

The NICU nurses at Miami Children's Hospital have become active in becoming certified in their specialty this past year. Approximately 31 RNs from our unit have become certified to date, which is 37 percent of our nursing staff. We are proud to have encouraged each other professionally.

A reminder that this year's NANN 25th educational conference, "The Neonatal Community: Creating the Silver Lining" will be held in Houston, Texas, September 23-26, 2009.

DAISY Award Celebration

March '09: ***Jeanie Buckley, RN, 3Northeast***
April '09: ***Laura Traini-Mongelli, RN, NICU***
Anja Thumm, RN, 2East *- was the December 2008 DAISY Award Winner.*
Congratulations Anja, Laura and Jeannie

NURSING NEWS

CERTIFICATIONS

Meilin Diaz-Paez passed the CPN

Kate Bogue from NICU passed the Neonatal CCRN exam

Stefania Sarno passed the CPN

Karen Ricketts passed the CPN

ANNOUNCEMENTS

Cheryl Minick completed her MSN.

NEW HIRES

Welcome new staff members to 2North: **Cristina Milian** & **Gretel Rodriguez**

MIAMI CHILDREN'S HOSPITAL
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Extra, Extra, Extra!

The MCH nursing newsletter will be changing its name to fit the new, modern online edition. If you would like to submit an idea for the new name, you will be entered in our contest. Grand prize is a set of four movie tickets to the entrant whose name is picked by the Professional Development Committee to be the title of the MCH nursing online newsletter. You must be a nurse actively employed by MCH to enter. Members, spouses and family members of the Professional Development Committee are not eligible to participate.

EMAIL ENTRIES ONLY to ***joy.ortiz@mch.com*** or ***monica.brown@mch.com*** to enter.

Good luck!

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 by Lynn Felson, RN.

SHRIMP APPETIZER

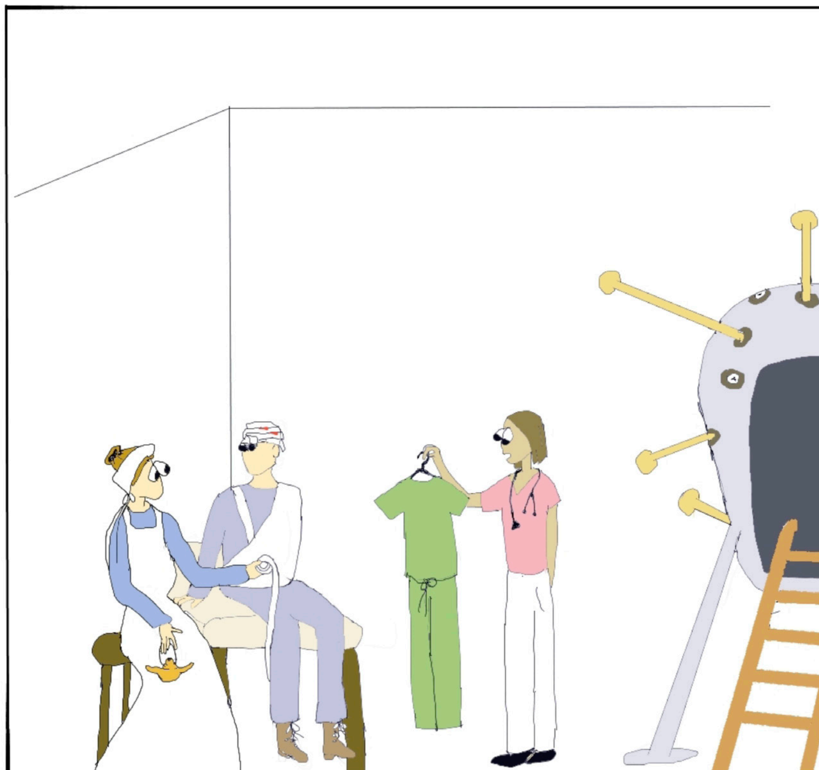
Ingredients:

- 1 pound shrimp
- 1 12-oz block cream cheese
- 1 Campbell's tomato soup can
- 2 stalks celery, finely chopped
- 1/2 small onion, finely chopped
- 1 packet of Knox unflavored gelatin
- 1 cup mayonnaise

Directions:

Mix gelatin with 1/4 cup cold water. Warm tomato soup (do not add water) and cream cheese on stove until creamy. Boil shrimp until pink and cut into bite-size pieces. Add shrimp, celery, onion, mayonnaise, and gelatin to tomato soup mixture. Stir well and place in refrigerator for at least 3 hours. Serve with your favorite crackers.

Enjoy!!!!!



"Florence, I've been sent back in time to save you from the the terrible mistake of wearing that hideous uniform. Try these. Generations of nurses will thank you..."

Reminder Box

Did you know that you are not permitted to arrive late to an MCH education class? Please allow plenty of extra time to make it to your scheduled class, particularly during high volume traffic hours.

Don't forget to CHECK THE MCH PORTAL for updated hurricane policy information. Know your department's emergency hurricane plan, including your status on the Alpha/Bravo list.

Don't be caught unprepared!

Pursuit of Excellence is produced quarterly by and for the nursing staff of Miami Children's Hospital in collaboration with the Marketing department

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

Marcia Diaz de Villegas
Director of Marketing and Public Relations

Marketing Editor:
Rachel Perry

Nursing editors:
Joy Ortiz, RN, CCRN
Monica Brown, RN, MSN, CPN

Editorial Staff:
Members of the Professional Development Council

Contributing Writers:
The nursing staff of Miami Children's Hospital

Layout: **Roberto Perez**

Photography:
Edgar Estrada,
Steven Llanes,
Juan Carlos Rabionet

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