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PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 8 • Issue 1 • Spring 2007

The Heart Of Nursing

By Jean Buckley, RN

I did not take my decision to become a pediatric nurse lightly. All my life experiences have led me to this sacred place. Being the mother of a handicapped child has led me to value the many unique facets of this extraordinary calling
.

There were numerous times in the course of the past 18 years when I thought I could not bear another moment of my child's pain. Every procedure, every diagnosis, every near tragedy was just too much to bear. Then, there would appear that nurse who took the time to listen to how I was feeling; to care about me. She would recognize the anger I was displaying was not aimed at her; never reacting defensively. She would speak a few kind words, but mostly, she would just listen. I would shed my tears and would then be able to carry on.

As time progressed I realized I had the capacity to become a nurse. I waited until the last of our eight children started school and then pursued my dream. Nursing school was incredible; one of the most difficult undertakings of my life. When I finally fulfilled my dream, I vowed never to forget to take time to make that extra bit of difference in the lives of my patients and their families.

I was only a couple months out on my own when I began to care for our little 1-year-old Adam (not his real name). In our hospital, for continuity of care, we are often assigned the same patients. On the night shift, Adam became know as "Jeannie's baby." Adam was an especially complicated patient and all of this was taking quite a toll on his mom. Sometimes she just needed a shoulder to cry on. I took many moments in the wee hours of the night talking with and especially listening to her.

Eventually, Adam went home for a short time, but was scheduled to come back for surgery. One evening, around 10 p.m. his mother called the floor, frantically pleading for me to come to the ER. While my manager took care of my patients, I rushed down, not knowing what to expect. It was the worst of the worst. There were no words I could utter that could possibly make this moment vanish. I just held Adam's mom while she sobbed uncontrollably and then cried with her upon his passing. I was with her when she first held little Adam, lifeless and cold in her arms. The scene was indescribable; her heart was utterly broken.

I stayed by her side for as long as I possibly could. Going back to my floor, I felt numb. I have no idea how I made it through the night, but I did. I spent the next couple days unable to drag myself out of bed. The debilitating feelings of sorrow flooding my being were agonizing. Somehow, I forced myself to attend the funeral, from which I brought home a program. Printed upon it was a photo of Adam's precious face; eyebrows furrowed in a serious, wisdom- beyond-his-years, expression. I would treasure this always. The next day I found my valued picture completely marked over with crayon; the image

continued on page 2

Debbie Del Favero, MSN, ARNP

Education:
- MSN/ED, University of Phoenix
- BSN, University of Miami

Career Highlights:
- 1980 MCH Med-Surg RN
- 1982 MCH Assistant Head Nurse
- 1985 MCH Operations Administrator
- 2007 MCH Director, Hematology and Oncology

Certifications/Awards
- 1987 Certified Pediatric Nurse
- 2004 Certified Nursing Administrator

Publications/Presentations
- Nurse Manager Leadership Development, 2004.
- The Citronella Plant versus the Mosquito, 2005.
- Giving the Gift of Mentorship, 2006.
- Nurse Leader Mentorship Program, 2006.
- Nurse Manager Mentorship Program, 2006.

In this issue

Nurse Leader

In the Spotlight

Debbie Del Favero, MSN, ARNP

Publications/Presentations (con't)

- The Power of Mentorship, 2006.

Hobbies

- Fishing with my son
- Dancing
- Languages
- Teaching children the Bible

MIAMI CHILDREN'S HOSPITAL
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From the Desk of Jackie Gonzalez

Dear Nursing Team:

I am very proud and appreciative of your extremely hard work and dedication that you have illustrated by giving of yourselves during this period of very busy census. I have seen so many examples of teamwork and personal sacrifice to get things accomplished simply because it was "the right thing to do" for the child and their family. I have been able to visit all of our campuses and am truly impressed by the absolute resolve and commitment to caring for the children and their families that each of you exhibit while also caring for each other.

We have had many challenging days, but in the most recent days, the Emergency Department nursing staff came forward, after several tragic events, with the suggestion that the hospital educate the community to avoid "back over" accidents. It was an awesome suggestion, one that we could put to action quickly and were able to partner with the local news and radio channels to demonstrate how to avoid this type of accident or potentially fatal injury by practicing Safe Kids' "Spot the Tot" program. It was tremendous to see tragedy turned into action to prevent the future loss of life or injury. I am pleased that the idea came from the nurses in the Emergency Department. Thank you for reminding us all that nursing is not just about providing care, but about doing something important to prevent the need for our care.

Sincerely,

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

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The Heart of Nursing

unrecognizable. I called my 5-year-old old granddaughter to my side and asked her if she had done this. She vehemently denied any wrongdoing. My 7-year-old son sat in silence across the room. I questioned him and he slowly nodded his head up and down. Did he not know how much this picture meant to me? Jake quietly whispered, "I didn't want you to see Adam because he makes you cry."

How could I continue nursing if I were going to take this so personally? Maybe I really was not cut out for this. In desperation I spoke with my pastor. He expressed that, "At the most horrific, overwhelming moment in this young mother's life, she reached out for you. She knew she would find comfort in your presence. You were the one she was calling for." With his simple, comforting words, a sense of peace engulfed me.

At that moment I came to the realization that, although I was striving to deliver the best nursing care to Adam and his family, it was not my technical expertise this mother was reaching for; it was my heart. Yes, we can and must perform all of our assessments and tasks efficiently, but without heart, we can never truly heal! And, I have learned that each time we give a piece of our hearts, our hearts grow a bit stronger. To each and every one of my patients and families, thank you for this gift!



Pertussis Vaccination Available

By Joan Vinski, RN, MSN, CIC
Infection Control

Pertussis or whooping cough begins with mild upper respiratory tract symptoms and progresses to cough and then to paroxysms of cough. Pertussis is most severe when it occurs in the first six months of life, particularly for preterm and nonimmunized infants. In the United States, infants and children receive pertussis vaccine as part of their routine immunizations. However, immunity to pertussis wanes approximately 5 to10 years after completion of childhood vaccination, leaving adolescents and adults susceptible to pertussis. Since the 1980s, the number of reported pertussis cases has steadily increased, especially among adolescents and adults. In 2005, a total of 25,616 cases of pertussis were reported in the U.S. Among the reportable bacterial vaccine-preventable diseases in the country for which universal childhood vaccination has been recommended, pertussis is the least well-controlled.

In 2006, a tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, (Tdap) product formulated for use in adults and adolescents was licensed in the United States for persons ages 11 to 64 years (ADACEL®) . The Advisory Committee on Immunization Practices (ACIP) recommends routine use of Tdap among adults ages 19 to 64 years. Adults who have or who anticipate having close contact with an infant age <12 months (e.g., parents, grandparents aged <65 years, child-care providers, and health-care personnel) should receive a single dose of Tdap to reduce the risk for transmitting pertussis. For these adults, an interval as short as 2 years from the last Td is suggested.

The Tdap vaccine is now available for direct patient care personnel at Miami Children's Hospital. If your last booster for tetanus was more than 2 years ago, please contact Employee Health to receive your vaccine. Employees are encouraged to schedule an appointment by calling ext. 2636. Employees may also request the vaccine from their own primary care provider.

Employees can protect themselves and others from exposure to pertussis by placing the patient with a cough on droplet precautions. This will ensure care givers wear a mask when entering the room.

'New Horizons' Conference Highlights

By Monica H Brown, RN, BSN, CPN

Pediatric Nursing's 22nd Annual Conference titled "New Horizons in Pediatric Nursing" was held in Dallas in September. Attended by approximately 300 delegates, the topics covered many diverse areas in pediatric nursing, including evidence-based practice, pain management, depression in the pediatric population, bariatric surgery in adolescents, inflammatory bowel disease, hand-held technology for healthcare professionals, nutritional interventions for obese children and adolescents, pediatric pharmacology, bird flu, mad cow disease and emerging infectious diseases.

I attended several sessions that were quite interesting and helped me gain awareness of the latest innovations and research findings. The speakers were all RNs and it was especially enlightening to see that not all of them were from the upper echelons of academia. Several were PhD candidates and a few had actually recently obtained their PhDs.

Three areas piqued my curiosity and served as the catalyst for me to apply for monetary assistance from a fund set up by a benefactor for the cardiac unit. These monies are used to help defray costs of attending conferences by nurses on the Cardiac Care Unit and are obtained through an application process to the conference committee. The procedure is quite simple and if approved, the sum of $500 is granted for out-of-town conferences and $250 for local venues. The funds are finite so therefore, it is wise to choose one's conferences carefully as each individual can apply only once every two years.

I was especially interested in the topic of sudden cardiac death in children which was covered quite expertly by a doctoral candidate and graduate research assistant from Texas Woman's University who also was gracious enough to share her dissertation with those of us in the audience who were interested. The focus of this topic included an overview of the incidence and etiology of sudden cardiac death in the young with an emphasis on athletes and cardiovascular disease.

Secondly, a very emotionally charged session dealt with parents of chronically ill children and helping pediatric nurses to understand the challenges that parents face in caring for their mentally or physically compromised children. So often the families are discharged home and we are never fully aware of the challenges that parents encounter in terms of everyday living and the effect on the family. Although the disease covered was cystic fibrosis, almost any other chronic illness could have been substituted.

Thirdly, an area that was especially exciting was a manuscript development consultation session with pediatric nursing editors. I was strongly encouraged by a nursing professor to develop and consider publishing an article I wrote last spring for my first graduate research class at Florida Atlantic University. So, emboldened by the elixir of success, I decided to request a session with the editors. Unfortunately, I think I must have been the only aspiring scribe at the conference because the session was cancelled but I was invited to submit the manuscript on line for their perusal. I await their comments and suggestions.

Family Centered Care

By Bing Wood, ARNP, MSN

The Steering Council continues to meet monthly with membership representatives from inpatient and outpatient departments. Physician champions are Dr. Keith Meyer and Dr. Mario Reyes. Recent actions include toward key goals include:

Increase communication:
- Ensure that information boards are updated every shift and select vendors to replace broken boards.
- Update the parent's guide book to reference the availability of communication boards in each parent's room.
- Revise visitation policy to incorporate definitions clarifying that parents, grandparents or guardians are not considered visitors and have access to their child 24 hours/7 days a week
- Posters with health and safety tips are to be hung in all waiting rooms. Themes will be changed quarterly. There is $5,000 in funding available for this project.

Participation of families in medical care
- The committee is tackling issues related to consistent participation of families in discharge planning rounds. Ensuring consistency is a challenge as the PICU and NICU patients are not in private rooms, raising HIPAA concerns among the doctors. The council will seek legal advice to move forward and review exemplar on FCC articles.

Informatics

By Cheryl Topps, ARNP, MSN

- **Intranet and Portal** – Manuals have been updated and placed on the MCH Portal for the following applications: Bridge - MedPoint, Emtek, Intragale and Nightingale. These manuals can be helpful in trouble-shooting issues or concerns that come up with each system. Under the Emtek Section, there is a Request for Changes document. Please use this form when you have a request for changes/enhancements to the system. Also, the Propofol Guideline has been added to the Portal under News / Updates >>>>> Nursing News >>> Documents.
- **Selection Process** - The Clinical System Working Group (CSWG) has been working toward the selection of an enterprise clinical system vendor for Miami Children's Hospital. The next step in the selection process is to allow the vendors the opportunity to give full system demonstrations. The first of these demos was with Epic on January 17. Cerner presented on February 15th and now McKesson will be presenting on March 9.

NICU Gets Ready For JCAHO

By Joy Ortiz, RN

The NICU JCAHO Readiness team is a unit-based team specifically designed by the staff, managers and director of NICU for the benefit of maintaining patient safety and reduction of errors in all areas. Priority focus areas are identified monthly as either successes or areas for improvement. Compliance indicators are reviewed for areas such as effective documentation of falls assessment, monitor alarms set, age appropriate and audible, and use of approved abbreviations. Effective and safe use of the hospital medication management system, specifically hand off of medication information at nursing shift changes are also reviewed monthly.

To determine how well our processes work, patient bedsides are routinely checked for compliance with unit readiness standards. Team members on a monthly basis report unit readiness and compliance with standards such as IV tubings dated and labeled properly, pressure limits on IV pumps set per unit safety protocols. Bedsides are checked for timely changes of suction canisters and emergency bedside code cards are maintained, updated and signed by the physician. Medical records are reviewed for documentation of the "Hand Off Communication" form as well as forms for "Time Out Verification" for patient identification before invasive procedures are done at bedsides. Once an issue is identified, medical records are reviewed as needed to determine our ongoing compliance. ID bracelets on patients are also checked and verified. Telephone and verbal order policies are reviewed for compliance with readiness standards.

The readiness team has compiled a quarterly newsletter, "The Tiny Tots Tattler," to communicate unit successes and areas for improvement. Also included in the publication are details regarding how our unit has addressed national patient safety goals in relation to our unit-specific needs. The team has also provided educational in-services to staff on safety, collaborative care and communication throughout the continuum of care. By identifying potential vulnerabilities in our practice processes, our team helps improve operational efficiency and effectiveness in interdisciplinary practice. We are committed to creating future care environments that improve efficiencies and clinical outcomes. To date, the "Tiny Tots Tattler" and the unit readiness team have received very positive reviews from the NICU staff and management. NICU is committed in our ongoing efforts to maintaining excellent family-centered care at the highest levels. Go team!

Check Out CHEX University Offerings

MCH University offers over 20 CNE courses on CHEX, free of charge to nursing staff. Simply log in to CHEX and select the Continuing Nursing Education Courses from the Catalog Link. Courses are reviewed annually and shared by over 25 pediatric hospitals in the North America.

Clinical Practice Update: Medex Infusion Pumps

By Carla Trueba, MSN, RN, CPN and Arnold Jumagbas, RN
Clinical Nurse Specialist-PICU

On February, after many months of preparation, Miami Children's Hospital took another step towards increasing patient safety, reducing medication errors and enhancing technology. The hospital's auto-syringe pumps were replaced with the Medfusion 3500 series, a syringe pump equipped with "smart" technology. These pumps are equipped with medication safety software called PharmGuard®. PharmGuard® has built in dose limits that attempt to alert clinicians if they are exceeding safe medication doses.

The Medfusion 3500 is the leading edge infusion system. It incorporates specific configuration profiles, a drug library composed of more than 4,000 entries, over 100 dosing units and safety dose limits on all infusion parameters to help reduce medication errors. Product features include:

- Flow sentry: Rapidly detects an occlusion to protect patients from damaging IV access infiltration, with enhanced pressure trending for earlier clinical intervention and prevention.
- Post occlusion bolus reduction: Prevents patient from receiving an unintended bolus of medication.
- PharmGuard system: Sets high and low dose limits to protect patients from receiving too much or too little medication.
- Extensive delivery mode combination including ml/hr, body weight, mass, volume over time, custom dilution and intermittent, loading dose, bolus dose, standby and KVO rate.
- Syringe sizes: Accepts seven different manufacturers' syringe types. Automatically detects syringe size.
- Ergonomic horizontal design: Can be used with one hand. Design also protects the entire syringe barrel.
- Mounts easily to an IV pole, an infant's isolette or radiant warmer. and features rotation capabilities.
- Internal battery capacity of 10 hours at 5 cc/hr with 60cc syringe.
- Features wide-ranging flow rates and the capability to infuse at low flow rates with larger syringe.

In order to prepare for the transition to the new equipment, a drug profile was developed for each unit. Now, nurses can choose their unit profile and see different categories specific to their work areas. For example, if you choose the "nutrition" category, a selection between breast milk, formula or fat emulsions is available. Also, medication names are alphabetized by generic name, making it easy for the clinician to select the desired medication profile. This feature also allows clinicians to visualize the name of the drug being infused instead of placing a handwritten label on the pump itself. All medications have suggested delivery times and alerts to increase the clinician's awareness of the prescribed medication for their patient. These important drug profiles were developed by a hard-working multidisciplinary team consisting of pharmacists, clinical nurse specialists and the Smiths-Medical representatives.

The process of replacing over 200 auto-syringe pumps took approximately nine hours and this was only the first step of the transition. Currently, only standardized continuous drips have been included in the drug library but in about six months, these "smart" pumps will be further enhanced by including all standard medication concentrations used at MCH.

Implementing this clinical practice change is one step towards standardizing the medication process which will decrease the risk of medication errors and help us reach the ultimate goal of ensuring overall patient safety at MCH.

Know the Forces: Magnet Forces 9 and 10

By Deborah Hill-Rodriguez, MSN, ARNP, CS, BC

Magnet Forces 1 through 8 were discussed in previous issues.

Force 9- Autonomy

Nurses are permitted and expected to practice autonomously, consistent with professional standards. Independent judgment is expected to be exercised within the context of a multidisciplinary approach to patient care.

1) There is compliance with national professional nursing standards.
2) There is an established credentialing and privileging process for advanced practice nurses.
3) There are standards/structures and process (i.e. policy and procedures) that frame and shape the practice of nursing.
4) There is access to appropriate literature and databases for use by the nurse in planning, providing, and evaluating patient care.
5) Peer review processes are in place for all nurses.

Force 10- Community and the Healthcare Organization

Organizations that are best able to recruit and retain nurses also maintain a strong community presence. A community presence is seen in a variety of ongoing, long-term outreach programs. These outreach programs result in the organization being perceived as strong, possible, and productive corporate citizen.

1) Collaboration with institutions, healthcare organizations, and other community-based organizations is apparent.
2) Examples are provided of outcomes resulting from nursing collaborations/partnerships with other community nursing entities.
3) Resources used, fiscal if indicated, in the process of collaborating/partnering with other community nursing entities are appropriate.

ANA Bill Of Rights For Registered Nurses

The following is the American Nurses Association Bill of Rights for Registered Nurses

- Registered **nurses promote and restore health, prevent illness, and protect the people entrusted to their care**. They work to alleviate the suffering experienced by individuals, families, groups, and communities. In so doing, nurses provide services that maintain respect for human dignity and embrace the uniqueness of each patient and the nature of his or her health problems, without restriction in regard to social or economic status. To maximize the contributions nurses make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace. To that end, the following rights must be afforded:
- Nurses have the **right to practice in a manner that fulfills their obligations to society** and to those who receive nursing care.
- Nurses have the **right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice**.
- Nurses have the **right to a work environment that supports and facilitates ethical practice**, in accordance with the *Code of Ethics for Nurses* and its interpretive statements.
- Nurses **have the right to freely and openly advocate for themselves and their patients**, without fear of retribution.
- Nurses have the **right to fair compensation for their work, consistent with their knowledge, experience, and professional responsibilities**.
- Nurses have the **right to a work environment that is safe for themselves and their patients**.
- Nurses have the **right to negotiate the conditions of their employment**, either as individuals or collectively, in all practice settings.

ANA Code of Ethics

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Access to the American Nurses Association-www.nursingworld.org

Communication Boards Say 'We Care'

By Jean Buckley, RN 3NE

Miami Children's recently initiated placement of communication boards in patient rooms. Why? Hospitalization creates incredible stress on families. Giving customers information in writing helps reduce this stress. Often, each stress-filled day runs into the next. Time is lost. We might think everyone will remember the name of their doctor. This is not always the case. Perhaps this doctor is new to the patient. Or stressful situations may make it difficult to recall even minor details.

Taking the time to let our customers know our names lets them know we care and are there for them. Providing the call bell is a start. But,

providing our portable phone number and explaining how our system works assists in letting our families know we are serious about meeting their needs. They may feel a connection with us and be more apt to understand when we are unable to respond immediately. They are less likely to be demanding when they feel we are sincere.

Lastly, as per Jill Tahmooressi, Nursing Director, the practice of updating our customer service board every shift is an expectation, not an option. These boards are a tool for communicating to our families who their care team is and how best to reach us. It is an example of extraordinary customer service.

3 NE Launches Bedside Nursing Report

By Kelli-Ann McIntosh, RN

Have you ever sat across from or next to a nurse during change of shift report and not been able to hear the information in its entirety, or has another nurse during report explained a specific equipment or a procedure to you and you were clueless about what was being said? If you answered yes to any of these questions, then the solution may be bedside nurse-to-nurse report.

Bedside nurse-nurse report is practiced at other facilities in the United States. Jill Tahmooressi, Director of 3Northeast and 2East, has spoken to several nurses from these facilities and received positive feedback. With this information she decided to incorporate bedside nurse-nurse report on 3 NE as a pilot program to help enhance MCH nursing core vision of a patient and family-centered environment. Miami Children's Hospital will be the only hospital in South Florida to implement bedside reporting as well as 3NE the only floor in the hospital to use this type of report.

On Tuesday March 13, 3 NE nurses went "live" with bedside nurse-to-nurse reporting. Jackie Sastre, RN, co-chair of 3 NE Family-Centered Care Council gave me detailed information about this newly implemented pilot program. Prior to "going live" in-services were provided for three days. The in-services provided the nurses with the ground rules on how assignments are to be made and necessary information to be provided during report. There were individuals available from the Family-Centered Care Council during the first week to facilitate an easy transition.

During change of shift both the patient's chart and a computer accompany the nurses. At this time the nurses are able to red-line the chart and reconcile their MAR through the use of Med-point. The communication board is also be updated. It is vital for the communication boards to be updated because these boards allow the nurse to know if the parents have given consent for report to be done at the bedside, ensuring that there are no HIPAA violations. Reporting at the bedside allows the incoming nurse to be introduced by the outgoing nurse and a visual assessment of the patient is performed and parents and patients are informed of the daily plan of care. Parents will have the opportunity to share any concerns with the nurse.

What purpose does this serve one might ask? Parents will be more satisfied with the care received. Parents are most likely to complain if they are unaware of plan of care and if there are delays in the treatment plan. Keeping families informed will enhance relations.

The nursing world has seen many changes. Because of these changes the nursing world has evolved into a wonderful profession. As with any change, issues will arise and will be resolved through teamwork. Together the nurses on 3 NE are working hard to ensure a successful transition with this method of reporting.

NURSING NEWS

ANNOUNCEMENTS

The following MCH nurses will serve as board officers of the South Florida Chapter Society Pediatric Nurses:
Kris Roberts is President for 2007
Jill Tahmooressi is Vice President
Karen Murray is President Elect (2007) and President for 2008 to 2009
Manuela Anglade is Treasurer (2007 to 2009)
Laura Wirshba is Secretary (2007 to 2009)

CERTIFICATIONS

The following members of the nursing team completed their CPN certification:
Geeta Singh 3NE RN (January 2007)
Zehra Madhany passed CPN (12/2006)
Isabel Perez
Candace Rausch
Susana Suarez
Jacky White RN 2NE
Donald Mitchell became certified in Emergency Nursing
Mayte Aguiar, Neonatal Intensive Care Nurse Certification; RNC

PRESENTATIONS

An abstract submitted by **Jane Salvaggio**, **Marilyn Torres**, **Lynda Rusinowski**, **Ingrid Gonzalez**, **Milagros Tablante**, **Cristi Tyler** for the Tenth Annual update on Pediatric Cardiovascular Disease 2007 (CHOP) conference was accepted for poster presentation at the February conference in Orlando. The abstract is titled "Improving Pain Control in Pediatric Cardiac Surgery: Adding Continuous Local Anesthetic Infusion."

GRADUATION

The following have received their master's in nursing degrees:
Angela Romack, MSN (NICU)
Claudia Garcia, MSN (PICU)
Yoely Hernandez BSN (Psychiatry)
Mayte Aguiar, BSN (NICU)

NEW HIRES

Tania Franco, RN (NICU)
Anna Makowski, GN (NICU)
Yoely Hernandez GN (Psychiatry)
Isel Baez, PICU
Samira Warnis, PICU
Christina Diaz, PICU
Stanley Mesen, PICU
Michelle Davis, PICU
Transfers:
Arsenio Latorre
Liezl Dagum
2NE
Orah Meyers RN
Nancy Pierre RN

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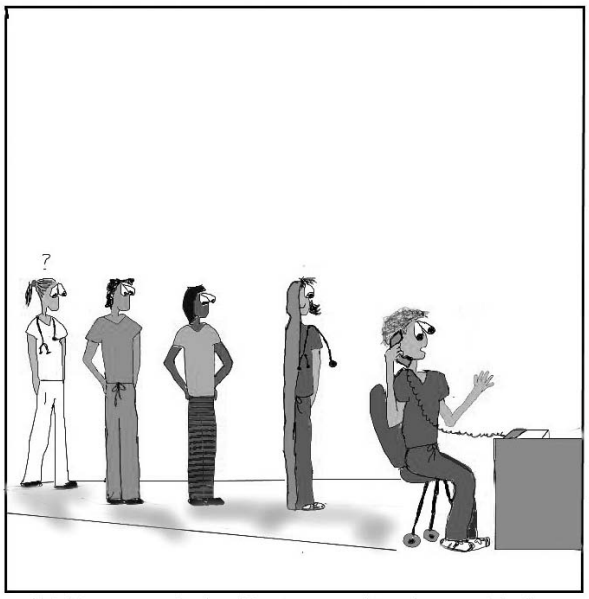

"Well,yes,technically our acuity does call for three and a half nurses..."

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 Kelli-Ann McIntosh, RN.

CARROT-CRANBERRY PASTA SALAD

Ingredients:

1 small bag of shredded carrots
1 package of dried cranberries
1½ cups of corn (frozen or canned)
1 small box of boiled pasta (Gemelli or Elbow)
4 ounces of French dressing
1 cup of mayonnaise (soy or regular)
1 tablespoon of sugar
½ green bell pepper (diced)
½ red bell pepper (diced)
Dash of black pepper and salt

In a large bowl combine all ingredients and place in the refrigerator prior to serving. Best if served chilled.

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