

Our 2004 Nursing Excellence Award Winners



Each year during Nurses Week, Miami Children's Hospital celebrates the contributions that our nurses make to the hospital's success as a pediatric care leader. As part of the Nurses Week festivities, MCH also honors nurses from each unit that have been chosen by their peers for nursing excellence. Here are our 2004 unit winners as well as our 2004 Nurse of the Year:



Blanca Callejas, RN • 3 East
Nurse of the Year, 2004



Yulie Giralt, RN
OR



Jennifer McCartney, RN
PICU



Sonia Tezini, RN
After Hours



Nikole Sanchez, RN
Float/Staff Relief



Margot Sarratea, RN
GI Lab



Raiza Figueredo, RN
3 South



Barbie Rivera, RN
ED



Geraldine Florian, RN
3N



Frances Crawford, RN
3NE



Susan Golzbein, RN
PACU



Nicole Dixon, RN
2E



Beverly Newlin, RN
Psych



Julissa Jimenez, RN
CVCU



Maytee Gonzalez, RN
2NE



Sarah Tyner, RN
NICU



Kelly Bronkan, FN
Ambulatory Surgery



Suzi Prieto, RN
Nursing Leadership
Award Winner



Grisel Cepeda, RN
Utilization Quality
Management



Karen Niblack, LPN
ED

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CE Broker Update

Beginning this year, the Florida Department of Health (FLDH) is tracking continuing education hours online. The new program is called CE Broker and the FLDH now requires all continuing education providers to report professional education hours using this system.

As of 2004, the state boards will now use the CE Broker system to verify that you have completed requirements for renewal of your license. As of April 1, Nursing and Speech are using CE Broker. This means that in order for you to get continuing education credit, you need to complete a specific participant form. The educators will provide you with the form during the program.

If you subscribe to CE Broker, you can view lists of upcoming continuing education courses and also view your completed continuing education hours posted by date. Only those programs that have been approved for continuing education hours will show. For more information, please visit the CE Broker web site at www.cebroke.com

Therefore, it is very important that you:

1. Register for programs using your name as it appears on your license.
2. Register with your correct license number. This includes the letters in front of your number (i.e. RN 765432). You will not receive credit for programs unless you have the correct license number noted on the form.
3. Keep all written certificates of attendance that you receive as a back up in case of any discrepancies with the CE Broker system.

Tip: To have your license number accessible at all times, write it on a label and stick it on the back of your identification badge. Please remember that your license number is not readily accessible through the Education or Human Resources departments.

For more information, please call Pam Wessling at ext. 2454 or e-mail your question to pam.wessling@mch.com.

From the Desk of Jackie Gonzalez



There have been many exciting events happening, including launching our new Human Patient

Simulator. All of you have embraced this new non-threatening learning methodology and we are looking forward to many uses for continuing education. We are continuously seeking ways to make education fun and lasting as well as convenient, so please share with us your ideas.

Several news items of interest are:

- I am very proud that MCH is a host hospital for the National Pediatric Nursing Conference to be held in Orlando in September. In addition, MCH nurses and colleagues are guest speakers during eight sessions of the conference, which again demonstrates the vast experience, respect and knowledge within this institution.
- We just completed our first annual report to the ANCC Magnet Commission and are waiting to hear from them.
- After a thorough selection, site visit and evaluation process, including staff from several areas of the hospital, we have decided upon a new staffing and scheduling system. There are many enhancements to the system that will make communication and planning better for everyone, and we expect to begin implementation sometime in August. Other clinical departments will be able to utilize this system in their areas as well. Thanks to all who participated in this process.

I extend sincere congratulations to all of you for weathering so many difficult conditions during construction, especially during the house-wide encapsulation project. The results have been wonderful and I have overheard children telling their parents how much they like our new appearance. The effort from everyone has been absolutely terrific. Additional plans for construction are now in full gear and you will be hearing about them in the near future.

Sincerely,

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



‘Cheat The Reaper’ Program Helps Keep Teens Safe On Prom Night

By Debbie Del Favero, BSN, RN, CPN, Operations Administrator

miami Children's Hospital participated in the 7th annual “Cheat the Reaper-Live to See Your Future” mock DUI-car accident scenario on May 23.

The purpose of this program is to build awareness among teens of the devastation that can result from driving while intoxicated. Using an MCH disaster drill moulage kit, I helped prepare the make-up for the teenage “accident victims.” The teens who act in the play and pose as accident victims are all members of the Miami Beach High School SADD (Students Against Drunk Driving) program.

During the play, the audience of future prom attendees are laughing and joking about the party antics they are viewing. However, all too soon the accident scene is unveiled, showing “injured” passengers from two automobiles. The Miami Beach Fire Rescue Department arrives to attend to the mock victims and the jaws-of-life are used to help free some of the actors from the wreckage. The driver is asked to walk a straight line by the Miami Beach Police Department and is then arrested for DUI and manslaughter. By now, the audience is much more serious. Then the screaming and grieving mother arrives to see her daughter, the prom queen, dead on the street. By this time, the audience is quiet or crying. Then the hearse arrives and the beautiful young girl is taken away forever... robbed of her future.

Since the introduction of this program, there have been no reported deaths due to DUI associated with the Miami Beach High prom night. As a result, the program was featured nationally on CNN.



Miami Beach High School seniors get a real look at what can result in drinking and driving during a DUI car crash reenactment conducted by the Miami Beach fire and police department and Miami Beach High School students.



Miami Beach rescue workers extricate mock victim Jessica Pabon from one of the vehicles involved in the mock car crash.



Miami Beach Police officers Cloris Vazquez (left) and Alfredo Cata (right) conduct the car accident investigation while Jose Triana, Miami Beach High School student who portrayed the drunk driver, attempts to walk a straight line during the mock drill.

Photographs by City Debate Publishing Co., CityDebate.com, (2004).



Miami Children’s Hospital Education and Professional Development CHEX Courses Approved for Contact Hours

CHEX Knowledge Exchange Cites MCH Online Education Success In Case Study

The following was published by the CHEX Knowledge Exchange and is reprinted with permission.

Name of Course(s)	# Contact Hours	CE Broker #
Age-Specific Competencies <ul style="list-style-type: none"> • Adolescents • Adults • Infants • Newborns • Preschoolers • School-Age Children • Toddlers 	2.0	20-24762
Blood Administration <ul style="list-style-type: none"> • Administration of Blood and Blood Components • Blood Components • Exchange Transfusion • Transfusion Reaction 	2.0	20-24765
Child Abuse and Neglect <ul style="list-style-type: none"> • Child Abuse and Neglect 	1.0	20-24766
Care of the Dying Child <ul style="list-style-type: none"> • Care Issues • Grief • The Dying Process 	1.5	20-24767
Fluids and Electrolytes <ul style="list-style-type: none"> • Imbalance: Dehydration • Laboratory Assessment • Physical Assessment • Physiological Differences • Replacement Therapy • Water Intoxication and Fluid Shift 	4.5	20-24768
Pain Management <ul style="list-style-type: none"> • Pain Pathophysiology • Assessment of Pain • Non-Pharmacological Therapies in the Management of Pediatric Pain • Pharmacological Management of Pediatric Pain • PCA & Epidural Analgesia 	2.0	20-24769
Precepting <ul style="list-style-type: none"> • Adult Learners • Preceptor Roles and Responsibilities • What is a Preceptor? 	1.0	20-24771
Respiratory Syncytial Virus	1.0	20-24773

 iami Children’s Hospital (MCH) is now making it easier for its nurses to obtain required continuing education units (CEUs) through its online training system provided by CHEX Knowledge Exchange. Nurses can now quickly and easily take required classes for their licensure online through the CHEX system to obtain required credits.

MCH is currently offering continuing education credit hours for 20 courses, totaling 9.5 possible hours that nurses can earn. The Education Department combined CHEX course offerings for “Age-Specific Competency,” “Pain Management,” “Care of the Dying Child” and “Blood Administration” to meet State Nursing Board requirements for continuing nursing education standards.

Offering this service to nurses is a huge convenience for MCH and shows the hospital’s dedication to employee satisfaction and retention. MCH is the first hospital to provide pediatric nurses with continuing education credits through CHEX, which provides access to pediatric-specific programs to meet the nurses’ needs. Online training also eliminates the need for nurses to travel or even leave the hospital to obtain training, allowing the nurses to spend quality time with patients.

Not only is the service convenient for the nurses, but the hospital’s education department is thrilled about the benefits they are seeing as well. The CHEX system is saving them time and money and they can now track completed courses electronically. Time previously spent teaching instructor-led training sessions has been freed up to allow educators to focus on hands-on and higher levels of training. MCH is currently in the process of consolidating all of its educational tracking into one system and using the CHEX system is a step in the right direction.



LifeFlight®

By Maria Fernandez, MSN, ARNP, CMTE, LifeFlight® Program Director

miami Children’s Hospital founded its dedicated Critical Care Transport Team in 1988. A year later, we acquired our first ambulance named Med 10. Over the years, the number of critical care transports grew steadily and in 1996 we recognized that that we were being called to areas way outside of Dade and Broward counties. In 1996 we purchased our first helicopter. We purchased our current aircraft, a Sikorsky S76 C+, in 2003. Last year we transported over 1,000 patients to Miami Children’s Hospital.



LifeFlight® Team



MCH’s fixed wing medical transport aircraft.

The State EMS Bureau of Emergency Medical Services has recognized the LifeFlight® Critical Care Transport team as the benchmark for the State of Florida both for neonatal/pediatric transport as well as for air ambulance services.

LifeFlight® is in the process of applying for accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS). This is very similar to JCAHO with the focus on patient care on transport and the safety environment. If we obtain this accreditation we would be the first neonatal/pediatric critical care transport program in the State of Florida to receive this designation.

In January 23, 2003 we were visited by the State EMS Bureau of Emergency Medical Services for the Neonatal and Air Ambulance inspection. During the visit inspectors found not a single deficiency. The vehicle and service records were outstanding. Areas of commendation included:

- Outstanding neonatal and pediatric transport protocols
- Job descriptions and competency based orientation for RN, paramedic, EMT, pilots and mechanics
- Operating policies and procedures
- Commendation for research on surfactant and neonatal resuscitation
- Publications and articles to major journals
- Education training programs in the areas of land survival training, water survival training and advanced skills lab



LifeFlight® II



Skills Day A Success!

By Sara Turpel, RN



A total of 275 MCH nurses converged on the Research Building rotunda March 23 to attend the 2nd Annual Clinical Skills Day. This all-day event offered updates



on all aspects of clinical nursing care, focusing on procedures that require annual competency assessment.

In addition to reviewing some basic skills, such as

specimen testing and IV pumps, nurses were introduced to the hospital's new Pediatric Simulation Lab and had an opportunity to renew their CPR cards at fast-track CPR classes. Those nurses working in the intensive care areas had the opportunity to practice ET tube taping and receive hands-on experience with equipment such as ventilators and ventriculostomies.



"I was most impressed with all the assistance we received from the staff attending to the various stations. They were great," said Debbie Cagen, PICU Clinical Nurse Specialist. "I would like to extend my gratitude to each and every one who helped make the skills day such a great experience."

Patient Transportation Department Update

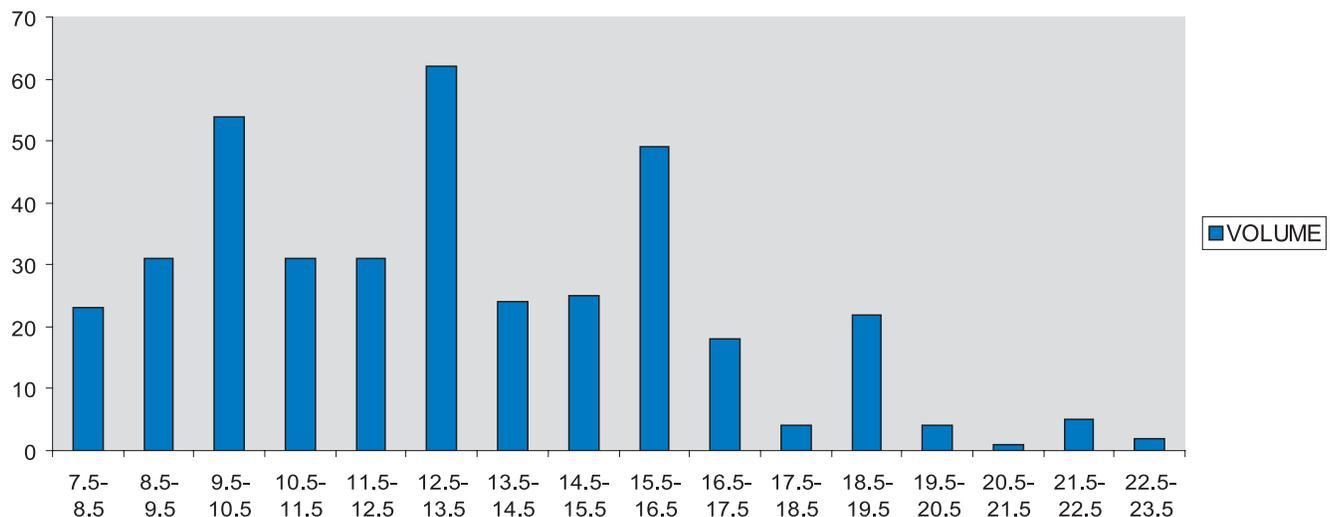


The graph below shows the volume of completed transports by the Patient Transportation Department broken down by hour of the day (ex. 7.5 - 8.5 = 7:30am- 8:30am). The graph demonstrates that most transports take place between 12:30 p.m. and 1:30 p.m.

Are you making good use of the Patient Transportation Department? This service was introduced by the administrative team in March to support the nursing staff so that nurses could spend more time caring for patients in the units.

Please remember the Patient Transportation Department is here to serve. Place a message on AS400 #16 to "Patient Transporter." Include the type of vehicle needed and the name of the department to which the patient is being sent, or if he or she is to be discharged.

1 Week Sample May 3 - 9, 2004
Volume by Time of Day





MCH Takes Part In Regional Safety And Career Day

Miami Children's Hospital shared information about bike safety, gun safety, and brain and spinal cord injury prevention with thousands of teens during the 2004 State of Florida Safety and Career Day held May 7 in downtown Miami.

Students from 42 area schools were bussed to the event at Government Center to learn about career opportunities and safety. Dozens of federal, state and local government agencies and healthcare organizations take part in the annual event. Miami Children's own Byron Smith, who works in the Security Department, is the principal organizer and chairperson for the event.

MCH participants included the Craniofacial Center, Preventive Medicine/SAFE KIDS Coalition, the Department of Orthopaedics and the Marketing Department.

Congratulations to all for taking part in this worthwhile event.



Byron Smith of the MCH Security Department is the chairperson of the annual State of Florida Safety and Career Day.

N U R S I N G N E W S

JEANETTE DIANA RECEIVES NATIONAL NURSING HONOR

Jeanette Diana, ARNP, Pediatric Surgery Nurse Practitioner at MCH, has received the "Founder's Award" from the American Pediatric Surgical Nurses' Association (APSNA). The award is presented to a nurse who has made a significant contribution to the care of pediatric surgical patients and provided leadership within the hospital and the community at large.

THREE FROM MCH RECEIVE REGIONAL NURSING AWARDS

Jackie Gonzalez, ARNP, MSN, CNA; **Maria Fernandez**, MSN, ARNP, LifeFlight® Program Director; and **Natasha H. Melbourne**, ARNP, MSN, Clinical Educator, received Florida Nursing Association District V awards. Jackie received the Nursing Administration Award for her visionary leadership within the hospital and the community. Maria was honored with the Advanced Practice Nursing Award in recognition of the high level of advanced care she provides to critically ill children transported by LifeFlight® and for her state and regional leadership among flight nurses. Natasha received the Nursing Student Liaison Award for her outstanding efforts to promote professionalism in nursing education. Congratulations to all!

LISA JUSKOWITZ NURSING SPECTRUM FINALIST

Lisa Juskowitz, RN, MCH 2003 "Nurse of the Year," was a finalist for the *Nursing Spectrum* magazine Nurse of the Year. Congratulations, Lisa!

CERTIFICATIONS

Ingrid Gonzalez, MSN, RN, and **Veronika Lopez**, RN, received their Clinical Pediatric Nurse certifications.

Debbie Hill-Rodriguez, RN, received her Clinical Nurse Specialist certification.

GRADUATIONS

Ana Pelligra received her MSN degree from Barry University

Eli Figueroa completed her BSN from Florida International University

OTHER RECOGNITION

Yilliani Garcia, RN; **Alison Schefflow**, RN, and **Sara Turpel**, RN, attended the National Teaching Institute (NTI-AACN) in Orlando.

An abstract presentation prepared by **Debbie Cagen**, MSN, ARNP; and **Bing Wood**, MSN, ARNP, was accepted for the 2004 conference "Summer Institute on Evidence-Based Practice" to be held in July. Angela Casablanca of the PICU Evidence-Based Practice Committee will present the poster.

Congratulations

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

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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 **Sue Lehmanni, RN.***

POTATO SALAD

Ingredients:

5 pounds of potatoes
1 cup Miracle Whip®
1 tablespoon yellow mustard
1 small onion, chopped
1 teaspoon celery salt or chopped celery
(1 to 2 stalks)
2 tablespoons sweet relish

Directions:

Boil potatoes in salted water until tender. Remove from water and cool.

Remove skins and cube potatoes. Add Miracle Whip® and remaining ingredients. Mix well.

Add additional Miracle Whip® as desired to increase moisture.

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A MESSAGE FROM THE CONTINUOUS SURVEY READINESS TEAM MEDICATION MANAGEMENT - IMPORTANT TO QUALITY AND SAFE CARE.

We have seen external forces emphasizing Patient Safety and Reduction of Errors with a focus on medication- related errors. In 2004, JCAHO has dedicated a specific chapter of standards related to Medication Management. Effective and safe medication management involves multiple services and disciplines working closely together. The standards address medication activities involving various health care individuals (DR's, LIP's, Nurses, Pharmacist) within a hospital's medication management system. An effective medication management system includes mechanisms for reporting potential & actual errors & a process to improve medication management processes and patient safety. A safe medication management system needs to emphasize systems and processes. What are the risk points? What is the organization doing to minimize risk? Identify potential vulnerabilities in the processes.

THE INFORMATION BELOW IS PROVIDED BY CONNIE CHAN, DIRECTOR PHARMACY. IT SHOULD HELP "U" UNDERSTAND AND BETTER INCORPORATE THE MEDICATION PROCESSES INTO YOUR DAILY WORK, IMPROVE OUR MEDICATION PROCESSES AND HELP YOU ANSWER SURVEYOR QUESTIONS.

DEFINITION OF MEDICATION PER JCAHO

For the purpose of the JCAHO standards, medication includes prescription medications, sample medications, herbal remedies, vitamins, nutraceuticals, over-the-counter drugs, vaccines, diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions; radioactive medications; respiratory therapy treatments; parenteral nutrition; blood derivatives; intravenous solutions (plain, with electrolytes and/or drugs); and any product designated by the Food and Drug Administration (FDA) as a drug. The definition of medication DOES NOT include enteral nutrition solutions (which are considered food products), oxygen, and other medical gases.

TRACER METHODOLOGY • *What You Need to Know*

Medication Management Processes will be a TRACER focus when the surveyors review a patient.

JCAHO Definition: Tracer Methodology: "A process which surveyors use during the on-site survey to analyze an organization's systems, with particular attention to identified priority focus areas, by following a number of active patients through out the organization's health care process in the sequence experienced by the patients"

One of the ways that Surveyors will use the **TRACER METHODOLOGY** is to determine the safe practice of our medication processes. Below are areas that surveyors may review

- Determine how well our medication processes work in both inpatient and outpatient settings
- Assess the interdisciplinary communications regarding medication management
- Review of medication management policies and procedures as needed
- Review additional medical records as needed to assess the identified issue
- OBSERVE how safe we carry out our medication processes. Examples of processes that may be observed:
*IV preparation; * Setting the pumps; * delivering of medications; * obtaining a med from the pyxis; * med preparation in pharmacy;
* med administration process (INCLUDING IDENTITY PATIENT BY NAME AND DOB)



SURVEYORS' FAVORITES FOR MEDICATION MANAGEMENT

- **KNOWING THE PATIENT'S RESPONSE TO THE MEDICATION** - Be ready to discuss how you KNOW WHETHER OR NOT the Medication was effective and if NOT WHAT WAS Changed.
- **MEDICATION MANAGEMENT PROCESS** - From Ordering to Administering and monitoring effects
- **NATIONAL PATIENT SAFETY GOALS RELATED TO MEDICATION** - How has the organization/ your unit addressed these
- **PAIN MANAGEMENT** - Assessment/Reassessment Process and Outcomes of Pain Meds Interventions
- **PROCESS FOR PATIENT'S HOME MEDICATIONS** - e.g.; herbal products, non-formulary items, foreign medications, etc.
- **OUR MEDICATION PROCESSES: HOW WE HAVE IMPROVED SAFETY IN OUR PROCESSES**
* Bar Coding system ; * Implemented "Not To Use" Abbreviation List * Removal of concentrated electrolytes from nursing units; * Standardized concentrations - moving away from the "Rule of Six"; * Have free flow protection on infusion pumps; Use PATIENT NAME AND DOB for identifying patient when administering meds; plans to scan med orders to Pharmacy;

THE 6 PROCESS OF MEDICATION MANAGEMENT- WHAT "U" NEED TO KNOW 1. Selection/Procurement; 2. Storage; 3. Ordering/Transcribing; 4. Preparing/Dispensing; 5. Administration; 6. Monitoring

SEE REVERSE SIDE FOR PROCESSES, RISK POINTS AND WHAT "U" AND MCH HAVE DONE TO MINIMIZE RISK

MEDICATION MANAGEMENT: THE 6 PROCESSES

	PROCESS	RISK POINT(S)	WHAT HAVE WE DONE TO MINIMIZE RISK
1	<p>Selection Safe and appropriate selection of medications available for prescribing, storage, and/or use in the organization.</p> <p>Procurement The task of obtaining selected medications from a source outside the organization. Procurement does not include obtaining a medication from the organization's own pharmacy, which is considered part of the ordering and dispensing processes</p>	<p>Selection of safe and appropriate products</p> <p>Selection of ethical vendors</p> <p>Drug shortages</p>	<p>Prior to placing on formulary, All medications are reviewed by the Pharmacy & Therapeutics Committee based on pre-established criteria. Annual review of formulary products</p> <p>MCH is part of the Premier Group Purchasing program & a member of CHCA for contract negotiations.</p> <p>Communication via newsletter, phone calls to medical /hospital staff. Suggests alternatives.</p>
2	<p>Storage The task of appropriately maintaining a supply of medications on the organization's premises.</p>	<p>Temperature on medication refrigerators</p> <p>High-Risk/high alert medications</p> <p>Drug Recalls</p>	<p>Daily temperature logs</p> <p>HighRisk/high alert medications are stored by generic names</p> <p>Lot number recorded in Pharmacy inventory system; pharmacy inspects areas for recall drug</p>
3	<p>Ordering and Transcribing Synonymous terms for when a licensed independent practitioner transmits a legal order or prescription to the organization which directs the preparing, dispensing, and administering of a specific medication to a specific patient. It does not include requisitions for medication supplies.</p>	<p>Legibility</p> <p>Verbal orders</p>	<p>Checks from nursing and pharmacy</p> <p>Pharmacy interventions</p> <p>Do Not Use Abbreviation List</p> <p>Instituted readback</p>
4	<p>Preparing The compounding, manipulation, or other activity needed to get a medication ready for administration exactly as ordered by the licensed independent practitioner.</p> <p>Dispensing Providing, furnishing, or otherwise making available a supply of medications to the individual for whom it was ordered or to his or her representative by a licensed pharmacy according to a specific prescription or medication order, or by a licensed independent practitioner authorized by law to dispense. Dispensing does not involve providing a patient a dose of medication previously dispensed by the pharmacy.</p>	<p>Errors at the time of preparation and dispensing</p>	<p>Standardized concentrations of selected medications</p> <p>Double-checked system by pharmacist / technicians); high risk (pharmacist/pharmacist)</p> <p>Pyxis profile system</p>
5	<p>Administration The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered in order to achieve its pharmacological effect. Administration includes directly introducing the medication into or onto the individual's body.</p>	<p>Five rights - right patient, right medication, right time, dose and route</p>	<p>Bar-coding;</p> <p>Identify Patient by Name and DOB</p> <p>Standardized concentrations of selected medications</p> <p>Second witness policy for high risk drugs</p> <p>Exact dose preparation by Pharmacy</p> <p>Pyxis profile system</p> <p>Patient reports at change of shifts by nurses</p> <p>Nursing medication reconciliations</p>
6	<p>Monitoring</p>	<p>Adverse drug reaction</p> <p>High risk drugs</p> <p>Food/Drug interactions</p>	<p>Adverse reaction reporting</p> <p>Monitored by pharmacists in critical care areas and Hematology/Oncology Unit.</p> <p>Patient teaching by dietary/pharmacy</p>

HOW "U" KEEP YOUR UNIT/DEPARTMENT SURVEY READY

- Daily temperature logs on medication refrigerators
- Use Patient Name and DOB to identify patient when administering medications
- Safe storage
- Continuously look for and remove outdated medications and supplies in your departments/patient care areas
- Daily Crash cart checks
- Know the list of abbreviations not to use