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PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 4 • Issue 1 • Winter 2003

Have a say in what you do:

Nursing Committes at MCH

By Mary E. Ernst, MSN, ARNP and Deborah Hill-Rodriguez, MSN, ARNP

Do you hate the phrase, "We have always done it that way"? Well, you can help bring about change. Being a part of a committee is more than attending and sitting down for one hour and listening to someone else talk. Playing an active role is essential in making the committee work and in promoting nursing practice at the highest level.

In nursing, we have two committee groupings, the Standards of Practice and the Professional Standards committees. The Standards of Practice committees promote clinical nursing practice. The Professional Standards committees promote professionalism in nursing.

Standards of Practice Committees

This group of committees – which meet on the second Monday of each month – includes the Evidence-Based Practice, Clinical Practice, Patient Family Education, Documentation and Policy, and Procedure committees. Each committee has a different focus that promotes the "clinical" practice of nursing and affects everyday hands-on care. Each one of these committees works closely together, and includes representatives from the other committees to help when questions arise.

Evidence Based Practice/Nursing Research Committee:

Is there a reason why we provide care in the way we do? The Evidence Based Practice/Nursing Research committee focuses on ensuring that our care practice is consistent with current research. The committee not only reviews research in nursing journals, but is also the source of any nursing research being done at MCH. All nursing research activities must be approved through the Evidence Based Practice Committee before they can go to the IRB for final approval.

Clinical Practice Committee:

Why do we use the monitor or pump that we use? Come to the Clinical Practice Committee to find out why. All potential new monitors, machines, clinical supplies, IV products, etc., must be approved by this committee before they are purchased for the nursing units. Committee members have the opportunity to "see it, feel it, smell it, and use it before we buy it." Nursing administration at MCH is committed to having the end users be the people to approve a product.

The Patient Family Education Committee:

How come we don't have an educational pamphlet on that? The Patient Family Education Committee's focus is writing and updating new and existing patient family education materials used throughout the facility. The best person to write about a diagnosis, treat-

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Nursing Leader In the Spotlight

Pat Messmer, PhD, RN, BC, FAAN

Nurse Researcher

Degrees:

- BSN, University of Pittsburgh
- MSN, Edinboro University of Pennsylvania
- MA in Rehabilitation Counseling, Edinboro University of Pennsylvania
- Ph.D. Higher Education/ED Administration, University of Pittsburgh

Hobbies:

Downhill skiing (former ski patrol); swimming and diving with grandson.

Nursing Leadership:

- Chair and Trustee, Nurses Charitable Trust of District V, Florida Nurses Association, a group of seven nurse philanthropists who fund scholarships, research grants and stipends for nurses in need.
- Vice Chair of National League for Nursing Accrediting Commission, which accredits all nursing programs throughout U.S.

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In this issue

Nurses Week 2003

May 6th - May 12th

It is time again to start preparations for Nurses' Week. The Nurses' Week Committee members want to hear from you! Make your ideas and suggestions heard. How about a talent show this year? If you know a nurse who has talent and is willing to participate, please leave Cindy Ellis a message at ext. 3504. Share your ideas with your department Nurses' Week Committee members or drop off a note in the box that will be in the staffing office. The deadline for suggestions and ideas will be February 28, 2003.

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Nursing Leader In the Spotlight

- Chair of Research and Grants for Florida Nurses Foundation
- ANCC Magnet Appraiser

Career Highlight:

- Recipient, 2001 STTI Marie Hippensteel Lingemen Founders Award for Excellence in Nursing Practice
- Recipient, 2000 Smithsonian Institution Permanent Research Collection on Information Technology Laureate Award
- Recipient, 2002 Leadership in Research Award, Southern Nursing Research Society

From the Desk of Jackie Gonzalez

I would like to take the time to acknowledge a few accomplishments that you have achieved this past year.

1. Our vacancy rates have gone below both state and national averages and our turnover rate continues to decline – achieving a 5-year low!
2. The Medication Bar Coding System went live in November on 3 East, and with a tremendous team effort, not one error has reached a patient since its inception! Those results are phenomenal!
3. Our application to the American Nurses Credentialing Center for Magnet designation was launched in early December. We expect to be notified as to the actual survey date soon. Thanks to Noelene Westman and Ingrid Hunter for their assistance in organizing and writing the actual application. To everyone involved, under Maria Soto's leadership, I also thank you for your dedication to this worthwhile effort. (All 5 volumes of the Magnet application are located in the Nursing Conference Room.)
4. Our Future Nurse's Club has grown from a single club a year ago to a total of three today. Recently, two of the clubs made visits to MCH and spent a day with you! We have also hosted students from the Big Brothers/Big Sisters organization along with teens from Ace Academy's Communities in Schools. Your influence on these impressionable kids has been awesome! I continue to hear from them about the enthusiasm of our staff! One of my favorite things to hear is how you have influenced their lives and career choices!
5. MCH was awarded the Consumer Opinion Award by the System Group by receiving the highest marks for customer service from patients, from a group of 15 local hospitals! Your teamwork, communication and care make the difference!

I know that 2003 will be busy and will hold many good things, too! I look forward to an exciting and challenging year!

Most sincerely,

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

Medical Abbreviations List Available on Hospital Network

The Medical Record Committee has determined that the most appropriate and effective way to distribute the newly approved Medical Abbreviations List is to offer it on the hospital network. Anyone in the hospital can access the document through the Resources menu. Here are highlights of the new list:

- The list has been revised to include a list of abbreviations that are not to be used
- No drugs or meds may be abbreviated, especially chemotherapy drugs
- No pharmacy orders may be abbreviated
- No symbols may be used unless found on the hospital list.

For more information, contact the Health Information Management Department at ext. 6412.

Cardiac Nursing at Miami Children's Hospital

By Jo Ann Nieves, MSN, ARNP, CPN, APRN-BC

The members of the cardiac nursing team at Miami Children's Hospital have had an exciting, successful year. In 2002, we cared for patients ranging from premature newborns to 64- year-old adults with congenital or acquired heart disease. These patients came to us from at least four different countries and five different states.

Achieving maximal survival with minimal morbidity in any cardiovascular program is the key. Nursing team care makes crucial 24-hour-a-day contributions to successful patient outcomes. In 2002, the Miami Children's cardiac surgery program yearly mortality rate was the lowest in the history of the program. Overall, 97.9 percent survival to discharge home of all children undergoing open- or closed-heart surgical interventions was achieved. This accomplishment is astounding when considering that the calculated complexity scores for surgical cases performed is the highest ever. Children less than one year of age comprise 64 percent of the patients, with 23 percent of our surgical population being newborns. As an example, the MCH team reached its highest survival for children undergoing first-stage surgical intervention for Hypoplastic Left Heart Syndrome (Norwood Procedure) at 86 percent survival. Untreated, this congenital condition is universally lethal in the first weeks of life. These accomplishments challenge those made by the very best pediatric cardiac centers in the world.

The cardiac cath lab team achieved the highest volume of cases ever in 2002, with well over 400 procedures. Since 1995, the cath lab team has maintained 100 percent survival, despite the progressively complex procedures and arrhythmia ablations being performed. Sixty patients ranging in age from 3 to 64 years underwent device closure of atrial septal defects in 2002. The lab continues to serve as a clinical trial center for the Helex and Cardioseal ASD devices, as well as the cutting balloon for resistant stenotic vessels. The lesions treated successfully by cath lab interventions continue to broaden. Recent innovations in the cath lab include close collaboration with the cardiovascular surgery team resulting in novel hybrid procedures that combine catheter-based interventions (such as placing a stent to open a stenotic vessel) during the child's cardiac surgical procedure. The cath lab team has been honored to serve as a transmission site for live in-progress procedures for international meetings in 2002, including the Pediatric Interventional Cardiac Cath Symposium in Chicago.

The cardiac nursing team also was the successful pilot unit for initiation of the point-of- care "I – Stat" bedside monitoring system for blood gases, serum lactates and electrolytes. Children requiring anticoagulation management were also sent home for the first time using a Pro-Time 3 monitor that allows Prothrombin/INR measurements to be taken via several drops of blood attained by only a finger-stick sample. The Cardiac Nurse Practitioners educate the families to perform this prior to discharge.

The team has also successfully integrated the use of CICU-based Nurse Practitioners in patient management. An Internet-based patient charting program was also begun in April 2002 with the "I-Rounds" system. Team members, including referral cardiologists, have secured access to all patient progress notes, surgical and daily pictures, X-rays, and cath lab data from any Internet-linked computer. Upon admission, for example, our nurses can locate any patient's diagnosis, interventions, meds, and most recent physical exam in seconds.

The cardiac nursing team is tremendously proud of the achievements of our patients and their families. All of these achievements were made while simultaneously attaining some of the highest patient care satisfaction scores for the hospital as measured by the Jackson Ratings. In 2003, we have many more goals to achieve as we continue to strive to be the center of excellence in pediatric cardiac care.

Thank you to Dr. Anthony Rossi & Dr. David Nykanen for sharing program data analysis.

NICU To Participate In New Drug Study

By Amanda Ranft, RN

Premature babies are taken from the comfort and safety of their mothers' wombs and placed in a manmade environment that can be very unforgiving. Premature babies are extremely susceptible to infections caused by a multitude of organisms. However, Staphylococcus aureus and coagulase negative staphylococci (CoNS) are primary organisms that can wreak havoc on this at-risk population.

One pharmaceutical corporation has produced a "drug" to help prevent infections caused by staph aureus and CoNS in premature, very low birth weight babies. The medical and nursing team of the NICU will participate in a phase II, multi-center clinical trial to test the effectiveness of this new "drug." This double-blinded study will aim to determine the safest and most effective dose to bring forward to phase III of the research.

Approximately 50 centers have been enrolled in the current trial and it is hoped that at least 500 babies will be treated with the "drug," which is a pooled, donor-selected, human staphylococcal immune globulin product similar in nature to IVIG. Participants in the study will receive one of the four treat-

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ment arms throughout the study: placebo; 250 mg/kg; 500 mg/kg; or 750 mg/kg. All products will be mixed in a total volume of 15 mLs/Kg, so the nurse at the bedside will have no way to determine in which arm of the study her patient is enrolled. Only the clinical pharmacist for NICU will know what the study participants are receiving.

Study participants will hopefully receive four doses of the study "drug." However, if patients do not have IV access they will not receive any follow-up doses. All patients will be followed closely by the study coordinator for 70 days, or until discharge, whichever comes first.

All study participants will be monitored for adverse reactions, concomitant medication usage, sepsis episodes, and health care usage. In order to prove that this "drug" is effective, the data must show that sepsis occurred less often in study patients and that the patients required less health care services and had a decreased length of stay as compared to the cohort population.

The data from phase I of this study looks very promising and the "drug" has a very clean profile, with few adverse events noted. If this "drug" works as effectively as is hoped, it will have a tremendous impact on the future treatment and well-being of our tiniest patients. Additionally, it will affect health care utilization (money and resources) of premature babies worldwide.

Just an Ordinary Nurse

By Joanie Ippolito, RN, BSN

Remember when you were in nursing school and you had visions of conquering all kinds of crises and making every 'booboo' all better? With all the talk about heroes lately, allow me to bring that lofty word within your reach. Heroes are just ordinary people who go the extra mile to accomplish extraordinary things. Having worked for years with chronically ill and dying children and their families, I see "heroes" every day.

A group of us decided that something had to be done to address the unique needs of these special children and their families. The nursing process was utilized to develop a plan based on a community needs assessment and firsthand experiences. With mounting healthcare and insurance costs, a lack of competent nurses, shortened hospital stays, and higher acuities being discharged home, care can be overwhelming in the best of circumstances. Add chronic illness, drained finances, cultural barriers, fragmented care, inadequate or non-existent support after discharge and you have a revolving door of exacerbations, readmissions, stress, and frustration. "They" said "there's no such thing, it can't be done." Well, with lots of hard work, patience, and love, we did it. Our pediatric sub-acute model of care passed in the special legislative session and we were awarded a two-year pilot project. PATCHES addresses holes in healthcare that currently leave families unprepared to assume complicated care at home. Our model of care emphasizes nursing with a focus on the educational component and follow-up support after discharge to better prepare and provide support to families. We are not heroes, but our model of care will help the real heroes.

If nursing is your passion and you have grit, guts and a goal, you can still help make those "booboos" a bit better. The defining characteristic of a hero is "he rose." Will you?

NURSING NEWS

Three MCH nurses published articles in the January 6 issue of Advance for Nurses. **Deborah Cagen**, MSN, ARNP, and **Amanda Ranft**, RN, wrote the article titled "Respiratory Distress in the Youngest Patients: When Traditional Treatments Fail, Consider Alternative Therapies." Debbie Hill-Rodriguez, MSN, ARNP, and Awilda Valdez, RN, CDE published "Teens with Diabetes" an educational piece. Congratulations to all!

Maria Fernandez, MSN, ARNP, has been appointed by the State EMS Advisory Council to be on the EMS Future Forum Committee. Maria also has been selected to serve as MCH liaison to Nursing Spectrum.

February 18 was Critical Care Transport Nurses Day. Congratulations to our transport nurses!

Implementing Self-Scheduling to Increase Unit Morale

By Sara Turpel, RN

Like almost every aspect of our profession, nursing schedules have their good and bad points. There are some good things about working in a "24-7" job, like choosing to work weekends, evenings, and/or nights to accommodate your family life or school schedule, or to make a little extra money. And there are some bad things about a "24-7 job," such as having to work weekends, evenings, nights and holidays when the rest of the "Monday to Friday" world is home.

Schedules can be a huge dissatisfying element of an RN's job. Our lives revolve around our work schedule. One of my neighbors is a nurse at another hospital and it's not uncommon for our across-the-street conversations to turn to our work schedules. We don't need details, we know what the other is talking about when one of us says, "I got a good schedule this month," or "I have a nice stretch off." ("Nursespeak" such as this would make a good topic for another day.)

Several years ago, the PICU implemented self-scheduling. This has been a big contributor to our ability to retain nurses and is an excellent idea for units that are experiencing scheduling problems. Self-scheduling is easy to implement and can have a big impact on the mood and atmosphere of the unit.

In the PICU, we have a self-scheduling committee. There are two RNs on the day shift and two RNs on the night shift who make up the committee. They get "RISE credit" for their work on the committee. During the first week of each schedule, the committee puts up a blank schedule worksheet for the next scheduling period. This worksheet has weekends filled in already, and has a "due date" printed at the top. This gives each RN about two weeks to fill in his or her schedule requests. Everyone is expected to follow certain ground rules set by the committee. For instance, if you want to be off during your regularly scheduled weekend, you need to trade with somebody, and every RN has to sign up to work at least one Friday and one Monday per schedule. If there is a day an RN really wants off for personal reasons or school, he or she puts "r/o" in the box for that day.

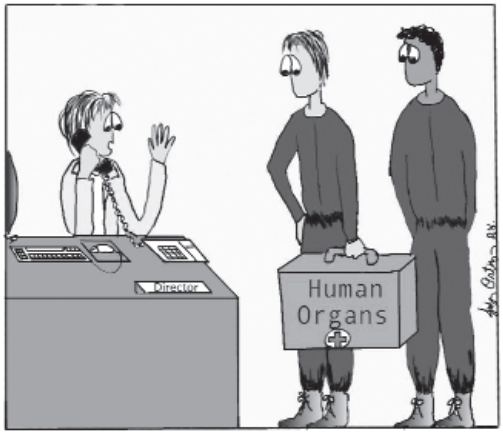
After the worksheet due date arrives, the scheduling committee goes to work. The group reviews the worksheets and makes changes as needed, ensuring that approximately the same number of nurses is scheduled each day, balancing skill levels. If a nurse has put "r/o" on a certain day, every effort is made to fulfill the request. If there's a problem, the nurse is contacted by a committee member so a compromise can be reached.

When problems arise with the schedule, every person on the unit is given an opportunity to resolve them. Most often, this is accomplished by putting up a note in the lounge outlining the problem. A note might indicate that too many people are requesting the same day off or ask for nurses to work an additional weekend. Usually the self-scheduling committee is then bombarded with responses and offers of help.

The use of self-scheduling can be a valuable tool in the effort to retain nurses and to create a positive work environment. The success of self-scheduling in the PICU over a number of years is proof positive.

What's so funny?

We at MCH have very serious work to do. We nurture, protect, enrich and, above all, care for the most precious human beings, our children…our future. So what's so funny in all of that? Plenty. Having fun should be part of every child's life. Hear of something funny today? We want to hear from you. We are looking for real life, original, unpublished humor from MCH staff members. We'll give you credit for what we print. Send your joke or story (50 words or less) to NurseJoyAnne@aol.com. Please include your name and department.



"All I'm saying is that the next time the doctors order me a surprise Valentine's Day heart, make sure they use legible handwriting."

Deadline Nears for the 2003 Nursing Education Loan Repayment Program

By Ann Servies, RN

The federal government has set up a program to offer registered nurses assistance to repay educational loans in exchange for service in eligible facilities located in areas experiencing a shortage of nurses. Moreover, the purpose is to assist in the recruitment and retention of professional nurses dedicated to providing health care to underserved populations.

The following are the major eligibility requirements:

- A full-time RN (32 hours or more per week)
- A permanent legal resident of the US
- Have outstanding student loans incurred during nursing school, and work at a designated facility (Miami Children's Hospital is a designated facility).

If you meet the above requirements, you MAY be eligible to participate. For further eligibility requirements and an application, go on-line to http://bhpr.hrsa.gov/nursing/loanrepay.htm

When completing your application, you need to obtain a letter stating MCH is a Designated Share Hospital (DSH) from Human Resources. This letter will classify you in a higher tier for a greater potential in the selection process.

The deadline for the application is March 31, 2003 at midnight EST. Good Luck!

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ment or test done in your specialty is YOU. The committee is also responsible for looking at alternative educational processes, and formulating and implementing plans for improving the educational process.

Documentation Committee:

Why is documenting so important? The majority of your practice is based on your documentation. The Documentation Committee reviews any form of documentation that nursing and other departments use. You can help streamline our documentation. Before a new parameter is added into Ecylpsis (EMTEK), it is approved by the entire committee.

Policy and Procedure Committee:

Why can't I do the procedure this way? Well, there is a reason for that. The Policy and Procedure committee is responsible for assuring that the way that we do things is based on the most current practices of the Nursing World. Would you want someone from CICU to write a Neuro policy for a 3 South patient? Your patient's care relies on your expertise.

Professional Standards Committee

The Professional Standards Committees include the Magnet, Communication, and Recruitment, Retention and Recognition committees and meets the fourth Monday of every month. These committees focus on improving the professionalism of nursing by focusing on what makes nursing relationships function.

Magnet Committee:

The Magnet committee is geared toward obtaining and then maintaining Magnet status for the nursing staff at MCH. The Magnet designation is awarded to recognize excellence in nursing at an institution. MCH has just finalized and sent in the application and supporting documentation for Magnet. The focus is now on organization and planning for the site visit.

Communication Committee:

The Communication Committee focuses on enhancing the communication of all departments of nursing. The committee is responsible for submitting articles for the nursing newsletter and other forms of communication to "get the word out" about nursing throughout the hospital.

The Retention and Recruitment committee:

This committee, chaired by Jackie Gonzalez, Vice President/Chief Nursing Officer, is focused on improving areas that nurses have identified as problematic in the recruitment and retention of nurses. A recent focus of the committee has been on the issue of floating, and how to improve the process for nurses.

All of these committees directly impact the practice of the nursing staff at the bedside. Your expertise and input is imperative to ensure that these committees are as effective and pertinent to practice as possible. To encourage professionalism and participation in the committee process, 50 percent committee participation is mandatory to maintain a Level 3 on the RISE starting in January 2003. As of July 2003, committee participation of 75 percent will be expected to obtain a Level 3.

Each member of the nursing staff is encouraged to find an area of interest related to his or her practice and consider joining a committee. Your input will influence how you and your colleagues practice throughout the hospital. You are the experts!! Please join a committee and share your knowledge, ideas, and expertise with others. Either contact the chair of the committee or simply show up.

Mentorship at Miami Children's Hospital

By Michelle Franco MSN, ARNP, CPN

The overwhelming nursing shortage in the United States has hospitals and administrators concerned about their nursing staff and vacancy rates. The Health Resources and Services Administration department projects that by the year 2006 Florida will need 34,000 additional registered nurses. Preliminary 2001 Florida RN vacancy rates show an estimated 9,000 vacant positions statewide – a 16.2 percent vacancy rate. According to the Florida Hospital Association, a "healthy" vacancy rate is six to seven percent. One of the biggest challenges for hospitals is nursing recruitment and retention during this era in which the need for RNs is increasing faster than new RNs are entering the nursing profession.

Effective mentoring and retention of the nursing staff are areas that all hospitals will need to focus on. The concept of mentoring involves a voluntary alliance between an experienced nurse and a novice nurse for the purposes of career development and enhancement of the profession (Byrne & Keefe, 2002). Miami Children's Hospital has a nursing mentorship program incorporated in the RISE program that promotes mentoring activities.

One may ask what is the difference between a nurse preceptor and a nurse mentor? The primary objective of a nurse preceptor is to teach clinical skills. Likewise, the primary objective of the nurse mentor is to teach clinical skills but also to teach all other aspects of the nursing process. The nurse mentor is a role model for the novice nurse. In addition to teaching the clinical skill, the nurse mentor explains why the task is performed and models the behavior. Mentoring should be a symbiotic partnership that influences all aspects of a new nurse's career (Fawcett, 2002). According to Fawcett (2002) the essential characteristics that mentors should possess include:

PATIENCE – Mentors who have patience and empathy help mentees gain confidence to perform their jobs. The mentor should remember what it is like to walk in a new nurse's shoes.
ENTHUSIASM- Mentors should have positive attitudes that hopefully will be contagious to everyone around them.
KNOWLEDGE- Mentors have the knowledge base and the experience that allows them the expertise in their field.
SENSE OF HUMOR- Mentors should be able to laugh with their mentees to help relieve anxiety and facilitate learning.
ABILITY TO ENGENDER RESPECT- Mentors who are able to promote respect will have a successful mentor-mentee relationship.

There are many more characteristics of a successful mentor, some of these include: compassion, flexibility, organization, motivation, intelligence and sincerity.

There are several nurses involved in the Mentorship Program at Miami Children's Hospital. An experienced 3 Northeast staff member Monica Brown RN and new nursing school graduate Richard Bolanos, RN, have experienced the benefits of the Mentorship Program firsthand. Richard Bolanos, RN states, "As a new graduate transitioning from care assistant to registered nurse, Ms. Brown has guided me. I have matured in the last year. At any time I can go to her and talk to her. I think the Mentorship Program is essential for new nurses to offer guidance and support."

A nurse preceptor may desire becoming a mentor for a new staff member. The preceptor must possess the level of commitment necessary to fulfill these requirements. In order to qualify to be a nurse mentor at MCH, the experienced nurse must attend the preceptor-training course and then will complete quarterly mentorship progress records with their mentee. This quarterly documentation includes the setting of professional goals, the evaluation of the mentee's strengths and the areas identified for improvement. The success of the Mentorship Program will benefit all involved. For more information on becoming a mentor or participating in the Mentorship Program contact your Nurse Manager, Unit Director or Clinical Nurse Specialist.

- Byrne, M & Keefe, M. (2002). Building research competence in nursing through mentoring.

- Journal of Nursing Scholarship, p. 391 - 396.

- Fawcett, D. (2002). Mentoring - What it is and how to make it work. Journal of the Association of Operating Room Nurses, 75(5), p. 950 - 954.

- RISE program (2002) policy number No. 49105812

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

Marcia Diaz de Villegas
Director of Marketing and Public Relations

Rachel Perry
Editor

Maria Fernandez, MSN, ARNP
Co-Editor

Debbie Cagen, MSN, ARNP
Cheryl Topps, MSN, ARNP
Contributing Writers

Design / Layout
Hortensia Cesar

Photography
Edgar Estrada
Steven Llanes
Juan Carlos Rabionet

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