



**MIAMI  
CHILDREN'S  
HOSPITAL®**  
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# PURSUIT OF EXCELLENCE

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## Blended Learning: A Recipe for Exceptional Critical Thinking Skills

By: *Carla Trueba MSN, RN, CPN and Ingrid Gonzalez MSN, RN, CPN*

**T**he orientation process at Miami Children's Hospital has evolved into an innovative and transitional approach that prepares novice nurses to develop and sustain critical thinking skills for an excellent career in nursing. Nursing students are entering the nursing profession in a time of cultural reformation. New nurses are expected to function in a highly skilled, technologically advanced environment in which critical thinking skills are a must for problem solving. (Berhause, 2006) In this era, innovative and creative programs are needed for nurses to function at a high level. These programs are established to enhance the learning process for all types of learners. Using Benner's (1984) domains of nursing practice, the clinical nurse specialists and clinical educators developed an orientation model that is composed of several critical elements. The curriculum includes components such as knowledge, skills, socialization, and professional development.

The objective of the clinical nurse specialists and clinical educators is to establish a general knowledge-based program that bridges the gap between didactic learning and clinical application for all nurses. Strategies, such as on-line modules, are combined with classroom time to meet the desired objectives. Another goal of the team is to establish an atmosphere conducive to learning. This was met by using patient-human simulator scenarios to meet the educational needs of the new nurse and the returning, experienced nurse to the field.

The use of blended learning impacts the amount of time required to transition nurses from novice to competent and facilitates

the learning process of experienced nurses returning to the workforce. Currently, the three ICUs are using this model and the medical-surgical units and E.D. are transitioning their orientation processes to meet each unit's learning needs.



*Carla Trueba and Ingrid Gonzalez promote the benefits of blended learning.*

**Nurse Leader**



**In the Spotlight**

### Natasha Melbourne

#### Degrees:

- BS Radiography, Howard University, Washington, DC
- BSN, University of Miami
- MSN, Family Nurse Practitioner, ARNP, University of Miami

#### Career Highlights:

- 1996 Baptist Health Systems Patient Care Tech
- 1998 MCH PICU RN
- 2000 MCH Clinical Educator
- 2005 MCH Professional Coach
- 2006 MCH Operations Administrator

#### Teaching Highlights:

- Miami-Dade County School Elementary School Teacher
- Miami Dade College Adjunct Faculty
- University of Miami Adjunct Faculty
- Nursing Shortage Consortium Coordinator: "A Day in the Life of a Nurse," Future Nurses' Clubs and Summer Internship

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Nurse Leader



In the Spotlight

- Advisory Board Member Nursing Schools: Keiser College Kendall, Miami Dade College
- National Conference Planning Committee member: Journal of Pediatric Nursing 20th Annual Conference

**Certifications/Awards:**

- ANCC Nursing Professional Development Certification
- 2004 FNA District V Nursing Student Liaison Award
- 2005 FNA District V Communication Media Award
- Miami-Dade County Public Schools, School to Career Partner Award

**Publications:**

- Nursing Spectrum: Nursing Strategy's Time Has Come
- National Nurse Staff Development Organization: Web-Based Orientation for Nursing Students –Poster Presentation
- Florida Organization of Nurse Executives: Reaching Out to High School Students- Poster Presentation
- National League for Nursing: Enhancing Nursing Student Orientation via the Web- Poster Presentation

What I enjoy most about my role:

- Helping others to find the positives in what appears, at first, to be an all together not so positive situation. What a difference it makes.....

**Family:**

- Husband RN at MCH
- Daughters: Sasha, age 4, and Sophia, age 1



**From the Desk of Jackie Gonzalez**

The holiday season is a time of year when many pause to reflect upon life's blessings. I count among my personal blessings the opportunity to serve at Miami Children's Hospital. The work that we do here affords us moments



year-round to be inspired and humbled by children and families facing complex medical situations.

Providing care for families confronting some of life's most difficult challenges ultimately helps us shake off the tendency to take for granted our personal gifts - family, friends, and colleagues - as we go about our day-to-day lives. In short, we receive from our patients what may be the greatest gift of all: The opportunity to really see the beauty in our own lives and to appreciate moments of health and fellowship with those we care about.



I know each and every member of our nursing team gives much in return. Ours is a giving profession, after all. Daily, we share our time, knowledge, strength and compassion to help those in need. There is no greater gift to give than of yourself and all of you do so readily.

I want to thank you for heeding the call of the nursing profession and for bringing such energy, creativity and enthusiasm to the role. I wish you all a beautiful holiday season. May you savor

the blessings that come from knowing you have made a difference in the lives of so many children.



Sincerely,

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





# Have you heard...?

By Cindy Garlesky, MSN, ARNP, CEN, RN,C

**4** our 2-year-old patient is in pain...and you have tried everything you can think of to make it better. You have been giving the PRN pain medications around the clock, changing positions, applying warm packs, telling stories (at least you thought they were funny) and have even tried singing (but quickly decided that was not a good option!). Another method of pain management is now available for certain patients, like this 2-year old.



Nurse-Controlled Analgesia (NCA) has received final approval for use here at Miami Children’s Hospital. NCA is an alternate method of pain management using the PCA Infusion Pump in which the patient’s primary nurse (or RN designee) activates the PCA dose administration button in response to the patient’s pain. NCA utilizes the concepts of PCA. The orders must indicate NCA for the RN to press the button.

Here are some highlights regarding NCA:

- The same order form will be used for both PCA and NCA (in revision).
- The current PCA policy has been revised to include both PCA and NCA using the PCA Infusion Pump.
- Frequency of vital signs is the same for patients receiving PCA or NCA.
- Any service/physician can write orders for PCA or NCA.
- Attending physicians must initiate and/or supervise PCA/NCA orders. Telephone orders are acceptable.
- To ensure system support for NCA, the Nurse Manager/Charge Nurse/Operations Administrator must be notified in order to adjust acuity levels and assignments and ensure RN availability for frequent assessment, intervention, and reassessment.
- Second witness clarification: No second witness is required to press the button for NCA whereas a second witness is required to administer a PRN morphine dose.

After reading all this, you are probably still trying to figure out when the button should be pressed for NCA. The short answer is... when you assess a pain level of 4/10 or greater. The longer answer includes additional information from the order set such as frequency of dosing and mode of delivery (NCA or NCA + continuous).

In-services are ongoing. Please review the policy in the portal and check your unit bulletin board for additional information.

# Simulation and You

By Beth Ramey, RN  
Simulation Clinical Educator

**W**hat is simulation you ask? Isn’t it just a fancy mannequin like we use for the Pals course, etc? Simulation is so much more and we have the top-of- the-line pediatric models available here at MCH. We have not one, but three high-fidelity mannequins in our Simulation Laboratory – one pediatric and two infant models. The pediatric mannequin responds in real time to medications, breathes oxygen, and can be anesthetized with actual gases. All are available to the staff by just arranging time with the simulation clinical educator.



Simulation is the wave of the future in allied health and medical education. These mannequins provide life-like experiences for staff to practice high-risk, low- frequency skills they may not otherwise have the opportunity to attempt in a safe environment.

What do I mean by safe? I mean:

- an environment in which the outcome of your actions does not affect the life of an actual patient
- an environment where you can press pause and assess your critical thinking regarding the interventions you are about to take
- an environment where you can be guaranteed a specific type of patient that only chance may bring you in clinical experience.



Simulation exists not only to fill in these gaps but also has been shown in several studies to improve communication during crisis situations. Simulation is a product of the avionics industry. The pilot of

your plane has practiced in a simulator landing on one wheel with the engine malfunctioning about 500 times. He may never have to actually perform this feat, but he has the critical thinking skills strengthened through practice on the simulator to handle it if he did. And lets face it, aren’t you glad he has.

Continued on page 11



# 2007 Shared Governance Councils

## PROFESSIONAL STANDARDS FRAMEWORK OF COUNCILS

### PROFESSIONAL DEVELOPMENT COUNCIL

Chair- Michelle Burke Co-Chair Mary Ernst  
Represented: HR, Education  
3<sup>rd</sup> Monday 9:30-11am

The Professional Development Council is the name of the governing body for which Nursing Services addresses the development of the Registered Nurse at Miami Children's Hospital. This council is responsible for the development and administration of the multiple programs including both not limited to APEX, CHEX, Frieda Hill Beck Endowment Fund, RN competencies, The Academy to name a few. The clinical ladder program, Aim for Professional and Educational Excellence (APEX). Reviewing and monitoring nursing unit RN performance standards and annual competency validations to ensure consistency in performance standards from unit/department to unit/department is conducted. APEX review annually of the elements of the APEX program, element weights and criteria for advancement for the APEX program is performed annually. A six month notice is required for APEX program changes. In addition, this council evaluates and makes curriculum recommendations for the Children's Hospital Education Exchange (CHEX) program; the primary on-line source for Registered Nurses educational offerings including CEU contents. This council also advises on the content of the Miami Children's Hospital Academy Course for new graduate nurses and receives all application for conference tuition support. The decision to grant funding from the "Frieda-Hill Beck Endowment" to support nursing continuing education is based on determined criteria.

### POLICY AND PROCEDURE COUNCIL

Chair- Maria Soto  
Co-Chair-Maria Fernandez  
3<sup>rd</sup> Monday - Jan, April, July, October  
11 am -12:30 pm

The Policy and Procedure Council is the name of the governing body for which Nursing Services Policy and Procedures are developed, revised and retired. The purpose of the Policy and Procedure Council is to review, revise, and create clinical patient care policies and procedures that are reflective of Best Practice Standards/ Evidence Based Practice and Research as well as to review, revise, and create nursing services administrative policies and procedures that govern the operations of the nursing department and that are based on the American Nurses Association Scope and Standards for Nurse Administrators, Scope and Standards of Pediatric Nursing Practice, and others as well as The Institute for Family Centered Care; Scope and Standards of Family Centered Care. Council meetings are held monthly. Due to the extensive nature of the work involved with development of best practice/ evidence-based policies and procedures, members need not attend all meetings but must return work to the Chair or Co-Chair as assigned and be prompt.

### RECOGNITION COUNCIL

Chair- Bing Wood Co-Chair Jane Bragg  
4<sup>th</sup> Monday  
8:15- 10:00 am

The Recognition Council is the name of the governing body for which Nursing Services administers recognition programs for the nursing staff at Miami Children's Hospital. The council is responsible for improving the communication and dissemination of information among hospital personnel, facilitate and coordinate the activities relating to Magnet Designation Events, and the administration of recognition programs that reward standards of excellence which includes the Daisy Recognition Program and the Nurse Week events. Council meetings are held monthly and more frequently based on Nurse Week events. The Communication Committee and the Magnet Committee report upward to the Recognition Council.

### COMMUNICATION

Chair Deborah Salani  
Co- Chair Joy Ortiz  
Represented: Marketing  
1<sup>st</sup> Tuesday  
8 - 9:30 am

The committee is responsible for improving the communication and dissemination of information among hospital personnel, including publishing the Nursing Department newsletter, "The Pursuit of Excellence" and keeping current the Nursing Portal for internal communication as well as the Nursing Website which is accessed at [www.mch.com](http://www.mch.com). A representative from the Marketing Department is a standing member of this committee. This committee reports upward to the Recognition Council.

### MAGNET

Chair Lisa Martinez  
Co- Chair Erica Pruss  
Represented:  
Deborah Hill-Rodriguez  
Magnet Coordinator  
4<sup>th</sup> Thursday  
8 - 9:30 am

This committee is focused on the ANCC Magnet Designation recognition which includes the preparation and administration of activities during the ANCC Magnet application, re-application and committee meetings are held monthly and more often as dictated by upcoming Magnet recognition events.



# 2007 Shared Governance Councils

## **NURSING EXECUTIVE COUNCIL**

Chair- Senior Vice President/ Chief Nursing Officer  
3<sup>rd</sup> Tuesday of the Month • 10:00 am- 12:00 noon NOCR

Members: All Nursing Directors, OA (1), Nursing Council and Committee Chairs

The Nursing Executive Council is the name of the governing body for which Nursing Services oversees Nursing delivery at Miami Children’s Hospital. The Nursing Executive Council’s purpose is to oversee the decisions being made at the staff level in the staff level councils. The premise for decision making is based on the Scope and Standards for Nurse Administrators, Scope and Standards of Pediatric Nursing Practice, and others as well as The Institute for Family Centered Care; Scope and Standards of Family Centered Care. The Mission and Vision of the hospital and the Nursing Philosophy are key references for decision making. Action items/ decisions made at the councils are brought forth by the Chairs of each council/ committee for ratification or veto with explanation.

## **NURSING MANAGER COUNCIL**

Chair- Liz Weodman Manager  
Co-Chair- Linda Lever Manager  
2<sup>nd</sup> Wednesday  
8:15 - 9:30 am

The Nurse Manager Council consists of Nurse Managers from every patient care unit/ department of the hospital. Each meeting is facilitated by a manager group e.g. January 2 east Managers to host which rotates each month to a different manager group. The Council addresses issues that are pertinent to patient care delivery and the Council disseminates and discusses information that is common to all departments.

## **RESEARCH COUNCIL**

Chair- Pat Messmer Phd.  
Co-Chair Don Mitchell  
Research Institute represented  
1<sup>st</sup> Wednesday  
2-3 pm

The Research Council is the name of the governing body for which Nursing Services promotes, supports, facilitates and conducts research studies. The purpose of the Research Council is to encourage and assist nurses to make changes in practice based on research. The Research Council will review all nursing research proposals and make recommendations as appropriate, develop goals for research and research related activities within Nursing Services, will monitor the execution of research within Nursing Services, heighten awareness of research throughout the institution and guide potential researchers through the Miami Children’s Hospital IRB process. This council is chaired by a nurse with a Ph.D.

## **ADVANCED PRACTICE NURSING COUNCIL (ARNPs/CNSs/ MSN)**

Chair- Daisy Mora ARNP  
Co-Chair Dania Vasquez ARNP  
2<sup>nd</sup> Monday  
12 noon

The Advanced Practice Nursing Council consists of Advanced Nurse Practitioners, Clinical Nurse Specialists and Nurses who have earned their MSN, who serve in various roles and departments throughout the organization. The purpose of the APNC is to encourage communication, facilitate and advance best practices and evidence-based practice throughout the organization. The Council will make recommendations and provide expertise for enhancing nursing care and the coordination of patient care among disciplines throughout the organization. This Council is chaired by a Miami Children’s Hospital ARNP or Clinical Nurse Specialist.

# 2007 Shared Governance Councils

## STANDARD OF PRACTICE FRAMEWORK OF COUNCILS

### CLINICAL PRACTICE COUNCIL

Chair- Ingrid Gonzalez  
Co- Chair Debbie Delfavero  
Represented: Materiels,  
Infection Control, Pharmacy  
2<sup>nd</sup> Monday • 8:15 - 10:00 am

The Clinical Practice Council is the name of the governing body for which Nursing Services evaluates patient care practices assuring evidence based practice standards are implemented. The council, based on evidence and research evaluates new products and equipment for patient care, disseminates information regarding changes in practice and policies. The Practice Council receives reports and recommendations from the Equipment Evaluation Committee. This is an interdisciplinary hospital-wide council, led by Nursing with members from the Nursing Staff, Nursing Leadership and Non-Nursing Multidisciplinary representation by Pharmacy, Infection Control and Materials. The purpose of the clinical practice council is to assess specific clinical practices for evidence based quality outcomes, cost effectiveness and develop tools to assess outcomes of practice changes. Council meetings are held monthly. This council has a sub- committee called the Equipment Evaluation Committee which reports up to the Clinical Practice Council.

### EQUIPMENT EVALUATION COMMITTEE

Chair- Carla Trueba,  
Co-Chair- Cindy Ellis  
Represented: Clinical Engineering  
1<sup>st</sup> Monday • 8:15 - 9:15 am

The Equipment Evaluation Committee is the name of the governing body for which Nursing Services decides on equipment use for patient care. Equipment changes are decided on by the staff nurses of the council based on Best Practice Standards, research, or evidence based references. The purpose of the equipment evaluation council is to assess specific clinical equipment needs through out the nursing department and to ensure a safe practice environment for all customers. A representative from Clinical Engineering Department is a standing member of this committee. This committee reports up to the Clinical Practice Council.

### CLINICAL INFORMATICS/ TECHNOLOGY/ DOCUMENTATION COUNCIL

Chair- Jill Tahmooressi  
Co-Chair- Connie Fischman  
Represented: Nurse Infomatics,  
Pharmacy, Pulmonary Care, Nutrition  
Services, and Rehabilitation Services.  
4<sup>th</sup> Wednesday • 9 - 11 am

The Clinical Informatics/ Technology/ Documentation Council is the name of the governing body for which Nursing Services remains at the cutting edge of technology in order to support the functions of patient care in an organized, aligned, effective and efficient way. The council evaluates products related to clinical informatics and technology. In addition, the council makes improvements to the clinical documentation system by editing content of the application thereby assuring efficient and comprehensive documentation of patient care. This is an interdisciplinary hospital-wide council, led by Nursing with members from the Nursing Staff, Nursing Leadership and Non-Nursing areas.

### FINANCE/STAFFING EFFECTIVENESS COMMITTEE

Chair- Kim Hunter  
Co-Chair- Carolyn Domina  
Represented: Finance  
3<sup>rd</sup> Wednesday • 3:00 - 4:30 pm

The Finance/ Staffing Effectiveness Committee is the name of the governing body for which Nursing Services evaluates staffing effectiveness with regard to quality outcomes including fiscal outcomes. Worked Hours Per Patient Day (WHPPD) or Unit are measured and compared to other factors to identify correlating behaviors. Quality indicators correlated with WHPPD are Cardio-respiratory code occurrence, medication errors, customer complaints, customer satisfaction, sick calls and other indicators. Unit / Department Budget performance is monitored and the variances are analyzed. This committee assists with the development of the fiscal capital and operating budgets within the Nursing Services Departments.

### NURSING QUALITY AND OUTCOME COUNCIL

Chair- Deborah Hill-Rodriguez  
Co-Chair Marina Sepulveda  
Represented: Quality  
3<sup>rd</sup> Thursday • 8:15 - 10:00 am

The Nursing Quality and Outcome Council is govern under the Miami Children's Hospital performance improvement plan and activities. It promotes the hospital's mission by establishing a formal method to ensure that processes systematically monitors, analyzes and improves outcomes and services. The purpose of the council is to provide effective communication of performance improvement activities promoting positive outcomes throughout the nursing department through formal and informal means. The hospital's designated performance improvement model Plan, Do, Check and Act (PDSA) and utilizes internal and external sources and benchmark representing "best practices" in the design of systems to improve and/or sustain patient outcomes and process. This council receives reports and recommendations from the Patient Education Committee, Finance/ Staffing Effectiveness Committee, and the Medication Safety Committee. A standing/voting member of this council is the Magnet Project and Outcome Coordinator. This council has 3 sub-committees: The Patient Education Committee, Finance/ Staffing Effectiveness Committee and Medication Safety Committee of which all three sub-committees report upward to the Nursing Quality and Outcomes Council.

### PATIENT EDUCATION COMMITTEE

Chair- Kris Roberts  
Co-Chair Yvette Roldan  
Represented: Community Education,  
Childlife, Medical Library  
2<sup>nd</sup> Tuesday • 8:15 - 9:30 am

The Patient Education Council is the name of the governing body for which Nursing Services reviews and updates educational materials for patients and families, and designs and develops any new materials needed. This is an interdisciplinary hospital-wide council, led by Nursing with members from the Nursing Staff, Nursing Leadership and Non-Nursing areas. Of multidisciplinary representation by Pharmacy, Pulmonary Care, Nutrition Services, Library Services, Child Life, Community Advisor and Rehabilitation Services. The purpose of the Patient/Family Education Council is to serve as a master clearinghouse for all patient/family education resources. This committee reports up to the Nursing Quality and Outcome Council.

### MEDICATION SAFETY COMMITTEE

Chair- Mirtha Gonzalez  
Co-Chair- Sara Taylor  
Represented: Pharmacy,  
Pulmonary,  
IT Lourdes Lopez-Fernandez  
3<sup>rd</sup> Monday • 8:15 - 9:30 am

The Medication Safety Committee is the name of the governing body for which Nursing Services evaluates the safe and effective administration of medications at Miami Children's Hospital. The primary initiative is to evaluate the effectiveness of the Bar Coding Technology as it pertains to patient safety. The committee members develop policies and procedures relating to safe medication administration perform performance improvement activities and continually research systems to improve efficiency. This is an interdisciplinary hospitalwide committee, led by Nursing with members from the Nursing Staff, Nursing Leadership and Non-Nursing Multidisciplinary representation by Pharmacy, Pulmonary Care, Risk Management and Quality. This committee reports up to the Nursing Quality and Outcome Council.

#### ■ Strategic Teams: Team leaders

1. *Continuous Survey (JCAHO/ACHA) Readiness*  
Jill Tahmooressi, RN,C, MBA  
Director -2E/3NE Medical Surgical Services
2. *Nursing Leadership Cohesive and Collaborative Cultivation*  
Kim Hunter, RN, MSN, MBA  
Director Nursing Operations & Clinical Information
3. *Collaborative Practice: Role clarification*  
Natasha Melborne RN, MSN-BC  
Clinical Nurse Educator
4. *Mind/body connection – Bringing mental health to healing*  
Jane Bragg, RN, MSN/MBA  
Director - Psychiatry
5. *Achieving Extraordinary Outcomes through Nursing and Physician Collaborative Leadership*  
Maria E. Soto, ARNP, MSN, MBA  
Director -3E/3S/AfterHours
6. *Evidence-based clinical expertise*  
Deborah Salani, MSN, ARNP, CPON,  
Director - ER
7. *Magnet re-designation*  
Maria E. Soto, ARNP, MSN, MBA  
Director -3E/3S/AfterHours
8. *Patient Flow/Bed tracking*  
Kim Hunter, RN, MSN, MBA  
Director Nursing Operations & Clinical Information
9. *Developing Extraordinary Managers*  
Deborah DeFavero, RN, BSN, CPN, CNA  
Operations Administrator
10. *Family-centered care*  
Bing Wood, ARNP, MSN  
Director -PICU/ECMO
11. *Community outreach*  
Michelle Burke, ARNP, MSN, CPON, CPN  
Clinical Nurse Specialist, Hematology /Oncology

#### ■ Nursing Teams Strategic Vision

Miami Children's Hospital will be the preferred place of employment to practice pediatric nursing in a family centered, collaborative, academic environment, attracting excellent nurses from near and far. Nurses will be involved in patient care solutions, communicating and working collaboratively with members of the health care team and community partnerships. Solutions will be based on evidenced-based practice, prevailing benchmarks, standards and research.

#### ■ The Nursing Strategic Team Updates:

- **The Continuous Survey Readiness Team** supports patient safety and quality of care delivery through education, implementation, and continuous monitoring of standards of care. A climate of continual extraordinary compliance to standards of care and safety is being cultivated through ongoing monthly surveillance and “tracer” activities. The kick off of the team this year began with the team members attending a JCAHO conference day in January provided by a JCAHO consultant. Thereafter, the monthly meetings were held on the 3<sup>rd</sup> Monday 3-4pm where the team worked on the implementation of the new 2006 standards. The primary focus this year was the new standards relating to medication reconciliation and the Hand-off process. Each month, these standards as well as all the JCAHO standards referring to “care of the patient” were monitored for compliance and action plans for improvement developed if compliance was found to be insufficient. The tracer activities have been particularly successful in identifying opportunities for improvement.
- **Nursing Leadership Collaborative Team** has focused on improving communication and collaboration among nursing leadership throughout the hospital. For the first eight months this group worked with nursing leadership to establish ground rules for meetings which have been adopted and followed well. Meetings are more organized and efficient and communication has improved. In 2006 Director/OA meetings were held monthly to enable nursing leadership to discuss operational issues and share information about new issues affecting the nursing areas. Since the Director/OA meetings are

operational in nature, the monthly Nursing Leadership meetings are now more strategic in nature.

- **Collaborative Practice: Role clarification Team** supports patient safety and quality of care delivery by maintaining the scope of practice for Nursing according to the Florida Nurse Practice Acts. Care Assistants are now practicing under the newly established scope of practice guidelines. In addition, a CLIA Waived application was submitted by our Laboratory Services Department and, with state approval, the lab will begin education and training for Care Assistants on specific ancillary labs in the near future. While this committee remains dedicated to the clarity of the role of care assistants, emphasis will now focus on the different roles of members of the Nursing Team.

- **Mind/Body Connection: Bringing Mental Health to Healing Multidisciplinary Team** agreed upon the following priorities for the task force:

1. Mental health screening should be incorporated into screening of all pediatric patients
2. Suicide prevention /awareness
3. Increase community awareness of psychiatric/mental health services provided at MCH.

A mental health fair was held at MCH in May. The fair was an all day event offering lectures throughout the day on topics such as Anxiety in Children and Adolescents, Stress Management Tools for Caretakers, and Mental Health Challenges for Today's Youth. Booths featured information on important issues such as the Employee Assistance Program, Self Injury and Suicide, Depression, Trauma, Addictions, and more. One booth, Creating Your Own Sacred Space, featured a life-sized labyrinth in a room with soft lighting, tranquil music, and candles for employees to walk through, to use as a tool for support and reflection. Great prizes were awarded to participants. The fair was well attended by MCH employees. Numerous employees and students helped to make the fair a huge success. The fair will be an annual event.

- **Achieving Extraordinary Outcomes through Nursing and Physician Collaborative Leadership Team** continued to remain active in 2006 by holding quarterly meetings. The meetings were opened to attending physicians practicing in the medical

surgical units. During the meetings, the physicians were provided with a status report regarding the Nursing Department. Members included nursing directors, risk management representatives, as well as other department heads as the need arose. As the year progressed, the meetings were geared more specifically to topics of high interest for the medical staff. For example, during the meeting for the 4<sup>th</sup> quarter, the Director for Information Technology was asked to host the meeting for the physicians. During the meeting, the director was able to present his department plan for 2006-2007. Physicians were able to address concerns they had regarding the present system. In addition to these quarterly meetings, another group comprised of representatives from utilization review, nursing, emergency room, respiratory department, as well as the Pulmonology department, started meeting to look at coordinating the care of Asthmatic patients in the hospital. The goal of the group is to develop an asthma pathway with an order sheet in order to provide consistency in the care of these patients in accordance with national guidelines.

- **Evidence-based Clinical Expertise Team** states that there are many changes in the health care environment and evidence based practice (EBP) should be at the forefront of nursing strategic priorities. There are many opportunities in nursing practice to incorporate evidence based practice changes. Several interventions have been implemented to strive for excellence in pediatric nursing care, including:

1. Review and discussion of Practice Alerts and Evidence Based Practice in the Clinical Practice Committee.
2. Development of a Practice Alert template to alert the nursing staff of practice changes.
3. Implementation of changes in practice including the following: Tubing misconnections, Patient Falls, Verification of feeding tube placement, and PCA guidelines.
4. Unit Based Nursing Grand Rounds to include:
5. Increased staff nurse participation in the nursing research committee and clinical practice committee.
6. All nursing policies and procedures are evidence based.



7. Communication to all staff regarding EBP and Nursing research activities were shared in the Nursing newsletter.

- **Magnet Re-designation Team** started 2006 with holding interviews for the Magnet Project and Clinical Outcomes Coordinator. Debbie Hill-Rodriguez, MSN, was interviewed and selected for this position. The team was also busy co-hosting the national Magnet Conference held in Miami Beach this year, along with other local hospitals. Members of the nursing staff served as volunteers during different events sponsored by the conference. The team also hosted tours for national and international conference attendees that showed interest in visiting our Magnet facility, including Sing Health from Singapore and visitors from Istanbul, Turkey. The hospital maintained its Magnet status during the resubmission review process for 2006 and started the timeline for the recertification process which should take place in 2008. For the recertification process, a gap analysis was completed and a timeline established for document submission was established for October 2007. As in 2005, grand rounds sponsored by the different units continued to be well attended and held on a quarterly basis. Certification of the Nursing staff has continued to increase to approximately 26%. Members of the nursing team continue to be actively involved in organizations at the local and national level as well as participating in conferences either via poster or oral presentation. For example, members from the nursing staff were invited to present at both the National Magnet Conference held in Miami Beach as well as the one held in Denver.
- **Patient Flow/Bed tracking Committee** focuses on a variety of issues that affect patient flow within the hospital. The committee is multidisciplinary and meets twice monthly. During the past year the committee worked with Environmental Services as they implemented a Discharge Team during peak census whose focus was to clean rooms after discharge. This effort produced a noticeable reduction in turn around time for rooms after discharge. The committee has maintained a scorecard tracking key metrics of patient flow. Data from that scorecard has been used in the planning process for a new holding area that will be implemented in January 2007. The committee is working with Patient Transportation Services to

better allocate their resources to meet demand and to revise the priorities that guide their work each day. In March 2006 daily bed control meetings were begun with nursing representatives from each inpatient unit, Nurse Admitting, Environmental Services, Patient and Family Services, Utilization Management, and Patient Transportation. The bed control meetings have helped all members understand the challenges every unit faces during peak census and have fostered cooperation among all to provide solutions to patient flow issues. The meetings have been so successful that in November they were implemented on night shift so that patient placement needs can be better anticipated and coordinated early in the evening, thus positively impacting patient satisfaction.

- **Developing Extraordinary Managers Team** facilitated ten mentor/mentee matches by the leadership task force among the Nurse Managers, Directors, and CNS. The Initiation phase of mentorship involved assessing learning styles and getting to know each other. The Cultivation phase established goals for each pair which are being sent to the Mentorship Champion and leadership task force for review and guidance. The next year's focus will be on meeting the mutual goals and applying professional growth to practice and will end in eventual separating as a mentoring team. The final Redefinition phase will be directed toward a continual lasting and supportive friendship.
- **Family-centered Care Team** has implemented the following programs:
  1. 3N piloted the family report form, allowing parents to participate in their child's plan of care. The form requires parents to evaluate their child on various symptoms. This form is collected by the Physicians at the end of daily rounds. The form was not utilized by large % of families as they are present during rounds, however those families who are unable to be present during rounds found the form a valuable communication tool.
  2. The paradigm shift in PICU is allowing 1 family member to be present during change of shift RN report. This has been accepted as a norm since 7/05 and has proven to be helpful to the RN at the bedside while promoting confidence and trust.
  3. The goal is to incorporate family centered care (FCC) in all clinical areas and to have nurse and

- MD champions. Policies are reviewed and revised to reflect the core measures of FCC.
4. In August 2006 FCC combined forces with the Family Advisory Council and formed the MCH FCC Steering Council with membership from the FAC; MD Champions from ICU and Hospitalist; staff RN's from each inpatient/outpatient areas; Patient family Services and satellite areas (Dan Marino, South Dade).
  5. Goals of the steering council are:
    - A) Increase better communication with the families. The council worked on the update of the communication board and the re-education of staff on the compliance in using the board. There was also an update made on the list of Family centered care services available for the families. Visitation policy is under revision and will be sent for final approval in December. Injury prevention posters (20) have been placed in all waiting rooms. Posters will be changed every quarter with different topics.
    - B) Participation of the families in medical care Input/Output form to record interventions with families and nursing was piloted in 3NE.  
Daily discharge plan form is being developed by PICU
    - C) Improvement of the family waiting rooms. Waiting rooms for PICU and surgical/ambulatory will be undergoing renovations. Plans and furniture were already drawn and chosen.
  6. Presentation to management forum on the FCC steering council on 10/12/06
  7. "Scrapping moments" for families was launched and led by the FAC on 10/18/06
    - **Community Outreach Council** is comprised of nursing, psychiatry, preventive medicine, marketing, patient family services and the department of education. Over 22 different types of programs have been offered in the last year including parenting boot camp, new sibling class, stranger danger, nutrition and cancer prevention, talking to your children about sexuality, infant massage, parent CPR, and safe sitter just to name a few. In addition to these programs, there has been participation in approximately 24 local school career days and health fairs. Many exciting community events are planned for 2007. Please see your MCH community education calendar for more details or look for our ads in the Miami Herald. Information on community events is also available by calling 305 662 8282 or visit the MCH portal.

# It's a Travel Thing

By Kelli-Ann McIntosh, RN

Photo provided by Arnold Jumagbas

**f**or three months the nurses on 3NE had the opportunity to work with two traveling nurses. These nurses were told that 3NE has not had a traveler for 10 years. I sat down with Courtney Elliot, one of the two nurses, for a brief moment to get a better understanding of what being a travel nurse is all about.

Courtney Elliot, BSN, hails from St. Louis, Missouri. For some of us that seems so far away. For others, we equate this place with Nelly, the singer. Courtney has been a nurse for a little over two years. She began her nursing career at Cardinal Glennon Children's Hospital in her home town. She worked at this hospital for a year and a half prior to becoming a travel nurse. Her first travel position was at Tallahassee Memorial. From there she entered the doors of Miami Children's Hospital. After completing her three months here at MCH, she is headed for Children's Hospital and Health Center of San Diego, CA.

Here in Courtney's own words are some of the pros and cons of being a travel nurse:

## Pros:

1. More independence (forced to meet people and learn to work with new people everywhere you go)
2. Different medical diagnoses (i.e. different areas in the USA see a different range of diagnoses)
3. Definitely makes you a more diverse nurse (have to be able to adapt to different types of patients and even nurses everywhere you go)
4. Helps you become more culturally aware (different ethnicities every place you go)
5. Able to write dates off you want in your contract, and then you can't be scheduled on those days (if you have a wedding or want time to go home. If you place the dates in your contract prior to starting, the employers have to adhere to it)
6. Friends and family are always willing to visit
7. Get to pick the places to work (as long as there is a hospital with a need)
8. Able to travel with a friend if you want
9. Get paid to travel (work 3 days a week, off 4 days to experience the city and areas around it)
10. Rent and utilities are paid for (furnished apartment)
11. Free health insurance
12. Good pay
13. 3 to 6 month contracts (By the time you are tired and feel the need for change it is time to leave.)
14. If you love it after the contract is up you are usually able to sign up for another 3 to 6 months, if you want



*Courtney Elliot, BSN, travel nurse*

## Cons:

1. Away from friends and family
2. Friends and family always willing to visit (even when you don't want them to)
3. Have to learn new protocols and rules at each hospital
4. Have to learn new equipment at each hospital
5. Not always a great experience at each hospital
6. Usually have to float before a staff nurse
7. Sometimes get the unfair assignment
8. Some nurses don't like you, just because you are a travel nurse (they think you make a lot more money)

I further questioned Courtney about her experience here at MCH, especially on 3NE. She expressed her feelings to me in these words.

"My overall experience at MCH has been a neutral one. I have met a few outstanding nurses. However, I have also had experiences here where I felt I was left on my own to drown. I picked up quickly which nights were ideal to work and which nights were not. I would like to recognize the nurses I felt were helpful and made my experience at MCH a better one. Kelli-Ann McIntosh, RN, Eva Ibasan, RN, and Lisa Martinez, RN, are great team players. If one of them was in charge, or even just present, I knew I would have help if I needed it that night. The unit secretary, Sylvia Stephen, has been a great help with the computer system. She has never made me feel as if I am burdening her by asking questions. One problem I faced relates to the rules of float-ing. One night I was told I have to float because I was the 'traveler' and another night I was told I would go in rotation with the rest of the staff."

According to Courtney, "travel nursing is an amazing experience, which I highly recommend, if you have the ability to do so. The experience I have had, and the friends I have made, I would not trade."



# Diabetes Camp 2006

By Kelli-Ann McIntosh, RN, BSN

Photos by Arnold Jumagbas, RN and Awilda Valdes, RN

Once again, many of the nurses on 3NE had the opportunity to work at the Diabetes Camp held at A.D. Barnes Park. This year, instead of the camp lasting for two weeks, it was reduced to a week. Due to this change, all the campers were combined, including those using insulin pumps



and those who had to draw up their insulin and give themselves shots.

These children were remarkable. They were able to inform the nurses when they thought their blood sugar was low and about 99.9 percent of the time they were correct. Those with insulin pumps had to be able to do carb counting and bolus themselves

depending on the amount of carbohydrate consumed. As for the campers giving themselves shots, prescribed amounts were on file. I recall one little girl telling me "I know how to draw up my own insulin, but I am still afraid to do my own shots." I reassured her it was ok and I would administer the medication for her.

Mercedes Pons, LPN, and Lissette Morales, LPN, worked at the camp during the day and were extremely wonderful with the children. They knew the campers by name and were able to inform the night nurses which of the campers had the tendency to become hypoglycemic. Both LPNs traveled with the

campers to their daily activities, such as trips to Boomers, etc. Awilda Valdes, RN, Diabetes Educator on 3NE has been working with these children for quite some time; she is an excellent teacher and resource person for the diabetics who attend camp.



At nights there, were two RNs and a CA on staff. The RNs ensured blood sugars were taken before going to bed. Prior to bed the children received a snack and blood sugars were again measured. At 2 a.m. the night nurses checked the campers' blood sugar. If the blood sugar was low the campers received orange juice or glucose tablets. At 7 a.m., before breakfast, the blood sugars were taken again.

Kudos to all the individuals, nurses and volunteers, who worked so hard at the diabetes camp this year. Hope to see you again next year.





# Medication Safety Council Update

By Lourdes Lopez Fernandez  
Chair, Medication Safety Council 2004-2006

The Medication Safety Council's structure will change for 2007. Mirtha Gonzalez will now serve as Chair and Sarah Taylor and Jennifer DeCarlo will serve as Co-Chairs of Medication Safety. Also, a new initiative will be implemented to improve outcomes. A manager from each inpatient unit and respiratory therapy will work alongside staff nurses from their respective units to analyze and interpret medication reports. This will help generate great outcomes for medication and patient safety. Kudos to 2East, whose manager and staff member collaboration helped decrease the unit's overall committed error rate by 32 percent. It is because of this great example that Medication Safety stays in the forefront at MCH. Thank you to all Medication Safety Team Members for your hard work in 2006 and continued efforts for 2007.

# PICU Grand Rounds: An Opportunity for Informing MCH Staff

By Carla Trueba, MSN, RN, CPN

In November 27, 2006, the Pediatric Intensive Care Unit (PICU) hosted the Nursing Grand Rounds in collaboration with the Miami Children's Hospital Magnet Committee. The topic of discussion was "Near Drowning: Keeping our Children Safe." Members of the Magnet Committee in PICU, as well as, volunteers from the PICU staff informed the audience regarding the physiology, treatment and prognosis of a near drowning victim. There was also a discussion on safety tips for prevention of near drowning accidents.

We live in the "sunshine state" and every summer we see near drowning victims pass thru the PICU. This topic was chosen for the Grand Rounds to increase awareness throughout the MCH family that this accident can happen to any one of us and it can be detrimental to those that are affected.



## Holiday Humbug

S N O W F L A K E S A C N S  
N O I T U L O S E R O N D D  
L I E S S T N E S E R P S I  
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|-----------|------------|------------|
| reindeers | sleigh     | gifts      |
| elves     | wreath     | snowflakes |
| candles   | children   | family     |
| carols    | ornaments  | mistletoe  |
| candycane | presents   | dreidel    |
| menorah   | zawadi     | mazao      |
| parties   | reflection | resolution |



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

### CERTIFICATIONS

ARNP - **Gisel Stark** (Nephrology Services)

Core Essentials Graduate Certification from CoachU,  
**Madelyn Ogle, RN, BSN, CNA-BC**, 8/2006

Dayshift RN **April Anderson** achieved her CPN!!

### AWARDS

**Cheryl Minnick, BSN, RN, Bing Wood, ARNP, MSN, Deborah Hill-Rodriguez, MSN, ARNP, CS,BC; Pat Messmer, PhD, RN,BC; Maryann Henry, RN; Dania Vasquez, ARNP, MSN; Deborah Salani, MSN, ARNP, BC, CPON; Maria E. Soto, ARNP, MSN, MBA** won first place for the poster "Implementing the Humpty Dumpty Falls Assessment Program" at an Evidence Based Practice Conference in San Antonio, Texas.

Congratulations to **Carolyn Domina** for her blue ribbon poster presentation at the 2006 annual Association of Operating Room Nurses Congress held on March 18, 2006 in Washington, D.C. The poster was titled "Considering Ergonomic Safety for Staff in the Design of Operating Rooms."



## Know the Forces! Magnet Forces 6, 7 and 8

### Force 6- Quality of Care

Nurses perceive that they are providing high-quality care to their patients. Providing quality care is seen as an organizational priority as well, and nurses serving in leadership positions are viewed as responsible for developing the environment in which high-quality care can be provided.

- 1) There is quality infrastructure and there are processes that include human and material resources to support care delivery.
- 2) There are systems that promote, support, monitor, and improve patient and staff safety.
- 3) There is integration of the ANA Code of Ethics for Nurses and Patients' Bill of Rights into practice at all levels of the nursing organization.
- 4) There is integration of research and evidence-based practice into clinical and operational processes.
- 5) Nurses perceive that they provide high-quality care.

### Force 7- Quality Improvement

Quality improvement activities are viewed as educational. Staff nurses participate in the quality improvement process and perceive the process as one that improves the quality of care delivered within the organization.

- 1) There is a comprehensive plan to assess, analyze, and evaluate clinical and operational processes and outcomes.
- 2) There is ongoing monitoring, evaluation, and improvement of nurse-sensitive outcomes appropriate to the clinical setting(s).
- 3) Clinical and operational indicators are benchmarked with external entities to modify care processes.
- 4) There is involvement of nurses at all levels of the organization in quality improvement planning and improvement processes.

### Force 8- Consultation and Resources

Adequate consultation and other human resources are available. Knowledgeable experts, particularly advanced practice nurses, are available and used. In addition, peer support is given within and outside the nursing division.

- 1) There are resources from within the organization for support of professional nursing practice.
- 2) There are resources arising from external resources- either directly or through partnership practice- for support of professional nursing practice.
- 3) There is participation in professional nursing organizations.
- 4) There is participation in healthcare and community organizations other than professional nursing organizations.
- 5) Utilization of consultation and resources yields positive outcomes.



## Surgeon General Emphasizes Importance Of Knowing Family History

By Pat Messmer, PhD, RN,BC, FAAN

**A**cting Surgeon General Kenneth P. Moritsugu, MD, MPH, declared Thanksgiving 2006 to be the 3<sup>rd</sup> Annual National Family History Day. Over the holiday season or at other times when families gather, the Surgeon General encourages Americans to talk about, and to write down, the health problems that seem to run in their family. Learning about their family's health history may help ensure a longer, healthier future together.

Americans know that family history is important to health. A recent survey found that 96 percent of Americans believe that knowing their family history is important. Yet, the same survey found that only one-third of Americans have ever tried to gather and write down their family's health history.

The Surgeon General has created a new computerized tool to help make it fun and easy for anyone to create a sophisticated portrait of their family's health because family health history is such a powerful screening tool. This new, revised version of the tool, called "My Family Health Portrait" is a web-enabled program that runs on any computer that is connected to the web. The web-based tool helps users organize family history information and then print it out for presentation to the family doctor. In addition the tool helps users save their family history information to their own computer and even share family history information with other family members. The tool can be accessed at <https://familyhistory.hhs.gov/>. If users prefer, they can download the My Family Health Portrait software directly onto their own computers. The downloadable version of the tool can be accessed at: <http://www.hhs.gov/familyhistory/download.html>.

When one is finished organizing the family history information, the tool will create and print out a graphical representation of the family's generation and the health disorders that may have moved from one generation to the next. That is a powerful tool for predicting any illnesses for which one should be checked.



# MCH's Emergency Department Wins Award

**T**his past October the Jackson Organization presented the Emergency Department with an award for pediatric emergency department satisfaction. This past year the emergency department scored above the 80th percentile in patient satisfaction, resulting in the award. The Jackson Organization is a Maryland-based independent survey research firm that provides services to over 400 organizations.



From left to right: Jeffrey Biehler, MD, ED Attending; Dave Jackson, President and CEO of Jackson Organization; Israel Corbo, RN, ED Nurse Manager

The motto of the Jackson Organization is to “measure, improve and thrive” which directly corresponds with the Emergency Department goal of continuous quality improvement. This will be the sixth time that MCH's Emergency Department has won an award from the Jackson Organization.

## Get Nursing News on the MCH Portal

From the main screen...  
click on **News/Updates**...  
then *double-click* on **Nursing News**.

Continued from page 3

## Simulation and You

At MCH, our simulators are used by everyone from physicians, nurses, paramedics and fire fighters to students both nursing and medical. They are being used to test competencies, practice skills, research communication

skills, code team training and this is just the beginning. Now that we have two baby mannequins that are portable, we are no longer restricted to the lab setting and plan on expanding our code training. From July to October of 2006, we have had a total of 400 people use the lab in some capacity. We are striving to



provide situations that are applicable to the users' clinical experiences. Simulation allows you to repeat the scenario with the press of a button until you feel comfortable with your performance. That's something you will never be able to do in real life. No

one wants to experience a code or crisis. Using the Simulation Lab helps give you that step up so when it does happen you feel more confident in your ability to react. One pioneer in simulation explained that the practice of health care has inherent risks.

Errors will occur simply because we are human. Therefore, it's important to anticipate errors and manage them appropriately. Nowhere but simulation can you set up a consistent string of events to gain a specific type of experience.



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"Nobody knows for sure his true identity, but he has to be the most efficient nurse we've ever had in this office."

## 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 Jean Buckley.*

### SWEET AND SOUR MEATBALLS

*Mix together:*

- 2 eggs
- 3 pounds chopped meat
- 3/4 cup bread crumbs

Form mixture into bite-sized meatballs and bake in 350 degree oven for 20 minutes. Mix together a 12 ounce jar of chili sauce and 10 ounces of grape jelly. Simmer and then add the meatballs and slow cook for several hours.

Make extra, as this simple recipe will be devoured in no time! These are great made ahead and frozen, or used right away.



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