



**MIAMI
CHILDREN'S
HOSPITAL®**

We're here for the children

Nurse Leader



In the Spotlight

**Manuella Janvier, BSN,
RN, MBA/HCM**

Education:

- BSN, RN, MBA/HCM
- MCH Leadership Program

Career Highlights:

- 1986-1987 Staff nurse at Michael Reese Hospital Chicago, Illinois
- My tenure at MCH**
- 1987-1988 Staff nurse 3 North (aka 3NE)
- 1988-1992 Nurse Manager to 3 North
- 1992-1997 Nurse Manager Observation Unit/ 3 East
- 1996-1997 Interim director 3 East
- 1997-2007 Project Administrator CMS Primary Care Program
- 2007-Present Operations Administrator

Community Services:

- Career Day: Arthur & Polly Mays Middle Community School

continued on page 2

PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 8 • Issue 4 • Winter 2007

The Impact of Nurse-to-Nurse Bedside Report

By Richard Bolanos RN, CPN

In March of 2007, Jill Tahmooressi, RN, CPN, MBA, BS, Director of Medical/ Surgical Services, introduced nurse-to-nurse bedside report at Miami Children's Hospital. With this initiative, MCH became one of the first hospitals in Miami-Dade County to set such a nursing trend. Our own 3 Northeast became the pilot floor to initiate this nursing practice. The staff of 3 Northeast had many questions and concerns when this practice was introduced. Among the most common questions asked was how to give report in a semi-private room without breaching patient confidentiality. The resolution to this issue was approached with sensitivity as the parents of newly admitted pediatric patients are first notified of this practice and are given the opportunity to participate or decline such practice. To date, there have not been any parents who have opted to decline on 3 Northeast.

The success of this practice seemed to have been reflected by the results of the Jackson Survey that measures patient satisfaction. Unfortunately, there are no direct questions about nurse-to-nurse bedside report in the Jackson survey. Therefore, after six months of this practice, I approached Jill Tahmooressi and proposed a research study with the purpose of gaining insight into how parents of admitted pediatric patients feel about nurse-to-nurse bedside report. On September 27, 2007, I began a quantitative study using a four-point Likert scale questionnaire consisting of 10 questions. To qualify for the study, the parents had to have an admitted child and had to have participated in nurse-to-nurse bedside report on at least two sessions. Those that qualified were then chosen at random. The questionnaires were handed out to them immediately after a session and were collected within the same shift. Neither the nurses nor the parents were notified of the study prior to them receiving the questionnaire. The study lasted three weeks and consisted of 50 sets of parents.

The results of the bedside reporting study demonstrated overwhelming support by the parents. Of parents polled, 94 percent strongly agreed that bedside reporting was informative relative to their child's condition and needs. And 92 percent strongly felt that they were able to clearly hear what was being said. In contrast, when asked if words used during report were words they understood and not filled with medical jargon, only 70 percent strongly agreed. My most anticipated question was related to whether having another patient in the room affected participation in bedside reporting. To my amazement, 98 percent of those polled strongly disagreed.

continued on page 3

In this issue

Prevention of Infection in Surgical Wounds

Clinical Scenarios

Gastroenteritis: How Can You Protect Yourself and Others

Meet Our New Surgeons: Dr. Davé and Dr. Knight

Intervention Project for Nurses (IPN)

Give Yourself a Break: The Tax Advantages of Your Retirement Program

Focus on Professional Organizations: The Emergency Nurses Association

APEX Changes for 2008

Evidence-Based Practice

Clinical Practice Update

Are You Ready for a Site Visit?

Future Nurses Club Fosters Future Stable Workforce

Magnet Matters

IT Update: "COWs" are Mooing (or are The Moving?)

Employee Self Service

Urgent Care Services at the MCH South Dade Center

What are Nurse Sensitive Indicators and Why Do We Need Them?



Nurse Leader



In the Spotlight

Manuella Janvier, BSN, RN, MBA/HCM

Community Services (con't):

- Career Day: Downtown Miami Charter School
- Career Day: Edison High School Summer Science Enrichment Program
- Miami Children's Hospital 2006-2007 KAPOW Coral Gables Elementary

Certifications/Awards:

- Managing Quality Health Care System Certification
- 2006 - SPN Member
- 2007 - SPN Officer: Treasurer

Publications/Presentations:

- Poster presentation "Tell Me about Our Medical Program" at the EBP Conference in Phoenix, Arizona.

Hobbies:

- Reading and gardening



From the Desk of Jackie Gonzalez

Dear Nursing Team:

As a nurse who has "grown up" at Miami Children's, I cannot express how proud I am to work among the elite of nursing at this great hospital. The MCH Department of Nursing has the privilege of being recognized among the top 2 percent of all

hospitals in achieving Magnet status, which recognizes excellence in nursing care. Since the hospital first received Magnet status in July of 2003, and even before that, we have worked hard to continue to practice above and beyond the basic realm of nursing. We try as a nursing department to not "do things for Magnet." Rather, we consider that we are Magnet-designated because of the care and input that you provide. The designation is a direct result of the quality and loving care that each nurse at all levels provides. We are pediatric nurses because we love children and we want them to have the best lives possible. We support this goal by helping children through their illnesses or by helping them through end-of-life processes. You make their journey complete.

As you know, we are in the process of Magnet re-designation. This is a full process that is completed every four years. Without the valued support and the quality care that each nurse provides, this achievement would not be possible. We have completed two-thirds of the process, the journey and the documentation submission. The final third is the site visit. Our Magnet appraiser team will be here February 25-27 to verify that each and every nurse has a voice within the hospital and provides input into all aspects of care provided. Please welcome the surveyors with open arms and brag about the wonderful care that you provide. As nurses, we tend to not pat ourselves on the backs as much as we should. Site visit time is the time to do just that. You are the reason that our children have remarkable outcomes. Please always remember that MCH nurses "Shine through Excellence."

Sincerely,

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

Intervention Project for Nurses (IPN)

Anonymous

What is IPN? In 1983 an Intervention Project for Nurses was established to provide close monitoring of nurses who are unsafe to practice due to impairment as a result of misuse or abuse of alcohol and/or drugs or due to a mental or physical condition that could affect the licensee's ability to practice with skill and safety.

In Florida the IPN program is not directly associated with the State Board of Nursing. The board contracts with the project, but nurses who enter the IPN program

voluntarily and successfully complete it are kept confidential from the Board of Nursing and its disciplinary process.

As a nurse, what does this mean? If you have or think you have a problem with alcohol or drugs or a mental or physical condition, there is a way to get the help you need, retain your nursing license and continue to work as a nurse.

Miami Children's Hospital works with the IPN and is very supportive to staff who are participating with the project. As long

as you are open, honest and willing to complete the program, your license and your job are safe.

If you or someone you know needs help, please contact your supervisor or the Employee Health Office.

Author's note: I am a grateful recovering addict and alcoholic. I owe Miami Children's Hospital and IPN my life.



Prevention of Infection in Surgical Wounds

By David Aguero RN, BS and Daniel Monroe, RN
Cardiovascular Operating Room Nurses

Prevention of surgical wound infections start preoperatively, with the administration of antibiotics. Health News reported in March 2007, that a single dose of antibiotics administered before surgery has been effective in reducing post-operative wound infections. Intra-operatively, the surgical area is cleaned and disinfected with iodine

or chloraprep, allowing it to air dry for proper asepsis. Wound infections can be prevented during the procedure with the use of sterile technique. They can also be prevented with the use of proper aseptic technique and universal precautions, both in the operating room and in the post-operative period in the Intensive Care Unit. The surgical wound

dressing should be sealed well, not allowing micro-organisms to enter the incision. Post surgical wound care management is also very important for wound healing and with the continuation of antibiotic treatment. Prevention of surgical wound infections begins before surgery and continues until the patient's incision is healed.

Clinical Scenarios

By Linda Nylander-Housholder, ARNP, MSN, CCRN

The scenarios below are intended to provoke critical thinking. See if you can diagnose the problem!

Scenario 1:

- 10-year-old male brought in after vomiting in class and passing out. Was difficult to awaken upon arrival of fire rescue.
- VS hr 150, RR 30 BP 70/50 t 99°F weight 35 kg
- Presentation: sleepy and confused when awakened and returns easily back to sleep, cold, clammy, deep and labored respiration, BBS clear and equal, fruity odor to breath, no evidence of trauma,
- On no medication, medical history negative
- Capillary refill 4, pupils equal @ 4 but sluggish, abdomen soft, nontender

What should you do?

100% O₂ via face mask, monitors on check EKG, IV access, start NS 20 ml/kg monitor BP & HR for response, send labs - glucose, ABG, CBC, lytes BUN, creatinine/BUN, ammonia, LFTs, toxicology screen.

What is your diagnosis?

Did you remember altered mental status could be trauma- or medication-induced, DKA, CNS infection, hypoxia, hypercapnea metabolic problems

Answer:

DKA. Did the fruity breath, decreased level of consciousness and Kussmaul (deep, labored) breathing lead you to look closely at DKA?

Scenario 2:

- 12-year-old female brought in after wheezing for 4 hours unrelieved by Albuterol inhaler
- VS HR- 110, RR 52, BP 145/85, T 99°F weight 50 Kg, hx of asthma last admitted 6 years ago on prn inhalers only
- Presentation: nasal flaring, coughing, with sub and suprasternal retractions, sitting up and leaning forward on arms supported on bedside table, Can speak only a word or two at a time and becomes agitated when staff try to assess her.

- Bilateral wheezes on auscultation, cap refill 2 seconds, tachypneic, O₂ sat on her right hand reads 90%, pulse noted to weaken on inspiration and become stronger on expiration

What should you do?

100% O₂ via face mask, monitors on, check EKG, IV access, send labs (ABG, CBC, Lytes), aerosol treatments, consider methylprednisolone 2 mg/kg IV and other asthma therapies

What is your diagnosis?/Answer

Status asthmaticus. Did you recognize pulsus paradoxus (pulse weaker on inspiration and stronger on expiration) and use of accessory muscles signal severe respiratory compromise? Did you remember cough, dyspnea and wheezing are classic signs of status asthmaticus? Did you remember that O₂ sat 90 or less is a sign of hypoxemia?

continued from page 1

The Impact of Nurse-to-Nurse Bedside Report

It appears that breach of patient confidentiality in a semi-private room setting is not as worrisome for parents as it is for nurses.

Suggestions for future improvement include minimizing use of medical jargon such as NPO and instead say "nothing to eat or drink." Asking the parents if they understood everything and whether they have questions about anything mentioned in the

report may help parents feel more comfortable as they participate in bedside reporting. Parents can be encouraged to participate when nurses ask direct open-ended questions. As a Magnet facility, we must uphold the JCAHO standards and provide a caring and accommodating atmosphere when performing nurse-to-nurse bedside reporting.



APEX Changes for 2008



By Mary Ernst, MSN, ARNP

With the input of nurses on the Professional Development Council, changes to the 2008 APEX Professional Ladder have been finalized (see below). Many positive changes were made. This includes increasing the maximum points for CEUs and special projects, increasing points for precepting practicum students, and the newly added “bonus points” for

any practicum student that the RN recruits to the MCH family. “APEX on Wheels” was held on October 14, 15 and 16 to help get the word out and answer questions about the changes made to the ladder. A total of 311 RNs filled out the surveys on those days and received ice cream treats for their participation. The winners of the APEX raffle will be announced in November.

Education

- Maximum points earned for contact hours will be increased from 30 to 40 points.

Special Projects

- Maximum points for individual special projects increased from 10 to 20.

Councils

- Unit based participation points increased.

Professionalism

- Primary Preceptor for Practicum Students - points per student increased from 10 to 25. Maximum points increased from 20 to 75!

- NEW! – Bonus of 10 points for preceptor, if practicum student is hired as an MCH RN. Maximum points = 30.
- Partial Preceptor points changed to “points per shift” – 2 points per shift with student. Maximum = 24 points.
- NEW! – Clinical/Observation Students – 8 shifts = 5 points. Maximum = 15 points.

75	Chair of Unit-Based Council	100	Chair of Hospital-Based Council
50	Co-Chair of Unit-Based Council >75% Documented participation	75	Co-Chair of Hospital Based Council >75% Documented participation
40	Member of Unit-Based Council >75% Documented participation	40	Member of Hospital-Based Council >75% Documented participation
20	Member of Unit-Based Council 50-74% Documented participation	20	Member of Hospital-Based Council 50-74% Documented participation

Give Yourself a Break: The Tax Advantages of Your Retirement Program

Investing in the Miami Children’s Hospital Retirement Plan is one of the best ways to save on taxes, both now and in the future.

Get Two Major Breaks

Your Plan is known as “tax advantaged” for two good reasons—pre-tax contributions and tax-deferred growth. Contributions to the Plan are made on a pre-tax basis*—this means contributions are made before taxes are taken out, thus lowering your gross, taxable income and reducing your annual tax payments while you are saving. And your investments grow tax-deferred. In other words, you don’t have to pay taxes on the interest earned or the deferred income until you withdraw funds at retirement, when your tax rate is likely to be lower than it is now.

Save Now

As this hypothetical example shows, when you contribute to the Plan, these tax breaks help reduce your current federal income taxes:

Suppose you earn \$30,000 a year and contribute 10 percent of your pay (\$3,000 annually) to the Miami Children’s Hospital Retirement Plan. At tax time, your contributions don’t count as part of your taxable income. You’d likely be in the 15 percent income tax bracket and have a \$450 annual tax advantage. That money would

help subsidize your contributions. The higher your income tax bracket, the greater the tax advantages would be.

Save Later

Further, because your investments have the potential to grow tax-deferred, you avoid the expense—and hassle—of paying taxes on the dividends or capital gains every April 15. That means 100 percent of your balance is left to earn interest until you withdraw it. Only then do you owe taxes on the money from your Plan.

Sound like a minor detail? It’s not. Especially when you consider that all of your contributions—and the interest they earn—stay in your account with the potential to grow for the life of your retirement plan. Over a 30-year period, you could potentially end up with twice what you would have by putting the same amount in a traditional savings account, even after taxes are deducted at retirement.

If you want more personal attention or have additional questions about the Miami Children’s Hospital Retirement Plan, please contact your on-site representative, Erubey Perdomo, at 305-624-4594.

Securities products and services are offered by Prudential Investment Management Services LLC (PIMS), Three Gateway Center, 14th Floor, Newark, NJ 07102-4077. PIMS is a Prudential Financial company. Erubey Perdomo is a registered representative of PIMS.



Meet Our New Surgeons



Sandeep P. Davé, MD
Division of Pediatric Otolaryngology

Dr. Sandeep Davé recently joined the Division of Pediatric Otolaryngology at Miami Children's Hospital. After graduating with distinction from Cornell University with a degree in applied economics and business management, he obtained his medical degree with the

highest academic standing in his graduating class from the Mount Sinai School of Medicine in New York. Dr. Davé completed his general surgery internship and otolaryngology residency at Jackson Memorial Hospital. He subsequently completed his pediatric otolaryngology fellowship at the Children's Hospital of Philadelphia.

Dr. Davé is board certified by the American Board of Otolaryngology and is a member of the American Academy of Otolaryngology – Head and Neck Surgery. His resume includes numerous publications in peer reviewed journals and presentations at local, regional and national meetings. Dr. Davé has a particular interest in otologic and endoscopic airway surgery. He lives in Miami Beach with his wife Aimee who is in the final year of her anesthesiology residency at Jackson Memorial Hospital.



Colin Geoffrey Knight, MD
Department of Pediatric Surgery

Dr. Knight joined the Department of Pediatric Surgery in August 2007. He received his medical degree at the University of Virginia School of Medicine in Charlottesville and completed his surgical residency at Allegheny General Hospital in Pittsburgh, followed by a surgical

fellowship at Children's Hospital of Michigan in Detroit. Dr. Knight is board certified in general surgery and has lectured and published extensively in medical journals and text books. He is a member of the American College of Surgeons and the American Academy of Pediatrics Section on Surgery.

Dr. Knight has a special interest in robot-enhanced surgery and has published numerous articles on the subject.



Gastroenteritis: How Can You Protect Yourself and Others

By Arnold Jumagbas, RN, BSN

Gastroenteritis is referred to as inflammation or infection of the GI tract, primarily the stomach and intestine. It is characterized by diarrhea, low-grade fever and vomiting. It is caused by viruses, bacteria or parasites. Infants, young children and the elderly are at higher risk for this condition. Viral gastroenteritis is easily spread to the fecal-oral route cause by inadequate handwashing. The viruses that can cause it include rotaviruses, adenoviruses, astroviruses, Norwalk and other Norwalk-like viruses. Rotaviruses that cause diarrhea are common among infants, while Norwalk viruses affect older children and adults. Bacterial gastroenteritis is caused by eating contaminated food or spoiled food and drinking unclean water particularly in places with poor sanitation. Bacteria that cause gastroenteritis includes various types of E. coli, salmonella, shigella and campylobacter. It also includes organisms that cause cholera and dysentery. Other parasites found in food and water that cause gastroenteritis are giardia and amebiasis. The biggest risk associated with gastroenteritis is dehydration. Death is very rare in developed countries but in poor countries it's a leading cause of death in infants and young children.

Hand washing is the best protection against spreading gastroenteritis. Food handlers, healthcare personnel and child care worker should wash hands properly after using the bathroom, diapering or handling bedpans or other utensils. At home where someone is sick, avoid sharing hand towels and properly launder soiled linens. Employ proper hand washing before and after contact with the sick person.

Use safe food handling procedures to avoid food poisoning and contamination of food. Proper storage of food and water are advised. Cook food or meat thoroughly and be sure to wash hands before and after handling foods.

Gastroenteritis normally causes mild to moderate diarrhea but severe dehydration requires urgent care. It can lead to loss of fluid caused by vomiting and diarrhea which can be life threatening. Patients can hydrate by drinking small sips of liquid, with Pedialyte recommended for infants and young children. If severe vomiting, diarrhea and dehydration cannot be controlled, seek medical attention and intravenous fluids may be given for rehydration.



Focus on Professional Organizations: the Emergency Nurses Association

By Susan Churchill, RN, BSN, CPN

Representing over 30,000 members from more than 32 countries around the world, the Emergency Nurse's Association (ENA) is the national association for professional nurses dedicated to the advancement of emergency nursing practice. Formed in 1970 as the Emergency Department Nurses Association, the organization's name was changed to the Emergency Nurses Association in 1985, recognizing the practice of emergency nursing as role specific rather than site specific.

The ENA serves its members by striving to be the definitive authority on emergency nursing. The organization defines the standards of excellence for all emergency nurses, and is the voice of its members, addressing emergency care issues at the federal, state and local levels. The ENA monitors and addresses federal as well as state legislation affecting the practice of emergency nursing.

I had the opportunity to represent the National Association of Children's Hospital's and Related Institutions (NACHRI) at a recent summit hosted by the ENA. At this summit, a consensus statement regarding the practice of providing procedural sedation in the ED setting, and the practice of administering RSI in the ED and transport settings was drafted. The ENA in collaboration with other health-related organizations continue to work on this consensus statement in an effort to aid state nurse associations in defining the scope of practice for ED and transport nurses as related to sedations and RSI.

The ENA is a valuable resource for its members and others by providing quality

continuing education opportunities. ENA members and MCH nurses Cindy Garklesky, MSN, ARNP, CEN, RN-BC and Beth Ramey, RN, provide continuing education to MCH Emergency Department Staff as well as to others throughout the hospital and community. As instructors for the Emergency Nurses Pediatric Course, developed by and supported by the ENA, they teach and provide tools necessary for treating the unique pediatric population as an emergency nurse. Other courses offered by the ENA include the Trauma Nursing Core Course, (TNCC) and the Course in Advanced Trauma Nursing- 11. The ENA offers national certification tests to ED nurses, Certified Emergency Nurse, or CEN; and to flight and transport nurses, Certified Flight Registered Nurse (CFRN) and Certified Transport Registered Nurse (CTRN).

The ENA promotes the profession of emergency nursing by publishing the Journal of Emergency Nursing, (JEN) and the ENA Connection. The JEN is a peer reviewed journal that helps the ED nurse stay in touch with current clinical practice trends in emergency nursing. The ENA Connection is a newsletter published ten times a year designed to keep its members up to date on association activities and current issues relevant to their profession.

The ENA is a valuable resource for the ED nurse. It hosts an annual conference that is designed to provide continuing education courses for the emergency nurse. Participants are kept abreast of issues, research, and new products important to the ED nurse. MCH emergency nurses Paul Chua, RN, BSN; Lawrence Lacson, RN, BSN; Susana Sanchez, RN, BSN,

CPN were participants in this year's ENA conference held in Salt Lake City, Utah.

The ENA hosts an annual leadership conference, designed to enhance emergency healthcare management knowledge. Through the leadership conference, emergency nurse managers stay in touch with evolving healthcare trends, and are able to integrate management principles from various disciplines such as business, communications and finance. MCH emergency department managers Israel Corbo, MSN, ARNP, CPN and Kenneth Patino, RN, BSN, CPN represented our institution at the 2007 leadership conference held in Boston, Massachusetts.

Finally, the ENA believes that injury prevention is as important to the practice of emergency nursing as nursing care itself is. To that end, the ENA Injury Prevention Institute is a leader in the field of injury prevention. By providing its professionals with up to date programs, resource materials, and training, the ENA facilitates the education of young people, adults and the community at large. Focus areas for injury prevention include alcohol awareness, ATV safety, bike helmet safety, child passenger safety, and gun safety.

The ENA is an excellent organization for the ED nurse. Through its numerous educational opportunities, publications, research opportunities, it provides the ED nurse the necessary tools to deliver superior nursing care. Through its injury prevention program, it provides a positive influence to the community. Through its conferences, it provides the ED nurse the opportunity to network and learn together with the larger ED community.

Future Nurses Club Fosters Future Stable Workforce

By Bing Wood, MSN, ARNP

future nurses clubs provide an educational opportunity for high school students to learn and shadow a nurse at the bedside. The MCH Future Nurses Club started five years ago as a school-based program. Coral Reef Senior High School was the first school to support the club. The

following year Felix Varela invited us to start the club as an after-school program.

The nurses impart their passion in caring for their patients as well as their pride as a nurse. The club focused on the interests of the students by providing them a first hand glimpse of exposure in clinical areas such as emergency nursing,

critical care, surgical, medical, operating room as well as oncology nursing. The students were engaged in topics such as chronic patients and home health care, general surgery, pediatric and trauma RN, child abuse, neurology, brain injury and seizures, and physical therapy for kids.

continued on page 7



Urgent Care Services at the MCH South Dade Center

By Ginger Henry, MBA, Director of Operations

The Miami Children's Hospital (MCH) South Dade Center, one of MCH's ambulatory centers, is located in Palmetto Bay and has been serving patients in southern Miami-Dade County since the summer of 2000. The center first opened its doors to children under the age of three and their families, with the offering of the state and federal-funded early intervention program (now called Early Steps). Since this time, additional services have been added, including rehabilitative services, preventive medicine, urgent care, and diagnostics.

The center's Urgent Care Services (formerly "Rapid Care"), have been available to those living in the area since early 2002. Nursing excellence has been a part of the Urgent Care Center team since the inception of the department.

What is the difference between the Urgent Care Center and the hospital's Emergency Department? According to the Urgent Care Association of America, "Urgent care is defined as the delivery of ambulatory medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment." Essentially, the Urgent Care Center team (consisting of pediatricians, nurses, laboratory (medical) technicians, X-ray techni-



cians, registrars and a security officer) allows patients to get fast, excellent care when it may not be possible to see their pediatrician. Not only is this service a convenience for those living in the area, but the visit is also generally less expensive to the family (e.g., Urgent Care copay being lower than with an ER visit). "Families living in South Dade are so happy that we are in their community," says Ginger Henry, Director of Operations for the MCH South Dade Center. As a note, since the department is not an ER, parents who inquire about the service are informed to call 911 or go to the nearest ER if they are unsure of how sick their child really is.

More MCH Urgent Care Centers are expected to be opened in the near future as part of MCH's ambulatory services strategy, including at the MCH Doral Center (expected to open around February 2008), the MCH Dan Marino Center in Weston and the MCH West Kendall Center.

continued from page 6

Future Nurses Club

In 2007, the students from Miami Senior High School became the first hospital-based Future Nurses Club. Twenty students participated in discussion on topics of their interests. There were three meetings held for these students. Three top topics of their interest were discussed and presented by MCH experts. The campus-based program is offered in collaboration

with the Department of Community and Volunteer Services.

The school-based program at Felix Varela, led by Elizabeth Padilla, RN, from the float pool, continued as an after-school program with 18 students participating in the program throughout the year. The students had an opportunity to come on a field trip to the hospital and were given the clinical exposure to areas of their interest.

IT Update: 'COWs' Are Mooing (Or Are They Moving?)

By Cheryl M Topps, MSN, ARNP
Nursing Information Specialist

This year, the IT Department was given funds to purchase 15 computers on wheels (COWs) to replace some of the existing mobile carts on the medical/surgical floors. After reviewing all the information on four carts (Stinger, Flo Healthcare, Ergotron and CompuCaddy), the IT department decided to purchase the Ergotron Cart using laptops. We wanted to make sure that we chose the best cart that would get us the longer battery life and could be easily supported by the IT technicians. The other deciding factors for Ergotron were:

1. The "open platform" and ability to run both AC and DC computers
2. The nurses second choice
3. Supplier provides wall-mount for the future project of mounting computers
4. Local support
5. Customization at no charge

In 2008, more mobile carts (COWs) will be purchased to replace the remainder of the "older" carts. There are also plans to mount computers in some of the areas. To get involved in the selection process, join the Clinical Informatics/ Technology/Documentation Council that meets the 4th Wednesday of every month. Your input is valued!

Helpful Hints for Healthy Tools

As nurses we use many tools that help us provide safe, effective patient care. In order for those "tools" (i.e. mobile carts, handhelds etc.) to work properly, care must be provided to keep them "healthy." It is important to do our part so that those tools are ready for use. Here are three simple tips to help keep our "tools" working for us:

1. Always plug in the mobile carts after use.
2. Log out of the application (MedPoint) before placing handheld in cradle for charging.
3. Always place the handheld in the cradle after use.

Thank you for doing your part to help keep our computers healthy.



Are You Ready for a Site Visit?

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

Miami Children's Hospital's Nursing Department is currently in the process of Magnet Redesignation. In July 2004, the American Nurses Credentialing Center designated MCH as a Nursing Magnet Facility, the highest honor any nursing department can receive. Magnet facilities comprise only 2 percent of all hospitals in the nation. Magnet designation recognizes excellence in all aspects of nursing care. The components or "Forces" that are evaluated are Quality of Nursing Leadership, Organizational Structure, Management Style, Personnel Policies and Procedures, Professional Models of Care, Quality of Care, Quality Improvement, Consultation and Resources, Autonomy, Community and the Healthcare Organization, Nurses as Teachers, Image of Nursing, Interdisciplinary Collaboration and Professional Development. The ANCC awards hospitals Magnet status when they demonstrate the ability to meet the "Forces of Magnet" and are able to demonstrate that nursing is heard and viewed as a driving force throughout the entire facility. In 2004, MCH became one of the first five freestanding children's hospitals to obtain Magnet status.

The time has come for MCH to go through the redesignation process, which occurs every four years. Having Magnet status is one thing, maintaining is another. Many hospitals fall on their laurels believing once they have Magnet status they will always have Magnet status. This is not the case. The redesignation process is a comprehensive process that entails the same steps as the initial application process. The appraisers rate each of the 164 "sources of evidence" within the Forces based on processes that have been set into motion and enculturated into nursing practice. The hospital must submit written documentation, approximately 15 inches worth, showing evidence that MCH meets and exceeds every source of evidence. The documentation for MCH was submitted on October 31, 2007.

The documents are now in the appraisers' hands. Once they read the documentation and grade each piece of criteria, a score will be obtained. Based on that score the appraisers may ask for additional documentation to clarify any questions. After the documentation review process is completed, they will notify us as to when they will be coming for a site visit. Expectations are that they will be here sometime between late January and early March. A comprehensive and fun educational day is planned for January 28 for all staff and mini "mock" visits to each nursing area, including off-site locations such as Dan Marino and South Dade, will occur starting in December.

The appraisers simply want to clarify, verify and amplify that the nursing practice that was written about is truly the nursing practice that is provided. They want to talk with staff because you are the ones who provide quality care and influence changes within the hospital. If one of the appraisers approaches you and asks questions, answer them as best you can, with the same enthusiasm that you have when you provide care to our wonderful patients. Remember you are the expert on the nursing care at Miami Children's and it is because of you that MCH is a Magnet facility. Thank you for everything you do!



Magnet Matters

By Jean Buckley RN

This October, I had the privilege of attending the 11th Annual National Magnet Conference in Atlanta, Georgia. It was my first conference. What an experience! This conference certainly exceeded my expectations. I had unquestionably underestimated what it means to have this prestigious honor bestowed upon our hospital.

Over five thousand nurses were in attendance, including representatives from already designated Magnet hospitals and from hospitals who are in the application process or are deciding whether or not they wish to attempt this daunting task.

According to the American Nurses Credentialing Center, the conference goals were to:

1. Explore resources and requirements for sustaining Magnet designation
2. Connect healthcare organizations with the business case for Magnet designation
3. Empower nurses to identify and apply the creative partnerships, best practices and technologies that improve patient outcomes
4. Celebrate the journey to nursing excellence and Magnet designation

For me, these goals were met and exceeded. The educational segments were, for the most part, interesting and informative. When listening to the speakers present their various ideas for achieving nursing excellence, I realized that MCH is definitely a cut above in many aspects of our care. I was pleasantly surprised to see many of the programs being implemented in various hospitals across the nation, and even the world, were already being practiced very successfully here at MCH.

What does Magnet designation mean to us, as nurses? This designation lets the world know that we, at MCH continue to strive for and achieve nursing excellence. We can hold our heads high knowing we are delivering the best care possible to our patients and their families. Also, we can glean successful nursing practices from others within the Magnet "family." This helps keep us at the forefront of technology and delivery of care. And, from a purely selfish standpoint, this designation educates our consumers as to the quality of care delivered at MCH, which in turn increases our census and solidifies our job security.

So, in the next few months, when the Magnet committee is finalizing preparations for our site visit, we hope you will participate with enthusiasm. For, learning and applying the Magnet Forces will only enhance our hospital and our nursing experience. What could be better than that?



Daisy Award Winners



**Daisy Award
September Winner for 2007
Yarelis Alicea
Emergency Department**

There are many extraordinary nurses who make emergency nursing their passion. It takes quick thought, exemplary skills, and the ability to have compassion during brief encounters with patients and families. It takes a special nurse to have compassion that leads one to continue to offer support and counsel long after the patient and family has left the Emergency Department. It is for this type of character that I am nominating Yarelis Alicea for the Daisy Award.

Yarelis was the primary trauma nurse for a young boy who suddenly collapsed while at camp. Although unsure as to why this patient had collapsed, we were sure that he was very critical and required advanced treatment to stabilize his condition. His mother arrived to the Emergency Department unaware of the gravity of his situation. When she finally was able to see her son, he was intubated, had many IV lines, and a ventriculostomy that was draining large amounts of blood. Yarelis immediately bonded with this mother, and has been a source of support ever since.

It has been several weeks since this young boy, who left for camp walking, smiling, ended up in our Emergency Department unconscious. Yarelis has made it her point to follow his case, visiting with the mother, offering support, crying with her, being there for her as she faces a poor prognosis for her son. It shows deep compassion and commitment to the profession of nursing to go above and beyond your job requirement to offer support to a family in crisis. Yarelis showed exemplary skill during the critical hours after his arrival to the ED, and continues to show deep caring for this single mother.”

*– Nominated by Susan Churchill,
(Manager Emergency Department)*

**Daisy Award
October Winner for 2007
Yuleidi Herrera
3East**

Yuleidi is a patient-centered nurse, who gives compassionate care to her patients. She goes above and beyond to provide excellent care to her patients as well as other patients in the unit. She provides excellent nursing care with empathy. She always has a positive attitude and is loved by her patients and families, some of which come back to visit her on the floor. She’s focused on meeting all her patient and family needs. She’s also been the star of the month. Last but not least, she collaborates very well with her co-workers, always helping other nurses. She’s a true team player.

– Nominated by Sady Rodriguez, RN

**Daisy Award
November Winner for 2007:
Richard Bolanos
3NE**

Richard has made my stay here at MCH the best experience ever. When I was sad, he put a smile on my face. Every time I needed something, he was there to get it for me. He did everything with politeness. I believe he should win this award because he is a nice, friendly nurse. He always has a smile on his face. He does his job with love. He makes you forget that you’re in a hospital. He shows love as if this was a family.

– Nominated by a patient’s mother

Employee Self Service

By Jean Buckley RN



Employees can access their personal information through Employee Self-Service, which can be found on the Miami Children’s Hospital Portal. Information such as: home address, dependents, current benefits, pay information, federal tax withholding, PTO/DT time, beneficiaries, and emergency contact. Employees are able to view as well as update their home address and emergency contact information. Instructions are easily accessible on the Portal. If you would like further information, please contact Human Resources.

Evidence-based Practice

By Carla Leblanc, MSN, RN, CPN

In the Pediatric Intensive Care Unit, Alison Schefflow developed a Rolodex with facts on certain interventions and diseases based on EBP articles that were researched by the unit-based EBP committee. PICU nurses refer to it as a quick reference guide and it has proven quite useful.

Also, in the PICU, Dr. Keith Meyer, Bing Wood and a group of nurses have developed a VAP bundle that we have been using for quite some time now. It consists of a ventilator initiation order and a weaning order. The hope was to do a standardized order and weaning form to reduce the risk of ventilator associated pneumonia.



N U R S I N G N E W S

RECOGNITION

Michelle Burke Receives National Award

Michelle L. Burke MSN, ARNP, CPN, CPON was selected by the Association of Pediatric Hematology Oncology Nursing (APHON) Board of Directors as the recipient of the 2007 Jean Fergusson Excellence in Pediatric Hematology/Oncology Nursing Education Award. This award is given each year to an APHON member who is an outstanding educator in the field of pediatric hematology/oncology nursing through demonstration of proficiency, professional contributions to the field and positive teacher-learner relationships.



This award was presented at the 31st annual conference during the business meeting and awards luncheon on October 6th in Milwaukee, Wisconsin.

APHON is the professional organization for pediatric hematology/oncology nurses and other pediatric hematology/oncology healthcare professionals. Its members are dedicated to promoting optimal nursing care for children, adolescents, and young adults with cancer and blood disorders, and their families. APHON provides leadership and expertise to pediatric hematology/oncology nurses by defining and promoting the highest standards of practice and care to the pediatric, adolescent, and young adult communities.

CERTIFICATIONS

Rowena Penano, RN, CPN, of the Emergency Department completed her CPN certification.

Michelle Tai received APHON instructor certification

ANNOUNCEMENTS

Karen Murray RN, 3 Northeast was elected President South Florida Chapter Society of Pediatric Nurses Term 2008-2009.

GRADUATION

Tahira Memon GN, Marelis Rodriguez GN, Lisa Arbach, GN, and Ana Terrero GN, passed their NCLEX **Angel Rodriguez, EMT** completed Miami Dade Nursing School
Stephanie Whitley 2 East night nurse, completed her bachelor's in nursing

The following have received their master's in nursing degrees:
Josephine Villanueva, 2 East night nurse
Charlene Gabriel, 3 Northeast night nurse

NEW HIRES

New Staff for LifeFlight:

Osvel Moreno, EMT-P
Kenneth Patino, RN
Rene Bascos, RN
Joanne Dennis, RN
Roberto Pubillones, RN
Hector Ruiz, RN

Welcome new employees of NICU: **Tahira Memon RN, Marelis Rodriguez RN, Lisa Arbach RN, Ana Terrero RN, Almania Arice- Begbeg, RN Ntiense Inokon, RN, and Jennifer Vaserman, RN**

Emergency Department:

Norma Morales, RN
Albis Aguiar, RN
Michelle Perez, LPN
Dyani Pointer, RN, BSN
Katie Anglin, LPN
Jenny Nina-Longmore, LPN
Raul Olea, RN, BSN
Diana Gomez, RN, BSN
Ansley Bienvenu, LPN
Aleen Betances, LPN
Rebecca Rodriguez, LPN
Pily Moreira, LPN

Clinical Practice Update

By *Ingrid Gonzalez, MSN, RN, CPN*
Clinical Specialist, Cardiac Care Center

Recently there have been concerns brought to the Clinical Practice Council about medication delivery through the new Hospira Large Volume Pumps. One of the main issues is the rate of delivery for the medications coming in the smaller syringes. After reviewing all the data by a cohort of multiple disciplines that sit on the council, it is recommended that

all secondary medications delivered by pharmacy in a syringe should be given through a Med fusion pump (auto syringe) as much as possible to ensure patient safety and accurate medication administration. In the event that you must give the medication through the secondary line of the large volume pump that syringes with a volume of 10 cc or greater must be used.



What are Nurse Sensitive Indicators and Why do we Need Them?

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

As pediatric nurses, we love to see our patients get better so that they can play and go home. As nurses, the progression to wellness can be directly attributed to care that we provide. Turning our patients and placing high-risk for skin breakdown children on specialty beds leads to less skin breakdowns. Assessing for falls and implementing a falls prevention protocol leads to fewer patient falls. Cleaning a ventilated child's mouth at specific time intervals lead to less ventilator-associated pneumonias. Placing an immobile or post operative child on compression boots leads to less DVTs. Providing central line care using practice bundles leads to fewer central line infections. These are all examples of nursing interventions that lead to better patient outcomes and safer high-quality care that results in a quicker recovery and decreased healthcare costs. This is what we do on a daily basis and what nurse sensitive indicators capture.

Nurse sensitive indicators are data that is collected to determine the effectiveness of a nursing intervention. The data is tracked and trended to lead to change in processes leading to better patient outcomes. You may have heard other terms for nurse sensitive indicators used in the past such as Performance Improvement (PI) or Quality Improvement. Examples of some of the data that MCH collects includes-

NDNQI (National Database for Nursing Quality Indicators) Nurse-Sensitive Indicators (Collected by Staff Nurses)

- Pediatric IV Infiltrates
- Pain Assessment/Intervention/ Reassessment (AIR)

CHCA (Children's Hospital Corporation of America) Collaboratives/Initiatives including but not limited to- (Staff involvement in protocol development)

- Fall Prevention Protocol Development Team

- CHEX ICU Blended Learning Curriculum
 - PHIS- Pediatric Health Information System- (clinical comparisons of ALOS-average length of stay, CMI-Case Mix Index)
 - PACT- Pediatric Analysis and Comparative Tool- (full-time equivalent/FTE comparisons in like nursing units)
 - Skin Breakdown Focused - Collaborative
 - CHCA National Collaboratives (* Indicate collaboratives with measures that specifically followed the IHI-Institute for Healthcare Improvement guidelines)
 - Adverse Drug Event Prevention 2005-2006
 - Reducing Blood Stream Infections (BSI)* 2005-2006
 - Reducing ED Wait Time 2006-2007
 - Surgical Infection Prevention (SIP) * 2006-2007
 - Improving Inpatient-throughput: Effectively Managing Capacity Demand 2007-2008
 - Eliminating Codes and Associated Mortality on Inpatient Units 2007-2008

NACHRI (National Association of Children's Hospitals and Related Institutions)

- Best Practices, such as Rapid Response Team Initiative
- Hours per Patient Day
- Skill Mix
- Case Mix
- Length of Stay

Jackson Organization /now Health-Stream Organization

- Patient Satisfaction
- Nurse/Employee Satisfaction

Joint Commission ORYX Data

- Unplanned returns to the ED
- Unplanned returns to the OR
- Asthma readmissions

Hill-Rom International Skin Breakdown Prevalence Study

(Collected by staff nurses)

The Nursing Compass Program with The Advisory Board Company-

Dashboard matrix and performance analysis tool for nursing that includes productivity, labor cost, human capital, and quality metrics, which can be corrected.

It is important that nurses and health facilities collect data to monitor the ongoing cost and quality of patient care. However, it is even more important to benchmark the data, meaning the hospital compares our results to other "like" hospitals. Benchmarking provides a snapshot of how we practice compared to other hospitals. Are we the "gold standard" or best practice, or do we need to have nurses work together to develop a plan to implement change? The benchmarking is completed by the Quality Resources Department which is led by and staffed by nurses.

Many of the changes in practices come from the input and collaboration that is achieved at the council/committee level. In 2005, nursing developed a council to focus on nurse sensitive indicators and in 2007 the committee was revamped to not just collect data but to develop processes to improve care based on the data. If you are interested in affecting patient outcomes feel free to attend the Nursing Quality and Outcomes Council which meets the third Wednesday of the month in the Nursing Conference Room at 9 a.m. Without nurses' input from the bedside, our patients would not have the quality outcomes and future that they achieve.

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

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

Marcia Diaz de Villegas
Director of Marketing and Public Relations

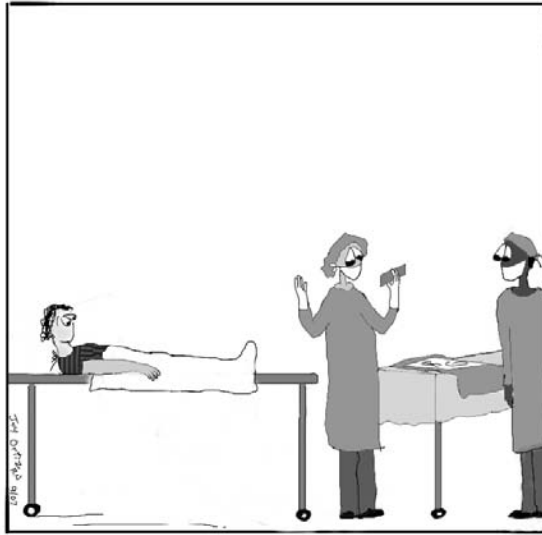
Rachel Perry
Editor

Deborah Salani, ARNP, MSN, CPON
Joy Ortiz, RN
Co-Editor

Communication Council Committee
Contributing Writers

Layout
Roberto Perez

Photography
Edgar Estrada
Steven Llanes
Juan Carlos Rabionet



" It says "We're sorry, this package is not an instant winner. Please send a SASE..." What ?"

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 Joy Ortiz, RN.

PARTY CHEESE BALL

Ingredients:

- 1/4 cup chopped red bell pepper
- 3/4 cup chopped green bell pepper
- 3/4 cup chopped celery
- 3/4 cup chopped green onion stalks (scallions)
- 1/2 cup finely chopped baby carrots
- 1 clove fresh diced garlic (optional)
- 2 (8 oz) packages Philadelphia cream cheese (softened)
- 2 teaspoons fresh ground black pepper (or to taste)
- 1 1/2 cups sliced almonds

Combine first 8 ingredients in large mixing bowl, mixing thoroughly with wooden spoon, making sure to scrape sides of bowl for even mixture. Empty contents of bowl onto a sheet of plastic wrap, folding up corners of wrap to form a soft ball. Carefully transfer to refrigerator and chill 6 to 8 hours or overnight. Remove from refrigerator and roll finished ball in almonds to coat evenly. Serve on an elegant silver tray with your favorite crackers.

Quick and easy tip: Purchase ready made diced veggies and garlic in the grocery produce section to cut preparation time.

MCH-RDP012008-O



Pre-sorted
First Class
U.S. Postage
PAID
Permit No. 3203
Miami, FL