

Nursing Annual Report

2012-2013

*"Extraordinary care...
Provided by Extraordinary Nurses"*





Dear Friends:

2012 and 2013 were banner years for our Miami Children's Nursing Team. During these eventful years, Miami Children's nurses left their mark in significant ways that enhanced safety, quality and patient satisfaction, while supporting optimal management of hospital resources. In short, we demonstrated once again extraordinary care, provided by extraordinary nurses is a hallmark of our great hospital.

The Nursing Department has long used ANCC's Magnet Model as its foundational framework for initiatives and programs. The department structures, processes and positive empirical outcomes shared within this 2012-2013 Annual Report are rooted in Magnet principles.

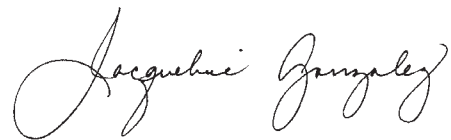
It is fitting then that the hospital received Magnet recognition for the third consecutive time in 2013, becoming the first pediatric hospital in Florida to achieve a third Magnet designation.

Woven into this report are stories relaying how we live and breathe the Magnet Model. Here are highlights:

- **Structural Empowerment:** Our surgical nurses implemented an initiative that optimized surgical practice, reducing OR turnover time, first case starts and increasing surgical volume. This led the hospital to earn high rankings from the Children's Hospital Association for attaining key success measures. The team also developed a tool that supports The Joint Commission's universal protocol for preventing wrong site, procedure and patient surgical events, supporting 100 percent execution of surgical procedural time outs during the two-year period.
- **Exemplary Professional Practice:** In 2013, the nursing team developed and implemented a meaningful nursing professional practice model based on Dr. Katharine Kolcaba's Comfort Theory. We hosted Dr. Kolcaba to support our process and participated in implementing Nursing Comfort Rounds that have enhanced the patient experience and improved patient satisfaction scores.
- **Transformational Leadership:** Nursing leaders led initiatives that supported medication safety and quite literally lead the way as the hospital implemented a new electronic medical record in 2012. Nurses became critical change agents, leading staff training and identifying issues with the PEDS system that could be addressed before go-live.
- **New Knowledge:** The team led an initiative to prevent intravenous infiltrations, participating with a physician in developing a new guidance scale that can become an industry standard. In addition, our Humpty Dumpty Falls Prevention Program, developed by the nursing team, and now in use in 1,032 hospitals around the globe, is helping protect children at risk of falls in the hospital setting.

Accomplishments of 2012 and 2013 are so numerous they can quite literally fill a book, and so, we have done just that with this report. I hope you will take the time to read it and share in the accomplishments of our proud Magnet nursing team.

Sincerely,



Jackie Gonzalez
Sr. Vice President & Chief Nursing Officer



2012-2013 Highlights

People

- Ranks among the Top 125 Training Organizations for eight consecutive years.
- Miami Children's Hospital collaborates with Interactive Health to expand incentive-based employee health and wellness.
- Awarded the 2013 Florida Worksite Wellness Forum Award by the Florida Heart Research Institute
- Jo Ann Nieves, MSN, ARNP, PNP-BC, CPN, received the 2013 Outstanding Achievement Award, Honorable Mention. Nicole Wertheim College of Nursing & Health Sciences, Florida International University College of Nursing. Miami, Florida (October 19, 2013)
- Jeannie Buckley, RN, CPN, received the National Pediatric Nursing Certification Board, Inc. (PNCB) 2012 Certified Pediatric Nurse (CPN) Certification Advocate Award.

Service

- Healthstream® recognized Miami Children's Hospital with an "Excellence Through Insight" award for Overall Outpatient Pediatric Unit Patient Satisfaction.
- Ranked among Parents Magazine's Best Children's Hospitals.
- My Kid's Patient Portal launched in 2013 as a web-based secure system allowing patients and parents online access to the child's medical record.

- Received three Kids Crown Awards from South Florida Parenting Magazine including the best pediatric hospital in Miami-Dade County, best pediatric Emergency Department in Miami-Dade County, and best special needs services in Miami-Dade County awarded to the Miami Lakes Rehabilitation Center.

Growth

- Humpty Dumpty Falls Prevention Program™ implemented in 909 hospitals through 49 states and 124 international sites.
- Miami Children's Hospital's Life flight™ Critical Care Transport program hit a record high of 3,056 transports in 2013, a 24 percent increase from 2012.
- By the end of 2013, Miami Children's Hospital expanded to eight outpatient centers, seven of which featured an Urgent Care Center (UCC). The most recent outpatient center openings included the MCH Miramar Outpatient Center in October 2012 and MCH Miami Lakes Outpatient Center in October 2013.
- Jupiter Medical Center and Miami Children's Hospital begin a partnership to expand pediatric offerings in Palm Beach County. The initiative builds on the foundations forged with the collaboration of Miami Children's Hospital and the Nicklaus Children's Healthcare Foundation to bring world-class pediatric care to Palm Beach County.
- Florida International University Health partnered with Miami Children's Hospital plan the opening of the first dedicated pediatric ambulatory surgical center in South Florida.





Margin

- Utilization of Lean methodology saved over \$240,000 in nurse led cost-saving initiatives across the organization.

Quality

- Awarded third ANCC Magnet designation in 2013. MCH is the only pediatric hospital in Florida to achieve three consecutive Magnet designations.
- AACN Beacon Awards for clinical excellence were presented to PICU (gold), NICU (gold), and CICU (silver).
- 10 pediatric specialty services at Miami Children's Hospital were ranked among the nation's best according to U.S. News & World Report 2013-2014 "America's Best Children's Hospitals".
- Miami Children's received the Florida Hospital Association (FHA) Leadership in Quality & Patient Safety Award for reducing blood stream infections in all ICUs.
- The American Heart Association awarded Miami Children's Hospital the Neonatal Silver Award for quality improvements through the Rapid Response Team. Implementation of Rapid Response Teams has resulted in over 3,000 days (over 8 years) without an unanticipated death in the acute care units.
- The South Florida chapter of the American Society for Training and Development (ASTD) awarded Miami Children's Hospital the Silver Best Practice Award for LifeWings™, now S.O.A.R. program, to enhance patient safety.



- The Life Alliance Organ Recovery Agency recognized Miami Children's Hospital for attaining a 100 percent collaborative conversion rate in 2013.
- The Miami Children's Heart Program was designated as an Optum® Health Center of Excellence in 2013 for exceeding rigorous performance standards and quality guidelines.
- The Cerner Electronic Medical Record was successfully implemented across the patient care areas within 24 hours.
- Miami Children's culture of patient safety resulted in demonstrated improvement in the Agency for Healthcare Research & Quality (AHRQ) National Patient Safety Survey.
- MCH nursing and respiratory therapy departments achieved a 40 percent reduction in unplanned extubations through collaborative efforts utilizing LEAN methodology.

Miami Children's Hospital Receives Magnet® Recognition for the Third Time



The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® denotes international recognition of an organization's commitment to continued nursing excellence, representing the gold standard in nursing service and patient care. Only 7 percent of hospitals in the United States have achieved Magnet and less than 1 percent of hospitals are pediatric Magnet hospitals. Miami Children's Hospital (MCH) has once again attained Magnet recognition receiving its THIRD Magnet designation in 2013, demonstrating sustained Nursing excellence. MCH is the FIRST pediatric hospital in Florida to achieve a third Magnet designation status.

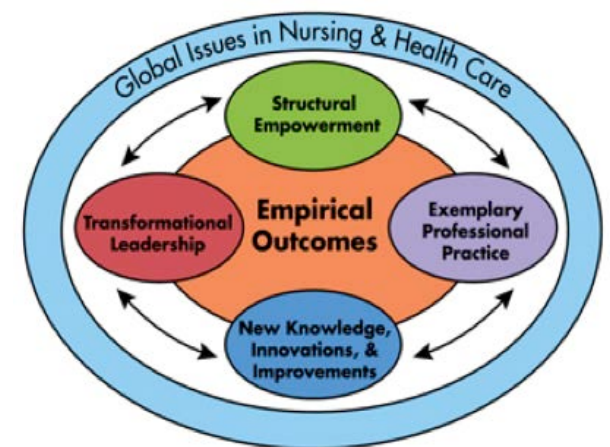
"Magnet recognition is a tremendous honor and reflects our commitment to delivering the highest quality of care to this community," said Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, Senior Vice President and Chief Nursing Officer. "To earn Magnet recognition once was a great accomplishment and an incredible source of pride for our nurses. Our

achievement of this recognition for a third time underscores the foundation of excellence and values that drive our entire staff to strive harder each day to meet and exceed the healthcare needs of the patients and families we serve."

MCH's Nursing Department has used ANCC's Magnet® Model as its foundational framework for various initiatives and programs such as: the nursing clinical advancement ladder, strategic and quality planning, shared leadership council structure, recognition programs and more. The Nursing Department's structures, processes, and positive empirical outcomes presented in this 2012-2013 annual report are rooted in Magnet principles presented in alignment with the components of the Magnet® Model.

The Institute of Medicine's (IOM) Future of Nursing Report (Institute of Medicine [IOM], 2011) is another key element influencing best practice initiatives throughout the Nursing Department to advance the

quality of care and nursing excellence provided at Miami Children's Hospital. The Nursing Department continues to transform today's clinical nurses into tomorrow's leaders through various professional development opportunities and cultivating an environment of collaborative outcome driven practice.



Structural Empowerment

"Change your thoughts and you change your world"

–Norman Vincent Peale

Empowered Surgical Nurses Drive Optimization of Outcomes

Today's healthcare challenges push organizations to optimize resources and increase efficiency. As Magnet nurses, the nursing staff at Miami Children's Hospital continuously strives for excellence through involvement in nursing professional organizations and national benchmarking to learn and disseminate best practices. The surgical nursing team's involvement with the Association of periOperative Registered Nurses (AORN) and Child Health Corporation of America (CHCA) now known as Children's Hospital Association (CHA) prompted the nurses in identifying areas for potential improvement in OR metrics such as first case starts (FCS) and turnover time (TOT). In 2012, CHA ranked the OR at Miami Children's Hospital as 14th for FCS and 23rd for TOT among 34 children's hospitals. The surgical nursing team was determined to improve the OR's ranking within CHA and become a top-performing hospital.

The surgical nursing team's determination to improve the efficiency within the Operating Room (OR), led to the development of the 2013 OR optimization teams. The surgical nurses reviewed 2012 OR metrics and identified seven key areas for optimization in first case starts (FCS), turnover times (TOT), preoperative assessments, scheduling, sterile processing and communication.

The surgical nursing team recognized the multifactorial impact OR optimization goals would have across disciplines and established interprofessional collaborative decision-making teams as a crucial element to a successful optimization. Interprofessional members across the organization were invited to partner with nursing

OR optimization teams. Successful partnerships representing surgical nurses, anesthesia techs, perioperative aides, surgeons, anesthesiologists, ARNPs, schedulers, nurse managers, sterile processing, registration and various physician practices were the key to the successful outcomes achieved. These teams collaboratively developed innovative solutions for OR optimization through Lean methodology and tools such as value stream mapping and Kaizens.

OR optimization efforts support IOM key message #3 encouraging nurses to be full partners with physicians and other healthcare professionals... by taking responsibility for identifying problems and areas of waste, devising and implementing a plan for improvement tracking improvement over time, and making adjustments to realize established goals. (IOM, 2011, pp. 221-251)

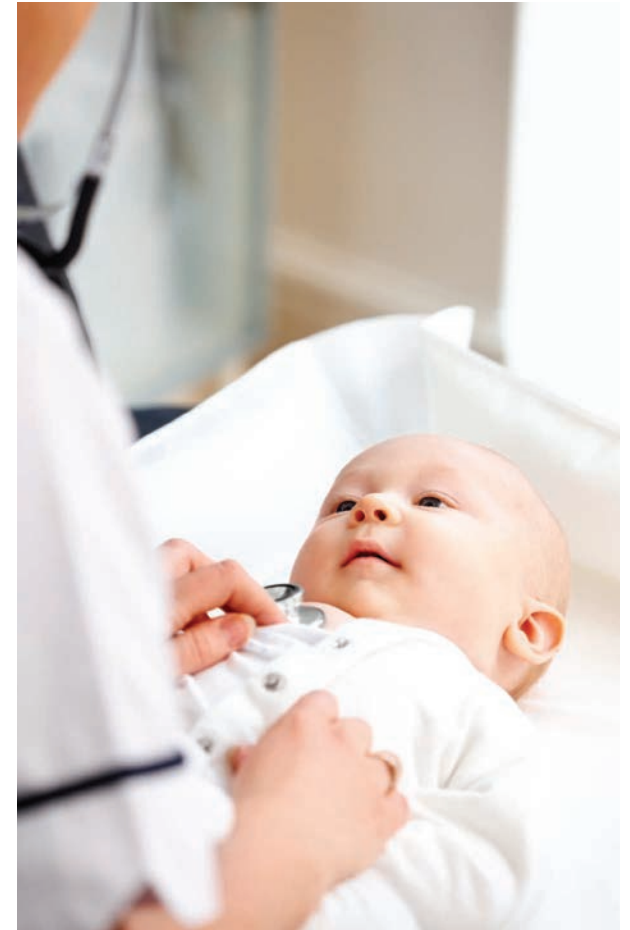
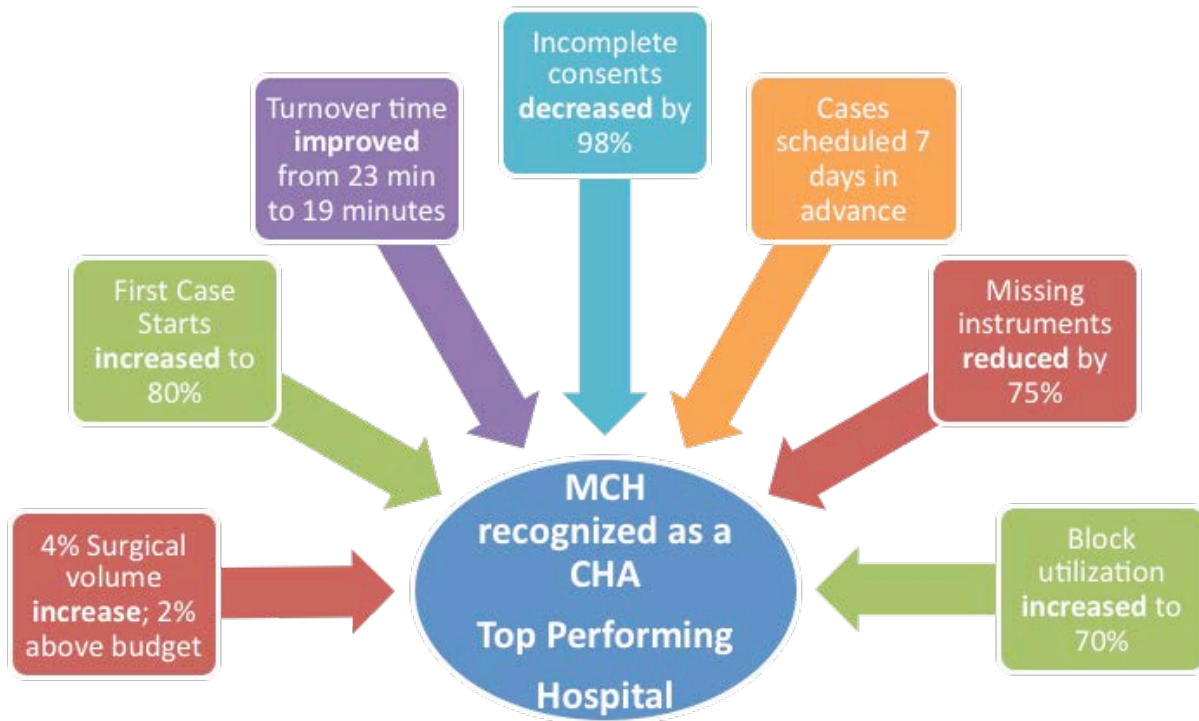


MCH's interprofessional OR Optimization team.

Interprofessional collaborative efforts across OR optimization teams resulted in improving surgical volume and process flow, efficiency of obtaining consents and lab specimens, enhanced hand-off, more efficient case scheduling, improved surgeon communication, increase in timely availability of supplies/instrumentation and much more. The concerted efforts and decisions made by these teams led to increased surgical volume and multiple surgical services improvements for Miami Children’s Hospital in 2013 as shown below.

OR optimization results lead the surgical nursing team to achieve set goals and become recognized as a top-performing hospital within CHA based on significant improved rankings.

In 2013, CHA ranked the OR at Miami Children’s Hospital as fifth for FCS and tenth for TOT among the top-performing hospitals within CHA.



The successful attainment and outperformance of 2013 established goals has ignited passion and determination among the interprofessional OR optimization teams to further optimize care provided in the OR, setting aggressive targets for 2014, including the development of a surgical ambulatory care center slated to open in 2015. Miami Children’s Hospital began partnering with Florida International University and a group of physician investors to develop the first dedicated pediatric ambulatory surgical center in South Florida to meet the needs of community.

Committed to the Beat: Nurses' Community Involvement to Prevent Athlete Sudden Cardiac Death



The leading cause of sudden death among young athletes is sudden cardiac death (SCD). Every three days in the U.S., a student athlete dies of SCD. Usually there are no advance signs or symptoms.

Miami Children's Hospital is reaching out to the region's young athletes by offering free pediatric EKG testing to middle and high school sports participants. Truly a gift to your family, a patient's ability to receive a free EKG is not conditioned on his or her ordering any other item or service from Miami Children's Hospital or its Medical Staff.

Screenings will be performed at Miami Children's Hospital's main campus near **Coral Gables**, as well as MCH **outpatient locations** in:

- Doral
- Miami Lakes
- Midtown
- Miramar
- Palmetto Bay
- Palm Beach Gardens
- West Kendall
- Weston

For more information, or to make an appointment, please call toll-free 855-MCH-EKGS or 855-624-3547.



"No child should die from a preventable cause. Please consider this free screening test as our gift to your family."
- Dr. Anthony Rossi, Director, MCH Cardiac Intensive Care Unit.

Every three days sudden cardiac death takes the life of a young athlete.

To aid in the prevention of sudden cardiac death among young athletes, Dr. Anthony Rossi, Director of the Pediatric CICU, collaborated with Jill Tahmooressi, BSN, RN-BC, MBA, NCSN, Nursing Director of Ambulatory Services, to initiate an innovative community outreach program to provide free detection of possible congenital heart disorders for young athletes. The goal of offering free screening EKGs at Miami Children's Hospital's main campus and Urgent Care Centers is to help identify abnormalities that, if undetected, might result in tragedy. Unfortunately, a typical school or sports physical examination does not include an EKG, a simple and quick heart test that can mean the difference between life and death for some young athletes.

Out of 2,683 high school athlete screenings completed in 2013, there have been 89 abnormalities found requiring follow up.

Six high school athletes' lives were likely saved last year through this community outreach program.

These six patients were diagnosed with Wolff-Parkinson-White syndrome, requiring curative ablations.

Kiko the Kidney: Stopping CAUTIs in their “Tracts”

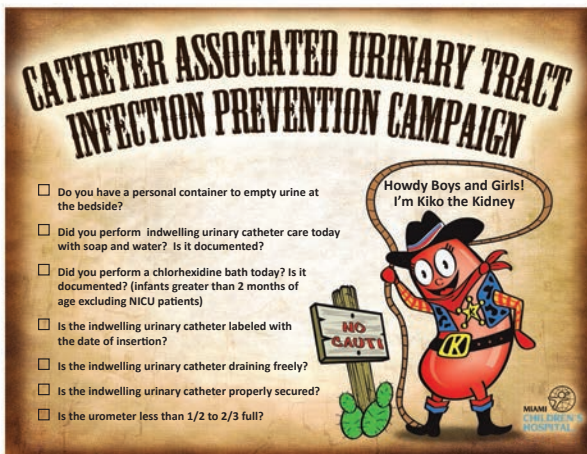
Catheter Associated Urinary Tract Infections (CAUTIs) are the most common hospital-acquired conditions. The Joint Commission’s national patient safety goal to prevent CAUTIs, as well as threatened loss of reimbursement led to using proven guidelines for the Pediatric Intensive Care Unit (PICU). The Nursing Research & Evidence-Based Practice (NR&EBP) Council’s goal was to develop and implement an innovative CAUTI prevention initiative. The clinical nurses in the NR&EBP council performed an extensive literature review utilizing the John Hopkins Nursing Evidence-Based Practice Model (JHNEBP) appraisal tool (Newhouse et al., 2007) to identify best practices in CAUTI prevention. The council developed a survey to measure the PICU interdisciplinary team and nursing staff’s knowledge regarding Indwelling Urinary Catheters (IUC) clinical indications and care. The surveys demonstrated the lack of standardized criteria for IUC insertion and adherence to a universal guideline for care. In addition, the nurses found multiple IUCs in place that were not clinically indicated according to the literature.

The clinical nurses recognized the need to provide staff education and develop a standardized system alerting all healthcare team members when a patient required an IUC. In addition, the nurses developed educational tools for patients and families regarding CAUTI prevention as another form of increasing awareness. The nurses collaborated with the Infection Control and Prevention Department to establish a definition and guidelines in alignment with the Centers for Disease Control (CDC) recommendations.

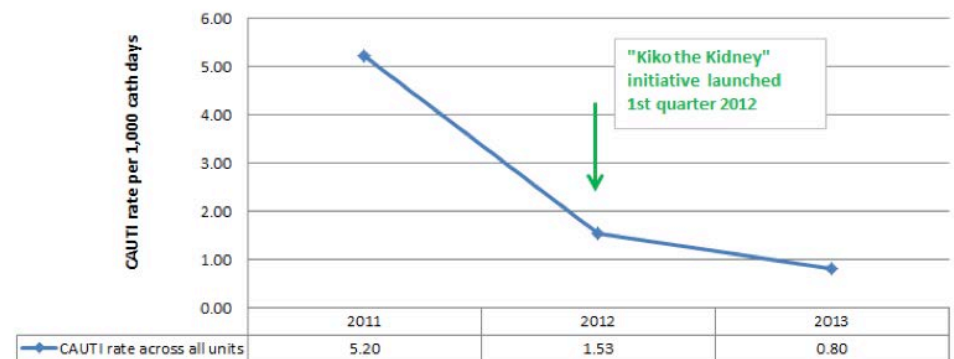
The nursing team’s interprofessional collaboration to reduce CAUTIs supports IOM recommendation #2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. (IOM, 2011, p. 11)

The NR&EBP council members developed an evidence-based practice CAUTI bundle with an innovative pediatric friendly visual cue mascot, “Kiko the Kidney,” which was implemented in the PICU first quarter 2012. The nursing team set a goal to decrease CAUTI rates by 50 percent with the implementation of the “Kiko the Kidney” CAUTI prevention initiative.

The PICU nurses exceeded their goal to decrease CAUTIs by 50 percent with a 100 percent elimination of CAUTI episodes in 2012. The clinical nurses disseminated their best practice throughout the organization resulting in a significant decrease in CAUTIs hospital-wide as demonstrated in the below graph.



**2011-2013
MCH Catheter Associated Urinary Tract Infection (CAUTI)
Rate**



Partnering for Success

The Nursing Department at Miami Children's Hospital aspires to seek talented future nurses through various partnerships with local nursing schools.

In concert with the IOM key message #2 recommending nurses to achieve higher levels of education and training (IOM,2011,p.6), the Nursing Department has increased clinical rotation opportunities at MCH for nursing students enrolled in baccalaureate degree programs.

MCH's affiliations with nursing schools provide a mechanism for reaching out to talented nursing students by rotating them through the organization and establishing crucial relationships before they graduate. These opportunities allow top nursing students from affiliated schools to be recruited as nurses at MCH. Nursing Leadership utilizes input from nursing staff regarding students' clinical performance when these students apply for nursing positions at MCH. Increased availability of clinical rotations for the nursing schools affiliated with MCH has led to an increase in the talent pool of graduate nurses as prospect nurses within the organization.



Over the last two years, MCH has experienced a 36 percent increase in affiliated nursing school's clinical rotations and over 97 percent of the Nursing Department's new hires graduated from partnering schools.

Paving the Path to Professionalism

"What got you here won't get you there." – Marshall Goldsmith

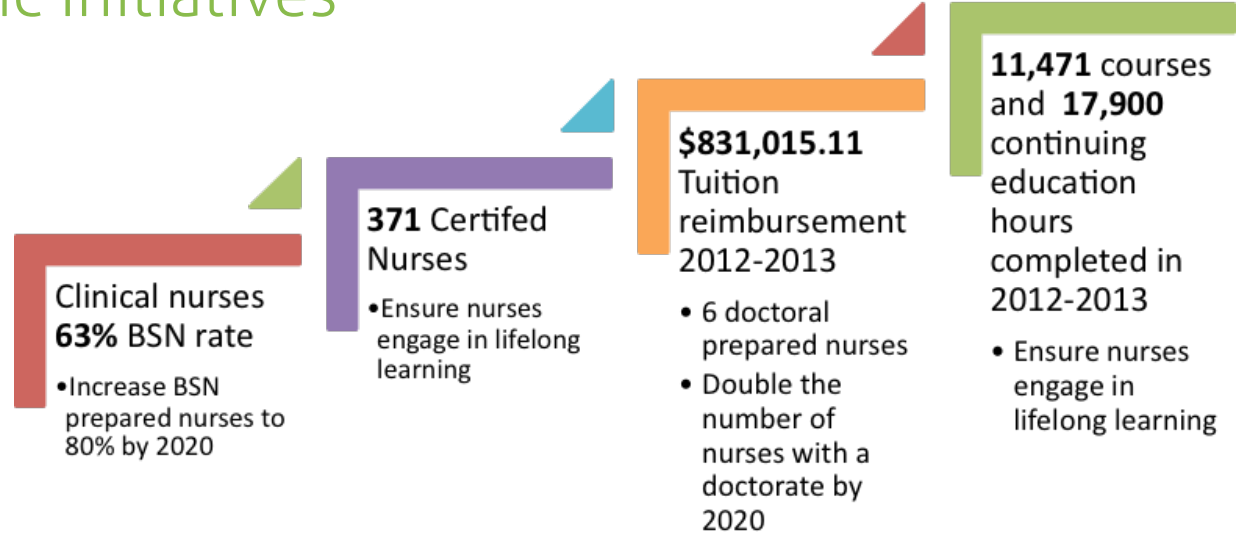
Nursing at Miami Children's Hospital is committed to unlocking the potential and unspoken talents of each and every nurse through ongoing professional development opportunities and advancing academic excellence. Professional growth and engagement is encouraged and integrated into all aspects of nursing practice including participation in nursing professional organizations, encouraging formal educational advancement, certification attainment, continuing education support, research utilization and implementation of evidence-based practices, and through the nursing professional advancement ladder. The organization also encourages personnel in other departments to pursue their own life's dreams to be a nurse by supporting their entry into basic nursing education.



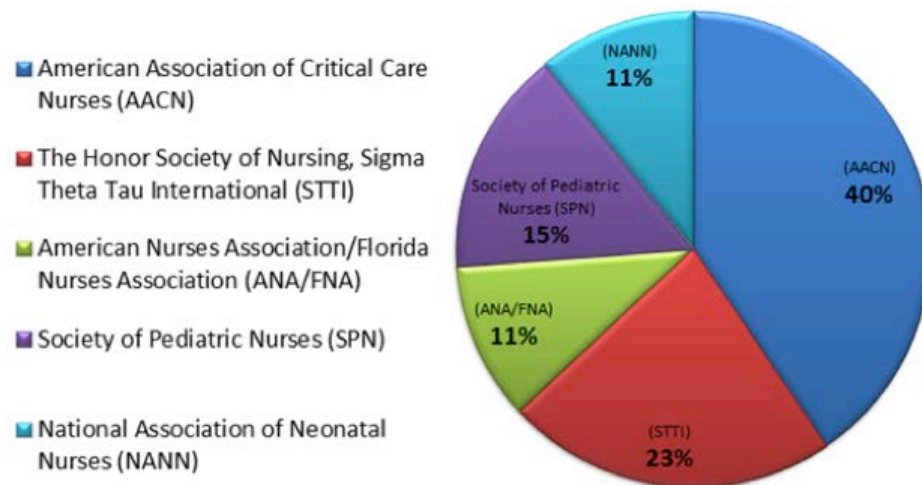
IOM Future of Nursing Report Alignment to MCH's Nursing Strategic Initiatives

MCH nurses exemplify professionalism and a desire to advance professional development by having a voice and influencing the profession of nursing on local, regional, national and even international levels. The Nursing Department encourages nurse participation in nursing professional organizations through various methods such as increased accessibility for staff by hosting chapter meetings at MCH and through financial support, through the Frida Hill Beck Endowment Fund, for travel expenses related to professional organizational conferences. The Frida Hill Beck Endowment Fund was established on behalf of a former MCH Board Member Robert Beck, inspired by the former Vice President/Chief Nursing Officer, Mrs. Donna Thaler. Mr. Beck named the fund in honor of his late wife, Frida Hill Beck. This endowment fund was established for the advancement and support of nursing including travel for increasing new knowledge, dissemination of research and evidenced-based practice as well as professional development. During 2012-2013, the Frida Hill Beck Endowment Fund has enabled more than 50 nurses to attend nursing conferences, providing over \$100,000 in financial assistance.

At MCH, nurses across all settings demonstrate their leadership and commitment to the profession through their involvement in more than 40 professional organizations, including holding various officer positions within nursing professional organizations. A total of 26 nurses, including clinical nurses at MCH, hold leadership positions within their nursing professional organization, demonstrating one of the many ways the Nursing Department prepares and enables nurses to lead change and advance health, supporting IOM recommendation #7. (IOM, 2011, p. 14)



Top 5 Nursing Professional Organizations at MCH



Shining Through Excellence

The excellence in nursing care provided by all three critical care units at Miami Children's Hospital has been nationally recognized by the American Association of Critical Care Nurses (AACN). The Pediatric Intensive Care (PICU) and Neonatal Intensive Care (NICU) have each received the Gold Beacon Award for Excellence and the Cardiac Intensive Care Unit (CICU) has received the Silver Beacon Award for Excellence.



Miami Children's Hospital is one of the first three children's hospitals in the nation to be awarded Gold and Silver level Beacon Awards for all of its ICUs and the only children's hospital in Florida to receive this distinction.

This recognition places MCH's critical care nurses among the top in children's hospitals in the country and demonstrates organizational commitment to critical care excellence.

"This achievement speaks to the commitment and excellence of the staff in all of our intensive care units and their dedication to providing exceptional patient and family outcomes in an environment of high quality and safety," said Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, Senior Vice President and Chief Nursing Officer. "We are extremely proud of their leadership and commitment to providing care and support for the families who entrust us with their children."

The Beacon Award for Excellence recognizes U.S.-based hospital units that employ evidence-based practices to improve patient and family outcomes. Units that achieve this award demonstrate practices that align with AACN's Healthy Work Environment Standards for Optimal Care. The Gold Award is the highest recognition level bestowed by AACN. Hospitals that receive the Gold Award demonstrate excellence in sustained unit performance and patient outcomes.



Representatives of MCH's critical care teams for PICU, NICU and CICU.

Exemplary Professional Practice

"You treat the disease: you win, you lose. You treat a person; I guarantee you win – no matter the outcome."

–Patch Adams

Developing and Implementing a Meaningful Nursing Professional Practice Model (PPM)

The development of the Nursing Professional Practice Model (PPM) at Miami Children's Hospital started and culminated with empowered clinical nurses taking ownership of all PPM decisions. Their commitment is represented by a star-shaped design highlighting components that drives PPM throughout the organization.

Clinical nurses utilized unique resources such as interactive technology to obtain real time feedback across the organization, coupled with humorous acting performances to demonstrate three nursing theories to determine which theory was most uniquely associated with MCH's nursing care. This important feedback was the primary vehicle for selecting the PPM's theory base founded on Dr. Katharine Kolcaba's Comfort Theory. With the support for, adoption and application of Comfort

Theory, the clinical nurses collaborated with the CNO to invite the theorist to MCH to serve as a guide in the development and implementation of the PPM founded on the theory she developed.

The theorist's presence in the organization through hospital-wide presentations, staff-led unit tours, meet-and-greet meal sessions and council meetings was a critical element to sparking the nursing staff's interest and recognition of the PPM's conceptual framework application to MCH nursing. Acculturation of the Nursing PPM was evident during the successful Magnet re-designation site visit through appraiser's recognition of staff's PPM actualization. It became clear to all that innovatively empowering clinical nurses is the root of success and the foundation of a Magnet nurse!



Photographed above from left to right: Jackie Gonzalez, SVP/CNO and Dr. Kolcaba



Photographed above: Dr. Kolcaba and various nurses across all levels of the Nursing Department

Setting the Standard: Nursing Innovations Drive Service Excellence and Quality Outcomes

Today's healthcare pay-for-performance methodology, which ties reimbursement to patient satisfaction and quality outcomes, pushes healthcare providers to prioritize service excellence initiatives throughout organizations. Here are some innovative ways nurses at MCH have driven service excellence and quality care across the organization.



Nursing Comfort Rounds: Bringing the PPM Alive

"Patients don't care how much you know until they know how much you care." – Theodore Roosevelt

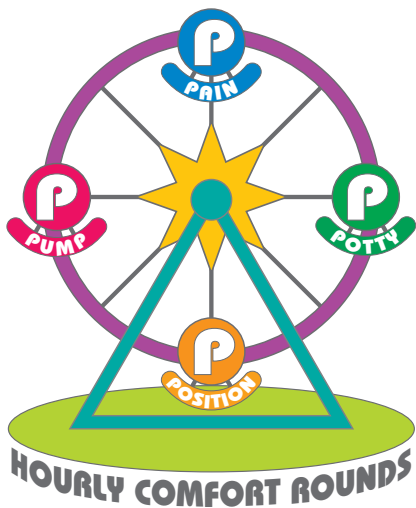
The implementation and dissemination of the Nursing PPM across the organization stimulated clinical nurses to engage in innovative ways to bring the PPM alive. Nursing representatives from all medical-surgical units collaborated in the development of hourly comfort rounds with a common goal of implementing a standardized consistent approach in providing comfort and communication between nurses, patients and their families in alignment with the newly adopted Comfort Theory foundation of the PPM.

The medical-surgical nursing team reviewed best practices and patient satisfaction survey results related

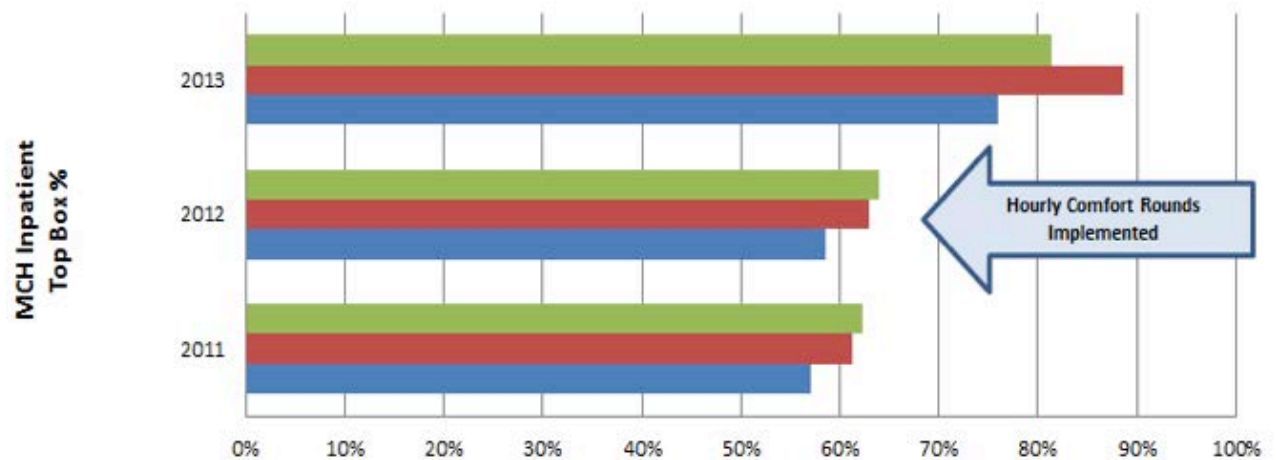
to comfort and communication needs of patients and their families. A need to improve patients and families perception of how quickly nurses responded to patient needs, how well nurses anticipated needs and how well the child's pain was managed was identified. The team of nurses developed an innovative pediatric approach to identify and anticipate patient's needs through four (4) key basic aspects related to a patient's comfort level, coined the 4 "P"s for pain, potty, position and pump.

Prior to implementation of hourly comfort rounds, a group of 16 medical-surgical nurses performed a survey to capture a baseline of nurse phone call/call

light interruptions to determine an additional benefit of hourly comfort rounds in comforting nurses through decreased interruptions. The hourly comfort rounds initiative was implemented in February 2012. At the end of 2012, another survey was performed capturing significant improvements in nurse interruptions and increased patient satisfaction through the Healthstream® survey results. Implementation of hourly comfort rounds resulted in a 64 percent decrease for day shift nurses and 61 percent decrease for night shift nurses in number of interruptions from patient phone calls/call lights based on nurses anticipating the needs of patients and families.



Hourly Comfort Rounds Impact on Patient Satisfaction



	2011	2012	2013
How well the patient's pain was managed	62%	63.9%	81.4%
How well nurses anticipated the patient's needs	61%	62.9%	88.6%
How quickly nurses responded to requests	57%	58.6%	76.0%

Journey Cards: Redirecting the Patient Experience

The Radiology Department at Miami Children's Hospital is the only exclusively pediatric radiology service in South Florida and is a regional leader for pediatric radiology, serving children throughout Florida, the Caribbean, and Central and South America. The Radiology Department performs over 140,000 examinations annually providing various imaging exams for the unique pediatric population. The demanding schedule and need to maintain patient flow throughout the department affected the department's Healthstream® overall patient satisfaction, resulting in a top box score of 82.1 percent. The radiology nurses were aware of the department's goal to achieve an overall patient satisfaction top box score of 84 percent and were determined to meet their goal.

The nursing team collaborated with the Patient & Guest Relations Department and Patient Access Department to develop a "care journey card" to guide patients through their radiology patient experience equipped with essential information to improve their journey through the department. The cards empowered patients and families to know the names of all healthcare providers encountered during their journey and important phone numbers. The care journey card initiative launched in May 2013 and instantly demonstrated increased overall patient satisfaction. The Radiology Department's overall top box score for 2013 ended at 85.4 percent, surpassing the department's target of 84 percent.

The Radiology Department at Miami Children's Hospital was recognized by Healthstream® as a recipient of Excellence through Insight Award for "Overall Outpatient Pediatric Unit Satisfaction" ranking within the top five hospitals nationwide for patient satisfaction among over 600 Radiology Departments as well as exceeding industry standards.



Did someone G.R.E.E.T. you today?

“Attitude is a little thing that makes a big difference.” – Winston Churchill

Miami Children’s Hospital is committed to driving a culture of service excellence, exceeding the expectations of the patients and families that are served. The Nursing Department plays a critical role in providing service excellence as nursing interactions represent the majority of customer encounters. In order to improve the customer encounter, the Nursing Shared Leadership Council responsible for patient satisfaction collaborated with the Patient & Guest Relations Department to take a deep dive into the current standard customer encounter at MCH and determine patient satisfaction best practices within the healthcare industry.

It was determined that customer encounters did not reflect a standardized approach to engaging with patients and their families. Gaps included variability in the structure of communication encounters, varying levels of demonstrated empathy and inconsistency in addressing patient/family unspoken needs. The interprofessional Nursing and Patient & Guest Relations team identified areas of improvement and recognized AIDET® as a common and successful communication technique boosting patient satisfaction scores in hospitals across the nation. The AIDET® communication technique reminds caregivers of the core elements that patients and their families need in order to build trust among the healthcare team and decrease anxiety. AIDET® is an acronym for Acknowledge, Introduction, Duration, Explanation and Thank you.

The team reviewed the fundamental concepts and success of AIDET® and it was determined that it would be accepted as an innovative pediatric-friendly approach aligned with the essential communication techniques proven to improve



patient satisfaction. In 2013, the interdisciplinary team developed the Miami Children’s Hospital branded communication standard called G.R.E.E.T. as an acronym for Greet, Recognize, Explain, Empower, and Thank.

The G.R.E.E.T. communication standard for the customer encounter provides all MCH employees with a standardized structural approach to engage with patients and families, ensures that key points are delivered with each encounter, provides consistent inquiry to determine possible unspoken

needs and heightens caregiver empathy.

The deployment of G.R.E.E.T. across the organization in first quarter 2013 utilized the train the trainer approach to develop internal experts for all units and departments resulting in 100 percent of MCH employees trained on the G.R.E.E.T. communication standard. The overall 2013 increase in patient satisfaction across the organization demonstrates the positive impact of G.R.E.E.T. adoption among the MCH staff in all areas including inpatient, outpatient, ambulatory and the Emergency Department.

Miami Children’s Hospital Overall Patient Satisfaction	2012 MCH Top Box
Inpatient units	83.4%
Outpatient areas	85.2%
Urgent Care Centers	85.0%
Emergency Department	73.0%



2013 MCH Top Box
85.2%
86.6%
86.5%
76.9%

Rx Satisfaction Guaranteed

“Nurses dispense comfort, compassion and caring without a prescription.” - Val Saintsbury

In today’s healthcare arena, changes in medication coverage by various insurance providers hit home to the unique pediatric patient population diagnosed with seizure disorders. The nursing staff caring for these patients recognized a rapidly increase in distressed families calling the nursing floor after discharge regarding their inability to fill or refill prescribed medications to treat their child’s seizure disorder. The two most common concerns were that local pharmacies no longer carried their child’s medications or insurance coverage plans no longer covered their child’s medication. In order to meet the medication needs of the patients, the nursing team collaborated with the outpatient pharmacy at Miami Children’s Hospital to ease the family’s concerns and provide the prescribed medication.

A clear need was identified by both teams who came together forming an interprofessional team to build a process ensuring that patients and their families received their discharge medications prior to being discharged home. The team consulted with Cardinal Health as an expert company in implementing Discharge Prescription Programs in multiple hospitals. Through interprofessional collaboration, guidelines were developed and MCH’s Discharge Prescription Program (DPP) was piloted on the neurology nursing unit in July of 2013.

The initial step in the new process required unit secretaries to notify the outpatient pharmacy when new patient admissions arrived prompting a pharmacy technician to meet with the patient and family to introduce the program and provide an opportunity to enroll in the program. Once enrolled, the pharmacy tech was responsible for notifying the patient’s nurse and placing the “OPP” magnet next

to the patient’s room number on the assignment list board. When patients were cleared for discharge their discharge medications were e-prescribed to the outpatient pharmacy and delivered to the patient’s room. This also provided an additional opportunity for medication education upon discharge.

The program’s success was measured by an increase in 2013 patient satisfaction scores related to medication education and a 46 percent increase in medication dispensing by the pharmacy. Since the pilot implementation the pharmacy has continued to implement the program on seven other units, with the ultimate goal of dissemination throughout the hospital.




Don't Go Home Without Your Child's Meds!

The MCH Outpatient Pharmacy staff can deliver prescribed medications to your child's bedside before you leave for home.

Benefits:

- No need for an extra pharmacy stop and no waiting to fill the prescription on the way home.
- Prevent delays with starting needed medications.
- Ready access to items not stocked at a typical neighborhood pharmacy.
- Walk out the hospital door with the medications you need to support your child's recovery.

How to Order Prescriptions from the MCH Outpatient Pharmacy:

Let your nurse know that you are interested in using the on-site pharmacy and have your prescriptions, insurance information and co-payment method available.

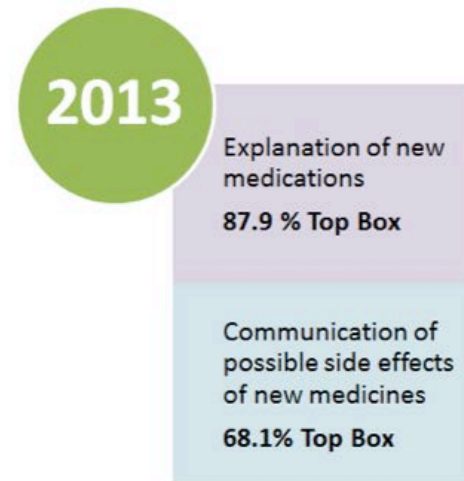
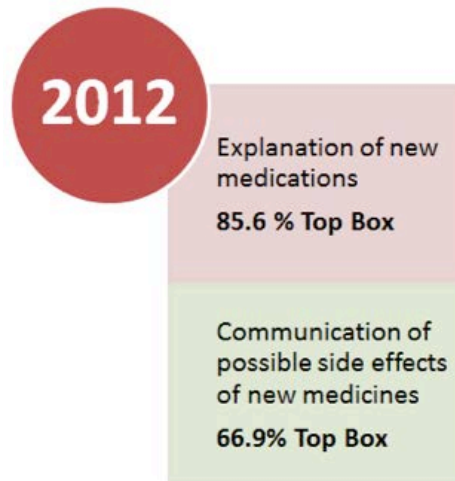
To speak to a member of the Outpatient Pharmacy staff, please call **305-669-7155**.

Please complete the following:

Patient's Name: _____
 Date of Birth: _____
 Room Number: _____
 Current Pharmacy Name: _____

Outpatient Pharmacy hours are 9 a.m. to 6:30 p.m. Monday through Friday

3100 SW 62 Ave., Miami, FL 33155 | 305-666-6511 | www.mch.com



Securing Safety Through Standardization

In January 2012, the nursing staff in the Neonatal Intensive Care Unit (NICU) experienced challenges in breast milk administration over a six-month period. The NICU nursing team

Elimination of Breast Milk Administration Errors



The plan to successfully eliminate breast milk administration challenges in the NICU was implemented in two phases. Phase one consisted of decentralizing the refrigerator, placing a refrigerator in each NICU room and implementing a visual management tool involving use of unique cartoon characters to support matching patients to their mother's breast milk. During the second phase, launched once the Cerner electronic medical record system (PEDS) was implemented, barcodes replaced the unique characters on ID bands. Breast milk bottle labels were barcoded and followed the same barcode scanning procedure as medication administration, providing an even more secure safeguard in preventing breast milk administration errors.



The successful implementation of a standardized breast milk administration process in the NICU resulted in reduced breast milk administration cost savings over \$9,000 annually and reduced transportation waste by 10 minutes saving over \$132,450 annually.

The performance improvement efforts of this interprofessional team and positive outcomes of the breast milk administration safety measures were recognized by the Florida Sterling Council. The team was honored as the storyboard champion for the NICU's storyboard depicting the performance improvement measures taken to eliminate breast milk administration errors.

STOP, Collaborate and Listen

In accordance with The Joint Commission's universal protocol for preventing wrong site, wrong procedure and wrong person surgery, the surgical nursing team developed an innovative twist to the generic time out procedure through the development of a visual management tool. The surgical nursing team modified the time out procedure form to a simple, direct and visual cue to prompt all healthcare providers to STOP and actively engage in procedural timeouts.

The time out visual management tool was implemented in the OR in 2011. The effectiveness of the tool was monitored and areas of improvement were identified for patient verification and labeling of medication on sterile fields. In 2012, the surgical nursing leaders initiated unannounced observations of procedural time outs through leader rounding. In 2012 and 2013, 100 percent of surgical procedure time outs were fully executed with a fully engaged interprofessional healthcare team prior to all procedures.



From ZIP to HIP

High turnover rates among new graduate RNs within the first two years of employment has been extensively supported throughout the literature. The nursing leadership team of Miami Children's Hospital collaborated with the Talent Management & Effectiveness (TM&E) Department (known as Human resources) to analyze turnover rates among nursing staff within the first two years of employment and recognized a striking alignment with national statistics. At MCH, the highest turnover rates were found to occur between 18 and 24 months after hire.



A clear need was identified to implement a program to support new graduate nurses' transition into clinical practice.

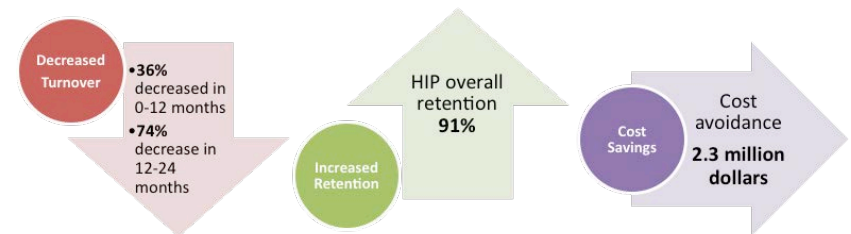
In support of "the accrediting body, The Joint Commission" and the IOM Future of Nursing Report recommendation #3 (IOM, 2011, p. 11-12) to implement nurse residency programs, MCH developed and implemented the Horizon Nursing Internship Program in 2010.

An interprofessional team with nursing and a TM&E representative was created to establish a nurse residency program at MCH. The team collaboratively reviewed the industry's best practices to define the program's parameters and guidelines, candidate attributes, and specialty tracks. The program identified an opportunity to build the nursing float pool, expanding the float pool to new horizons, allowing for internal staffing for RN vacancies. This led to the program name "HIP: Horizon Nursing Internship Program."

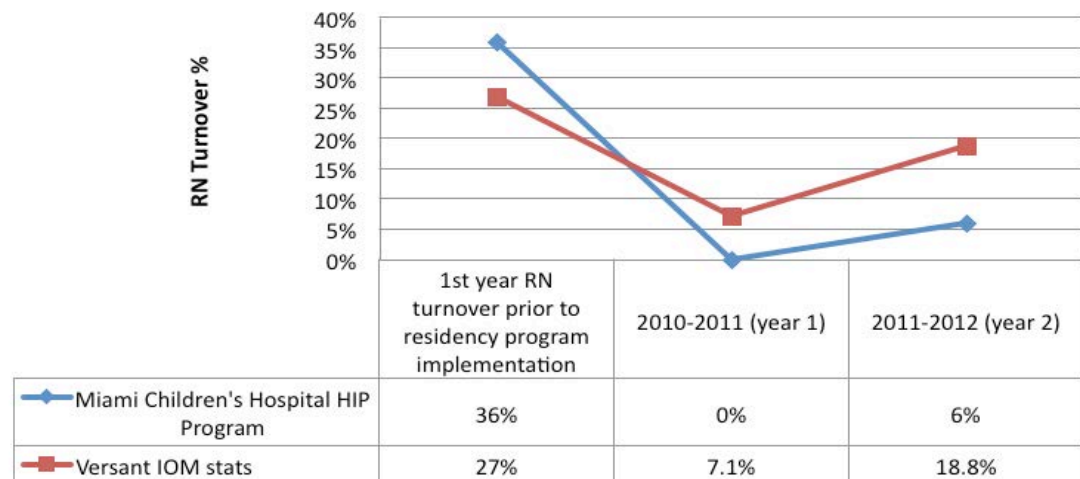
The team established the HIP program as an 18-month rotational commitment for new graduate RNs to rotate among units within their hired specialty track. During the 18-month period, the nurse will rotate every three months, except for the first rotation lasting four months. The program consists of rotations within ICU, Surgical Services, Medical-Surgical and ED/ambulatory care specialty tracks. Upon completion of the program, employees are offered the opportunity to remain within the float pool or transfer to a specific unit as positions become available. To date, 75 percent of the RNs transferred to specific units and 25 percent remained in the float pool.

The HIP program is currently in its fourth cycle and has maintained an overall 91 percent retention rate of new graduate RNs. The

HIP program's positive outcomes of improved new graduate RN turnover rates have outperformed the Versant residency program statistics provided in the IOM Future of Nursing report as demonstrated below. The HIP Program resulted in a 36 percent decreased turnover within the first 12 months and 74 percent decreased turnover within 24 months of hire compared to a 20 percent decreased turnover within the 12 months and 29 percent decreased turnover within 24 months within the Versant nurse residency program (Versant, 2014).



HIP Implementation Results on RN Turnover



Transformational Leadership

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

–John Quincy Adams

CNO Advocacy Leads to 'Leaning' Medication Rooms into Quiet Zones

In January 2012, the nursing team in the Risk Management Department identified a trend in medication events primarily attributed to nurse distraction. Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, Senior Vice President/Chief Nursing Officer (CNO) and Patient Safety Officer, held multiple meetings reaching approximately 950 staff nurses in every patient care area throughout the organization. The meetings served as a platform for the CNO to educate and reinforce safety steps ensuring safe medication administration. The meetings also provided the CNO an opportunity to ask clinical nurses for input and suggestions on ways to increase medication safety awareness.

A common feedback theme among staff related to distractions during medication preparation. Medication rooms and preparation areas were identified by staff as areas of possible distraction due to various interruptions in the medication

administration cycle, with potential to lead to medication errors during preparation. The CNO advocated for her nursing staff by summarizing all the staff feedback she received and she launched an interprofessional Medication Safety Team including a clinical pharmacist, Operations Administrator, Quality Director, Respiratory Therapist, Nurse Manager, Nurse Director, and several staff nurses that expressed an interest in advocating for medication safety.

The Medication Safety Team collaborated with the Project Management Office and Clinical Education team to discuss potential solutions to address the staff's concerns and to decrease distractions during the medication preparation process. The teams collectively reviewed best practices and developed medication room standardization through Lean methodology. A distraction free zone with key elements was implemented to decrease events related to medication preparation.

The medication rooms were full of clutter, distractions, and had minimal counter space for medication preparation, which were identifiable high risk factors for medication errors. The initial step in the medication room Lean project was a baseline establishment. All medication rooms were assessed by the clinical specialist team for any concerns, issues, using a staff nurse from each department to optimize his or her area's functionality. Photos were taken of each setting before the standardization followed by a team meeting to discuss assessment findings and resolution development.

The medication room standardization project consisted of standardizing and restructuring the storage of supplies, medication storage areas, and areas of medication preparation. Using 5S+ Lean tools, the medication rooms were sorted, set, shined, and standardized to enhance patient safety and facilitate medication preparation.



Baseline assessment pictures of medication rooms on different nursing units

5 S+ Lean Tool Results



Designated areas in medication rooms for IV medication and oral medication prep



Supplies sorted for individual medication preparation areas according to their usage



Drawers labeled with pictures of items stored inside drawer



Counter space optimized with wall mounted storage bins for orange oral syringes



Quiet Zones implemented as distraction free zones.

Clinical Nursing Staff Launches Successful EMR Implementation

In April 2012, Miami Children's Hospital successfully launched its Electronic Medical Record (EMR) system, known as the Pediatric Electronic Data System (PEDS), a name selected by staff. This groundbreaking launch introduced 15 IT solutions across a multi-site healthcare system in a 24-hour period, in a "big bang" implementation approach. The success and seamless transition to PEDS would not have been possible without the vision of MCH's transformational nursing leaders to empower the staff to modify Cerner's EMR and to build a pediatric-specific EMR. A total of 18 staff nurses were identified as experts in their clinical areas and seen as leaders by their peers. These nurses graciously took on the role of subject matter experts (SMEs) and committed to 18 months of weekly meetings and collecting data to build PEDS.

The SMEs have been integral to the preparation of their peers by updating the nursing staff and in developing standardized checklists in support of patient safety in the organization and in implementation of the EMR. These highly motivated SMEs innovatively conducted a time study on the medical/surgical and ICU units demonstrating the implications of making a practice change in implementing intake and output on the new system versus the current state.

Upon completion of the time study, the SMEs decided to review the financial impact of being without a new Infusion Management System prior to the PEDS go-live. Using the ICU's net value of 4.12 min/patient/hour x 24 hours, it was concluded that 98.88 minutes (1.66 hours) were spent calculating hourly intake for IV infusions. Taking the average



Photographed below is the interprofessional SME team with Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, SVP/CNO and Dr. Narendra Kini, President/CEO.

nurses' salary of \$29.75 x 1.66, it was determined that \$49.38 per patient would be paid over a 24-hour period due to the additional time needed to calculate hourly intake and output per patient. In reviewing the overall financial impact of patients in the PICU, NICU and CICU alone, the impact was over \$1 million in potential savings per year of an infusion management system were in place.

The SMEs collaborated to create a video that validates the amount of time lost in recording hourly I&O documentation, using the current methodology. The video demonstrated the need for the Infusion Management System to correctly document hourly I&O documentation, minimizing errors by manual calculation, by automatically pulling the volume infused for each associated intravenous catheter directly into the patient's medical record. The video presentation was provided to the EMR Steering Committee by staff nurse, Richard Bolanos, BSN, RN, CPN. Richard Bolanos was a lead SME that spearheaded the time study presentation to the hospital Senior Leadership Team, advocating for the Infusion Management System's smart technology to be implemented into the new EMR. SME leader and Clinical Specialist, Ingrid Gonzalez, MSN, RN, CPN; Bing Wood, DNP, ARNP, NEA-BC, Administrative Director of Critical Care and Pulmonary Services; and Richard Bolanos were financially supported to visit the Cerner system in place in Boston Children's Hospital. Their visit to Boston Children's provided an opportunity to review and collaborate with staff nurses there and provide ideas regarding implementation of an intake and output documentation system. The end result was

a recommendation to the EMR Steering Committee that MCH purchase an Infusion Management System to continue its pursuit of the highest level of patient safety.

Six months prior to the go-live date, the SME team developed and provided several blended-learning educational approaches offering hands-on experience coupled with lectures and "sneak peak" hospital-wide events to ensure staff felt adequately prepared for the upcoming transition. "Sneak peaks" consisted of various presentations providing staff with current vs. future state visuals enhancing the staff comfort level with PEDS. In addition, the SMEs developed weekly newsletters showcasing a PEDS update, various teaching tools and pocket guides to provide all staff nurses with essential PEDS reference information. The SMEs also partnered with Cerner representatives to provide training to all MCH employees across the organization.

The combined efforts of the SME team set the stage for the transition to PEDS to exceed expectations with minimal disruptions to work flow. The Incident Command Team tracked all calls for staff assistance and no events that jeopardized patient care were reported. Nursing staff remained engaged and supportive of the process, and knowledgeable about steps to take during system disruptions or failures. Families understood what was happening in the care environment and no calls were made to the patient PEDS hotline. To make this happen, the Incident Command Team remained in close contact with nursing SMEs throughout the implementation process.

David Wilcox, BSN, RN, MHA, SSBB, Senior Clinical and Physician Strategist for Cerner Corporation, recognizes the monumental task that nursing and hospital leadership have in implementing this process. As a leader in the Cerner Corporation, he was impressed with the guidance given to nurses and employees by the MCH nursing leadership throughout the implementation planning process. David Wilcox states, "In many healthcare systems, disciplines work in silos without ever really knowing what is occurring between the various departments. Miami Children's Hospital believes in a grass roots approach of growing adoption from the end user level. To accomplish this at Miami Children's Hospital we held interdisciplinary sessions to map out the future state of the organization's workflow. The teams examined 87 process maps and held 37 workflow sessions with the goal being to design and build a system in which the end user feels a part of the process and drives the adoption at a peer level. This approach, and the willingness of the organization to identify opportunities in which LEAN methodology was used to streamline workflow, drove a collaborative approach to the successful adoption of a new EMR at the end user level."



New Knowledge, Innovations and Improvements

*"I think one's feelings waste themselves in words; they ought
all to be distilled into action which brings results."*

–Florence Nightingale

Out with INS and Hello Miami

Intravenous (IV) infiltrations are problematic complications too often associated with hospitalization. Treatment methods vary greatly on the basis of physician judgment and institutional protocol for IV infiltrate grading scales and treatments. Miami Children's Hospital has a Vascular Access Team (VAT) dedicated to inserted intravenous lines in the unique pediatric population. The VAT nursing staff and nursing staff within the IV Infiltrate task force were actively involved in the Children's Hospital Association (CHA) collaborative to share best practices among pediatric organizations. Through involvement with the CHA the team became aware that the Infusion Nurses Society (INS) IV Infiltrate Scale was retracted by the INS for lack of sufficient evidence. MCH and several other pediatric organizations were using the INS IV Infiltrate scale as the standard endorsed by the INS. An opportunity was presented for MCH's nursing team to establish best practice.

The nursing team performed an extensive literature review and the need for an IV infiltrate grading scale specific to the pediatric population was evident. The team began to think of an innovative approach in possibly creating an IV Infiltrate scale that adopted the unique characteristics of the pediatric population with the goal of eventually sharing this scale with other pediatric organization within CHA.

The team reached out to internal experts Dr. Ibrahim Amjad, Pediatric Plastic Surgeon, and Linda Nylander-Householder, MSN, ARNP, CCRN, Advanced Clinical Educator, for assistance and guidance in developing an innovative IV Infiltrate scale. Dr. Amjad's expertise in IV infiltrates among the pediatric population was

a vital part of developing a new IV infiltrate grading scale. The IV Infiltrate taskforce collaborated with Dr. Amjad and Linda Nylander-Householder in developing a new IV infiltrate grading scale to be used across the organization coined as the "Miami-Amjad Scale."

Dr. Amjad created this scale based on his expertise and experience with infiltrates in pediatric patients. The Miami-Amjad scale is exclusive in its modality of grading infiltrates according to severity relative to the size of the patient to more accurately represent the pediatric population. The Miami-Amjad scale grades infiltrates according to the number of joints involved and measurements in centimeters (cm) instead of inches as seen in other widely used scales. The reference distance of 2 cm is used to ensure that infiltrations can be detected prior to involving any joints. The Miami-Amjad scale corrects the misunderstandings that have been inherent to scales based on set distances. In addition to the new grading scale, the IV infiltrate treatment modality has also been modified to follow the new Miami-Amjad Scale.

The Miami-Amjad Scale was implemented and disseminated across the organization in third quarter 2013. The nursing team developed innovative

Infiltration Scale



1 st Degree	2 nd Degree	3 rd Degree
<ul style="list-style-type: none"> Erythema and or swelling less than 2 centimeters from catheter tip. 	<ul style="list-style-type: none"> Erythema and or swelling greater than 2 centimeters from catheter tip or significant induration around the IV catheter. Must be monitored at least 72 hours to evolution to grade 3. 	<ul style="list-style-type: none"> Severe swelling which may extend beyond the next joint and/or skin breakdown/blistering with diminished or absent pulse.

MCH-HC201305_2969

What is an....

- Infiltration** - When the IV fluids do not infuse into the vein and the fluids are absorbed into the tissue instead.
- Vesicant** - An intravenous agent that has been found to cause tissue necrosis.
- Extravasation** - When an IV site infiltrates with a vesicant.

Standardized Taping



methods to educate the staff on the new Miami-Amjad Scale, such as developing badges with a ruler. The ruler on the bottom of an ID with the new Miami-Amjad grading scale is a tool that empowers staff to accurately measure the distance of an infiltrate. Below is a sample of these unique innovative badges created for staff, which also serves as additional educational reinforcement when grading an infiltrate.

Humpty Dumpty Falls Prevention Program™: Preventing Falls, Enhancing Safety

In keeping with the Magnet commitment to continually improve patient health and safety, the Nursing Department at Miami Children's Hospital led an interprofessional team to develop a research-based study of pediatric patient falls which gave birth to the innovative Humpty Dumpty Falls Prevention Program™. Over the last six years, the number of inpatient falls per 1,000 inpatient days plus observation days has decreased by 50 percent, demonstrating the effectiveness of this innovative strategy. The overall success of this program is founded in the positive empirical outcomes of decreased patient falls at Miami Children's Hospital and other organizations that have implemented the Humpty Dumpty Falls Prevention Program™.

In 2011, a 319-bed acute care community hospital in California implemented The Humpty Dumpty Falls Prevention Program™ in its Emergency Department for pediatric patients. Since implementation of The Humpty Dumpty Falls Prevention Program™, there have been no reported pediatric falls (Rouse, Close, Prante & Boyd, 2014). Due to the success of its implementation, this organization plans to further expand the use of the tool and deploy it at the hospital's birthing center, outpatient and surgical centers caring for pediatric patients. At 2013 year end, this MCH program is helping decrease fall events and prevents injury among children receiving care in 908 hospitals, including facilities in virtually every U.S. state, as well as in 124 international locations in Europe, the Middle East, Hong Kong, Indonesia, the Philippines, Bermuda and Australia. The program is also in use by every branch of our U.S. military hospitals throughout the world.



**MIAMI
CHILDREN'S**



Humpty Dumpty Falls™

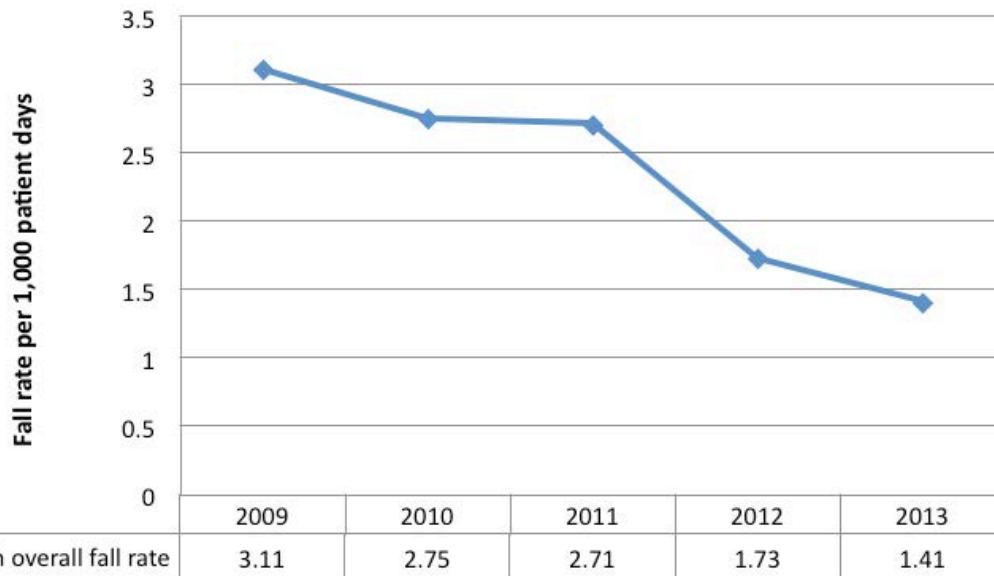
Preventing falls, enhancing safety.

As Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, Senior Vice President/Chief Nursing Officer and Patient Safety Officer said, "The Humpty Dumpty Falls Prevention Program™ is an example of Miami Children's Hospital leadership role in patient safety. We are proud of our innovative nursing care teams and pleased that we can extend our expertise around the globe to make a difference for hospitalized children."

The MCH nursing team continuously monitors the impact of the safety program and identifies opportunities for improvement. An evaluation of 2009 and 2010 incidents, as well as the literature, indicated that parents were frequently present during a fall event. Therefore, parental education became a priority for the team, which developed Humpty Dumpty Falls Prevention Program™ education in partnership with the Get Well Network (GWN) for medical surgical inpatients in 2011. The collaborative relationship between MCH and GWN representatives included designing a patient and family experience to meet requirements of falls initiatives, and creating a plan that engaged staff members for a successful launch. The result was a falls education program for parents, delivered by the nursing staff while partnering with the family.



3 South (Neurology Unit) Annual Fall Rates 2009-2013



References

- Goode, C.J., M.R. Lynn, C. Krsek, and G.D. Bednash. 2009. Nurse residency programs: *An essential requirement for nursing*. *Nursing Economic\$*. 27(3):142-147, 159.
- IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Newhouse, R.P., Dearholt, S., Poe, S., Pugh, L.C., & White, K. (2007). *John Hopkins Nursing Evidence-Based Practice Model and Guidelines*. Indianapolis, IN: Sigma Theta Tau International.
- Rouse, M.D., Close, J., Prante, C., Boyd, S. (2014). Implementation of the Humpty Dumpty Falls Scale: A Quality-Improvement Project. *Journal of Emergency Nursing*, Mar; 40 (2): 181-6.
- Versant. (2014). *The versant RN residency solution*. <https://www.versant.org/research/outcomes.html> (retrieved April 9, 2014).

In 2012, the medical-surgical nursing leaders collaborated with various interprofessional members from Risk Management, Child Life, and Rehabilitation services to create a Falls Evaluation Team charged with taking a deeper dive into analyzing fall incidents. Integral members of the falls team were the Neurological Unit (3 South) nursing team due to the inherent high falls risk nature of the seizure patient population. The 3 South nursing team met with staff and the Epilepsy Program Coordinator, Pat Dean, MSN, ARNP, to assess the patient population and collaboratively develop best practice fall prevention safety strategies including reinforced education among staff, implementation of a falls debriefing huddle, evaluation of low bed and exit alarm beds, and parental awareness bathroom signs. The collaborative efforts of the Falls Evaluation Team have worked to decrease the annual overall fall rate on 3 South, which has historically been the area with the highest fall rate across the organization as shown in the graph.



Where is The Humpty Dumpty Falls Prevention Program™?

The Humpty Dumpty Falls Prevention Program™ is currently in over 900 hospitals across the nation and over 150 internationally. The ultimate goal of the program is to improve the quality of care and reduce the risk of injuries in pediatric patients across the globe. The vision is one of recognition and sharing of best practices and research to keep children safe around the world.

North America

- Bermuda
- Canada (13)- Medicine Hat, Windsor, St. Thomas, Brampton, Vancouver, Markham, New Brunswick, Toronto, Vancouver Island, Sudbury, Nova Scotia

South America

- Brazil (2)- Soa Paolo, Cotia

Australia

- Australia (95)- Sydney, Sydney South, Broken Hill, Campsie (NSW) Melbourne, Alice Springs, Broome and Hamilton, Tasmania, Queensland, Wangaratta
- New Zealand (2)- Hamilton, Capital and Coast

Europe

- Italy (3)- Rome, Ponte Lambro, Firenze
- England- London
- Spain (2)- Andalusia, Alicante
- Belgium- Brasschaat
- Portugal (2)- Libon, Coimbra

EuroAsia

- Kingdom Of Saudi Arabia (7)
- United Arab Emirates (15)
- Israel- Petach Tikvah
- Dubai

Asia

- Indonesia (2)- Jawa Barat, Kota Palembang
- Japan- Kamogawa City
- Hong Kong (2)
- Philippines- Manila

States with:



Humpty Dumpty in ≥ 20 Institutions



Humpty Dumpty in ≥ 10 Institutions



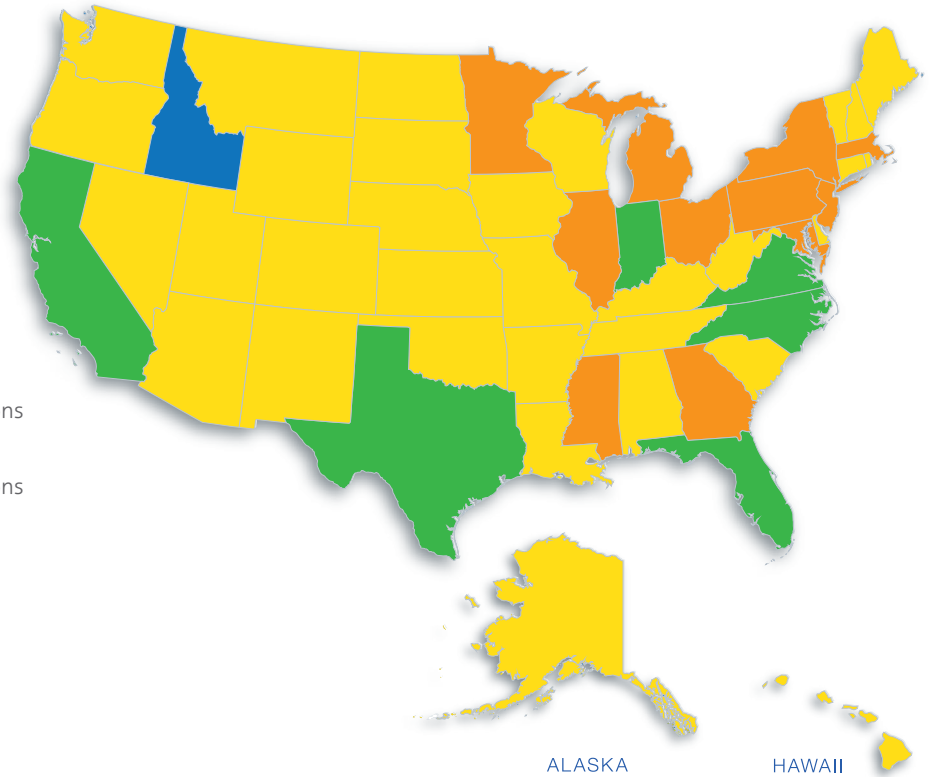
Humpty Dumpty in ≥ 1 Institution



State without Humpty Dumpty



Miami Children's Hospital Humpty Dumpty Falls Prevention Program



ALASKA

HAWAII





