



**Nicklaus
Children's
Hospital**

MIAMI CHILDREN'S HEALTH SYSTEM 

Nursing Annual Report

2014 - 2015





Index

Nursing at a Glance	2
Look How We've Changed	3
2014-2015 Nicklaus Children's Hospital	4
Humpty Dumpty Falls Prevention Program Receives Top Magnet Prize®	7

Structural Empowerment

Nationally Certified Nurses	10
Nicklaus Children's Nursing Shared Leadership Councils	20
Quality and Safety Outcomes Council	21
Clinical Practice Council	22
Finance Council	24
Exemplary Professional Practice Council	25
Advanced Practice Nurse Council	26
Nursing Operations Council	26
Nursing Research and Evidence-Based Practice Council	27
The 4 C's "Creating Crystal Clear Communication": Breaking Down Barriers and Empowering Frontline Nurses	29
Clinical Practice Council Drives Code Blue Sheet Standardization Process for Patient Safety	30
Finance Council Leads Savings Initiative Hospital-wide	31
Urgent Care Centers' Unit Nursing Shared Leadership Council Re-Designs Pain Documentation ...	32
The Race for Excellence- A Nurse led System-Wide Quality and Service Engagement Initiative	33
The Daisy Award for Extraordinary Nurses 2014 - 2015	34

Exemplary Professional Practice

Surgical Nurses Roll Out Innovative Revamped Orientation Process to Hire Right and Retain Talent Success	38
From Prone to Home: Teaching New Parents Safe Sleep for Infants	39
A Patient Passport Initiative Enhances Inter-professional Communication	40
Reinventing the Wheel: Nurse Residency Restructuring	41
CICU Nurses Use Bedside Boards for Communication Across Disciplines	43

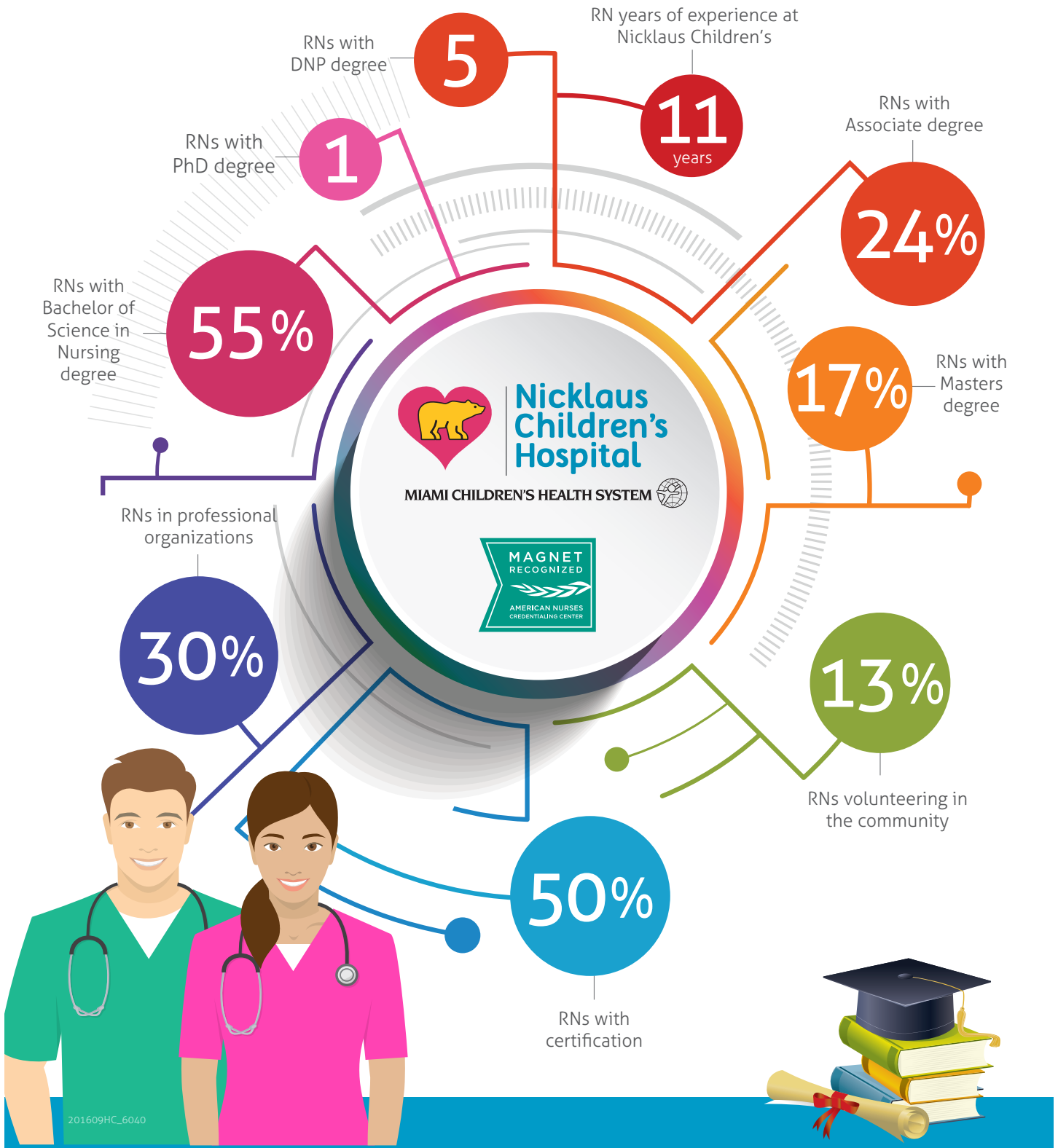
Transformational Leadership

Nursing Leadership Guides Change in Service Excellence Through Clinical Nurse-Driven Initiative ..	46
OR Nurse Leaders Support Clinical Nurses' Drive to Improve Patient Turnaround Times in the Surgical Areas	48

New Knowledge, Innovations, and Improvements

Implementing an Innovative Pediatric Oncology Nutritional Screening Tool	52
Nurses Use Established Best Practices to Decrease Surgical Site Infection Rates	53
Nursing Presentations and Publications 2014	54
Nursing Presentations and Publications 2015	56
About Nicklaus Children's Hospital	58

2014-2015 Nursing Demographics





Look How We've Changed

New Name- Same Commitment For Health. For Life.

Originally founded as Variety Children's Hospital in 1950, Miami Children's Hospital unveiled a logo featuring its new Nicklaus Children's Hospital name, during a press conference with golf icon Jack Nicklaus and his wife Barbara. The new name became effective March 20, 2015 on the hospital's 65th anniversary. In addition, the hospital's eight outpatient centers also assumed the Nicklaus name. *"We are deeply honored that our name will be associated with a healthcare organization that so many know and trust throughout the world,"* said Jack and Barbara Nicklaus in a joint statement. *"Children are our region's most precious and vulnerable resource. We have heeded a call to make a difference for all children in need and have found a worthy partner in Miami Children's Health System. The organization shares our passion and commitment to care excellence. We are delighted that we are further united in our common purpose."*

The name change is in recognition of a \$60 million pledge from the Nicklaus Children's Health Care Foundation to the Miami Children's Health System. The Miami Children's Health Foundation, which raises funds for the health system, is currently in the midst of its Together for the Children Campaign, aimed at raising \$150 million by 2017. Dr. Narendra Kini, President and CEO of Miami Children's Health System, said, *"The 65th anniversary celebration presents a perfect opportunity to treasure our past and embrace a new name and future for our hospital and outpatient centers. We are the same great nonprofit network of healthcare facilities for children made stronger by the generous philanthropic support of the Nicklaus Children's Health Care Foundation and Jack and Barbara Nicklaus. Tomorrow, we will host a celebration for our employees in honor of our milestone anniversary and this new chapter in our long and proud shared history."*



In addition to the pledge, the Nicklauses will also serve as the chairs of the Together for the Children Campaign and will spearhead fundraising efforts to support major enhancements for the hospital, including supporting construction of the 212,000-square-foot Advanced Pediatric Care Pavilion, planned to open October, 2016. This innovative, state of the art facility will include provisions for three new family-centered intensive care units, a hematology/oncology/immunology unit, and a neurology and neurosurgical unit. Funds will also support emergency and trauma preparedness, and enhance globally recognized centers for excellence at the hospital.

"We are truly grateful for Jack and Barbara's long-term commitment and generosity to our mission of providing health and happiness to children everywhere," said Lucy Morillo, President and CEO of Miami Children's Health Foundation. *"As chairs of the Together for The Children campaign, they will help us ensure that we not only reach our \$150 million goal, but hopefully exceed it."* Miami Children's Health System, the parent organization for the hospital, outpatient centers, foundation and other entities, will retain its name, as will Miami Children's Health Foundation.

2014-2015 Nicklaus Children's Hospital

People

- Recognized by Great Place to Work® and Fortune as one of the 50 Best Workplaces for Diversity. This is an exceptionally notable honor as recognition is based on employee assessments of the quality and inclusiveness of the workplace. The 50 Best Workplaces for Diversity ranking is one of a series of rankings by Great Place to Work® and Fortune based upon employee survey feedback from published Great Place to Work® Reviews.
- Nicklaus Children's Horizons Residency Program for Nurses has been recognized as a best practice program for nursing education in 2014 by the Nursing Executive Center of The Advisory Board Company.
- Nicklaus Children's Hospital Recognized as a Center of Excellence in Life Support in 2014. The award recognizes excellence and patient satisfaction in ECMO, a heart-lung bypass therapy that allows a critically ill child or infant's heart and lungs to rest while healing takes place.
- Nicklaus Children's Urgent Care Center nursing team received the 3rd Place Poster Award: Evidence Based Best Practice, "Committed to the Beat. Reducing Sudden Cardiac Death in Young Athletes" at the April 26th, 2014 Florida South Region, Florida Nurses Association Symposium and Award Ceremony.
- Awarded Training Magazine's Top 125 Training Companies for excellence in employer-sponsored training and development programs. The hospital has been included in the ranking eight consecutive times annually since 2006.



Jill Tahmooressi, MBA, BSN, RN-BC, NCSN, Director, Nursing Ambulatory Services, was awarded the Florida Nurse's Association Nurse Administrator Award for 2015. Jill has been a beacon of professionalism for young leaders.

- Elena Ortega, MSN, ARNP, CCRN, Clinical Development Specialist, Learning and Development Services, received Barry University's 2015 Distinguished Alumni Award.
- Nicklaus Children's Hospital nurses were recognized for nursing excellence at the 2014 4th Annual Florida Nurses Association South Region Symposium and Awards Ceremony.



Award winners:

- Sheree Mundy DNP, PPCNP-BC- Clinical Educator, Urgent Care Centers - Registered Nurse Practice Award recipient
- Jennifer Cordo, MSN, ARNP, PPCNP-BC, Interim Nursing Excellence and Magnet Program Director- Promoting an Environment of Excellence in Nursing Award recipient



- Nicklaus Children's Hospital nurses were recognized for nursing excellence at the 2015 5th Annual Florida Nurses Association South Region Symposium and Awards Ceremony on April 11, 2015.

Award winners:

- Jill Tahmooressi, BSN, MBA, RN-BC, NCSN, Director, Nursing Ambulatory Services- Nurse of the Year Recipient
- Debbie Hill-Rodriguez MSN, ARNP, PCNS-BC, Clinical Nursing Director, 2 East and OR Support Services- Nurse Administrator Award Recipient
- Emily Zubiria BSN, RN, CPN, Staff RN, Cardiac Critical Care- Registered Nurse Award Recipient





Growth

- Golisano Children's Hospital and Nicklaus Children's Hospital announced the expansion of a pediatric specialty clinic and a new pediatric urgent care for Collier County
- FIU Health has opened a 36,000-square-foot ambulatory care center (ACC) on FIU's Modesto A. Maidique Campus. In partnership with Nicklaus Children's Hospital, the FIU Health ACC to house the first dedicated pediatric ambulatory surgical center in South Florida.

Service

- Received three 2014 South Florida Parenting Kids Crown Awards for Best Urgent Care Broward County, Best Urgent Care Palm Beach County, and Best Kept Secret: Nicklaus Children's Hospital Dan Marino Outpatient Center
- Received three 2015 South Florida Parenting Kids Crown Awards for Miami-Dade Best ER Hospital, Multiple Counties Best Urgent Care, and Miami-Dade Best Physician/Medical Office: Dr. Parul Jayakar.
- Nicklaus Children's Hospital Intensive Care teams received the Greater Miami Chamber of Commerce 2014 Health Care Heroes® Award.

Margin

- Nicklaus Children's Hospital reduced its charges in 2014 by 30 percent and began a process of developing packaged pricing for some high-volume services. This was the first phase of an initiative aimed at enhancing consumer understanding of hospital fees and what patients actually pay for services in order to promote greater consumer understanding and transparency.
- The Nursing Shared Leadership Finance Council developed an initiative to decrease costs for medical supplies that saved over \$18,000 between 2014 and 2015





Quality

- Included in more programs in the 2014 U.S. News and World Report's America's Best Hospital's pediatric rankings than any other hospital in Florida. Two Nicklaus Children's Hospital programs were ranked among the top 10 in the nation.
- Ranked among the best in the nation for seven subspecialty programs of Nicklaus Children's Hospital in the 2015 U.S. News & World Report's "America's Best Children's Hospitals" report.
- Recognized as one of the "Healthiest Companies in America" by Interactive Health, the country's leading provider of health management solutions. Also one of 158 honorees from across the United States that is recognized for embracing the mission of implementing life-changing preventive healthcare in the workplace.
- Nicklaus Children's Hospital is the recipient of the ANCC 2015 Magnet Prize® for the Humpty Dumpty Falls Prevention Program.
- Awarded the 2014 Top Performer on Key Quality Measures recognition from The Joint Commission
- Designated as a Blue Distinction Center® by Florida Blue for delivering high quality bone marrow transplant care as part of the Blue Distinction Centers for Specialty Care® program. This designation is based on the delivery of quality specialty care based on objective, transparent measures for patient safety and health outcomes developed with input from the medical community.
- Received FACT accreditation for the Bone Marrow Transplant Program. FACT is an internationally-recognized accrediting body for hospitals and medical institutions offering stem cell transplant, and indicates the accredited institution has met the most rigorous standards in every aspect of stem cell therapy
- Awarded the 2015 NDNQI® award for outstanding nursing quality by Press Ganey Associates, Inc. The award recognizes the top performing pediatric hospital that has achieved excellence in overall performance in nursing quality indicators.

Humpty Dumpty Falls Prevention Program Receives Top Magnet Prize®



At the ANCC National Magnet Conference® in Atlanta, GA, the American Nurses Credentialing Center (ANCC) announced Nicklaus Children's Hospital, a part of Miami Children's Health System, in Miami, Florida, as the winner of the ANCC 2015 Magnet Prize® sponsored by Cerner, a global leader in health care technology.

This award recognizes innovative nursing programs and practices in ANCC Magnet®-recognized organizations. Cerner encourages cutting-edge nursing programs and practices by sponsoring the \$25,000 purse attached to The Magnet Prize®. The prize money continues to advance or disseminate the innovation that was selected for The Magnet Prize. "We are pleased to honor the remarkable innovations Nicklaus Children's Hospital achieved to prevent injuries in children due to falls, and to advance nursing care," stated Linda C. Lewis, MSA, RN, NEA-BC, FACHE, chief ANCC officer.

The Magnet Recognition Program® recognizes health care organizations that provide the very best in nursing care and uphold the tradition of professional nursing practice. Winning organizations must meet specific criteria such as extraordinary nursing activities that have been sustained over an extended period of time, innovations that are beyond the characteristics of Magnet organizations, and positive outcomes that have been demonstrated and empirically linked to the innovation. "Cerner is continuously working to provide the most innovative and efficient health information technology solutions designed to support evidence-based clinical practice, quality care and improved outcomes," said Eva Karp, RN-BC, MBA, FACHE, senior vice president and chief clinical officer, Cerner. "We are proud to recognize Nicklaus Children's Hospital for its outstanding accomplishment using the Cerner electronic health record."

Nicklaus Children's Hospital is recognized for the Humpty Dumpty Falls Prevention Program. Pediatric safety is a focal point of the educational endeavors at Nicklaus Children's Hospital. This facility is a leader in developing a tool to prevent pediatric falls and thereby enhance safety. This fall-prevention program is proven to be an effective tool in the prevention of unintentional injury due to falls and is used around the world.

The program exemplifies nursing excellence and is proven to help nurses deliver high quality health care for patients. The Humpty Dumpty Falls Prevention tool is currently in use in more than 1,150 hospitals around the world, including facilities in all 50 U.S. states, all U.S. military branches and 18 countries situated in six continents.

"The dedicated and talented nurses of Nicklaus Children's Hospital continue to demonstrate their dedication, commitment to clinical excellence and patient safety with the innovative development of the Humpty Dumpty Falls Prevention Program. Hospitalized children around the globe are safer today and we are excited to be the recipient of the prestigious Magnet Prize from the American Nurses Credentialing Center, sponsored by Cerner," said Jackie Gonzalez, DNP, MBA, ARNP, NEA-BC, FAAN, senior vice president/chief nursing officer, Nicklaus Children's Hospital.





Structural Empowerment

Nationally Certified Nurses

Certified Asthma Educator (AE-C)

Hidalgo, Ivette M., MSN, ARNP, AE-C

Roche, Rosa M., MSN, PhD, ARNP, AE-C

Certified Case Manager (CCM)

Mackenzie, Teresa Cyr, RN, CPN, CCM

Certified Clinical Research Coordinator (CCRC)

Whalen, Ruby, MSN, RN, CCRC

Critical Care Registered Nurse (CCRN)

Adaza, Naomi, BSN, RN, CCRN, RNC

Aguilar, Alicia P., BSN, RN, CCRN

Arrazola, Laura, RN, CCRN

Bermudez, Enrique J., RN, CPN, CCRN

Briones, Lazara E., BSN, RN, CCRN

Cruz, Lissette, BSN, RN, CCRN

Cupido-Hylton, Carol, RN, CCRN

Fajardo, Elise, RN, CCRN

Forcine, Christina J., MSN, RN, CPN, CCRN

Frank, Sandra J., BSN, RN, CCRN

Gonzalez, Lourdes C., BSN, RN, CCRN

Harris, Pauline A., RN, CPN, CCRN, RNC-NIC

Lacandalo, Vivian M., MSN, RN, CPN, CCRN

Miranda, Kristina A., MSN, RN, CPN, CCRN

Morales, Amanda V., BSN, RN, RNC-NIC, CCRN, CPN

Nunez, Rebeca I., RN, CCRN

Nylander-Housholde, Linda, MSN, RN, CCRN

Olen, Melissa M., MSN, RN, CCRN

Olsen, Holly, BSN, RN, CCRN

Ortega, Elena C., MSN, ARNP, CCRN

Ortiz, Joy A., MSN, RN, CCRN

Ow, Angela M., MSN, ARNP, CPN, CCRN, FNP-BC,

Pelley-Johnson, Cynthia, BSN, RN, CCRN

Perez, Victoria, BSN, RN, CPN, CCRN

Rojas, Nahir A., MSN, RN, CCRN

Sardinas-Lago, Nicole A., BSN, RN, CCRN

Scheflow, Alison G., RN, CCRN

Suarez, Keshia M., RN, CCRN

Tefel, Guadalupe, BSN, RN, CCRN

Tena, Flor D., BSN, RN, CCRN

Wiggins, Jaime, MS, BSN, CCRN, NEA-BC, FACHE

Williams, Christopher K., BSN, RN, CCRN, CMTE

Wright, Lisa A., MSN, RN, CCRN

Certified Diabetes Educator (CDE)

Valdes, Awilda, BSN, RN, CDE

Certified Emergency Nurse (CEN)

Diaz, Bobbi V., RN, CEN

Garlesky, Cindy, MSN, ARNP, CEN, RN-BC

Certified Flight Registered Nurse (CFRN)

Edwards, Juliette, BSN, RN, CFRN, CNPT, CTRN

Certified in Infection Control (CIC)

Kim, Laura A., RN, CIC

Murray, Karen L., RN, CPN, CIC

Thomas, Dorothy, BSN, RN, CIC

Certified Medical-Surgical Registered Nurse (CMSRN)

Fornaris, Susan M., BSN, MHSA, RN, SCRNP, CMS, RN

Gonzalez, Jorge, BSN, RN, CMSRN

Certified Nurse Midwife (CNM)

Blank, Bonnie, MSN, ARNP, CNM, CPN

Certified Nephrology Nurse (CNN)

Coakley, Sheila, MSN, RN, CNN

Certified Nurse Operating Room (CNOR)

Alonso, Francisco A., RN, CNOR, CRNFA

Amjad, Trang, BSN, RN, CNOR

Arguello, Melissa E., BSN, RN, CPN, CNOR

Bonet, Ana, MSN, RN, CNOR

Bonte, Michelle, RN, CNOR

Domina, Carolyn W., MSN, RN, CNOR, NE-BC

Lebron, Ingrid V., BSN, RN, CNOR

Marin-Shimizu, Claudia, BSN, RN, CNOR

Ordonez, Alejandra, BSN, RN, CNOR

Peralta, Agustin, RN, CNOR

Quintanal, Maria L. BSN, RN, CPN, CNOR

Wolary, Christopher, BSN, RN, CNOR

Certified Neuroscience Registered Nurse (CNRN)

Diaz, Ana M., MSN, ARNP, PPCNP-BC, CPON, CNRN

Garcia, Claudia P., MSN, ARNP, CNRN, CPON, PPCN-BC

Gennaro, Maria Pilar, MSN, ARNP, CNRN

Stroetz, Alyssa M. MSN, ARNP, CCRN, PPCN-BC

Certified Pediatric Emergency Nurse (CPEN)

Bogart, Betty J., MSN, RN, CPEN

Collier, Rebecca D., BSN, RN, CPN, CPEN

Dennis, Joann C., BSN, RN, CPN, CPEN

Fernandez, Michelle, RN, CPEN

Gomez, Diana, MSN, RN, CPEN

Hermes, Elise, MSN, RN, CPEN, CPN

Hernandez, Ingrid, BSN, RN, ENPC, TNCC, CPST

Lacson, Lawrence Esmael B, RN, CPEN

Latouche, Jean B., RN, CPEN

Lluy, Vanessa C., RN, CPEN

Perez, Isabel, BSN, RN, CPEN, CPN

Ramirez, Carolyn N., BSN, RN, CPEN, CPN

Romeo, Alexandra M., BSN, RN, CPEN

Rivera, Lizette, BSN, RN, CPEN

Serrano, Christina, MSN, ARNP, CPN, CPEN

Sierra, Genevieve R., BSN, RN, CPN, CPEN

Woodruff, Jessica, RN, CPEN, CPN

Certified Professional in Healthcare Information and Management Systems (CPHIMS)

Wilson, Anita, MSN, RN, CPHIMS

Certified Professional in Healthcare Management (CPHM)

Angulo, Griselle, RN, CPHM

Blackburn, Mary, RN, CPHM

Brao, Jorge, RN, CPHM

Cepeda, Grisel, RN, CPHM

Donnellan, Catherine, BSN, RN, CPHM

Lafond, Myrlande J., RN, CPHM

Rodriguez, Mario A., RN, CPHM

Rodriguez, Sady B., BSN, RN, CPHM

Zayas, Charity, BSN, RN, CPHM

Certified Professional in Healthcare Risk Management (CPHRM)

Dowdy, Brandy, RN, CPHRM

Duva, Maryann, BSN, MBA, RN, CPHRM, CPN

Larson, Sharon L., BSHA, RN, CPHRM

Certified Pediatric Nurse (CPN)

Alonso, Lilia Rosa, MSN, RN, CPN

Altman, Lyubov, RN, CPN

Alvarez Gonzalez, Lianett, BSN, RN, CPN

Anderson, April D., RN, CPN

Andrade, Daimi, RN, CPN

Angel, Luisa F., MSN, RN, CPN

Apolis, Angelina N., BSN, RN, CPN

Arguello, Melissa E., BSN, RN, CPN, CNOR

Assing, Alana A., BSN, RN, CPN

Augustin, Waleska, BSN, RN, CPN
 Avalos, Clarisa, MSN, ARNP, CPN, PPCNP-BC
 Ayala, Cindy M., RN, CPN
 Bandin, Ana C., BSN, RN, CPN
 Barcia, Janyne T., RN, CPN
 Barley, Rosalyn S., MSN, RN, CPN
 Barraque, Noelle S., MSN, RN, CPN
 Bascoy, Lisbeth, BSN, RN, CPN
 Bermudez, Enrique J., RN, CPN, CCRN
 Berry, Vera M., BSN, RN, CPN
 Betances, Aileen K. , RN, CPN
 Blanco, Natalie A., BSN, RN, CPN, CPHON
 Bolanos, Richard J., BSN, RN, CPN
 Bonte, Michelle, BSN, RN, CPN, CNOR
 Bonwit, Annette, BSN, RN, CPN
 Bowen, Jessica M., RN, CPN
 Bowen, Patricia Lee, RN, CPN
 Brown, Monica Harriet, MSN, RN, CPN
 Brunson, Lova R., BSN, RN, CPN
 Buckley, Jean, RN, CPN
 Burcet, Sandra, BSN, RN, CPN
 Burke, Michelle L., MSN, ARNP, CPN, CPON, BMTCN
 Caballero, Kirian T., BSN, RN, CPN, CCRN
 Cabanillas, Katy S., RN, CPN
 Camejo, Liuba, RN, CPN
 Capdevila, Ginel, MSN, ARNP, CPN, PPCNP-BC
 Capezzuto, Lisa L., RN, CPN
 Capote, Onimes S., RN, CPN
 Cardona, Dania, BSN, RN, CPN
 Carmona, Bridgette, BSN, RN, CPN
 Carolina Leon, RN, CPN
 Carretie, Emilia, BSN, RN, CPN
 Carter Pariser, Catherine, RN, CPN
 Carter, Simone G. , RN, CPN
 Causey, Shari Kay, RN, CPN, RNC-NIC
 Chesney, Sarah, RN, CPN
 Chin, Kim, RN, CPN
 Churchill, Susan C., MSN, RN, CPN
 Chutkan, Farrah S., BSN, RN, CPN,
 Clarke, Kowana L., BSN, RN, CPN
 Colina, Ariana, MSN, RN, CPN
 Collier, Rebecca D., BSN, RN, CPN, CPEN
 Collins, Denise A., BSN, RN, CPN
 Colston, Erica M., RN, CPN
 Cornel, Joan M., RN, CPN
 Coronado, Javier A., BSN, RN, CPN, CCRN
 Correa, Janessa, RN, CPN
 Correa, Odalys, BSN, RN, CPN
 Cosio, Mercedes, BSN, RN, CPN, CCRN
 Cruz, Anandy, RN, CPN
 Cruz, Evelyn, MSN, ARNP, CPN
 Daer, Shauna L. , RN, CPN
 De Pons, Rachel E., BSN, RN, CPN
 Denis, Beverly, RN, CPN
 Dennis, Joann C., BSN, RN, CPN, CPEN
 Diana, Nicholas J., RN, CPN
 Dimaano, Gina J., BSN, RN, CPN
 Dobbins, Vivette M., BSN, RN, CPN
 Downs, Andrea N. , RN, CPN
 Duarte Jackson, Mandy, BSN, RN, CPN
 Duncan, Malvina S., RN, CPN
 Duran, Melinda, BSN, RN, CPN
 Duva, Maryann, BSN, MBA, RN, CPN
 Echazabal, Jessica, RN, CPN
 Echenique, Elizabeth M., RN, CPN
 Eisenman, Elizabeth D., RN, CPN

Emerick, Danielle K., RN, CPN
 Escobar, Vanessa, BSN, RN, CPN
 Estopinan, Saily, BSN, RN, CPN
 Fabian, Marina, BSN, RN, CPN
 Felson, Lynn, MSN, RN, CPN, FNP-BC
 Fernandez, Carina L., BSN, RN, CPN
 Fernandez, Dafenie, RN, CPN
 Ferraz, Carolina S., RN, CPN
 Figueroa, Eli M., MSN, RN, CPN, PPCNP-BC
 Fischman, Connie M., BSN, RN, CPN
 Flock, Thomas H., RN, CPN
 Forcine, Christina J., MSN, RN, CPN, CCRN
 Forray, Barbara M., RN, CPN
 Fritz, Regina, BSN, RN, CPN
 Gabas, Rochelle C., BSN, RN, CPN
 Galsim, Narcisa M., BSN, RN, CPN
 Garcia, Diana M., RN, CPN
 Garcia, Maria A., RN, CPN
 Garcia, May Tuesday Joy P., BSN, RN, CPN
 Garcia, Yvette R., BSN, RN, CPN
 Garcia-Herreros, Paola, BSN, RN, CPN
 Garcia-Menocal, Sadiel E., RN, CPN
 Geiger, Kathryn A., BSN, RN, CPN
 Geoffrey, Andrew K., BSN, RN, CPN, CPHON
 Gimon, Vivian, RN, CPN
 Giraldo, Jeannette, BSN, RN, CPN
 Giraldo, Vanessa, BSN, RN, CPN
 Glassner, Anja B., BSN, RN, CPN
 Godfrey, Anel, RN, CPN, RN-BC
 Golzbein, Susan, BSN, RN, CPN
 Gonzalez, Ingrid, MSN, RN, CPN
 Gonzalez, Maytee Z., RN, CPN
 Gonzalez, Sara M., RN, CPN
 Gonzalez, Viviana, BSN, RN, CPN
 Griffiths, Sarah, RN, CPN
 Guerres, Alejandra, RN, CPN
 Guerra, Ingrid, BSN, RN, CPN
 Guerrero, Abel S., RN, CPN
 Hager, Jennifer A., BSN, RN, CPN
 Haik, Verna, BSN, RN, CPN
 Harden, Sarah E., BSN, RN, CPN
 Harris, Catherine, BSN, RN, CPN
 Harris, Pauline A., RN, CPN, CCRN
 Hermes, Elise, MSN, RN, CPN, CPEN
 Hernandez, Ingrid, RN, CPN
 Hernandez, Ingrid A., RN, CPN
 Hernandez, Laura M., DNP, CPN, FNP-BC
 Hughes, Evelyn K., MSN, RN, CPN
 Idowu, Titilayo A., MSN, RN, CPN
 Iglesias, Yaima C., BSN, RN, CPN
 Jacobowitz, Maxine E., BSN, RN, CPN
 Jauregui, Anamaria, BSN, RN, CPN
 Jimenez, Maribel, BSN, RN, CPN
 Jones, Azizi J., BSN, RN, CPN
 Jorge, Denise B., RN, CPN
 Jorge, Lisnet, BSN, RN, CPN
 Joseph, Cynthia, BSN, RN, CPN
 Joseph, Soerette, MSN, RN, CPN
 Katcher, Heather E., MSN, RN, CPN
 Klareich, Jenna, MSN, RN, CPN
 Lacandalo, Vivian M., MSN, RN, CPN, CCRN
 Lacson, Lawrence Esmael B, RN, CPN
 Lam, Lourdes, RN, CPN
 Landaeta, January M., RN, CPN
 Latorre, Alice, BSN, RN, CPN
 Latouche, Jean B., RN, CPN

Lavina, Vanessa, RN, CPN
 Leblanc, Carla M., MSN, RN, CPN
 Lengyel, Vanessa M., MSN, ARNP, CPN, PPCNP-BC
 Leon, Carolina, RN, CPN
 Leon, Idania C., RN, CPN
 Lichtman, Diane, RN, CPN
 Lima-Keller, Nancy A., MSN, RN, CPN
 Liwanag, Helene B., BSN, RN, CPN
 Llama, Natalie L., BSN, RN, CPN
 Lluy, Vanessa C., RN, CPN
 Lopez, Ana S., RN, CPN
 Lopez, Angela J., BSN, RN, CPN, CPHON
 Lopez, Diana C., RN, CPN
 Lopez, Erika Y., RN, CPN
 Lopez, Natalia, BSN, RN, CPN
 Lopez-Calleja, Sarah J., RN, CPN
 Lozandier, Willyne, BSN, RN, CPN, CPON
 Ludwig, Paula, BSN, RN, CPN
 Lugo, Gabrielle A., BSN, RN, CPN
 Lugo, Naida T., RN, CPN
 Mackenzie, Teresa Cyr, RN, CPN, CCM
 Madrigal, Edna M., BSN, RN, CPN
 Marasigan, Ana Liza, BSN, RN, CPN
 Mareus, Ketly, RN, CPN
 Marin, Mariel J., BSN, RN, CPN
 Marmanillo, Jessica L., MSN, ARNP, CPN, PPCNP-BC
 Marquez, Carolina, MSN, ARNP, CPN
 Marquez, Melissa, BSN, RN, CPN
 Martin, Grettel, RN, CPN
 Martin, Kimberly, BSN, RN, CPN
 Martinez, Ana E., RN, CPN
 Martinez, Cindy G., RN, CPN
 Martinez, Jacqueline, BSN, RN, CPN
 Martinez, Jannette L., BSN, RN, CPN
 Martinez, Lisa Gail, BSN, RN, CPN
 Martinez, Tania A., BSN, RN, CPN
 Mas, Kristin, RN, CPN
 Mazzitelli, Caroline A. BSN, RN, CPN
 Mcginnis Rowe, Patricia, RN, CPN
 Mcintosh, Kelli-Ann L., BSN, RN, CPN
 Mcspadden, Sarah E., BSN, RN, CPN
 Meca, Cristina I., BSN, RN, CPN
 Melendez, Giselle, BSN, RN, CPN
 Mendez, Kristen M., BSN, RN, CPN, CPHON, BMTCN
 Mendoza, Krystal, BSN, RN, CPN, CCRN
 Milian, Beatriz, BSN, RN, CPN
 Miller, Jessica M., MSN, ARNP, CPN, FNP-BC
 Miranda, Kristina A., MSN, RN, CPN, CCRN
 Miranda, Sofia M., RN, CPN
 Mojica, Maylin Y., RN, CPN
 Mok, Johnny, RN, CPN
 Molina, Maibys, RN, CPN
 Monzon, Viviana, MSN, ARNP, CPN, PPCNP-BC
 Monzon-Aguirre, Damaris S, RN, CPN
 Morales, Amanda V., BSN, RN, CPN, RNC-NIC, CCRN
 Morales, Raquel, RN, CPN
 Moreno, Michele L., RN, CPN
 Munoz, Kelli C., BSN, RN, CPN
 Murray, Karen L., BSN, RN, CPN, CIC
 Nguyen, Chau N. BSN, RN, CPN
 Nieves, Joann, MSN, ARNP, CPN, PPCNP-BC
 Nikolopoulos, Lucineide S, BSN, RN, CPN
 Nodal, Awilda, BSN, RN, CPN
 Nunez, Nancy J., RN, CPN
 Nunez, Rebeca I., RN, CPN
 O'connor, Kelly A., RN, CPN

Oliva-Calderin, Marilyn, BSN, RN, CPN
 Orozco, Nicole, RN, CPN
 Otero, Francesca, BSN, RN, CPN
 Ow, Angela M., MSN, ARNP, RN, CPN, CCRN
 Padilla, Elizabeth, MSN, RN, CPN
 Padron, Jennifer A., MSN, ARNP, CPN, BMTCN
 Padron, William, BSN, RN, CPN
 Pagaddu, Liza Ruth R., BSN, RN, CPN
 Pardo, Erica, MSN, ARNP, CPN, PPCNP-BC
 Parmenter, Michelle P., MSN, RN, CPN
 Patino, Kenneth P., MSN, RN, CPN
 Patterson, Alejandra M., BSN, RN, CPN
 Pelley-Johnson, Cynthia, RN, CPN
 Penano, Rowena, BSN, RN, CPN
 Perdomo, Maytee D., RN, CPN
 Perdomo, Nancy Lynn, RN, CPN
 Perez, Ana L., RN, CPN
 Perez, Isabel, BSN, RN, CPN, CPEN
 Perez, Jeannie, RN, CPN
 Perez, Jessica M., BSN, RN, CPN
 Perez, Mabel, BSN, RN, CPN
 Perez, Victoria, BSN, RN, CPN, CCRN
 Perry, Eleta Sandra, BSN, RN, CPN
 Peterson, Jennifer R., BSN, RN, CPN
 Pierre, Oldine, RN, CPN
 Pita, Tania S., RN, CPN
 Plancarte, Araceli, RN, CPN
 Portieles, Anay, BSN, RN, CPN
 Post, Kristen N., BSN, RN, CPN
 Prado, Miriam, RN, CPN, CCRN
 Pruss-Schmitz, Erika A., RN, CPN
 Quinones, Jessica A., BSN, RN, CPN
 Quintanal, Maria L., BSN, RN, CPN, CNOR
 Ramcharan, Cynthia, RN, CPN
 Ramirez, Carolyn N., BSN, RN, CPN, CPEN
 Ramirez, Mayi, DNP, RN, CPN
 Ramirez, Niddy, BSN, RN, CPN
 Ramos, Kassandra A., BSN, RN, CPN
 Regalado, Larry A., BSN, RN, CPN
 Reyes, Jocelyn M., BSN, RN, CPN
 Reyes, Katherine E., MSN, ARNP, CPN, PPCNP-BC
 Richardson, Aimee L., BSN, RN, CPN
 Ricketts, Karen M., BSN, RN, CPN
 Riorda, Valeria A., BSN, RN, CPN
 Rios, Cristiane M., RN, CPN
 Rivera, Barbara L., BSN, RN, CPN
 Rivera, Lizette, RN, CPN
 Rodolakis, Stella, BSN, RN, CPN
 Rodriguez, Aileen M., MSN, RN, CPN
 Rodriguez, Ana L., BSN, RN, CPN
 Rodriguez, Carmen, BSN, RN, CPN
 Rodriguez, Michelle, RN, CPN
 Rojas, Sue H., RN, CPN
 Roldan, Ivette Nieves, MSN, RN, CPN
 Roman, Elizabeth, BSN, RN, CPN
 Rosenfeld, Vicky, BSN, RN, CPN
 Ruche, Lisette, BSN, RN, CPN
 Ruiz, Ana Maria, BSN, RN, CPN
 Ruiz, Ashley, BSN, RN, CPN
 Ruiz, Cynthia, BSN, RN, CPN
 Ruiz, Miriam S., BSN, RN, CPN
 Ruiz, Nathalia, BSN, RN, CPN
 Ruiz-Valls, Monica D., BSN, RN, CPN
 Rusinowski, Lynda, MSN, ARNP, CPN, PPCNP-BC
 Salazar, Carlos A., RN, CPN
 Salgueiro, Evelyn, MSN, ARNP, CPN, PPCNP-BC

Sampson, Lisette, RN, CPN
 Sandoval, Stephanie C., BSN, RN, CPN
 Santiago, Lian M., RN, CPN
 Santiago, Wendy R., MSN, ARNP, CPN, FNP-BC
 Santos, Nelly S., BSN, RN, CPN, CDE
 Sarno, Stefania A., RN, CPN
 Sarratea, Margot C., MSN, RN, CPN
 Sawyer, Meagan, MSN, ARNP, CPN, FNP-BC
 Schefflow, Alison G., RN, CPN
 Schimel, Flavia M., RN, CPN
 Seastres, Jose Dale L., BSN, RN, CPN
 Selibio, Lourdes K., BSN, RN, CPN
 Serrano, Christina, MSN, ARNP, CPN, CPEN
 Shapiro, Jennifer, BSN, RN, CPN
 Sheerer, Ramona, MSN, RN, CPN
 Sierra, Genevieve R., BSN, RN, CPN, CPEN
 Siria, Ariana M., RN, CPN
 Smith, Florence H., BSN, RN, CPN, RNC
 Snyder, Nicole M., BSN, RN, CPN, CPHON
 Sosa, Lisa J., MSN, ARNP, CPN, PPCNP-BC
 Story Curran, Heidi, RN, CPN
 Suarez, Cristina M., MSN, ARNP, CPN, CPNP-BC
 Subido, Marissa D., BSN, RN, CPN, RNC
 Swain, Shakeva N., MSN, RN, CPN, TCRN
 Tai, Michelle A., BSN, RN, CPN, BMTCN
 Tamariz, Vanessa C., BSN, RN, CPN
 Tavio, Patricia A., RN, CPN
 Torres, Karina, BSN, RN, CPN, CPON
 Torres, Monica, BSN, RN, CPN
 Trelles, Kateri A., RN, CPN
 Trespicio, Renee Ann B., RN, CPN
 Trespicio, Rico J., RN, CPN
 Urbay, Annie, RN, CPN



Urrutia, Yessenia, BSN, RN, CPN
 Vacianna Thorpe, Lorna P., MSN, RN, CPN
 Valdes, Frances, RN, CPN
 Valdes, Jennifer, BSN, RN, CPN
 Vanegas, Daniela, RN, CPN
 Vasquez, Adjani O., BSN, RN, CPN
 Veras, Diana L., MSN, RN, CPN
 Villanueva, Luzviminda L., BSN, RN, CPN
 Vimonsut, Elizabeth M., RN, CPN
 Wehking, Sandra, RN, CPN
 Whitley, Stephanie A., MSN, RN, CPN, NE-BC
 Whyte, Jacqueline J., BSN, RN, CPN
 Willaford, Elma L., BSN, RN, CPN
 Wills, Rosanne P., BSN, RN, CPN
 Wills, Tiffany A., BSN, RN, CPN
 Woodman, Elizabeth P., RN, CPN, CNRN
 Woodruff, Jessica, RN, CPN, CPEN
 Wooten, Esther M., RN, CPN
 Yanez, Janice L., MSN, RN, CPN
 Yuhico, Margerry J., RN, CPN
 Zubiria, Emily A., BSN, RN, CPN

Certified Pediatric Nurse Practitioner - Acute Care (CPNP-AC)

Trabosh, Tammy L., MSN, ARNP, CPNP-AC, CPNP-PC
 CPNP-BC
 Blouin, William R., MSN, ARNP, CPNP-BC,
 Suarez, Cristina M., MSN, ARNP, CPN, CPNP-BC

Certified Pediatric Nurse Practitioner - Primary Care (CPNP-PC)

Trabosh, Tammy L., MSN, ARNP, CPNP-AC, CPNP-PC
Whitley, Stephanie A., MSN, ARNP, CPNP-PC

Certified Pediatric Oncology Nurse (CPON)

Bragg, Jane, MSN, ARNP, CPON, NEA-BC, PMHNP-BC
Burke, Michelle L., MSN, ARNP, CPN, CPON, BMTCN
Diaz, Ana M., MSN, ARNP, CPON, PPCNP-BC, CNRN
Eisenman, Elizabeth D., RN, CPON
Garcia, Claudia P., MSN, ARNP, CPON, PPCNP-BC, CNRN
Lozandier, Willyne, BSN, RN, CPN, CPON
Tai, Michelle A., BSN, RN, CPN, BMTCN
Taylor-Amador, Sarah E., BSN, RN, CPON, BMTCN
Torres, Karina, RN, CPON
Townsend, Peggy, RN, CPON

Certified Registered Nurse Anesthetist (CRNA)

Foley, Linda S., MSN, RN, CRNP

Certified Registered Nurse First Assistant (CRNFA)

Alonso, Francisco A., RN, CNOR, CRNFA

Certified Wound Associate (CWCA)

Zampieri, Xoana, BSN, RN, CWCA, CPN

Fellow of the American College of Healthcare Executives (FACHE)

Wiggins, Jaime, MS, BSN, CCRN, NEA-BC, FACHE

Family Nurse Practitioner - ANCC (FNP-BC)

Bernstein, Rebecca W., MSN, ARNP, FNP-BC
Castellanos, Lucy, MSN, ARNP, FNP-BC
Felson, Lynn, MSN, ARNP, CPN, FNP-BC
Hernandez, Laura M., DNP, CPN, FNP-BC
Kendzormiller, Jessica M., MSN, ARNP, FNP-BC

Miranda, Sofia M.A, Shirley, MSN, ARNP, FNP-BC
Obas, Jasha, MSN, ARNP, FNP-BC
Pasaron, Raquel, DNP, ARNP, FNP-BC
Pelligra, Anna R., MSN, ARNP, FNP-BC
Santiago, Wendy R., MSN, ARNP, CPN, FNP-BC
Sawyer, Meagan, MSN, ARNP, CPN, FNP-BC
Tyler, Cristi, MSN, ARNP, FNP-BC
Yanez, Janice L., MSN, ARNP, CPN, FNP-BC
Zerpa, Jeannette A., MSN, ARNP, FNP-BC

International Board Certified Lactation Consultant (IBCLC)

Acebo, Elizabeth C., RN, IBCLC
Gonzalez, Lourdes C., BSN, RN, CCRN, IBCLC
Rodriguez, Marelis M., BSN, RN, IBCLC
Tommasini, Rina D., RN, IBCLC
Yanez, Janice L., MSN, RN, CPN, IBCLC

Nurse Executive, Advanced (NEA-BC)

Bragg, Jane, MSN, ARNP, CPON, NEA-BC, PMHNP-BC
Gonzalez, Jacqueline L., DNP, MBA, ARNP, NEA-BC, FAAN
Wiggins, Jaime, MS, BSN, CCRN, NEA-BC, FACHE

Nurse Executive (NE-BC)

Domina, Carolyn W., MSN, ARNP, CNOR, NE-BC
Soto, Maria, MSN, RN, NE-BC
Vila, Erika, DNP, RN, NE-BC
Whitley, Stephanie A., MSN, RN, CPN, NE-BC

Neonatal Nurse Practitioner (NNP-BC)

Barrett, Kim A., MSN, RN, NNP-BC
Fraga-Soto, Carmen, MSN, ARNP, NNP-BC

Pediatric Clinical Nurse Specialist (PCNS-BC)

Hill-Rodriguez, Deborah L, MSN, ARNP, PCNS-BC

Psychiatric-Mental Health Nurse Practitioner – Board Certified (PMHNP-BC)

Carracedo, Maria Y.

Pediatric Primary Care Nurse Practitioner-Board Certified (PPCNP-BC)

Angel, Luisa F., MSN, ARNP, CPN, PPCNP-BC
Avalos, Clarisa, MSN, ARNP, CPN, PPCNP-BC
Capdevila, Ginel, MSN, ARNP, CPN, PPCNP-BC
Cordo, Jennifer A. MSN, ARNP, PPCNP-BC
Dean, Patricia, MSN, ARNP, PPCNP-BC
Diaz, Ana M., MSN, ARNP, CNRN, CPON, PPCNP-BC
Diaz, Bobbi V., MSN, ARNP, PPCNP-BC
Duque, Carmen Rizzetto, MSN, ARNP, PPCNP-BC
Figueroa, Eli M., MSN, ARNP, CPN, PPCNP-BC
Garcia, Claudia P., MSN, ARNP, CPON, CNRN, PPCNP-BC
Gooding, Christina, MSN, ARNP, PPCNP-BC
Guilarte, Lillybet, MSN, ARNP, PPCNP-BC
Hidalgo, Ivette M., MSN, ARNP, AE-C, PPCNP-BC
Hughes, Evelyn K., MSN, ARNP, PPCNP-BC
Lengyel, Vanessa M., MSN, ARNP, CPN, PPCNP-BC
Leon-Stanley, Leonor M., MSN, ARNP, PPCNP-BC
Lopez, Diana C., MSN, ARNP, PPCNP-BC
Marmanillo, Jessica L., MSN, ARNP, CPN, PPCNP-BC
Mashburn, Jessica L., MSN, ARNP, PPCNP-BC
Monzon, Viviana, MSN, ARNP, CPN, PPCNP-BC
Mouttet, Chantelle M., MSN, ARNP, PPCNP-BC
Mundy, Sheree L., MSN, ARNP, PPCNP-BC
Nieves, Joann, MSN, ARNP, CPN, PPCNP-BC
Pardo, Erica, MSN, ARNP, CPN, PPCNP-BC
Pasquale, Ann, MSN, ARNP, CPN, PPCNP-BC
Reyes, Katherine E., MSN, ARNP, CPN, PPCNP-BC
Reyes-Miranda, Clara, MSN, ARNP, PPCNP-BC
Rojas, Sue H., MSN, ARNP, PPCNP-BC

Rusinowski, Lynda, MSN, ARNP, CPN, PPCNP-BC
Salgueiro, Evelyn, MSN, ARNP, CPN, PPCNP-BC
Santos, Elena I., MSN, ARNP, PPCNP-BC
Sosa, Lisa J., MSN, ARNP, CPN, PPCNP-BC
Stroetz, Alyssa M., MSN, ARNP, CNRN, PPCNP-BC
Tablante, Milagros D., MSN, ARNP, PPCNP-BC
Trujillo, Ann M., MSN, ARNP, RNC, PPCNP-BC
Verme, Jacquelyn S., MSN, ARNP, CPN, PPCNP-BC
Walke, Maria I., MSN, ARNP, PPCNP-BC

Registered Nurse-Board Certified (RN-BC)

Fahrer, Karis K., RN, RN-BC
Fernandez, Lourdes V. MSN, RN-BC
Garlesky, Cindy, MSN, ARNP, CEN, RN-BC
Larew, Jane RN, RN-BC
Parry, Christina, RN, RN-BC
Suarez, Nilsa Y., BSN, RN, RN-BC
Tahmooressi, Jil, MBA, BSN, RN-BC, NCSN
Torres, Marjorie B, BSN, RN, RN-BC.
Trespicio, Renee Ann B., RN, RN-BC
Wilson, Patricia, RN, RN-BC

Registered Nurse - Neonatal Intensive Care (RNC-NIC)

Carroll, Allison J., BSN, RN, RNC-NIC
Harris, Pauline A., RN, CCRN, CPN, RNC-NIC
Lanthier, Sherry, BSN, RN, RNC-NIC
Madill, Janet, RN, RNC-NIC
Mulcahy, Mary, RN, RNC-NIC

Certified Stroke Registered Nurse (SCRN)

Fornaris, Susan M., MHSA, RN, SCRN, CMSRN
Vascular Access-Board Certified (VA-BC)
Lue, Alicia M., BSN, RN, VA-BC
Steen, Cynthia M., RN, VA-BC



Nicklaus Children’s Nursing Shared Leadership Councils

The Nursing Shared Leadership Council (NSLC) structure consists of councils at both the Nursing Department Hospital Wide and Patient Care Unit Based levels. All councils report to the Nursing Executive Council (NEC) on a monthly basis, which oversees all aspects of nursing practice; it is chaired by the Nurse Executive SVP/CNO. All staff nurse chairpersons from the hospital wide councils report progress and outcomes to NEC. The NSLC provide nurses at all levels with a forum to actively support and effectively operationalize the Nicklaus Children’s Hospital, formerly Miami Children’s Hospital, Nursing Philosophy and Standards of Pediatric Practice along with the mission and values of the organization.



Nursing Shared Leadership Council Structure





2014-2015 Nursing Shared Leadership Council's Outcomes

Quality and Safety Outcomes Council

The Quality & Safety Outcomes (QSO) Council focuses on improving patient care outcomes and drives quality based strategic goals. The council implements structures and processes across the organization in alignment with strategic goals for the clinical excellence index (CEI)/service excellence index (SEI) targets. QSO also ensures that optimal care and outcomes are evidence-based standard practices.

QSO developed new unit-based quality outcome boards prominently displayed allowing for transparency to increase nurse awareness of quality outcomes. The Race for

Excellence quality improvement project, which is a competition based program between patient care areas based on the CEI and SEI, promoted nursing staff involvement with unit based quality improvement initiatives. The project allows for healthy competition between units, focusing on the comprehensive needs and outcomes of the patient.



2015 Race for Excellence

The Race for Excellence is a game that helps nurses keep track of Quality and Service performance goals.

- Each car on the race track represents one Nursing Department.
- Car numbers are based on 2014 rank.
- Each month, cars move forward and change place if the unit meets or exceeds goals.

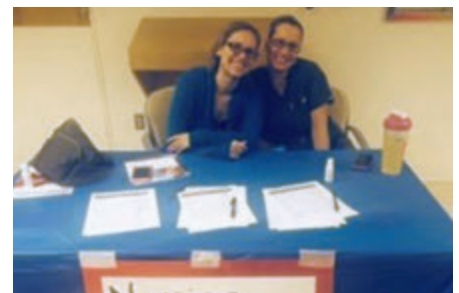


Clinical Practice Council

The Clinical Practice Council (CPC) enhances nursing expertise by promoting staff professional development activities, evaluating, developing, and modifying clinical practice related policies and procedures, and collaborating with supply chain in equipment evaluation of products used at the point of care.

Based from the RN feedback during the previous annual performance review process and through the establishment of guidelines for nursing peer review, CPC collaborated with Talent Management and Effectiveness (TM&E) and direct care RNs to review and revise the APEX nursing professional development ladder. This resulted in a more robust professional development ladder. To further enhance professional development, the CPC held two professional development fairs. Representatives were available from various nursing schools and organizations allowing for the nursing staff to receive additional information for continuing education and certifications. Over 150 nursing staff attended the events.

The CPC manages the collaborative RN Exchange Program, a partnership with Nicklaus Children’s Hospital’s Nursing Department and other national children’s hospitals that offer exciting opportunities for nurses to share their expertise with national colleagues as well as present their peers at home with nursing practices from different institutions. The goal of this program is to create development opportunities for experienced nurses to seek, learn,





and share best practices. During the one week exchange the chosen Nicklaus Children's Hospital nurse visits an identified hospital and a nurse from that hospital visits Nicklaus Children's Hospital. Each participating hospital develops areas of key strengths in nursing practice such as the Nursing Shared Leadership Model, ANCC Magnet® Designation, and documentation standards. The chosen participant applies to participate in the program and must have two years of experience at Nicklaus Children's Hospital. The participant must also be an active participative member in the hospital's change processes as evidenced by participation in nursing shared leadership councils, professional development activities, or nursing driven task forces. Participants are selected by members of the CPC after an interview with the nominees identified after review of their applications. After participation, the nurse provides a written evaluation of their experiences and provides a formal presentation of their evaluation to the Nurse Executive Council. The home and host hospital program leaders also participate in a follow-up conference call to discuss the experience. In 2015, Ana Bandin, BSN, RN, CPN, spent a week at Children's Hospital of Orange County (CHOC) located in California. During her exchange at CHOC she toured several nursing departments, including the NICU, where the staff shared information about their breast milk storage and delivery practices, which was a LEAN focused project at Nicklaus Children's, neonatal research, and the speech and development care teams.





Finance Council

The Finance Council focuses on managing staffing processes, nurse-staffing ratios, and acuity scales for patient care assignments. The council also evaluates unit based self-scheduling guidelines to meet the needs of the unit and patients, reviews FMLA and floating guidelines, and any nursing driven strategic goals that relate to the Nicklaus Children's Hospital strategic priorities of growth and margin. The Finance Council is the catalyst for exploring measures to recruit and retain staff.

The focus of the projects in 2014-2015 was at the unit and hospital wide levels. The largest

financial impact resulted from the collaboration with Supply Chain and Pulmonary Care for the hospital wide project to standardize suction canister kits. The council members identified the cost of the pre-fabricated kits that were in use as a potential area to decrease cost. Supply Chain presented to the members that having kits that staff put together at the hospital would substantially decrease costs. A standardized workflow for the new kits was developed and implemented, resulting in an annual savings of \$40,000.

The council also raised over \$800 through two fund raising events to



benefit the Bing Wood Scholarship Fund. The Bing Wood Scholarship Fund provides financial assistance to RNs who are in school to obtain their BSN, MSN, or DNP. The fun and exciting fundraising events consisted of Easter Grams and a pumpkin carving contest.



Exemplary Professional Practice Council

The Exemplary Professional Practice Council (EPP) evaluates and applies the Nursing Professional Practice Model, reinforces Magnet standards and a culture of nursing excellence, and participates in community healthcare outreach.

EPP organized and initiated Nurse Week activities, voting and selecting

the Nurse of the Year winners that were nominated by their peers. In addition, EPP collaborated and oversaw the Around the World diversity event, the Nursing Code of Ethics presentation, and the recognition of the Daisy Award winners, which are voted by the members.



Nicklaus Children's Hospital
"2015" Nurses Week Winner

Scholar of the Year:
Laura Hernandez
RN of the Year:
Rina Tommasini
Support Staff:
Richard Rodriguez
Inter-Professional:
Elena Ortega
RN Rookie:
Joseph Zimmerman
LPN:
Tiffany King
Transformational Leader:
Manuella Janvier-Anglade

Winners





Advanced Practice Nurse Council

The Advance Practice Nurse Council (APN) promotes advanced practice nurse advocacy and the advancement and intraprofessional collaboration of the nursing profession through scholarly activities. The council built a webpage for the APN group and developed standardized workflow, including competencies, for onboarding of new hires to an APN role.

Nursing Operations Council

The Nursing Operations Council (NOC) promotes communication between all leadership levels with continued focus on a Magnet culture at the hospital wide level, promotes leadership recognition and involvement, and supports an environment of transparency and advocacy.

NOC in 2014-2015 developed a standardized toolkit to improve patient and family satisfaction. Patient satisfaction scores increased hospital wide after implementation and has demonstrated increasing trends and sustainability. In addition, NOC developed and implemented the outgoing (hospital to hospital) transfer checklist that impacts all areas of the hospital to improve and maintain compliance and regulatory standards with critical processes. The process has seen a sustained 100% completion rate.



Nursing Research and Evidence-Based Practice Council

The Nursing Research and EBP Council (NREBP) supports, encourages, and facilitates nurses' participation in research activities and evidence based practices by encouraging and facilitating education on how to utilize, conduct, and disseminate research activities so that optimum patient outcomes are achieved. NREBP functions under the nursing strategic plan that promotes system-wide, intraprofessional, research-based practices, and advancement of knowledge for nurses.

In 2014-2015, two NREBP workshop courses were provided. Pre and post-tests evaluating EBP preparedness and course effectiveness demonstrated a positive outcome pretest at 71.05% and a positive post test of 93.62%.

NREBP oversees the entire process from idea development through dissemination. Therefore, recognizing that dissemination is an area that needed focus, they developed an abstract template to help guide the writing process for abstract submission. As a result, 16 posters were presented at national conferences such as ANCC, FNA, and AORN, among others. The following poster presentations highlighted the impressive research and EBP work at Nicklaus Children's Hospital-

- Pain "Killers": Creating Effective Communication among Nurses to Increase Compliance of Pain Documentation and Improve Quality Outcomes
- Toilet Talk: A Constipation Protocol for Pediatric Patients
- Telehealth: An Innovative, Convenient, and Affordable Care Model
- The Risk of Under-Triaging Impalement Bicycle Handlebar Injuries in Children
- Let's Tablet I.T.: Table Technology at the Point of Care
- Triple "A": Adoption, Adaption, and Acceptance of an Outcomes-Driven Acuity System
- Stepping into Quality and Safety Partnership
- Terms of Engagement: Success Story
- The 4 Cs to Creating Crystal Clear Collaboration: Empowering Staff & Breaking Down Barriers
- The Voice: Improving Staff Engagement in a Pediatric Intensive Care Unit
- Preventing Falls in the Pediatric Surgical Population
- Implementation of a Safety Bundle and Education for Health Care Providers and Parents in the NICU Increase Compliance of Safe Sleep Practices after Discharge
- Wash ON, Wash Off: The Standardization of Pre-Surgical Chlorhexidine Baths in a Pediatric Hospital
- Keeping it "REEL" Easy: An Academic Partnership
- Decreasing Heartache Utilizing a Cardiac Nurse Navigator
- Multicultural Care of a Pediatric Surgical Patient Receiving Hyperthermic Intraoperative Peritoneal Chemotherapy (HIPEC) Surgery



The 4 Cs “Creating Crystal Clear Communication”: Breaking Down Barriers and Empowering Frontline Nurses

The Nursing Shared Leadership Quality and Safety Outcomes (QSO) Council has implemented a new nurse-driven role of clinical nurse Quality Safety Advocate (QSA). This unit-based nursing role was created to improve quality outcomes by addressing the transparency and communication of incident event reporting amongst the hospital’s interprofessional teams. The QSA role empowers frontline nurses by raising awareness of patient safety opportunities and provides the platform to develop appropriate risk reduction strategies. The process creates crystal clear communication through strengthening the culture of patient safety while empowering the clinical staff to collaborate with key stakeholders in analyzing risk and quality data to create meaningful action plans, thereby improving patient safety outcomes.

Implementation of the QSA role demonstrated improved patient safety outcomes through the implementation of an interprofessional, weekly incident event report review attended by the unit nursing QSA, Nursing Leadership, Risk Manager, Physicians, Pharmacist, Infection Preventionist, and Quality liaison. The QSO council was vital to complete the communication loop. The QSA reports quality performance issues identified in weekly meetings to unit council members. Unit member feedback is solicited in order to brainstorm and further develop action plans, thereby enhancing nursing and staff participation in patient safety improvement initiatives. On a monthly basis at the hospital-level QSO Council meeting, the QSA shares unit quality data, action plan progress, and unit successes to promote information



sharing, learning, and practice standardization.

Implementation of the QSA role with weekly incident event reviews led to increased staff awareness of reporting patient safety events. This review process has provided a standardized approach to routinely analyze patient safety events to identify trends. **The QSA role led to the elimination of Central Venous Line (CVL) dislodgements from a rate of 3.6 dislodgements per 1000 central line days (past performance 0.69) to zero with demonstrated sustainability throughout all quarters in 2015.** The incident review team identified trends in CVL dislodgements, one of which led to changes in how the physicians secured the lines during placement. The team also identified that dislodgements occurred when parents held or moved their child. The team revised the CVL teaching tool for families with parent feedback in conjunction with the QSO team and there have been no CVL dislodgements since education was implemented and reinforced.

• The QSA role led to the elimination of Central Venous Line (CVL) dislodgements from a rate of 3.6 dislodgements per 1000 central line days (past performance 0.69) to zero with demonstrated sustainability throughout all quarters in 2015.

Clinical Practice Council Drives Code Blue Sheet Standardization Process for Patient Safety

It is a scenario that no one wants to see actually happen. It is almost the end of the shift and suddenly there is a critically ill new admission rolling in. As the team begins to prepare for a possibly critical situation, they quickly realize there is no standardized weight-based code blue medication administration sheet at the bedside. The team must spend valuable time preparing a new sheet before the admission arrives. At Nicklaus Children's Hospital, the Nursing Shared Leadership Clinical Practice Council (CPC) focuses on revising clinical policies and procedures that directly affect patient care and outcomes. A clinical nurse on the CPC identified a concern regarding inconsistency in the process for determining code blue sheet locations across units. This was identified as having the potential to cause confusion among care providers during a critical code blue situation. Standardizing the code blue sheet locations across the organization was required to decrease the potential threat to patient safety.

Further investigation into the code blue policy and process provided insight into multiple opportunities for improvement such as developing clear expectations on role accountability for printing the code blue sheet, updating the weight throughout the patient's length of stay, and placing the sheets in a standardized location. The Clinical Practice Council collaboratively worked to improve the efficiency and effectiveness of the code blue sheet process. The council's first step towards process improvement was establishing a baseline of the current process throughout the organization. The council distributed a survey during March-April 2014 to all registered nurses (RNs). The survey questions allowed for input on the current code blue process on various units by asking which unit the RN worked on, length of time for sheet generation, role of the person generating the sheet, and placement location. Survey results validated

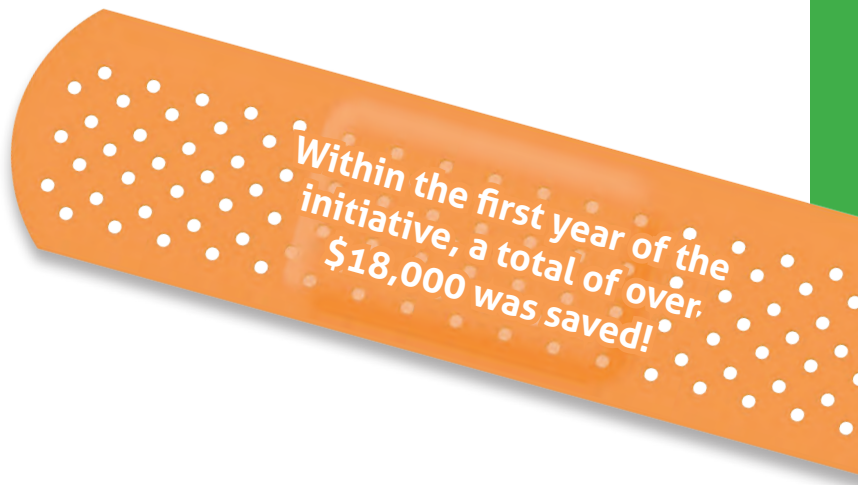


the council's concerns demonstrating inconsistencies in the process across units. After analyzing the survey results data, the CPC collaborated with the nursing shared leadership Quality and Safety Outcomes (QSO) Council to improve the process and proactively eliminate a potential patient safety risk.

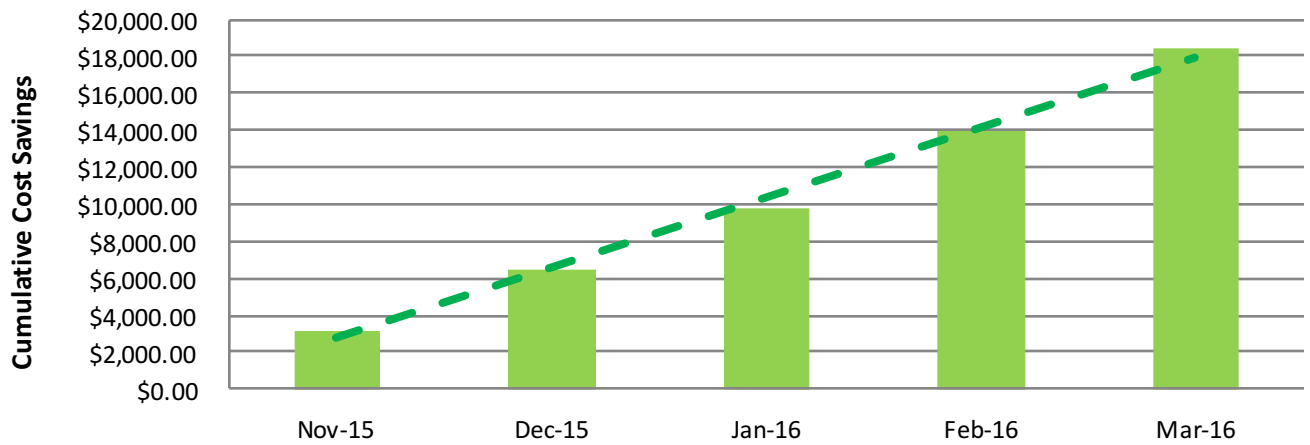
The combined efforts of both nursing councils resulted in a standardized process proposal which was presented at the Nurse Executive Council, chaired by the Chief Nursing Officer. The councils were empowered to move forward through incorporating the standardized process into the policy, educating the staff and implementing the process improvement. Full implementation was in effect by September 2014. By the end of July 2015 all supplies had arrived and holders for code blue sheets hospital-wide were permanently placed on all cribs and beds throughout the organization. Weekly walk-throughs of inpatient units have demonstrated the new process has proven successful and there has been reported increase in compliance and understanding of the process to create and maintain code blue sheets.

Finance Council Leads Savings Initiative Hospital-wide

The Nursing Shared Leadership Finance Council collaborated with the Supply Chain department on a hospital-wide cost-savings initiative. In April 2015, it was brought to the council's attention by the Supply Chain department that the custom suction canisters the hospital used were very costly and there was an opportunity for savings. The members of the Finance Council collaborated with Supply Chain and were able to formulate a solution that fit patient care needs and decreased the cost significantly. The Finance Council members took the information back to their individual departments and gained feedback to ensure that the proposed changes would meet the needs of each unit. After gaining positive feedback and presenting the proposed changes at the Nurse Executive Council meeting, the change was approved and implemented in November 2015. Within the first year of the initiative, a total of over \$18,000 was saved.



Suction Canister Cumulative Savings



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
■ Cumulative Cost Savings	\$3,209.75	\$6,425.05	\$9,775.40	\$14,002.65	\$18,418.60

Urgent Care Centers' Unit Nursing Shared Leadership Council Re-Designs Pain Documentation

The Joint Commission recognizes pain as the fifth vital sign. The pediatric pain assessment, intervention and reassessment (A.I.R.) cycle constitute a part of the National Database of Nursing Quality Indicators (NDNQI). Pediatric pain is also a measure in the Child HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. Effective January 1, 2015 the Joint Commission revised its pain management standard to include ambulatory care centers in its requirement to assess and manage pain effectively. The expectation is that the organization either treats the patients' pain or appropriately refers patients for treatment. Management of pain may include pharmacological and/ or non-pharmacological methods. Each pain A.I.R. cycle needs to be completed within an hour. The hospital's goal for this component was 86%. During the first eight months of 2014, the Urgent Care Centers struggled to achieve this goal. At that point it was decided that an intervention was needed as staff education alone had not helped.

The urgent care centers decided to implement a lean visual management tool to improve the pain intervention and reassessment scores to meet the hospital's 2014 target of > 86%. The monthly CEI pain reassessment score was used to track the changes. The goal was to meet the hospital's target by the end of 2014. The hospital achieved this goal within a month of the intervention.

The new target for the hospital for 2015 was 90%. However, as 2015 progressed, the UCCs struggled to maintain the hospital's target. In May 2015 another visual management tool was implemented with the pain / fever assessment icon. The monthly pain re-assessment CEI scores are being monitored.

In September 2014, the UCC Nursing Shared Leadership Council decided that each nurse who assesses and finds a pain score of four or greater would add the time for the reassessment of that pain on the comment section of the electronic medical record PEDS FirstNet Tracking Board. The council decided to use the acronym AIR with the time the reassessment was due. This time would be



50 minutes from the time the assessment was done. According to the Pain AIR cycle, reassessment should be within 60 minutes. To facilitate this, the council agreed to use 50 minutes on the visual management tool to give 10 extra minutes for compliance to the nurse that completes and documents the reassessment. With this intervention, the pain reassessment scores improved by the end of December 2014 to 93%.

To maintain sustainability, a second intervention added stars to the pain / fever icon which was already being used in Firstnet. Once a pain score of four or greater is documented, the system places a red dot on the tracking board in the patient's profile. This alerts the nurse that the patient has a fever or is in pain. Stars were added to this icon. A yellow star beside the icon indicates that the re-assessment is due soon. It means that 40 minutes have elapsed since the pain assessment. A red star beside the icon means that the re-assessment is due. At the time the star changes to red, 50 minutes have elapsed since the pain assessment. The UCC Shared Leadership Council members decided on the initial intervention. The second intervention was decided by the UCC leadership team. By the end of the implementation month, the assessment and reassessment scores had increased overall. This trend continued until the end of 2014. The scores have improved overall since this implementation. Success has been sustained.

The Race for Excellence- A Nurse led System-Wide Quality and Service Engagement Initiative

Allison Carroll, BSN, RN, RNC-NIC, a nursing chairperson of the Nursing Shared Leadership Quality and Safety Outcomes (QSO) council, collects nursing quality and service outcome data and maintains the system-wide quality and service engagement initiative, the Race for Excellence. The Race for Excellence is aimed at increasing the clinical nurse's awareness of Nursing Sensitive Indicators and patient satisfaction data resulting in improved quality and service outcomes. A race track themed competition was collaboratively developed by an interprofessional team with Nursing, Quality, and Patient Guest Relations Department in order to enhance engagement through transparency of the organization's quality and service metrics as reported through each unit's Clinical Excellence Index (CEI) and Service Excellence Index (SEI). Visual tools integral to the project include the race track, as well as a standardized Wall of Excellence on each unit displaying the unit's CEI & SEI aligned with a fun grading system and organizational rankings resulting in a friendly competition. The eight foot by four foot vinyl race track is kept on view in a large glass display case in the main corridor of the hospital.

Thirty-four nursing units, including outpatient centers, are each represented on the race track by an individualized, hand-painted race car. Each month, units advance along the track if they meet their unit goals. Quarterly pizza parties are held to celebrate the units in the lead and the most improved unit. Leading teams are paired with similar units that are lagging behind in order to work together towards improving outcomes throughout the organization. A fundamental basis to the Race for Excellence is the organization's Success Sharing onus program. All units receive a monetary stipend contingent upon collective, successful achievement of organizational CEI/SEI goals. Thus, it behooves high performance units to share best practices with underperforming units. The aim is to get to the finish line together!

Prior to project implementation, nurses' knowledge of the CEI and SEI was limited. Nursing knowledge regarding Nursing Sensitive Indicators and patient satisfaction data has improved to where random surveys yield 100% response rates when staffs are asked about the Race for Excellence. Teams are engaged in ongoing, collaborative work to improve outcomes and demonstrate sustainability. The Race for Excellence has provided a fun, visually stimulating way for clinical nurses to become aware of the organization's goals for quality and service in order to improve outcomes. Currently, nurses keep watch over the placement of their unit car on the race track. Leaders engage their teams by referring to the race, encouraging the group to find ways to move their car towards the front of the race!





THE DAISY AWARD

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

The Daisy Award for Extraordinary Nurses, created in 1999 by the family of J. Patrick Barnes, recognizes nurses for exemplary care and service to patients and families. Patrick passed away after a brief illness and hospitalization at the age of 33. His family was so deeply moved by the nursing care and compassion that he received during his hospital stay that they created a program to recognize nurses for provision of extraordinary care. The Daisy Foundation partners with healthcare institutions to give recognition on an ongoing basis for skilled and compassionate nurses. Over 2,500 facilities in the United States and 14 countries around the world participate in this program.

2014



Congratulations to Nicklaus Children's Hospital nurses that are the 2014-2015 recipients of the DAISY Award, a nationwide program that rewards excellence in nursing.

2015







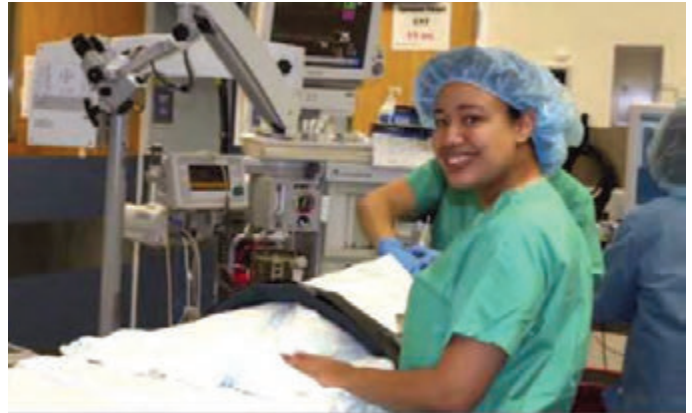
Exemplary Professional Practice

Surgical Nurses Roll Out Innovative Revamped Orientation Process to Hire Right and Retain Talent Success

Nurses in the surgical areas identified a need to renovate the unit's orientation process for new nurses to enhance retention of newly hired staff. Their goal was to create an inclusive, streamlined orientation process with an initial foundational component, didactic learning, and socialization to promote the retention of staff during the orientation process.

The new surgical areas' orientation program begins with a four-week blended learning approach utilizing the Periop 101: A Core Curriculum™ and correlating hands-on practice with the Clinical Educator. This curriculum is trademarked by the Association of periOperative Registered Nurses (AORN) and aligns with AORN standards to support the use of an outcomes-focused orientation process (AORN, 2016). Blended learning combines the online access to knowledge with hands-on, face to face instruction. It is used to support and complement the more traditional learning approaches and it enables learners to access educational resources at their own pace thereby promoting exploratory learning. During the initial foundational component, the new nurse is accompanied into the rooms to observe and have processes explained as they are being performed. This "live" method allows for situational question and answers, observation of nursing collaboration and critical thinking, and subsequent hands-on in actual processes that will enhance confidence in their abilities in order to assimilate into the culture of the OR environment. The new nurses spend a day in the Sterile Processing Department, a day in the Post Anesthesia Care Unit (PACU), and a week in the pre-op area of the Ambulatory Surgery Department. The first month's foundational component is followed by a six month long rotation period through the various pediatric specialty areas.

Each specialty rotation is approximately one month long. Within the first four weeks, the new nurse learns about the implication for caring for surgical patients undergoing surgery in a particular specialty. By the end of the fourth week, the new nurse is functioning independently with the oversight of their preceptor.



The pairing of the new nurses with the specialty nurse for the specialty rotations results in a mentorship-type relationship. The highly experienced and knowledgeable mentor acts as the preceptor, overall guide, and a future continuous resource for the new nurse. The time frame for the entire orientation process is approximately seven months.

Nurses that self-select their nursing area of specialty are already motivated to learn, keeping that motivation going through a stimulating but non-threatening orientation process will lead to retention of staff. The key points are gradual immersion and socialization in order to provide the new nurse with the opportunity to feel comfortable while learning and have a sense of connection to the unit.

After implementation of the enhanced orientation program, 100% of newly hired staff have completed their didactic curriculum and specialty rotations orientation period of approximately seven months, and continued on to work in the Operating Room at Nicklaus Children's Hospital. By the second quarter of 2015, nurse turnover rates in the OR dropped to 50% below NDNQI mean rates and PACU nurse turnover was 0%!

Reference

Association of periOperative Registered Nurses. (2016). Position statement: Orientation of the Registered Nurse and Certified Surgical Technologist to the perioperative setting. Retrieved from <https://www.aorn.org/guidelines/clinical-resources/position-statements>

From Prone to Home: Teaching New Parents Safe Sleep for Infants

The National Association of Neonatal Nurses (NANN) recommends safe sleep guidelines for infants (NANN, 2016). Nurses in the NICU follow NANN guidelines for infant positioning. However, premature infants are frequently positioned on their abdomen while in the NICU for therapeutic reasons. As the infants grow older and no longer require this positioning, they need to be transitioned to sleeping on their back as recommended by NANN. This transition can be difficult for these infants as they have been used to sleeping on their abdomen. Abdominal positioning in the home environment has been shown to cause Sudden Infant Death Syndrome (SIDS) and infants should not be positioned this way if not on a monitor. In 2014, nurses in the NICU implemented a “back to sleep” program to help with this transition and teach families the importance of laying infants on their backs to sleep. Nurses implementing the program began with offering staff a one-credit CEU on SIDS risk reduction. Then, as infants were approaching readiness for discharge, a card was placed on their crib to remind nurses to begin exclusively placing the patient on their back to sleep. A pamphlet describing the program was also given to all parents of patients that met criteria for inclusion in the program. Before discharge, the parents viewed a video explaining the

importance of adhering to safe sleep practices in the home.

Before and after implementation of this safety initiative, nurses compiled post-discharge parent surveys regarding compliance with safe sleep practices. **The results showed that within the first three months after implementation of the program, parental compliance with safe infant sleep positioning increased by nearly 25%. Compliance has remained high, at 84% after nine months of implementation.** Within a year of the start of the program, the unit has continued to see sustained results of parents’ compliance with safe infant sleep practices at home.

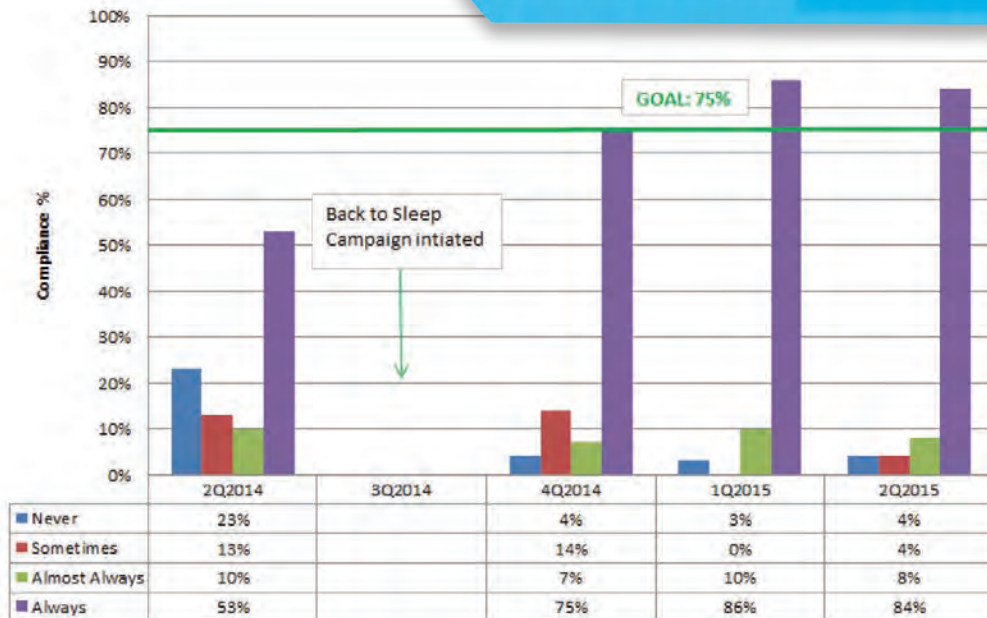


Reference

National Association of Neonatal Nurses (NANN). (2016). *Safe Sleep*. Retrieved from http://nann.org/upload/s/Advocacy_Fact_Sheets/2016_Safe_Sleep.pdf

The results showed that within the first three months after implementation of the program, parental compliance with safe infant sleep positioning increased by nearly 25%.

Back to Sleep Compliance Post Discharge



A Patient Passport Initiative Enhances Inter-professional Communication

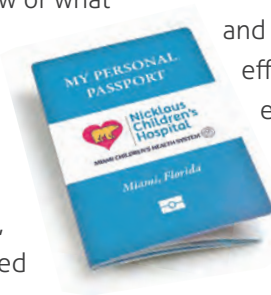
Eileen Frisch, RN inspired a passport booklet to enhance communication between physicians, nurses and patients and families. Hospital stays from a patient and families perspective can be confusing and exhausting all at the same time. From both the nurse’s and patient’s perspective, it can be hard to keep up with the various disciplines visiting the room as well all the different testing being ordered by multiple doctors. Nurses wanted to have one place to go to find the names and disciplines of consultants that had visited a patient without having to ask the patients and families, who may be unable to always clearly answer these questions.

A booklet was created that resembled a passport. The passport is given to parents upon admission. Knowing that the parents will be interacting with nurses, doctors, social workers, technicians and other specialists, the passport helps the parents keep track of who they saw or what tests were being performed on their child. The booklet increased communication with nurses and physicians.

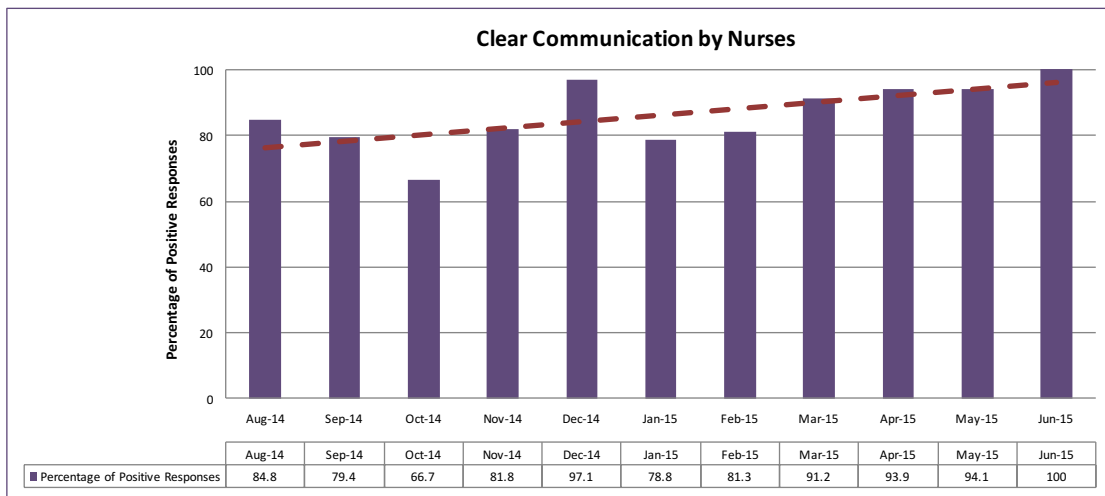
The “My Personal Passport” pilot was initiated on October 8, 2014. Eileen Frisch, RN introduced the booklets to the registered nurses on 3 South, a unit which provides care for the treatment of patients who are receiving care for neurological conditions or who have undergone



neurosurgery. The staff started providing the patient and families the passport booklet upon admission. The nurse inspired booklet continued to be provided to patients and families until May 2015. The booklet was a communication tool that provided written confirmation of the consultants that came to see the patient, the tests that were completed and the staff that took care of the patient. It was an effective communication tool for the nurses as well as empowered patients and families to know what was being done during their hospital stay.



After the passport was piloted between October 2014 and May 2015, parent responses to the Healthstream survey regarding clear communication by nurses increased by an average of over 23% over the next eight months.



Reinventing the Wheel: Nurse Residency Restructuring

The mission of Nicklaus Children's hospital includes providing the best care to every child. In doing so, ensuring the successful transition from new graduate nurse to professional nurse is essential in healthcare systems. According to Cosme (2015), patients deserve no less. The Horizons Internship Program (HIP) is a nursing residency program designed to transition new graduate nurses from nursing education to nursing practice. The literature shows that standardized nursing residency programs has been proven to lower nurse turnover rates, decrease medication errors, increase engagement, and strengthen nursing knowledge and skills which support quality patient care (Frantz, 2015). The intention of nurse residency programs is to help new graduates transition to professional nursing practice, adapt to different learning environments, and respond effectively to the challenges that nursing practice brings. Reported outcomes of these programs are improved retention rates (Letourneau & Fater, 2015).

Soon after its initial launch, a restructuring of HIP occurred to better meet the needs of the organization and increase the value added to the program. Through HIP, new nurses are given an in-depth orientation which includes didactic curriculum, interactive online modules, simulation, and hands-on training with nurse preceptors. The HIP nurses remain in the "Float Pool" and work across the hospital nursing units as needed after completing the training process. This provides added staff resources for all nursing units and promotes a positive attitude among the HIP nurses towards practicing in multiple hospital nursing units. One-to-one nursing leadership coaching is provided to these nurses at bi-weekly intervals using the organization's learning management system. Blended learning is also delivered with online academic modules. Furthermore, clinical educators and unit nurse preceptors individualize learning needs and monitor progress while slowing down or speeding up training as needed. Additional expectations such as obtaining a national certification, becoming a part of shared leadership, becoming an



IV placement expert, and engaging in evidence based practice projects further empower the new graduate nurse.

The result is that HIP prepared nurses develop increased proficiency and clinical experience across multiple specialties. The restructuring has experienced significant success. **Since November 2014, 35 HIP nurses have been hired with a retention rate of 97%. Prior to the restructuring, the retention rate was 89.5%.** HIP has now become the only entry point into the organization for new graduate nurses. This effort creates a standardized orientation process to bridge gaps between education and clinical practice, keeping a pulse on the onboarding progress while offering ongoing support and is essential to leading HIP to continued success for the organization.

References

Cosme, S. (2015). Residency and fellowship programs for RN's and Advance Practice RN's. *Journal of Nursing Administration*, 45(9), 416-417.

Frantz, R. A., & Weathers, N. (2015). Iowa nurses called to action: Implementation of a competency-based, online nurse residency program. *Iowa Board of Nursing Newsletter*, 34(2), 1-6 Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=109793075&site=ehost-live>

Letourneau, R. M., & Fater, K. H. (2015). Nurse residency programs: An integrative review of the literature. *Nursing Education Perspectives*, 36(2), 96-101. doi:10.5480/13-1229

Ouellete, P.S., and Blount, K. (2015). Team-based learning in a graduate nurse residency program. *Journal of Continuing Education in Nursing*, 46(12), 572-576. doi:10.3928/00220124-20151112-10

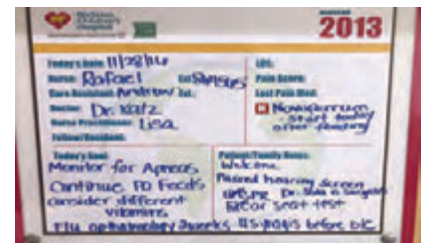


CICU Nurses Use Bedside Boards for Communication Across Disciplines

Emerging evidence demonstrates that outcomes for patients with congenital heart disease are significantly improved through a multidisciplinary approach that includes integration of developmental interventions and goals. In 2014, a multidisciplinary cardiac care team was developed that met weekly to review the status of all patients in the CICU and Cardiac Medical Surgical units. The purpose of this team was to assess neurodevelopmental and psychosocial needs, and develop an appropriate plan of care for each eligible patient. However, communication between the different subspecialties and the bedside caregivers, had been inconsistent. Bedside care providers and families expressed lack of awareness of the developmental plan of care for patients. Consistent communication of the plan of care and goals among team members, patients and families had been identified as an area for improvement. In an effort to address these issues, nurses recognized that the Joint Commission's (TJC) second National Patient Safety Goal addresses improving communication among caregivers, including standardization of communication (TJC, 2015). The complexity of the patients in the ICU setting required a team approach to accomplish the goals of rehabilitative services. Consistent communication of the plan of care and goals among the multidisciplinary team members, patients and families was identified as an area for improvement. TJC proposes that improvement in the quality of interaction between healthcare providers can be achieved by participating in bedside reporting and rounding with the whole medical team. The use of forms

that delineate daily goals of care and checklists improves communication and accomplishes the task. In alignment with the TJC goal, Cardiac Care nurses developed the Developmental Care Board (DCB) tool to improve the way the bedside ICU team and the rehabilitative team communicate.

The DCB boards were placed at the bedside of each eligible patient. The goals of the DCB were to improve communication

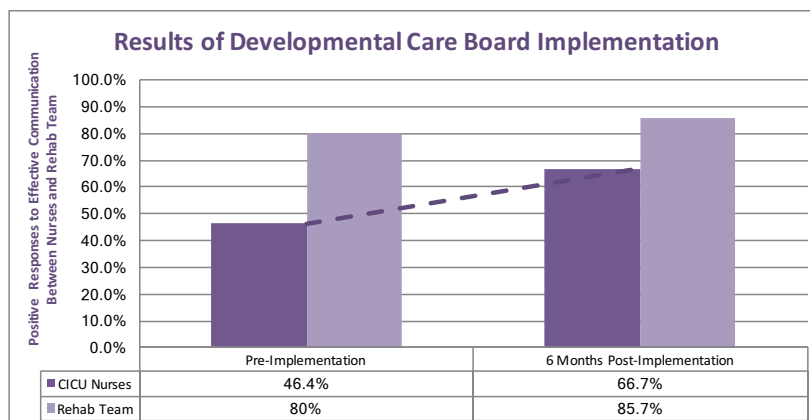


Developmental Care Board in Use

across the different disciplines involved in caring for patients in the Cardiac Care Center through an interdisciplinary communication process. The boards would increase caregiver awareness of identified multidisciplinary goals through posting of these goals for all disciplines to review. The DCB communication area would also increase participation of the bedside caregiver, patient and family in the identification of patients' developmental goals. **Six months after implementation of the boards, the rehabilitation team's satisfaction with communication with the nurses rose by 5.7% and RN satisfaction with communication with the multidisciplinary team rose by over 20%.**

Reference

The Joint Commission (TJC). (2015). National Patient Safety Goals Effective January 1, 2015. Retrieved from http://www.jointcommission.org/assets/1/6/2015_NPSG_HAP.pdf







Transformational Leadership

Nursing Leadership Guides Change in Service Excellence Through Clinical Nurse-Driven Initiative

Nicklaus Children's Hospital prides itself on service excellence. It is the facility's mission to inspire hope and promote lifelong health by providing the best care to every child. In 2008, the Center for Medicare and Medicaid Services (CMS) approved a national survey to be delivered to patients after discharge from their hospital stay. This Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) survey is the first standardized and publicly reported survey of patients experience during their hospital stay. However, it was designed for the adult population. Miami Children's Health System utilized Healthstream, an approved HCAHPS vendor, and proactively adopted the patient satisfaction survey format in preparation for the child HCAHPS implementation. The Service Excellence Index (SEI) is a composite scoring system derived from Healthstream, which provides a single composite score out of 100 possible points. The SEI consists of nine service and experience related domains taken from the HealthStream patient satisfaction survey. These responses include patient and family experiences with staff and physician communication, responsiveness, pain management, communication about medicines, discharge information, cleanliness and quietness, advocacy and overall rating. Scores are compared against nationally reported benchmarks as well as the facility's own historical



Ivette Roldan, MSN, RN, CPN and the 3 East team with the 2015 Team Award

performance data. In 2014, the hospital's respiratory inpatient unit, 3 East, was struggling to meet their overall SEI score goals and ended the year with a composite score of 80%, below their target goal of 86%.

At their monthly staff meeting in November of 2014, Ivette Roldan, MSN, RN, CPN, Director of 3 East, communicated with her clinical nursing staff that the unit was having a difficult time meeting their SEI goal for the year. It was predicted that they would end the year with an overall score of 80%. It was identified that out of all the components of the SEI, responsiveness to patient's needs and service were the areas that needed improvement. The team decided on a SEI goal of 86% for 2015.

In January of 2015, at the first Nursing Shared Leadership unit based council meeting of the year, Ivette Roldan, MSN, RN, CPN, collaborated with and presented the 3 East council with the opportunity to create any ideas to help improve the units SEI scores. The council chairs, council members, and the 3 East leadership team began a brainstorming session to develop a unique and creative initiative to increase patient satisfaction. Ana Bandin, BSN, RN, CPN, unit council chair, presented the idea of utilizing superhero capes as a pediatric-friendly approach to greet the patients and their families. The council members loved the idea and collaboratively fine-tuned the idea to present it to their nursing staff peers. This superhero capes initiative



empowered nurses to wear superhero capes during bedside report. The oncoming super nurse wears the superhero cape and informs the patient and family that he or she would be their superhero throughout the shift. The council asked staff to follow an informal script stating that, “as your superhero, I am here to help with bathroom needs and to fight against pain. I am only one call button away”. After obtaining report and rounding on all their patients, the nurses stored their capes in a central location until the next shift change.

At their monthly clinical educator meetings, Valeria Riorda, BSN, RN, CPN, mentioned the idea of this initiative to the other unit’s educators.

Elena Ortega, MSN, ARNP, CCRN, Clinical Development Specialist, who was leading the meeting, recalled that the Education Department had purchased superhero capes with the hospital’s logo on it for an event, and she offered the leftover capes to 3 East for this initiative.

The SEI scores increased dramatically after a successful pilot and full implementation of the initiative. 3 East achieved the highest SEI score in the first quarter of 2015 among all inpatient units after the pilot launch. When the pilot launched, 3E had reported an SEI score of 85.54% in February 2015. After implementation of the initiative, 3 East experienced an astronomical increase in SEI scores

to 98.21% for the month of March. This was followed by 91% in April and 98% in May.

The low patient satisfaction scores in 2014 ignited the drive for the 3 East staff to exceed the unit’s patient satisfaction target. 3 East ended 2015 by exceeding their target of 85%, with an overall SEI score of 90.5%, recording the highest annual improvement for Service Excellence of any hospital inpatient nursing unit. The unit’s creative thinking and dedication to patient satisfaction won them the 2015 Team Award at the annual Nicklaus Children’s Hospital Leadership Kickoff Ceremony, a prestigious award presented by the CEO, CNO, and Senior Leadership Team.



OR Nurse Leaders Support Clinical Nurses' Drive to Improve Patient Turnaround Times in the Surgical Areas

Retinoblastomas, common pediatric intraocular tumors, have an incidence of 1 in 15,000 children from birth to 4 years of age in the United States. Advancements in diagnosis and management have contributed to a survival rate of 95% for these patients since 2008. Dr. Timothy G. Murray, M.D., M.B.A., F.A.C.S., specialist in Ocular Oncology and Retina tumors, began performing surgeries at Nicklaus Children's Hospital in 2012. Dr. Murray operates out of the facility one Friday out of each month and performs anywhere from 20-25 cases. The cases include treating patients with retinoblastomas and providing screenings for their siblings. All processes require the application of general anesthesia. Dr. Murray usually takes from 5-10 minutes in the operating room for each case and can perform a large quantity of treatments and screenings in one day. The Operating Room (OR) staff at the hospital noticed a delay in their workflow on the days that Dr. Murray was performing his surgeries. They attributed this delay to the quick turnaround time (TAT) of his patients from the OR and the

slower recovery process in the post anesthetic care unit (PACU). When a surgical case is finished in the OR, the patient is transferred to PACU for recovery which can take up to 1 hour. The increase in cases coupled with the standard time for recovery was causing a delay in Dr. Murray's cases as patients filled the recovery room leaving limited space for new incoming OR cases. The OR nurses decided to try to achieve a reduction in the TAT for Dr. Murray's surgical cases by decreasing the time patients remained in the OR by at least 20%.

Jennifer Stringer, BSN, RN, Giselle Melendez, BSN, RN, CPN, Jannette Martinez, BSN, RN, CPN, Pauline Harris, RN, CCRN, CPN, RNC-NIC, Danielle Alonso, BSN, RN, and Sandra Wehking, RN, CPN, all OR and PACU staff nurses, identified that on the days that Dr. Murray was performing his surgical cases, there was a backflow of patients that would wait longer periods of time in the OR because the PACU areas were at capacity recovering patients. This situation also increased the wait times for his pre-operative

patients. The primary focus of this problem occurred in phases 1 and 2 of the PACU. When surgical cases are complete in the OR, patients are transferred to PACU phase 1 where the patient is still intubated and the anesthesia is weaning off. During this phase, patients must meet a post anesthesia specific scoring system in order to qualify and be transferred to Phase 2. In phase 2 of PACU, patients are extubated as they begin to wake up from the general anesthesia. Once patients meet their pre-anesthesia criteria, they are either discharged home or to an inpatient unit.

OR nurses identified a workflow opportunity improvement in early 2014. The nurses communicated this opportunity to Susan Goltzbein, BSN, RN, CPN and Ana Maria Ruiz, BSN, RN, CPN, clinical coordinators of PACU. Susan and Ana relayed the communication to the OR manager Ruben Reinis, BSN, RN. Ruben, Ana and Susan evaluated data on turnover time for Dr. Murray's surgical cases and reviewed the PACU 1 and 2 staffing and regular workflow processes. They brought

up their findings at a staff meeting to gather input from all OR and PACU staff members involved in Dr. Murray's surgical cases. The clinical nurses proposed ideas on improving workflow and both Susan Golzbein, BSN, RN, CPN, and Ana Maria Ruiz, BSN, RN, CPN, suggested the designation of two post-operative beds exclusively for Dr. Murray's patients. Additionally, on days that he worked the same nurses would be assigned to his cases in order to eliminate workflow discrepancies. Staff nurses also suggested a change in process allowing for two PACU nurses to be assigned to care for these patients rather than one. Following the new process, one nurse would be assigned to care for the patient and one would document on the patients Electronic Health Record.

After the initial staff meeting where ideas were gathered, a follow-up meeting took place in the second quarter of 2014. This meeting involved the OR Manager, PACU Clinical Coordinators, and PACU staff. The team reviewed the final workflow process prior to implementation. Daily staff huddles and monthly staff meetings disseminated information about the new process to OR and PACU staff members.

During the implementation phase of this process, nurses identified the need for an additional person to assist with the flow of patient transport through the waiting room areas to pre-op, the OR, and PACU. Nuria Claramunt, Assistant Director



of Volunteer Services, collaborated with OR staff and provided a volunteer to assist the surgical team with Dr. Murray's cases. This was a seamless request as the department already had a pool of volunteers and needed only to allocate their duties to provide services in the OR. The designated "Dr. Murray" volunteer created a seamless flow by transporting patients from the separate "Dr. Murray" waiting room into the pre-operative areas and reuniting them with their parents after surgery in the PACU area.

This process resulted in several positive outcomes. Turnover time in OR was minimized. This allowed

Dr. Murray to perform his surgeries without delay and increased the possibility of retaining more diagnostic surgeries on patients with retinoblastomas. Repeat patients are particularly impacted by this process as they become less anxious knowing what to expect from the process as they see the familiar faces of returning nurses and volunteers. Parents' satisfaction also increases due to familiar staff and comfort with the process. The nurses across all surgical disciplines continue to work collaboratively in an effort to enhance the happy family and patient experience.





New Knowledge,
Innovations, and
Improvements

Implementing an Innovative Pediatric Oncology Nutritional Screening Tool

Pediatric cancer patients who receive chemotherapy and other therapies are at risk for developing alterations in their nutritional status. Common nutritional problems of cancer patients may include: nausea, vomiting, weight loss, mouth sores and malnutrition. Poor nutritional status has been associated with negative outcomes of treatment. Identifying patients at risk for alterations in nutrition is of high importance in order to have best possible outcomes and to be able to provide appropriate patient specific interventions.

Jennifer Caceres MS, RD, LDN, pediatric oncology dietician, and Michelle Burke MSN, ARNP, CPN, CPON, pediatric oncology clinical specialist, collaborated to identify a tool to assess nutritional status for pediatric oncology patients. A review of the literature revealed no resources currently available to appropriately screen the specific patient population. They decided to modify an adult oncology nutrition screening tool to be used to screen pediatric oncology patients for nutritional issues.

In the fall of 2014, the staff of the oncology inpatient unit was educated on how to complete the nutritional risk assessment. This paper tool was the initial screening tool and was a manual process that was completed on admission for all oncology patients. Screening tools were completed by the assigned nursing staff caring for the oncology patient and the z-score section was completed by the dietician. A total score was obtained and the patient was classified as having a mild, moderate or severe risk for malnutrition based on that score.

For several months nurses manually collected data on patients who presented with a positive screen to the

inpatient oncology unit. The screening tool was re-assessed and small changes were made based off of feedback from the staff. The paper process, however, was not efficient and did not promote the ability to electronically tabulate score. Nurses then collaborated with the Information Technology (IT) Department to build the tool into the existing electronic health record. The electronic version was implemented in February 2015.

All patients admitted under the service of an oncologist had the tool automatically assigned as an assessment to be done by the admitting nurse. The RN completes sections 1-5 and the Registered Dietician completes the Z-score and recent weight loss section to have the score electronically calculated. The goal of this project is to collect 12 months of data from the electronic tools, analyze results and determine sensitivity and validity of the Pediatric Oncology Nutritional Assessment Tool.

From February 2015 – August 2015, there have been 152 nutritional assessments completed of which 115 met criteria for nutrition assessment. Looking closer at the 115 patients who scored a 4 or more on the tool, 77% met criteria for a nutritional intervention and a "nutrition diagnosis". The electronic tool has proved to be a more efficient way to screen and prevent malnutrition in the at-risk oncology patient.

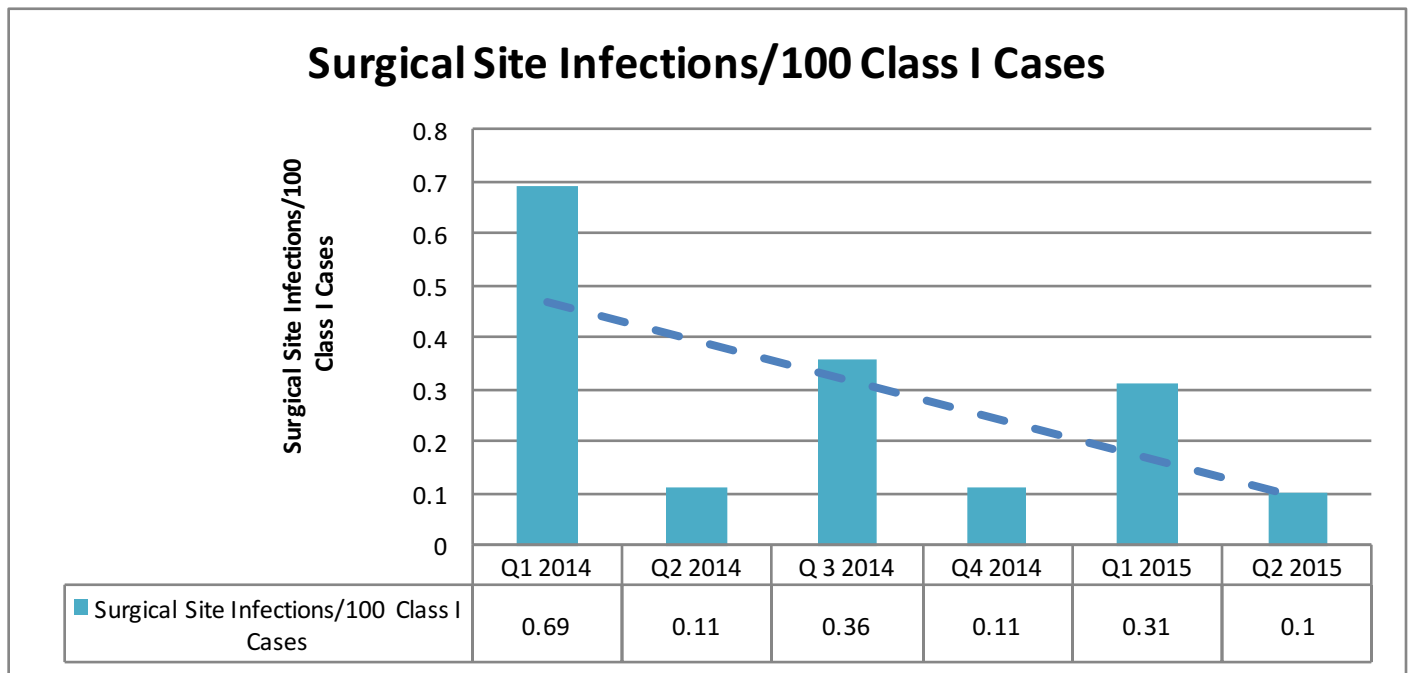
Nurses Use Established Best Practices to Decrease Surgical Site Infection Rates

The use of prophylactic antibiotic pre-surgical baths has proven to be an effective measure in infection control of surgical site infection rates. Neurosurgical staff nurses identified disparities in pre-surgical care through direct observation and interviews with staff nurses. The disparities in care related to a lack of standardization in the application of Chlorhexidine pre-surgical bathing solutions throughout inpatient care delivery areas. While using the same Chlorhexidine pre-surgical wash method, point of care nurses were utilizing the pre-surgical wash differently.

Nurses decided to design and implement an intervention to standardize pre-surgical Chlorhexidine bath in the inpatient units with a goal of decreasing surgical site infections. A team of nurses reviewed best practices from the literature for implementation across patient care delivery areas. The literature supported the need for standardization in the application of pre-surgical

Chlorhexidine washes to reduce infection rates in surgical patients. From this nurse-driven literature review, nurses from a neurosurgical unit developed an evidence-based clinical practice guideline for inpatient care areas to follow.

A nurse-led process ensued for the standardization, compliance, and adoption of the guideline. Interprofessional bi-weekly meetings with infection control liaisons, as well as health care advocates, such as nurse leaders and medical providers, were held to incorporate and approve the guideline into the electronic health record and policy repository system. After implementation of the new guideline, surgical site infections decreased. **Monitoring of internal surgical site infection rates for improvement and sustainment continues, quarterly, at the point of care, revealing that the new guideline continues to result in low surgical site infection rates throughout the facility.**





Nursing Presentations and Publications 2014

- Garcia, C. (2014, December). *Intraventricular hemorrhage management*. AANS Pediatric Section Meeting- AAP Seminar, Amelia Island, FL.
- Stroetz, A. (2014, December). *Traumatic brain injury- Guidelines for treatment*. AANS Pediatric Section Meeting- AAP Seminar, Amelia Island, FL.
- Gonzalez, J. (2014, October). *Humpty dumpty falls: Preventing falls, enhancing safety*. Nursing Innovation and evidence in reducing pediatric falls across the globe. Nursing Consortium of South Florida, Inc., Davie, FL.
- Schimel, F. (2014, October). *Clinical nurses implement evidence based withdrawal scale to bring an organization's professional practice model alive*. 2014 American Nurses Credentialing Center (ANCC) Magnet Conference, Dallas, TX.
- Hernandez, L. (2014, October). *Keeping it REEL easy: An Academic Partnership*. American Nurses Credentialing Center (ANCC) Magnet Conference, Dallas, TX.
- Gonzalez, J. (2014, October). *Fostering a community of magnet: Collaboration in developing and supporting a culture of nursing excellence*. 2014 American Nurses Credentialing Center (ANCC) Magnet Conference, Dallas, TX.
- Hill-Rodriguez, D., Cordo, J.A., & Hernandez, L. (2014, October). *Defining a pediatric fall*. 2014 American Nurses Credentialing Center (ANCC) Magnet Conference, Dallas, TX.
- Tahmooressi, J. & Mundy, S. (2014, October). *Defying the distance barrier to the magnetic field: A nursing shared leadership model for engagement*. 2014 American Nurses Credentialing Center (ANCC) Magnet Conference, Dallas, TX.



- Nieves, J. (2014, September). *Transition to adult congenital heart care – Resources*. Southeast Pediatric Cardiovascular Society, Annual Meeting. Duke University, Durham, NC.
- Duque, C. R. & Burke, M. (2014, May). *Electronic Medical Record Implementation for Pediatric Surgery Patients: PEDS to the Rescue*. American Pediatric Surgical Nurses Association (APSNA) 23rd Annual Scientific Meeting, Phoenix, AZ.
- Morgan, L. (2014, May). *An evidence based initiative to reduce CAUTI in the PICU*. American Association of Critical Care Nurses (AACN) National Teaching Institute & Critical Care Exposition, Denver, CO.
- Tahmooressi, J., Mundy, S., & Perez, I. (2014, April). *Committed to the Beat: Nurses Involvement in the Community to Prevent Athlete Sudden Cardiac Death*. 4th Annual South Region Florida Nurse Association Symposium, Davie, FL.
- Trujillo, A. & Tena, F. (2014, April). *Preventing Unplanned Extubations in the NICU using a Multidisciplinary Team Approach*. The 3rd Annual Florida Perinatal Quality Collaborative Conference, Tampa, FL.
- Infante, Z. (2014, March & April). *OR Optimization 2014*. AORN's OR Executive Summit, Chicago, IL.
- Perez, I. (2014, March). *Committed to the Beat: Nurses Involvement in the Community to Prevent Athlete Sudden Cardiac Death*. 2014 ANCC Board Certification Nursing Conference, Rockville, MD.
- Bogart, B. (2014, February). *Help us give great injections efficiently & safely (H.U.G.G.I.E.S)*. Lambda Chi Chapter Sigma Theta Tau International "Scholarship Revisited: Transforming Nursing Education, Practice & Research", Davie, FL.
- Nieves, J. (2014, February). *Total anomalous pulmonary venous return –Post-operative care and outcomes*. Cardiology 2014 – 17th Annual Update on Pediatric and Congenital Cardiovascular Disease, Orlando, FL.
- Nieves, J. (2014, February). *Truncus arteriosus – Post-operative care and outcomes*. Cardiology 2014 – 17th Annual Update on Pediatric and Congenital Cardiovascular Disease, Orlando, FL.
- Nieves, J. (2014, February). *Coumadin*. Cardiology 2014 – 17th Annual Update on Pediatric and Congenital Cardiovascular Disease, Orlando, FL.
- Nieves, J. (2014, February). *Lifelong care -adult congenital heart disease. Lessons learned case study*. Cardiology 2014 – 17th Annual Update on Pediatric and Congenital Cardiovascular Disease, Orlando, FL.
- Roche, R. (2014, February). *Children's health after the death of a sibling: Parent report vs. child self-report*. Southern Nurses Research Society, San Antonio, TX



Nursing Presentations and Publications 2015

- Tablante, M. (2015, September) *Nurse Practitioners Transforming Pediatric Cardiac Care*. Nursing Consortium of South Florida Inc.: Expanding Nursing Roles to Enhance the Quality and Excellence of Care Delivery, Davie, FL.
- Roldan, I., Hernandez, L., Bandin, A., Lopez-Magua, N., Riorda, V., & Vimonsut, E. (2015, September). *Pain "Killers": Creating effective communication among nurses to increase compliance of pain documentation and improve quality outcomes*. FNA Membership Assembly, St. Augustine, FL.
- Roldan, I., Bandin, A., Riorda, V., & Vimonsut, E. (2015, September). *Go Green with Asthma*. FNA Membership Assembly, St. Augustine, FL.
- Tavio, P., Ricketts, K., Soto, M., Ruiz, A., Kim, L. (2015, September). *Wash On, Wash Off: The standardization of Pre-Surgical Chlorhexedine baths in a pediatric hospital*. FNA Membership Assembly, St. Augustine, FL.
- Torres, D., & Hill-Rodriguez, D. (2015, September). *Preventing falls in the pediatric surgical patient*. FNA Membership Assembly, St. Augustine, FL.
- Geiger, K., & Glassner, A., (2015, September). *Multicultural care of a pediatric surgical patient receiving Hyperthermic Intraoperative Peritoneal Chemotherapy (HIPEC) Surgery*. FNA Membership Assembly, St. Augustine, FL.
- Vila, E. (2015, September). *Decreasing heartache utilizing a Cardiac Nurse Navigator*. FNA Membership Assembly, St. Augustine, FL.
- Hernandez, L., Cordo, J., Gonzalez, I., Sosa, L., Roldan, I., & Ortega, E. (2015, September). *Keeping it REEL Easy: An Academic Partnership*. FNA Membership Assembly, St. Augustine, FL.
- Ramos, C., Bonet, A., Swain, S., & Troncoso, S. (2015, November). *Challenges in the design and implementation of Venous Thromboembolism Risk Assessment and prophylaxis in a Pediatric Trauma Center*. Annual Trauma Quality Improvement Program Scientific Meeting, Nashville, TN.
- Ramos, C., Swain, S., & Troncoso, S. (2015, November). *The risk of under-triaging impalement bicycle handle bar injuries in children*. Pediatric Trauma Society Annual Meeting, Phoenix, AZ.

- Tena, F., (2015, September). *Implementation of a safety bundle and education for health care providers and parents in the NICU increases compliance of safe sleep practices at home.* 15th National Neonatal Nurses Conference. Orlando, FL. Presenters: Flor Tena, BSN, RN, CCRN, and Grecia Ferreyra, RN, RNC-NIC
- Whalen, R. (2015, May). *An overview of Congenital Heart Disease.* Golisano Children's Hospital of Southwest Florida Neonatal & Pediatric Excellence Conference 2015. Fort Myers, Florida.
- Whalen, R. (2015, May). *Congenital Heart Disease in the 21st Century: Treatment of Common Defects and Comprehensive Approaches to Nursing Care.* Golisano Children's Hospital of Southwest Florida Neonatal & Pediatric Excellence Conference 2015. Fort Myers, Florida.
- Vimonsut, E., Roldan, I., & Ayala, C. (2015, April). *Go green with asthma: using an electronic health record to maximize compliance of discharge education.* Society of Pediatric Nurses 25th Annual Conference. Anaheim, California.
- Hill-Rodriguez, D. & Torres, D. (2015, April). *Preventing fall events in the pediatric surgical patient.* 24th Annual APSNA Scientific Conference. Pediatric Surgical Nursing: A Team Approach across the Continuum of Care, Fort Lauderdale, FL.
- Duque, C. & Gooding, C. (2015, April). *Laughing at histrelin implants: Use of nitrous oxide for procedural sedation.* 24th Annual APSNA Scientific Conference. Pediatric Surgical Nursing: A Team Approach across the Continuum of Care, Fort Lauderdale, FL.



- Geiger, K. & Glassner, A. (2015, April). *Multicultural care of a pediatric surgical patient receiving HIPEC surgery.* 24th Annual APSNA Scientific Conference. Pediatric Surgical Nursing: A Team Approach across the Continuum of Care, Fort Lauderdale, FL.
- Pasarón, R. (2015, April). *The Handoff Baton –Teams, Communication and the Plan-Do-Check-Act (PDCA) Model.* 24th Annual APSNA Scientific Conference. Pediatric Surgical Nursing: A Team Approach across the Continuum of Care, Fort Lauderdale, FL.
- Dean, P. (2015, March & April). *Development of an educational program to enhance patient safety in the epilepsy monitoring unit (EMU).* 47th AANN Annual Educational Meeting, Enlighten Engage Empower, Nashville, TN.
- Pasarón, R. (2015, March). *Clinical round up: Acute care hot topics.* NAPNAP 36th Annual Conference on Pediatric Health Care, Las Vegas, NV.



About Nicklaus Children's Hospital

Founded in 1950 by Variety Clubs International, Nicklaus Children's Hospital® – part of Miami Children's Health System – is South Florida's only licensed specialty hospital exclusively for children, with more than 740 attending physicians and over 220 pediatric sub-specialists. The 289-bed hospital is renowned for excellence in all aspects of pediatric medicine and has many programs that are routinely ranked among the best in the nation. The hospital is also home to the largest pediatric teaching program in the southeastern United States and has been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession's most prestigious institutional honor.



**Nicklaus
Children's
Hospital**

MIAMI CHILDREN'S HEALTH SYSTEM 



3100 SW 62 Avenue, Miami, FL 33155
305-666-6511

For more information on locations and services,
please visit: nicklauschildrens.org

follow us on social media



You Tube™



Download our
FIT & KIDS CARE
APP
It's free! 





Special Thank You to
Joy Ortiz, MSN, RN, CCRN
for putting together this annual report.



**Nicklaus
Children's
Hospital**

MIAMI CHILDREN'S HEALTH SYSTEM 



nicklauschildrens.org