

Nurse Leader



In the Spotlight

Linda Nylander-Housholder,
RN, MSN, CCRN, ARNP

Linda Nylander-Housholder is the advanced care educator in the Staff & Community Education Department and works with all levels of staff from novice to expert. Linda received her nursing degree from Miami-Dade Community College, bachelor's degrees in nursing and science from the University of Miami and her pediatric ARNP from Florida International University. Linda is pediatric CCRN certified, the first nurse primer at Miami Children's Hospital, certified ECMO specialist, apheresis specialist, CPR, NRP, PEARS and PALs instructor.

Linda is a scout leader, cub master and merit badge counselor for Cub Scouts, Girl Scouts and Boy Scouts. In addition, Linda is known for her baking and cake decorating skills. Linda is the mother of six kids and has over 29 years of experience working with pediatric patients, specializing in intensive care. She has a great passion for teaching, whether in her role as staff nurse, charge nurse, or advanced care educator.

Before You Stick, Use J-Tip

By Alicia Lue, MCH IV Team



Hooyay for J-Tip!!! Here at Miami Children's Hospital, we are one step ahead of the game when it comes to pain management. Did you know that we are the first pediatric hospital in the State of Florida to use it?

J-Tip, aka 'the soda pop thing,' as it is referred by many of our patients, is one of our finest investments to date. For most children coming to Miami Children's Hospital, it has eased the fear of pain when it comes to needle sticks. Used in combination with buffered Lidocaine, the J-Tip is a painless pinch that results in immediate and complete numbing of the site where the IV catheter will be inserted.

I work on the IV Team and I could talk endlessly about all my wonderful patient experiences with J-Tip. Before J-Tip, placing an IV in a child was a troubling experience, as many children would kick and scream at the prospect. It was often necessary to use a papoose and many hands using all their strength to hold the child safely and to place the IV securely. When the child was crying and screaming, I did not know if it was because they were afraid of me and what I might do, or if it was because of the fear of the needle stick. And what parent wants to see their child screaming and crying repeatedly? I would often go home exhausted and saddened at the perception of the pain I had caused the children.

With the introduction of 'the soda pop thing,' my job has changed tremendously. As an IV nurse, it is most rewarding for me to hear children say 'thanks that shot didn't hurt at all.' Now, I have toddlers and school age children who willingly give me their hands to get their IV started. Is that amazing, or what?!!!

Remember the saying, "Before you stick, use J-Tip" to incorporate the J-Tip with buffered Lidocaine with other needle-related procedures.



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From the Desk of Jackie Gonzalez

Dear Nursing Team:

What a tremendous year we have seen! 2009 was full of challenges and achievements for our nursing team. Record patient volumes in the Emergency Department and inpatient units brought out the best in all of you as we rallied together in the spirit of teamwork that is a hallmark of the MCH nursing team. You juggled the stresses of a full house with remarkable dedication and poise. Our patient satisfaction scores tell the story, in the midst of this increase, we continue to earn high marks from patient families even during peak census days, especially as it pertains to nursing care. The many positive comments that are coming from our families through feedback, including the Extra Mile, the Daisy Awards and the Get Well Network have been tremendous. At the end of this month, over 70% of our staff will have participated in the MCH Way. The nursing department has taken a leadership role in the usage of Lean to improve our processes. Over 658 clinical staff members have completed the MCH Lean module on CHEX and there is a lot of activity in every area in kaizen and “5 S” activity.

Other highlights of the year gone by included several exciting facility openings that are testimony to our commitment to offering the very best to the children and families we serve. The MCH West Kendall Center opened its doors and was quickly embraced by the community. Patient activity at the West Kendall urgent care, rehabilitation and imaging services is far exceeding projections. Meanwhile, growth at the MCH Doral Center, which opened in 2008, continues to outstrip expectations. The success of these facilities shows the strength of our brand and the value of our commitment to being “where the children are.”

The opening of the Michael Fux Family Center on the main campus is another exciting achievement and speaks to the heart of what we do and why we do it—for our children and families. This new center features a movie theater, library, laundry facilities and fitness gym and will bring a level of comfort and convenience to our patients and their families that is unprecedented in children’s hospitals. Nursing-led initiatives continue to bring exciting results. Our hand-hygiene scores are rising to new heights as the Squeaky Clean project continues to enhance awareness, a result of your commitment to teaching children the importance of washing their hands. Also, our Humpty Dumpty patient falls-prevention program has continued to grow. It is now in operation in 9 different countries, serving over 250 hospitals. MCH nurses built this program and its quality has sustained and impacted pediatric patient quality throughout the world over the past 4 years.

As the year comes to an end, it is clear we all have much to celebrate. We are part of a dynamic health system that continues to grow and change to meet the needs of the community. And we are blessed to hold meaningful jobs that allow us to make a difference in the lives of children and families. Thank you one and all for everything that you do. I wish you and your families every blessing this holiday season as we put the finishing touches on a year of great progress.

Sincerely,

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



‘Leaning’ Toward Excellence

By Joy Ortiz, RN, CCRN, NICU

Want to work more efficiently? Decrease wasted time, energy and resources? Start a Lean project! Recently, the NICU nurses decided to evaluate areas in our unit that could be streamlined for better efficiency using the Lean methodology. By now, most nurses have taken and passed the Lean module and we felt that this would be a good time to implement the procedures we have learned.

First, we identified “value.” The question was asked, “What is an activity that we perform frequently that immediately benefits the patient/family?” Our clean utility room was a place we visited regularly to obtain supplies for patient care. It is evident from the “before” photo that the room could use some organization. Next, we identified the “Value Stream.” “We identified step-by-step what we do to achieve the defined activity (in our case, finding and obtaining patient care supplies quickly and efficiently). In the ICU, having needed supplies at hand quickly is critical.

Next, we “Established Flow.” We lined up and listed only those steps in the process that did not waste time or resources. We identified and listed supplies by their order of frequency and urgency of use. After that, we “Implemented Pull.” We took our organized supply list and started a project that only utilized the essential steps, eliminating waste. Supplies we did not use on a regular

basis were eliminated or placed on shelves that were further from the main entrance areas. Those that were used frequently or that needed to be obtained quickly were placed in areas easily accessible from, or close to, the entrance doorway.

After our project was finished, we encouraged staff feedback on the newly organized area. A main fundamental of Lean is to improve the process to perfection. We will continue to analyze our project in order to improve and eliminate waste. Want to start a Lean project in your unit?

Follow the 5S system:

Sort: Separate nonessential items from the essential ones in your work area

Set in Order: Determine effective and efficient storage methods

Shine: Thoroughly clean and organize your space

Standardize: Systematize the practices that work best

Sustain: Constantly look for areas for improvement in your new system.

Thank you to the following nurses who contributed to our new, efficiently organized and clean utility room: Jane Larew, RNC and Elena Ortega, MSN, ARNP, CCRN.

BEFORE



AFTER



Infection Control Corner

Infection Prevention and Control

By Cathy Viar, RN, CIC and Barbara Simmonds, RN, CIC

By the time the newsletter is distributed, the 'flu season' will be in full swing. We estimate seasonal influenza will be here from October through March but, as you know, this year we are blessed with "Novel H1N1 Influenza A," previously known as "swine flu." Currently, this influenza is no more contagious than the seasonal influenza, but can be deadly in certain instances.

So, how can you stay healthy and protect yourself as well as your patients? Wash your hands, wash your hands, wash your hands! And if you are within 3 to 6 feet of a coughing, hacking patient, make sure you are wearing your mask and eye protection. If performing open suctioning, assisting with bronchoscopy or intubation, etc., wear an N-95 mask. They are available in three sizes and you should have been fit-tested by now to ensure the best fit for your face. It is also imperative that you get your vaccine!! The seasonal vaccine should be here in August and we hope to have the vaccine for H1N1 available in October or early November.

To demonstrate the level of flu-related activity we have already had this year, compared with previous years, the number of patients who tested positive for influenza at MCH were as follows:

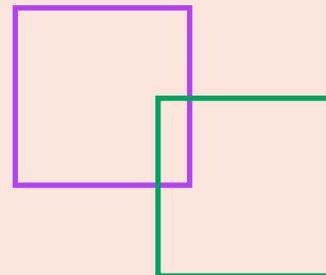
2008	2009
May – 24	May – 228
June – 18	June – 483
July – 8	July – 508

Talk to your colleagues in the ER and OPC and feel their pain! Please note that the updated policy for isolation precautions is on the portal and new signs are available.

Our policy meets the CDC Transmission Based Isolation Precautions. There are now only three categories of precautions, which should be less confusing. These precautions are Contact, Droplet, and Airborne. The three types of precautions/signs are in addition to Standard Precautions. Remember the first portion of this article that talked about hand hygiene and when to wear

masks and protective eyewear? That is part of Standard Precautions. The Infection Prevention and Control liaisons will be conducting the in-services and signs should be in place. Each unit will have a number of signs but if you exhaust your supply, more will be available in the OA's office which means that they are readily available around the clock. For some patients, it may be necessary to use two categories.

How do you know when to use which sign? If you have not been able to attend one of the in-services, or cannot remember, the policy is on the Portal. Go to "Documents, click on Infection Control System wide policies, click on Isolation Guidelines" and the policy will be there. The appendix "A" in the back of the policy lists by Infection/Condition any diagnosis you may need, type of card that needs to be placed on the door/bedside, and also lists the duration of precautions. While it sounds confusing to access, it is not really complicated and the appendix does have some great information. If you have questions, please feel free to call us at ext. 2399 for answers.





2North Artwork Inspires and Beautifies

By Annalyn Velasquez, ARNP

Upon entering 2North, the hallways resemble those of an art gallery. Spotlights highlight masterpieces produced by children. Various types of work can be seen, ranging from collages and watercolors to Asian-themed pieces. The name and age of the artist is printed just below their framed efforts.

These perfectly placed pieces adorn the walls of common areas and patient rooms alike. This project was spearheaded by Katie Buschmann, art teacher for Coral Gables Elementary School, who guided her students, grades 3 through 5, through this creative process.

Roumiana Katzarkov, Director of MCH's Medical Library, was the liaison between the school and MCH, while also exhibiting her interior decorating skills in showcasing the art throughout the unit. Ms. Katzarkov said, "Katie is great, very enthusiastic and just wonderful." The participating students were aware that their art would be displayed at Miami Children's Hospital and were very excited about the project.



Tuning in to the Voice of the Little Consumer

By Danielle Brink, RN

Fvery fall, the American Nurses Credentialing Center holds its annual National Magnet Conference. I would like to share my experience at the 2008 conference held in Utah and encourage MCH nurses to attend the conferences when possible.

The ANCC conference is an enriching experience. At the conferences, hospital nurses prepare and present findings, covering topics and issues that they have researched and implemented at their institutions. The information shared in this way can easily be correlated to real world daily activities, and at times, past personal experiences.

Each year I experience a new sense of enthusiasm about Magnet and the important role nurses play in healthcare. A highlight of last year's conference was a presentation by Nancy A. Ryan-Wenger of Nationwide Children's Hospital Columbus, Ohio, titled "What is Quality Nursing Care from the Children's Perspective?"

Ms Wenger noted that in an era of economic uncertainty, hospitals are more often than ever finding ways to increase patient and family satisfaction while attempting to control costs where possible. They are doing more with less, but not at the expense of patient care. Unfortunately, an aspect of patient care that may not always be readily identifiable in many institutions is the quality of care from the child's perspective. Ms. Wenger presented findings of an interesting study that reminds us that we must not grow too accustomed to the sterile routine of work.

She noted that children's wants, expectations and needs are different from those of their parents or other responsible adult. According to research findings, for a child, a good nurse was kind, trustworthy and had a sense of humor. Children's fears during hospitalization are also different from adult fears. Children fear strangers, unfamiliar places and getting hurt. Children respond that the most important events in their hospitalization were: family visits, getting better, visits from friends, fun activities, nursing communication, needs met, and volunteers. Parents, meanwhile, cited responsible nurses as the most important element of their child's hospitalization. Though responses varied with the age of the children responding, most pediatric patients identified negative aspects of their stay as: Not being introduced to other children in the hospital, excessive noise levels at night, insufficient privacy, loneliness and boredom. Ms Wenger's presentation included many valuable tips for customer service through a child-centered perspective.

To contact Ms Wenger or for more information, send inquiries to Nancy.RyanWenger@nationwidechildrens.org

Copy the following link to your web browser to see a presentation of Ms. Wenger answering questions about her study: <http://www.youtube.com/?v=U6Nqhv85X6w>

For information regarding future ANCC conferences, go to www.anccmagnetconference.org



Minor Procedures Suite

By Deann Johnson, RN

The Minor Procedure Suites opened in July 2008. The new department consists of four procedure suites, a six-bed pre-op area, a three-bed recovery room and a five-bed post-op II area. When the unit was first opened, the main procedures performed were GI cases such as endoscopies, colonoscopies, sigmoidoscopies and liver biopsies. Ph probes are also placed by the minor procedure staff.

For colonoscopies, the patients are usually NPO for solid food for two days, and are on a clear liquid diet for two days. The patient must also drink magnesium citrate and have placement of a Dulcolax suppository prior to the procedure. This produces a large amount of stress for the families and the patients. It must be emphasized to families that if the patient is not clean, the visualization of the colon is poor and the ability to make a diagnosis can be difficult. For a sigmoidoscopy, the patient is NPO for only one day as the whole colon is not visualized. The patient must also drink magnesium citrate and undergo placement of a Dulcolax suppository prior to the procedure.

For endoscopies and capsule endoscopies, the patient is NPO for solids after midnight and must stop clear liquids within two hours of arriving at the minor procedure suites. No prep is required for endoscopies, but there is a prep for the capsule method, which involves consumption of a bottle of magnesium citrate and a clear liquid diet for one day.

Capsule endoscopy is a relatively new procedure in which a patient swallows a capsule with a camera inside that takes

pictures every two seconds as it travels through the small bowel and helps assess for Crohn's disease or colitis, by taking a picture every two seconds. Standard colonoscopies are unable to reach this distance. The patient wears a data recorder during the procedure. The patient usually excretes the capsule in the stool. The process usually lasts about eight hours.

Lactose breath tests, anal manometry and capsule endoscopy placement, are performed on an outpatient basis. When we first opened, the case load was between six to 10 a day. Daily caseloads now range from 10 to 22 cases, with one to three rooms in operation at any given time.

When the unit first opened, the staff consisted of three registered nurses, one care assistant and one ARNP. We have now grown to seven RNs, two care assistants, one ARNP and one transporter. Our range of procedures has also expanded. Besides GI cases, we now have dental clients, lumbar punctures, bone marrow aspirations, a fracture clinic, PICC line placement, and dermatology cases.

Hours are now 6:30 a.m. to 5:30 p.m. in order to accommodate inpatients and outpatients. The Director of the Minor Procedure area is Carolyn Domina, ARNP, MSN, CNOR, Director Perioperative Services.

The Manager is Daisy Mora, RN, ARNP, and the Clinical Coordinator is Deann Johnson, RN.

Patient and Family Artwork Makes a Difference in CICU

By Emily Zubiria, RN, CICU

TFor a child, a hospital admission can be not only a worrisome experience, but a boring one as well. While stuck in a hospital room, often isolated from family and friends and normal activities, the minutes can seem like hours and the hours like days.

Miami Children's has an excellent commitment to our patients. We truly strive to make each child's stay as fun-filled and close to normal as possible. Over the past several months, the Cardiac Care Center has expanded on this commitment by initiating a project that not only provides patients with needed creative distraction, but also helps to brighten up the hospital environment and allows the child to leave their mark in the unit.

This project, started by the Cardiac Care Center's Family Centered Care Committee, gives older children the opportunity to paint ceiling tiles, which are later hung on the ceiling where they brighten the center environment. Children are given a ceiling tile and fire-resistant paint and are encouraged to create a picture of their choosing and sign their artistic creation. The tiles are then

placed above the beds in the patient rooms. So far, the tiles have only been placed in several of the rooms on the Cardiac Intensive Care Unit. However, we intend to expand to rooms on 2NE, as well as hallways around the Cardiac Center once we have more tiles to be placed.

The tile-painting activity allows the child to express him or herself therapeutically and offers a distraction and an opportunity to leave their artistic mark in the unit. The children take pride in the tiles and are ecstatic to see them placed. We have also allowed siblings of younger patients to take part in the project as well, enabling them to feel as if they are a part of the hospital experience. Our Child Life Specialist has been a champion of this project from its inception, helping provide supplies and coordinating with other members of the MCH team in getting the tiles placed. Hopefully this project will extend to other units as an additional expression of Miami Children's commitment to child-friendly and family-centered care.



DAISY Award Celebration

The following are recent DAISY award winners. Congratulations to these nurses for making a difference in the lives of the patients they serve.



- June: Margot Sarratea, RN, Radiology
- July: Cindy Pelley-Johnson, RN, CVICU
- August: Dania Vazquez, MSN, ARNP, Psychiatry
- September: Soerrete Joseph, RN, BSN, PICU
- October: Laura Hernandez, MSN, ARNP, CPN





Extra, Extra, Extra!

The Committee for Professional Development thanks all who participated in our 'name the nursing newsletter' contest.

Congratulations to Sherry Lanthier of NICU for winning the contest to name the online nursing newsletter. Starting 2010, the *Pursuit of Excellence* will be published as "Nursing Matters".

Pursuit of Excellence is produced quarterly by and for the nursing staff of Miami Children's Hospital in collaboration with the Marketing department

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Food For The Soul

Food for the Soul is a regular feature of the Pursuit of Excellence newsletter. MCH nurses share favorite recipes such as this one by Marjorie Torres, RN, NICU.

ULTIMATE PARTY MEATBALLS

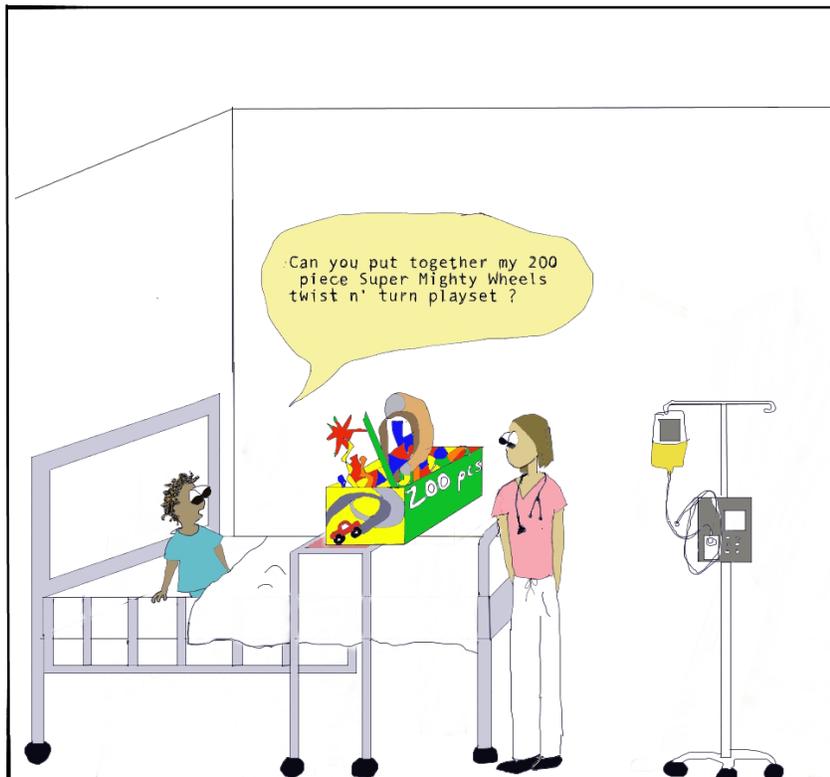
Ingredients:

- 2 one-pound bags frozen pre-cooked cocktail-sized meatballs (about 64 meatballs)
- 1 16-ounce can Ocean Spray® jellied cranberry sauce
- 1 12-ounce bottle Heinz® chili sauce
- 1 teaspoon cumin
- ¼ teaspoon cayenne pepper

Directions:

Combine sauces. Cook over medium low heat, stirring constantly until smooth. Add prepared meatballs and stir mixture occasionally for another 15 minutes, or until meatballs are heated through. Add cumin and cayenne pepper to sauce while cooking. Serve hot.

Enjoy!!!!



Yet another vital skill they never teach you in nursing school....

Reminder Box

Did you know that you are not permitted to arrive late to an MCH education class? Please allow plenty of extra time to make it to your scheduled class, particularly during high volume traffic hours.

Don't forget to CHECK THE MCH PORTAL for updated policy information.

Don't be caught unprepared!