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Nurse Leader



In the Spotlight

Madelyn Sofia Ogle

**Operations
Administrator**

Degrees:

- AA, Miami Dade Community College
- BSN, Florida State University

Career Highlights:

- MCH, worked as 3N Manager
- MCH, currently working as Operations Administrator for the past 15 years.

Family Background:

- Born in Cuba and raised in the United States
- Married with three children (Lia, Kayla, and James), two stepchildren (Stacey and Tim) and one grandchild (Jordan), with another grandchild due in June

Hobbies:

Dancing Salsa, watching football games, riding motorcycle, exercising, and spending time with family

Other Interests:

- Worked as a parent volunteer in health education class and Safesitter class

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PURSUIT OF EXCELLENCE

PUBLISHED FOR THE NURSING STAFF OF MIAMI CHILDREN'S HOSPITAL

Volume 5 • Issue 1 • Spring 2004

College From Your Bedroom: Is An On-Line Program Right For You?

By Sarah Turpel, RN



Have you been considering returning to school to complete your BSN or MSN? Do you find that you repeatedly promise yourself you'll do so "next semester"? Are you worried about working school into your already busy schedule, or about being able to get the days off that you need to attend class? If you answer "yes" to any of these questions, an on-line degree program may be right for you. Distance learning, or on-line degree programs are the latest trend in making degree programs more accessible to working adults. On-line degree programs are available in many fields, and RN-to-BSN and BSN-to-MSN programs are especially suited for working nurses.

"No way," you might be thinking, "I'm not disciplined enough to do an on-line program. I need somebody to make me go to class." You might be surprised at how structured online classes have become. Many have minimum requirements that oblige you to log in and go to class several times per week for short periods of time. This type of class attendance is particularly convenient for those working 12-hour shifts, as it makes it possible to attend class without having to take an entire day off. Many people think that on-line means "at your own pace," which is not the case with most programs. Classes have start and end dates, clear deadlines for assignments, and expectations for class attendance.

Another common misconception about on-line courses is that they lack opportunities for interaction with other students. In fact, opportunities for interaction may be greater with distance learning as compared to traditional classes. With traditional or "ground classes," students meet only once or twice a week for two to three hours. In a web-based class, the students meet via cyberspace throughout the week. In addition, interaction is enhanced by the ability to read and really understand the contributions of all class members prior to responding.

"Convenient, yes, but it's just too expensive," you say? Yes, on-line degree programs are more expensive than attending a traditional state university. However, once you factor in

time spent traveling, parking fees, and gas money, you may find that the cost difference is not as much as it first appears. There is money available to assist RNs in pursuing an advanced nursing degree, in addition to the MCH tuition assistance program. Many professional nursing organizations offer scholarships for members and an Internet search reveals that companies such as Johnson & Johnson offer scholarships for nurses from various backgrounds and specialties.

Is an on-line program for you? Go to www.lifelonglearning.com and take a quick assessment questionnaire to help you decide. This website also offers links to various colleges and universities that offer on-line programs, so you can compare and contrast. Other good websites can be found by typing "online degree programs" into your web browser. You can also ask your colleagues. Several MCH RNs are already completing on-line degrees.

The Internet is already a fixture in our professional lives, used for completing mandatory education, administering medications, and getting patient/parent teaching materials. On-line degree programs are just one more way that the Internet can impact your career in a positive way.

In this issue

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Magnet Nursing Research Conference

Cord Blood Donation



Nurses Week to Commence May 6

“Your Voice, Your Health, Your Life.” That is the theme for Nurses’ Week 2004 to be held May 6 through 12. Here is a schedule of events at MCH:

May 6 - Ceremony/Nursing Excellence Awards, 9 a.m. to 11 a.m., Main Auditorium; Luncheon buffet, 11:30 a.m. to 1:30 p.m., Conference Rooms A & B

May 9 - Dinner, 6 p.m. to 9 p.m., Conference Rooms A & B

May 10 - Nursing Grand Rounds by Magnet Committee, time TBA

May 11 - Breakfast, 7:30 a.m. to 10 a.m., Conference Rooms A & B

May 12 - Closing Ceremony/ Nursing Honors Presentation, 2 p.m. to 4 p.m., Conference Rooms A & B

Other activities: massages, food trays to the nursing units and other departments with nursing personnel throughout the week.

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Nursing Leader



In the Spotlight

Other Interests:

- Served as MCH United Way Leadership Chairperson and United Way Campaign Chair and Co-Chair since 2001
- Very active at children's school, including coordinating and cooking for the annual spaghetti dinner fundraiser, treasurer of parent-teacher group and more.

From the Desk of Jackie Gonzalez



Thanks to all of you for your continued patience and stamina during these days of high patient census combined with on-going renovation and construction. As I am sure you can see, the campus has begun to take on new life and character. Here is an update on a few of the projects:

1. The very challenging encapsulation project, which includes the paneling and window replacement, is scheduled for completion by May 1.
2. A new main lobby is under construction and scheduled for completion June 1.
3. A groundbreaking for the new Ambulatory Care Building is slated to take place in the late spring.
4. The OR is undergoing expansion and renovation to improve work space.
5. Construction is underway in 3 South to improve patient rooms and create more efficient and spacious work space to enhance work flow.
6. All exterior painting on the property will be complete by the end of this summer.

Please take advantage of the MCH portal for the most-up-to-date information on construction news and MCH happenings. It is there for you!

In December, during my rounds with all of you, I asked two questions. The first was: “What do we do well?” The most frequent responses provided were: teamwork, customer service, family centered care and the positive impact we have on families. You also said Miami Children's is a fun place for staff and patients, that we do a good job of supporting and recognizing nurses, and that we have excellent educational and preceptor experiences to help us grow. Here at MCH, our patients come first and we deliver excellent nursing care!

I am sure as you read this you will agree that we have much to be proud of here at MCH.

The second question I asked was: “What can we improve?” The top concerns you shared included: cleanliness; cafeteria food and hours of operation; and equipment, including beds, cribs and wheelchairs. I said I would follow up in this newsletter as to the actions that have resulted regarding your concerns. Cleanliness is a top priority for the organization and already there are changes in effect that are making a difference. Soon you will be hearing about a hospital-wide “Appearance Campaign.” Cafeteria related concerns are being addressed with an extension of cafeteria hours, new menus, and planning for renovation of the dining area. The renovation work is expected to encompass several weeks, so please bear with us. As for equipment availability, this is being addressed by Technical Support in cooperation with department directors. Materials Services is also getting ready to launch a Central Transportation Department which will assist everyone with moving patients on and off the floor. While this department will be helpful and will reduce the overall transportation workload, the nursing team will be needed to help with patient transport activity requiring more intensive care and monitoring.

I hope that you will continue to offer suggestions for improvement. I greatly appreciate your participation in being a part of solutions to benefit our patients and everyone. Again, thank you for your continued patience and cooperation as we continue to grow and improve!

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



Nursing In Germany: An MCH Nurse Shares Her Cultural Exchange Experiences

By Chantelle Mouttet, RN

As a Florida International University master's student, I was afforded the opportunity to travel to Germany as an exchange student through a certificate program entitled "Interdisciplinary Family-Focused Health-Care Across Cultures." In this program, I took several courses, studying family nursing theories, cultures and working in interdisciplinary healthcare teams. The program was part of a grant that encompassed six universities, three from the United States (FIU, University of Wisconsin Eau-Claire and Capital University), the University of Witten-Gerdecke (Germany), a university in Finland and another in Italy.

Upon arrival in Germany, I became a member of the University of Witten-Gerdecke and was able to take part in classes with the master's nursing students there. Participating were four students from the United States (two from FIU and two from UW Eau-Claire). As part of our program, we were also given the opportunity to visit several hospitals in Germany to observe and learn how nurses work. We visited a total of six hospitals all over the country, giving us a rare opportunity to mix travel with school work.

What is nursing like in Germany? As in the U.S., staffing and salary are major issues. In some respects, nursing in Germany is behind the U.S. practice. There are no nurse practitioners in Germany and nursing education can be most readily compared to the diploma level here in the U.S. Many nursing schools in Germany are still part of the hospital and only a few universities offer a bachelor's or master's degree in nursing. Many nurses in Germany have less autonomy and participate less in decision making as compared to nurses in the U.S. And many German hospitals still do not permit parents to spend the night with their children. "Rooming in" is still considered a novelty. Some minor differences observed were the fact that nurses wore open-toed sandals and windows were open even in the Intensive Care Units, because air conditioning is not used in Germany due to the climate.

In Germany there are also many professionals practicing homeopathic medicine. The use of home remedies and herbs is well practiced in many German households. Germany is one of the leading countries in classifying and controlling herbal remedies. I was able to learn about herbal therapies, teas and poultices as used in some hospitals and clinics. I also attended a workshop on "basic stimulation," a form of communication through touch used with premature infants and developmentally delayed children.

The opportunity to travel and spend time in Germany was an amazing educational experience. It not only enhanced my nursing career, but increased my appreciation for different cultures. Many thanks to all who made this possible!

University Of Pittsburgh 'Joan K. Stout, RN' Nurse Scholars

By Patricia R. Messmer, PhD, RN,BC, FAAN

Three University of Pittsburgh "Joan K. Stout, RN" nursing scholarship students spent the fall 2003 semester at Miami Children's Hospital, completing a course of study that combined clinical experience in the medical-surgical and intensive care units with videoconference sessions with their University of Pittsburgh instructor, Rose L. Hoffmann, MSN, RN.

The three - Sherri Baker, Danielle Hodge and Melissa Koske - were honored at the conclusion of the semester in December during a luncheon attended by Joan K. Stout, RN, FAAN, President and Manager of the Hugoton Foundation.



In December, Jackie Gonzalez, ARNP, MSN, Vice President/Chief Nursing Officer joined Joan K. Stout, RN, FAAN, President and Manager of the Hugoton Foundation (second from right) and Patricia R. Messmer, PhD, RN, BC, FAAN, at a luncheon recognizing the three University of Pittsburgh students who spent a semester at Miami Children's Hospital.

Dr. Stout was instrumental in funding two of the three students' educational experience at MCH through the "Excellence in Nursing Fund" provided by the Miami Heart Research Institute. The third student was funded by the MCH Frida Hill Beck Center for Education and Innovation. MCH's Patient/ Family Services Department provided the housing for the three students.

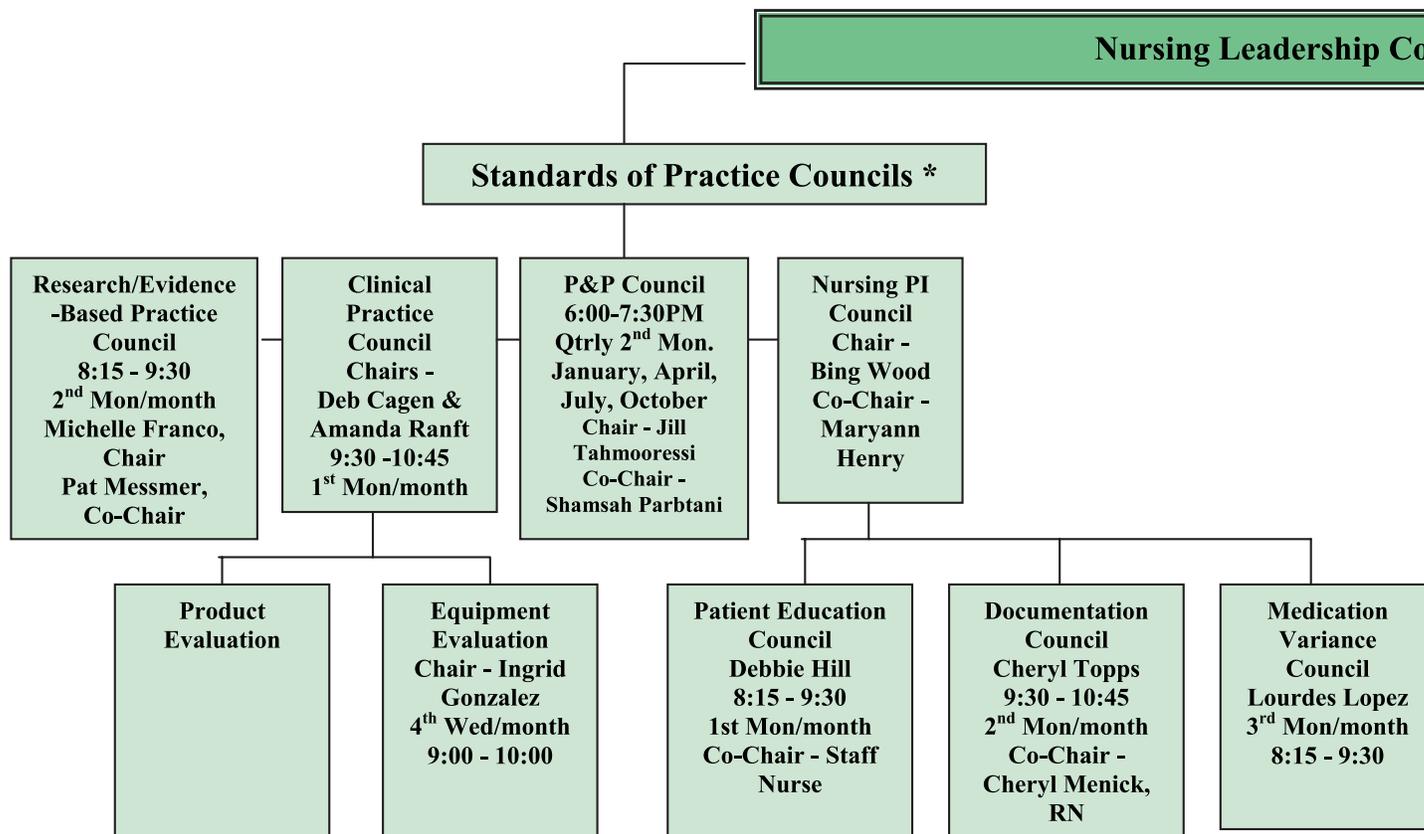
During their semester at MCH, the students took part in videoconferences every two weeks with their University of Pittsburgh instructor and accessed the university's website for their class assignments. The first half of the semester was spent on the hospital's medical-surgical units and the second half in the intensive care units.

Many MCH nurses played key roles in the education of the University of Pittsburgh students. Clinical nurse specialists Debbie Hill-Rodriguez, ARNP, MSN; Dania Vasquez, ARNP, MSN; Ingrid Gonzales, MSN, RN; and Debbie Cagen, ARNP, MSN, coordinated the experience with a group of preceptors. Working with Danielle were Carrie Rankin, RN (2E) and Sherri Claudia Garcia, RN (PICU). Preceptors for Sherry were Lolita Clarington-Lee, RN, MSN (3 NE) and

Continued on page 5



GOVERNANCE COUNCIL MEETING DATES AND 2004



All Meetings are Held in the N.O.C.R. with the Exception of the Following Committee Dates:

Patient Education & Clinical Practice: 3/1/04 - 2E/NICU C.R.

Magnet & Rec/Ret/Recog: 9/27/04 - 2E/NICU C.R.

Nurses' Week: All meetings will be held in the 2E/NICU C.R. with the exception of: 4/21/04 & 5/19/04 - NOCR

RISE: 1/6/04, 10/5/04 & 12/7/04 - 2E/NICU C.R.

Frida-Hill Beck: All meetings will be held in the 2E/NICU C.R.



COUNCIL TIMES

Continued from page 3

Nurse Scholars

Nancy Crego, RN, MSN, CCRN (CVICU). Melissa's preceptors were Aimee Richardson, RN (3East) and Raquel Hernandez, RN (CVICU).

Also supporting the students was the Department of Education and Professional Development. Pam Wessling, ARNP, MSN, BC, and Natasha Melbourne, ARNP, MSN, of the Education Department helped set up a web-based orientation for the students. Linda Nylander-Housholder, ARNP, MSN, conducted a ventilator class for the students.

Other highlights of the experience included an observation with LifeFlight® and Sherri observed open-heart surgery. In addition, the students attended a conference on cultural competency and caring for patients from the Caribbean at the Florida Nurses Association Convention in Daytona Beach, Florida. They also attended the Haitian American Nurses Association (HANA) of South Florida annual picnic and the Jamaican Nurses Association of Florida open house.





Magnetic MCH Draws Visitors From Near And Far

By Patricia R. Messmer, PhD, RN, BC, FAAN

Representatives of hospitals in Jamaica, Alabama and Tennessee as well as from South Florida have visited Miami Children's Hospital in recent months to review and discuss Miami Children's successful journey toward Magnet.

Visitors met with Jackie Gonzalez, ARNP, MSN, CNAA, BC, MCH Vice President/Chief Nursing Officer; as well as Nurse Researcher Patricia R. Messmer, PhD, RN, BC, FAAN; Maria E. Soto, ARNP, MSN, MBA, Magnet Project Director; and Bing Wood, ARNP, MSN, Magnet Project Co-Director.

Here are some highlights:

- In December, Charlotte Dison, RN, MSN, CNAA, former Vice President of Baptist Hospital and an ANCC Magnet appraiser brought Thelma Campbell, Chief Nursing Officer of the Ministry of Health in Jamaica to MCH. Ms. Campbell is providing oversight of four hospitals in the Caribbean Islands that are in the early stages of the ANCC Magnet application process.
- Also visiting MCH in December were Kimberly Fisher, PhD, FNP, Research Nurse Director and Sandy Grimes, RN, BSN, Research Nurse Coordinator of Children's Foundation

Research Center, representing LeBonheur Children's Hospital in Memphis, Tennessee.

- In January, Jane Mass, RN, MSN, Senior Vice President of Patient Care Services of Jackson Health System and three of her directors, Mary Kontz, PhD, RN, Judy Jones, RN, MS, MBA, and Ann Lynn Denker, ARNP, PhD, came to meet with MCH Magnet leaders and view materials.



Jackie Gonzalez, ARNP, MSN, Vice President/Chief Nursing Officer and Pat Messmer played host in December to Thelma Campbell, Chief Nursing officer of the Ministry of Health in Jamaica and Charlotte Dison, an ANCC Magnet appraiser. Ms. Campbell is providing oversight to four hospitals in the Caribbean that are in early stages of the ANCC Magnet application process.

- In September, during the time of the MCH Magnet celebration, Joan Carlisle, DSN, CRNP, BC, Director of Nursing Education and Research at Children's Hospital in Birmingham, Alabama came to review MCH's Magnet process.
- Patricia Collins, RN, MSN, AOCN, from South Miami Hospital; and Lisa Quintero, RN, MSN, CCRN, from Memorial Hospital West also visited.

- In addition, Jackie Gonzalez presented a program on "Preparing for ANCC Site Visit" for the nursing leadership team at Holy Cross Hospital while Pat Messmer was invited by Tampa General Hospital in Tampa and Shands University of Florida in Gainesville to help the facilities prepare for Magnet site visits.

Magnet Nursing Research Conference

By Heather Miller, RN

In February, the nation's first Magnet Nursing Research Conference was held in Tampa. Fifteen MCH nurses attended. The conference was the first of its kind, not only in Florida but across the nation. Over 250 participants attended the event. MCH had five poster presentations, representing current nursing research projects, along with a presentation by Pamela Brown, PhD, RN, CCRN. Various nursing leaders from around the state presented their models of nursing practice and care. The new Magnet standards, known as the "14 Forces of Magnetism" were also introduced to the group. These will be the standards that MCH will follow when up for renewal. Imogene King, a special guest, discussed her theoretical model of nursing process. This conference was an exciting opportunity to see what staff nurses are doing in the various Magnet hospitals across Florida. This conference is set to become an annual event.



A team from Miami Children's attended the first ever Magnet Nursing Research Conference held in Tampa last February.



Cord Blood Donation

By Lori Sagona, RN

Cord blood is currently being researched as a treatment for patients with life-threatening diseases, such as leukemia and lymphoma, as well as certain immune system and genetic disorders. In the past, hope for a cure has focused on bone marrow transplantation. Cord blood is similar to bone marrow in that both are rich in stem cells that are the basic building blocks of the body's blood formation system. However, because cord blood stem cells are immature, they are easier to match between non-related donors, allowing for a more expedient match due to greater chances for recipients to qualify for transplant. In addition, the stem cell immaturity in cord blood decreases development of negative side effects such as graft versus host disease. Unfortunately, unlike bone marrow, cord blood is typically only available to pediatric patients as the amount used for transplantation is determined by size.

Cord blood collection is noninvasive and if not collected is simply discarded as medical waste. Cord blood can be collected for future use by the donor for a fee or can be donated and placed without charge in the national registry (National Marrow Donor Program) for transplantation availability. Cord blood is collected from the umbilical cord and placenta after birth and collection presents no harm to the mother or infant. Interested mothers-to-be should contact a local blood bank or collection facility before the 35th week of pregnancy when a kit is provided for the mother to give to the delivering doctor, who can then collect the sample. For more information, please contact Cryobanks International (www.cry-intl.com) at 1-800-869-8609 or the National Marrow Donor Program (www.marrow.org) at 1-800-627-7692.

N U R S I N G
 N E W S

CERTIFICATIONS

Kathleen Spence, RN, received her Certificate in Pediatric Nursing.

The following received a Certificate in Pediatric Oncology Nursing:

Jane Bragg, RN, MSN, MBA
Michele Franco, ARNP, MSN
Jeannette Garcia, RN
Laureen Metz, RN
Michelle Tai, RN

Trang T. Huynh, RN, has achieved Perioperative Nursing Practice certification.

Sarah Turpel, RN, received her Critical Care Registered Nurse certification.

Ruby Whalen, RN, has achieved Certified Clinical Research Coordinator certification.

PRESENTATIONS

Bing Wood, RN, MSN, ARNP, presented "Practical Strategies to Assess Staffing Effectiveness: Meeting JCAHO New Staffing Effectiveness Standards" at the NACHRI Quality Improvement Workshop in San Diego, February 29 through March 2.

Debbie Cagen, RN, MSN, ARNP, and **Bing Wood**, RN, MSN, ARNP, presented a poster on "Early Prevention of Skin Breakdown and Streamlining Beds: An Evidence-Based Practices Change" at the NACHRI Quality Improvement Workshop in San Diego, February 29 through March 2.

Linda Lever, RN, was chosen as one of 17 finalists from around the state to present at the 17th Annual Conference on Clinical Excellence to be held in Orlando in March. This annual event is sponsored by the Florida Nurses Association and is designed to honor expert nurses in clinical practice. All participants must be nominated by an FNA member. Linda was chosen out of 135 individuals nominated from throughout the state.

Natasha Melbourne, RN, has been accepted to make a poster presentation at the National Nursing Staff Development Organization's annual meeting in San Diego next July. The topic of the poster is "Web-Based Orientation for Nursing Students."

Also, Natasha has been selected as an evaluator for the National League for Nursing Accreditation Commission, an organization that evaluates all types of nursing education programs.

RECENT EVENTS

The Neonatal Intensive Care Unit held its 26th annual NICU Reunion Party on February 22. A record 450 patients and family members were in attendance.

Critical Care Transport Nurses Day was February 18. Congratulations to our Critical Care team!

COMING SOON

Pursuit of Excellence on Portal

Starting in April 2004, a monthly "Pursuit of Excellence" flier will be posted on the portal to keep MCH staff updated between quarterly newsletters.

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

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Celebrate Spring



"When we say we accept most forms of payment, hmmm... check or credit card are usually preferred..."

Food For The Soul

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

IRISH TEA CAKE

Ingredients:

1 pound (2 1/2 cups) mixed dried fruits
1 3/4 cups strong cold tea
1 cup brown sugar
2/3 cup chopped walnuts
2/3 cup glace cherries, rinsed, dried and quartered
1 large egg, beaten together with two tablespoons milk
4 cups self-rising flour

Directions:

Soak the fruit in cold tea mixed with sugar overnight. Preheat oven to 325 degrees. Grease two one-pound loaf tins.

Stir the remaining ingredients into the soaked fruit. Turn into prepared tins and bake for one hour or until golden brown on top and springy to the touch in the center.

Cool on wire rack. Slice into thick slices and spread with butter to serve.

MCH-RDP03/2004-O


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J Files & "U"

A Newsletter from the Continuous Survey Readiness Team

Editor: Ingrid Hunter • Design and Layout: Hortensia Cesar

March, 2004

Team Members: Ingrid Hunter, Chair; Mirtha Gonzalez; Jill Tahmooressi; Bing Wood; Helga Robionette; Janet Bell-Taylor; Ana Poveda; Pascale Prepetit; Don Lewis; Dottie Thomas; Alan Sheffield; Liana Tidwell; Jackie Gonzalez; Christian Patrick; Elizabeth Menocal; Loubna Noureddin; Debbie Hill-Rodriguez; Elizabeth Greene-Tauechel. The team is responsible for ongoing knowledge and assessment of our compliance with JCAHO standards. Members work with Directors & Staff to keep "continuously ready" for any unannounced or scheduled survey. Responsibilities are related to functions (chapters) in the JCAHO Manual. All Vice Presidents are Ex-Officio members.



A MESSAGE FROM THE CONTINUOUS SURVEY READINESS TEAM

We all have responsibilities with patient safety and being continuously ready for any survey. Readiness is basically doing our jobs—Providing **quality and safe** patient care in a **safe environment** and being proud of our work and facility. **We do a very good job!!** We thank everyone for continuing to do daily what is needed to meet our patients' & families' expectations and needs. Let's Continue our daily practices to provide:

- High quality of care/ services,
- A safe environment
- Patient Privacy and Information Confidentiality
- Collaborative Care and Communication throughout the Continuum of Care
- Proper response to specific codes such as Code Water, Code Blue, Code Red, Code D, etc)
- High quality customer service
- Accurate and timely documentation

JCAHO is using a new survey process beginning this year which will be used for our regularly scheduled survey in 2005. To help us understand and experience this survey process, we have hired consultants from joint commission resources (JCR) The purpose of this visit is two fold:

- Educational- giving us an opportunity to learn how the new process works and the focus of current surveys.
- Assessment of our readiness- Identify compliance with Standards and areas to improve

THE INFORMATION BELOW IS TO HELP "U" PREPARE FOR OUR SURVEY CONSULTANT VISIT

Please consider this consultation as if it were our actual survey

SURVEY PREPARATION CONSULTANTS- April 12th, 13th and 14th 2004

Survey Process News • What You Need to Know

JCAHO NEW SURVEY PROCESS

<ul style="list-style-type: none"> • Assessing Patient Care: Surveyors spend more time assessing patient care (spend 1.5 to 3 plus hours in a patient care area/clinical department) using the Tracer Methodology (see below) for reviewing the care of individual patients and for reviewing systems such as infection control and medication management, data usage 	<ul style="list-style-type: none"> • Emphasis on systems: What is the process? What are the risk points? What is the organization doing to minimize risk? Identify potential vulnerabilities in care processes; Special Issue Resolution Session may be requested to look further into a process where inconsistencies were identified
<ul style="list-style-type: none"> • Observations/Demonstrations: Surveyors observe how you provide a dressing change, obtaining a med from the pyxis medication administration process, care planning process; hand washing technique 	<ul style="list-style-type: none"> • Staff Values Surveyors are listening for what values from staff that they will hear; Examples-Passion for children and families; pride in their work; working as team

TRACER METHODOLOGY

JCAHO Definition: Tracer Methodology: "A process which surveyors use during the on-site survey to analyze an organization's systems, with particular attention to identified priority focus areas, by following a number of active patients through out the organization's health care process in the sequence experienced by the patients"

WHO'S INCLUDED: A patient is selected who is currently "in-house". The surveyors will follow the course of care and services provided to patient using the patient's medical record. Review starts on the unit where the patient resides and then surveyor may visit wherever that patient received care/treatment/service

EXAMPLE: if a patient is on 2E and was admitted from ED, went to Radiology for tests, had surgery in the OR recovered in the PACU, went to the PICU, received blood transfusions--- it is possible that ALL of those areas would be visited including the Lab to review how blood is handled, transported, etc. Time spent in each area will vary from approximately 1.5 to 3 hours)

The **Tracer Methodology** is patient oriented and evaluates performance of processes relevant to an individual patient.

Surveyors use the **Tracer Methodology** to:

- Determine how care is provided in the continuum (inpatient and outpatient settings),
- Assess relationships among disciplines and important functions
- See how the environment of care plays a role in patient safety.
- Determine Staff level interaction
 - Performance measurement
 - Daily roles and responsibilities
 - Training and orientation
- Review of policies and procedures as needed
- Review additional medical records as needed to assess the identified issue
- Set of components that work together toward common goal
- Evaluation of how and how well systems function
- Translate standards compliance issues into potential vulnerabilities
- Discuss care with the patient and/or family
- Observe Patient Privacy and Confidentiality of Information

- **MEDICATION MANAGEMENT** - Be ready to discuss the entire medication process from Order to Administering and monitoring effects.
- **INFECTION CONTROL** - Especially handwashing, use of alcohol rinses; Be able to discuss infections on your unit.
- **NATIONAL PATIENT SAFETY GOALS** - How have you implemented these in your area.
- **COMPETENCY ASSESSMENT**- How are you competent to do your job? How is competency assessed? Age Specific Competencies?
- **COMMUNICATION** -how the patient care team communicates!
 - Interdisciplinary communication
 - transfer of patient information from Patient Care Unit to Unit to another unit or to a department for testing or to and from the OR
 - how you obtain patient information for a previous admission? previous ER Visit or observation visit
 - how you involve the patient/family in care decisions and education process
- **ASSESSMENT/REASSESSMENT**
 - Initial Screening for Nutritional, Functional, Cultural etc.
 - Head circumference-MCH - required for patients <2yrs old
 - Restraint / Seclusion Process
 - Pain Management
 - Result (Outcome) of intervention
- **PERFORMANCE IMPROVEMENT**- YOUR Knowledge of the following as they apply to your unit/department:
 - Organization PI Projects/Data usage*
 - Improvement Activities in your Department
 - Safety Projects/improvements
 - Staffing Effectiveness Indicators/Improvements*
 - Oryx Measures-Indicators/data/improvements* What is ORYX; which indicators relate to your unit/department? What does the data show?
 - Clinical Guidelines - Do you use them; have they improved care
 - JCAHO Publication on Sentinel Event Alerts* - Which apply to your patient care unit/department? Has the organization/your department changed anything to help prevent such an event.

* **ACCESS MCH Portal** -Left side under **Continuous Survey Readiness/JCAHO**



KEEPING YOUR UNIT/DEPARTMENT SURVEY READY

- Make Sure Patient Information is not visible to those "Who Do Not Need To Know"
- Be Sure "Kids" can't get to "potentially dangerous" supplies, e.g. cleaning fluids, alcohol hand rinses
- Continuously look for and remove outdated supplies in your departments/patient care areas;
- Keep emergency exits clear
- Keep Halls Uncluttered
- Help keep the hospital clean and safe

GUIDELINES WHEN SPEAKING WITH SURVEYORS

- Be Approachable, Fortright And Honest.
- Be Courteous And Respectful.
- Be A Good Listener
- Only Answer The Question That The Surveyor Asks.
- Answer Questions In Clear, Simple And Concise Terms
- If You Don't Understand The Question, Ask For It To Be Repeated Or Rephrased
- If You Don't Know An Answer, Say So--And Offer To Find The Answer
- Offer Details Only To Explain An Answer Clearly Or To Give An Example
- Know How Your Job Relates To The Organization's Mission/Vision/Goals
- Brag About The Hospital.
- Thank The Surveyors.
- Wear Your ID Badge So It Is Visible.

KNOW YOUR EMERGENCY CODES and YOUR RESPONSIBILITIES

- | | |
|------------------------|--|
| Code Red: | Fire - Do Not Use Elevators. Close Doors |
| Code D: | Internal/External Disaster |
| Code D NBC: | Nuclear/Biological/Chemical Disaster |
| Code Blue: | Cardiac Arrest in Hospital. Respond Only If Assigned |
| Code Orange: | Incoming Trauma Case |
| Code 13: | Bomb Threat |
| Code Water: | Do Not Use Water. Supply Issued |
| STAT: | If Pages, Respond Immediately |
| Code Blackout: | No Power |
| Code 36: | Child Separated From Parent |
| Code Lindbergh: | Kidnapping |