

NURSING

Excellence

FEBRUARY 2014



Adaptive Sports Program



Parent to Parent



Child Abuse Prevention & Treatment Center



Water Safety Trauma Program Injury Prevention



Children's Hospital
Central California 

Amazing People. Incredible Care.

February 2014

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Beverly Hayden-Pugh, MOB, BSN, RN
Vice President and Chief Nursing Officer

Our Community

Children's Hospital Central California has grown from a small community pediatric hospital to one of the 10 largest hospitals of its type in the nation. While we have grown and expanded over the past 60 years, what has remained a constant is our linkage to and support from the communities we serve. Over the 60 years since a group of local wives and mothers fulfilled their dream to provide extraordinary care to children, a strong relationship with our community has continued to flourish.

Community is described in the Oxford Dictionary (2013) as "a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals." At Children's this sense of fellowship and dedication to a common vision, mission and goals is demonstrated by staff and community partners alike as we work towards improving the care our children receive in various healthcare settings, at home and throughout the community. Children's is sustained and linked in numerous ways in partnership with our community.

We recently met with a number of community partners during the Magnet® site visit. What an incredible meeting! Story after story, community representatives shared the impact our nurses have had on their children, the community and profession. They described Children's as providing leadership at all levels in community partnerships.

References

Oxford Dictionaries (2013) Definition of community in English. Retrieved from: http://www.oxforddictionaries.com/us/definition/american_english/community

Comments included:

- providing quality education and training,
- setting the community standard for pediatric care,
- a beacon for the community,
- experts and a valuable resource,
- caring, loving nurses,
- a blessing to have the hospital here, and
- Children's has a big heart (my favorite).

A few examples will be highlighted in this edition of Nursing Excellence. You will see how our Guilds raise funds for a variety of services, such as the Child Abuse Prevention and Treatment Center. Our Parent Partner, Tracy Gong, will share her experience as a parent and nurse. You will read how nurses demonstrate their commitment to our communities by donating their time to the Adaptive Sports and Kohl's Water Safety Programs.

Children's Hospital Central California shares a close, mutual bond with our community. Staff and community partners are continually finding innovative ways to support the care of children. It is my pleasure in this edition of the Nursing Excellence Newsletter to celebrate the close ties between our nurses, our organization and our community. We are incredibly blessed through these partnerships to enhance the lives of children for generations to come. ❤️



Children's Hospital Adaptive Sports Program Celebrates Five Years!



By Sharon Vander Plaats,
MSN, CPNP

Children's Hospital Adaptive Sports program, started by Dr. Jennifer Crocker in 2008, is the only adaptive sports program in the Central Valley to provide free recreational and athletic activities for those with physical disabilities. Children and adolescents up to age 21 are encouraged to attend this unique opportunity offered to our community.

The goal of the program is to provide opportunities for participants with physical disabilities to come together, increase social interaction and see what is possible with a focus on health and fitness, confidence and independence. It also provides an opportunity for parents of these participants to find support, encouragement and friendship.

The program began with adaptive water skiing and has grown to include rock climbing, kayaking, tennis, golfing, wheelchair racing, track and field, horseback riding, scuba diving, wheelchair basketball, sled hockey and zip lining. Activities occur at various locations throughout the Central Valley and at Children's Hospital, where horses can be seen on the playground lawn and kids golf on the putting green beside the playground.

The American Academy of Pediatrics (2008) notes that "physical activity for children with disabilities has been shown to help in controlling or slowing the progression of chronic disease, improving overall health and function and mediating the psychosocial impact of the condition on children and their families." Improved cardiovascular fitness, increased endurance, strength, flexibility and self-esteem are well recognized additional benefits of participation in sports programs.

Dawn Gatz, RN, rehabilitation preadmission coordinator, has been involved in the adaptive sports program since its inception. "As a nurse, I see the children and their families struggle with the loss of ability and uncertainty of what the future holds for them," she said. "However, after seeing these same children and their families participating at the adaptive sporting

events, now I see confidence, laughter and hope that in their future everything is possible. Having this very unique opportunity available to our community has not only been a blessing to the athletes, but to all of us who volunteer and participate."

Kim Masse, adaptive sports mom and committee member, nursing student and rehabilitation PCT, also shared her thoughts. "After Luke's injury, we got used to hearing what he couldn't do or would never do," she said. "We grew accustomed to a new normal as a family thinking that he would never get to experience many of the sports and outdoor activities we enjoyed. Three years ago we were introduced to the Adaptive Sports Program and what we imagined as impossible became an opportunity. Luke has water skied, zip lined, participated in rock climbing and more. Not only has this program opened up a whole new world to our son, but for the first time as his parents, we were able to cheer him on, and watch as he participated in activities with other children without worrying whether he was capable. The program is invaluable to the kids and families it serves and has given Luke opportunities to experience sports and activities that would otherwise be inaccessible."

The program is funded solely through donations and special fundraising activities such as the annual gala, An Evening of Possibility, held each April for Children's Hospital staff, parents and our community to band together in support of this invaluable program.

Program staff serve on a volunteer basis only and we welcome Children's nurse volunteers who recognize that serving our community and caring for our children and families does not stop at the Hospital boundaries. As one nurse commented, "Seeing the smiles of joy from these kids is priceless."



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If you are interested in volunteering or contributing to the Children's Hospital Adaptive Sports program, contact us at **559-353-6130** or email adaptivesports@childrenscentralcal.org. No experience is required and there are many opportunities for the non-athletic volunteer. You will be rewarded with lots of smiles and laughter, and you will participate in helping kids and parents realize what athletic activities are possible for those with new or long-standing injuries or illness. ❤️

Reference

From the American Academy of Pediatrics: Murphy, N., Carbone, P. and Council on Children with Disabilities (2008) Promoting the Participation of Children With Disabilities in Sports, Recreation, and Physical Activities, Pediatrics 121(5) pp. 1057-1061

The Kohl's Water Safety Program at Children's Hospital Central California



By Mary Jo Quintero,
RN, CCRN

The best place to begin discussing the Kohl's Water Safety Program at Children's Hospital is at the beginning. It's the year 2000. I had been working in the pediatric intensive care unit (PICU) for almost 20 years. In that time the PICU had grown from a six-bed unit to over 30 beds. Pediatric intensive care had become a significant subspecialty. How we treated critically ill children had changed dramatically in those years. Children who would have died when I first started working at Children's were now surviving. There was one diagnosis though, that had seen virtually no change in outcome – pediatric drowning. Unfortunately, medical science had not provided advancement in care for these children. Staff had to watch families deal with a grief that was incomprehensible. During one two-week period, there were three children in our PICU at the same time, all dying from drowning incidents. That year would see a 300 percent increase in the number of children who died because of a drowning. This was devastating for the families involved and was also emotionally draining on our PICU healthcare team.

To help assuage our grief for these families and promote our mission "... **to continuously improve the health and wellbeing of children**" we stepped back and looked at the situation from several perspectives. Was there any particular pattern: age, locale, mode of drowning? We did not find anything unusual from the national statistics, which showed the typical drowning patient in a sun-belt state (California, Arizona, Texas and Florida) was an under five-year-old child drowning in the swimming pool at their own home or in one of a relative. The majority of the drowning patients cared for at Children's matched that exact profile.

We already knew that medicine had little to offer a child who had suffered a hypoxic brain injury secondary to a drowning event. Since we could not fix the injury, the only logical conclusion was to prevent the injury from happening in the first place. My family became part of the process of establishing a prevention program. My husband and I brainstormed and came up with an educational plan. We would create a water safety curriculum targeting the preschooler. We had a 3-year-old at home who loved to "read." Why not create a story to be read to the preschooler about water safety? Again, knowing our son

loved to tell us what he had learned in preschool, we trusted the water safety lesson would be presented to the family as well. This was how the preschool program was born. In this curriculum the children were taught there was "good, safe" water and "bad, dangerous" water. What made the water good and safe was having a "mommy, daddy or grown-up" to watch children when they were in or around water. My husband created the art for the story coloring-book. Our first preschool school class was taught in the spring of 2001. Since that first day, over 2500 classes have been taught. The coloring book has been translated into Spanish, Hmong and Chinese. The program has been taught all over the United States, as well as in Mexico and China.

In 2001, I became a member of the Water Safety Council of Fresno County, a local nonprofit organization composed of multiple organizations and agencies dedicated to drowning prevention. In 2004, the Council received a two-year \$300,000 grant from First Five of Fresno County to develop a multi-layered water safety program. I became the water educator coordinator for this program, with PICU staff assisting with teaching. We developed an adult water watcher program to teach water safety. Grant-funded educational materials were matched dollar for dollar from the Barrett's Drowning Prevention Fund for Children's Hospital. Since the first adult program, over 25,000 families to date have been reached. I now serve on the Council as an executive board member.

Over the past 10 years Children's has partnered with the Water Safety Council and Fresno Parks and Recreation Department to



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provide free swimming lessons to low income children in Fresno. To date, lessons have been provided for over 1800 Central Valley children who could not otherwise afford them.

In 2002, I joined Safe Kids of Central Valley, also a multicollaborative organization dedicated to childhood injury prevention. I have continued as a part of the executive board for this association as the chair of the Water Safety Committee.

In 2005, the water safety program at Children's began a partnership with Kohl's Cares. Funding continues to date, with the Children's Hospital Communications and Marketing Department developing marketing strategies with our drowning prevention message. Their latest media creation is "SuperVision Saves Lives." ♥



May 2014 will mark the 9th annual MayDay! MayDay! Have a Safe and Healthy Summer. Each year with funding from Barrett's Fund, we rent Chukchansi Park and host first- and second-graders from Central Valley schools for a day of hands-on injury prevention teaching with 50+ booths. Last year's event was staffed by over 250 volunteers with most being Children's Hospital staff. The week before "MayDay!" participating children are taught a water safety program called the "Safer 3," which was adapted in a collaborative effort with Children's Hospital Communications and Marketing staff. In August 2013, I collaborated with an area illustrator to develop a Safer 3 activity book to complete this program.



Each year Children's Hospital staff participate in water safety booths at mall events, school carnivals, health fairs and many other venues, distributing coloring books, crayons and water safety information. Our outreach at these events has totaled over 100,000 families to date. With the Kohl's Water Safety Program at Children's Hospital the nurses, together with many other staff, are passionate about providing care for kids in ways that mean they may never need to come and see us at "the castle on the hill."

Remember!
It's For the
Kids!



Reference

¹ Mission and Vision, Children's Hospital Central California, October 2011.

A significant amount of time and financial commitment has gone into our program. Within the first two years of the inception of our drowning prevention efforts, we saw a 42 percent decrease in the number of Central Valley drowning fatalities. That number continues today! However, until we no longer have even one drowning, our work is not done.

Children's Hospital Central California Trauma Program Injury Prevention



By Carlos Flores RN, FCN

Since 2003, Children's Hospital Central California Trauma Program Injury Prevention has been involved in extensive injury prevention initiatives (independent of drowning prevention). Over 83,000 kids, families and professional agencies have benefitted from a wide array of teaching events not only locally and regionally, but also statewide

and nationally. Countless others have been reached since 2010 with coverage that includes over 25 news stories and media interviews specific to injury prevention. We recently completed four years of monthly child-safety segments on KMPH Great Day, and will continue our monthly media appearances with KSEE Central Valley Today.

The above accomplishments have resulted from the efforts of a group of 114 Children's employee volunteers who worked through the Nursing Clinical Advancement program and donated 473 hours in 2012 alone.

The injury prevention program benefits by networking with several community agencies in conjunction with projects and events focused on kids and families. Many groups such as Fresno's Chaffee Zoo, the Mexican Consulate, Raphael Health Ministry, Catholic Charities, DB Foundation (choking game), Fresno County Health Department, and Fresno Police Department work together in support of the program.

In 2010, Children's became the lead agency for Safe Kids Central California (SKCC). Safe Kids is an international organization whose primary mission is to decrease the incidence of unintentional injury in kids age 14 and under. There are over 650 coalitions in the United States. SKCC is inclusive of over 50 member agencies based mostly in Fresno and Madera. The

primary focus areas for Safe Kids are child passenger safety (car seats), wheeled sports and water safety.

Included in the prevention work are scores of presentations provided to a wide variety of agencies such as child welfare organizations, law enforcement, faith-based groups, healthcare professionals and educators. Children's Hospital trauma administration staff have become local experts on such topics as the choking game, air-powered guns (bb guns) and sports injury, among many others.

In addition to reaching out to the community, Children's injury prevention also has taken its education to the legislative level. With visits to California's state representatives in Sacramento to provide education on child passenger safety, and to Capitol Hill in Washington DC to teach U.S. legislators about the choking game. In addition, Children's Injury Prevention program has advocated for child safety legislation with support letters for a variety of pending legislation. Children's continues to make its mark on local, state and national levels to improve the safety of our kids.

In 2014, our efforts will be expanding to include teen suicide awareness and prevention, safe sleep, and sports injury prevention.

Children's Hospital Central California Injury Prevention program continues to be a strong regional leader in advocacy for the safety of children and in raising awareness and providing education for those who want to join our efforts to keep kids safe. ♥

The Guilds Child Abuse Prevention and Treatment Center

"Advocacy Outside of the Box"



**"Coming together is a beginning. Keeping together is progress.
Working together is success."
-Henry Ford**



By **Leanne Kozub, RN**

- Children's Hospital Central California Foundation and Guilds), is working to change that.

Through community teams, the Clinic is raising awareness. We are a part of collaborations that normally wouldn't be tied to child maltreatment. Working with parents and caregivers is only a part of prevention. Empowering children to make good choices and giving them an opportunity to have a voice when they've been told they don't is another avenue for prevention and advocacy. Many times, caregivers are working on their own issues or case plans and are unable to see the needs of the children beyond basic needs such as food and shelter.

The Clinic works on the foundation that there is no one answer for a child who has been a victim of maltreatment. Besides treating the injuries related to the maltreatment, we partner with their community agencies and teams to help them in their home counties. Patients come to us for help, but we can go to them to support their continued care and healing.

Working in partnership with the Court Appointed Special Advocates (CASA) to assist in case planning for services to children is one way that we expand our support of the community we

serve. For example, in collaborating with the CASA and the child welfare social worker, we were able to get all the children in one family placed in one therapeutic foster home; lined up mental health crisis workers to manage their transitions; and enrolled these children with home-hospital so they could work on their trauma issues before starting school. This was all accomplished before the children left the Hospital.

The child advocacy team serves on many community-based teams. Child death review teams, sexual assault response teams and interagency teams are a few that we participate in throughout counties in our region. This raises awareness of our services while engaging the communities that support children. Investing in their processes continues the care we provide outside the Hospital walls. We are included in forming prevention measures and guiding outreach within each county due to our investment in their processes. Campaigns that have come out of these meetings over the last few years have included safe sleep education for families and caregivers; Spot the Tot, which is aimed at preventing drivers from backing over children; and r.a.d.KIDS, which is a child safety and empowerment program taught to children ages 5 to 12.

While the Clinic is housed within the four walls of the Hospital, our outreach and collaboration extends well beyond them. We had 996 people receive education specific to child maltreatment in 2013 (http://www.safekidscalifornia.org/central_valley/) and r.a.d.KIDS (www.radkids.org). Our ability to work in all areas of child maltreatment has progressed over the past few years. However, our willingness to continue working together in the community is our true success. ♥

References

Henry Ford. (n.d.). BrainyQuote.com. Retrieved December 18, 2013, from BrainyQuote.com Web site: <http://www.brainyquote.com/quotes/quotes/h/henryford121997.html>

Parent to Parent



By Mary-Ann Robson,
BSN, RN, CCRN

Parent to Parent is a program born out of the extraordinary journeys of families who have had at least one baby in the Neonatal Intensive Care Unit (NICU) at Children's Hospital Central California. These remarkable parents recognized the need to provide additional support, encouragement and education to other parents who have a baby in the NICU and foster

ongoing support networks for these families. In order to achieve this, these volunteer parents have partnered with the physicians, nurses and healthcare staff to promote an environment where the parents are at the center of the team participating in planning and delivering the care their babies receive.

This exceptional family-centered care program began in 2008 at the request of Children's leadership with four volunteer parents, and has grown over the last five years to eight parents. These dedicated volunteers are available to parents and staff through hospital visits, by phone and email. In collaboration with NICU leadership, they have developed the parent lounge, a tranquil environment where parents can go to relax, eat, use the Internet, reflect or chat with other parents experiencing the same challenges.

Twice a month in the parent lounge, the Parent to Parent group hosts Parent Chat Night, where stories can be shared and questions answered. This time has provided invaluable comfort and encouragement to families facing the overwhelming experience of having a baby in the NICU. Once a month Parent to Parent presents Parent T.I.M.E. for a time of connecting parent to parent to share inspired moments and an opportunity to make friendships. In this setting, parent/infant educational topics are presented and information and resources are shared with both current NICU parents and parents who have graduated the NICU. These graduate parents are able to connect with other parents who have gone through a similar experience through a private group on Facebook.

The outstanding work of our parent volunteers has been such a fundamental driving force in the development of family-centered care at Children's that this year the lead parent volunteer of many years, Tracy Gong, was hired into the new official role of NICU parent representative. I was honored to interview Tracy and struck by her passion, honesty and dedication to improving the care of the families we serve. Her family's story in our NICU began in 2003 with the birth of her beautiful daughter, Miranda.

Tracy and the other parent volunteers utilize their experiences in the NICU to provide education not only to other parents, but also to nurses by offering a unique perspective on the care we provide and how we can make improvements. For example, Tracy shared that when nurses called Miranda "my baby" this affected her own connection with her daughter at a time when she felt a loss of control in her baby's care. Without Tracy and our parent volunteers, this would never have occurred to our nurses as they use "my baby" as a term of endearment. Our parent volunteers provide a multitude of insights like this every day. Like the wives and mothers who founded Children's Hospital over 60 years ago, these courageous people have partnered with us to respond to the needs of the families in our community to continue to evolve the exceptional care they deserve. ❤️



Why Should I Read this Article?



By Mary E. (Betsy) Muller,
Ph.D., RN, WHNP-C

Co-Chair, Children's Nursing
Research Council

and management of the infiltrate will decrease harm to the child. The grading of the infiltration may be the most problematic for many nurses. But having clear, consistent documentation of infiltration grading is necessary for making improvements. Accurate grading directs the appropriate treatment for the infiltration and alerts the nurse to observe for potential complications (such as compartment syndrome). In the article, the author describes the testing of a grading tool for pediatric infiltrations developed at Children's Medical Center Dallas.

Tools have been available for grading infiltrations for years, but they have not been satisfactory for use in children. Limb size in children varies significantly, resulting in confusion when a centimeter or inch measurement is used for grading. The key modification of the Dallas tool is to use percent of the limb that is edematous rather than the centimeters or inches of edema.

Tools may look great on paper, but will they work in the clinical world of practice? The author tested just that notion: i.e., does the Dallas tool work in the clinical area, and if multiple people use the tool, do they get the same result? This tool was tested on 102 subjects who had PIV infiltrations. They were rated using the tool by the staff nurse, the charge nurse and a member of the intravenous (IV) team whenever they were available to do the grading within 10 minutes of the initial grading. Finally, an actual measurement (using a ruled instrument) of the edematous area was made to determine the calculated percent of the limb.

Presented below is a summary of **A Pediatric Peripheral Intravenous Infiltration Assessment Tool**, written by **Rodica Simona Pop, PhD, RN, (2012)** and a review of the most outstanding points of this research.

Approximately 80 percent of peripheral intravenous catheters (PIV) in children will infiltrate. Early detection, careful grading

There were a few interesting results. Although the tool performed quite well for everyone, staff and charge nurses tended to grade more infiltrates as grade one than either the IV team member or the actual measurement. Staff and charge nurses also graded fewer infiltrates as grade three than the IV team member or the actual measurement. There was much closer agreement among all measures for grade two and four.

The author concludes the article with several points about using the Dallas tool most efficiently and using the grading of infiltrations most effectively. The strength of this article is the application of research results into clinical practice. ♥

PIV infiltration identification and management is an important element of nursing care of children. This well written, well conducted research article provides valuable information on this topic for nurses working in the pediatric field.

Reference

Simona Pop, R. (2012). A Pediatric Peripheral Intravenous Infiltration Assessment Tool. *Journal of Infusion Nursing*, 35(4), 243-248.

PATIENT SATISFACTION COMMENTS

Day Surgery

"Both nurses were great. My daughter still remembers nurse Cynthia as a great nurse and answered all her questions and helped her ease her nervousness before her surgery."

Emergency Room

"Nurses were caring, personal with our daughter, concerned about her comfort level."

"Nurse LEH went above and beyond to try to help calm and comfort my child. She is a wonderful nurse."

"Was only there very shortly even for triage. Doc saw immediately and the nurse was amazing – son loved her."

"My son loved her (nurse) she made him laugh."

"The nurse that took care of my daughter was Robyn. She was absolutely wonderful, kind, and caring. She was a very sweet nurse."

"My son's nurse was the BEST nurse we had experienced. She was very friendly and appropriate to my son. He felt very easy with her and she explained things in his level. Thank you to her!"

"It was the BEST ER experience we had. The staffs were very responsive and professional!"

"Our nurse went above and beyond to try to make us comfortable. She was the absolute best ever!"

Explorer West

"Tony was amazing! We were fortunate to have him the first couple of nights – what a rock! Awesome..."

NICU Endeavor East

"I want to give a special thank you to the NICU for the way they handled my son's care. I especially want to thank Kelly; was awesome."

"I want to give a special thank you to the NICU for the way they handled my son's care. I especially want to thank Denise; was awesome."

"I want to give a special thank you to the NICU for the way they handled my son's care. I especially want to thank Andrea; was awesome."

PICU East

"We were very impressed by the level of care the male PICU nurses provided, Jaime and Alvin."