



NURSING

Excellence

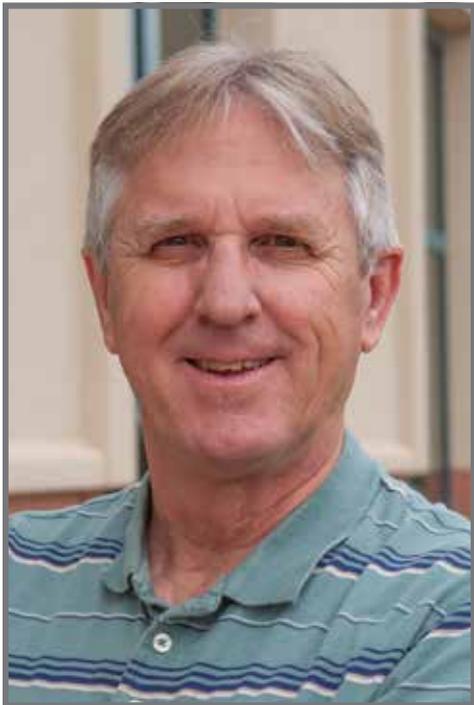
MAY 2014

THREE CHEERS FOR CHILDREN'S

We celebrate with our nurses for achieving Magnet® designation for the third consecutive time.

We acknowledge our nurses with gratitude for their commitment to excellence in nursing.

We congratulate the 2014 Nurse of the Year and Friend of Nursing winners.



Allen Henning BSN, RN, CPN
House Resource Pool
NURSE OF THE YEAR - Education



Margaret Holmes RN
Neonatal Intensive Care Unit
NURSE OF THE YEAR - Clinical Practice



Randy Mack MPT
Physical Therapist III
FRIEND OF NURSING



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

It was the morning of Feb. 19, 2014. I waited at the front of the room filled with over 100 interdisciplinary leaders, staff and physicians. We waited together for the call from the Chair of the Commission on Magnet® Recognition. Excitement and anticipation were just a few of the emotions I was feeling. What would be the outcome? Had we done enough? But then I realized the important question was not, "Have we achieved Magnet®?" but, "Have we done enough for our patients, families and our profession?"

The Magnet Recognition Program® has continued to raise the expectations of excellence. Magnet Recognition® is an external validation of Children's Hospital's excellence and professional practice. As I reflect on last year, examples of excellence abound. That does not mean there aren't opportunities, which include:

- striving for zero healthcare-acquired conditions such as infections;
- developing ourselves with ongoing education and certification;
- contributing to new knowledge through evidence-based practice, research, publication and presentations; and
- achieving exemplary patient outcomes.

Join me as we reflect on 2013 in this Special Edition of Nursing Excellence. This annual report highlights activities in all components of our "magnetic" environment.



Excellence

Transformational Leadership – Last year we opened a community level III satellite NICU in partnership with Saint Agnes Medical Center. The activities of the Nursing Governance Councils were many. The Executive Nursing Council was recognized in the Magnet Recognition Program® Summary Report for its transition in leadership and focus on the support and mentoring of new chairs and chair-elects.

Structural Empowerment – Lifelong learning continues to be a priority as nurses throughout the organization pursue ongoing academic study.

This year we honor Margaret Holmes, RN, and Allen Henning, BSN, RN, CPN, as our Nurses of the Year. We also honor Randy Mack, MPT, as our Friend of Nursing.

Exemplary Professional Practice – Quality improvement was notable as shared in the Nursing Quality and Patient Safety Forum. Our efforts to prevent hospital-acquired infections were successful with a 42 percent decrease in Central Line-Associated Blood Stream Infections; 56 percent decrease in Ventilator-Associated Pneumonia; 53 percent decrease in Catheter-Associated Urinary Tract Infections and 39 percent decrease in Surgical Site Infections. Hand hygiene demonstrated a 93 percent compliance rate. Extraordinary results!

New Knowledge, Innovation – Nurses contributed to new knowledge through a variety of research studies, publications and professional presentations.

Oh and by the way, in case you had not heard, we achieved Magnet Recognition® from the American Nurses Credentialing Center (ANCC) for the third time! Congratulations to each of you.

Join me as we celebrate Nurses Week and reflect on our accomplishments. I look forward to the future, defining excellence through exemplary practice and outcomes.

Transformational Leadership

Children's Hospital Central California - Fiscal Year 2013

HOSPITAL PROFILE

Licensed Beds	348
Inpatient Admissions	12,850
Average Daily Census	209.4
Physician Practice Visits	138,666
Emergency Room Visits	90,385
Surgery Cases	12,994
Transport (Air & Ground)	1,408

NURSING PROFILE

Number of Nursing FTEs	649
Average Length of Service (in years)	12,850
Voluntary Turnover Rate	5.9%
Vacancy Rate	1.5%



Children's Hospital Central California Neonatal Expansion at Saint Agnes Center

Stacie Venkatesan, MSN, CNS, RNC-NIC

Children's Hospital Central California has been operating a satellite neonatal intensive care unit (NICU) at Saint Agnes Medical Center for more than 25 years. Children's Hospital employees attend high-risk deliveries at Saint Agnes, care for babies in the satellite NICU and prepare the most critically ill babies for immediate transport to the regional level III NICU at Children's Hospital. With a passion for family-centered care and dedication to providing best-practice medicine, the leaders within the NICU have partnered with Saint Agnes to increase capacity and level of care.

On Nov. 21, 2013 after many months of planning and completion of construction, babies were moved from the six-bed level II NICU to a newly remodeled eight-bed, private room, community level III NICU. The new space allows for acutely ill neonates to remain at Saint Agnes instead of being immediately transferred to Children's Hospital. This promotes maternal-infant bonding, supports breast-feeding and allows for neonates in need of transfer to be outside the acute-risk period for intraventricular hemorrhage prior to transport.

A core staff has been established to staff the Saint Agnes satellite NICU with the support of the regional NICU staff. These nurses in collaboration with respiratory care practitioners and medical providers are continuing the tradition of providing high-quality neonatal care to the mothers and babies of Saint Agnes Medical Center.



Governing Nursing Practice



Denise Vermeltfoort, MSN, RN, NE-BC

The governance of nursing practice requires an integrated participatory governance structure. Collaboration between all levels of nursing, interdisciplinary team members and the various settings where nursing is practiced form the foundation. The structure supports the various components of nursing practice in alignment with the Children's Hospital Nursing Professional Practice Model.¹

Executive Nursing Council provides leadership for the overall *Governance* as well as *Outcomes* of nursing practice. Excellence is celebrated through *Reward and Recognition* activities.

Practice Council and Nurse Practitioner Council establish *Professional Practice* supporting the *Care Delivery* and the provision of family-centered care.

Patient Care Division Leadership provides leadership for the *Operations* supporting patient care.

Nursing Informatics Council and Professional Development Councils support the element of *Professional Development*.

Nursing Peer Review Committee and Restraint Subcommittee ensure quality contributing to patient care *Outcomes*.

Research Council promotes and supports *Research and Evidence-based Practice*.

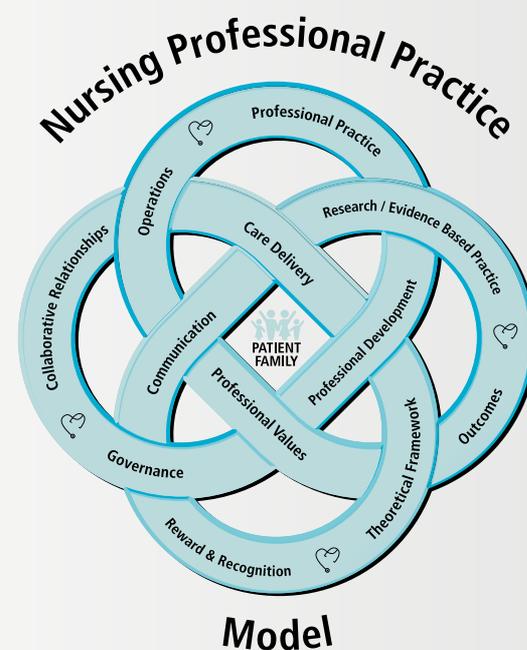
Each of the Governance councils in addition to the Interdisciplinary committees of Family-Centered Care Steering Committee, Lactation Committee, Palliative Care Steering Committee, Patient/Family Education Committee, Cultural and Linguistic Subcommittee in Action and Customer Service Committee support professional practice through Collaborative Relationships, Communication and Professional Values built on Theoretical Frameworks.

References

1 Adapted from Vermeltfoort, D., Dragomanovich, M, and Mountcastle, K. Common Components of Current Nursing Professional Practice Models in the Hospital Setting in the United States of America – A Qualitative Study (2010).

2 Children's Hospital Central California (2014). Bylaws Executive Nursing Council.

3 Magnet Recognition Program® (2014). Magnet Recognition Program® Summary Report Children's Hospital Central California



The Executive Nursing Council (ENC) was highlighted as a Magnet® exemplar in the achievement of Magnet Recognition®. The appraisers recognized the development of the leader model for ENC in which the leadership of ENC transitioned from the CNO as chair to a rotating chair appointed from a direct care, advanced practice, specialty, charge nurse, supervisor or manager role.² The Summary report from the Magnet Recognition Program® states, "there were numerous comments from leaders and direct-care staff about the leadership support and mentoring provided to new chairs and chairs-elects, enabling their smooth transition during this planned change."³ The report further states, "performing the leadership function for councils inspired many to consider applying to other leadership positions, indicative of their strong succession planning program."³

The Nursing Peer Review Committee was also identified as an exemplar for the management of practice concerns. It was acknowledged for the maturity of its processes and committee members. The Nursing Peer Review Committee confidentially reviews patient cases and identifies opportunities for improvement. Trends and opportunities are shared throughout the organization by presenting de-identified cases. The chair of Physician Peer Review Committee also participates on the committee. The report noted "the Medical Staff also commented on how robustly the Nursing Peer Review functioned, and looked forward to modeling their strength, integrity and respect for the individual."³

Nurses at Children's Hospital are engaged in driving their practice. The structure and processes of the Governance Structure empower nurses to establish strategic goals that drive and evaluate practice to achieve extraordinary outcomes.

Structural Empowerment

Children's Hospital Central California - Fiscal Year 2013

CLINICAL EXPERTISE

Percentage of nationally certified nurses 348
RNs with bachelor's degree or higher in nursing 12,850

LIFELONG LEARNING: Apollo Nurses Take the Journey to BSN

James Smith, RN, MS

It is no secret that healthcare employers are beginning to hire more nurses with at least a Bachelor of Science Degree in Nursing (BSN). The American Association of Colleges of Nursing (AACN) conducted a survey of deans and directors from U.S. nursing schools and found that 59 percent of new BSN graduates had job offers at the time of graduation.¹

In October 2010, the Institute of Medicine released its landmark report on The Future of Nursing, initiated by the Robert Wood Johnson Foundation, which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80 percent by 2020.² The expert committee charged with preparing the evidence-based recommendations in this report states that to respond "to the demands of an evolving health care system and meet the changing needs of patients, nurses must achieve higher levels of education."

In May 2008, the Journal of Nursing Education published a study titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes" that showed a strong link between RN education level and patient outcomes. Leading nurse researchers found that every 10 percent increase in the proportion of BSN nurses on the hospital staff was associated with a 4 percent decrease in the risk of death.³

In an article published in the March 2013 issue of Health Affairs, nurse researcher Ann Kutney-Lee and colleagues found that a 10-point increase in the percentage of nurses holding a BSN within a hospital was associated with an average reduction of 2.12 deaths for every 1,000 patients. For a subset of patients with complications, researchers discovered an average reduction of 7.47 deaths per 1,000 patients. The study is titled "An Increase in the Number of Nurses with Baccalaureate Degrees is Linked to Lower Rates of Post-surgery Mortality."⁴

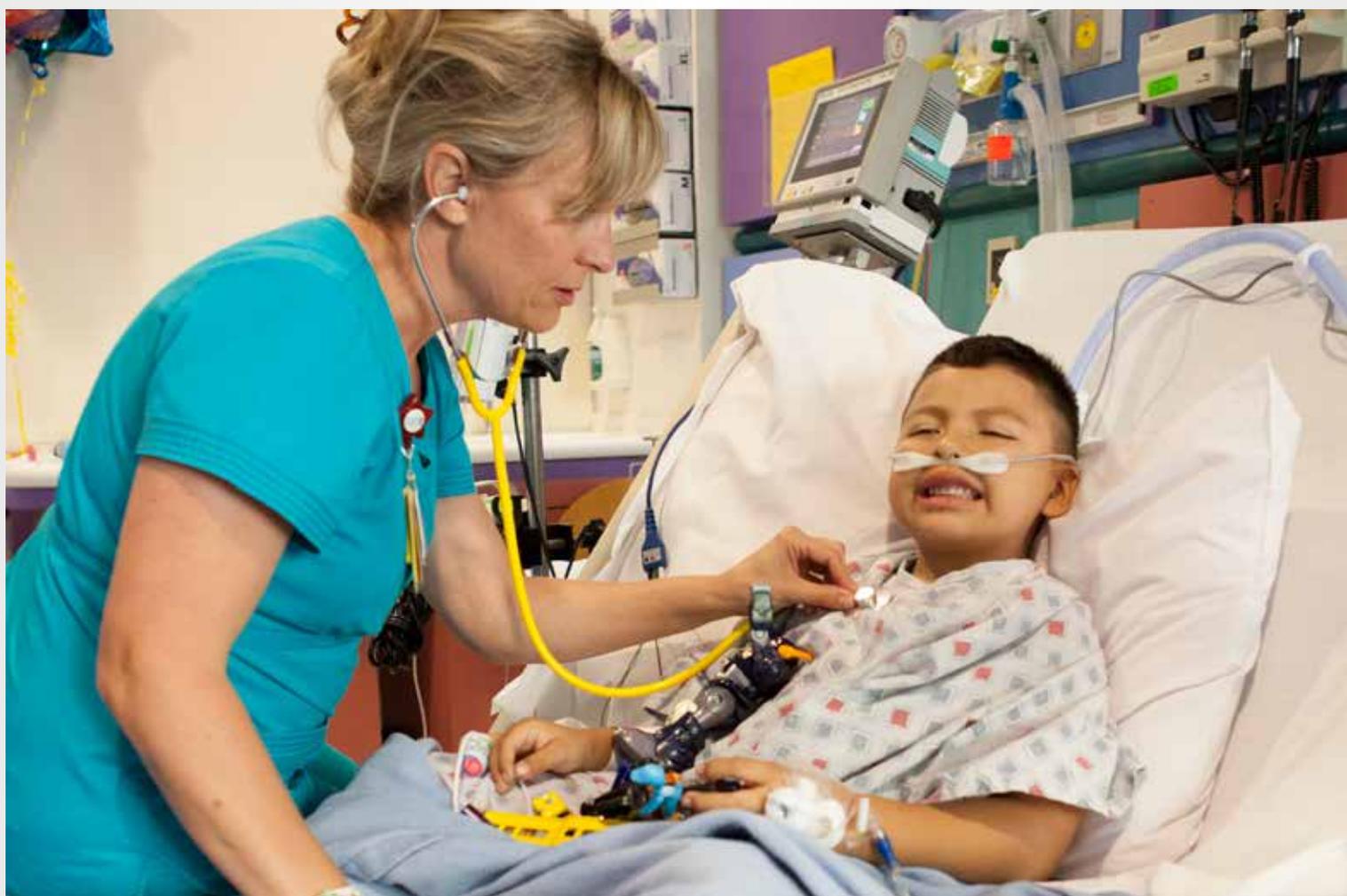
Children's Hospital Central California recently achieved Magnet Recognition® for the third consecutive time. Following our recent redesignation, Children's continues toward Magnet's goal that 80 percent of all nursing staff hold a BSN or higher degree. The Apollo unit at Children's Hospital is one of the inpatient units busily working toward this goal. With 60 percent of the Apollo nursing staff currently holding a BSN or higher degree, they aim to meet it. "The national trend is for nurses to gain more education," said Richard Perry, RN, Children's Hospital. Apollo nurses are among those following this national trend ahead of the curve. "[Higher education] gives me the ability to advance professionally if I want to, and I have the satisfaction of personal achievement," he said.

Charge Nurse Dawn Barba, RN, Children's Hospital, is required to have a minimum of a BSN for her position, and said,

I would have done it anyway. When I was a new nurse, my goal was to have my bachelor's degree within five years of beginning my career. Because of life circumstances, I was unable to finish my program. Over the following 10 years, I kept planning to go back but never made the move. I finally did and it feels like a great accomplishment professionally and personally. I actually get more out of my nursing experience because of the degree. It helps you see a bigger scope than just your immediate job functions. I learned a lot about leadership and the business aspect of healthcare. In addition to good patient outcomes, I want my organization to succeed as my employer. I now have the tools to help my staff toward that outcome. It's taken us so many decades to become a recognized profession as nurses. For so long we were task-oriented. Now we're taken very, very seriously because we've stepped up to the plate and acquired the knowledge and training to earn that respect. To obtain a BSN was a personal goal when I got into nursing as well as achieving my CPN. My mentors at the time all had this behind them and I looked up to them. Also, I knew it was a requirement for any management role in the future. I knew it would open more doors for me.

Bao Xiong, RN, Children's Hospital, is also happy that she is now on her way to earning a BSN through Fresno Pacific University. "I'm interested in climbing the clinical ladder, gaining more experience and continuing my higher education through the life of my career," she said. "It's a lot of work to get the degree, but I would definitely recommend it."

Most nurses on Apollo who have chosen to pursue a BSN have done so through online programs. "It allowed me to fit the program to my schedule and has contributed to my own personal satisfaction," said Bao, "I have a feeling that the future of nursing will require the BSN, and it gives me a lot of satisfaction to know that I'm part of the future of nursing."



References

- 1 "New AACN Data Confirm that Baccalaureate-Prepared Nurses are More Likely to Secure Jobs," website of the American Association of College Nurses, <http://www.aacn.nche.edu/news/articles/2013/new-data>
- 2 The Future of Nursing: Leading Change, Advancing Health, Report issued by the Institute of Medicine of the National Academies, October 5, 2010, National Academy of Sciences.
- 3 Ibid, National Academy of Sciences
- 4 Ibid, National Academy of Sciences

Gratification



Margaret M. Holmes, RN



Last month I was honored to receive the Children's Hospital Clinical Nurse of the Year award. It was a very humbling experience. It made me look back upon my career to note the things that mattered most and were the most gratifying. As I looked back, this one transport story reflects who I am as a nurse and what it means to be acknowledged for that.

It happened a few years ago. I had been on call all day and had not gone out. My daughter looked at me about 7 p.m. and stated, "I can't believe they haven't called you out yet." Well, those are strictly forbidden words to this superstitious transport nurse. So I casually lifted my legs upon her lap as I reclined on the couch and uttered, "I might as well rest for the next five minutes before my pager goes off." As she continued to comment on my superstitions, my pager went off. The timing couldn't have been more perfect if planned. My pager read that I had a ground transport. Not a good sign since it was storming outside.

Upon arrival at the dispatch center I was told we were going to transport a critically unstable child. So, as the respiratory therapist (RT) was setting up the equipment for the ride, I went upstairs to see the patient and get a report. I met the father of the child upon entering the room, introduced myself and discussed the plan of care for transport. Then I went to the bedside to assess the situation.

As I took this all in, I felt there was no way the patient was stable enough for me to transport him by ground for several hours. But there was no other choice. This was his only chance. I brought the father back into the unit and explained the situation and assured him I would be there and do all I could. As he cried he looked at me and said he wanted me to try.

Well, that's all it took. I told him I would try. I wrote down the father's phone number and told him I would call him and let him know how things went. I spent the next several hours at the bedside trying to stabilize the infant with the RT for transport. I was very fortunate to have one of the most skilled and knowledgeable therapists with me. After several hours the patient was stabilized for transport.

The arrival at the receiving hospital was like a movie; everyone was ready. They had help outside, and security was holding the outside doors and elevator doors open. As we transitioned the patient off our equipment and onto theirs, I was giving report. The physician just mumbled, "This is incredible." When I asked him what he meant, he asked if our team was just the two of us. I assured him it was. He was amazed we had made it up to their facility, and asked me how we did it. I told him it was a lot of work and a lot of prayers. I then called the father and I told him how unstable his child was during transport, but we had made it there with him alive. He thanked us over the phone. We drove the long way home documenting and regrouping. I arrived home in the early afternoon. The next day when I was back in the unit, I went to the physician and asked about my patient. He replied that he was doing fine.

The neonatologist from the receiving hospital took it upon himself to call our physician to praise our efforts on transport and how impressed he was with our skill and knowledge. Our medical director congratulated us on this. He also started referring to me as "Roy Hobbs." Of course, I had to ask who he was. He explained it was from the movie "The Natural" starring Robert Redford. I didn't remember the movie so he told me to check it out to find out what he was talking about. Two days later, I saw him in a meeting where I told him I had Googled it.

All I got from my quick scan was that Robert Redford played a baseball player who didn't make it to the major league because he was shot. But, when he became older, he went on to make it into the majors. I then asked if his calling me Roy Hobbs had to do with my age. He just laughed at me and bought me a cup of coffee. I told him I owed him a coffee in return, but he replied, "Roy Hobbs doesn't have to pay for his own coffee." I still didn't get it, so he said, "Let me just tell you one phrase from the movie to explain this to you." He went on to tell me Roy Hobbs' girlfriend told him she didn't understand why he was working so hard and killing himself to make it into the major league. He turned to her and said, "See that man walking down the street? I want to be the man when walking down the street, others turn and say, 'There goes Roy Hobbs; he was the best at what he did.' OK now he had me near tears, for I don't take compliments well. I just thanked him and told him I had to go. That was the most profound compliment I had ever received. And to this day my daughter takes full credit for this. She claims that if she had not "jinxed" me I would never have been recognized for this, or have been called Roy Hobbs. I eventually bought the movie and made my children watch it with me.

The patient was later transferred back to Children's. Our medical director told me I needed to go see him, that he was being discharged the next morning. I went down to Endeavor to peek in the room. The light was on and the mom was there. I introduced myself, and she said they had told her about me. I explained that I had never had a child who made me work as hard as hers and that her child was destined to be something someday. As I spoke, the child was asleep in the crib smiling at me. Another feeling of gratification came over me.

This transport rewarded my soul in many ways. Initially the father entrusting the care of his child to me for transport, then the thanks I received from administration, but also for that smile. This was the most rewarding event in my nursing career. That is until now. To be given the honor of being named Children's Hospital Central California Clinical Nurse of the Year 2014 is more than my words can express. And for those who know me well, it is truly a rare occasion to render this nurse, mother and individual speechless!



Recognition of Excellence 2013

Each year Children's Hospital Central California requests nominees for Nurse of the Year from staff members. Individuals are nominated who have made an outstanding contribution to patient care and/or the profession of nursing. These individuals represent and exhibit the Hospital's core values of Excellence, Compassionate Care, Integrity, Innovation, Collaboration and Stewardship as well as contribute to the professional practice of nursing. In 2014, a nurse in the category of Education and another in Clinical Practice were selected for these prestigious awards. Children's is pleased to recognize the following individuals.



Allen Henning, BSN, RN, CPN
Nurse of the Year 2014 – Education

RN IV House Resource Pool

Allen is a testament to the caliber of nursing talent at Children's Hospital. He is an expert in the field of pediatric nursing with 33 years' experience. Allen has worked in many areas and diverse roles including as a staff nurse in acute care and in the pediatric intensive care unit, a transport nurse, a supervisor and his current position as an RN IV in the house resource pool. He has been a member of the Society of Pediatric Nursing since 2010.

Allen truly embodies the Children's Hospital Nursing Professional Practice Model and has been active in the nursing governance structure at both the unit and organizational level. He has been a member of the organization-wide Practice Council (PC) for the past 10 years, serving two terms as chairperson. As immediate past-chair of the PC, he continues to serve as a mentor to the chair-elect. Allen is also an active member of the Nurse Informatics Council (NIC) and a past member of the Executive Nursing Council (ENC).

During his tenure on the respective Councils, Allen has been instrumental in providing oversight and actively participating in policy development/review to ensure our clinical practice standards are current and evidence-based. As an example, Allen facilitated revisions to the vital signs policy to align accepted age-based ranges for vital signs with those referenced in the Pediatric Early Warning Scale to ensure consistency. ID badge attachments with the revised vital signs table were then printed and provided to staff.

Allen's involvement has also included participation in an interdisciplinary ENC quality task force that developed a rapid-cycle process for policy approval, which recently successfully piloted with house-wide implementation of the Biopatch. In addition, Allen was among a group of leaders from PC, NIC and the Professional Development Council who developed an algorithm identifying flow of information between committees as a tool to facilitate multi-disciplinary communication between ancillary practices and the patient care division for operational policies.

This evolution in his career path illustrates Allen's aptitude to support the profession of nursing in multiple capacities, yet his passion is providing excellent nursing care in working directly with patients and their families. Allen has achieved a high level of credibility and respect developed from longstanding collaborative relationships, which has enabled him to successfully partner with physicians and staff alike to achieve the best outcomes for his patients. His quiet, unassuming manner and humility is balanced with a self-confidence to assert himself when needed to advocate on his patient's behalf.

Allen also supports the profession of nursing by teaching vital clinical skills and critical thinking to future nurses. He knows that knowledge is most powerful when shared, and is dedicated to ensuring his students have the best learning experience possible. As a nurse educator, Allen serves as a clinical instructor for three different nursing programs including Fresno City College, National University and West Hills College, Lemoore. One of the projects he championed in collaboration with other clinical instructors was the creation of a grading template for nursing students to ensure consistency among the faculty. Allen also shares his knowledge and expertise at the bedside serving as a preceptor to new staff and facilitating orientation of students. Nurses and students alike identify Allen as an influential nurse who has taught them how to take care of children and their families while they are hospitalized. His influence has encouraged some students to choose a pediatric nursing career.

From providing direct patient care to the most critically ill patients as an expert clinician to providing influential leadership as a role model, educator and active participant in participatory governance, Allen exemplifies transformational leadership in nursing.



Margaret Holmes, RN, Neonatal Intensive Care Unit (NICU) Nurse of the Year 2014 – Clinical Practice

Margaret has been an integral member of the neonatal team for 35 years. In her leadership capacity as relief charge nurse in the main NICU, she serves as an expert resource to a unit with a census of approximately 60 level II and III neonates a day. Margaret also serves as an extended practice nurse on the neonatal transport team. She has extended practice privileges for peripherally inserted central catheter (PICC), Umbilical Cannulation, and Needle Thoracentesis.

Margaret is the lead instructor for the STABLE Cardiac curriculum, which is offered as part of Children's Hospital's outreach program to referring hospitals from all over the state. She is compassionate about education and mentoring, serving as one of the primary lecturers for the NICU advanced curriculum – the precursor for staff advancing into roles as charge, resuscitation and/or transport nurse.

Margaret was the lead study coordinator for the Transport Therapeutic Hypothermia Trial in which device-regulated cooling was studied in comparison to standard methods for patients diagnosed with hypoxic ischemic encephalopathy. The results of the study may lead to an FDA-approved device for this patient population. Children's was the largest enrolling center for this study.

Margaret supports the profession of nursing practice through her collaboration with both physicians and bedside nurses as a leader in the unit. She aids in the professional development of other nurses by educating and precepting, and is also committed to her own professional development. Margaret attends conferences and keeps up to date on the best evidence-based practice for our neonatal population. Her commitment to professional development stems from her love of education and being the best nurse for the neonatal population Children's cares for. Margaret is always willing to learn something new and share her vast knowledge with others.

Margaret strives to help others grow and develop into a great professional nurse with a broad understanding of the complexity of the neonatal population we serve. She researches best practice and ensures her care is evidence-based. She identifies areas to improve if a standard is not being met as best practice. For example, Margaret championed expanding knowledge of post-cardiac surgery patients in the NICU. These patients recover in the PICU and are transferred to the NICU for transition and

discharge preparation. Margaret participated in the development and implementation of the program to educate the NICU staff.

Margaret serves as a lead lecturer for advance core, STABLE Cardiac and the new "Little Hearts" post-operative cardiac patient education. Margaret participated in the development of the "Little Hearts" educational program, which provides standardized education to the NICU nurses about the defect, repair, recognition of need for stabilization, and process of preparing the post-operative cardiac patient for discharge.

Margaret exemplifies the core values of Children's Hospital, providing compassionate, family-centered care and promoting excellence.

FRIEND OF NURSING AWARD

Annually, nominees are requested for a special award, "Friend of Nursing." The winner is recognized for his or her contributions and support of nurses in the provision of patient care and/or the development of processes to enhance the professional work environment for nursing. This year we are pleased to honor Randy Mack, MPT, Physical Therapist III.



Randy Mack, MPT
Friend of Nursing 2014
Physical Therapist III

Randy's tenure with Children's began through an interesting lecture presented to physical therapy students at California State University, Fresno (CSUF) by Children's Manager of Physical Therapy/Occupational Therapy, who also shared recruitment efforts underway for physical therapists. Randy jumped at the opportunity and was selected for a position in the outpatient physical therapy program in 1996. Eighteen years later, Randy continues his valuable work with Children's having transferred to the inpatient world of physical therapy in 2001.

When Randy reflects on why he has remained at Children's throughout his career, he references the great team he works with every day and his love for the children, whose lives he impacts through his expert interventions on a daily basis. He enjoys being around kids and appreciates the rewards associated with healing them. Randy states, "You can affect changes in children with major injuries in a relatively short time frame...from their inability to walk at all to walking independently."

Randy specifically remembers stories of children who went on to participate in wheelchair athletics. Children that at one moment seemed destined for a lifetime of dependence were revived through interventions from Randy and the entire therapy team at Children's.

Randy utilizes his expertise to enhance care for patients throughout the organization by promoting physical therapy to maintain strength, prevent contractures and skin breakdown, and mobilize the patient as soon as feasible. His collaboration with nursing and the entire multidisciplinary team is well recognized throughout the Hospital. Randy is particularly sensitive to the nursing team's schedule with patients, and accommodates this by rearranging his time with the patient around the nurse's interventions. Randy believes he facilitates teamwork with nurses by being "interested in the nurse as a person, colleague and friend. This way, I can develop mutual respect, rapport and trust with the nursing team". As a result, the care provided is enhanced.

Over the past 18 months, Randy has worked closely with the PICU team in developing and implementing a pilot study for an "Early Mobility Program" for critically ill patients. Abstracting research from adult intensive care units (ICUs), Randy has identified solutions to promote early mobility in these patients, including the use of the tilt table, strength training using bands and weights, and cycling at the bedsides. Through this process, Randy has invested in the nursing team by sharing his knowledge and techniques, thereby raising the performance of the entire team.

Randy's efforts and commitment extends beyond his routine role in the inpatient setting. He also supports the Hemophilia Clinic, serves on the Skin Care Task Force and volunteers five or more hours weekly in support of the Adaptive Sports Program, serving as the director of "Athlete and Team Development" (competitive program). He serves as a clinical instructor in the provision of education to over 30 physical therapy students from a number of schools: CSUF, University of Southern California (USC), University of California at San Francisco (UCSF) and the University of the Pacific (UOP) to name a few.

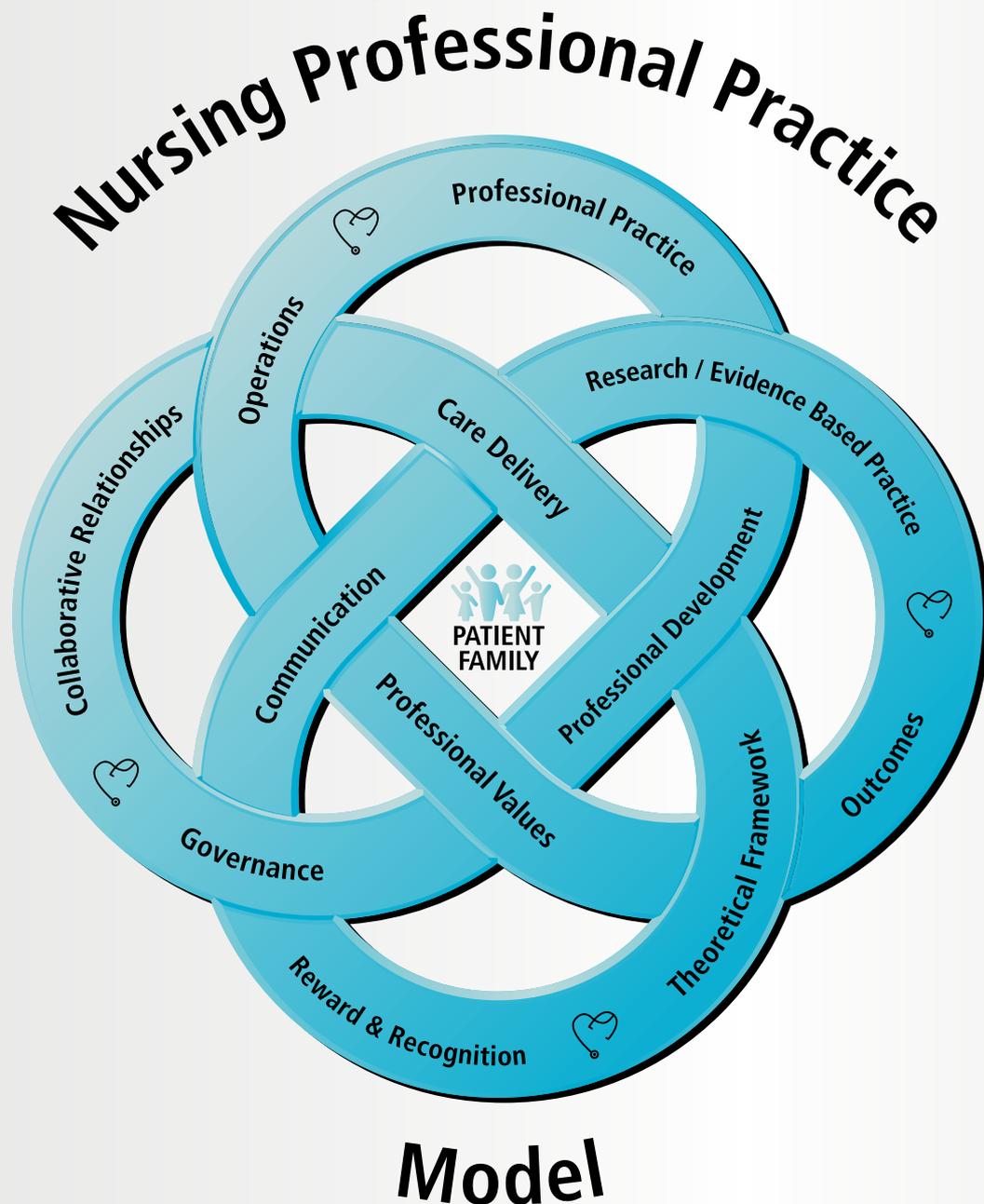
Randy's contribution is far-reaching as he continues to provide a strong level of commitment, knowledge and expertise in his role as physical therapist at Children's Hospital.



Exemplary Professional Practice

The Children's Hospital Nursing Professional Practice Model continues to drive, guide and support nursing practice.

Children's Hospital Central California



The Children's Hospital Nursing Professional Practice Model demonstrates the integrated, inter-related relationship of the 12 components of the model, which weave around the patient and family. The Patient/Family is core. The components are reflected on a contiguous ribbon with no beginning and no end. Each component is equally weighted, flexible and adaptable. All components must be present to maintain balance in the structure.¹

References

¹ Adapted from Vermeltoort, D., Dragomanovich, M, and Mountcastle, K. Common Components of Current Nursing Professional Practice Models in the Hospital Setting in the United States of America – A Qualitative Study.

Working to Zero and Getting Back to Basics



Jennifer Reyes, MSN, RN-NIC

Prevention of Central Line-Associated Bloodstream Infections (CLABSI) is a high organizational priority. Craycroft, the oncology unit, cares for high-risk, immune-compromised patients. In fiscal year (FY) 2012, Craycroft experienced 29 CLABSIs or 3.78 infections per 1,000 catheter days.

In order to examine and benchmark our performance in this area of pediatric care, we compare our data to that of the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). The NHSN 2012 hematology/oncology (heme/ onc) pooled mean rate for permanent lines (broviacs, mediports) was 1.7 infections per 1,000 catheter days. Our rate was 2.23. The NHSN 2012 heme/onc pooled mean rate for temporary lines (peripherally inserted central catheters) was 1.3 infections per 1,000 catheter days, while our rate was 2.8. Additionally, the NHSN 10th percentile was 0.0 for both permanent and temporary lines for this immune-compromised patient population.¹ A goal of reducing the CLABSI rate on Craycroft by 50 percent in FY 2013 was established.

The Children's Hospital heme/onc team began the journey by establishing CLABSI Champions on the unit. The group met, discussed challenges and audited central lines on a consistent, weekly basis. Some of the barriers the team identified were:

- confusion around policies and documentation,
- frequent accessing of central lines,
- alternating lumens with antibiotic administration to prevent biofilm,
- lack of resources and time to dedicate to central line care and
- the culture of the healthcare team.

Culture was one of the more challenging barriers. It was not uncommon to hear comments that immunocompromised patients are going to get an infection; it's just a matter of time. It took the dedication and determination of Champions – both within nursing and medicine – to change that culture. Today, the discussions on the unit are around doing everything possible to prevent a CLABSI, rather than expecting one to happen.

The nursing team focused on clarifying policies and standardizing nursing care for our at-risk patients. We worked collaboratively with perioperative and sedation services, as well as the oncology practice to make sure these patients were protected, even when they left Craycroft for procedures. Staff attended central line-focused skills labs and clarified protective isolation procedures for the unit. The team created a patient and parent handbook educating and emphasizing the importance of the basics of infection prevention:

- hand hygiene,
- oral care,
- skin hygiene, and
- keeping a clean room.

The team then engaged other disciplines to focus on Craycroft's environment of care, partnering with environmental services, plant services and infection control to ensure everyone knew the importance of their role in preventing infection in these patients. The team on Craycroft conducted a trial of CUROS and the BioPatch, mechanisms that reduce the likelihood of a CLABSI. Additionally, the team looked outward to see what other pediatric oncology units were doing to succeed. We knew we didn't have to reinvent the wheel. We just had to focus our efforts on the right things.

It took time before we began to see results, but the results did come. At the end of FY 2013, we had achieved success. While we didn't meet our goal of decreasing the rates by 50 percent, we made significant progress. In FY 13, Craycroft had only 15 CLABSIs – significantly fewer than the previous year. The unit rate dropped from 3.78 infections per 1,000 catheter days to 2.23, a decrease of 41 percent. Our permanent line rate fell from 2.23 infections per 1,000 catheter days to 1.47, a reduction of 34 percent. Our temporary line rate saw a decrease from 1.3 infections per 1,000 catheter days to 0.0.

Success was achieved in decreasing both the permanent and temporary line rates to less than the NHSN 2012 heme/onc pooled mean rates. Additionally during this time period, we managed four months with no CLABSIs on Craycroft. While we celebrated our success and what that meant for our patients and their families, we continued to strive for zero CLABSIs. As of March 2014, Craycroft has achieved six consecutive months with zero CLABSIs. This outstanding success shows the dedication and commitment our nursing and medical staffs have for their patients. Amazing people, incredible care indeed!



References

- 1 Dudeck, M, Weiner L., Allen-Bridson, K., Malpiedi P., Peterson K., Pollock D., Sievert D., Edwards J. (2013). National Healthcare Safety Network (NHSN) report, data summary for 2012, Device-associated module. American Journal of Infection Control 41 pp. 1154. Accessed on January 15, 2014 from: <http://download.journals.elsevierhealth.com/pdfs/journals/0196-6553/PIIS019665531301153X.pdf>

Nursing Quality and Patient Safety Forum

Each year, Children's Hospital Central California focuses on nursing quality and patient safety at a half-day forum attended by nursing and patient care leaders. The forum provides an opportunity to share innovations, outcomes and best practices.

Highlighted presentations from 2013 and their authors and/or presentors include:

Critical Care Mentorship Program

Cauryn Evans, MSN, RN, CPEN
Erica Nelson, B.A. Nursing, RN

Safely Transporting Patients by Air George on ECMO (Extracorporeal Membrane Oxygenation)

Stephanie Eddings, BSN, RN, CCRN

Craycroft CLABSI: Working to Zero

Jennifer Reyes, MSN, BSN, RNC-NIC
Deana Nicklason, ASN, RN

The ABCs of Preventing Catheter-Associated Urinary Tract Infections (CAUTI)

Aurelia Ayala, BSN, RN, CCRN
Carole Cooper, MSN, MHA, RN, CNS, ACCNS-P

Condition HELP: A Family-Activated Patient Safety Program

Jennifer Reyes, MSN, BSN, RNC-NIC

Implementation of Post-Operative Hand-Off Communication SBAR Report in ACS

Tiffany Tharp, BSN, RN, CPN
Bonnie Roe, BSNc, RNC-NIC

A Multidisciplinary Approach to Decreasing Infection Rates in Pediatric Spinal Surgery Patients

Lori Ricci, BSN, RNFA, CNOR
Carole Cooper, MSN, MHA, RN, CNS, ACCNS-P

New Knowledge, Improvements and Innovations

Research, Publications and Presentations

Professional practice contributions to new knowledge and sharing knowledge in this past year have occurred through research, publications and presentations. These contributions have impacted patient safety, practice, quality of care and professional development.

INSTITUTIONAL REVIEW BOARD (IRB) APPROVED RESEARCH STUDIES

HSC922 Retrospective case matched study to identify variables associated with hospitalized children at risk for falling at Children's Hospital Central California. Principal Investigator (PI) Carole Cooper, MHA, BSN, RN, CNS, CPN

HSC 923 Common Components of Current Nursing Professional Practice Models in the Hospital Setting in the United States of America – A Qualitative Study. PI Denise Vermeltfoort, MSN, RN, NE-BC, and Sub-investigators Keitha Mountcastle, PhD, RN, CNNP and Margarita Dragomanovich, BSN, RN, NE-BC

HSC 939 Pediatric Early Warning Tool Study. PI Mary-Ann Robson, BSN, RN, CCRN, and Sub-investigators Carole Cooper, MHA, BSN, RN, CNS, CPN; Lori Medicus, MN, RN, CNS, CPNP and Mary Jo Quintero, RN, CCRN, CPN, MICN

HSC 949 Preventing Catheter-Associated Urinary Tract Infections by Implementing Four Recommended Components of Care. PI Carole Cooper, MHA, BSN, RN, CNS, CPN

HSC 963 Development and testing of an instrument to measure Nursing Perception of Components of Professional Practice. PI Denise Vermeltfoort, MSN, RN, NE-BC, and Sub-investigators Keitha Mountcastle, PhD, RN, CNNP and Margarita Dragomanovich, BSN, RN, NE-BC

HSC 972 Epidemiology and evaluation of referrals for abnormal coagulation screening tests to pediatric Hematology service at Children's. PI Terea Giannetta, DNP, RN, CPNP

HSC 973 HEADS UP Program Questionnaire. PI Mary Jo Quintero, RN, MICN, CPN

HSC 991 Development of Pediatric Sepsis Tool. PI Ana Lia Graciano, MD and Sub-investigator Mary-Ann Robson, BSN, RN, CCRN

HSC 1014 Pilot Study to Assess the Use of the Pediatric Early Warning System Score as Part of the Transfer Process from the Pediatric Intensive Care Unit (PICU) to the Acute Care Areas. PI Mary-Ann Robson, BSN, RN, CCRN

HSC1024 Identifying Barriers to Successful Interventions for Pediatric Shock Patients Found in Non-Pediatric Emergency Departments. PI Lisa Radesi, RN

HSC1091 Use of High-Fidelity Simulation in an Interdisciplinary Preceptor Program. PI Candace Biberston, BSN, RN

PUBLICATIONS

Robson, Mary-Ann, BSN, RN; Cooper, Carole, MHA, BSN, RN, CPN,

ACCNS-P; Medicus, Lori, MN, RN, CPNP; Quintero Mary Jo, RN, CCRN, CPN, MICN

Comparison of three acute care pediatric early warning scoring tools. *Journal of Pediatric Nursing*. Doi: 10.1016/j.pedn.12.002.

Sutters, Kimberly A., PhD, RN, VA-BC1

Sutters, K.A., & Isaacson, G. (2014). Prevention and management of post-tonsillectomy pain in children. *American Journal of Nursing*, 114(2), 36-43.

REVIEWERS/EDITORS

DeFendis, Denise, BSN, RN, CAPA

Contributing Editor, Director's Corner for District 5, PANAC, Pulseline, the quarterly newsletter for the PeriAnesthesia Nurses Association of California PANAC

Edwardsen, Beverly, B.S., RN, CPN

Contributing Editor, PANAC, Pulseline, the quarterly newsletter for the PeriAnesthesia Nurses Association of California PANAC.

PRESENTATIONS AND POSTERS

Alsdorf, Jocelyn, MSN, NP, RN, CPON

"Care of the Childhood Cancer Survivor in Primary Care," NAPNAP dinner (October 2013)

Ball, Darlene, MSN, PNP-BC

"PNP Clinic for Prenatal Information Regarding a Fetus Diagnosed with Cleft Lip and or Palate," American Cleft Palate Association, San Jose, CA (April 2012)

Caro, Rachel, BSN, RNFA, VAS, CCRN

"Development and Maintenance of a Pressure Ulcer Prevention Program," Nursing Professor and Students, Emory University, Atlanta, GA (March 2013)

Ferris, Dana, BSN, RN, CPON

Poster Presentation: "Interdisciplinary Communication in Simulation," Magic in Teaching Conference, Irvine, CA (November 2013)

Flores, Carlos, RN

"Abusive Head Trauma," Fresno County Department of Social Services Professional Development (November 2011 and February 2012)

"Abusive Head Trauma," Fresno County Health Department Professional Development (March 2012)

George, Susan, MSN, RN

Poster Presentation: "Prevention of Chemotherapy-Induced Oral Mucositis," Nursing Research Conference, Saint. Agnes Medical Center (April 2013)

Giannetta, Terea, DNP, RN, CPNP

"Bleeding Disorders," National Conference of National Association of Pediatric Nurse Practitioners (NAPNAP) San Antonio, TX (March 2012)

"Transforming Nursing Research into Practice," Keynote Address at the Annual Research Conference sponsored by Sigma Theta Tau, Saint Agnes Medical Center, Fresno, CA (April 2012)

Hinz, Therese, MSN, RN

"Childhood Obesity and the Positive Effects of Physical Activity," Research Conference, Saint Agnes Medical Center, Fresno, CA (April 2013)

Hernandez, Deborah, BSN, RN

"Pediatric and Neonatal Care," Reach Conference, Napa, CA (September 2012)

Hull, Jennifer, ASN, RNFA, WA

"Catherizations and Urologic Procedures," School Nurses of Madera County (August 2012)

Joy, LuAnn, BSN, MBA, RN, NE-BC

"Tools for Staffing Optimization (Just Culture and Generational Issues)," American Nurses Association (ANA) National Staffing Conference, Washington, DC (November 2013)

Kozub, Christine, BHCA, RN, CLNC

"SBS & SIDS," Fresno City College Foster Kinship Care (October-December 2011; January-May 2012; August-September 2012)

"Abusive Head Trauma"

Fresno Child Welfare (November 2011; February 2012))

Fresno County Paramedic Class (November 2011; June 2012)

Fresno County Teen Pregnancy Summit (February 2012)

"Multi-Agency Identification & Investigation of Severe and Fatal Child Injury" Expert Panel Speaker at the San Diego International Conference on Child Maltreatment (January 2012)

"Review of Child Advocacy Clinic and Services," Madera County Child Forensic Interview Team (February 2012)

"Multi-Agency Investigation of Near-Fatal Child Abuse," Madera County Child Abuse Prevention Council, Day for Children (April 2012)

"Mandated Reporting of Child Abuse"

Madera County Child Welfare (June 2012)

Madera County Department of Education Principals (July 2012)

Lingefelter, Deborah, ASN, RNC-NIC

Tooley, Sharon, ASN, RN, IBCLC

Poster Presentation: "Amazing People, Incredible Care," Children's Summit of First Five of Merced County, Merced, CA (April 2013)

Loo, Kamela, MSN, RNC-NIC, CFNP, CNNP

"Pediatric Stroke," Central California Association of Neonatal Nurses (CCANN) Neurology Conference, Children's Hospital Central California, Madera, CA (March 2012)

"PICC Lines: Friends or Foes," CCANN Conference, Children's Hospital Central California, Madera, CA (March 2013)

Mendoza, Mayra, MSN, RN

Poster Presentation: "Reducing Catheter-Associated Blood Stream Infection," Nursing Research Conference, Saint Agnes Medical Center, Fresno, CA (May 2012)

Nelson, Erica, BSN, RN

"Safe Transports for Pediatric Intrafacility Transfers," PEDS CODE 3, Children's Hospital Central California (December 2012)

Orth, Lisa, BSN, RN

Poster Presentation: "POLST," MSN Degree Candidates for School of Nursing, California State University, Fresno, School of Nursing (April 2012)

Radesi, Lisa, MSN, RN, CNS, CPEN, CPN, CEN

Poster Presentation: "Diabetic Ketoacidosis in the Pediatric Patient," Annual Research Conference sponsored by Sigma Theta Tau, Saint Agnes Medical Center, Fresno, CA (April 2012)

Ray, Karen, MSN, CPNP

Poster Presentation: "An Intervention to Increase ASQ Usage in Primary Care," Annual Research Conference sponsored by Sigma Theta Tau, Saint Agnes Medical Center, Fresno, CA (April 2012)

Ricci, Lori, BSN, RN, RNFA, AORN, CNOR

"Pediatric Spinal Deformities," Association of Perioperative Registered Nurses, Central San Joaquin Valley Chapter (January 2012)

Robson, Mary-Ann, BSN, RN, CCRN

"Return on Investment: Healthcare Education, Demonstrating Value in a Changing Environment," Educators of Central California Health Organizations, Three Rivers, CA (April 2013)

Sharma, Anita, B.A. Nursing, RN

Presentations to Nurse Practitioners, Registered Nurses and Clinical Nurse Specialists at California State University, Fresno, Fresno, CA

"Benefits of Breastfeeding and Reducing Obesity in Young Adults" (Fall 2013)

"Gross Hematuria, Proteinuria, and Urinary Tract Infections" (Fall 2013)

"Gastroesophageal Reflux Disease" (Fall 2012)

Poster Presentation to Nurse Practitioners, Registered Nurses and Clinical Nurse Specialists at California State University, Fresno, Fresno, CA

"Increased Risk for Sexually Transmitted Infections in Adults with a History of Child Abuse" (Spring 2013)

Soares, Andree, BSN, RN, NE-BC

"Improving Delivery Room and Stabilization Practices," Neonatal Intensive Care Unit (NICU) Leadership Forum Conference in Marco Island, FL (April 2012)

Taylor, Patricia, RN, RNC-NIC, IBCLC

"Skin to Skin (Term/Preterm Infants)," Kings County Breastfeeding Coalition (February 2012)

Tilley, Michelle, MSN, RN, CCRN

"Pediatric Intensive Care Unit Family Handbook," Advanced Care of Pediatric Patient Conference, Children's Hospital Central California (Spring 2013)

Willoughby, Susan, ASN, RN, CHPN

"Hospice Care of the Pediatric Patient," Hoffman Hospice Annual Conference, Bakersfield, CA (Nov 2013)