



NURSING

ANNUAL REPORT 2018



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Mission: We champion children by making them better today and healthier tomorrow.

Vision: Arkansas Children's will fundamentally transform healthcare delivery for the children of Arkansas and beyond.

Values:

- Safety
- Teamwork
- Compassion
- Excellence

Personality:

- Kid-Savvy
- Imaginative
- Insatiable Curiosity
- Unyielding Commitment

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Arkansas Children's Hospital Little Rock, Arkansas



ANCC Magnet® Recognition
 State's only Pediatric Level I Trauma Center
 Regional Burn Center for children & adults
 Adult Congenital Heart Disease Program
 State's only Level 4 Neonatal Intensive Care Unit
 Level 4 Accreditation by the National Association of Epilepsy Centers
 Partner for Change Award from Practice Greenhealth 2017

Licensed Inpatient beds:	336
Inpatient Admissions:	15,380 (FY18)
Outpatient Visits:	301,533 (FY18)
ED Visits:	63,320 (FY18)
Surgeries:	15,586 (FY18)
Transports:	2,349 (FY18)
Employees:	3,741 (2018 average)
Over a third of all employees are RNs!	1,334 (2018 average)

Arkansas Children's Northwest Springdale, Arkansas

First and only pediatric medical center in Northwest AR

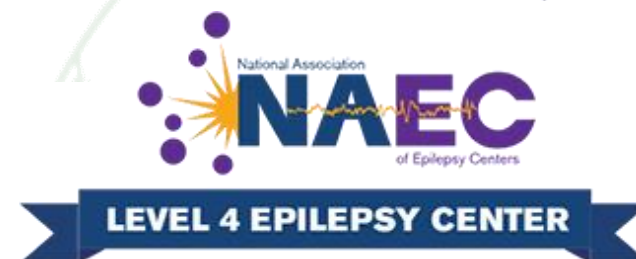


Licensed Inpatient beds:	24
Inpatient Admissions:	591 (FY18)
Outpatient Visits:	4,417 (FY18)
ED Visits:	4,344 (FY18)
Employees:	281 (2018 average)
RNs:	106 (2018 average)



Four specialties at Arkansas Children's Hospital ranked among the nation's best by U.S. News & World Report on their 2018-2019 Best Children's Hospitals list.

- Cardiology/Heart Surgery
- Nephrology
- Neurology/Neurosurgery
- Pulmonology





Dear Colleagues,

I am proud to share our 2018 Nursing Annual Report. Arkansas Children's Hospital nurses carry out our mission through exemplary family-centered care and inter-professional practice.

As a Magnet-designated organization, our professional nursing practice embodies a dedication to safety, teamwork, compassion and excellence. We take our role as champions for children very seriously, and this year we reached for the stars to continually elevate our safety culture and patient experience.

In the following pages, you will find exemplars of nursing practice and outcomes, such as CLABSI reductions in the NICU and fewer emergency transfers from the Emergency Department, along with other quality improvement achievements.

I am grateful for our nurses' commitment to excellence, and I am pleased to share our achievements.

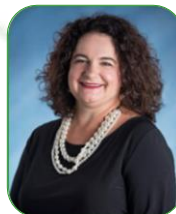
Sincerely,

A handwritten signature in black ink that reads "Lee Anne Eddy".

Lee Anne Eddy, MSN, RN, NEA-BC
Chief Nursing Officer and Senior Vice President
Arkansas Children's Hospital



Center for Nursing Excellence



Amy Huett, PhD, RN-BC
Director of Nursing Excellence



Julie Bane, MS, BSN, RN-BCRN
Residency Coordinator



Betsy Borecky, MSN, RN-BC, RNC-NIC
Clinical Education Specialist



JoAnna Carpenter, BSN, RN-BC
Clinical Education Specialist



Lametria Wafford, MNSc, RN-BC
Clinical Education Coordinator



Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN
Nursing Scientist Manager



Austin Lovenstein, MA, BS, CRS
Research Coordinator



Amy Ramick, DNP, RN, ACNS-BC, NPd-BC
Nursing Research Specialist



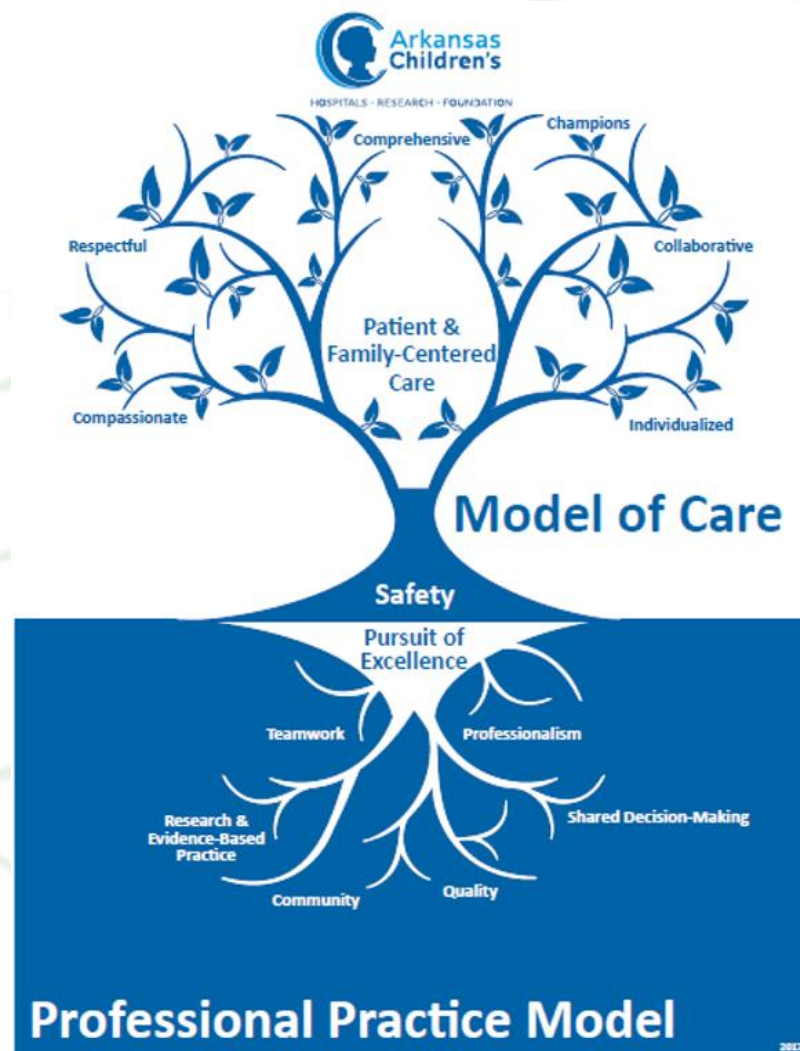
Debra Jeffs, PhD, RN, BC, FAAN
Academic Nursing Education Manager



Tracey Soto
Academic Nursing Education
Administrative Assistant

Model of Care/Professional Practice Model

The Professional Practice Model serves as the foundation for nursing practice within the organization. The PPM includes essential values that nurses identified as the basis for delivering patient and family-centered care. Safety and the Pursuit of Excellence are core values of the Model of Care/Professional Practice Model.



ACH Shared Decision Making Councils

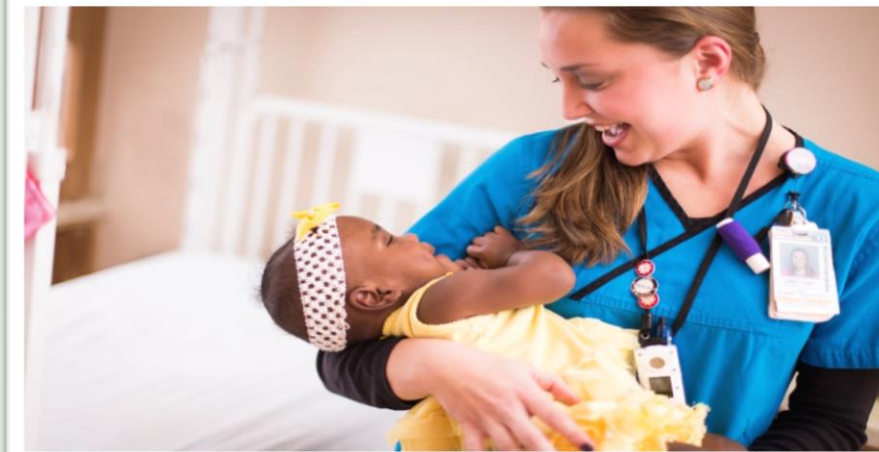


Shared Decision Making is foundational to the Professional Practice Model and an essential root of nursing practice. The work and outcomes of the councils contribute toward the pursuit of excellence in professional nursing practice; the delivery of safe, high quality patient care; a supportive, healthy work environment; patient, family and nursing satisfaction; nurse retention; and fiscal stability.

The Councilor structure serves to achieve the mission, vision, and strategic plan of Nursing and promotes staff involvement, teamwork and consistency across departments.

2018 HIGHLIGHTS

QUALITY AND SAFETY: MAKE ZERO HAPPEN. A CULTURE OF PATIENT AND EMPLOYEE SAFETY



- **3C Intermediate:** Demonstrated decreased emergent escalations of care
- **3D and 3E:** Achieved 3241 days since the last contaminated needle stick on 3D and 543 days since the last contaminated needle stick on 3E
- **4K Hematology/Oncology:** Showed a reduction in patient falls
- **Burn Center:** Achieved more than 365 days without a central line associated bloodstream infection (CLABSI)
- **Emergency Department:** Experienced increased hand hygiene compliance
- **NICU:** Achieved a reduction in CLABSI rate and increased safe sleep compliance
- **Surgical Services:** Surgical Site Infection Prevention led to a 50 – 70% reduction in surgical site infections

QUALITY AND SAFETY: MAKE ZERO HAPPEN. A CULTURE OF PATIENT AND EMPLOYEE SAFETY

Keeping a Better Watch on Emergency Department Admissions

An innovative watcher program was implemented in the Emergency Department (ED) to identify patients admitted from the Emergency Department (ED) who are at risk for clinical deterioration and to reduce the rate of emergency transfers of these ED-admitted patients to a higher level of care within 6 hours of admission to an inpatient floor. Watcher programs provide structure and process for identifying risk and creating proactive, time-bound plans for interventions and ongoing assessment of patients at high risk for clinical deterioration to reduce preventable harm. In the ED, it is critical that staff identify patients at high risk for clinical deterioration so that appropriate bed placements and escalation plans can be made to ensure patient safety.

In 2016, Arkansas Children's Hospital successfully implemented an evidence-based watcher program for inpatient units. The program incorporates subjective and objective triggers and empowers the entire team to identify patients as watchers. Watcher huddles provide a forum for collaborative communication about those identified as watchers and proactive planning for responding to the patient's condition. In 2017, the Watcher Program was extended to the ED with admission nurses whose role was to facilitate transfers of patients from the ED to inpatient units. Following education of the inter-professional team, admission nurses began using the inpatient watcher tool. The ED director and an admission nurse champion began attending the watcher meetings monthly and the admission nurses began attending the watcher huddles daily. As the program has evolved, slight changes in the criteria have been made to better adapt the tool to the ED setting and the uniqueness of the process for admissions from the ED.

Over the first fiscal year post implementation of the watcher program in the ED, the emergency transfer rate to the PICU decreased by 39%. The number of children spared preventable harm was reduced from 18 to 11. The watcher tool has provided increased collaboration and communication of the inter-professional team to discuss the status of the patient and the risk of escalation once admitted prior to the patient leaving the ED. The watcher program has empowered nursing and has enhanced patient safety.



QUALITY AND SAFETY: MAKE ZERO HAPPEN. A CULTURE OF PATIENT AND EMPLOYEE SAFETY

NICU

Beyond the Bundle: Reducing Neonatal Line Infections

The NICU implemented an innovative, evidence-based initiative beyond the standard bundle that now includes a registered nurse (RN) with dedicated time to prevent central line-associated bloodstream infections (CLABSI). The dedicated CLABSI Prevention RN is responsible for: 1) intentional rounding on central line patients, review of insertion data, and assessment of line, skin, dressing, and tubing integrity; 2) focused attention on central line care, improving adherence to standard bundle elements, increasing number of audits, and in-the-moment teaching; 3) strategic education plan for clinical RNs, i.e. monthly shift huddles, online training, and hands-on skills validation with return demonstration, and introduction to custom standardized kits; 4) face-to-face collaboration in daily inter-professional huddle reviewing blood cultures, surveillance results, and line day analyses; and 5) completion of apparent cause analysis (ACA), i.e. staff interviews, electronic health record documentation investigation, subsequent ACA follow-up with development and implementation of identified action items, ongoing line data collection and analysis, and dissemination of ACA results.

In the three-months following implementation of the NICU CLABSI Prevention RN role, the CLABSI rate fell below the centerline of the 12-month rolling average in 2018. A 55% reduction in CLABSI rates was realized during a 5-month period in 2018 compared to the same period in 2017. This innovation is now being replicated in the 4K Hematology/Oncology unit. The goal is to implement this role and the 'bundle beyond the bundle' in all units with central lines to reduce CLABSIs.



QUALITY AND SAFETY: MAKE ZERO HAPPEN. A CULTURE OF PATIENT AND EMPLOYEE SAFETY

NICU CP/QS Council

The NICU Clinical Practice and Quality Safety council had three goals for fiscal year 2018. They were as follows:

1. Safety: Improving safe sleep compliance through audits and continuing staff/family education and reducing infection rates, specifically CLABSIs, with improved hand hygiene and updated infection control policies and procedures.
2. Teamwork: Improving the interdisciplinary rounding procedure
3. Excellence: Improving patient/family experience through education and involvement

In order to meet our goals, we implemented the following changes during the year:

1. The weekend developmental committee was tasked with performing weekly safe sleep audits on all qualifying patients (those in cribs without exclusions such as intubated, omphalocele, etc.) and a safe sleep taskforce was created. The taskforce collected data from the audits and kept track of trends as well as selected auditors for the unit. All auditors would perform safe sleep teaching to staff members and family (if present) at the time of the audits.
2. The CLABSI HAC group committed to improving our sterile fluid and dressing change protocol and implemented new fluid and dressing change kits that held necessary sterile equipment and supplies. The infection control policy was also revamped/updated to include, but not limited to, requiring no fleece jackets nor phones in the unit. Hand hygiene audits were performed every month and those results were shared with the unit with positive reinforcement.
3. A taskforce was created to work on improving teamwork and communication. They sent out surveys and worked on developing nurse-driven team rounds which is in the process of being trialed in the unit. There is more to come with this goal in fiscal year 2019.
4. A new position was created around January of 2018 called the March of Dimes NICU Family Support Program Coordinator. She works closely with both families and staff members in order to improve the patient/family experience. The unit held an event promoting skin-to-skin holding of the patients by family members. They gave away prizes and other items to incentivize the initiative. There are also monthly activities such as talk groups and art projects to get families more involved and relieve stress.

The outcomes of the aforementioned goals were as follows:

1. In FY'18 the NICU had 62 hospital-acquired infections (HAI's). Of that number, 17 were CLABSI's with 6 related patient deaths. After implementing new procedures and supplies related to accessing and maintaining central lines, the NICU went 101 days CLABSI free (as of 10/13/18)! At the time of the first safe sleep audit in July of 2017, compliance was at only 16%. We began weekly audits and education of both families and staff. Our most recent audits taken in July of 2018 show 65% compliance. Safe sleep compliance is trending upward!
2. We are still working on improving our rounding procedure and trials of nursing-driven rounds will begin on the unit soon. We have continued this goal into year 2019.
3. Our patient/family satisfaction scores are documented monthly through surveys sent home after the patients are discharged. The scores for 07/2018 were 60% satisfied, for 08/2018 were 84% satisfied, and for 09/2018 were 100% satisfied! We are consistently trending upward!

2018 HIGHLIGHTS

CUSTOMER SERVICE: EXCELLENT EXPERIENCES



- **3C Intermediate:** Increased patient satisfaction scores after implementing communication boards
- **3D/3E:** New Family House was built for family respite time.
- **3D/3E:** Patient satisfaction scores exceeded benchmark for nurses' courtesy and respect and nurses listening carefully.
- **3D/3E:** Special surgical bed introduced to reduce patient pain on transfer following NUSS procedure
- **Ambulatory Clinics:** Increased patient satisfaction scores
- **ED:** Reduced patient length of stay and decreased door-to-triage time
- **Surgical Services:** Patient satisfaction "Would Recommend Facility" Net Promoter Score reached 92.3.

CUSTOMER SERVICE: EXCELLENT EXPERIENCES

CVICU: Creation of a Nurse-Led PICC Dressing Team to Improve Patient Outcomes

A nurse-led project was implemented to improve the patient experience and outcomes related to percutaneously inserted central catheters (PICC) in the Cardiovascular Intensive Care Unit (CVICU). Utilization of PICCs for reliable venous access in the CVICU averaged 350-500 PICC days per month. PICCs were routinely sutured in place, but due to prolonged line days and tissue fatigue, PICC sutures frequently became loose/non-intact, resulting in line tip migration, dislodgement, and frequently needed re-suturing, which is associated with patient distress, increased staff time, and an increased risk of infection due to line manipulation.

In early 2017, two clinical nurses explored the feasibility of using an alternate securement method. After reviewing available medical products, a product with potential to offer improved securement was selected. Clinical nurses developed a process that entailed creation of a PICC dressing team: a group of staff nurses trained on use of the product to perform all PICC dressings weekly. After trial of the new product, a new nurse-driven team approach to dressing changes was established. A team calendar was developed for team planning purposes, and two nurses who have no other patient assignment collect necessary supplies and perform all PICC dressings (averages 12-16 patients/week) on that day. Team members found that the securement device offered effective securement but required a practiced application technique. At completion of the trial, data were reviewed and the new approach was adopted as routine practice for all patients with PICCs in the CVICU.

A significant reduction in dislodgements, migrations, and CLABSI have occurred in the CVICU, attributed to the revised approach to PICC management between 2016 and 2018. Line migration events decreased from 7 to 2; dislodgements decreased from 4 to 1; and CLABSI decreased from an average of 4-6 per year (0.8-0.89 per 1000 line days) to zero events for the current year. Results from this nurse-led project highlight the impact that nursing and a focused approach on PICC management may have on improving the patient experience and clinical outcomes. Institutional spread of this practice change has the potential to positively influence other patient populations.



CUSTOMER SERVICE: EXCELLENT EXPERIENCES

ED CHAMPS: Engaging to Improve the Patient Experience

CHAMPS is a fun and highly interactive educational program that was developed by the Emergency Department interdisciplinary healthcare team to empower and inspire the team to personally and professionally engage in improving the ED patient and family experience. CHAMPS (Connect, Humble, Aware, Mindful, Pathos/Empathy, and Sincere) training was peer developed to positively influence the patient and family experience by encouraging staff to provide excellence to every single patient, every time, during every interaction. CHAMPS defines a team who works together to enhance the patient/family experience. The program begins with a brief empathy training cascading into the organization's mission, vision, values, and patient experience purpose. Values include soft skills (e.g., communication, service recovery) that impact the patient/family experience. Videos, case studies, role play, and participation techniques are used to connect with the perceptions of the patient and family experience. Staff share patient and family exemplars that have brought them professional joy and which gives meaning to their work. Subsequent programs incorporating technology-based word clouds in real time are used to allow staff to express their perceptions during the empathy training.

Patient satisfaction scores (NRC; National Research Corporation) revealed a statistically significant increase on survey questions aligned most closely with training objectives. The ED Net Promoter Score increased 4 points from June to July 2018 correlating with pre- and post-training. Post-training, 71% of staff felt empowered to use the accountability and soft skills learned in the program. An engaged staff can lead to better job satisfaction, improved clinical outcomes, and increased patient and family likelihood to recommend the organization.



CUSTOMER SERVICE: EXCELLENT EXPERIENCES

Hematology/Oncology Clinic Arrival - to - Access Improvement

The Hematology/Oncology Clinic implemented a nurse-initiated quality improvement project aimed at reducing the time from patient arrival in the clinic to the time of laboratory blood draws for treatment.

In 2015, the Day Med Infusion Center and Hematology/Oncology Clinic were merged. This merge created some new challenges, particularly limited treatment/clinic rooms. Clinical nurses examined space and workflow issues and the impact of the merger on patients and families' experiences and clinic efficiencies. Hematology/Oncology patients often have orders to obtain labs with subsequent interventions dependent on the lab results.

Nurses applied lean methodologies to guide multiple improvement cycles in determining the rate-limiting step in the patient's visit. Data determined that the long wait times were dependent on laboratory results, and efforts were focused on streamlining the blood draw after arrival. Tests of change included: 1) a dedicated room to provide a space to access ports/draw labs even when all exam rooms were occupied; 2) a new workflow that prioritized laboratory blood draws; 3) a new role of access nurse was trialed; and, 4) an assignment sheet for infusion/chemotherapy patients was created to more strategically make nurse assignments.

Utilizing the newly re-prioritized workflow and innovative access team role, the previous 67-minute median time from patient arrival to time of laboratory blood draws for treatment was reduced to less than 40 minutes and has been sustained for six months. Improved laboratory draw times also led to a decrease in the median total length of clinic visit by 51 minutes. This greater efficiency resulted in a shorter clinic experience for patients and families.



2018 HIGHLIGHTS

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

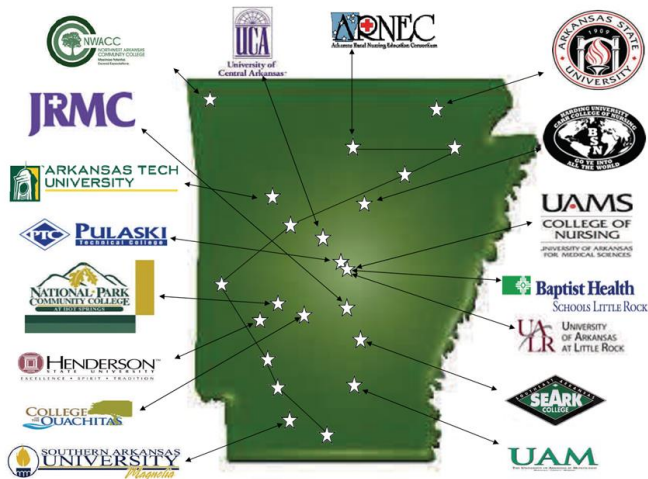


- **4K Hematology/Oncology:** Held its first pediatric oncology certification review class to increase its professional certification rate
- **ACH-credentialed APRN nurse practitioners:** Received joint faculty appointments in the University of Arkansas for Medical Sciences College of Medicine and College of Nursing and serve as preceptors for PNP and NNP students
- **ED:** Increased its certification rate to 59% of eligible nurses
- **Director Council:** Developed and implemented a revised inpatient nursing career ladder and introduced e-portfolios
- **ITU/5D/5E:** Developed a mentor program for nurses and implemented certification recognition locker tags and reminders about eligibility to test
- **PICU:** Increased its CCRN-Pediatrics certification rate to 52% of eligible nurses
- **PICU:** Received the silver Beacon Award for Excellence

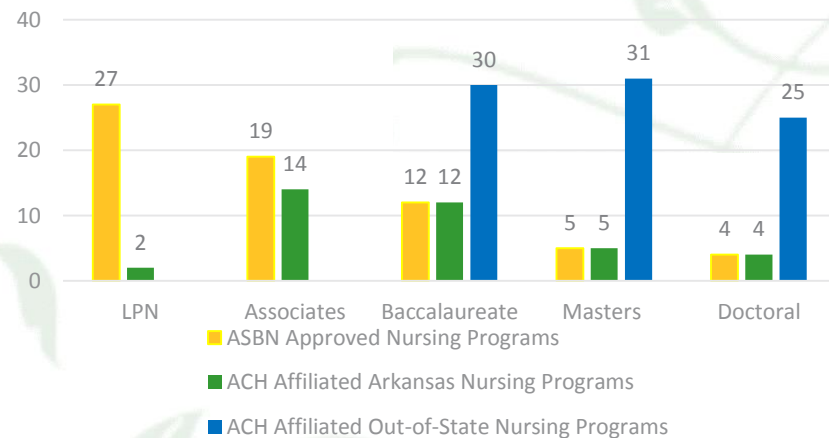
WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Educating Student Nurses

ACH provides pediatric clinical education for nursing students of Arkansas RN programs, central Arkansas LPN programs, and local and out-of-state PNP and NNP students. Many graduates apply for our Versant New Graduate Nurse Residency program. Clinical experiences are provided on the day and evening shifts, all days of the week, and year-round in the summer, fall, and spring semesters. The number of pediatric clinical days for pre-licensure schools ranges from 1 to 10 days per student; some experiences are hands-on, direct care, while some are observational per the school's request. Daily evaluations of students and nurses are exchanged; students complete end-of-semester evaluations. ACH-nurse clinical instructors provide schools with fully-oriented instructors, students with experienced pediatric nurses who like to teach, and nurses who want to continue providing direct care at the bedside with another professional development opportunity, especially after earning an advanced nursing degree. ACH RNs who return to school for an advanced degree also seek mentored practicum placements at ACH with nurse directors, clinical education specialists, nurse researchers, nursing vice presidents, nurse practitioners, clinical nurse specialists, and nurse anesthetists. Shadowing opportunities are available for high school and pre-nursing college students who are interested in a nursing career.



ACH maintains affiliation agreements with **50+** schools of nursing from all educational levels.



At ACH in 2018...

- approximately **1,490** nursing students from all nursing education levels received nursing education
- Arkansas pre-licensure student nurses had **4,713** clinical experiences.

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Advancing Academic Nursing Education

ACH has steadily raised the RN academic education level in alignment with the 2010 Institute of Medicine (IOM) *Future of Nursing: Leading Change, Advancing Health* report recommendation to increase the percentage of nurses with a BSN or higher nursing degree to 80% by 2020. Resources are allocated to academic advisement, mentored academic experiences, and biannual education fairs with school of nursing representatives.

- **92** individuals received academic advisement from July 2017 to December 2018
- **64** nurses graduated with an advanced academic degree from July 2017 to December 2018
- **69%** of all ACH RNs hold a BSN or higher nursing degree
- **45%** of all eligible ACH RNs hold national professional certification.
- **30** ACH nurses served as clinical instructors for schools of nursing during FY2018.



WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Nursing Professional Development Department

Education and Professional Development initiatives included:

- KCI Wound Vac Documentation Training for Unit Secretaries
- PPE Training for the Special Pathogen Team
- CLABSI Education
- Patient Portable Lift Training
- RightSpot pH Testing Device
- Crisis Prevention Intervention (CPI) Training

Arkansas Children's Hospital Approved Provider Unit:

- Offered 94 contact hours through 40 continuing nursing education activities.
- Education included:
 - Nursing Grand Rounds
 - Nursing Research Grand Rounds
 - Emergency Burn Care
 - Hematology/Oncology Review Course
 - Neonatal ICU Course
 - School Nurse Residency
 - Principles of Shared Governance

Professional Nursing Orientation:

- Total of 220 attendees attended PNO in 2018 (Non-Versant)
- Included RNs, LPNs, Patient Care Technicians, Unit Secretaries, Care Attendants, Paramedics, Surgical Technologists, and Anesthesia Technologists



WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

RN New Graduate Residency Program

The implementation of the RN residency program meets a goal identified in the Institute of Medicine (IOM) *Future of Nursing: Leading Change, Advancing Health* report. Goals of residency programs include increased retention, confidence, competence, engagement and satisfaction of new graduate nurses. The **Versant New Graduate Nurse Residency** program is 18-weeks; includes didactic, clinical practice, and mentoring components; and is offered three times each year in February, July and October.

July 2017 Cohort

Hired 55 RN Graduates (100% BSN graduates) from Arkansas schools of nursing, University of Tennessee at Memphis, and Samford University in Alabama

February 2018 Cohort

Hired 36 RN Graduates (67% BSN graduates) from Arkansas schools of nursing, University of Louisiana at Monroe, Texas Tech University, and Union University in Tennessee

July 2018 Cohort

Hired 61 RN Graduates (74% BSN graduates) from Arkansas schools of nursing, Samford University in Alabama, Texarkana College in Texas, and Northwestern University In St. Paul, Minnesota

One-Year Retention Rates

July 2016	91%
February 2017	85%
July 2017	96%
February 2018	89% at 9 months



WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Pediatric Nurses Week 2018

Pediatric Nurses Week in October 2018 focused on professional certification based on results from a survey conducted by the PERR Council earlier in 2018. Education on preparation for the generalist pediatric certifications was presented during three special Nursing Grand Rounds along with new resources for study including new review books and the following scholarship opportunities.

- Society of Pediatric Nurses (SPN) pediatric certification practice tests
- Pediatric Nursing Credentialing Board (PNCB) "CPN" certification renewals
- American Nurses Credentialing Center (ANCC) certification exams

CNO Lee Anne Eddy, MSN, RN, NEA-BC presented open forums during Pediatric Nurses Week with lively exchanges of information with nurses.

A highlight was shared decision making council posters of accomplishments over the previous year. Recognition was awarded to:

- 1st Place: Burn Center
- 2nd Place: 3C intermediate Care
- 3rd Place: Hematology/Oncology

A DAISY breakfast with Lee Anne and 2018 DAISY awardees included a special video message from Bonnie Barnes, co-founder of the DAISY Foundation.



The Center for Nursing Excellence launched with the opening of a professional development corner in the ACH library. Multiple certification preparation resources are available to promote professional certification.

2018 HIGHLIGHTS

COMMUNITY OUTREACH AND PARTNERSHIPS



- **3C Intermediate Care:** Built and distributed care kits for local homeless shelters
- **3D/3E Surgical:** Participated in the Salvation Army Angel Tree Drive, Helping Hands Cereal Drive and Central Arkansas Library book drive.
- **Academic Nursing Education:** **Debra Jeffs, PhD, RN, BC, FAAN** served as lead nurse planner to co-develop with the Arkansas Center for Nursing, Missouri Center for Nursing, and Tennessee Action Coalition the Tri-State Nurses on Board Conference held in October 2018.
- **ED:** Improved transports through pre-hospital first responder education
- **Nursing Research:** Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN co-wrote a policy brief on Prevention of Preterm Birth for the American Academy of Nursing.
- **PICU:** Engaged in multiple community outreach education in Pulaski County on heat exhaustion, water safety and hand hygiene, and collected for the Ronald McDonald House food drives

COMMUNITY OUTREACH AND PARTNERSHIPS

Emergency Department: Improving Pediatric Pre-Hospital Care

The Emergency Department (ED) developed an innovative outreach education program aimed at improving pediatric pre-hospital care by community first responders and other community healthcare providers. This interdisciplinary initiative was created in response to knowledge and confidence gaps in pediatric care and to address problematic transports.

In 2013 a survey was distributed to first responders across the state to identify knowledge gaps and assess confidence levels in caring for pediatric patients. The ED nursing staff established and maintains a reporting database to identify categories of concerns related to patient transport. The areas of most concern included reporting errors (e.g. diagnostic errors, patient acuity, lack of notification), airway management, circulatory management, assessment and general stabilization, medication issues, and transport mode. Lack of a standardized pediatric curriculum for first responders coupled with infrequent pediatric cases may have affected confidence and competence levels of those responding to pediatric emergencies in the community. In response, the ED staff developed a structured outreach curriculum focused on the areas of concern using a slide presentation, videos, and case-based simulation. A post-course survey evaluates participant knowledge, competence, and confidence levels to care for pediatric patients. State-wide conferences are held for additional education opportunities and expanded outreach.

Over 4 years, 2600 pre-hospital healthcare providers in 65 counties in Arkansas were educated. Data were obtained on 12,580 pediatric transports with problematic transports decreasing by 6.9%. Course surveys showed 89% of participant first responders would change their pediatric practice as a result of the course and confidence increased by 171%. ED staff incorporated problematic transport metrics into outreach education to decrease problematic transports and harmful occurrences and has improved confidence levels of first responders in managing pediatric patients in the community.



COMMUNITY OUTREACH AND PARTNERSHIPS

NICU: Arkansas Children's Nursery Alliance

The Arkansas Children's Hospital Nursery Alliance was born in November 2016, with Conway Regional Health System as its first partner. The alliance established coordination of care between neonatologists at ACH's Level IV Neonatal Intensive Care Unit (NICU) and physicians in Conway Regional's Level II NICU and newborn nursery to help improve the quality of newborn care and keep sick infants close to home. Since that time, Jefferson Regional Medical Center, CHI St. Vincent, Ashley County Medical Center, and most recently in 2018 the Medical Center of South Arkansas have joined the Nursery Alliance.

Part of Arkansas Children's statewide network of care, the Nursery Alliance facilitates training, sharing of best practices and coordination of care between physicians, nurses and other clinical staff at the ACH NICU and physicians and staff at newborn nursery partner sites. The teams are united by a mission to deliver quality, evidenced based care that ultimately helps to move the needle on infant mortality in Arkansas.

Early results have yielded an increased census at Conway Regional, our initial partner site, since joining the alliance thus supporting our goal of keeping babies closer to their families. Additionally, NICU admission data from allied hospitals has triggered delivery of educational resources primarily on respiratory support and stabilization practices of newborns as well as continuous positive airway pressure implementation. Successes with collaborative support of safe sleep practices and the collective implementation of an evidenced based Oral Glucose Gel Protocol developed by CHI Hot Springs for the treatment of neonatal hypoglycemia have also emerged.

The Nursery Alliance has afforded nurses, physicians, respiratory therapists and others across Arkansas the opportunity to partner and leverage our strengths in an effort to give every baby a better chance at survival. As nurses, this level of collaboration with those beyond our designated institutions, fosters a higher level of teamwork and relationship building that can drastically impact the quality of care over a much larger area.



NURSERY ALLIANCE



NURSERY ALLIANCE



NURSERY ALLIANCE



NURSERY ALLIANCE



NURSERY ALLIANCE



Nursing Annual Report & Council Celebration



Professional Excellence Recruitment and Retention Organizational Council

Tiffany Smallwood, RN, CPN, Chair

Allison Curtis, RN, BSN, Co-Chair



Membership

- Elissa Annesley-DeWinter, RN, CCRN, Burn Rep
- Nici Belknap, BSN, RNC, NIC, NICU Rep
- Betsy Borecky, MSN, RNC-NIC, RN-BC, Clinical Education Specialist
- Laura Buse, MSN, RN, NE-BC, Outpatient PCM Rep
- Jo'el Cunningham, BSN, RN, ED Rep
- Chad Dugger, RN, BSN, IMU Rep
- Beverly English, MNSc, RN, Instructor for Schools of Nursing
- Amy Huett, PhD, RN-BC, Director of Nursing Excellence
- Heather Kreulen, MSN, RN, Nursing Director Council Rep
- Debra Jeffs, PhD, RN-BC, FAAN, Director of Academic Nursing Education
- Ginger King, BSN, RN, 3D/3E Surgical Rep
- Vickie Lauhon, RN, CVICU Rep
- Wendy Mahan, LPN, LPN /Outpatient Rep
- Rachel Mcknight, MSN, RN, AC-PNP, APRN Rep
- Emily Pinter, RN, BSN, CPHON, 4K Rep
- Taylor Long, RN, PICU Rep
- Tammy Webb, MSN, RN, NE-BC, Facilitator
- Janise Sanders, RN, R/R HR Rep
- Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Nurse Scientist Manager
- Hilary Spurgeon, BSN, RN, CPN, Non-Direct Care Rep, Quality Improvement

Purpose

The Professional Excellence and Recruitment and Retention Organizational (PERR ORG) Council engages in the implementation of evidence based strategies to attract and retain talented nurses who demonstrate the ideals of the ACH Model of Care and the Professional Practice Model, while promoting a healthy work environment in which nurses can thrive. The Council promotes professional nursing practice and nursing excellence while supporting the advancement of nursing within ACH and the community.

Task Forces/Subcommittees

- Recognition/Certification Task Force: To ensure the recognition and retention of ACH nurses on an organizational, state, and national level.
- Daisy Subcommittee: To recognize outstanding nurses through the daisy program
- Mentoring Task Force: To provide standardized resources, tool kits, and structure while allowing each area with the opportunity for creativity and leads to organizational guidelines for mentoring.
- Professional Development Taskforce: To develop and evaluate the ACHieve career ladder and electronic portfolio
- Scholarly Activity Taskforce: To promote professional excellence through implementation of scholarly activities including an organizational wide journal club.

Connections

- PERR ORG Council collaborates with all organizational, clinical level, and clinical area based councils to ensure good communication between all councils.
- PERR ORG Council embodies the Professional Practice Model by utilizing shared decision making to engage ACH nurses in the pursuit of excellence while ensuring patient and family-centered care.



Outcomes

- Recognition/Certification Taskforce:
 - Coordinated the 2017 and current 2018 Annual Council Celebration
 - Continual support of the DAISY recognition program.
 - Coordinates Certified Nurses Week Celebration.
- Professional Development Taskforce
 - Implemented an Electronic Portfolio
 - Updated the ACHieve process with a new career ladder
- Mentoring Task Force:
 - Working to develop an organizational mentoring program.
- Scholarly Activity Taskforce:
 - Implementation of Journal club with first quarter participation of 20 members.
 - Promotes the publication of ACH nurses through collaboration with the Nursing Research department

Fiscal Year 2018 Goals

- PERR ORG Council aligns with Organization values of Safety, Compassion, Teamwork and Excellence by setting and implementing the following goals:
 - PERR ORG Council will work towards professional excellence by increasing BSN or higher degrees, certification rates, and involvement in scholarly activities.
 - PERR ORG Council will support recruitment and retention.
 - PERR ORG Council will work towards retention by promoting recognition of ACH nurses.

Future Direction

- PERR will continue to support the Fiscal Year 2019 goals while maintaining the current Task-forces/Subcommittees and implementing the following action items:
 - "Council Cues" to improve communication from organizational council
 - Continue Journal Club into 2nd quarter
 - Implement Center for Nursing Excellence
 - Evaluate career ladder for nursing professional development



Nursing Annual Report & Council Celebration

Ambulatory Council

Becky Hobson, RN, BSN, CPN-chair/Devan Shaw, RN, CPN-co-chair



Membership

- Becky Hobson, RN, BSN, CPN - Chair
- Kimberly Wehrle, RN, BSN, CPN
- Scott Gee, RT
- Destiny Matlock, PIA
- Jessica Hampton, LPN
- Brandi Price, RN, BSN, CPN
- Betsy Borecky, MSN, RN-BC, RNC-NIC
- Amber Ward, RN, BSN, CPN
- Diane Bussard, RN, BSN, CPN
- Linda Angeles, RN
- Jonna Turner, RN, BSN
- Tiffany Moore, RN
- Del Williams, PCT
- Laura Buse, MSN, RN, NE-BC
- Wendy Mahan, LPN
- Traci Hackler, RN
- Jimmy Tutton, Lab Assistant
- Ashlyn Madding, RN
- Dana Velasquez, RN, BSN
- Toni Fredricks, RN, BSN
- Sam Yates, RN
- Devan Shaw, RN, CPN – Co-Chair
- Karen Kelley, RN, BSN, CPN
- Kelley Means, RN, BSN, CPN - Facilitator
- Terri Songer, MNsc, RN, CNML - Liason

Purpose

As a designated group council, members engage in discussion and decision making on clinical matters within like service areas to gain consistency, integration, and standardization within Ambulatory Care.

Fiscal Year 2018 Goals

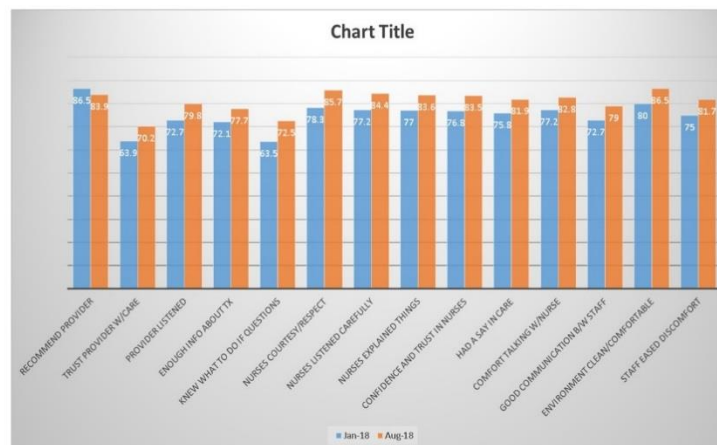
- To support Arkansas Childrens and Patient Care Services mission, vision and strategic guidelines achieving quality and safe family centered care.
- To ensure that patients and families have the best experience possible during their visit to the Ambulatory Care areas.
- To ensure that patient and family's needs are met while maintaining Arkansas Childrens safety and quality standards.
- By 07/30/2018, each Ambulatory Care area should have at least three items they address in order to ensure patient satisfaction.

Outcomes

- We identified that there were no standard practices in place for improving patient satisfaction. Some clinics had multiple tasks in place where as others had very minimal tasks in place to improve patient satisfaction.
- Members shared ideas and current successful tasks that were working in some clinics.
- New ideas were well received by clinic staff and some ideas were implemented.
- We have seen an increase in patient satisfaction scores since January.

Connections

- Our council is interdisciplinary in order to achieve improved quality and safety in patient care and performance excellence.
- We promote staff involvement, teamwork and consistency across departments.
- This project facilitated staff engagement by increasing momentum within the Ambulatory Council.
- Complimenting the formal organizational reporting structure, our members represent and report back to their work areas. Progress from our council is shared in Coordinating Council.
- Information from Coordinating Council is in turn shared with members of our council by the Chair and Co-Chair. This is self governance in action.
- Two-way communication occurs with our representatives to CPQS and PERR Councils as well.



Future Direction

- Ongoing monitoring: monitoring of patient satisfaction scores and department activities to improve scores.
- Continue patient surveys.
- We hope that short and long term data validate a positive impact on patient satisfaction.
- Explore ways to improve Employee Satisfaction in order to keep positive staff and improve patient satisfaction scores.
- Magnet readiness, staff engagement, patient safety and excellent patient experiences.



Surgical Services & Ancillary

Shawn Hill, AAS, RN-BC & Sondra McNatt, BSN, RN, CNOR



Membership

Chair: Shawn Hill, AAS, RN-BC
 Co-chair: Sondra McNatt, BSN, RN, CNOR
 Jennifer Bates, ADN, RN, CPN
 Mashauna Conley, CST
 Sydney Davenport, BSN, RN, CPN
 Brandy Gentry, BSN, RN, CPN
 Allison Gilbert, CST
 Keri Hamm, BSN, RN, CNOR
 Melinda Harris, BSN, RN, CNOR
 Deborah Hutts, MSN, RN, NE-BC
 Jill Lapaglia, MSN, RN
 Sarah Lynch, BSN, RN
 Carolyn Martin, BSN, RNP, CPN
 Anita Norfleet, RN, CPN
 Lorna Potaka-Osborne, BSN, RN, CPAN
 Vanessa Plummer, BSN, RN, CPEN
 Ashlea West, BSFC, BSN, RN
 Jill Whitehead, BSN, RN, CPN

Purpose

The Surgical Services CPQS/PERR Designated Group strives to provide shared governance through all of our initiatives. We are a group of diverse health care professionals with the ultimate goal of making the hospital experience excellent for our patients and families. The council prioritizes patient feedback by planning and implementing improvement projects.

Fiscal Year 2018 Goals

Our primary goal is providing optimal patient experiences in an environment for our staff that embodies evidence based practice models, shared decision making, interdisciplinary teamwork, professional development, and quality outcomes. In doing so, we foster the ACH mission to champion children to be better today and healthier tomorrow.



Task Forces/Subcommittees

- NRC Subcommittee
- SSI HAC
- VTE HAC

Accomplishments

- Increased number of hand hygiene observers
- Above current baseline, target, enhanced, and stretch goals for patient satisfaction scores of "Would Recommend Facility."
- Improved flexibility of staffing by increasing the number of cross-trained ASC and PACU nurses
- Implemented handoff documentation for improved coordination of care
- Test of change project to enhance patient experience by patient transport to OR via remote controlled electric car
- Recognized patient comments by partnering with Patient Experience team to establish new guidelines for environmental rounding and cleanliness
- Team members participating as Patient Experience and Engagement Champions
- Magnet story of our rounding and service recovery for patient experience scores less than 9
- Focused on patient and family experience by increasing patient activities (iPads, books, arts and crafts, music, special guests)
- Thank you cards signed by staff sent home with all patients

SSI Prevention

Procedure	Number of events 2016	Number of events 2017	Change
CARD	3	1	70% reduction
VSHN	16	8	50% reduction
FUSN	7	2	70% reduction

Connections

The Professional Practice Model at Arkansas Children's Hospital drives our focus for patient and family centered care. Our council's shared decision making promotes quality and interdisciplinary teamwork. We use evidence based practice to promote change while maintaining our core values of safety, teamwork, compassion, and excellence. We strongly encourage our nurses to be their best in their own professional practice in order to provide exceptional care to our patients and families. The council uses team connection events to celebrate our diverse roles, certifications, and achievements. Through service projects we represent Arkansas Children's Hospital while giving back to the community.



Future Direction

- Improve functionality of Autism Screening Tools with automatic flags and consults
- Improve communication before surgery with updated surgery guide
- Coordinate patient teaching with clinics to improve understanding of pre-op preparation and post-op care
- Enhance way-finding to our area and improve transitions of patient activity
- Create UPT order set for surgical inpatients





Nursing Annual Report & Council Celebration

2B Burn Center Council

Elissa Annesley-DeWinter, RN IV, CCRN Chair

Christine Grauer, RN III, BSN, CCRN



Membership

- Lizzie Alvarez, RN II, BSN
- Lauren Baxley, RN Specialty Nurse, BSN, CCRN-K
- Ariana Easter, RN II, BSN
- Georgia Franklin, RN II, BSN
- Hannah Goodin, RN II, BSN
- Diane Laws, RN IV, MSN, CCRN
- Mark Mann, RT II (Ad Hoc)
- Helen McLennon, RN II (Recorder)
- Pat Scott, Burn Tech (Ad Hoc)
- Mallory Reeves, RN II, BSN
- Shana Settle, RN II
- Emilie Shatto, RN II, BSN, CCRN
- Nikki Spriggs, PCM, BSN, CCRN (Facilitator)
- Jason Williams, APRN
- Mandy Yelvington, MS, OT/RL, BCPR



Purpose

The purpose of our council is to engage in decision making on clinical matters, quality and safety, professional education, and recruitment and retention specifically related to the Burn Center.

Fiscal Year 2018 Goals

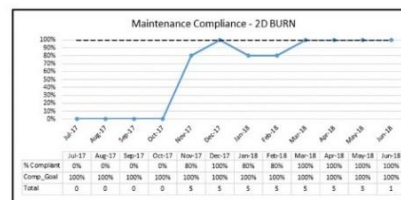
FY 2018 Nursing Strategic Plan Goals

- Safety: Make Zero Happen for patient/staff**
- Teamwork:**
 - Nursing Retention and Workforce Planning**
 - Versant Welcome Dinner & Breakfast
 - Certification Wall Installed
 - Nurse Engagement: Kardex Update**
 - Nurse Rounding – Kardex updated after EPIC transition to streamline safe and effective shift hand-off and twice-weekly interdisciplinary rounds
 - Nurses and physicians provided input and feedback to make changes
- Physician Partnership: Burn Sepsis Screening Tool**
 - Collaboration between nurses and providers to create a Burn-Specific Sepsis Screening Tool
 - Retrospectively validated to identify patients who may be septic before positive cultures confirmed
- Compassion:**
 - Compassion Fatigue/Satisfaction**
 - Just-in-Time Recognition notes at nurses' station
 - Quarterly Inverse Potlucks: Dayshift provides Nightshift with breakfast; Nightshift provides Dayshift with dinner
- Excellence:**
 - Patient Experience**
 - Champions of Progressive Mobility of Burn Adult Patients project

Outcomes

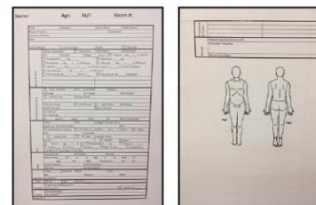
Safety: Make Zero Happen for patient/staff

- One CLABSI in FY 2018 with 100% compliant K-Card Audits
- One CAUTI in FY 2018 with > 365 days CAUTI-free



Nurse Engagement: Kardex Update

- Review of patient by body systems and standards of care with wound/surgical map



Task Forces/Subcommittees

- Kardex Update
- Sepsis
- Mentoring Task Force

Connections

- Safety & Collaborative/Individualized Care:** Recognized that EPIC algorithm for Sepsis Yellow/Red does not adequately screen adult patients or pediatric patients with hypermetabolic response to burn injuries. Task force of bedside nurses, provider, and manager created individualized sepsis screening tool and presented to organizational Sepsis work group.
- Safety, Pursuit of Excellence, & Quality:** Bedside nurses and council members represent unit on all organizational HAC committees (CLABSI, CAUTI, VAE, Pressure Injuries).



Future Direction

FY 19 Organizational Goals:

- Quality and Safety: Safely provide care to new patient populations with varying diagnoses.
- Patient Experience: Provide excellent, developmentally appropriate care to new patient populations of varying ages.
- Optimizing Fiscal Accountability
- Innovative Ideas and Practice



Nursing Annual Report & Council Celebration

3C Intermediate Care

Chad Dugger BSN, RN, CPN - Chair

Jessica Keisler RN, CPN - Co-Chair



Membership

- Chad Dugger BSN, RN CPN –Chair
- Jessica Keisler RN, CPN – Co-chair
- Brittany Blandford BSN, RN, CPN – Reporter
- Heather Abernathy BSN, RN
- Jessi Brown RN, CPN
- Bethany Byrne BSN, RN
- Kendyl Doan RN, CPN
- Carla Mace RN
- Kaitlin Montgomery BSN, RN
- Sarah Patterson RN
- Annie Stafford BSN, RN
- Rachel Stewart BA, CCLS
- Hayden Southern BSN, RN
- Crystal Tucek BS, RRT
- Valerie Hamric BSN, RN, CCRN – Facilitator



Purpose

Improve patient safety at unit level, empower nurses to integrate quality initiatives, improve nurse retention and to deliver education and safe practice for our nurses, patients, and families.

Fiscal Year 2018 Goals

- Safety:
 - Increase hand hygiene compliance
 - Decrease emergent escalations
- Teamwork:
 - Increase participation in input rounds
- Excellence
 - Increase the patient experience by trialing white boards
 - Increase community involvement
 - Increase amount of team members pursuing higher education and certification



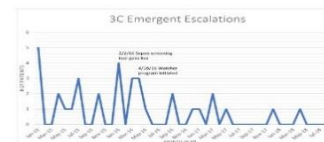
Task Forces/Subcommittees

- Hand Hygiene
- Sunshine Fund
- Crump 5K



Outcomes

- Trialed white boards in patient rooms increased the patient experience
- Continued decline in emergent escalations
- 73% of team members with BSN or higher degree
- 33% of team members with national certifications
- 30% of team members currently pursuing higher education.



	May 17 - June 17	June 18 - July 18	July 19 - August 19
Care Providers Listened	56	76.2	55
Care Providers Explain Things	58	84.7	83
Nurses Explain Things	80	85.7	55
Not Promoter Would Recommend	76.9	81	50
Had Enough Input Day in care	75.8	73	88
May 17 - Jun 17 - % Favorable	71.54		
Jun 18 - Jul 18 - % Favorable	78.52		
Jul 19 - Aug 19 - % Favorable	89		



Connections

- Built care kits for local homeless
- Worked with community members to sponsor the Crump 5K
- Team members are a part of the following groups:
 - PERR council
 - CAUTI
 - Daisy award committee
 - Quality and Safety council
 - PUP/SKIN CHAMP
 - PEWS
 - POCT



Future Direction

- Increase nursing student satisfaction
- Team voted employee of the month recognition
- Increase use of safety tracker for good catches and safety concerns
- Participate in evidenced based practice research at the unit level
- Work with interdisciplinary teams to promote the patient experience
- Continue community involvement



3D/3E Quality & Safety/ Clinical Practice Council

Linsey Ryan, BSN, RN, CPN- Chair
Kelly Warner, BSN, RN, CPN- Co-Chair



Membership

- Linsey Ryan, BSN, RN, CPN – Chair
- Kelly O'Cain, BSN, RN, CPN-Co-Chair
- Nicole Whiteaker, BSN, RN, CPN–Recorder
- Missie Martinous, BSN, RN, CPN – Org Level Representative
- Jordan Blakely, BSN, RN – Member
- Taylor May, BSN, RN, CPN – Member
- Ashley Murie (Ancillary staff)-Member
- Jera Shepard, BSN, RN, CPN – Member
- Cacey Sellers, BSN, RN, CPN – Facilitator
- Tammy Diamond-Wells, MSN, RN, NE-BC - Director

Purpose

- 3D/3E Quality & Safety in Clinical Practice Council is dedicated to continuously utilizing innovative ideas and strategies to improve patient safety, quality of care, and the patient and family experience.

Fiscal Year 2018 Goals

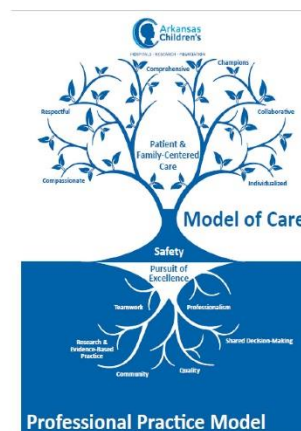
- Safety:
 - 100% of staff completed EPIC training prior to go live.
 - Following EPIC go-live created tickets for safety issues and documentation needs. Examples:
 - Requested ADL rows for appendicovesicostomy and colostomy
 - Requested musculoskeletal assessment for external fixator pin sites
 - Requested breastfeeding minutes flowsheet row
 - Multiple tickets entered for order and phase of care challenges
 - It has been 3,241 days since the last contaminated needle stick on 3D and 543 days since the last contaminated needle stick on 3E.
- Teamwork:
 - Gen Surgery Teams and Nursing staff fully participating in INPUT rounds.
 - 3D/3E frontline staff assisted with staffing the 4G winter census. This initiative assisted with decreasing the utilization of semi-private rooms and increased patient and staff satisfaction.
- Compassion:
 - NRC scores exceed benchmark for nurses courtesy/respect and nurses listening carefully.
- Excellence:
 - Anticipatory leadership rounds to proactively address patient and family concerns.

Quality Improvement Initiatives

- PCT handoff tool developed and implemented
- NUSS teaching handouts developed and utilized
- Revised PSF teaching handouts
- Secure Vocera texting utilization with general surgery APRNs
- Spearheaded NUSS patients OR protocol being changed to require beds for recovery and transfer to inpatient unit

Outcomes

- PCT handoff tool enhanced shift to shift communication and improved sharing of ADL needs
- NUSS handouts have given patient and families a point of reference for daily goals and discharge goals
- Updated PSF handouts have given patients and families detailed daily expectations during their hospitalization
- Secure Vocera texting has enabled detailed two way communication with surgery APRNs
- NUSS patients are no longer having to be transferred to beds on the unit which caused severe pain. Removing the transfer also is safer for staff since patients cannot bear weight



Connections

- 3D/3E demonstrated shared governance by assisting the ED in decreasing LOS and left without being seen by participating in the 2000 ED collaboration calls.
- 3D/3E nursing staff utilize best practice and promoted patient safety by preforming bedside handoff.
- 3D/3E connected with the community by participating in the Community Little Library Book Drive, the Salvation Army Angel Tree project, and the Summer Cereal Drive hosted by the Arkansas Foodbank.

Future Direction

3D/3E Council goals for FY19

- Quality and Safety
 - Utilize safety tracker data to assist with driving practice change ideas
 - Obtain Navigator Status
- Patient Experience
 - Maintain would recommend scores of 90% or greater
 - Encourage continued participation in INPUT rounds
 - Implement discharge rounds
- Optimizing Fiscal Accountability
 - Remind staff to document acuties each shift
 - Insure peers are aware of the charging process
- Innovative Ideas and Practice
 - Partner with SST to onboard new Versant residents
 - Partner with surgery team to create a feedback tool for surgical fellows







3D/3E Surgical Professional Excellence/Recruitment & Retention Council

Chair: Clara Deere, BSN, RN, CPN

Co-Chair: Melissa Gearhart, BSN, RN, CPN



Membership	FY 2018 Goals	Accomplishments/Activities
<ul style="list-style-type: none"> Tammy Diamond-Wells, MSN, RN, NE-BC– Director Melinda Kaney, BSN, RN, CPN– 3D/3E PCM– Facilitator Clara Deere, BSN, RN, CPN– Chair Melissa Gearhart, BSN, RN, CPN– Co-Chair Emily Turner, BSN, RN, CPN– Recorder Beth Conley, BSN, RN, CPN Kara Sullivan, BSN, RN, CPN Ginger King, BSN, RN Monique Sperry, BSN, RN Tyesha Strickland, BSN, RN Jackie Bryant, PCT 	<ul style="list-style-type: none"> Safety: <ul style="list-style-type: none"> Focused on maintaining a safe environment for staff by implementing daily unit specific environmental rounds. It has been 3,241 days since the last contaminated needle stick on 3D and 543 days since the last contaminated needle stick on 3E. Teamwork: <ul style="list-style-type: none"> 3D/3E promoted professional excellence by participating in evening 2000 ED collaboration calls. 3D/3E frontline staff assisted with staffing the 4G winter census unit. This initiative assisted with decreasing the utilization of semi-private rooms and increased patient and staff satisfaction. 3D/3E have partnered with SST for orientation of Versant residents to create a bandwidth of medical-surgical nursing resources. Compassion: <ul style="list-style-type: none"> The council has participated in outreach initiatives including: The Salvation Army Angel Tree Program, Community Little Library Book Drive, and Summer Cereal Drive. NRC scores exceed benchmark for nurses courtesy/respect and nurses listening carefully. Excellence: <ul style="list-style-type: none"> The co-designing of safety huddle has assisted with decreasing incremental overtime. It has also allowed the unit safety huddle to transition from a silo prospective to reflect a system overview. Anticipatory leadership rounds to proactively address patient 	<ul style="list-style-type: none"> Monthly birthday e-mails and bulletin board recognition Spotlight of the month award (Teamwork Makes the Dream Work) and quarterly awards 2 Daisy Award Winners this past year Quarterly Newsletters including recognition for staff promotions and professional achievements Planned the units Christmas Party and Christmas Party Awards Organized potlucks 203 dollars raised for gifts through the Salvation Army Angel Tree Program Provided different goodies for our CPN Nurses in March Unit Secretary's received a personalized gift on Administrative Assistant Day Hosted a book drive to help the Community Little Library Book Drive Treats and fun unit activities were provided during Nurses Week in May <div>     </div> <ul style="list-style-type: none"> Planned unit outing at Murry Park Collected 275 boxes of cereal for the Arkansas Foodbank's Summer Cereal Drive Provided a personalized gifts for PCTs during PCT Week in June
Purpose	Meetings	Future Direction
<ul style="list-style-type: none"> 3D/3E Surgical PE/RR Council is dedicated to continuously recruiting and retaining top talent, enhancing the patient experience, and promoting best practice on the units. 	<ul style="list-style-type: none"> At monthly meetings reviewed Hand Hygiene, NRC scores, and Community Involvement activities. Discussed creative ways to celebrate unit success and also how to sustain professional excellence. A gap analysis was done to help determine CEU opportunities for our Orthopedic nurses. Encouraged staff to participate in Schwartz Rounds and Nursing Grand Rounds. 	<ul style="list-style-type: none"> Quality and Safety: <ul style="list-style-type: none"> Utilize safety tracker data to assist with driving practice change ideas Obtain Navigator Status Patient Experience: <ul style="list-style-type: none"> Maintain would recommend scores of 90% or greater Implement discharge rounds Optimizing Fiscal Accountability: <ul style="list-style-type: none"> Remind staff to document acuties each shift Insure peers are aware of the charging process Innovative Ideas and Practice: <ul style="list-style-type: none"> Partner with SST to onboard new Versant residents Fully integrate patient engagement champions on the units Partner with surgery team to create a feedback tool for surgical fellows
Certification		
<ul style="list-style-type: none"> 48% of our bedside nurses are certified 100% of our Management Team is certified 55% of all 3D/3E nurses are certified 		



ITU/5E/5D PERR Council

Chair: Morgan Schmoll, BSN, RN Co-Chair: Nicole Bernard, BSN, RN



Membership

- Morgan Schmoll, RN
- Katie Stickler, RN
- Brittany Lequieu, RN
- Allison Curtis, RN
- Nicole Bernard, RN
- Rachell Bennett, RN
- Pam Atkinson, RN
- Justin Starr, RN
- Katie Russell, RN
- Lana Ball, RN
- Emily Nalley, RN
- Megan Callaway, RN
- Staphanie Rittman, RN
- Ginger McEarl, RN, PCM
- Becky Warren, RN, PCM

Purpose

Recruit and retain professionals that are new to the medical field as well as those that are new to the facility and/or our respective units. Provide education and encouragement to nurses to promote excellence in nursing and advancements in their professional careers, not only within the organization but within the community as well.

Fiscal Year 2018 Goals

- ❖ Further develop and implement mentoring program for new nurses aiding in their transition to professional practice.
- ❖ Continue to push for pediatric certification among our nurses.
- ❖ Increase employee involvement in volunteer opportunities and community outreach projects.

Connections

- ❖ The ideas and concerns of the council can be relayed to organizational level councils and administrators through PERR org level meetings as well as coordinating council meetings.
- ❖ The projects completed by the council throughout the year aid in insuring that we are practicing to the best of our ability, thus enhancing the strong patient and family centered care that we strive to provide.

Future Direction

- ❖ Maintaining employee satisfaction and unit moral as one of council's forefront focuses with projects aimed specifically at employee development and recognition.

Accomplishments

- ❖ As a council we celebrate our unit employees as often as we can with activities such as potlucks, picnics, and parties!



- ❖ Our mentor program is up and running ! We are still working out some kinks but with lots of help from CVICU we have made major progress. We are hoping that the program will assist in our retention of new nurses and provide a way for our experienced nurses to grow professionally.

- ❖ The transition to Epic was an obstacle for everyone. We were lucky enough to have multiple Super Users and credentialed trainers between the three units. We also had a week full of food/snack days to ease the pain of "go-live".



- ❖ During PCT week we show our appreciation for our PCTs with snacks, awards, and gifts.

- ❖ Ongoing push for certification
 - We started our push for certification by using locker tags to not only identify nurses that had already obtained certification but also to remind those that had met requirements that they were eligible to test.
 - Hosted swap lucks for members of one shift to bring potluck food for their coworkers on opposite shifts.



- ❖ Helping others
 - Hosted unit based school supply and book drives to donate to local organizations and schools in need.
 - Strong involvement in Resource Day and Camp 2018 assisting with the care of Respiratory Technology Dependent program patients and their families.





Nursing Annual Report & Council Celebration

ED Quality Safety & Clinical Practice

Breta Bean, RN IV BSN CPEN Chair Erin Swann, RN III BSN CPEN Co-Chair



Membership

- Randy Rice, RN III BSN, RN-BC
- Emily Davis, RN IV, BSN, CPEN
- Lauren Stringer, RN II BSN
- Mark McMullen, RN IV, BSN, CPEN
- Jay White, RN II, BSN
- Steven Giompoletti, RN, BSN
- Katrin Wooley, RN III, BSN, CPEN
- Leslie Moore, RN IV, BSN, CPN, CPXP
- Thad Carter, RN, BSN, CPEN
- Kris Saunders, P.D., M.A.
- Sara Silverman, RN IV, BSN
- Jill Mitchell, RN III
- Elizabeth Storm, MD

Fiscal Year 2018 Goals

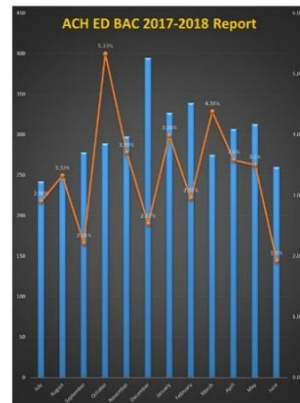
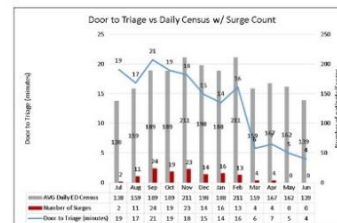
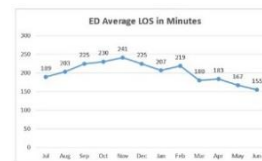
Describe how your council met/influenced these goals in FY18.

FY 2018 Nursing Strategic Plan Goals

- Safety:
 - Make Zero Happen for patient/staff
 - Decreasing Length of Stay
 - Decrease Door to Triage time by 76%
 - Decrease Blood Culture Contamination
- Teamwork:
 - Worked with Marketing Team on enhanced Patient Educational Information and Way finding
- Compassion
 - CHAMPS: over 170 multidisciplinary team members
- Excellence
 - Developing Pathways
 - Ongoing Magnet Readiness

Outcomes

Graphs of ED Average LOS, Door to Triage, and Blood Culture Contaminant.



Connections

The council works closely with our ED leadership and physicians group to involve all staff in meeting the goal of the patient having the safest experience while in the ED. This is from the time they walk through the doors at security until the time they leave. We recognize the continual need for process improvement.



Purpose

ED QS & CP council is focused on the core values of ACH: Compassion, Safety, Teamwork, and Excellence. We do this by closely watching metrics, working with leadership, and listening to staff members for innovative ideas.

Task Forces/Subcommittees

- ED Patient Service Workgroup
- *CHAMPS Training – Developed & Piloted
- ED Champions (safety, quality, & PT Experience)
- Access to Care
- Comfort of Care
- Coordination/Communication of Care
- QI Returns Research Workgroup
- Nursing EB Peer Review
- Triage Audits

Future Direction

- List council goals for FY19 (July 2018-June 2019)
- FY 19 Organizational Goal:
 - Quality and Safety – Utilizing Clinical Pathways as they are developed
 - Patient Experience – CHAMPS
 - Optimizing Fiscal Accountability
 - Innovative Ideas and Practice



Nursing Annual Report & Council Celebration

Emergency Department

Professional Excellence/Recruitment and Retention

Jill Jacobs, BSN, RN, CPN - Chair
Kim Edwards, BSN, RN, CPEN - Co-Chair



Membership

- Lisa Boyd, BSN, RN, CPEN - Facilitator
- Allison Bruton, BSN, RN, CPN - Recorder
- Jo'el Cunningham, BSN, RN
- Danelle Haeggans, BSN, RN
- Erin Hines, RN, CPEN
- Kristin Maclean, BSN, RN, CPEN
- Emily Rougeau, BSN, RN
- Taylor Ruple, BSN, RN
- Alexandria Vail, BSN, RN
- Lizzie Wertz, BSN, RN, CPEN

Task Forces/Subcommittees

- Hand Hygiene
- Onboarding Program
- Mentorship Program



Purpose

The purpose of the ED Professional Excellence/Recruitment and Retention Council is to allow for council members to engage in a structured setting for open discussion regarding developing strategies to engage ED RNs in professional growth and improve ED staff morale to increase recruitment and retention.

Fiscal Year 2018 Goals

Safety:

- Increase ED Hand Hygiene observations and compliance

Teamwork:

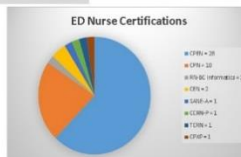
- Recognition of ED team members, ancillary departments, and outside services to increase teamwork between multidisciplinary groups to improve patient care
- Plan and participate in team building activities outside of work
- Development of department specific mentorship program
- Improve onboarding of new ED team members

Compassion:

- Development of protocol to decrease number of team members who report the inability to take a lunch break during high census shifts

Excellence:

- Increase number of team members who hold national certification
- Increase awareness of professional organizations to allow for team members to network with other professionals outside of Arkansas Children's
- Obtain discounted scrubs offer due to implementation of dress code policy change



Outcomes

- Implemented recognition for top observers each month and those who meet required goals. Hand Hygiene observations have more than doubled and ED compliance has increased from 77% to 92% in the last fiscal year
- Recognized and celebrated National Child Life Month, Social Workers Month, PCT/US Week, APRN Week, Doctor's Day, Radiology Week, EMS Week, and Admission RN anniversary
- Fall and Spring Picnics
- Beginning implementation of mentorship program with new team members
- Greeting new staff at Traditions and on their first shift and giving an "ED Survival Kit"
- Created voucher program to provide opportunity for ED RNs to become nationally certified. Increase of eligible ED RNs who hold national certification to 59%. Four ED Nurses hold departmental specific dual certifications
- Provide team members with membership information of professional organizations biweekly
- Presented information on discounted scrubs through FIGS and Blue Sky to ACH leadership leading to offer being extended to organization



Connections

- Arranged drives to collect supplies for Ronald McDonald House
- Organized volunteer opportunity for ED team members to provide and cook meal for families staying at the Ronald McDonald House
- Collected school supplies for students at MLK School
- Participation in Arkansas Children's Nursing Open House



Future Direction

- Improve retention rate for patient care technicians
- Implementation and evaluation of mentorship program
- Continue to increase national certifications rate
- Improve onboarding of ED team members with development of ED specific quick reference guide
- Continue to facilitate community volunteer opportunities for ED team members



Nursing Annual Report & Council Celebration

Hematology/Oncology Council

Chair: Emily Pinter, BSN, RN, CPHON

Co-Chair: Lauren Evans, BSN, RN



Membership

Summer Asfour, BSN, RN – (Recorder)
 Julie Ballard, BSN, RN, CPN – (Facilitator)
 Sara Neal, BSN, RN, CPN, CPHON – (Facilitator)
 Amy Allen, MSN, RN, NE-BC – (Director)
 Hannah Bentley, BSN, RN
 Ashley Bryan, RN, CPN
 Ash-leigh Coleman, RN, CPN
 Taylor Dycus, PCT
 Mike Evans, BSN, RN
 Victoria Filipek, BSN, RN, CPN
 Traci Hackler, RN, CPHON
 Tammy Mobley, BSN, RN, PCCN
 Emily Pappas, BSN, RN
 Matt Ray, BSN, RN

Purpose

We are a specialized team dedicated to providing family-centered care with hope for healing.

Fiscal Year 2018 Goals

Safety

- Decreasing Chemotherapy errors by 10%
- Reduce CLABSI rate by 30%
- Reduce # of falls by 25%

Teamwork

- Increase CPHON Certification to 35% of staff.

Compassion

- Stress & Resiliency Taskforce

Task Forces/Subcommittees

- Stress & Resiliency Taskforce
- Patient Satisfaction Taskforce
- Sunshine Committee – This committee brings a little bit of happiness and joy to our staff by showing them how much they are appreciated for all of their hard work and dedication to our patients and families.

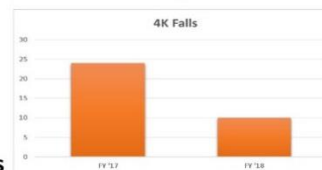
Future Direction

- Decreasing Chemotherapy Errors
- Decreasing CLABSI's
- Improving patient experience. (Good communication between staff)
- Increase % of CPHON
- FACT accreditation

Outcomes

Falls

- Monthly fall audits completed by our Fall Champion.
- ACA's performed on reported falls.

CLABSIs

- Monthly K-card audits
- We had an increase in CLABIs this FY, but learned a lot and implemented a taskforce to look at errors.

Chemotherapy

- Chemo skills lab for all chemo providers
- reinstated chemo worksheets for every chemo admission
- Placing chemo worksheets inside pt rooms
- Placing treatment start time reminders on ALL computers.

Connections

Teamwork

We held our first CPHON Review Class to increase our CPHON Certification rate!

Excellence

- Implementing Daily Input Rounds
- "What Matters To You" board
- CHAMPS Training Taskforce



- Collaborated with 4C/4D council to decrease # of falls.

Chemotherapy Related Safety Trackers 2017-2018





Nursing Annual Report & Council Celebration

NICU Clinical Practice/Quality and Safety Council

Chair: Hallie Simpson, BSN, RNC-NIC, RN II
Co-chair: Lisa Sharp, BSN, RNC-NIC, RN IV



Membership

- Chair: Hallie Simpson, BSN, RNC-NIC
- Co-chair: Lisa Sharp, BSN, RNC-NIC
- Recorder: Sumar Morrison, BSN, RN, IBCLC
- Facilitator: Melissa Herbert, BSN, RNC-NIC
- Facilitator: Melany Temple, MSN, RNC-NIC, NE-BC

Other Members:

- Nidhi Agarwal, MD
- Nici Belknap, BSN, RNC-NIC
- Rachael Bonger, BSN, RN
- Sherry Courtney, MD
- Lindsey Droste, MSN, CNL, RNC-NIC, IBCLC, CPST
- Shirley Elmendorf, BSN, RNC-NIC
- Nikki Fowler, RT, NPS
- Ashley Garrison, BSN, RNC-NIC
- Allen Harrison, MD, BSN, CCRP
- Cara Holland, BSN, RNC-NIC
- Megan Igou, BSN, RN
- Luann Jones, DNP, APRN, NNP-BC, NE-BC
- Ellen Mallard, APRN, ACCNS-N, RNC-NIC
- Elizabeth Marrero, MSN, RN, CNOR(e), CIC
- Lou Anna McAdams, MNsc, APRN, PNP-BC, NNP-BC, RNC-NIC
- Darla Morris, MSPT
- Kristin Powell, LSW, March of Dimes NICU Family Support Program Coordinator
- Shameka Reeves, MS, CCC-SLP
- Ashley Ross, MD
- Kathy Scoggins, MA, OTR/L
- Lori Thorpe, BSN, RNC-NIC
- Erin Vocaque, RNC-NIC
- Kari West, MSN, RNC-NIC
- Mary West, M.S. CCC-SLP

Purpose

- To assure excellence in patient and family centered care by promoting consistency of care across the continuum; evaluating practice utilizing internal and external benchmarks; identify safety issues in the care environment; revising current practice based on the best available evidence using quality, safety, and process improvement tools: and proactively implement innovative practice changes.

Fiscal Year 2018 Goals

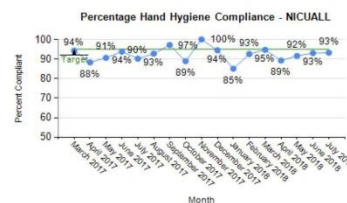
- Safety:
 - Improving safe sleep compliance, reducing infection rates (hand hygiene)
- Teamwork:
 - Improving interdisciplinary rounding procedure
- Excellence
 - Improving patient/family experience through education and involvement

Task Forces/Subcommittees

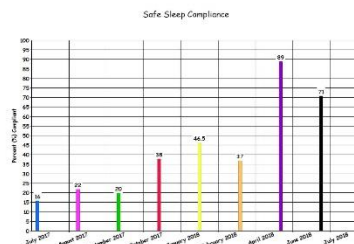
- CAUTI – Allie Smith
- CLABSI – Robin Weeks/Ellen Mallard
- Exposures – Brandi McIntosh
- PIVIE – Ashley Robinson/Nici Belknap
- Pressure Injury – Ellen Mallard
- UPE – Ashley Wise
- VAP – Courtney Potts
- VURI – Melany Temple/Jennifer Henthorne
- Adverse Drug Event – Luann Jones
- SSI – Kari West
- VTE – Katie Standridge
- Needlesticks – Nici Belknap

Outcomes

- In FY'18 the NICU had 62 hospital-acquired infections (HAI's).
- Of that number, 17 were CLABSI's with 6 related patient deaths.
- After implementing new procedures and supplies related to accessing and maintaining central lines, the NICU is 91 days CLABSI free (as of 08/19/18)!

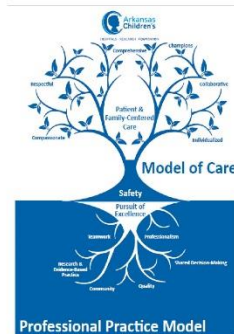


- At the time of the first safe sleep audit in July of 2017, compliance was at only 16%.
- We began weekly audits and education of both families and staff.
- Our most recent audits taken in July of 2018 show 65% compliance.
- Safe sleep compliance is trending upward!



Connections

- The council works closely with multiple task forces and subcommittees to ensure open communication and collaboration. We receive updates every month.
- The council works in one clinical area and reports to the org level CP/QS councils, which then report to the Coordinating council.



Future Direction

- FY 19 Organizational Goals:
 - Continue safe sleep audits and education, continue CAUTI audits to evaluate effectiveness of interventions
 - Continue working with Kristen Powell to organize further events/activities to involve families in patient care and team communication
 - Create a new rounding procedure that is more interdisciplinary/possibly nursing driven



Nursing Annual Report & Council Celebration

PICU PE/RR

Logan Ramsey BSN RN CCRN Chair/ Taylor Long BSN RN Co-Chair



Membership

Facilitator: Blair Langston

Members:

Jessica Fox
Leslie Joseph
Holly Hanson
Emily Durden
Haley Ligon
Mystye Conner
Kayla Nevala
Monica Russell
Brittany Wade
Gina Sharp
Laura Weyrens
Sydney Smith
Ashley Komor



Purpose

Improve patient safety at unit level, empower nurses to integrate quality initiatives, improve nurse retention and to deliver education and safe practice for our nurses, patients, and families.

Fiscal Year 2018 Goals

FY 2018 Nursing Strategic Plan Goals

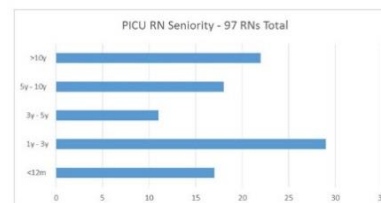
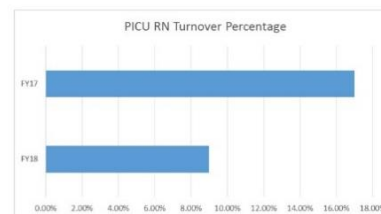
- Safety:
 - Make Zero Happen for patient/staff
- Teamwork:
 - Nursing Retention and Workforce Planning
 - Nurse Engagement
 - On boarding Physician Partnership with including bedside RNs in weekly case conference.
- Compassion
 - Fighting Compassion Fatigue by following staffing patterns, training staff to recognize struggling nurses and giving them "Assignment Breaks"
- Excellence
 - Patient Experience
 - Ongoing Magnet Readiness

Task Forces/Subcommittees

- PICU Skin Champs/PIP
- Unplanned Extubation Group
- CAUTI Group
- CLABSI Group
- Hand Hygiene
- Central Line Compliance Audit/ K Cards
- VTE Group
- SSI Group

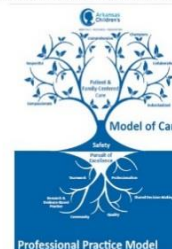
Outcomes

- **AACN Beacon designated unit, the first hospital and unit in the state.**
- Increased CCRN certification level to 52%
- Have completed multiple community outreach programs here in Pulaski county educating on importance of hand hygiene, water safety, and heat exhaustion
- Participated in multiple food and book drives to help the community.



Connections

- Describe how your council demonstrates the work of shared governance
- Collaboration between councils for improvement in the PICU
- Involving council members and non council members in surveys to improve PICU events and involvement in change in the unit.
- Our council activities apply to the professional practice model by the teamwork that is evident in our everyday practice. Our community outreach with food drives to meal at the Ronald McDonald house.
- Our council is interdisciplinary in order to achieve improved quality and safety in patient care and performance excellence.



Future Direction

- Improve Focus on errors and prevention with unit based peer reviews.
- Improve the follow up of Mentor Program.
- Continue to increase certification in available RN's



Nursing Annual Report & Council Celebration

APRN Council

April Carpenter, MNsc, APRN, CPNP-PC: Chair

Laura Hays, MNsc, APRN, CPNP-PC: Co-Chair



Membership

- April Carpenter, MNsc, APRN, CPNP-PC: Chair and Coordinator
- Laura Hays, MNsc, APRN, CPNP-PC: Co-Chair and Coordinator
- Bonnie Kitchen, MNsc, APRN, CPNP-PC, CPNP-AC: Recorder and Inpatient Rep
- Lindley Abrams, MSN, APRN, CPNP-PC, CDE: Coordinator
- Stephanie Benning, MSN, APRN, PCNS-BC, CPN: CNS Rep
- Cherie Crawley, MSN, APRN, CPNP-PC: PICU/Burn Rep
- Michelle Davis, MNsc, APRN, CPNP-PC: ED Rep
- Anne Hiegel, MNsc, APRN, CPNP-PC: Outpatient Rep
- Leslie Humiston, MNsc, APRN, CPNP-PC: Coordinator
- Laurie Lee, DNP, APRN, NNP-BC: NICU Rep and Coordinator
- Rachel McKnight, MNsc, APRN, CPNP-AC: Inpatient Rep
- Peyton Mills, MSN, APRN, CPNP-PC: Surgery Rep
- Keri Norris, MSNA, APRN, CRNA: CRNA Rep
- Crystal Paparic, MNsc, APRN, CPNP-PC: Coordinator
- Sally Puckett, MSN, APRN, CPNP-PC: Outpatient Rep
- Kristin Sheppard, MNsc, APRN, CPNP-AC: Coordinator
- Ashley Wright, MNsc, CPNP-AC, CPNP-PC: CIVICU Rep

Purpose

The purpose of the APRN Council is to provide a forum for all APRNs practicing on the ACH campus to discuss professional and practice issues. In addition, this council is responsible to network with leaders both inside and outside of the organization to create and implement plans which address these issues. The council also facilitates communication among all APRNs.

Calendar Year 2017 Goals

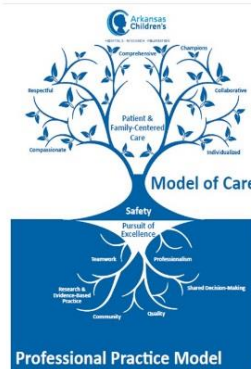
- **Safety:**
 - Implement QA process and specialty privileges
 - Improve communication and integration of APRNs outside of the Department of Pediatrics
- **Teamwork:**
 - Establish measures of APRN productivity
 - Streamlining hiring/credentialing process
- **Compassion**
 - Establish/Implement APRN Mentor Program
- **Excellence**
 - Continue to work on increasing APRN presence throughout organizational groups, councils, etc.
 - Continue to advocate for an APRN Director role

Task Forces/Subcommittees

- QA task force
- Privileges Taskforce
- Mentoring Taskforce
- APRN Facebook Page Taskforce
- Professional Practice Model Taskforce

Outcomes

- Restructured QA process and medical review tools for APRNs; waiting for approval
- Updated the APRN privileges by specialty
- Collaboration with Dr. Barr on ongoing work to include all APRNs under Child Health umbrella
- Collaborated with IT/Epic to establish build elements to measure APRN productivity
- Revised the APRN departmental page including updates to the "New Hire" information for APRNs
- Implementation of APRN Mentor Program on the ACH campus through research of current ACH/UAMS and outside institution mentoring programs
- Facilitated a Meet and Greet for new APRNs
- Increased representation of APRNs on organizational groups, councils, etc.
- Achieved joint appointments for APRNs in the College of Medicine (COM) and College of Nursing (CON) for APRNs
- Created an APRN Director Role description and justification and presented to Dr. Barr



Connections

- Work together with nurses at the unit level to address clinical practice, quality and safety, professional excellence, and recruitment and retention on respective committees
- Serve on multidisciplinary leadership teams and task forces at the unit level to accomplish unit, department and organizational goals on a regular basis
- Active participants on EPIC taskforces as subject matter experts for creation, planning, and implementation of EPIC integrated applications
- Arkansas State Board of Nursing networking for the purpose of informing APRNs of any new changes to prescribing laws and regulations
- Assisting the ACH Academic Director of Nursing with the coordination of APRN students and preceptors from Colleges of Nursing
- Participating in research efforts to improve health care outcomes for infants and children

Future Direction

- CY 18 APRN Council Goals:
 - **Quality and Safety**
 - Routine review of ASBN Update
 - Recruitment and development of APRNs
 - Continue to develop Mentor Program
 - **Patient Experience**
 - Participation in writing for Magnet
 - **Optimizing Fiscal Accountability**
 - Advocate for APRN Director role
 - Continue work on hiring/credential process
 - **Innovative Ideas and Practice**
 - APRN Facebook page
 - Journal Club participation

Directors Council

Amy Allen, MSN, RN, NE-BC (co-chair)

Connections

- Amy Allen MSN, RN, NE-BC
- Tammy Diamond-Wells, MSN, RN, NE-BC
- Stephanie Evans MSN, RN, CPPS
- Amy Huett, PhD, RN-BC
- Jenny Janisko, MSN, RN, NE-BC
- Amber Jones, MSN, RN, NE-BC
- Luann Jones, DNP, APRN, NNP-BC, NE-BC
- Shelly Keller, BSN, RN, CPEN
- Heather Kreulen, MSN, RN
- Carrie Lee MBA/HCM, RN, NE-BC
- Kim Moore, MNSc, RN
- Tori McClenny, MSN, RN, CNOR
- Michelle Odom, MSN, RN
- Leslie Rylee, MSN, RN, NE-BC
- Sarah Smith, BSN, RN, NE-BC
- Terri Songer, MNSc, RN, CNML
- Keith Veit, MHA BSN RN NE-BC

The purpose of the Director's Council is to provide a forum for Directors to discuss evidence-based practices and policy, relative to leadership and management in support of patient care. In addition, this council facilitates communication and consistency between Directors to support the integration of Director's Council decisions into actual practice.

Task Forces/Subcommittees

- Policy and Procedure Committee
- CP/QS Organizational Council
- PE/RR Organizational Council
- Product Evaluation Committee
- Versant Leadership Committee
- ACS Leadership Meeting
- ICU Committee
- Acute Care Committee
- Inpatient Experience Task Force

- Developed and implemented a revised Inpatient Nursing Career Ladder
- Electronic Portfolios
- Designed competency based interview process to promote hiring for fit
- Collaborated with Human Resources to streamline traveler nurse onboarding and competencies
- Creation of proactive mitigation plans for staffing and workforce management
- Fast Pay process utilizing Workday
- Changed premium pay practices and introduced incentive pay

- Expanded membership to include leaders from across the system
- Active volunteers for hospital functions
- Developed relationships and participated in workgroups for successful implementation of:
 - Epic
 - Workday
 - API
 - Business Analytics



Future Direction

FY 19 Director's Council Goals:

- Patient and Employee Experience
- Onboarding process
- Capacity Management
- Quality boards

NURSING RESEARCH



Dear Nursing and Interprofessional Colleagues,

When I think back and reflect on the many achievements of our nursing staff at Arkansas Children's over the past year, I am wowed. I think of a quote by Vince Lombardi, "The achievements of an organization are the results of the combined effort of each individual". When you are engaged in your professional practice, you not only make a difference in the lives of our patients and families and help the organization achieve its mission, but you have the opportunity to live and leave behind a professional and practice legacy.

This Annual Nursing Research Report celebrates Arkansas Children's nurses' outstanding accomplishments between July 2017 and June 2018. This report highlights honors and awards, grants, research projects, evidence-based practice projects, evidence-based practice literature summaries, publications, and podium and poster presentations.

The Nursing Research Department remains committed to generating evidence for practice, creating opportunities for nurses to lead in ethical and relevant research, and producing meaningful ways for research to augment current practice and improve patient outcomes. Looking ahead, we still have a great deal to accomplish to meet our goals of building nursing knowledge, research capacity, and a highly educated workforce that has the knowledge and skills to transform healthcare delivery for the children of Arkansas and beyond. The Nursing Research Department's commitment to quality education, promoting a culture of clinical inquiry, and research excellence will continue to be our top priorities for fiscal year 2019.

Thanks for all that you do for our patients and families. Again, congratulations!

Sincerely,

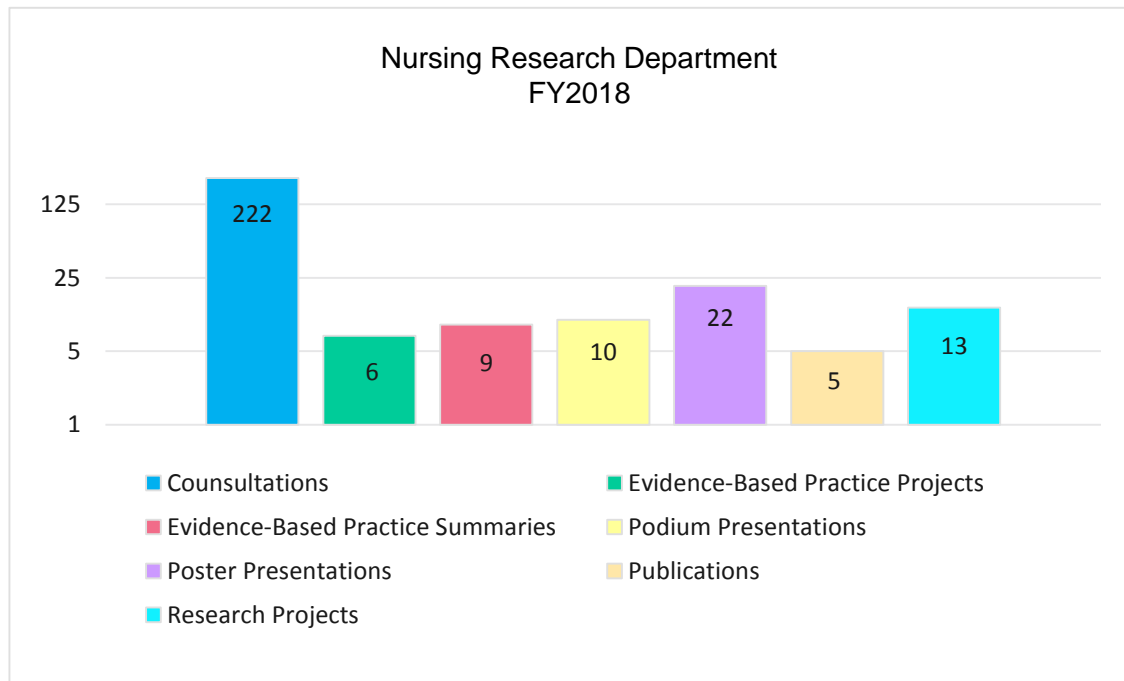
Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN



NURSING RESEARCH

Team members bring their unique interdisciplinary perspectives in order to advance understanding of complex healthcare issues. Over the past 4 years, interdisciplinary research has included 68 healthcare providers from over 17 different disciplines to study compassion fatigue, heartbeat music therapy, animal assisted interventions, and virtual reality distraction. Presentations and publications are listed in this report.



The Nursing Research Department completed a record number of 222 consultations in FY2018. Types of consultations included abstract reviews, database management, dissertation/ DNP/capstone projects, evidence-based practice projects, research projects, quality improvement projects, Institutional Review Board (IRB) protocols, letters of determination, literature searches, poster development, publications, and survey development.

NURSING RESEARCH

Research Projects - Completed

Alicia Cook, MNsc, CPNP-AC, Todd Maxson, MD, **Kellie Lisenby, CNP-PC**, and **Kimberly Rhodes, MSN, APRN, FNP-BC**. Acute Stress After Trauma: Pediatric Screening Tool.

Laura Hays, MNsc, APRN, CPNP-PC, FAHA, **Anita Mitchell PhD, RN**, and **Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC**. State and Correlation of Knowledge and Self-Efficacy of Adults with Congenital Heart Disease in Arkansas. A Pilot Study.

Lisa M. Sharp RN, BSN, CCRN-NIC, **Sumar Morrison, BSN, RN, IBCLC**, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Austin Lovenstein, MA, BS, CRS, Cruz Velasco, PhD., and Nancy Hurst, PhD, RN, IBCLC. Influence of a Remote Web-Based Camera on Breast Milk Expression as Experienced by Mothers of Infants in the NICU. (Study closed: January 2018)

Melany Temple MSN, RNC-NIC, NE-BC Temple. Perceptions of Healthcare Workers Working While Ill.

Research Projects - Ongoing

Candace Campbell, DNP, APRN, FNP-C , DNP, APRN, FNP-C. Congenital Heart Disease Transition Teaching Program.

Ashley Davis, Patricia Scott, Margo Bushmaier, **Erin Garrett, MSN, RN, CPN**, Crystal Gillihan, **Debra Jeffs, PhD, RN, BC, FAAN**, Leanne L. Lefler, PhD, ACNS-BC, APRN, FAHA, and Amy Leigh Overton-McCoy. Deans' and Directors' Perspectives about Integrating Culture of Health into Nursing Curricula: A Delphi Study.

Amy Huett, PhD, RN-BC, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Austin Lovenstein, MA, BS, CRS, Greg Adams, LCSW, ACSW, FT, **Amy Ramick DNP, RN, ACNS-BC, NPD-BC**, and **Tammy Webb, MSN, RN, NE-BC**. To Err is Human, To Report is Divine: Nurses Perceptions of a Culture of Safety in a Large Academic Children's Hospital.

Debra Jeffs, PhD, RN, BC, FAAN, **Tiffany Teague, MSN, APRN, FNP-C, MSN, APRN, FNP-C**, Alice Fagan, MD, **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**, Shasha Bai, PhD., **Lauren Baxley, BSN, RN, CCRN**, **Diane D. Laws, MNsc, RN, CCRN**, **Elissa Annesley-DeWinter, RN, CCRN**, **Jo'el Cunningham, BSN, RN**, **Amber Files, MSN, RN**, Marlijne Cook, Mandy Yelvington, MS, OTR/L BCPR, **Julie A. Nick, B.S.**, Sunitha Kenchey, Beverly Spray, Esther Teo, MD, and Eric Braden, CHSE, CHSOS. Novel Virtual Reality for Burn Wound Care Pain in Adolescents.

Angela Rowe, DNP, APRN, PCNS-BC, DNP, APRN, PCNS-BC, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, **Stephanie Benning, MSN, APRN, PCNS-BC, CPN**, **Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC**, Darla Morris, MSPT, **Kristen Cooper, MSN, RN-BC, RNC-NIC**, **Stephanie Evans, MSN, RN, CPPS**, and **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**. Identification and Examination of Risk Factors for Hospital Acquired Pressure Ulcer Development in the Pediatric Population.

NURSING RESEARCH

Research Projects - Ongoing (Continued)

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, MA, BS, CRS, Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, Amy Huett, PhD, RN-BC, Lindley Abrams, MSN, APRN, CPNP-PC, CDE, Lee Anne Eddy, MSN, RN, NEA-BC, Dalton W. Janssen, BSN, RNC-NIC, Amy Ramick DNP, RN, ACNS-BC, NPD-BC, and Tammy Webb, MSN, RN, NE-BC. What Keeps Pediatric Nurses Up At Night? A National Delphi Study.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, MA, BS, CRS, Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Esther Pipkin, M.S., CCLS, CBIS, Elizabeth A. Frazier MD, Xiomara Garcia, MD, Shari Gaudette, PhD., Brianna Hargrove, CCLS, Laura Jones, CCLS, Heather Plankenhorn, BSN, RN Sherry Pye DNP, APRN, CCRN, CCTC, and Amelia Randag, BS, CCLS. Impact of Animal Assisted Intervention in a Pediatric Cardiovascular Intensive Care Unit.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Jacqueline Rychnosvsky, PhD, RN, CPNP, FAANP, Austin Lovenstein, MA, BS, CRS, Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Elizabeth Rochin, PhD, RN, NE-BC and Ben Scheich, MS, BS. What Keeps Women's Health, Obstetric and Neonatal Nurses Up at Night? A National Delphi Study.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, MA, BS, CRS, Andrew Ghrayeb, MA, MT-BC, Greg Adams, LCSW, ACSW, FT, LCSW, ACSW, FT, Brent Fairchild, MDIV, BCC, Eve deMontmollin, RN, CPN, CHPPN Charley Elliott, PhD, APRN, NNP-BC, Shari Gaudette, PhD, Amy Huett, PhD, RN-BC, Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Brian Schreck, MA, MT-BC, and Tammy Webb, MSN, RN, NE-BC. And the Beat Goes On: Heartbeat Music Therapy for Children with Progressive Neurodegenerative Illness.

Evidence-Based Practice Projects - Completed

Karalyn Kerby, BSN, RN, CPN and Stephanie Benning, MSN, APRN, PCNS-BC, CPN. Providing Parent-Held Immunization Cards to Improve Immunization Record Keeping.

Amy Allen, RN, MSN, NE-BC and Stephanie Benning, MSN, APRN, PCNS-BC, CPN. Reducing Readmissions: A Pediatric Hospital's Implementation of "Teach Back."

Christine Grauer and Janie Kane MS APRN PCNS-BC. Delirium Assessment in Burn ICU Patients.

Misty Williams, MSN, RNC-NIC, Kristina Shelton, Allen Harrison, and Luann Jones, DNP, APRN, NNP-BC, NE-B. Thermoregulation in the Neonate-Weaning Protocol.

Stephanie Benning, MSN, APRN, PCNS-BC, CPN and Angela Scott. Enteral Feeding Tube Placement, Verification and Management.

NURSING RESEARCH

Evidence-Based Practice Projects - Ongoing

Luann Jones, DNP, APRN, NNP-BC, NE-B. Evaluation of the Impact of a NICU Relaxation Station on Staff Satisfaction, Compassion Fatigue, and Turnover.

Evidence-Based Practice Summaries - Completed

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC, and Louise Montgomery, MLS. Antiseptic Barrier Caps to Reduce Central Line Associated Blood Stream Infections.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC and Louise Montgomery, MLS. Evaluating Current Literature on the Treatment of Diaper Dermatitis.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Cherri Shireman, and Louise Montgomery, MLS. Using Vancomycin Locks for Central Lines.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Stephanie White, BSN, CPN, VA-BC, Tammy Diamond Wells, MSN, RN, NE-BC, and Louise Montgomery, MLS. Impact of White Noise on Pediatric Inpatient's Perception of Rest during Hospitalization.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC and Louise Montgomery, MLS. Coffee Grounds as Room Deodorizer for GI Patients.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Stephanie White, BSN, CPN, VA-BC, and Louise Montgomery, MLS. Enzymatically Assisted Subcutaneous Infusion.

Evidence-Based Practice Summaries - Ongoing

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Sara Neal, BSN, RN, CPN, CPHON , and Louise Montgomery. The Effect of Aromatherapy on Nausea in Hospitalized Pediatric Patients.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC and Annmarie Neal, BSN, RN, CPN, VA-BA. Extravasation Update.

Amy Ramick DNP, RN, ACNS-BC, NPD-BC, Stephanie White, BSN, CPN, VA-BC, Tammy Diamond Wells, Catherine P. Rayburn, RN, MNsc, CPN, VA-BC, CRNI, Annmarie Neal, BSN, RN, CPN, VA-BA, Krislyn Headrick, BSN, RN, Ariel Gonzales, and Louise Montgomery. Measuring Vancomycin Trough Levels: Peripheral Venipuncture vs Central Line Draws.

NURSING RESEARCH

Peer Reviewed Publications

Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, Debra Jeffs, PhD, RN, BC, FAAN, Beatrice A. Boateng, PhD., Gary R. Lowe, MEd, RRT-NPS, RPFT and Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN. (2017). Evaluating EBP Knowledge and Beliefs through the E-Learning Evidence-Based Practice Academy. *Journal for Continuing Education in Nursing*, 48(7), 304-311. doi: 10.3928/00220124-20170616-07

Barbara Holtzclaw, PhD, RN, FAAN, Carole Kenner, PhD, NNP, FAAN and **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN.** (2018). *Grant Writing Handbook for Nurses and Health Professionals* (3rd ed.). New York: Springer Publishing Company.

Ambre' Pownall, MSN, APRN, PPCNP-BC. (2018). Chiari Malformation and Syringomyelia. In: C. Cartwright & D. Wallace (Eds.), *Nursing Care of the Pediatric Neurosurgery Patient* (pp. 117-194), 3rd ed. Berlin, Germany: Springer.

Angela Rowe, DNP, APRN, PCNS-BC, DNP, APRN, PCNS-BC, Karen McCarthy, PhD, MPH, MSN, CRNP, and Amy Huett, PhD, RN-BC. (2018). Implementation of a Nurse Driven Pathway to Reduce Incidence of Hospital Acquired Pressure Injuries in the Pediatric Intensive Care Setting. *Journal of Pediatric Nursing*, 41, 104-109. doi: 10.1016/j.pedn.2018.03.001

Pam Trevino, Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, Donna J. Middaugh, PhD, RN, Claudia Beverly, PhD, RN, FAAN, Seongkum Heo, PhD, RN and Jayant Deshpande, MD, MPH. (2017). Nursing Perception of Risk in Common Nursing Practice Situations. *Journal of Healthcare Risk Management*. doi: 10.1002/jhrm.21283

Podium Presentations

Association of Pediatric Hematology/Oncology Nurses (APHON) 41st Annual Conference and Exhibit, August 17, 2017, Palm Springs, CA

- **Carol Oldridge BSN, RN, CPN, CPHON and Sara Neal, BSN, RN, CPN, CPHON.** Creating a Safe Environment: Adoption of an Employee Medical Surveillance and Safe Handling Program.

Versant Client Conference 2017, October 4, 2017, San Antonio, TX

- **Michelle S. Odom, MSN, RN and Julie Bane, MS, BSN, RN-BC.** The Versant Journey at a Freestanding Pediatric Hospital.

Sigma Theta Tau International 44th Biennial Convention, October 28, 2017, Indianapolis, IN

- **Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, Stephanie Evans, MSN, RN, CPPS, Angela Scott, and Tammy Webb, MSN, RN, NE-BC.** Reducing the Risk of Unrecognized Clinical Deterioration: Implementing a Watcher Program.

NURSING RESEARCH

Podium Presentations – (Continued)

Arkansas Nurses Association (ARNA) 104th Annual Convention, November 2, 2017, Little Rock, AR

- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Greg Adams, LCSW, ACSW, FT, **Amy Eichenlaub, BSN, RN, CPHON**, **Amy Huett, PhD, RN-BC**, **Jenny Janisko, MSN, RN, NE-BC**, **Luann Jones, DNP, APRN, NNP-BC, NE-B**, **Mary Salassi-Scotter**, and **Tammy Webb, MSN, RN, NE-BC**. The Emotional Cost of Caring for Others: One Hospital's Journey to Reduce Compassion Fatigue.

Evidence-Based Practice Forum 2017: Translating Research into Practice (TRIP): Conquering Complex Change, November 9, 2017, Little Rock, AR

- **Tammy Diamond-Wells**. Conquering Complex Change: The Phenomenon of Movers and Shakers...

The Diamond Conference, May 4, 2018, Little Rock, AR

- **Alisha M. Stephenson, BSN, BA, RN, CPN**. Clean Hands, Safe Kids: Improving Parent and Visitor Hand Hygiene Compliance on Pediatric Acute Care Units.

The Society of Pediatric Nurses (SPN) Conference, April 5, 2018, Denver, CO

- **Heather Arnold, BSN, RN** and **Laura Hays, MNsc, APRN, CPNP-PC, FAHA**. Self-Reported Self-Management of Transitioning Adults with Congenital Heart Disease.
- **Elizabeth Marrero, MSN, RN, CNOR(e), CIC** and **Heather Spillyards, RN, BSNM**. Clean Hands, Safe Kids: Improving Parent and Visitor Hand Hygiene Compliance on Pediatric Acute Care Units.
- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, **Austin Lovenstein, MA, BS, CRS**, and **Amy Ramick DNP, RN, ACNS-BC, NPD-BC**. Get the APP: Creating Professional Abstracts, Presentations, and Publications.

Association for Professionals in Infection Control and Epidemiology (APIC) State Conference, April 27, 2018, Pine Bluff, AR

- **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**. The Journey to Zero CLABSIs in the NICU.

Poster Presentations

Arkansas Organization of Nurse Executives (ArONE) Summer Conference, July 14, 2017, Little Rock, AR

- **Diana Ramsey, MHSA, CPHQ**. Improving First Case Starts in the Main Operating Room.
- **Diana Ramsey, MHSA, CPHQ**, **Jordan Ball, CRCST**, and **ACH Sterile Processing Staff**. Decreasing Immediate Use Steam Sterilization in the Operative Room.

NURSING RESEARCH

Poster Presentations

Association of Pediatric Hematology/Oncology Nurses (APHON) 41st Annual Conference and Exhibit, August 17, 2017, Palm Springs, CA

- **Lindsey Ward, BSN, RN, CPHON, BSN, RN, CPHON** and **Jennifer Livingston, MSN, RN, CPON**. Completing 24-Hour Methotrexate on Time.

Association for Vascular Access (AVA): Annual Scientific Meeting, September 15-19, 2017, Phoenix, AZ

- **Annmarie Neal, BSN, RN, CPN, VA-BA** and **Catherine P. Rayburn, RN, MNsc, CPN, VA-BC, CRNI**. Pokemon: The Adventure of the Initial Peripheral Intravenous Catheter in the Hospitalized Child.

National Association of Neonatal Nurses (NANN) Educational Conference, October 11, 2017, Providence, RI

- **Melany Temple MSN, RNC-NIC, NE-BC Temple, MSN, RNC-NIC, NE-BC**, Why Do Nurses Come to Work Sick?

49th Congress of the International Society of Paediatric Oncology (SIOP), October 12, 2017, Washington, DC

- **Rachael Kunkel, BSN, RN, CPN, CPHON**, Jeremy Slone, Mark Zobeck, Jamie Libes, Neil Ransainghe, and Jennifer Geel. Launching of Pointe: Use of Branding and Social Media to Promote Pediatric Oncology Education and Training Opportunities.

30th Annual Southern Region Burn Conference, November 2, 2017, Miami, FL

- **Lauren Baxley, BSN, RN, CCRN, Morgan Colson, BSN**, and Mandy Yelvington, MS, OTR/L BCPR. Improved Team Communication Through Nurse-Led Multidisciplinary Rounds.

Children's Hospital Association (CHA) Quality and Safety in Children's Health Conference, March 4, 2018, San Diego, CA

- **Traci Hackler, RN, CPHON, Sydney Harrell, BSN, RN**, and **Jo Ellen Holt, APN, MSN, CCNS, CEN, CSSBB**. A-Team: Hematology-Oncology Arrival-to-Access Improvement.

The Society of Pediatric Nurses (SPN) Conference, April 5, 2018, Denver, CO

- **Amy Huett, PhD, RN-BC**, Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, **Cherri Shireman**, and **Stephanie Evans, MSN, RN, CPPS**. Learning from Excellence: Celebrating When Things Go Well.
- **Karalyn Kerby** and **Carol Cross**. Providing a Parent-Held Immunization Card to Improve Immunization Records and Rates.
- **Emily Rader, BSN, RN, CPN, Annmarie Neal, BSN, RN, CPN, VA-BA**, and **Tammy Diamond-Wells**. Building Blocks: Laying the Foundation for Reducing Peripheral Intravenous Infiltrations and Extravasations in Pediatric Patients.

NURSING RESEARCH

Poster Presentations – (Continued)

The Society for Healthcare Epidemiology of America (SHEA) Conference, April 18, 2018, Portland, OR

- Vini Vijayan, **Elizabeth Marrero, MSN, RN, CNOR(e), CIC, Michele D. Honeycutt, MNSc, RN, CIC FAPIC, Anna Gaspar, MSN, RN, CIC, Christy Wisdom MSN, RN, CIC, FAPIC, LSSBB**, and Matthew Linam. Outbreak of Scabies in a Neonatal Intensive Care Unit.

Sigma Theta Tau International Nursing Education Research Conference, April 20, 2018, Washington, DC

- Ashley S. Davis, **Debra Jeffs, PhD, RN, BC, FAAN**, and Patricia Scott. Examining Barriers and Facilitators to Integrating Culture of Health in Nursing Curricula: A Delphi Study.

United Network for Organ Sharing (UNOS) 2018 Transplant Management Forum. April 24, 2018, Austin, TX

- **Angela Rowe, DNP, APRN, PCNS-BC, DNP, APRN, PCNS-BC**. Be Prepared: Compliance with the New Emergency Preparedness Rule.
- **Angela Rowe, DNP, APRN, PCNS-BC, DNP, APRN, PCNS-BC**. Post-Transplant Viral Infections: Efficacy of Viral Surveillance Protocol in Pediatric Kidney Transplant Patients.

American Society of PeriAnesthesia Nurses (ASPAN) 37th National Conference, April 29, 2018, Anaheim, CA

- **Lori Otis, BSN, RN, CPN, Deborah Hutts, MSN, RN, NE-BC, Lorna Potaka-Osborne, BSN, RN, CPAN, Kimberly Bynum, Amber Jaggars, Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, and Austin Lovenstein, MA, BS, CRS. Blended Care Teams in PACU: Phase I & II: It's Just Geography.

Arkansas Nursing Research Conference, April 2018, Little Rock, AR

- **Heather Arnold, RN**, and **Laura Hays, MNSc, APRN, CPNP-PC, FAHA**. Self-Reported Self-Management Needs of Adults with Congenital Heart Disease.

NURSING RESEARCH

Poster Presentations – (Continued)

The Diamond Conference, May 4, 2018, Little Rock, AR

- **Stephanie Benning, MSN, APRN, PCNS-BC, CPN, Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC, Mitchell Highfill, MSN, RN, NE-BC, and Debra Jeffs, PhD, RN, BC, FAAN.** Event Based Nursing Peer Review: Clinical Nurses Impact on Safety.
- **Chris Eastburn.** No Rest for the Weary...or the Sick: Is Night-Time Vital Sign Monitoring in Acute Care Pediatric Patients a Ritualistic Practice?
- **Alisha M. Stephenson, BSN, BA, RN, CPN.** Clean Hands, Safe Kids: Improving Parent and Visitor Hand Hygiene Compliance on Pediatric Acute Care Units.

2018 John Hopkins All Children's Hospital Nursing Research Day, May 8, 2018, St. Petersburg, FL

- **Angela Green, PhD, APRN, NNP-BC, PhD, APRN, NNP-BC, Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Lindley Abrams, MSN, APRN, CPNP-PC, CDE, Lee Anne Eddy, MSN, RN, NEA-BC, Amy Huett, PhD, RN-BC, Dalton W. Janssen, BSN, RNC-NIC, Austin Lovenstein, MA, BS, CRS, Amy Ramick DNP, RN, ACNS-BC, NPD-BC, and Tammy Webb, MSN, RN, NE-BC.** What Keeps Pediatric Nurses Up at Night?: A Delphi Study.

50th Congress of the International Society of Pediatric Oncology, November 16, 2018, Kyoto, Japan

- **Jeremy Slone, Mark Zobeck, Jaime Libes, Rachael Kunkel, BSN, RN, CPN, CPHON, Neil Ranasinghe, Jennifer Geel.** Improved Access to International Society of Paediatric Oncology (SIOP) Paediatric Oncology in Developing Countries (PODC) Adapted Treatment Regimens.





Completing 24-Hour Methotrexate on Time

Lindsey Ward, BSN, RN, CPHON & Jennifer Livingston, MSN, RN, CPON



Background

At our institution, 24 hour Methotrexate infusions were rarely completed within the allotted 24 hour time frame. Multiple interventions were implemented in an attempt to resolve these issues including increasing infusion rates, stopping infusions prior to dose completion, and running infusions longer than the allotted 24 hours. These interventions created patient safety concerns: unintended bolus dosing, prolonged exposure time, and/or incomplete chemotherapy doses being administered. Unintended bolus dosing and prolonged exposure can cause delayed clearance and increased toxicities (Rask, Albertioni, Bentzen, Schroeder, Peterson, 1998). Upon further investigation, this was recognized to be a widespread problem among many pediatric institutions.

Project Aims

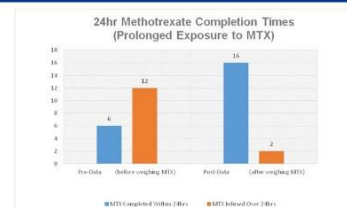
- In an effort to further prevent the mentioned patient safety concerns, our goal was to develop a method to ensure 24 hour Methotrexate would be completed in the allotted time frame.
- A process for weighing 24 hour Methotrexate was implemented in January 2017 on patients admitted for 24 hour Methotrexate infusions.

Methods

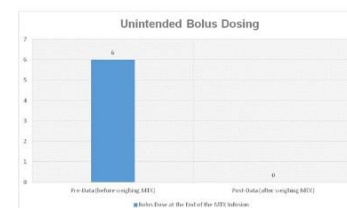
In an effort to ensure timely completion of Methotrexate, we implemented the intervention of weighing the Methotrexate intermittently throughout the 24 hour infusion and calculating a new infusion rate based on each weight.

- The same scale was utilized for each new weight.
- 24 hour Methotrexate was weighed every 4 hours, starting with an original weight before Methotrexate began.
- The volume of medication was converted from kilograms to milliliters.
- The volume in milliliters was then used to calculate a new rate of infusion based on the time left for the infusion.
- With each weight, the rate was adjusted on the infusion pump as needed (maximum total rate increase is 25%).
- A weight/calculation log with instructions and equations was utilized by staff to track data information and changes.
- Data was collected on patients admitted for 24 hour Methotrexate to compare timing patterns pre and post-implementation
- Patients were not considered in our results if they were inpatient before the chemotherapy admission as their hydration status, prior issues, etc. may have caused skewed results.
- Patients with central line issues or other issues causing a delay or pause during the infusion were also not considered in our results.

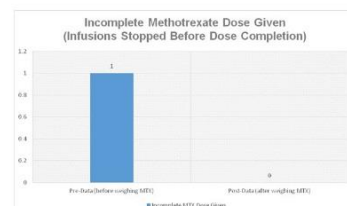
Results



Before: 12/18 patients experienced prolonged exposure from failing to complete the infusion on time.
After: 2/18 patients experienced prolonged exposure.



Before : 6/18 patients experienced unintended bolus dosing in an attempt to complete infusion .
After: no patients experienced bolus dosing.



Before: 1/18 patients received an incomplete dose from inability to complete infusion on time.
After: all patients received their entire ordered dose of Methotrexate.

Discussion

Intermittently weighing 24 hour Methotrexate has proven to help complete 24hour infusions on time. We went from 80% of our patients having prolonged Methotrexate exposure to 11%. By weighing Methotrexate, we have also minimized unintended bolus dosing at the end of the infusion. Before weighing Methotrexate, 33% of our patients experienced unintended bolus dosing from having to increase infusion rates in order to complete the medication on time. 0% have had a bolus dose since the start of this intervention. In addition, 5% of our patients were not given their complete dose of Methotrexate; since we began weighing, all of our patients received their entire dose.

Our process is still improving. We found that we were consistently having to slow infusion rates down throughout the weighing process. In an effort to correct this issue, we recently changed to a different type of scale that's easier to utilize with more accurate weighing methods. We do not have any new data to report since we've implemented this change.

We also hope to continue collecting data over a longer period of time that will show whether or not there are improvements in toxicity outcomes.

References

Rask, C., F. Albertioni, S. M. Bentzen, H. Schroeder, and C. Peterson. "Clinical and Pharmacokinetic Risk Factors for High-dose Methotrexate-induced Toxicity in Children with Acute Lymphoblastic Leukemia—a Logistic Regression Analysis." *Acta Oncologica (Stockholm, Sweden)*. U.S. National Library of Medicine, 08 July 2009. Web.



Why Do NICU Nurses Come to Work Sick?

Melany Temple, MSN, RNC-NIC, NE-BC

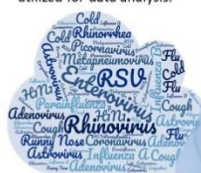


Introduction

- Arkansas Children's Hospital (ACH) Neonatal Intensive Care Unit (NICU) is a 104 bed level IV NICU in a freestanding children's hospital.
- A total of 4 outbreaks of Rhinovirus/Enterovirus occurred in the ACH NICU from January 2012 to December 2014 involving 33 NICU patients with 75% requiring an increased length of stay.
- Several common viruses known to cause viral respiratory infections (VRIs) in adults have been identified in hospital acquired VRI in NICU patients.
- NICU nurses frequently report to work while ill with viral respiratory symptoms including cough, congestion, rhinorrhea, and fever.
- Symptoms of VRI in NICU patients are non-specific and overlap with classic bacterial sepsis symptoms:
 - Poor feeding
 - Mild upper respiratory symptoms
 - Apnea
 - Pneumonia
 - Bradycardia
 - Need for increased respiratory support
 - Fever
- Best practice for NICU nurses and other health care workers (HCWs) per Centers for Disease Control (CDC) and National Association of Neonatal Nurses (NANN) is to refrain from patient care when symptoms of a potentially communicable disease are present.

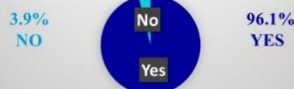
Study

- Approximately 200 ACH NICU nurses.
- Introduction email with a link to a 10 question electronic survey tool.
- 90 responses received.
- 78 completed surveys that met inclusion criteria were utilized for data analysis.

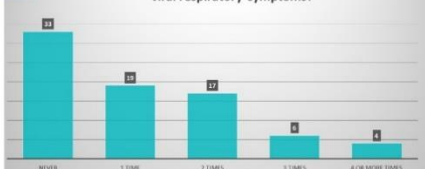


Results

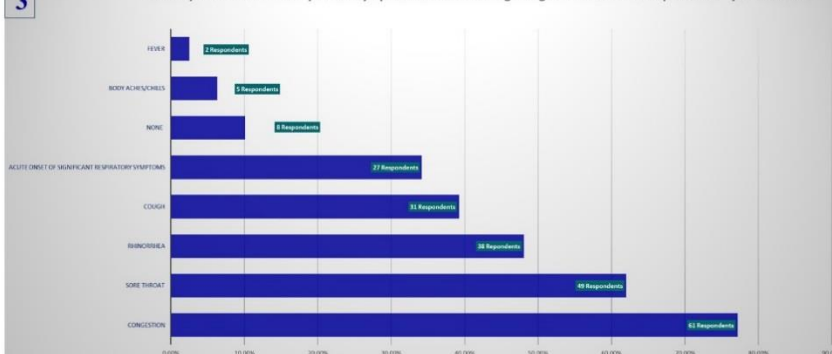
1 Do you believe that NICU nurses reporting to work sick with viral respiratory symptoms puts patients at risk?



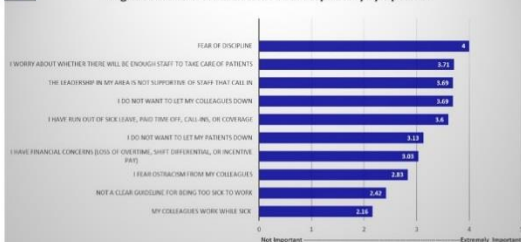
2 In the past year, how often did you come to work sick with viral respiratory symptoms?



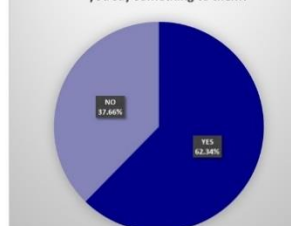
3 Would you come to work if you had symptoms in the following categories? Below are respondents' "yes" answers.



4 Please rate the relative importance of the following reasons why you might come to work sick with viral respiratory symptoms.



5 If you notice a colleague working while ill with viral respiratory symptoms would you say something to them?



Conclusions

- 57.69% of ACH NICU nurses reported working while ill with VRI symptoms at least one time in the past year despite 96.1% acknowledging the risk to NICU patients.
- Data revealed prevalence of nurses working with significant VRI symptoms:
 - A total of 8 respondents (10.26%) answered that they would not come to work with any of the listed symptoms.
 - Over half of the participants responded that they would work with congestion (78.21 %) or sore throat (61.54%).
 - Surprisingly, 2 (2.56%) nurses answered that they would come to work with fever, a classic symptom of acute infection.
- The top 3 reasons chosen for reporting to work while sick are institutional factors:
 - Fear of discipline.
 - The leadership in my area is not supportive of staff that call in.
 - I worry about whether there will be enough staff to take care of patients.
- The fourth most important reason selected by respondents is intrinsic in nature:
 - I do not want to let my colleagues down.
- This study shows that there are opportunities for organizations to decrease HCWs performing patient care while ill with VRI symptoms through multiple strategies:
 - Flexible attendance policies
 - Paid sick leave
 - Proactive staffing strategies during peak illness season
 - Culture change





Improved Team Communication Through Nurse-Led Multidisciplinary Rounds

Lauren Baxley BSN RN CCRN, Morgan Colson BSN RN and Mandy Yelvington MS OTR/L BCPR



Background/Introduction

- Historically, multidisciplinary rounds were led by physicians or residents, and were held in the burn unit on a bi-weekly basis, with variable input from nursing staff.
- The voices of nursing staff can be beneficial to presenting valuable information in rounds pertinent to the patient's plan of care.
- In 2016, a disconnect was identified in communication between medical and nursing staff.
- Previous studies have documented improvements in collaboration, decreased utilization of unnecessary catheters, decreased incidence of hospital acquired pressure ulcers and greater shared decision making through the use of nurse-led, multidisciplinary rounds.

Objectives

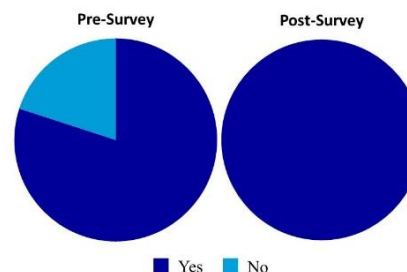
- Identify ways nurse-led rounding can lead to improved communication between nurses and physicians.
- Recognize the role nurse-led rounding can play in better addressing patient and family concerns.

Methods/Design

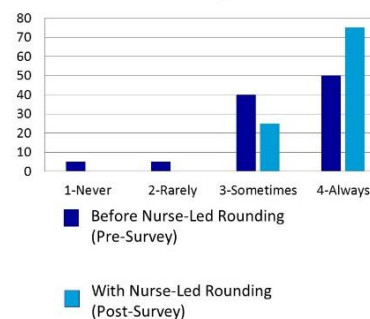
- The Burn Unit is a 10-bed critical care unit located within an American College of Surgeons Level I Trauma Center and teaching facility.
- Multidisciplinary rounds are held to discuss patient's progress and plan of care bi-weekly.
- The Multidisciplinary team is composed of an attending physician, resident, mid level practitioners, anesthesiologist, clinical pharmacologist, nurse manager, dietician, programs coordinator, occupational therapist, physical therapist, respiratory therapist, social worker, discharge planner, chaplain, and staff nurses.
- A nurse-led rounding presentation template was created in order for the patients' information to be utilized both in nurse to nurse report and in bi-weekly multidisciplinary rounds.
- All aspects of the patient's care were discussed, including but not limited to: pain management, wound care plan, preventative care bundles, extubation criteria, and clinical changes over the last twenty four hours.
- To assess success of this procedural change, surveys were administered prior to and one year after implementation of nurse-led rounding.

Results/Findings

Will Nurse-Led Rounding Improve Communication?



Are Patient and Family Concerns Addressed during Rounds?



- Pre-survey results suggested that 80% of respondents believed that nurse led rounds could improve communication and collaboration between nurses and physicians.

Results/Findings

- Pre-survey results suggested that 80% of respondents believed that nurse led rounds could improve communication and collaboration between nurses and physicians.
- The post-implementation survey revealed that 100% of respondents felt that medical and nursing staff communication and collaboration during multi-disciplinary rounds were improved by nurse led rounds.
- Post-survey results showed a 25% increase in respondents who believe that patient and family concerns were "Always" addressed during multidisciplinary rounds.

Conclusion/Implications

- System-based nurse-led rounding can enhance communication between nurses and physicians.
- This facilitates nursing staff to methodically review each body system when presenting the patient and provides an outlet to address concerns of the nursing staff, the patient, and the patients' family.
- Further study into improvements in direct patient outcomes could solidify the importance of nurse led rounding to the overall care of the Burn Survivor.

References

Available upon request



A-Team: Reducing time from Arrival to Access

Traci Hackler, RN, CPHON & Sydney Harrell, RN, BSN
JoEllen Holt, APN, MSN, CCNS, CEN, CSSBB - Mentor



Improvement U – Arkansas Children's Hospital, Little Rock, AR

Introduction

An outpatient visit in the Hematology/Oncology clinic consists of interventions primarily driven by a patient's blood counts. Currently, there is an average of 67 minutes from the time a patient checks in to when his or her labs are drawn. This contributes to long wait times and negatively impacts patient experience NRC scores.

SMART Goal

For the HemOnc patients seen in the Hematology /Oncology Infusion Clinic, the aim is to reduce the time from when patients check-in to when their ports are accessed and labs are drawn from a baseline average of 67 minutes to a goal of 45 minutes by June 1, 2017 and to 40 minutes by August 1, 2017.)

Measures

Outcome Measure: time from arrival to lab draw

Process Measure(s):

- number of patients seen in a day by access nurse,
- number of times an exam room is not available on patient arrival.

Balancing Measure(s): NRC scores, staff satisfaction

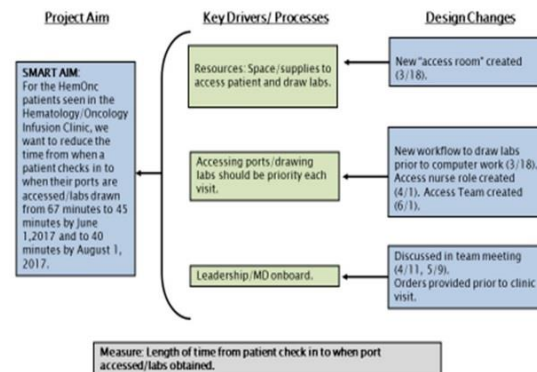
Interventions

- Dedicated "access room" – equipped an intake room with supplies necessary to access ports or complete blood draws.
- Improved workflow to draw labs prior to computer work
- Created Access nurse role and access team role
- Collaborated with Specialty Nurses to ensure orders prior to visit
- Shared data with teams/staff to promote project transparency and progress

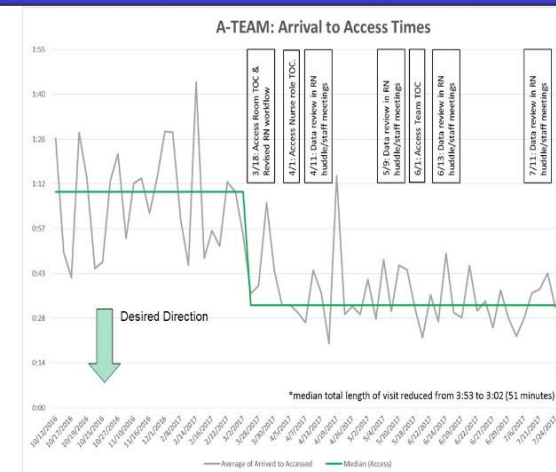
Methods

- Reviewed historical data to determine baseline measures.
- Developed data collection plan that included: arrival time, access time, lab draw and lab received time, and discharge time.
- Determined rate limiting step of visit was dependent on lab results and focused efforts on streamlining lab draw after arrival.
- Met with Senior Leadership for project support; Met with nursing staff to better understand current process and brainstorm tests of change.
- Solicited feedback from patients and families regarding new process
- Monitored both patient and staff satisfaction with new process

Key Driver Diagram



Outcomes



Barriers and Lessons Learned

Data matters! Tests of change may or may not work, but keeping focus on the goal leads to effective improvements.

Barriers to a streamlined process were inconsistent arrival with EMLA cream applied, order delays, coordinating appointments with other clinics, and port malfunctions.

Next Steps

By October 1, 2017, develop guidelines for Team Leaders regarding daily staffing assignments, continue to monitor times with creation of EPIC report, and consistently reinforce EMLA cream teaching.



Learning from Excellence: Celebrating when things go well

Emily White, BSN, RN, CPN; Amy Huett, PhD, RN-BC; Angela Green, PhD, RN, CPHQ, FAAN Pam Trevino; PhD, RN



Background

- Efforts to improve quality and safety outcomes in healthcare often focus heavily on learning from errors and bad outcomes with little attention to learning from excellence.
- Preoccupation with failure is part of a culture of safety; however, frontline staff can lose sight of learning from good outcomes.
- In order to improve the culture of safety, a team implemented Learning from Excellence (Lfe) based on the work of team in the United Kingdom.
- The original study team implemented an Lfe program in Pediatric Intensive Care Unit and found great value in the added learning from good outcomes and examples of excellence.
- A successful pilot led to organizational spread of the Lfe program during Patient Safety Week.
- Beyond improving practice, evidence shows that learning from excellence nurtures positivity which improves resilience and the ability to deal with challenges.

Purpose

- To shift the mindset of staff nurses from a safety focus on failure to a safety focus on also learning from success, culture of safety.



Methods

- In January 2017, a Lfe pilot was implemented on an inpatient unit of a large freestanding children's hospital.
- Team members recognize their peers for excellent practice by submitting a Lfe form in the organization's electronic event reporting system.
- Members of the Performance Improvement Division review all submissions.
- Deep dives are conducted on submissions deemed high impact related to the need for spread across the organization. A deep dive involves inviting involved team members to discuss specific elements of the event with the Lfe committee that led to excellence.
- The individual submitting the report and the individual or individuals recognized for excellence received a certificate of recognition.

Results

- Since implementation, the Lfe team has reviewed and learned from 49 events and six deep dives.
- Recurring themes noted throughout the submissions include:
 - Teamwork,
 - Use of error prevention strategies,
 - Verbal and written communication,
 - Confidence in self-assessment skills, and
 - Escalation of concerns
- In addition to staff buy in, strong leadership is critical to the success of an Lfe program to support a culture of celebrating when things go well.

Discussion of Findings

- Nurses reported they were more likely to escalate concerns to those who demonstrate a pattern of valuing input from and communicating respectfully with multidisciplinary team members.
- Results are shared through monthly education rounds, monthly organizational newsletter, and quarterly CEO forums.

Implications for Practice

- The creation of a formalized structure and process for Lfe is recognized by both frontline staff and leadership as value added.
- Themes identified from excellence reporting provide opportunities for development and mentoring nursing.

Sample Deep Dive

Learning from Excellence Event Analysis Report



Description of Situation (what happened?)		To be completed by Quality Improvement	
Case #	Event #	Case #	Event #
A patient with hemophilia suffered a head injury and was transferred to ACH ED for evaluation and treatment.			
Acts of Excellence Who did what? BECAUSE how AND why?			
The ED Flow Supervisor recognized the credibility of the situation upon notification of inpatient patient with a head injury and her subsequent notification of the ACH.			
The PCIM's immediate report/consultation with LIP regarding the inpatient patient.			
The LIP's review of the patient's medical history, ordering of lab tests, CT scan, and factor prior to patient's arrival at the hospital.			
The pharmacist's coordination with the LIP and pharmacy to obtain the correct factor and dose.			
Cause of Excellence Statement			
This event occurred because the Flow Supervisor was experienced in her role and escalated the situation which allowed the patient's care to begin even before her arrival at the hospital.			
Significance & Effect of Condition (What was outcome from this situation? What excellent behavior, systems, or processes were identified? How/why did they occur? Are these areas of excellence isolated, local, or global? What are the general implications - what else may be affected by the same type of excellence? What barriers exist that may prevent this type of excellence from occurring consistently and how can the barriers be improved/removed?)			
Using teamwork and clear communication, the multidisciplinary team developed a plan of care pre-arrival, enabling the patient to receive the appropriate factor only 5 minutes after arrival in the Emergency Department. The acts of excellence in this event began with an experienced ED Flow Supervisor who escalated the event to the PCIM and pre-registered the patient. The PCIM then coordinated with the LIP to ensure the patient's orders were entered into Meditech before arrival. The LIP coordinated with the ED pharmacist to identify the appropriate factor and have it waiting for administration. The ED pharmacist then coordinated with the pharmacy on the exact factor and dosage that was needed for this patient. The LIP reported without the pharmacist he would have had to rely on a pharmacist in the hospital pharmacy to do this for him which would have delayed the delivery of the factor to the ED. The multidisciplinary care team that worked for the deep dive all agreed that the ED Flow Supervisor's early identification and the pharmacist's coordination with the pharmacy to obtain the correct factor and dosage were key to the outcome of this event.			
These behaviors are not isolated to the ED exclusively. This event can be generalized to any patient care transport situation (i.e. direct hospital admissions, organ harvesting and/or donation, etc.).			
The team stated that they were "just doing their job." They did feel that in this case "the holes in the Swiss cheese lined up for the good." Overall the team felt this type of teamwork and communication should always happen, but knew that it probably only occurred about 75-80% of the time. The barriers that prevent this type of excellence from occurring all the time include the following: a) a less experienced RN as flow supervisor which may lead to failure to identify the situation early, increased patient volume may distract the flow supervisor and LIP, the patient may not be known to ACH which leads to additional evaluation and consultations resulting in delays, and/or the lack of a full-time pharmacist to review medication orders and coordinate with the pharmacy.			
Suggestions to remove these barriers include: add pre-arrival checklist to the phone call sheet used by the ED Flow Supervisor; develop checklist for items that should be ready/implemented when patients with asthma, trauma, seizures, head injuries arrive in the ED; RN review of the patient's past medical history before arrival, and utilization of pathway protocols.			
Actions to Promote Excellence			
As discussed above, this Lfe event highlights the importance of escalation of concerns, communication, and teamwork within the multidisciplinary care team. This event demonstrates how pre-arrival coordination, communication and teamwork resulted in rapid treatment and a positive outcome. To promote recurrence in the ED, this story should be reviewed regularly in safety huddles and an report from the perspective of "how can we do this every time?" Opportunities for disseminating hospital wide include: traditions, and orientations, education rounds, appropriate initial and refresher training, and one-on-one interactions with students.			
Event Summary and Lessons Learned (How will this be shared with the organization? What are the general lessons learned?)			
Communication and teamwork facilitated the multidisciplinary collaboration that occurred in this event. This story needs to continue to be shared during huddles, education rounds, staff meetings, and organizational level conferences. The event may also be shared via Vital Signs and No Harm Monthly with careful editing.			

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- Wu AW, Steckelberg RC Medical error, incident investigation and the second victim: doing better but feeling worse? BMJ Qual Saf 2012;21:267-270.
- Ellis S, Carette B, Ansel F, et al. Systematic reflection: implications for learning from failures and successes. Cur Dir Psychol Sci 2014; 23:67-72. doi: 10.1177/0963721413504106

LEARNING FROM EXCELLENCE



AWARDED TO
Mark Johnson
For your commitment to excellence and outstanding contribution to learning at Arkansas Children's Hospital

Awarded this 7th day of September, 2017

Pam Trevino, Clinical Data Management, Patient Safety, & Quality Improvement Division

Presented Signs and Seals





Providing a Parent-Held Immunization Card to Improve Immunization Records and Rates

Karalyn Kerby BSN RN CPN; Carol Cross ADN RN CPN



Introduction

- The state immunization information system (IIS) and electronic health record (EHR) are ever developing and changing.
- Arkansas Department of Health "yellow cards" are no longer provided, removing parents from the immunization record keeping process.
- Parent immunization record is a paper printout from IIS.
- Accuracy issues have occurred with immunization records in the IIS and EHR.
- Inaccurate records can lead to over-immunization and under-immunization.
- Parent knowledge of immunization history is sometimes limited.
- Arkansas 2016 immunization rates are low: 67.8% compared to 70.7% nationwide.
- The Iowa Model of Evidence-Based Practice was used to guide adoption of the practice change.

Clinical Question

In pediatric primary care clinics, does the use of a parent-held immunization card and parent education affect the immunization rates of children as compared to the current practice of providing a printout of immunization history?

Searching the Evidence

- Search Strategies:** pediatric population, English-based, dated 1990-present.
- Databases:** PubMed, CINAHL, CDC, Immunization Action Coalition, Healthy People 2020, The Community Guide.
- Key Words:** vaccination, immunization, shot record, parent-held, client-held, registry, personal health record.

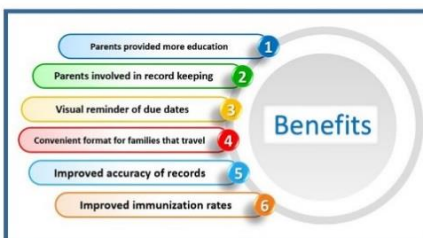
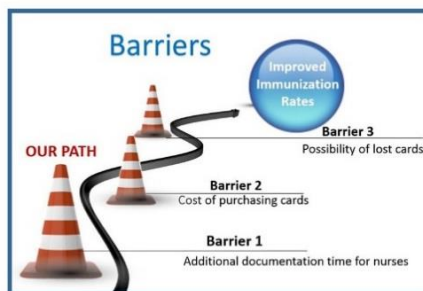
Appraisal of Evidence

High Level of Evidence:

- Miles, Ryman, et.al. (2013). Vaccine.
 - Systematic review of 45 papers recommended strengthening the quality of child-level data, increasing investments to improve card availability, and promoting dialog between providers and parents.
- Briss, Rodewald, et.al. (2000). American Journal of Preventative Medicine
 - Review of 17 interventions to help reach Healthy People objectives.
 - Client-Held Medical Records, considered an important tool for reducing missed opportunities and over-vaccination, especially useful with fragmentation of care among low-income families.

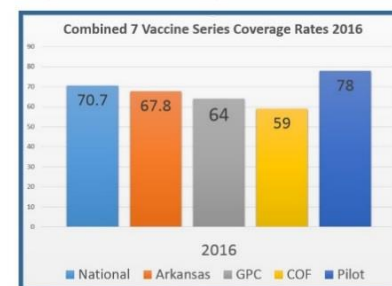
Applying Evidence to Practice

- Nurses, physicians and parents surveyed on thoughts on parent-held records.
- Question posted on SPN listserv and reviewed states with high immunization rates on use of parent-held records.
- Pilot program implemented in 2015 with 100 patients in primary care clinics.
- Provided small parent-held immunization record at two month old well-child visits.
- Educated parents on importance of personal immunization records.
- Asked for and updated parent-held records with each set of vaccines administered.
- Analyzed immunization records in EHR and IIS to determine if appointments kept and immunizations up-to-date.



Evaluation

- Up-to-Date immunization rates higher in pilot program (78%) compared to primary care clinic immunization rates (59%-64%).
- A team of "immunization champions" has been organized to facilitate implementation and improve immunization practices.



Future Implications

- Implement use of parent-held cards in specialty clinics and inpatient units.
- Look at other formats for parent immunization records such as Smartphone apps or patient portal access.

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- Miles M., Ryman TK, Dietz V, Zell E, & Luman ET. (2013). Validity of vaccination cards and parental recall to estimate vaccination coverage: A systematic review of the literature. *Vaccine* 31, 1560-1568.

Building Blocks: Laying the Foundation for Reducing Peripheral IV Infiltrations and Extravasations in Pediatric Patients

Annmarie Neal BSN RN CPN VA-BC™; Emily White BSN RN CPN;
Tammy Diamond-Wells MSN RN NE-BC



Background

"Hospitals by the nature of their mission lend themselves to safety risk with the expectation that the risk is preferred to achieve a benefit. Patients are potentially harmed in children's hospitals by potentially preventable injuries related to the use of peripheral IVs. An intentional strategy must be used to avoid unnecessary and minimize necessary risk."
-Solutions for Patient Safety

At Arkansas Children's Hospital, 88% of patients discharged over a 3 day period had vascular access devices placed during their stay. Of these vascular access devices placed, 97% were peripheral IVs (PIVs). PIV site checks are a routine portion of patient care; therefore, performing these correctly greatly impacts patient outcomes.

Purpose

To reduce moderate and severe peripheral IV infiltrations and extravasations (PIVIES) in the pediatric population by improving staff compliance with the organization's standard of care for routine PIV site checks.

Methods

A convenience sample of 17 registered nurses (RNs) from 3 general medical units were observed at two different intervals during routine PIV site checks.

- The observer did not provide feedback at the time of the first observation.
- Site checks included touch, look, comparison of extremities (TLC), dressing/securement utilization, family engagement, and staff knowledge of infiltration management.
- Education was provided to all shifts which included appropriate site check procedure (Figure 1) and individual unit results from the first round of observations.
- Staff were introduced to the concept of "Kamishibai-cards" (i.e. "K-cards") to monitor compliance (Figure 2).
- Two weeks after RN education, observations were repeated (N=20).
- After the second round of observations, four K-cards were placed on each unit, which provided a visual display of compliance. The observer provided real-time positive feedback along with identified areas for improvement.

Results

- Pre-data showed an overall compliance with all site check components of 6% (Figure 2).
- The areas in need of the most improvement were extremity comparison and family engagement.
- Post-data showed an improvement in overall compliance to 65% with a noticeable trend from 50% week 1 to 80% week 2 (Figures 4 & 5).
- The components of family engagement rose from 12% pre test of change to 70% week 2 and extremity comparison rose from 10% pre test of change to 90% week 2 (Figure 4).

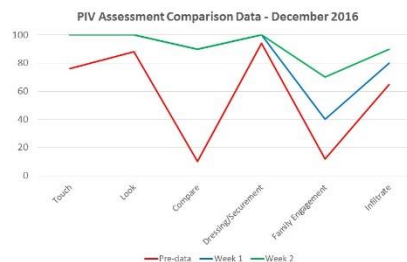


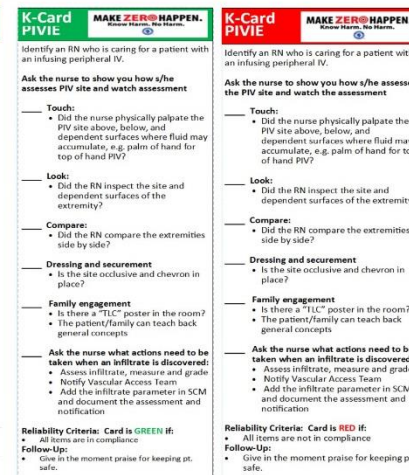
Figure 4

Evaluation

Using job instruction sheets for education and reference along with K-cards for compliance monitoring, heightened nurses' awareness, and accountability of practice. The K-cards also served as a unit scorecard where all staff could see their current state of compliance.

Future Developments

Plans are to continue the dissemination of K-cards and job instruction cards to all units.



K-Card PIVIE MAKE ZERO HAPPEN. (Green Card)

Identify an RN who is caring for a patient with an infusing peripheral IV.

Ask the nurse to show you how s/he assesses PIV site and watch assessment

Touch:

- Did the nurse physically palpate the PIV site above, below, and dependent surfaces where fluid may accumulate, e.g. palm of hand for top of hand PIV?

Look:

- Did the RN inspect the site and dependent surfaces of the extremity?

Compare:

- Did the RN compare the extremities side by side?

Dressing and securement

- Is the site occlusive and chevron in place?

Family engagement

- Is there a "TLC" poster in the room?
- The patient/family can teach back general concepts

Ask the nurse what actions need to be taken when an infiltrate is discovered:

- Assess infiltrate, measure and grade
- Notify Vascular Access Team
- Add the infiltrate parameter in SCM and document the assessment and notification

Reliability Criteria: Card is GREEN if:

- All items are in compliance

Follow-Up:

- Give in the moment praise for keeping pt. safe.

K-Card PIVIE MAKE ZERO HAPPEN. (Red Card)

Identify an RN who is caring for a patient with an infusing peripheral IV.

Ask the nurse to show you how s/he assesses the PIV site and watch the assessment

Touch:

- Did the nurse physically palpate the PIV site above, below, and dependent surfaces where fluid may accumulate, e.g. palm of hand for top of hand PIV?

Look:

- Did the RN inspect the site and dependent surfaces of the extremity?

Compare:

- Did the RN compare the extremities side by side?

Dressing and securement

- Is the site occlusive and chevron in place?

Family engagement

- Is there a "TLC" poster in the room?
- The patient/family can teach back general concepts

Ask the nurse what actions need to be taken when an infiltrate is discovered:

- Assess infiltrate, measure and grade
- Notify Vascular Access Team
- Add the infiltrate parameter in SCM and document the assessment and notification

Reliability Criteria: Card is RED if:

- All items are not in compliance

Follow-Up:

- Give in the moment praise for keeping pt. safe.

Figure 2

Post-Data Overall Compliance

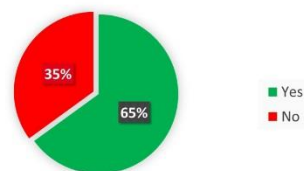


Figure 3

Pre-Data Overall Compliance

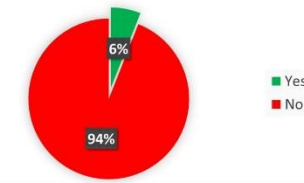


Figure 5



Figure 1



What Keeps Pediatric Nurses Up at Night?: A Delphi Study

Marlene Walden, PhD APRN NNP-BC CCNS FAAN; Lindley Abrams, APRN MSN CPNP-PC; Lee Anne Eddy, MSN RN NEA-BC;
Angela Green, PhD RN FAAN; Amy Huett, PhD RN-BC BSN; Dalton Janssen, BSN RN;
Austin Lovenstein, MA BS CRS; Amy Ramick, DNP RN ACNS-BC; Tammy Webb, BSN MS RN NE-BC



Background

- Occupational stress in pediatric nursing is of significant professional concern.
- Prolonged exposure to others trauma and suffering, morally distressing patient care experiences, and other troublesome healthcare issues may overwhelm clinical nurses and nurse leaders and result in high levels of personal and professional distress.
- Occupational stress may lead nurses to worry and lose sleep over troubling clinical and professional issues.
- When worry becomes excessive, nurses can lose professional joy that gives meaning to their work.

Purpose

- To explore the top professional worries/concerns and the top professional satisfiers experienced by pediatric nurses working in an academic children's hospital.

Research Questions

- What are the worries/concerns of frontline nurses, advanced practice nurses, and nursing leaders working in an academic children's hospital?
- What are the professional practice satisfiers of frontline nurses, advanced practice nurses, and nursing leaders working in an academic children's hospital?

Methods

- Descriptive study using a 3 round Delphi technique

Delphi Method to Build Consensus



Eligibility Criteria

- Licensed as a Registered Nurse or Advanced Practice Registered Nurse in Arkansas
- Currently working on the Arkansas Children's Hospital campus
- Provide direct nursing care or responsible for nurses who provide direct patient care

Survey Instruments

- Round 1**
- In pediatric nursing practice, what are the top 3 professional satisfiers that get you up in the morning?
 - In pediatric nursing practice, what are the top 3 professional practice worries/concerns that keep you awake at night?
- Round 2**
- Review responses identified in Round 1 and:
- Indicate your level of agreement or disagreement with the items on a 5-point Likert scale.
 - Provide a rationale for items that you disagree with.
 - Add items that are missing.
 - Rank-order the top 10 items you perceive to be the most important.
- Round 3**
- Review the mean rankings from Round 2 and:
- Indicate your level of agreement or disagreement with the items on a 5-point Likert scale.
 - Rank-order the top 10 items according to their perceived priority.

Results

- Complete data were available for 72 nurses in Round 1, 27 nurses in Round 2, and 13 nurses in Round 3.

DEMOGRAPHICS – ROUND 3

Age	42.5 [Range 34-63]
Race/Ethnicity	
White/Caucasian	12 (92.3%)
Highest Nursing Degree	
Diploma/Associate	3 (23.1%)
Bachelor's	6 (46.1%)
Master's	4 (30.8%)
Certification	11 (84.6%)
Position	
Staff RN	8 (61.5%)
APRN	3 (23.1%)
Educator	2 (15.4%)
Department	
Emergency Department	1 (7.7%)
General medical/surgical	4 (30.7%)
Hematology/Oncology/BMT	2 (15.4%)
Neonatal Intensive Care	1 (7.7%)
OR/PACU	1 (7.7%)
Quality & Safety/Research	1 (7.7%)
Radiology	1 (7.7%)
Other	2 (15.4%)
Years practicing as a nurse	15.2 [Range 8-34]

Results (Cont.)

- In Round 1, respondents identified 43 worries and 23 satisfiers. In Round 2, no additional items were added by respondents.



Discussion

- Identifying professional worries may help nurses navigate challenging and distressing situations in pediatric nursing practice.
- A culture of safety is needed to help nurses navigate change that accompanies today's complex healthcare environment.
- Better communication, interprofessional teamwork, and improved work flow processes are critical so nurses have more time to connect with patients and family members.
- Innovative organizational interventions are needed to help nurses find professional joy and meaning in their work and in their ability to make a difference.



Be Prepared! Compliance with the New Emergency Preparedness Rule

Angela Rowe, DNP, APRN, PCNS-BC
Transplant Administrator



Situation

- In November 2017, the CMS final rule for emergency preparedness went into effect. This new regulatory requirement impacted hospitals and transplant programs across the country. Beginning spring 2017, the Solid Organ Transplant (SOT) leadership began working to meet the regulatory requirements for the CMS Emergency Preparedness Rule prior to the November 16, 2017 deadline.
- The Transplant Administrator worked closely medical director of the kidney transplant program, medical director of the heart transplant program, the organization's Director of Safety, and the emergency management coordinator to ensure the regulatory compliance of the transplant program.

Practices: Policy Development

- Development of the Solid Organ Disaster Notification Plan which included agreement with local OPO
 - Plan was drafted by leadership and approved by the Solid Organ Transplant Program members as well as the hospital policy and procedure committee
- SOT and the Solid Organ Disaster Notification Plan was incorporated into the organization's Emergency Operations Plan
- Education was provided to members of SOT teams related to the Disaster Notification Plan

Practices: Committee Involvement

- Transplant Administrator became an active member of the Emergency Management Committee
- Transplant Administrator actively participated in the Hazard and Vulnerability Analysis and Mitigation plan for the organization

ACH Safety Committee Structure



Practices: Emergency Preparedness Drills

- Participation by SOT in community-wide external disaster drill involving the hospital
 - Scenario for this drill was a bombing of a nearby building with mass casualties
 - Heart Transplant team convened and completed a tabletop exercise about what personnel could be deployed to assist in OR, ED, and other areas of the hospital directly impacted
 - Kidney Transplant team completed tabletop exercise on how to ensure a patient who was scheduled to undergo kidney transplant prior to mass casualty event was able to receive needed care and transplant in the midst of the disaster event
- Participation by SOT in Sustainability tabletop exercise
 - Drilled how SOT would maintain patient care post-earthquake requiring 96 hour sustainability of the hospital and limited communication/transportation availability due to damaged infrastructure in the area
 - Focus areas included: communication with OPTN, communication with patients, transport of patients to surrounding facilities, and work with local OPO for donation and transplant services

Conclusions

- Timely action was required to ensure the SOT program's compliance with all aspects of the new emergency preparedness rule
- Collaboration from subject matter experts and innovative thinking was required
- New partnerships with leaders and departments who do not typically interface with transplant were made. This will be an asset to the transplant program maintaining compliance moving forward.
- Participation in drills and tabletop exercises provided opportunity for the transplant program to identify opportunities for improvement as well as strengths in disaster preparedness

Relevance

- The Emergency Preparedness Rule from CMS that went into effect in November required all transplant programs to ensure integration of emergency operations with the hospital and the community
- Defining the SOT program's role in emergency preparedness for the program and organization required collaboration and integration in new ways
- By having transplant leadership engaged in all phases of emergency planning for the organization, compliance with the rule and preparedness for safe care of transplant patients in the face of disaster has been achieved

Acknowledgements

Special thanks to the following for their dedication and collaboration in this endeavor:

- Richard James, Safety Director
- Daren Bolen, Fire Safety Coordinator and Chair of Emergency Management subcommittee
- Heart and Kidney Transplant physicians, coordinators, and staff

ACH Policy & Procedure: Solid Organ Transplant Services: Disaster Notification Plan (System-Wide)

Title: Solid Organ Transplant Services: Disaster Notification Plan (System-Wide)
Owner: Angela Rowe (TRANSPLANT ADMINISTRATOR)
Recommending Group: Solid Organ Transplant Committee
Oversight Group: Clinical Policy and Procedure Committee
Oversight Review Date: 10/24/2017
Approval By: Lee Anne Eddy (Patient Care Services SUPERVISOR)
Effective Date: 11/01/2017

POLICY

In accordance with the Center for Medicare and Medicaid Services (CMS) and Joint Commission's requirements, the Transplant Center must have policies and procedures that address emergency preparedness. These policies are a part of the Emergency Operations Plan (EOP) at Arkansas Children's Hospital (ACH). The Transplant Center must also develop and maintain individualized plans and procedures that address the needs and requirements of the Transplant Center, the hospital in which the Transplant Center is located and the Organ Procurement Organization (OPO) designee. In the event of a natural or man-made disaster, the Solid Organ Transplant Program at ACH consisting of the Heart and Kidney transplant programs will abide by the Arkansas Children's Hospital EOP.

PROCEDURE

- Risk Assessment and Emergency Plan
- The Transplant Center will participate in the ACH annual Hazard Vulnerability Analysis. Include hazards which may be unique to the Transplant Center
- The Transplant Center will participate in Emergency Management planning and programming as a member of the ACH Emergency Management Committee
- The Transplant Center is included in the ACH EOP for response to and recovery from an emergency event. The EOP utilizes an "all-hazards" approach.
- Policies and Procedures specific to the Transplant Center will be referenced in the EOP.
- The emergency communication plans in the EOP will be utilized to coordinate care internally and externally for Transplant Center patients.
 - Patients may receive general transplant information if communication with the Transplant Center is disrupted by calling the United Network for Organ Sharing (UNOS) at 1-888-466-4663.

II. OPTN/UNOS

- In the event of any disaster that results in the subsequent disruption of transplant services at the Transplant Center a member of the Transplant Center staff will notify Organ Procurement and Transplantation Network (OPTN/UNOS) of the Emergency and provide

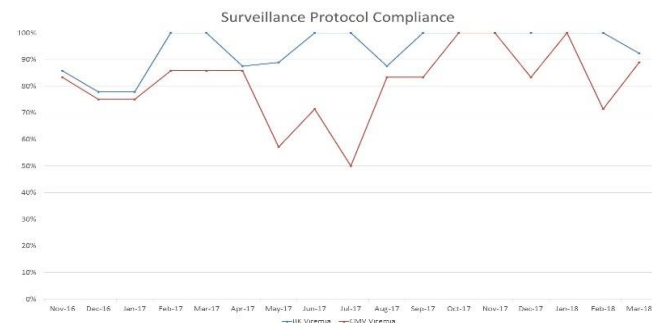
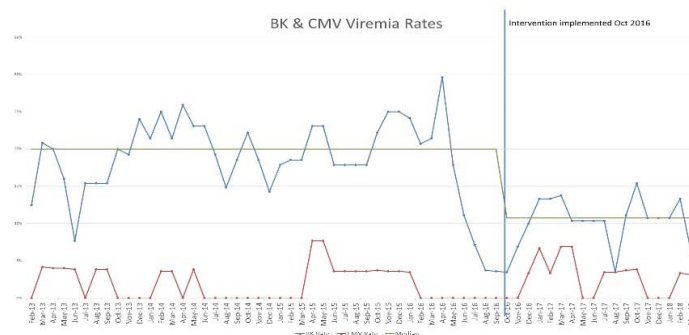


Post-Transplant Viral Infections: Efficacy of Viral Surveillance Protocol in Pediatric Kidney Transplant Patients

Richard Blaszk, MD; Jin-Young Han, MD; Mary Duren, BSN, RN, CPN; Sharon Smyth, RN;
Cayla Henry, MHSA; Angela Rowe, DNP, APRN, PCNS-BC



Purpose	Methods	Results	Conclusion
<p>More potent immunosuppressive therapy has led to lower rates of acute rejection. Unfortunately, these same therapies have resulted in a high incidence of infectious complications. In pediatric kidney transplant recipients, infectious complications have superseded rejection as the leading cause of hospitalization.</p> <p>Current anti-viral prophylactic strategies do not prevent all CMV and BK infections. Recently, investigators demonstrated that missed viral surveillance testing in pediatric renal transplant recipients was associated with clinical infection.</p> <p>CMV and BK infections in renal transplant recipients are often associated with premature graft loss. In addition, these patients frequently require more intensive care, leading to higher healthcare costs.</p>	<p>The project was limited to children between the ages of 0 and 18 years of age who received a renal transplant at our facility and included both living and deceased donor kidney transplant recipients. Patients were excluded if they were a multi-organ transplant patient or over 18 years of age.</p> <p>To gather baseline data, the team examined occurrences of BK and CMV infections for patients followed between February 2013 and July 2016. Viremia rate was defined by:</p> $\text{Viremia Rate} = \frac{\text{All patients with a positive viremia study}}{\text{All active kidney transplant patients}}$ <p>Patients remained in the numerator until they had a negative viremia study.</p> <p>On average, 30% of these kidney transplants had been complicated by viral infection within the first year of transplant.</p> <p>A treatment algorithm and viral surveillance protocol were developed for monitoring and treating post-transplant patients and were implemented in October 2016. Occurrences of viremia were documented so data could be tracked and trends could be identified and analyzed.</p>	<p>Since the implementation of the viral surveillance protocol and treatment algorithm, the percentage of patients meeting recommended viral screening has risen to 86% and we met our goal of 80% compliance by December 2017.</p> <p>In the same timeframe we have seen median infection rates decrease by 10%. No rejections were noted during the measurement time and no other major complications have occurred with these patients.</p>	<p>By examining our data and establishing a protocol for viral surveillance we were able to identify and monitor transplant patients for viremia and treat when indicated. Next steps include continued data collection of viremia, evaluation of what changes should be made to the viral surveillance protocol and treatment algorithm, and examination of current immunosuppression protocols. Our team also plans to work with Infectious Disease to identify risk factors and develop a standardized guideline for patients who “screen positive.”</p>
Purpose	References		
<p>At Arkansas Children’s, our team noticed an increase of patients testing positive for BK and CMV viremia. We decided to create a QAPI project to reduce BK and CMV infection rates.</p> <p>The goal of the project was to increase the percentage of transplant children who meet recommended viral screening from 0% (no standardized protocol at initiation of project) to 80% by December 2017. We also aimed to decrease clinical and subclinical infection rates to 15% by December 2017.</p>	<p>Dharnidharka VR, et al. <i>American Journal of Transplant</i>, 2004</p> <p>Al Khasawneh E, et al. <i>Pediatric Transplant</i> 2013</p>		
Viral Surveillance Protocol: Testing Frequency			
BKV	<ul style="list-style-type: none">At time of discharge from transplant2 weeks post dischargeEvery month x 6 months, then every 3 months until 18 months post transplantWhenever there is an unexplained rise in Cr, leukopenia, or unexplained change in clinical conditionFollowing treatment of acute rejection		
CMV	<ul style="list-style-type: none">At time of discharge from transplant2 weeks post dischargeEvery month x 12 monthsWhenever there is an unexplained rise in Cr, leukopenia, or unexplained change in clinical conditionFollowing treatment of acute rejection		





No Rest for the Weary...or the Sick: Is Night-Time Vital Sign Monitoring in Acute Care Pediatric Patients a Ritualistic Practice?

Chris Eastburn, RN, ADN, CPN; Melissa Clark, RN, BSN, CPN;

Austin Lovenstein, MA, BS, CRS; Marlene Walden, PhD, APRN, NNP-BC, CCNS

Background

- Nurses have traditionally been taught that routine vital signs (VS) are critical to monitoring physiological well-being and to the early detection of clinical deterioration.
- Literature suggests nurses recognize patients' deterioration through assessments and intuition rather than VS.
- Night-time VS may contribute to sleep deprivation that may have physical and psychological consequences, compounding illness and impairing recovery.
- The purpose of this evidence-based practice project was to examine the evidence related to night-time VS monitoring in acute care pediatric patients and its impact on sleep disruption, patient/family satisfaction, and perceptions of the healthcare team.



Ask the Question

- In acute care low-risk pediatric patients, can routine night-time VS monitoring be safely reduced in frequency to allow for uninterrupted sleep?

Method

- Surveys were distributed to the Society of Pediatric Nurses (SPN) and the Children's Hospital Association (CHA) listserves and to nurses, physicians, and parents of children at Arkansas Children's Hospital.

Search for Evidence

- Search strategies:** pediatric/adult studies, restricted to 2000-2015, English.
- Databases:** PubMed, CINAHL, Ovid, Cochrane Collaboration, National Guideline Clearinghouse.
- Key words:** hospitalized, inpatient, pediatric, children, medical-surgical, non-ICU, VS frequency, observation, assessment, monitoring, routine, PEWS, low risk, acute care, escalation, safety, interrupted sleep, sleep deprivation, disturbance, dissatisfaction.

Appraise the Evidence

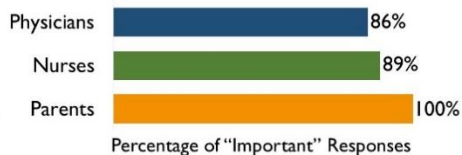
- Limited evidence exists on relevance and optimal frequency of VS monitoring (Storm-Versloot et al., 2014).
- VS monitoring has become task oriented, obtained using machines, delegated to non-licensed staff, and may not be performed with the required skill and knowledge to provide meaningful data for patient assessments (Odell et al., 2009).
- VS checks was commonly identified as a sleep disruptor (Meltzer et al., 2012).
- Sleep disruption is associated with increased problems with behavior regulation, irritability and oppositional behaviors in children (Beebe et al., 2008).

Results

- SPN and CHA members reported:
 - VS frequency every 4 hours: 57-78%
 - VS obtained by unlicensed staff: 47%-53%
 - A sleep policy for reduced frequency of night-time VS: 15-33%

Results (Cont.)

How important is sleep to healing and well-being?



Does monitoring routine VS disrupt patient sleep?



Should there be a difference in frequency of VS taken during the day versus at night?



- Parents report their child's sleep is interrupted up to 6 times each night due to VS.
- The time for children to return to sleep after each awakening was approximately 17 minutes.
- 84% of parents want licensed staff to obtain their child's VS.
- 36% of nurse respondents felt nurses should perform VS.
- The majority of nurses felt they should perform the PEWS assessment.

Results (Cont.)

- 96% of nurses say the frequency of VS should be based on patient acuity and treatment status.

What should be included in routine VS?

	Nurses	Physicians
HR	93%	95%
RR	93%	95%
Temp	71%	70%
BP	57%	60%
Pulse Ox	21%	20%

Apply the Evidence

- Little evidence exists to support the traditional practice of routine night-time monitoring of VS for low-risk acute care pediatric patients.
- The cost in lost recuperative sleep to patient and families must be weighed against the benefit of routinely assessing VS that may not be the best indication of deteriorating clinical status.
- Coordinate and cluster care at night-time to minimize room entries/exits and to promote patient/family uninterrupted sleep.
- Consider delegating VS monitoring to staff with the required skill and knowledge to provide meaningful data for patient assessments.





IMPROVED ACCESS TO INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY (SIOP) PAEDIATRIC ONCOLOGY IN DEVELOPING COUNTRIES (PODC) ADAPTED TREATMENT REGIMENS

Jeremy Slone¹, Mark Zobeck¹, Jaime Libes², Rachael Kunkel³, Neil Ranasinghe⁴, Jennifer Geel⁵

¹ Baylor College of Medicine/Texas Children's Hospital, Houston, TX, USA; ² Department of Pediatrics, University of Illinois College of Medicine, Peoria, IL, USA; ³ Arkansas Children's Hospital, Little Rock, AR, USA; ⁴ Thomson Reuters, London, UK; ⁵ Faculty of Health Sciences, University of the Witwatersrand, Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg, South Africa



Background

- Many health care providers in LMICs do not have access to medical journals like *Pediatric Blood and Cancer (PBC)* and treat pediatric malignancies with limited or no specialized training.
- To promote optimal treatment of pediatric cancers in LMICs, SIOP PODC working groups have published guidelines in PBC.

Methods

- In July 2017, with assistance from SIOP PODC leadership and permission from PBC, 8 guidelines were posted on www.cancerPOINTE.com: Burkitt lymphoma, Kaposi sarcoma, medulloblastoma, neuroblastoma, nutrition support, retinoblastoma, supportive care and Wilms tumor.
- Google Analytics provided traffic data including all users, new users, page views and country of origin, although there is not a mechanism to differentiate automated software tasks (bots) from individual users accessing the site.

RESULTS

Since July 2017, The Adapted Regimen page, where these guidelines are hosted, was visited **214** times.

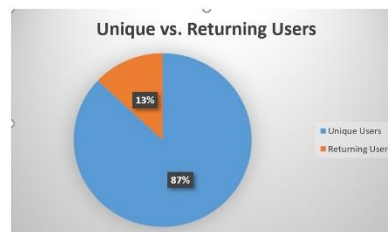


Fig 1. Type of Website Visitors Since Adapted Treatment Regimens Added

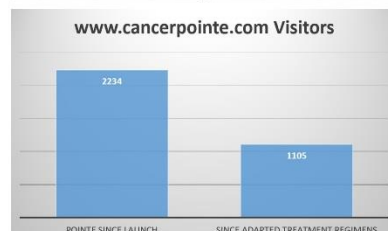


Fig 2. Number of Website Visitors

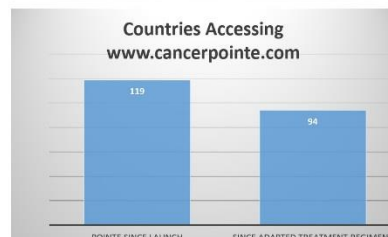


Fig 3. Countries Represented by Website Visitors

CONCLUSIONS

- Hosting SIOP PODC guidelines on www.cancerPOINTE.com has improved access to these guidelines to healthcare providers in LMICs. Other guidelines have been added since and more will be added in the future.
- An open source platform, www.cancerPOINTE.com could be an essential tool in rapidly disseminating resources to health care providers in LMICs.
- Twitter, Facebook and Instagram are being used to notify clinicians of availability of documents. The followers on all these platforms are increasing on a monthly basis.



POINTE: Connecting the global childhood cancer community



Texas Children's Global HOPE (Hematology-Oncology Pediatric Excellence)
<https://www.texaschildrens.org/departments/cancer-and-hematology-centers/global-hope>



LAUNCHING POINTE: USE OF BRANDING AND SOCIAL MEDIA TO PROMOTE PEDIATRIC ONCOLOGY EDUCATION AND TRAINING OPPORTUNITIES

Jeremy Slone ¹, Mark Zobeck ¹, Jaime Libes ², Rachael Kunkel ³, Neil Ranasinghe ⁴, Jennifer Geel ⁵

¹ Baylor College of Medicine/Texas Children's Hospital, Houston, TX, USA; ² Department of Pediatrics, University of Illinois College of Medicine, Peoria, IL, USA; ³ Arkansas Children's Hospital, Little Rock, AR, USA; ⁴ Thomson Reuters, London, UK; ⁵ Faculty of Health Sciences, University of the Witwatersrand, Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg, South Africa



Baylor
College of
Medicine



Background / Objectives

- Training a pediatric oncology workforce is essential to provide optimal treatment to children with cancer in low- and middle-income countries (LMICs).
- While training opportunities exist, information on them is often difficult to find. In an effort to promote global childhood cancer education, we aimed to improve upon a previous initiative to consolidate information for providers by developing a new and enhanced web site with a social media campaign to increase awareness.

Design / Methods

- The International Society of Paediatric Oncology-Paediatric Oncology in Developing Countries Education and Training Working Group (SIOP-PODC ET WG) launched an online database of training programs in October 2014.
- To better engage stakeholders, the site was re-branded as the **Paediatric Oncology International Network for Training and Education (POINTE)** and launched a new website : www.cancerpointe.com.
- A social media campaign on Facebook, Twitter and LinkedIn accompanied the launch of the new site in October 2016. Google Analytics was utilized to monitor website traffic and reach of both sites.



POINTE Analytics

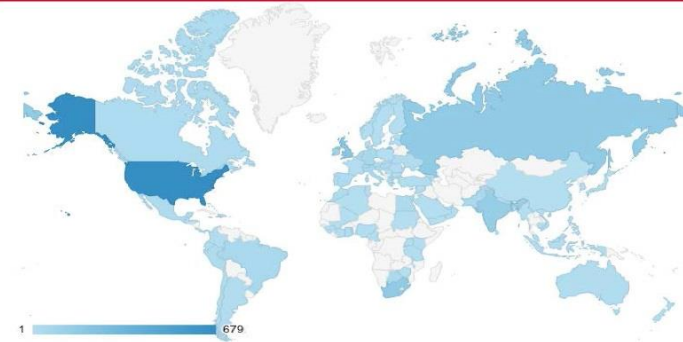
Oct 1, 2016-Sept 17, 2017

Sessions	2291
Users	1392
Pageviews	7100
Average Session Duration	2:56 min.
Social Media Referrals	15.1%
Resources Downloaded	3339
(July 1-Sept 1, 2017)	



POINTE: Connecting the global childhood cancer community

RESULTS



Accessed from 104 countries

CONCLUSIONS

- Rebranding and launching a social media campaign has effectively increased web traffic and exposed new training opportunities to healthcare providers in LMICs.
- Further efforts are necessary to extend the reach of POINTE to locations with the greatest need for training resources.

Texas Children's Global HOPE (Hematology-Oncology Pediatric Excellence)
@TCHGlobalHealth | globalhealth.texaschildrens.org

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

ACH PICU Receives Silver Beacon Award for Excellence

The American Association of Critical-Care Nurses (AACN) recognized the Pediatric Intensive Care Unit (PICU) with a silver Beacon Award for Excellence in February 2018. The Beacon Award for Excellence - a significant milestone on the path to exceptional patient care and healthy work environments - recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment standards. Units that achieve this three-year, three-level award with a gold, silver or bronze designation meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award, and the National Quality Healthcare Award.

The silver-level Beacon Award for Excellence signifies an effective approach to policies, procedures, and processes that includes engagement of staff and key stakeholders. The PICU has evaluation and improvement strategies in place and positive performance measures compared to benchmarks. The PICU earned this prestigious award by meeting the following evidence-based Beacon Award for Excellence criteria:

- *Leadership Structures and Systems*
- *Appropriate Staffing and Staff Engagement*
- *Effective Communication, Knowledge Management and Learning and Development*
- *Evidence-Based Practice and Processes*
- *Outcome Measurement*



PICU was honored by the AACN at the National Teaching Institute & Critical Care Exposition, the world's largest educational conference and trade show for nurses who care for acutely and critically ill patients and their families. This recognition for their silver designation also achieves recognition for being the first intensive care unit in Arkansas to receive any Beacon Award designations.



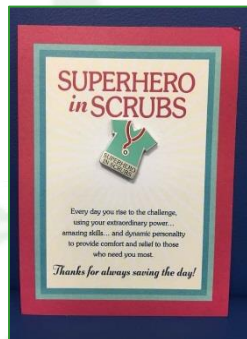
NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

HERO

[heer-oh] –noun

An *ordinary* individual, who finds the strength to persevere through *extraordinary* obstacles, with honor, self-sacrifice, and nobility.

There are numerous interpretations of what a “hero” is, or what it means to be a “hero”. On a daily basis, we are given the opportunity to witness our teammates and peers transform compassion into heroic action.



A “hero” is someone who catches that lethal dose of medication, before it ever reaches the patient. It is someone who assists a teammate with a tough admission, despite carrying a full patient load themselves. It is someone who takes their time to listen, empathize, and identify the patient’s family needs, and provides the resources available to assist the family. It is someone who provides encouragement to those around them, by lifting their spirits during hard times. It is someone who stands up for what is right, and does everything in their power to provide for the best patient outcome. It is someone who “crosses the creek” for our patients and their families, to bring forth the greatest good.

Simply stated, we are all NICU Superheroes, and the extraordinary care provided to our patients and their families is something to be celebrate! Starting off Nurses' Week 2017 with a bang, the NICU PE/RR Council announced the “NICU Superhero Award”. Each quarter since, the PE/RR Council recognized our extraordinary superheroes by selecting one award winner.

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS



Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN was inducted as a Fellow into the American Academy of Nursing on October 7, 2017 in Washington, DC.



Laura Hays, MNSc, APRN, CPNP-PC, FAHA, received the *Arkansas Children's Research Institute ABI Discovery Acceleration Initiative in Pediatric Medicine - Investigator Initiated Research Award* in October 2017. Hays received \$19,702 over two years for her study, *Self-Reported Self-Management of Adults with Congenital Heart Disease*. Hays received the University of Arkansas for Medical Sciences a PhD in Nursing Program Dissertation Research Award in fall 2017.



Elizabeth Marrero, MSN, RN, CNOR(e), CIC, participated as an item writer for the Competency and Credentialing Institute. She created nursing practice in the operating room certification exam questions.



Luann Jones, DNP, APRN, NNP-BC, NE-BC, received the 2018 March of Dimes Excellence in NICU Leadership Award at the Synova NICU Leadership Forum.

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Improvement University

To date, 356 graduates of Improvement U have engaged in various improvement projects to improve patient safety, enhance patient satisfaction, and produce operational efficiencies. Registered nurses are the majority of participants totaling 205.

2018 IU Nurse Graduates

Laura Buse, MSN, RN, NE-BC
 Constance (Connie) Gober, BSN, RN, CPN
 Kristi Lagasse, RN, CPN
 Linda Mars, BSN, RN, CPN
 Letty Pablo, RN
 Rachal Pendergrass, LPN
 Sarah Beth Phillips, BSN, RN
 Jacki Spence, BSN, RN, CCRN
 Rachelle Stanley, BSN, RN, CPN

40 Under 40 Nurse Leaders - June 2018



Lindsey Miller, BSN, RN, CPHON, CPN
 Patient Educator
 Hematology/ Oncology



Sydney Harrell BSN, RN
 Hematology/ Oncology Clinic

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

3rd Annual Diane Mackey Quality Award – 2017

Traci Hackler and Sydney Harrell
“Length of Stay in the Infusion Clinic”



Traci Hackler, RN, CPHON
Hematology/ Oncology Clinic



Sydney Harrell, BSN, RN
Hematology/ Oncology Clinic

4th Annual Diane Mackey Quality Award - 2018

Jacki Spence, Rachal Pendergrass,
Jennifer Staines, and Adnan Siddique
“Evaluating Length of Visit in the Cardiology Clinic”



Jacki Spence, BSN, RN, CCRN
Clinical Operations Manager



Rachal Pendergrass, LPN
Cardiology Clinic



NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Arkansas 100 Great Nurses - April 2018



Wendy Burgener, MNSc, APRN, CPNP-AC/PC
Pediatric Pulmonary Clinic



Mary Beth Jacob, BSN, RN, CPN
Nurse Resource Pool



Jenny Janisko, MSN, RN, NE-BC
2B Burn/ 3A PICU/ 3C IMU
Nursing Director



Stephanie Rockett, MNSc, APRN, CPNP-BC
Cardiac Services, Director



Mary Salassi-Scotter, MNSc, RN, NE-BC
Senior Vice President



Stu Scott, BSN, RN
3K ITU



Rachel R. Trull, BSN, RN, CCRN
4E/4H Cardiovascular Intensive Care Unit



Amy Warford, RN
3H Neonatal Intensive Care Unit



Lisa Robinson, RN, RNC-NIC
3H Neonatal Intensive Care Unit



Sharon B. Stevenson DNP, APRN, CPNP-PC

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

DAISY Award For Extraordinary Nurses

Through the DAISY award recognition program, we honor the super-human work nurses do for patients and families every day. There are over 2,400 healthcare facilities in all 50 states and 14 other countries committed to honoring nurses with The DAISY Award. The impact of the program on nurses and their organizations is deep, affecting nurses' job satisfaction, retention, teamwork, pride, organizational culture, healthy work environment, and more. ACH initiated the DAISY award program in January 2007.



Charron Belote, BSN, RN, CCRN
3A PICU



Brittany Bradley, BSN, RN, CCRN
4H CVICU



Tonja Bryant, BSN RN
4H CVICU



Misty Hill, BSN, RN
3A PICU



Rachael Kunkel, BSN, RN, CPN, CPHON
4K Hematology/ Oncology



Taylor Long, BSN, RN
3A PICU



Lauren Pouncey, RN
Emergency Department



Meagan Malone, BSN, RN, CCRN
4H CVICU

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

DAISY Award For Extraordinary Nurses



Christy Miller, BSN, RN, CPN
4K Hematology/ Oncology



Juli Mistic, BSN, RN, RNC-NIC
3H Neonatal Intensive Care Unit



Brittany Mitchell, BSN, RN, CPN
3K Intensive Care Unit



Brook Scalzo, BSN, RN, CPN
Emergency Department



Stu Scott, BSN, RN
3K ITU



Melissa Sullivan, RN
3D/3E Surgical



DAISY Teamwork Award
Vascular Access Team



Nicole Whiteaker, BSN, RN CPN
3D Surgical

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2018 Nurses Week

Nursing Leader of the Year Award

Awarded to the outstanding leader of the year (Nurse Directors, PCMs, and other PCS nursing leaders)

Criteria for Selection:

- Highly respected, transformational leader
- Engaged, approachable, and active mentor
- Exceptional, advocate for nursing staff
- Encourages shared decision making
- Role-models collaborative relationships
- Communicates exceptionally with staff
- Consistently displays integrity
- Resolves conflict effectively



Korinna Kraemer, BSN, RN, CNML
Clinical Operations Manager
Clinics 5 and 6

APRN of the Year Award

Awarded to the outstanding APRN of the year, including Advanced Nurse Practitioners, CNSs, or CRNAs (both ACH and UAMS employees working on ACH campus).

Criteria for Selection:

- Provides exceptional patient and compassionate care
- Demonstrates advanced clinical expertise
- Communicates excellently with patients, families, staff
- Exceptionally mentors and teaches other staff
- Exhibits commitment to the profession of nursing
- Advances research and evidence based practice



Peggy Chandler MNSc, APRN CPNP-PC
Allergy Clinic

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2018 Nurses Week

Excellence in Scholarship Award

Awarded to the outstanding RN who demonstrates excellence in research.

Criteria for Selection:

- Actively engaged in research on ACH campus
- Shares the findings of research through presentations
- Participates in organization wide initiatives
- Mentors staff in the advancement of research
- Actively participates in and models lifelong learning
- Demonstrates exceptional clinical expertise
- Demonstrates commitment to practice improvement



Karalyn Kerby BSN, RN, CPN
General Pediatric Clinic

Nursing Educator of the Year Award

Awarded to the outstanding nursing educator of the year, including Clinical Educators, CNSs, and Clinical Education Specialists

Criteria for Selection:

- Demonstrates exceptional clinical expertise
- Exceptionally engages and motivates staff
- Communicates exceptionally well with staff
- Highly creative and interactive
- Role models and promotes lifelong learning
- Role-models and promotes evidence-based practice
- Highly accessible to nursing staff



Crissy Benson, BSN, RN, CPN
Clinical Educator for 3K , 5E, 5D

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2018 Nurses Week

LPN of the Year Award

Awarded to the outstanding LPN of the year.

Criteria for Selection:

- Provides exceptional and compassionate care
- Models excellent interpersonal skills
- Collaborates exceptionally with healthcare team
- Maintains excellent rapport with patients and families
- Advances own professional development
- Demonstrates clinical excellence



Pearlie Holmes, LPN
West Little Rock Clinic

Friend of Nursing Award

Awarded to the outstanding individual who, though not a nurse, supports and recognizes the importance of the practice of nursing at ACH.

Criteria for Selection:

- Collaborates exceptionally with nurses
- Outstanding support in achieving quality outcomes
- Committed to the development of nurses
- Serves as an excellent resource to nurses



Kendall Stanford, MD
Emergency Department

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2018 Nurses Week

Clinical RN of the Year

Awarded to the outstanding **Clinical RN or Specialty Nurse** of the year. One RN from each designated area (Medical/Surgical, ICU, Ambulatory, Ancillary/Surgical Services, Specialty) was recognized for contributions to the strategic priorities.

Criteria for Selection:

- Provides exceptional patient and family-centered care
- Demonstrates clinical excellence in care
- Models exemplary interpersonal skills
- Collaborates exceptionally with healthcare team
- Serves as an outstanding resource and mentor to staff
- Exceptionally advocates for patients, families, & staff
- Leads and encourages shared decision making
- Actively engages in unit and/or organization wide initiatives
- Participates in research and evidence based practice, and integrates findings into clinical practice
- Demonstrates commitment to professional development



Cheley Yielding, RN, CPEN, VA-BC
Clinical RN - Ambulatory



Theresa Fields, RN, ADN, CCRN
Clinical RN - ICU



Courtney Heath, RN, CPN
Clinical RN - Medical/Surgical



Ashley Sparks, RN, BSN, CPN
Clinical RN - Specialty Nurses



Havvah Powell, BSN, RN, MA
Clinical RN - Surgical Services



