NURSING

ANNUAL REPORT 2019

Arkansas Children's

HOSPITALS · RESEARCH · FOUNDATION

MAGNET RECOGNIZED

AMERICAN NURSES CREDENTIALING CENTER

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

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

Vision: Our Promise: Unprecedented child health. Defined and delivered.

Values:

- Safety
- Teamwork
- Compassion
- Excellence

Personality:

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

CONTENTS

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
American College of Surgeons Quality Improvement Program, Level 1 Verified Children's Surgical Center

Licensed Inpatient beds:	336
Inpatient Admissions:	16,177 (FY19)
Outpatient Visits:	304,997 (FY19)
ED Visits:	62,307 (FY19)
Surgeries	15,480 (FY19)
Transports:	2,144 (FY19)
Employees:	3,723 (2019 average)
Over a third of all employees are RNs!	1,382 (2019 average)

Arkansas Children's Northwest
Springdale, Arkansas
First and only pediatric medical center in Northwest AR

Licensed Inpatient beds:	24
Inpatient Admissions:	2,225 (FY19)
Outpatient Visits:	33,741 (FY19)
ED Visits:	22,499 (FY19)
Employees:	387 (2019 average)
RNs:	155 (2019 average)

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Five specialties at Arkansas Children's Hospital ranked among the nation's best by U.S. News & World Report on their 2019-2020 Best Children's Hospitals list.

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

BEST CHILDREN'S HOSPITALS
U.S.News & WORLD REPORT
RANKED IN 5 SPECIALTIES
2019-20

National Association NAEC of Epilepsy Centers
LEVEL 4 EPILEPSY CENTER

Children's Miracle Network Hospitals
Founders' Award

HIMSS Analytics STAGE 7

Dear Colleagues,

With great pleasure, I present our 2019 Nursing Annual Report. Nurses at Arkansas Children's Hospital display their commitment to safety, teamwork, compassion, and excellence every day.

As showcased in this report, nurses demonstrate a compelling impact on patient care, and they are leading the way in patient safety and patient experience.

To achieve these impressive outcomes, our nurses carry out autonomous nursing practice with authority to inform patient care plans and make nursing care decisions. Nurses' voices are important and valued, and through shared decision making, they are empowered to make improvements in care delivery, quality outcomes, and nursing practice. Nurses consistently demonstrate resilience and teamwork, even during unexpected periods of high acuity and census.

These nursing achievements reflect our mission to champion children by making them better today and healthier tomorrow.

I am proud of our nurses and their extraordinary dedication to the children and families we serve.

Sincerely,

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

Arkansas Children's Hospital

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Center for Nursing Excellence

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

Julie Bane, MS, BSN, RN, NPD-BC
Transition to Practice Coordinator

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

JoAnna Carpenter, BSN, RN, NPD-BC
Professional Development Generalist

Lametria Wafford, MNSc, RN, NPD-BC
Clinical Education Coordinator

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

Austin Lovenstein, MA, BS, CRS
Research Coordinator

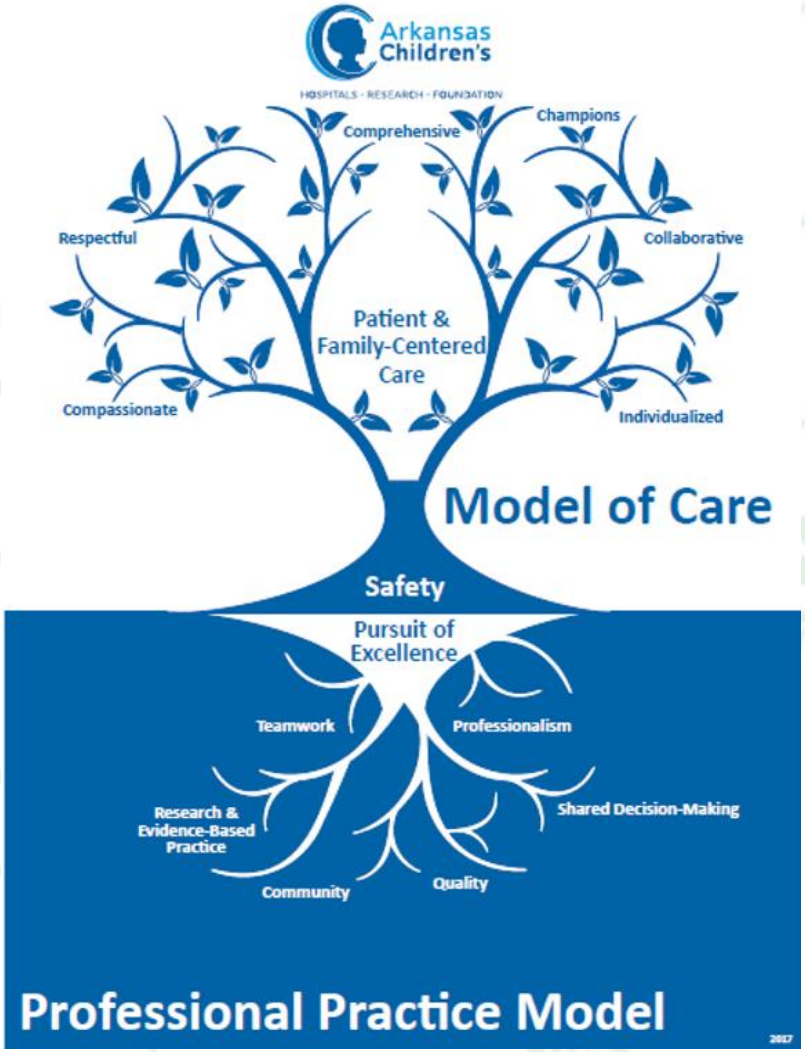
Amy Ramick, DNP, RN, ACNS-BC, NPD-BC
Nursing Research Specialist

Debra Jeffs, PhD, RN, NPD-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.



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.

2019 HIGHLIGHTS

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

- 2019 VAT Accomplishments
- Angel One Transport Team Accomplishments
- Bedside Reporting in the Emergency Department Can Save Lives
- Nurses' Voices Lead to Improvements in the Hematology-Oncology Unit
- Watcher Program Implemented in the Hematology-Oncology Clinic
- "Safe Stop Before Sticks" Program
- EPIC Enhancement to Improve GPC Immunization Rates
- Surgical Services Receives National Recognition
- Surgical Services Improves Quality and Safety
- Behavioral Risk Precautions: Improving Workplace Safety

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

Vascular Access Team (VAT) 2019 Highlights

The Vascular Access Team (VAT) has had many accomplishments in 2019 and looks forward to more in 2020! Three VAT nurses became Vascular Access-Board Certified (VA-BC) in 2019, and two more will take their VA-BC certification examination in 2020. A VAT nurse attended the Association for Vascular Access (AVA) Scientific Meeting in Las Vegas as an AngioDynamics Scholarship recipient. Many VAT nurses are back in school for advanced nursing degrees. Filling the full-time night position will provide 24/7 VAT coverage at ACH.

VAT's goal is one vascular device for the duration of therapy and vessel preservation. The team added the Pediatric Intensive Care Unit (PICU) to the VAT's routine central line surveillance along with the medical surgical units. VAT surveillance has made a positive impact on decreasing the incidence of central line associated blood stream infections (CLABSIs). Therapeutic drug monitoring (TDM) piloting, initiated in the medical surgical units, has saved patients from unnecessary venipunctures by drawing blood for therapeutic drug levels and following the same protocol of flushing and wasting.

Central line care items will be added to the Parent Resource Center for patients who need central line medications and care at home. Family education is underway for patients and families for patients with central venous catheters. Both initiatives are aimed at improving patient safety. VAT partnered with Child Life specialists in creating a Comfort Care Menu customized for any painful procedures.

VAT nurses provide ongoing education to other nurses through nursing grand rounds, shadowing experiences, and residency looping opportunities. This past year was the first year VAT participated in the Intern Lectureship Series and the physician residents' 'Anything Can Happen' Thursday presentations. VAT nurses partner with physicians to provide best practice guidelines for ACH patients.

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

Angel One Transport

The Angel One transport team accomplished over 2,100 patient transports in 2019. Patient transports include neonatal, pediatric, burn – both pediatric and adult, trauma, high-risk obstetrical, and adult cardiac anomaly patients. The majority of transport requests are neonatal. High-risk obstetrical transports are a joint collaboration between the University of Arkansas for Medical Sciences (UAMS) Angels Program and ACH with patients transported to UAMS.

Angel One accomplishes its mission with rotor-wing (helicopter), ground transport through five specialized ambulances, and fixed-wing (access to King Air 200, Lear 45, and Diamond MU-300) third-party charter service. Angel One helicopters and pilots are IFR equipped and rated enabling flying into clouds and in conditions that would ground other helicopter services in the state. Transports are between cities from across the United States, such as Boston, Cincinnati, and Palo Alto.

The Angel One Transport team consists of registered nurses (RNs), respiratory therapists (RRTs), emergency medical technicians (EMTs), pilots, dispatchers, mechanics, and administrative staff. The medical crew consists of RNs and RRTs who have 374 years of combined service to ACH, with an average service per clinician of 17 years. Each team consists of a RN, RRT, and a pilot or EMT depending on the mode of transportation. Medical crew members acquire and maintain national professional transport certification, specialty certifications, and all advanced life support certifications across the lifespan. Angel One team members conduct simulation training with other healthcare professionals including physician intensive care partners.

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

Bedside Reporting in the Emergency Department Can Save Lives

Bedside hand-off report is a communication tool to convey pertinent patient information from one care provider to another. Structured bedside reports can increase recognition of preventable errors and improve patient care quality. Bedside reporting was introduced in the Emergency Department (ED) in 2019 and has become an expectation for all staff at all times. During one instance, a patient became unconscious and pulseless during bedside report. The nurses were able to initiate cardiopulmonary resuscitation (CPR) and transport the patient to a trauma room without any delay. The patient had a return of spontaneous circulation and had no neurological deficits from the event. In addition to this amazing save, bedside reporting in the ED has allowed for faster recognition of other events and increased accountability amongst staff.

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

Nurses' Voices Lead to Improvements in the Hematology-Oncology Unit

Documentation requirements by nurses and other healthcare providers can increase time away from the patient and can lead to frustration for care providers if the electronic documentation system is overly complicated and not user-friendly for clinicians. In 2019 clinical nurses from the Hematology Oncology Unit submitted a request regarding linen change documentation in the EPIC electronic health record (EHR). The changes were accepted and enacted simplifying and easing documentation for nurses allowing for more time with patients.

Physical improvements in the clinical environment can also lead to more efficiency in care provision. The Hematology-Oncology Unit medication room was renovated based on feedback from clinical nurses. Bins for each patient's room to place patients' medications from pharmacy led to increased nurse satisfaction and improved medication preparation flow in the medication room.

Watcher Program Implemented in the Hematology-Oncology Clinic

Implementation of the organization's Watcher Program to identify at-risk patients whose health status may decline requiring escalation to another level of care, such as the intensive care unit, spread to the Hematology-Oncology Clinic in 2019. The Watcher Tool was implemented in the Hematology-Oncology Clinic Infusion Center to identify patients with critical events due to chemotherapy reactions, complications and side effects. Additionally, clinical nurses began to complete a Pediatric Early Warning Score (PEWS) assessment on all clinic patients. Upon implementing these interventions, no escalations of care occurred in the Hematology-Oncology Clinic.

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

"Safe Stop Before Sticks" Program

The General Pediatric Clinic (GPC) created and adopted the "Safe Stop Before Sticks" program in 2019 in response to an increase in needlestick injuries in 2018. Signs in English and Spanish are posted in the clinic exam rooms that explain to parents/guardians the use of a two-person hold for patients between the ages of 6 months and 10 years, comfort positions, use of multiple, age-appropriate distraction techniques, and safe needle disposal. A collaborative team composed of GPC clinical nurses, such as Karalyn Kerby, BSN, RN, CPN and Clinical Educator Monica Russell BSN, RN, CCRN, quality improvement nurses, and Simulation Technologist Eric Braden explored potential solutions to increase needlestick safety in small clinic rooms. A new device, the Needle Retention and Disposal Device (NeRDD), was engineered as a mobile tool used by clinical nurses during the injection procedure to contain used needles and allow for safer disposal. Quickly and safely securing needles during the injection procedure allows the nurse to focus on providing comfort to the child and addressing family education needs. The device provides a secure location for the placement of used needles that later can be safely disposed of by placing the NeRDD on top of the sharps container and disposing needles with one downward motion, thus preventing the nurse from touching the used needles a second time. Initial survey data revealed nurses feel safer with improved work flow due to the NeRDD device. Feedback from patients about the "Safe Stop Before Sticks" program has been favorable. With implementation of the program, needlestick injuries in the GPC were reduced from seven to zero. The "Safe Stop Before Sticks" program has now spread throughout ACH to all clinical areas.

EPIC Enhancement to Improve GPC Immunization Rates

Karalyn Kerby, BSN, RN, CPN, GPC RN III, and Dr. Jimmy Magee collaborated to create a report in EPIC, the organization's electronic documentation system, that allows GPC team members to better identify patients in need of Synagis protection during the fall and winter months. Patients who are at high risk for respiratory syncytial virus (RSV) during the fall and winter months need this protective treatment to prevent development of the illness. The new report identifies vulnerable, high-risk patients ensuring that the GPC is treating all patients in need of this protection against RSV.

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

Surgical Services Receives National Recognition

The Arkansas Children's Hospital Surgical Services Department received recognition in 2019 by the American College of Surgeons Quality Improvement Program as a Level 1 verified Children's Surgical Center. This distinction demonstrates that ACH:

- Has a comprehensive team of uniquely qualified pediatric specialists ready to care for children 24/7
- Offers wide-ranging resources to address the most complex conditions
- Presents ongoing education for families, pediatricians, and others
- Participates in a robust national benchmarking and data registry with expert pediatric colleagues to further enhance the quality of care for children and families
- Engages in academic research that ensures evidence-based practices are used at the bedside with patients.

The Surgical Services department resumed participation in the Children's Hospital Association benchmarking for perioperative performance metrics in January 2019. Trends in 2019 showed ACH outperforming other children's hospital's surgical services departments in several criteria: average percentage of on-time first case starts, room utilization rates, length of stay in the Post-Anesthesia Care Unit (PACU), and turnover times.

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

Surgical Services Improves Quality and Safety

A unique opportunity for quality improvement arose in 2019. After changes in what was consistency in perioperative staff caring for dental patients with autisim, an increase in patient, family and staff injuries occurred. A Surgical Services department taskforce was formed and established a standardized pathway for autism spectrum patients upon entering the ambulatory surgery area. The pathway includes decreased stimulation in the environment for the patient, more privacy for the patient and families, and a standardized nursing and medical care pathway implemented for scores of 4 or greater on an autism spectrum scoring system. The goals are to improve safety and implement a compassionate plan to meet the needs of this patient population. The Surgical Services team recognized that other patient populations that have sensory management difficulties may also benefit from this standardized approach to care. The team has changed the name of the screening process to Rapid Sensory Assessment to include scoring for all patients with sensory management difficulties. Patients with increased sensory difficulties coming to the Ambulatory Surgery Center will bypass the reception desk, waiting room, vital signs/weight area, and admissions area. These processes will be completed in the Ambulatory Surgery Center pre-surgery rooms. The team continues to work on a list of questions to add under each of the five current scoring questions to give more information that will impact patient care. The team continues their work to expand outside the perioperative area to include preparation for care in other clinical areas and is working with the EPIC team to complete the changes.

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

Behavioral Risk Precautions: Improving Workplace Safety

A nurse-led inter-professional team collaborated to address inconsistent practices when caring for aggressive patients. The team developed evidence-based strategies for identifying at-risk patients and proactive interventions to enhance patient and staff safety during encounters with aggressive patients. Identification of patients at risk for behavioral escalation included use of screening criteria, staff observations of the patient, and parent/caregiver and/or patient input. Interventions included notifying others about behavioral risk, communicating the patient's status during team meetings, providing a care attendant for monitoring of the patient, ensuring a safe physical environment, and inspecting patient's belongings and removing any unsafe items. As a result, an improvement in workplace safety has been demonstrated by a decrease in the severity of staff injuries from behavioral events. Occupational Safety and Health Administration (OSHA) recordable injuries were decreased by 38%; Days Away, Restricted, or Transferred (DART) injuries were decreased by 57%; Lost Work Days (LWDs) were decreased by 100%; and Restricted Work Days (RWDs) were decreased by 88%. Implementation of an evidence-based screening process and interventions for patients at risk for aggression resulted in improved workplace safety.

2019 HIGHLIGHTS

EXCELLENT PATIENT EXPERIENCES

- CPR Education for GPC Patients and Families
- Surgical Services Improving the Patient and Family Experience
- Excellent Patient Experience Matters in Surgical Services
- Patient Satisfaction with Care Increased on the Infant Toddler Unit with Bedside Reporting
- Hematology-Oncology Department Implemented Bedside Shift Report

EXCELLENT PATIENT EXPERIENCES

CPR Education for GPC Patients and Families

Families of patients in the General Pediatric Clinic (GPC) asked GPC team members where they could take a basic life support (BLS) course. GPC nurses explored opportunities to fulfill the request. They identified that BLS is taught to families in the ACH Neonatal Intensive Care Unit (NICU) and in the ACH Ear, Nose, Throat (ENT) Clinic for families of children who have a tracheostomy. To fill the GPC need, Monica Russell, BSN, RN, CCRN, Clinical Educator in Primary Care, and Kelley Means, BSN, RN, CPN, GPC Clinical Operations Manager, first took the BLS Instructor course to be able to teach this skill to GPC patients and families. The first BLS class was taught in August 2019. Five BLS instructors are now available in ambulatory primary care who teach classes for GPC patients and families.

EXCELLENT PATIENT EXPERIENCES

Surgical Services Improving the Patient and Family Experience

The Surgical Services department continues to improve its patient and family experience scores outperforming its target goal in the last half of 2019. Overall goals are to improve the patient and family experience and provide compassionate care to patients. Several initiatives for improvement are in place. The surgery center handbook and website are undergoing revisions. The Perioperative Parent Present Induction (PPI) video has been revised and shortened to allow families time to review information regarding how their child will respond to anesthesia during induction while they are present in the operation room. A Spanish version will be made available to families. Post-operative follow-up phone calls to patients' families are being made earlier the day after discharge. Ten Ambulatory Surgery nurses will champion calls and clinic visits to expedite pre-admission testing for surgery. Pre-admission testing clinic rooms have been physically renovated and updated. Plans for overall improvement include family engagement through a family advisory board.

EXCELLENT PATIENT EXPERIENCES

Excellent Patient Experience Matters in Surgical Services

Aprille Davis, RN I in Surgical Services, knows what it takes to make an excellent patient experience. Aprille shares this, “I’m sure you’ve heard that nurses meet people on their worst days. You will regularly meet people that are facing the scariest and most stressful days they have ever experienced. That is where we come in, and we as nurses can be an extraordinarily powerful tool in relieving that stress. ‘How can I make this day less scary’ is not only my philosophy for my patients and parents, but it is also a question I quite frequently directly ask my patients. For our patients, a hospital stay is not a choice. Whether it’s getting ear tubes or a flu shot, we are in the presence of fear. Everyone in that hospital room needs to not only hear but feel that we are on their side; we are on their team and we are wholeheartedly pursing the exact same goal. I will get down on my knees to be eye level with the child. I will bring with me beautiful stickers. I’ll carry and snuggle the babies. Whatever the patients need from me to ease their anxiety, I am willing to do. In several departments, our patient interaction can be very limited, especially in the operating room, but I will use every second I have to assure with my body language, my tone and my speech that as long as I have this child in my care, this is My child. I will care for them, comfort them and love them as if they were my own. I believe there is not a greater gift I can give to our families. Above everything, I have found this to be the most comforting to our precious families. When I walk into a room and find a teenager shaking from fear, but later roll away to surgery laughing about her recent birthday party, it’s been a good day! When a child who has cried most of the morning eagerly walks with me because we are making a stop at the “sticker station,” it’s been a good day! When I decided to become a nurse, I signed up to put aside anything going on in my life and give my all to these children. I owe that to them and I demand it from myself. I may not be able to prevent the reasons that bring children into ACH, but I can sincerely join them in their care, and with all I have, be a Champion for Children.”

EXCELLENT PATIENT EXPERIENCES

Patient Satisfaction with Care Increased on the Infant Toddler Unit with Bedside Reporting

The main function of a bedside handoff report is to communicate pertinent patient information from one care provider to another. Recent studies show that unstructured bedside reports that occur away from the bedside reduce patient satisfaction, decrease recognition of preventable errors, and place quality of patient care in jeopardy. A quality improvement project was conducted on the Infant Toddler Unit in early 2019. The SBAR (Situation, Background, Assessment, Recommendation) reporting tool was implemented and report was performed at the patient's bedside. Nurses had access to education through staff huddles, a live recording, or via the unit's Facebook page, with 85% (n=55) of clinical nurses participating in the project. Patients' family satisfaction with care scores increased from 68.4% to 75% over the six-week project period. Nurse participants liked the consistency and structure of the new SBAR reporting tool and felt increased accountability for their practice when preventable errors were recognized during the bedside report.

Hematology-Oncology Department Implemented Bedside Shift Report

Bedside shift report and a hand-off reporting tool for all admissions from the infusion center were introduced on the Hematology-Oncology Unit in 2019. Education for all nurses and pre-audits with families were conducted prior to the September 2019 go-live date. Nurses' responses have been positive. Post-audits with families to determine improvement in patient and family satisfaction are pending.

2019 HIGHLIGHTS

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

- Hematology-Oncology Nurses Aim for Higher Certification Rates
- Building Resiliency in the Surgical Services Workforce
- Educating Student Nurses
- Advancing Academic Nursing Education
- Nursing Professional Development Department
- RN New Graduate Residency Program
- Pediatric Nurses Week 2019

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Hematology-Oncology Nurses Aim for Higher Certification Rates

For alignment with the organizational nursing goal of increasing professional certification rates, the Hematology-Oncology council discussed certification goals for the Hematology-Oncology Department. The department established a goal of at least 50% of Hematology-Oncology clinical nurses be nationally certified to achieve alignment with national goals. The council collaborated with department nursing leaders to offer a Certified Pediatric Oncology Hematology Nurse (CPHON), the specialty for the department, preparatory class onsite in the department. Before the first preparatory class, 19% of Hematology-Oncology nurses held CPHON certification. Following two preparatory classes, the certification rate increased to 35% of Hematology-Oncology nurses with CPHON certification; examination takers had a 100% pass rate. The Hematology-Oncology council also created Certified Pediatric Nurse (CPN) resource packets with information about registering for the CPN exam, the exam content outline, study references, study guides, and practice tests for nurses interested in CPN certification. The Hematology-Oncology department has achieved its initial goal with a total of 55% of nurses certified with CPHON, CPN, Certified Nurse Leader, and Nurse Executive-Board Certified designations.

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Building Resiliency in the Surgical Services Workforce

Surgical Services nurses are participating in mentoring debriefing sessions to strengthen leadership skills and build resiliency with a goal of a workforce of compassionate and inclusive professional peers. The debriefing sessions teach nurses how to be a resilient role-model and how to apply professional and personal work-life balance skills. These skills will assist nurses to influence peers in the process of renewed energy and enthusiasm for our patients and families and in their own professional development. New nurses and new graduates are welcomed to the Surgical Services team by providing a safe, compassionate, positive environment. Providing communication skills to deal with difficult situations and guidance to maneuver in a fast-paced, forever-changing career and environment build resiliency in the nursing workforce. The first four session topics in the new mentoring program are: Self-care, Response to Stress, Burnout, and Compassion Fatigue. The program will be expanded to include the following topics: Critical and Crucial Conversations and Micro-Resilience. Micro-resilience framework topics include: Refocus Brain, Rest Primitive Alarms, Reframe Attitude, Refresh Body, and Renew Spirit. Overall goals include a more resilient nursing workforce and increased retention of nurses.

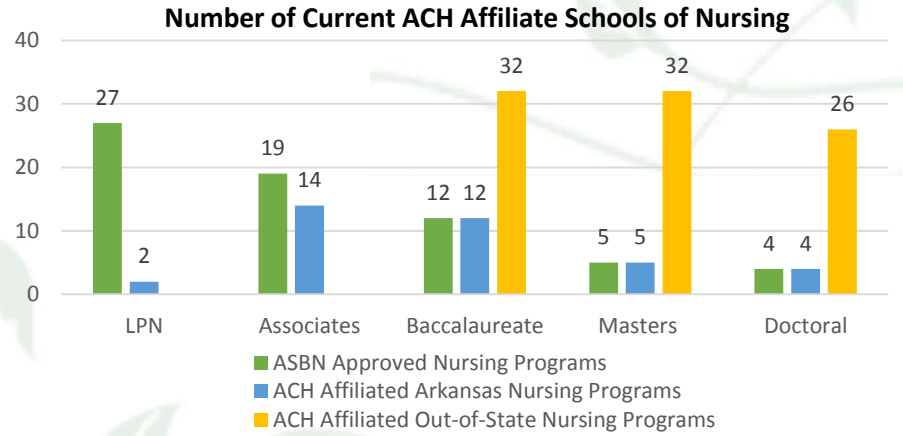
WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

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.

A BSN school of nursing complimented the students' ACH learning experience saying, "The students are having the best experiences at ACH. The students say, 'This is the best clinical we have ever had!' Thank you for making this possible."

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



At ACH in 2019…

- approximately **1,479** nursing students from all nursing education levels received nursing education
- Arkansas pre-licensure student nurses had **4,365** clinical experiences.

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Advancing Academic Nursing Education

Achieving a higher BSN rate among nurses is evidence-based. Nursing literature cites multiple studies showing lower patient morbidity and mortality rates in hospitals when a higher percentage of the nursing workforce is BSN or higher degree educated. The bottom line: It's good for our patients! 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. Resources are allocated to academic advisement, mentored academic experiences, and biannual education fairs with school of nursing representatives.

Our organization-wide professional certification rate continues to increase. Several clinical areas have had great increases. Recertification scholarships were awarded to 30 nurses with CPN certification and 12 nurses with specialty certification during our Pediatric Nurses Week celebration. Certification is one evidence of lifelong learning, which is our professional nursing responsibility.

- **46** nurses graduated with an advanced academic degree in 2019
- **70%** of all ACH RNs hold a BSN or higher nursing degree
- **52%** of all eligible ACH RNs hold national professional certification.
- **36** ACH nurses served as clinical instructors for schools of nursing in 2019

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Nursing Professional Development Department

Education and Professional Development initiatives included:

- 2019 Nursing Learning Needs Assessment
- Abuse Screening
- Braden QD Scale Education
- Clinical Operations Manager Onboarding Process
- Clinical Educator Quarterly Retreat Implementation
- Enteral Tube Education
- Ethanol Lock Therapy Pathway
- Insulin Pump Education
- Overexertion HAC-Patient Lifting Equipment Education and Training
- Preceptor of the Quarter Program (Nursing)
- Pre-Op Hand-off Education
- Quarterly Nursing Professional Development for Nursing Preceptors
- Revised Nursing Preceptor Workshop
- Special Pathogen Team PPE Education and Training
- Surgical Services Healthy Work Environment Education and Training
- TPN/ Lipid Filter Implementation
- Ulnar Length Education and Training
- Vital Signs at Night (RN & Unlicensed Clinical Staff) Education
- Watcher Program

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Nursing Professional Development Department

Arkansas Children's Hospital Approved Provider Unit:

- Awarded 1,890.75 contact hours through the following continuing nursing educational activities…
  - End of Life Nursing Education Consortium
  - Emergency Burn Care
  - Hematology/Oncology classes
  - Lunch and Learn at ACNW
  - Nursing Grand Rounds
  - Nursing Research Grand Rounds and Special Topics
  - Neonatal Nursing Summit
  - Preceptor Development Workshop
  - Principles of Shared Governance
  - Professional Development for Clinical Educators

Education included:

- End of Life Nursing Education Consortium
- Emergency Burn Care
- Hematology/Oncology classes
- Lunch and Learn at ACNW
- Nursing Grand Rounds
- Nursing Research Grand Rounds
- Neonatal Nursing Summit
- Preceptor Development Workshop
- Principles of Shared Governance

Professional Nursing Orientation:

- Total of 288 attendees attended PNO in 2019 (Non-Versant)
- This included RNs, LPNs, Patient Care Technicians, Unit Secretaries, Care Attendants, Paramedics, Surgical unlicensed staff.

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 approximately 18-weeks depending on individual progression; includes didactic, clinical practice, and mentoring components; and is offered three times each year in February, July and October.

October 2018 Cohort
17 RN Graduates (65% BSN graduates) from Arkansas schools of nursing,

February 2019 Cohort
31 RN Graduates (42% BSN graduates) from Arkansas schools of nursing,
Out of State schools: Liberty University (Virginia), Virginia Commonwealth University, Texas Tech

July 2019 Cohort
52 RN Graduates (85% BSN graduates) from Arkansas schools of nursing,
Texas A&M, Marian (Indiana), Baylor (Texas)

October 2019 Cohort
17 RN Graduates (71% BSN graduates) from Arkansas schools of nursing, University of Texas, Grand Valley State University (Michigan)

One-Year Retention Rates	
February 2018	89%
July 2018	84%
October 2018	76%

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Practice Transition Accreditation Program® (PTAP), awarded by the American Nurses Credentialing Center (ANCC), is the highest recognition an organization can earn for excellence in transitioning new graduate nurses into practice settings, while meeting rigorous, evidence-based standards for quality and excellence. Arkansas Children's Hospital is the first and only new graduate residency program in Arkansas to achieve this accreditation with distinction.

WORKFORCE FOR THE FUTURE: PROFESSIONAL EXCELLENCE

Pediatric Nurses Week 2019

Pediatric Nurses Week in October 2019 focused on celebrating nursing professional excellence.

Shared decision making council posters of accomplishments over the past year were displayed for viewing. Recognition was awarded to several councils for outstanding posters.

- 1st Place: Burn Center
- 2nd Place: 3K Infant Toddler Unit Professional Excellence Recruitment and Retention
- 3rd Place: Emergency Department Professional Excellence Recruitment and Retention

The DAISY Award®
FOR EXTRAORDINARY NURSES
HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

Certification renewal scholarships were awarded to CPN- and specialty-certified nurses.

A special presentation, “Meaningful Recognition as a Professional Imperative for Practice,” was given by our guest speaker, Cynthia Sweeney, DNP, RN, CNOR, NEA-BC, Nursing Vice President for the DAISY Foundation.

Dedication of our large DAISY statue, to be placed in a special ACH garden dedicated to nurses, followed the presentation.

A special DAISY award ceremony followed with recognition of our first LPN DAISY recipient.

2019 HIGHLIGHTS

COMMUNITY OUTREACH AND PARTNERSHIPS

- **Immersion in the Local Community: Southwest Little Rock Clinic**
- **GPC Offers Primary Care Clinic at Our House Shelter**
- **Stephens Elementary School-Based Health Clinic: Delivering Care Where Children Learn**
- **Stop the Bleed Education for School Nurses**

COMMUNITY OUTREACH AND PARTNERSHIPS

Immersion in the Local Community: Southwest Little Rock Clinic

The Southwest Little Rock (SWLR) Clinic has made an impact on the local community in southwest Little Rock. These activities throughout the past year reflect the commitment of nurses, physicians and all SWLR clinic staff to improving health in the local community.

- The SWLR Clinic initiated the "Parent Engagement and Resource (PEAR)" program, which is through Medical-Legal Partnership and similar to the Arkansas home visiting program, SAFECARE. The PEAR program is specific to zip codes in the SWLR area. Home visits were provided to referred families who met criteria of zip code, at least one child 0-2 years of age in the household, Medicaid-eligible, and having an ACH primary care physician. During home visits, resources were identified and connected to meet family needs, such as infant safe sleep areas.
- In March 2019, SWLR Clinic team members worked with Dr. Eddie Ochoa at the Little Rock Marathon assisting with children's medical needs.
- In June 2019, SWLR Clinic team members set-up a table at the SWLR Farmer's Market providing information about healthy diets to English- and Spanish-speaking families.
- Partnering with the AR Children's (AC) dental van provided dental services in the local community, especially important to residents without transportation. The van (sometimes two vans) parked in the SWLR Clinic parking lot for the convenience of patients and families. AC dental partners set-up a booth in the SWLR Clinic waiting room with Spanish-speaking team members providing instruction to children on how to brush their teeth. Application of dental varnish at the SWLR Clinic was added and initiated in September 2019.
- CPR Friends and Family in Spanish was started in the SWLR Clinic in September 2019. Two class sessions were held with 10 Spanish-speaking families from the community participating in each of the class sessions. Educational stations about car seat safety and health-related activities such as checking a child's temperature were also offered. The second session offered flu shots for families. The Head Start program partnered to distribute information about the program.
- On October 1st, 2019, the SWLR Clinic participated in the SWLR "National Night Out". At the SWLR Clinic table, team members distributed marketing items and information about the hospital and clinics and answered questions from community residents.
- Through partnering with "Safety Before Skill" Swim School/"Water Smart Babies," the SWLR Clinic provided certificates to patients and families who met criteria for free swim lessons to prevent babies from drowning. Recognizing that a Spanish-speaking instructor was not available, the SWLR Clinic referred an individual to become a certified instructor. Plans are underway to bring the lessons to the SWLR Community Center to provide the service to local residents unable to drive to the current swim school location. SWLR Clinic received recognition from the swim program in November 2019.
- SWLR Clinic team members participated in the SWLR Christmas Parade in December 2019 and walked with the AR Children's banner to proudly represent the clinic and the organization.

COMMUNITY OUTREACH AND PARTNERSHIPS

GPC Offers Primary Care Clinic at Our House Shelter

Arkansas Children's Hospital established a weekly primary care clinic on the Our House shelter campus in Little Rock through funding from generous philanthropic donations to the Arkansas Children's Foundation. General Pediatric Clinic primary care clinical nurses and physicians provide on-site primary care clinic services every Thursday. Well child examinations, health promotion education, and sick patient visits are provided. One outcome achieved from the collaborative partnership has been up-to-date immunizations and wellness examinations on all 70 children in the Our House Little Learner's Academy. Children in the Our House After-School Program also receive immunizations and wellness exams.

OUR HOUSE

COMMUNITY OUTREACH AND PARTNERSHIPS

Stephens Elementary School-Based Health Clinic: Delivering Care Where Children Learn

The Stephens Elementary School-Based Health Clinic provides primary care that students need without always needing a trip to their primary care physician's office that pulls them away from school and parents/guardians away from work. The clinic's goal is to enhance the patient-centered medical home encouraging children's regular checkups with each child's primary care physician while offering the services of an advanced practice registered nurse (APRN) on-site at the school for more acute, emergent medical needs. In FY2019, the clinic APRN provided care during 533 visits by school children, up from 321 visits the prior year. As part of Arkansas Children's goal of delivering care where children live, learn and play, school-based clinics help reach a population of children by eliminating some of the barriers families face, such as transportation and timeliness of appointments. The clinic is part of a larger center at the school in which mental health services are provided by several mental health groups. In spring 2020, Arkansas Children's, in partnership with the University of Arkansas for Medical Sciences and the Little Rock School District, will begin a second school-based health clinic at Chico Elementary School.

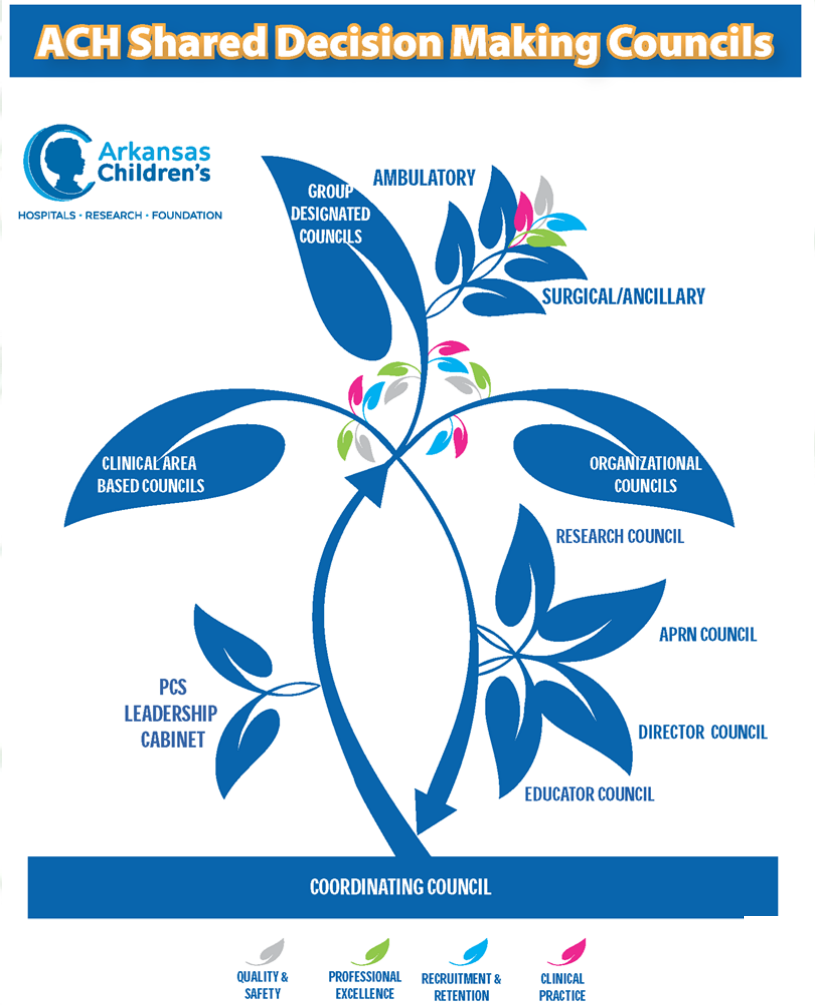
COMMUNITY OUTREACH AND PARTNERSHIPS

Stop the Bleed Education for School Nurses

A multidisciplinary pediatric trauma education initiative was created, partnering ACH and school nurses, to build community resilience by teaching life-saving trauma care techniques to school nurses. In 2016, Charles Wooley, RN, CPEN a clinical nurse from the ACH Level I Pediatric Trauma Center partnered with the state-wide tactical emergency casualty care stakeholders group to propose education to reduce trauma-related preventable deaths in children. A proposal was submitted to the state's Department of Education to provide Stop the Bleed (STB) Train-the-Trainer Courses for school nurses. Pre-and post-course assessments were administered to school nurses to measure comfort levels and knowledge to control hemorrhage during a traumatic event. STB kits were provided to school districts that agreed to train 25% of their staff. A bill was introduced into state legislation and passed that will require bleeding control training be taught to all high school students. Since 2016, 817 out of 1008 (81%) school nurses in 1054 schools across the state have received STB education. Of those, 792 (75%) schools participated in the program and received public access bleeding control kits. Through the train-the-trainer model, the Arkansas School Nurses organization trained approximately one third of all school personnel; 21,543 school personnel were trained of the 70,014 total number of school personnel. Post surveys showed the school nurses' comfort level in preparedness for a traumatic event increased by 61% after participating in the program.

Shared Decision Making 2019 Council Posters

(pages 38 – 55)



Nursing Annual Report & Council Celebration

Professional Excellence Recruitment and Retention Organizational Council

Kim Edwards, BSN, RN, CPEN, Chair
Tiffany Smallwood, RN, CPN, Co-Chair

Membership

- Elissa Annesley-DeWinter, RN, CCRN, Burn
- Betsy Borecky, MSN, RNC-NIC, RN-BC, Clinical Education Specialist
- Jaclyn Burnett, BSN, RN, PICU
- Laura Buse, MSN, RN, NE-BC, Outpatient PCM
- Kara Christensen, RN, CPN, Neurology
- Katie Cruz, BSN, RNC-NIC, NICU
- Chad Dugger, BSN, RN, CPN, Palliative Care
- Susan Easterling, BSN, RN, ITU
- Beverly English, MNSc, RN, CPN, Nursing School Instructor
- Christine Grauer, BSN, RN, CCRN-A, Burn
- Amy Huett, PhD, RN-BC, Director of Nursing Excellence
- Ginger King, BSN, RN, 3D/3E Surgical
- Heather Kreulen, MSN, RN, NE-BC, Nursing Director Council
- Debra Jeffs, PhD, RN-BC, FAAN, Director of Academic Nursing Education
- Brittany Moyers-Logue, BSN, RN, CPN, SST
- Taylor Long, BSN, RN, PICU
- Wendy Mahan, LPN, Outpatient
- Sidney Moore, BSN, RN, CCRN-P, CVICU
- Emily Pinter, BSN, RN, CPHON, 4K
- Crystal Paparic, MNSc, APRN, PNP-PC, Critical Care
- Martha Perrel, BSN, RN, 5E
- Jessica Powell, BSN, RN, Peri-Op Services
- Janise Sanders, BSN, RN, R/R, HR Rep
- Tyler Simpson, BSN, RN, 5D
- Alisha Stephenson, BSN, RN, CPN, 4C
- Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Nurse Scientist Manager
- Hilary Spurgeon, BSN, RN, NE-BC Patient-Family Experience

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.

Fiscal Year 2019 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.

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, compassionate 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 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.

Outcomes

Recognition/Certification Taskforce
- Coordinated the 2017, 2018, and 2019 Annual Council Celebration and Pediatric Nurses Week.
- Continual support of the DAISY recognition program.
- Coordinates Certified Nurses Week Celebration.

Professional Development Taskforce
- Implemented an Electronic Portfolio
- Updated the ACHieve process and Career Ladder
- Worked to Increase Student Nurse Satisfaction

Mentoring Task Force
- Working to develop an organizational mentoring program.

Scholarly Activity Taskforce
- Implementation of Journal club
- Promotes the publication of ACH nurses through collaboration with the Nursing Research Department
- Supports the Nursing Research Department
- Implementation of the Center for Nursing Excellence

FY19 STUDENT NURSE EVALUATIONS OF ACH

	Percentage of Respondents Agreeing with Item			
Evaluation Item	Summer 2018	Fall 2018	Spring 2019	Total FY19
My assigned clinical experiences were helpful in meeting my learning goals.	81%	85%	96% ↑	90%
My assigned nurse was available and helpful in meeting my learning goals.	83%	84%	96% ↑	90%
The nurses in my assigned clinical area were helpful and had a positive attitude toward students.	85%	84%	96% ↑	90%
Unit secretaries and PCTs in my assigned clinical area were helpful and had a positive attitude toward students.	79%	81%	92% ↑	86%
A high level of professionalism was demonstrated by all staff in my assigned clinical area.	83%	85%	96% ↑	90%
Total Average Across Items By Semester	82%	84%	95% ↑	

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.

Future Direction

- PERR will continue to support the 2020 Nursing Strategic goals while maintaining the current Task-forces/Subcommittees and implementing the following action items:
  - Continue Journal Club in ACH U
  - Center for Nursing Excellence Development
  - Evaluate the Career Ladder for nursing professional development
  - Build resiliency of nursing workforc

Nursing Annual Report & Council Celebration

3K, 5D, 5E Clinical Practice/Quality Safety

Chair: Hannah Poulos, RNII, BSN
Co-Chair: Brandei Moragne, RNIV, BSN, CPN

Membership

- Bailey Guthrie RN II, BSN
- Diane Micco, PCM RN IV, BSN, CPN
- Crissy Benson, RN IV, BSN, CPN
- Caitlin Jackson, RN III, BSN, CPN
- Brittany Mitchell, RN III, BSN, CPN
- Nikki Mallaby, RN IV, NICC
- Tyler Simpson, RN II, BSN
- Avion Hodges, RN II, ASN
- Brittany LeQuieu, RN III, BSN, CPN
- Kelsey Lyle, RN II, BSN
- Glenn Gross, RN II, BSN

Purpose

- The purpose of the Clinical Practice-Quality and Safety council is to assure excellence in patient and family-centered care by promoting consistency of care across the continuum; evaluating practice utilizing internal and external benchmarks; identifying safety issues in the care environment; revising current practice based on the best available evidence using quality, safety, and process improvement tools; and proactively implementing innovative practice changes.

Fiscal Year 2019 Goals

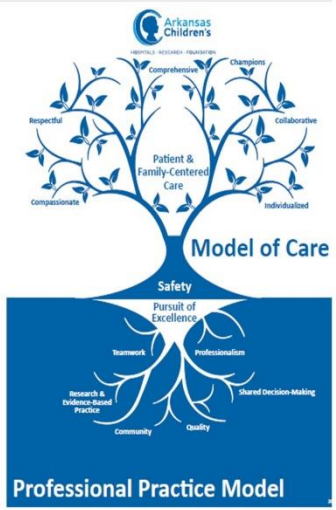
- Pressure Injury Improvement Project
- CVC Management Education to frontline staff
- Documentation of trach education appropriately
- Increased awareness of HAC group throughout the hospital
- Improvement of cleanliness in patient's environment after discharge
- Importance of documenting Safety Tracker events

Task Forces/Subcommittees

- Pressure Injury HAC group
- CVC management HAC group

Outcomes

- 16% more accurate trach education documentation
- Pressure Injuries are down by 75%



Connections

- Creating discharge checklist to ensure items in patient's rooms are cleaned that are not cleaned by EVS. Provide support to staff on team effort to create a clean environment for the next admitted patient.
- Disseminated information from the Pressure Injury HAC group to decrease the number of Pressure Injuries on 3K/5E/5D.
- K-Card audits performed by CVC and Pressure Injury HAC group members.

Future Direction

- Scanning of formula at bedside
  - Presented problem to the Steering Committee for Org council to determine what council this issue should be presented to.
- Improve documentation teaching to frontline staff for trach education to ensure that there isn't a delay in discharge.
  - Continue chart audits and address errors with staff as needed.

Nursing Annual Report & Council Celebration

Ambulatory Care Council

Chair, Becky Hobson, RN, BSN, CPN and Co-Chair Devan Shaw, RN, CPN

Membership

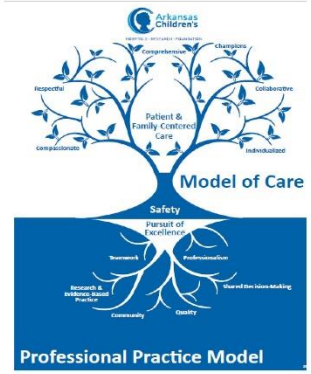
- Becky Hobson, RN, BSN, CPN
- Devan Shaw, RN, CPN
- Kelley Means, RN, BSN, CPN-Facilitator
- Terri Songer RN, MNSc, CNML
- Kimberly Wehrle, RN, BSN, CPN
- Brandi Price, RN, BSN, CPN
- Betsy Borecky, RN-BC, MSN, RNC-NIC
- Stephen King, PT
- Diane Bussard RN, BSN, CPN
- Jonna Turner, RN, BSN, CPN
- Tiffany Moore, RN, BSN, CPN
- Del Williams, PCT
- Laura Buse, RN, MSN, NE-BC
- Shelbi Darling, RN
- Jimmy Tutton, Clinical Lab Assistant
- Cailen Whitney, RN
- Toni Fredricks, RN, BSN
- Sam Yates, RN
- Karen Kelley, RN, BSN, CPN

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 2019 Goals

- Safety:
  - Advantages/disadvantages were discussed regarding having the entire code team respond to situations in ambulatory care areas. Also, discussed if adult staff/family members could be transported to ED without calling for the code team first.
- Teamwork:
  - Developed a mentoring program for Ambulatory Care areas
  - We expanded our membership to include other disciplines from Ambulatory such as LPNs, PT, respiratory, and lab assistants.
- Compassion
  - Encouraged Daisy Award Nominations for Ambulatory areas and LPNs were added as eligible for Daisy Award
- Excellence
  - Ongoing discussions regarding patient satisfaction and employee engagement.



Outcomes

- LPNs were added to Daisy Award eligibility in June 2019. Still finalizing details of adding Daisy Nomination information to patient's AVS.
- Developed a mentoring program similar to the inpatient programmed but modified for outpatient. Forms are located on the Ambulatory Department page and on the Ambulatory Council Team page.
- Stretch goal for patient experience was met in Ambulatory areas this year.

ACH Net Promoter Score Question

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.
- 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 CP, QS and PERR Councils as well.

Future Direction

- Ongoing monitoring: monitoring of patient satisfaction scores and department activities to improve scores.
- Continue to increase awareness with Daisy Award in Ambulatory areas
- 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.

Nursing Annual Report & Council Celebration

Perioperative Services Council

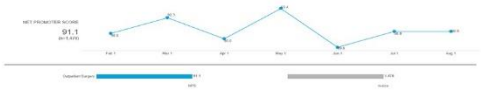
Sondra McNatt BSN, RN, CNOR, RN IV Chair/Anita Norfleet RN, RN III Co-Chair

Membership

Sondra McNatt, BSN, RN, CNOR, RN IV Chair
Anita Norfleet RN, CPN, RN III Co-chair
Jennifer Bates, ADN, RN, CPN
Mashauna Conley, CRST, ST IV
Sydney Davenport, BSN, RN, CPN
Brandy Gentry, BSN, RN, CPN
Allison Gilbert, CRST, ST II
Keri Hamm, BSN, RN, CNOR
Melinda Harris, BSN, RN, CNOR
Ashley Landers BSN, RN II
Allie Martin BSN, RN II
Carolyn Martin, BSN, RNP, CPN
Danielle Nicpan CRST, ST II
Arianna O'Donnell BSN, RN II
Vanessa Plummer, BSN, RN, CPEN
Jessica Powell BSN, RN II
Hannah Roark BSN, RN II
Jill Whitehead, BSN, RN, CPN

Purpose

The Perioperative Services PERR/CPQS CAB Designated Group strives to provide shared governance through all of our departmental initiatives. We are a group of diverse health care professionals with the ultimate goal of making the patient experience excellent. The council strives to increase nursing and employee satisfaction by implementing resiliency debriefing sessions, mentoring and other employee education programs.



Fiscal Year 2019 Goals

Safety:
- Hand Hygiene
- Needle Stick Protocol Audits
- Shunt Protocol
- Decrease Instrument Issues SPD
- K-Card Audits
- SSI
- VTE

Teamwork:
- First Case Starts, turnover time, room utilization, and PACU LOS above CHA average
- Improve Inventory: standardize, accuracy
- EPIC Updates: Procedures, Medications, D/C Instructions

Compassion:
- Resiliency Debriefing Sessions
- Patient and family experience by increasing patient activities (iPads, books, arts and crafts, music, special guests)

Excellence:
- Level I Surgery Center
- Nurse Rounding and Service Recovery
- Mentor Program
- Autism Protocol
- Patient Communication Clinic, OR, PACU

Task Forces/Subcommittees

- CAB NRC Patient Experience Subcommittee
- Org PERR Mentor Subcommittee
- Org PERR Career Ladder
- Cab Resilience Subcommittee/Org PERR Pilot
- CAB Mentor taskforce
- CAB Employee Engagement
- SSI HAC , VTE HAC
- EPIC enhancements
- Surgery Caregiver Handbook

Outcomes

- Level I Children's Surgery Center designation
- First case starts, turnover time, room utilizations, and PACU LOS above CHA average
- Burn laser DC care completed
- Improvements/sustained % on all safety indicatives
- Above target (86.21), and stretch (87.21) NRC patient satisfaction scores of "Would Recommend Facility. Current 91.1
- 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
- Focused on patient and family experience by increasing patient activities (iPads, books, arts and crafts, music, special guests)
- Recognizing achievements and certifications

Perioperative Scorecard
Monday---Friday for the week of 8/2/19

First Case Starts CHA Average = 63.82%	88.00%	
Room Utilization CHA Average = 58.56%	81.1% (76.0% w/ TO)	
Average Turnover CHA Average = 25.77 Minutes	23.41	
Average PACU LOS CHA Average = 78.25 Minutes	69.8	

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 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

Quality and Safety:
- Improve Autism (ASD-ID)Admission process
- Coordinate patient teaching with clinics improve understanding pre-op, post-op care/DC instructions
- Update PPI care giver teaching video

Engagement:
- Nurse Retention – onboarding, and orientation process improvements, preceptor training, update mentor program
- Nurse Engagement debriefing sessions, mentor training, team building, unit national celebrations
- Patient Experience, Physician Partnership, Key Drivers PX Scoreboards

Optimization
- Resilience Debriefing Sessions–Continue Department, Expand House wide

Innovation
- Improve patient activity transition ASC

Nursing Annual Report & Council Celebration

2B Burn Center Council

Christine Grauer, RN IV, BSN, CCRN Chair
Mandy Yelvington, MS, OTR/L, BCPR, BT-C Co-Chair

Membership

- Lizzie Alvarez, RN II, BSN
- Elissa Annesley-DeWinter, RN IV, CCRN
- Lauren Baxley, Specialty Nurse, BSN, CCRN-K
- Courtney Gentry, RN II, BSN
- Georgia Franklin, RN II, BSN (Alternate)
- Jenny Janisko, MSN, RN, NE-BC
- Helen McLennon, RN II (Recorder)
- Pat Scott, Burn Tech (Ad Hoc)
- Shana Settle, RN II (Alternate)
- Aisha Rivera, RN II, BSN
- Nikki Spriggs, PCM, BSN, CCRN (Facilitator)
- Lauren Whitby, RN II, BSN
- Jason Williams, APRN

Task Forces/Subcommittees

- HAC Group Task Forces

Purpose

- The purpose of our council is to engage in decision making on clinical practice, quality and safety, professional education/excellence, and recruitment and retention specifically related to the Burn Center. We seek to foster improvement, encourage excellence, and celebrate achievements in nursing and patient care.

Fiscal Year 2019 Goals

FY 2019 Nursing Strategic Plan Goals

- **Safety: Make Zero Happen for patients/staff**
- **Teamwork:**
  - **Nursing Retention and Workforce Planning**
    - Sponsored Versant Welcome Dinners; created Survival Packs and Welcome Bulletin Boards
    - Celebrated Certified Nurses Day with jacket embroidery and breakfast
  - **Nurse Engagement: Healthy Work Environment/Celebrate Accomplishments**
    - Planned unit Holiday Party
    - Organized 2019 Nurses Week "Mad Hatter Card Party" theme with activities and daily celebrations
  - **Physician Partnership:**
    - Collaborated with house staff residents, hospitalists, and specialty services in care of pediatric patients with varying diagnoses during times of low Burn census
- **Compassion**
  - **Compassion Fatigue**
    - Created personalized appreciation baskets for PCT Week
    - Celebrated resiliency with Certificates of Valor presented at annual Holiday Party
- **Excellence**
  - **Patient Experience**
    - Condensed "Visitor Guidelines" packet to one page handout to promote communication with families and consistency in practice
    - Monthly discussion about NRC patient satisfaction scores and areas for improvement
  - **Ongoing Magnet Readiness**
    - Created Burn Council page via Teams App to share meeting minutes, projects, and photos

Outcomes

- **Safety: Make Zero Happen for patient/staff**
  - Zero unplanned escalations of care during period of caring for pediatric patients with varying diagnoses FY 2018-19

HAC	Incidence	Days Since
CAUTI	1	> 176
CLABSI	1	> 246
VAE	0	> 365
Falls	2	> 135

- **Excellence: Patient Experience**
  - 83.5% Patient/family satisfaction FY 2019
  - Condensed "Family and Friends" Visitor Guidelines to be inclusive of all patient populations


Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

BURN UNIT FAMILY AND FRIENDS
Information During Your Stay

Welcome to 2D/Burn Unit

Our guidelines are to enable you and your loved one/friend have a safe and comfortable stay in our unit. We would like you to know that you play an important part in the wellbeing of our patients. We ask in return to respect our guidelines.

Visiting Hours

Primary Caregivers (parents, partner/spouse, a maximum of 2), may visit 24 hours, except for the times we may ask you to step out during procedures. The hospital visiting hours for family members and friends are from 9 a.m. to 9 p.m. Primary Caregivers will receive badges that must be presented upon entry to the unit. Badges are to be worn at all times (in the unit and hospital).

Visitors

- Non-ICU Patients: Visitation is limited to a maximum of 2 visitors at a time in addition to 2 caregivers (total or 4)
- ICU Patients: Visitation is limited to enable us to provide safe care for your loved one/friend.

Young Visitors

For patient and visitor safety, we do not encourage children under the age of two to visit. Child Life experts prepare young visitors for the sights, sounds and smells they may encounter in the unit. Direct adult supervision of young visitors is required.

Handwashing

Before entering the 2D/Burn Unit, everyone is required to wash their hands using soap and water. Hand sanitizer located in the patient's room should be used before entering and leaving the room. Remove protective gowns and gloves before leaving the room and place them in the trash can.

Infection Control and Personal Hygiene

Patients in our unit are at risk for infection. Shower and laundry facilities are available. Ensure any personal bed linens, pillows or clothing from home are freshly washed or new. Laundry and bathing supplies can be obtained from Central Family House. Your room will be cleaned daily. Please help keep rooms clean and tidy. All these things help your family member get better.

Patients and family members MUST wear proper non-skid footwear. Visitors are screened on a daily basis for health and wellness. Anyone with illness such as cough, fever, sore throat, sneezing, vomiting and diarrhea will be asked to wait until healthy to visit.

Closed Unit

To protect our patients who may have open wounds, we are a closed unit. It means that there is a central door for entrance and exit. You MUST check in with the secretary prior to entry. If no one is present, please use the door bell.

No Flowers/Plants/Fruit Baskets

We recommend cards, photos, no more than 2 Mylar balloons (no latex), snacks and beverages are okay (check with your Nurse if not sure)

No Tobacco and Alcohol

All tobacco and alcohol use is prohibited on hospital property.
Smoking Cessation Counseling is available.

Overnight Stays

We promote safe sleep for our patients. Overnight visitors MUST BE 18 YEARS and older.
Private rooms can hold 2 adult primary caregivers overnight.

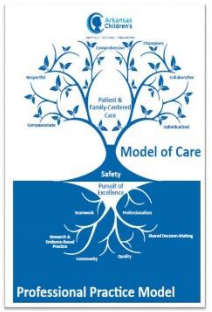
Central Family House, located on the second floor of the main hospital, is available for additional sleeping space. If you are planning to stay, please check in with the staff to reserve a bed space. The quiet hours are between 9 p.m. and 8 a.m.

Information on nearby hotel accommodation is available upon requests.

Champions for Children

Connections

- The Burn Center Council supports collaborative and comprehensive evidence-based practice with a focus on high quality patient and family centered care through multidisciplinary teamwork and promotion of shared decision making.



Future Direction

- Council-Driven project to address optimal positioning for burn survivors to decrease the incidence of contracture formation and pressure injury occurrence
- Recognition activities for staff achievements and special events
- Development of a "Burn Unit Bingo" activity to encourage staff during difficult shifts
- Engagement with multidisciplinary team members including medical staff through council membership, ad hoc appointments and special invitations for council projects.
- Development of an evidence-based quality improvement project to track targeted burn unit related outcomes (QAPI Goals)

Nursing Annual Report & Council Celebration

3C Intermediate Care Unit Council

Brittany Blandford BSN, RN, CPN (Chair)
Jessica Crump MSN, RN, CPN (Co-Chair)

Membership

- Brittany Blandford BSN,RN, CPN (Chair)
- Jessica Crump MSN, RN, CPN (Co-Chair)
- Bethany Byrne BSN, RN (Recorder)
- Valerie Hamric BSN, RN, CCRN (Facilitator)
- Heather Abernathy BSN, RN, CPN
- Jessi Brown RN, CPN
- Amanda Cardwell BSN, RN
- Alli Cole BSN, RN
- Hannah Cummings BSN, RN
- Kendyl Doan BSN, RN, CPN
- Jessica Keisler RN, CPN
- Carla Mace BSN, RN
- Lisa McDougal RN
- Karina Salmeron-Zuniga BSN, RN
- Rachel Stewart BA, CCLS
- Crystal Tucek BS, RRT

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 2019 Goals

- Safety:
  - Increase hand hygiene compliance
- Teamwork:
  - Increase Nursing participation in input rounding.
  - Increase Parent participation in input rounding.
  - Improvement U project to cut down on unnecessary cost to patients.
- Compassion
  - Employee of the Month recognition
  - Monthly IMU "Family" dinners
- Excellence
  - Improve Patient Experience-Increase in patient satisfaction scores.
  - Increase in number of nationally certified nurses.
  - Improve Student experience

Outcomes

- Our number one goal was to improve the patient and family experience.
- Every member of our team completed AIDET training in January of 2019.
- The graph shown below is data collected from NRC patient/family satisfaction survey results. Data shows from January 31 to June 31st we had average increase in 11%. We believe that AIDET training to our team may have contributed to this.

2019 Achievements

- Daisy Award winner:
  - Stu Scott BSN, RN, CPN

Task Forces/Subcommittees

- Hand Hygiene
- Improvement U
- Sunshine Fund

Connections

- Safety, Excellence, & Quality:
  - Bedside nurses and council members represent unit on all organizational HAC committees
  - PERR council
    - CAUTI, CLABSI, PIVIE
    - Daisy award committee
    - Quality/Safety & Clinical/Practice councils
    - PUP/SKIN CHAMP
- Collaboration:
  - Nursing staff participates in MD rounding at patient's bedside.
- Community:
  - Toy drive,
  - Food drive
  - Homeless blessings bags

Future Direction

- Quality and Safety
  - Continue to improve the patient experience as evidence by increase in patient satisfaction scores.
  - Decrease in number of emergent escalations.
  - Decrease employee injuries
  - Decrease in device related pressure injuries
  - Increase compliance of CAUTI and CLABSI audits and reduced number of infection.
- Engagement
  - 100% participation in Marcy's Forums, ask questions, and provide feedback.
  - Improve nurse retention
- Optimization
  - Improve compassion and retention

Nursing Annual Report & Council Celebration

3D/3E Surgical & 4C Gen Med Unit Council

Chair: Clara Deere, BSN, RN, CPN

Co-Chair: Linsey Ryan, BSN, RN, CPN

Membership

- Clara Deere, BSN, RN, CPN– Chair
- Linsey Ryan, BSN, RN, CPN– Co-Chair
- Nicole Whiteaker, BSN, RN, CPN–Recorder
- Kelly O'Cain, BSN, RN, CPN– CP Org Rep
- Missie Martinous, BSN, RN, CPN– QS Org Rep
- Jera Shepard, BSN, RN, CPN– PE/RR Org Rep
- Ginger King, BSN, RN– PE/RR Org Rep
- Melissa Gearhart, BSN, RN, CPN
- Beth Conly, BSN, RN, CPN
- Sydney Milby, BSN, RN, CPN
- Connie Bell, BSN, RN, CPN
- Sandra Lopez, ASN, RN
- Jenny Chilton, BSN, RN
- Ashley Gober, BSN, RN
- Abby Cambron, BSN, RN
- Kaci Mills, BSN, RN
- Cacey Sellers, BSN, RN, CPN –Facilitator
- Jennifer Melero, BSN, RN, CPN– Facilitator
- Tammy Diamond-Wells, MSN, RN, NE-BC– Director

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 3D/3E Surgical and 4C Gen Med.

Certification

- 100% of Management Team Certified
- 40% 3D/3E Bedside Nurses Certified
- 48% total 3D/3E Nurses Certified
- 20% 4C Bedside Nurses Certified
- 29% total 4C Nurses Certified

Fiscal Year 2019 Goals

- Safety:
  - 3D/3E/4C assisted with meeting 3 out 4 of our organizational goals to obtain Navigator status and list the HACs
    - PI – 3D/3E/4C zero reportable events
    - CAUTI – 3D/3E/4C zero events
    - CLABSI - 3D/3E/4C zero events
- Teamwork:
  - Nursing Retention and Workforce Planning
  - Nurse Engagement
  - Physician Partnership
- Compassion
  - Stress relief stations and stress relief exercises provided to staff by fitness center staff
- Excellence
  - Patient Experience
  - AIDET training on 100% of all staff
  - Unit representation as Experience Champions.
  - Ongoing Magnet Readiness
  - Ongoing Joint Commission Readiness

Task Forces/Subcommittees

- The units have frontline participation on all navigator HACs and the PIVIE HAC
- Representation on the watcher taskforce, Surge Capacity taskforce, High Census Taskforce. Behavioral Risk HAC
- List task forces and subcommittees and what they are working on related to organizational goals

Outcomes

- Staff designed K-card audit display on the units to allow for real-time display of audit compliance
- Staff driven changes to holiday staffing rotation

Accomplishments/Activities

- Staff members acknowledged at the Nurse Excellence Awards ceremony
- Frontline Orthopedic CE's helped enable the Orthopedic service line to be recognized in US World news
- Level 1 Surgery Verification Center
- Monthly birthday e-mails and bulletin board recognition
- Teamwork Makes the Dream Work monthly spotlight
- Quarterly Newsletters with various information
- Ongoing recognition to staff regarding Promotions and professional achievements
- Christmas Party and Christmas Party Awards
- Holiday parties and various potlucks
- Provided goodies for our CPN Nurses in March
- Unit Secretaries were treated to a gift on Administrative Assistant in April
- The council had treats and fun unit activities during Nurses Week in May
- Provided a personalized gift to our PCTs during PCT Week in June
- Participated in the 2019 Summer Cereal Drive hosted by the Arkansas Foodbank. A total of 114 boxes were collected

Connections

- Promoted best practice by participating in INPUT rounds
- Demonstrated shared governance by assisting with onboarding SST Versant Residents
- Connected with the community by participating in the summer cereal drive, collecting food for the local food bank, and serving at a local soup kitchen for the homeless
- Safety Huddle process changed to include a global perspective and to include all team members being present for the huddle

Future Direction

- Describe how your Council plans to meet/influence the Nursing Strategic Plan in FY20 (July 2019-June 2020)
  - Quality and Safety
    - Patient & Employee Safety
  - Engagement
    - Nurse Retention & Workforce Planning
    - Nurse Engagement
    - Physician Partnerships
    - Patient Experience
    - Diversity & Inclusion
  - Optimization
    - Team Resilience
    - National Benchmarks (US News & Report)
  - Innovation
    - Innovation at the bedside
    - Ongoing Magnet Readiness
    - My Chart Sign-Up

Nursing Annual Report & Council Celebration

Infant Toddler Unit PERR Council

Chair: Katie Russell BSN, RN, CPN Co Chair: Nicole Bernard BSN, RN, CPN

Membership

- Katie Russell, BSN, RN, CPN
- Nicole Bernard, BSN, RN, CPN
- Justin Starr, BSN, RN
- Susan Easterling, BSN, RN, CPN
- Pam Atkinson, RN, CPN
- Rachel Jackson, BSN, RN, CPN
- Lana Ball, BSN, RN
- Megan Yonker, BSN, RN
- Morgan Schmoll, BSN, RN, CPN
- Emily Nalley, BSN, RN, CPN
- Danelle Lewis, BSN, RN
- Allison Cockrill, RN
- Alyssa Rose, BSN, RN
- Whitney Eagle, BSN, RN, CPN
- Crissy Benson, BSN, RN, CPN

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 2019 Goals

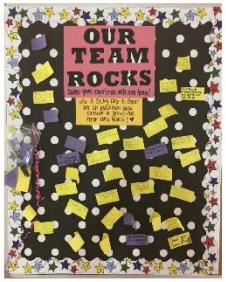
- Further develop and implement mentoring program for new nurses aiding in their transition to professional practice.
- Increase unit morale by recognizing fellow coworker for their hard work, advocacy and dedication to the unit.
- Increase employee involvement in volunteer opportunities and community outreach projects.
- Continue to push for increase in patient satisfaction by utilizing communication tools to ensure accurate plan of care between care team and family.

Task Forces/Subcommittees

- Open House committee
- Community Service committee
- Mentor Program
- Party Planning committee
  - Christmas party
  - Disney week
  - Nurses week

Outcomes

- To encourage our staff and patients we created a board for anyone to come and write encouraging messages about patient experience.
- As a council we celebrate our unit employees as often as we can with activities such as potlucks, dress up days, and parties!
- This year we recognized recent staff and patient victories by holding a week long Disney themed celebration.
- As a unit we collected donations to provide our patients and their families a "food pantry" for after hour meal needs.
- Our unit gathered school supplies for a local student in need of clothes, a backpack and school materials.
- Our mentor program met in small debriefing groups to discuss topics that come up in a new nurses career.
- PERR council increased recognition of birthdays, daisy's, sunflower's and victory vision pins by showcasing achievements in the breakroom and safety huddle room.
- 57% percent of ITU nurses are CPN certified. This year we have encouraged nurses to take their CPN exam and over seven nurses received their CPN certification!



Connections

- ITU promotes shared governance by team work, problem solving and accountability. With the goals of improved staff satisfaction, productivity, and patient outcomes.
- 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.
- Optimize mentorship program by developing a unique plan for each new employee to meet their individual needs. In hopes, to create an encouraging atmosphere that transitions the new employee to a supportive environment.
- Continuing to engage the community in service outreach projects.

Nursing Annual Report & Council Celebration

Neuroscience Council

Chair: Berenice Alfaro, BSN, RN, CPN
Co-Chair: Lea Woodrow, BSN, RN, CNOR

Membership

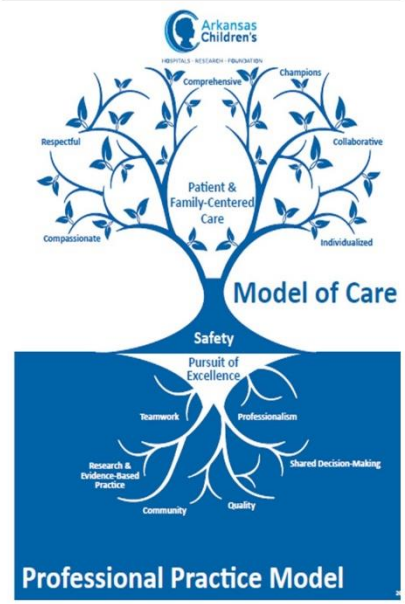
- Madison Ables, ASN, RN
- Stephanie Benning, MSN, APRN, PCNS-BC, CPN
- Kim Cannon, BSN, RN
- Chelsea Ferren, BBA
- Stacey Hawkins, BSN, RN, CPN
- Mallory Hill BSN, RN, CPN
- Lauren Heird, BSN, RN
- Jameka Jackson, BSN, RN
- Ginger McEarl, MSN, RN, CPN
- Anna Grace Mills, BSN, RN
- Allison Pruitt, BSN, RN, CPN
- Angela Riggs, BSN, RN, CPN
- Angela Smith, BSN, RN, CPN
- Justin Smith, BSN, RN, CPN
- Tracy Tackett, CNIM, REEGT
- Candace Williams, BSN, RN, CPN

Purpose

- Our purpose is to utilize shared decision making by promoting staff involvement and teamwork to achieve improvement in quality and safety in patient care and performance excellence.

Fiscal Year 2019 Goals

- Establish Neuroscience Council
- Incorporate functional pattern of communication by participation in Organizational councils.
- Increase familiarity with quality and safety data trends



Outcomes

- Developed new council that incorporates Neuroscience as a service line
- Used shared governance processes to elect Chair, Co-Chair, Recorder, and RNs to attend Org CP Council, QS Council, and PEER Council
- Incorporated standardized unit-based and hospital wide quality and safety data into meetings
- Based on submission, incorporated availability of lip balm in unit Pyxis
- Collaborated with department leadership in decision to celebrate Neuroscience Week

Connections

- Council members attend Org CP Council, QS Council, and PERR Council to facilitate functional pattern of communication and collaboration by expressing any ideas/concerns from and to our council.
- Council chair attends quarterly Coordinating Council
- Neuroscience Leaders help to facilitate information and council processes

Future Direction

- Encourage more staff to join our Council to ensure membership is representative of Neuroscience service line
- Recognize all staff during designated Neuroscience Week.
- Encourage and provide resources/support for more staff to become certified
- Improve patient safety and satisfaction by RN receiving report from PACU RN in CT/X-Ray after VPSR
- Investigate resources to facilitate obtaining bath thermometers to distribute to our sensory deficient patient population in clinic to prevent burn injuries.

Nursing Annual Report & Council Celebration

CVICU Professional Excellence/ Recruitment and Retention Council

Sidney Moore, BSN, RNIII, CCRN, Chair
Stephen Feero, BSN, RNII, CCRN, Co Chair

Membership

- Sidney Moore, BSN, RNIII, CCRN
- Stephen Feero, BSN, RNII, CCRN
- Jessica Weaver, BSN, RNIII, CCRN
- Sarah McCullough, BSN,RNIII,CCRN
- Rachel Watkins, BSN, RNII, CCRN
- Amber Simon, BSN, RN, Outreach Coordinator
- Ashley Crow, BSN, RNII
- Sarah Burns, BSN, RNII
- Laci Tarrant, BSN, RNII
- Kris Jennings, RNII
- Courtney Provence, RNII
- Raquel Kendall, MSN, RN PCM, CCRN

Purpose

- Recruit and retain professionals in the medical field that are new to CVICU . Promote nursing excellence and advance professional careers through providing education, encouragement and support to nurses.

Fiscal Year 2020 Goals

- Continue to push for CCRN certification amongst CV nurses
- Continue to increase employee involvement in volunteer opportunities and community outreach projects
- Continue to increase involvement of experienced nurses as mentors in our mentor program
- Further develop and expand our End of Life Staff Support to aid nurses who are struggling due to a patient loss or traumatic event
- Focus on nurse resiliency through "CV Nights Out" which encourage staff bonding

Connections

- Ideas and concerns of the council can be relayed by a council representative to the Org Level PERR and Coordinating Council.

Future Direction

- Maintaining nurse resiliency and staff satisfaction and moral with events and projects aimed at employee development and recognition.

Accomplishments

- Our Mentor program is a year long program that helps spark life long friendships between new nurses and experienced nurses with the goal of helping grow both the nurses professionally.
- We have our patient family reunion annually. Our staff members enjoy attending this event, and being able to see our patients thriving outside of CV. Last year we were able to rent out the Zoo, and this year we will be having the reunion at War Memorial Stadium.
- Monthly, we recognize a team member who goes above and beyond their duties in an employee of the month award. Nominations for this award are submitted by fellow team members. Every year during Nurses' Week, team members are asked to nominate nurses who exemplify characteristics of two incredible past CV nurses, Jeremey Daniels and Brittany Horton.
- We recognize many special groups and team members, such as PCTs and Administrative assistances, on our unit throughout the year with gifts and sweet treats.
- We give special recognition to our CCRN nurses on Certified Nurse's day in March.
- The first week of February, we celebrate Congenital Heart Defect Week by having a fun scavenger hunt to find CHD facts and provide donuts in the morning to the CVICU Family house for our wonderful caregivers.
- During Transplant Awareness Month in April, the council dedicates a week to pediatric heart transplants. In the week we celebrate our hard working transplant team and provide staff with important heart transplant information.
- Community Outreach:
  - For the start of school, the council runs a back pack drive to provide a local school with school supplies and backpacks for students. This year we were able to donate 20 filled backpacks to an elementary in Glenwood.
  - November is our Canned Food drive. Last year we raise over 1,100 cans for the Arkansas Food Bank. Our goal for this year is 1,200 cans.
  - During the Christmas season we pick angels from a local angel tree, and staff help provide Christmas presents for those children.
  - Every year, we participate in THV 11's Summer Cereal Drive. This year we as a unit were able to donate 180 boxes towards the drive. Our goal for next summer is 200

Nursing Annual Report & Council Celebration

ED Quality Safety & Clinical Practice

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

Membership

- Erin Swann, BSN, RN III, CPEN (chair/recorder)
- Breta Bean, RN IV, CPEN (co-chair)
- Randy Rice, NBA, BSN, RN III, RN-BC
- Lauren Stringer, BSN, RN III, CPEN
- Steven Giompoletti, BSN, RN II
- Katrin Wooley, BSN, RN IV, CPEN
- Eimear Melton, BSN, RN II
- Dyllen Wolfe, RN II
- Aimee Jorgenson-Stough, MSNc, RN III, CPEN
- Zachary Prezotti, RN II, CPEN
- Lacey Walker, PCT
- Leah Amplo, Paramedic
- Rebecca Wilson, BSN, RN (ad hoc)
- Leslie Moore, BSN, RN IV, CPN, CPXP
- Thad Carter, BSN, RN, CPEN (PCM/facilitator)
- Lesa Slaughter, BSN, RN, CPEN (Area Educator)
- Kris Saunders, P.D., M.A. (ad hoc)
- Sara Silverman, BSN, RN IV (Trauma/ad hoc)
- Jill Felix, BSN, RN III, CPEN (EPIC/ad hoc)
- Elizabeth Storm, MD (ad hoc)

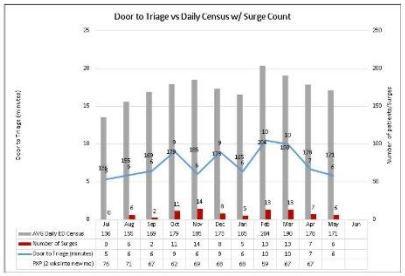
Fiscal Year 2019 Goals

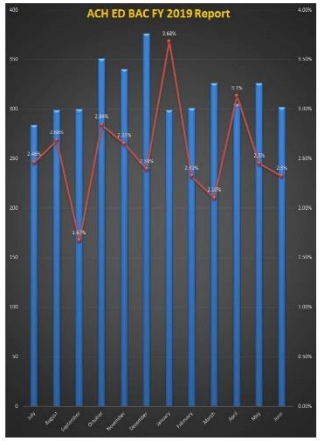
FY 2019 Nursing Strategic Plan Goals

- Safety:
  - Decreased blood culture contaminants by 0.8%
  - Decreased average length of stay by 5%
  - Decreased average door to triage by 46%
  - Pre-op baths in ED
  - Refreshed Visitor Restriction procedures
  - Splinting procedure change
- Teamwork:
  - EMS Quality award
  - ED Excellence award
- Compassion
  - CHAMPS
  - Superhero award
- Excellence
  - Medication administration policy rewrite
  - Pathway update/implementation

Outcomes

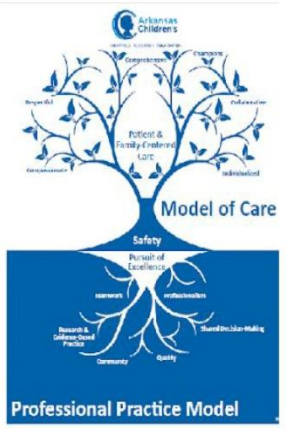
Graphs of ED Average LOS, Door to Triage, and Blood Culture Contaminant for FY 2019





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

FY 2020 Nursing Strategic Plan Goals

- Quality and Safety – utilizing updated and available pathways and educating the unit, updated med policy, adding all available safety measures to medication administration
- Engagement – Champs training, WPV, PxP
- Optimization - triage audits, chart audits, "What to Expect" booklets, thank you cards
- Innovation - continue bedside reporting, assist in the reimagination of the ED waiting areas

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
- Leah Edwards, NRP - Ad-Hoc
- Danelle Haeggans, BSN, RN
- Erin Hines, RN, CPEN
- Kristin Maclean, BSN, RN, CPEN - Recorder
- Emily Rougeau, BSN, RN
- Taylor Ruple, BSN, RN, CPEN
- Alexandria Vail, BSN, RN, CPEN
- Lizzie Wertz, BSN, RN, CPEN
- Erin Williamson, RN, CPEN

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 2019 Goals

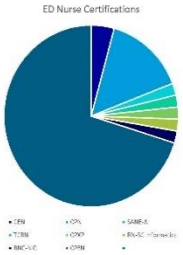
- Safety:
  - Increased Hand Hygiene Observations and Compliance
  - Development of Pocket Quick Guide for staff to use as a resource while providing care
- Teamwork:
  - Recognition of ED team members, ancillary departments, and outside services to increase teamwork between multidisciplinary groups to improve patient care
  - Plan and participate in team building activities outside of work
  - Continue to improve mentorship program by expanding to include paramedics and patient care technicians
  - Development of onboarding books specific to each role in the ED
- Compassion
  - Continued work on decreasing the number of staff who report inability to take a lunch break during high census shifts
  - In the planning stage of implementing sessions to facilitate work related stress decompression with the assistance of ED social workers
- Excellence
  - Increase number of staff members who hold national certification
  - Increase opportunities for staff to volunteer within and outside of ACH

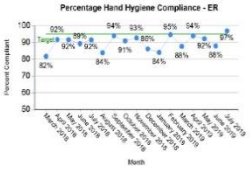
Task Forces/Subcommittees

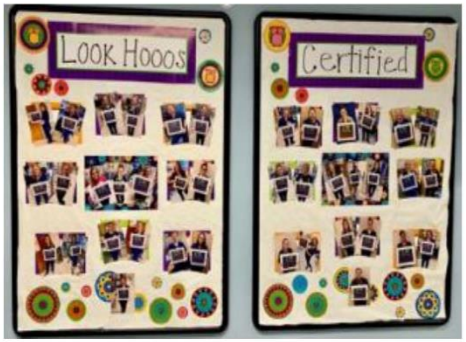
- Hand Hygiene
- Onboarding Program
- Mentorship Program

Outcomes

- Since starting the group buy-in process in the Fall of 2017, 20 nurses have obtained their CPEN certification
- Currently 70% of eligible nurses hold a national certification
- Currently have 15 new ED staff members, including PCTs, medics, and nurses, paired with a mentor as part of the ED mentorship program
- Increase in hand hygiene compliance to above the target goal. Improving from 82% in March 2018 to 97% in July 2019
- Provided education to EMS teams that bring patients to ACH through use of a bulletin board in the EMS workroom

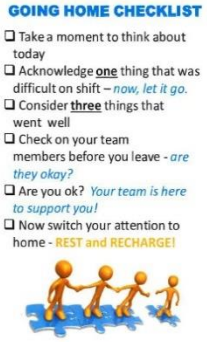


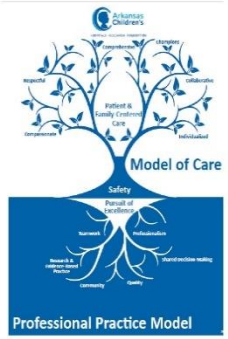




Connections

- Arranged drives to collect supplies for Ronald McDonald House
- Participated in hospital wide food drive benefitting Helping Hands Food Pantry
- Participation in Arkansas Children's Nursing Open House





Future Direction

- Continue to improve hand hygiene observations and compliance
- Development of pocket quick guide to be utilized by staff while providing patient care
- Continue to improve onboarding process by evaluating current orientation practices
- Continued recognition of multidisciplinary groups and outside services
- Implement sessions to assist with decompression of work related stress

Nursing Annual Report & Council Celebration

Hematology/Oncology Services Council

Chair: Lindsey Miller, BSN, RN, CPHON, CPN
Co-Chair: Victoria Filipek, BSN, RN, CPN

Membership

- Amy Allen, MSN, RN, NE-BC-Nursing Director
- Emily Willems, BSN, RN, CPHON-recorder & Org Level Representative
- Sara Neal, BSN, RN, CPHON, CPN-Facilitator
- Emily Pinter, BSN, RN, CPHON-Org Level Representative & Member
- Tammy Mobley, BSN, RN, PCCN-Org Level Representative & Member
- Paige Ibbotson, BSN, RN-Member
- Ramon Garcia, BSN, RN-Member
- Heather Braush, BSN, RN,CPN-Member
- Megan McCullough, BSN, RN-Member
- Ash-leigh Herlacher,BSN, RN, CPN-Member
- Mistie Cook, BSN, RN, CPHON, CPN-Member
- Krystle Morgan, BSN, RN, CPHON, CPN-Member
- Traci Hackler, RN, CPHON-Member
- Lora Parker, BSN, RN, CPHON-Member
- Olivia Holmes, PCT-Member
- Kara Burge, LCSW-Member
- Olivia Faulk, CCLS-Member

Purpose/Service Line Mission Statement

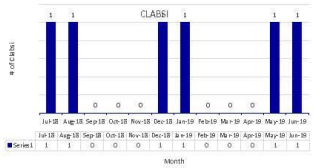
We are a specialized team dedicated to providing family-centered care with hope for healing.

Task Forces/Subcommittees

- Watcher tool for Infusion Center work group.
  - Implemented PEWS and using watcher/sepsis tool in the infusion center. Created watcher tool specifically for infusion center and used the 4K sepsis tool as well.
- Stress/Resiliency Task Force
- Bedside Report Committee: created mandatory education PowerPoint. Go live for bedside report to be done on all shifts was 9/1/19. Audits to be done.

Fiscal Year 2019 Goals

- Safety:
  - Decrease CLABSI rate by 10%
    - CLABSI rate for FY18 =9 and in FY 19=6. Implemented a CLABSI HAC Nurse role on 4K
  - Decrease nurse driven chemotherapy administration errors
    - Decreased by 16% in FY19
- Teamwork
  - Increase patient satisfaction top box scores for "good communication between staff" in FY 19.
    - Increased from 66.9% in FY 18 to 67.4% in FY 19.
- Excellence
  - Increase number of CPHON certified nurses
    - In FY 19 we increased our certified nurses by 33%.
    - Provided 2 CPHON review courses since June 30, 2018.



Outcomes

- EPIC documentation: Our council submitted a proposal to the org council to review the linen change documentation. It was approve and made documentation easier and more streamlined.
- Implemented coffee cart for families to help increase patient/family satisfaction.
- Updated our med rooms to increase staff satisfaction.
- Created a formal handoff report sheet for admissions from the infusion center to 4K.
- Got approved to have re-useable pulse ox probes in the infusion center for patients getting frequent Vital Signs.
- Working on End of Life notification practices with social work, PAL Care, and EPIC Team.
- Working on "clinic float" guidelines for our nurses that are cross trained.
- Created a nursing student letter to handout to nursing students with what to expect on 4K.
- Approved and currently trialing a new "nurse brain" that includes chemotherapy items.

Connections

- **Safety, Pursuit of Excellence, & Quality:** Bedside nurses and council members represent unit on all organizational councils & HAC committees (CLABSI, CAUTI, VTE, Pressure Injuries, PIVIE, Re-admit HAC).
- **Patient & Family Centered Care:** Implemented coffee cart for our patients and families. Started providing "hygiene kits" for families. Implemented expectation off all RN's to do bedside report on 9/1/19. Education in ACU made a requirement and will be doing audits.
- **Worked with Org Level Council:** Submission to change the linen change documentation. It was placed in the hygiene section of EPIC with simple yes or no answers.
- **Teamwork:** Worked with infusion center peers to help develop a watcher tool for clinic. They implemented using PEWS on all patients and using the watcher tool as needed. This has decreased escalations of care to 4K & PICU. The results of this will go to the hospital wide watcher meeting.

Future Direction

- **Describe how your Council plans to meet/influence the Nursing Strategic Plan in FY20 (July 2019-June 2020)**
  - Quality and Safety
    - Decrease CLABSI
      - Central line "boot camp" class implemented on our unit.
      - Educate patients/families on the importance of good oral hygiene and how it relates to CLABSI.
      - Placed updated signs in room with check boxes to remind families to do oral care, hygiene, and physical activity.
      - Implement CHG Bathing on our patients.
      - Hygiene audits.
      - K- Card audits for inpatient and outpatient.
      - Implemented the role of CLABSI HAC RN.
  - Engagement
    - Patient Experience: Increase the "would recommend" benchmark question on our patient survey.
      - Working on bedside report education and expectation. Go Live 9/1/19
      - Implemented admit packets: placed laminated TV guides, meal assistance flyers, and bedside report information in all rooms. Currently working on 4K specific brochure for families.
  - Innovation
    - Increase MYCHART sign-ups in the Hem/Oncology population
      - Educate families and employees on value of using MYCHART.

Nursing Annual Report & Council Celebration

NICU CP/QS Council

Chair: Hallie Simpson, BSN, RNC-NIC
Co-chair: Lisa Sharp, BSN, CCRN-NIC

Membership

Nurse Members:
- Megan Allen, BSN, RNC-NIC
- Rachael Bonger, BSN, RNC-NIC
- Ashley Garrison, BSN,RNC-NIC
- Cara Holland, BSN, RNC-NIC, Recorder
- Rhonda Huston, BSN, RNC-NIC
- Sumar Morrison, BSN, RN, IBCLC
- Shannon Mullen, BSN, RNC-NIC
- Jana Ward, BSN, RN
- Kari West, MSN, RNC-NIC
- Erin Vocque, RN, RNC-NIC

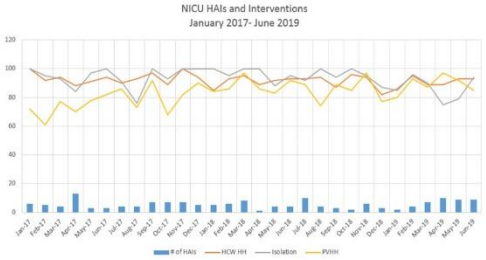
Interdisciplinary Members:
- Nidhi Agarwal, MD
- Nici Belknap, MSN, RN-BC, RNC-NIC
- Nikki Fowler, MS, RRT-NPS, CHES
- Allen Harrison, MD, BSN, CCRP, NICU Research and Quality Program Manager
- Luann Jones, DNP, APRN, NNP-BC, NE-BC
- Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC
- Elizabeth Marrero, MSN, RN, CNOR(e), CIC
- Lou Anna McAdams-Bailey, MNSc, APRN, PNP-BC, NNP-BC, RNC-NIC, APRN Coordinator-NICU
- Darla Morris, MSPT
- Kristin Powell, LSW, NICU Family Support Program Coordinator
- Kathy Scoggins, MA, OTR/L
- Mary West, M.S. CCC-SLP, CNT

Purpose

- To assure excellence in patient and family centered care by promoting consistency of care; evaluating practice, identifying safety issues, revising current practice, and implementing practice changes.

Fiscal Year 2019 Goals

- Safety:
  - Reduction in CLABSIs
  - Increase hand hygiene compliance
  - Increase Safe Sleep compliance
- Teamwork:
  - Design and trial nurse-led team rounds to improve collaboration and communication among care providers

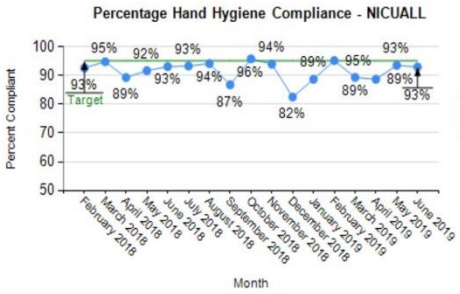


Task Forces/Subcommittees

- Developmental Care subcommittee
- Discharge taskforce
- Education subcommittee
- EPIC taskforce
- Feeding taskforce
- Policy & Procedure subcommittee
- Pressure Injury subcommittee
- Product Evaluation subcommittee
- Safe Sleep subcommittee
- Teamwork & Communication subcommittee

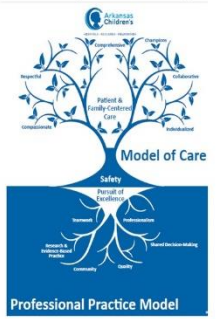
Outcomes

- In FY18, the NICU had 17 CLABSIs.
- New infection control policies were put into place, as well as new sterile fluid change techniques.
- In FY19, there were only 7 CLABSIs in the NICU!
- In the attempt to increase hand hygiene compliance, several of the unit's frontline nurses are working on a hand hygiene QI project.
- At the time of the first safe sleep audit in July of 2017, compliance was at only 16%.
- We have continued weekly audits and education of both families and staff.
- Our most recent audits taken in June of 2019 show 84% compliance and our compliance is trending upward!
- Nurse-led team rounds were trialed in the unit in order to improve collaboration and communication among care providers.
- A rounding tool was also created as a guide.



Connections

- The council works closely with multiple task forces and subcommittees to ensure open communication, collaboration, and teamwork. We receive updates every month.
- The council is primarily made up of bedside nurses and includes multidisciplinary membership, including infection control and multiple therapies. There is shared decision-making among the council members.
- The unit Family Support Program Coordinator as well as guests are invited to attend council meetings to ensure patient/family involvement.



Future Direction

- For FY20, the council is working on two goals for the unit, one related to Quality & Safety, and the other likely related to Engagement & Innovation.
- Quality and Safety
  - UPE reduction
- Engagement/Innovation
  - Quality Improvement Project Bulletin Board

Nursing Annual Report & Council Celebration

PICU PE/RR

Chair: Taylor Long BSN, RN, CCRN
Co-Chair: Gina Sharp BSN, RN, CCRN

Membership

- Taylor Long BSN, RN, CCRN
- Gina Sharp BSN, RN, CCRN
- Leslie Joseph BSN, RN
- Logan Ramsey BSN, RN, CCRN
- Sydne Smith BSN, RN, CCRN
- Mary Pickens BSN, RN
- Kayla Nevala BSN, RN
- Jaclyn Burnett BSN, RN, CCRN
- Emily Durden BSN, RN, CCRN
- Laura Wyrens - Social Work
- Blair Langston MSN, RN, CCRN
- Mystye Conner BSN, RN
- Jessica Fox BSN, RN, CCRN
- Emma Rhoads BSN, RN, CCRN
- Brittany Wade BSN, RN, CCRN

Purpose

- Our council strives to implement strategies to recruit and retain PICU nursing personnel. We aim to mentor and support our nurses by exemplifying professional excellence in our nursing practice.

Task Forces/Subcommittees

- Mentor Program task force aims to assist new nurses with their transition to professional practice in the PICU (Sydne Smith, Ashley Flemming, Sidney Tyson).

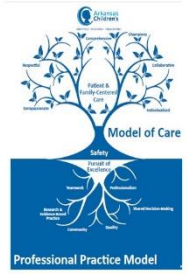
Fiscal Year 2019 Goals

Describe how your Council met/influenced the Nursing Strategic Plan in FY19 (July 2018-June 2019).

- Revision of our nursing mentor program to increase retention by providing nurses with organizational involvement, networking, council involvement, quality improvement council, etc.
- Increase resilience of nursing staff by advocating for more debriefing, shift relief with patient death, and off-campus events for staff.
- We increased our percentage of eligible nurses to become certified from 46% last year to 56% this year.

Future Direction

- Our main focus is to support team resilience in the PICU. This was one of our major areas of concern from our previous EES. We plan to continue to implement strategies to improve resilience in our nurses, which will also aid in retention.
- We are furthering our plans to increase our overall percentage of certified nurses in the PICU. We are working with a group that provides continued education post-orientation. We must place additional focus on our senior nursing personnel as well.



Connections

- We demonstrate this work in shared governance by sharing work with the organization level PE/RR council as well as reporting and sharing information at the Coordinating Council meeting that is hosted quarterly.
- Mentor Program leader collaborated with CVICU and ED to share information on successful implementations as well as those that could improved upon.
- We celebrated our teamwork by announcing our Beacon Award as well as receiving the organization's DAISY Teamwork award.

Accomplishments/ Involvement

- We successfully completed our first group of mentees through the mentor program after our large revision.
- We volunteered at numerous places in the community such as feeding the families at the Ronald McDonald House.

- We educated youth in Pulaski county on water safety, helmet use, suicide prevention, fire safety and other common topics that affect our population.

- We hosted picnics for our departing physician fellows as we appreciated their knowledge they shared with us.
- We celebrated the onboarding process of new versant residents as they joined our team.

- We had dinner gatherings that allowed us to celebrate the relationships we have developed with our colleagues.

Nursing Annual Report & Council Celebration

APRN Council

April Carpenter, MNSc, APRN, CPNP-PC: Chair
Alicia Cook, MNSc, APRN, CPNP-AC: Co-Chair

Membership

- April Carpenter, MNSc, APRN, CPNP-PC: Chair and Coordinator
- Alicia Cook, MNSc, APRN, CPNP-AC, Co-Chair and Coordinator
- Sally Puckett, MSN, APRN, CPNP-PC: Recorder and Surgical Rep
- Lindley Abrams, MSN, APRN, CPNP-PC, CDE: Coordinator
- Stephanie Benning, MSN, APRN, PCNS-BC, CPN: CNS Rep
- Cheree Crawley, MSN, APRN, CPNP-PC: PICU/Burn Rep
- Sabra Curry, MSN, APRN, NNP-BC: Coordinator
- Michelle Davis, MNSc, APRN, CPNP-PC: ED Rep
- Brittany Fulks, MSN, APRN, CPNP-AC: Outpatient Rep
- Suzanne Huetter, MNSc, APRN, CPNP-PC: Surgical Rep
- Anne Hiegel, MNSc, APRN, CPNP-PC: Outpatient Rep
- Leslie Humiston, MNSc, APRN, CPNP-PC: Coordinator
- Bonnie Kitchen, MNSc, APRN, CPNP-PC, CPNP-AC: Coordinator
- Laurie Lee, DNP, APRN, NNP-BC: NICU Rep
- Kathryn Lehener, PA-C, MSPAS: PA rep
- Melissa Mantz, MSN, APRN, CPNP-PC: Inpatient rep
- Lou Anna McAdams, MNSc, APRN, NNP-BC, PNP-BC: Coordinator
- Keri Norris, MSNA, APRN, CRNA: CRNA Rep
- Megan Osam, MNSc, APRN, CPNP-PC: Coordinator
- Crystal Paparic, MNSc, APRN, CPNP-PC: Coordinator
- Kristen Sheppard, MNSc, APRN, CPNP-AC, CPNP-PC: Coordinator
- Ashley Wright, MNSc, CPNP-AC, CPNP-PC: CVICU 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 2018 Goals

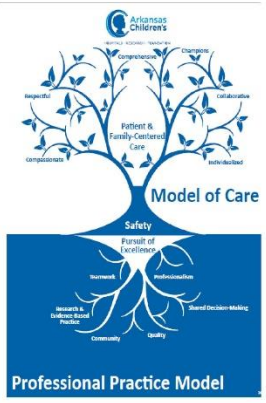
- **Quality and Safety**
  - Routine review of ASBN Update
  - Recruitment and development of APRNs
  - Continue to develop Mentor Program
- **Patient Experience**
  - Participation in writing for Magnet
- **Optimizing Fiscal Accountability**
  - Advocate for APRN Director role
  - Continue work on hiring/credential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

Task Forces/Subcommittees

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

Outcomes

- Implemented a restructured QA process and medical review tools for APRNs
- Continued efforts to establish elements to measure APRN productivity
- Continued revision the APRN departmental page including updates to the "New Hire" information for APRNs
- Refining APRN Mentor Program
- Improved representation of APRNs on organizational groups, councils, etc.
- Advanced discussion of APRN Director Role
- Improved communication among APRNs and Pas
- Established routine dissemination of ASBN Updates
- Collaboration with Magnet coordinator to prepare for upcoming review
- Collaboration with Med Staff personnel for revision of privileging form
- Initiation of APRN Facebook page



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
- 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 19 APRN Council Goals:
  - **Quality and Safety**
    - Improve new APRN recruitment strategies and initiatives
    - Continue to develop Mentor Program
  - **Patient Experience**
    - Participation in writing for Magnet
  - **Optimizing Fiscal Accountability**
    - Approval of APRN Director role
    - Continue work on hiring/credential process; APRN rep on Credentialing Committee
    - Pursue approval of APRN Compensation Plan
  - **Innovative Ideas and Practice**
    - Develop and implement new APRN Professional Practice Model

Nursing Annual Report & Council Celebration

Director's Council

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

Membership

- Amy Allen, MSN, RN, NE-BC
- Tammy Diamond-Wells, MSN, RN , NE-BC
- Stephanie Evans, MSN, RN, CPPS
- Renee Hunt, MA, CCLS
- Amy Huett, PhD, RN-BC
- Gregg Jacob, MBA, BSRT, CRA, R, MR
- Jenny Janisko, MSN, RN, NE-BC
- Amber Jones, MSN, RN, NE-BC
- Luann Jones, DNP, APRN, NNP-BC, NE-BC
- Heather Kreulen, MSN, RN, NE-BC
- Carrie Lee, DNP, MBA/HCM, RN, NE-BC
- Sherrie Loyd
- Patti Martin, PH.D.
- Victoria McClenny, MSN, RN, CNOR
- Robin Mitchell, MS, MT (ASCP)
- Kim Moore, MNSc, RN, NE-BC
- Ambre Pownall, MSN, APRN, PPCNP-BC
- Marilyn Randle, MS, OTR/L
- Amanda Nipper
- Stephanie Rockett, MNSc, APRN, CPNP-BC
- Leslie Rylee, MSN, RN, NE-BC
- Art Shumate
- Sara Smith, BSN, RN, NE-BC
- Terri Songer, MNSc, RN, CNML
- Keith Veit, MHA, BSN, RN, NE-BC
- Chanta Wells, MA, PHR, SHRM-CP
- Cathering Young, FACHE

Purpose

The purpose of the Director 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 Council decisions into actual practice.

Fiscal Year 2019 Goals

- Safety:
  - Quality boards with focus on unit-based HAC data
- Teamwork:
  - Hiring Process: Job descriptions, interview questions, evaluation tools/posting/expectations list
  - Nurse Engagement
  - Capacity Management
- Compassion
  - Nurse Resilience
- Excellence
  - Patient Experience
  - Ongoing Magnet Readiness

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

Outcomes

- Piloted quality dashboards on 2 inpatient units with a plan to spread to all.
- Work in partnership with Human Resources on improving peer evaluation process
- Collaborated with Talent Acquisition partners to develop behavioral interview questions based on DDI competencies for each department.
- Continued input and evolution of the Inpatient Nursing Career ladder

Connections

- Reviews and maintains Nursing Administration Policies and Procedures
- Promotes consistency and continuity of Human Resources practices affecting nurses throughout the system
- Promotes collaborative communication between directors, including the need for input, decisions, and actions
- Promotes consistency in implementation of recommended actions and adoption into practice across care settings

Future Direction

- Reassess structure of council with a focus on being functional, purposeful, and outcomes driven
  - Quality and Safety
    - Patient & Employee Safety
  - Engagement
    - Nurse Retention & Workforce Planning
    - Nurse Engagement
    - Physician Partnerships
    - Patient Experience
    - Diversity & Inclusion
  - Optimization
    - Team Resilience
    - National Benchmarks (US News & Report)
  - Innovation
    - Innovation at the bedside
    - Ongoing Magnet Readiness

Nursing Annual Report & Council Celebration

Nursing Research Council

Chair: Amy Eichenlaub, RN BSN CPHON

Co-Chair: Marlene Walden, PhD APRN NNP-BC CCNS FAAN

Membership

1st Clinical Nurse Chair

Amy Eichenlaub, RN BSN CPHON

Nursing Department
- Stephanie Benning, MSN APRN PCNS-BC CPN
- Lynn Dees, DNP APRN PPCNP-BC CPNP-AC
- Amy Eichenlaub, BSN RN CPHON
- Amy Huett, PhD RN-BC
- Dalton Janssen, MSN RNC-NIC
- Debra Jeffs, PhD RN BC FAAN
- Janie Kane, MS RN PCNS-BC
- Austin Lovenstein, MA BS
- Ellen Mallard, MSN APRN ACCNS-N RNC-NIC
- Amy Ramick, DNP RN ACNS-BC NPD-BC
- Angela Roberson, MNSc APRN PCNS-BC
- Marlene Walden, PhD APRN NNP-BC CCNS FAAN
- Tammy Webb, MSN RN NE-BC

Arkansas Children's Research Institute
- Beverly J. Spray, PhD
- Jocelyn Wright, BSN RN CCRC

Pastoral Care
- James Henrich, ThM

Rehabilitation Department
- Mandy Yelvington, MS OTR/L BCPR BT-C

Respiratory Therapy
- Denise Willis, MS, RRT-NPS AE-C

Purpose

To increase the scientific foundation of nursing practice and to serve as the organizing body for all nursing research being conducted at ACH.

Fiscal Year 2019 Goals

Optimization
- Ensure CITI training (research ethics and compliance training) for all Research Council members.
- Provide education at Research Council meetings.
- Monitor national and professional organizational research priorities to update nursing's research agenda.

Quality & Safety
- Partner with hospital-acquired condition teams (HACs) and clinical area-based councils (CABs) to implement best practices to improve patient outcomes.

Engagement
- Recruit frontline nurse to assume Chair of the Research Council.
- Identify factors that impact nurse engagement in professional practice.
- Celebrate scholarly activities of nursing staff during Pediatric Nursing Excellence Week.

Connections

The Research Council collaborates to promote nursing research & evidence-based practice (EBP)

with the goals of increasing the scientific foundation of nursing practice and the provision of quality patient care.

Outcomes

Research Protocols Reviewed

Research & EBP Interest Survey

August, 2019

01. We Asked.
- Current interest in research & EBP
- Perceptions of institutional resources & support
- Barriers to participation in research & EBP
- Desired format of educational opportunities

02. You Responded.
- 49% expressed interest in a future research/EBP project
- 77% perceived ACH supports research/EBP by providing resources
- 65% stated they do not have personal time to devote to research/EBP
- 32% preferred live classroom learning model

03. We Listened.
- Disseminate survey results in 12/2019 Research Grand Rounds
- Assigned mentors to those requesting consultation
- Call for clinical nurse participation on upcoming nursing research studies
- Plans to partner with Improvement U and HACS to facilitate best practices and future studies

- Education sessions were provided for Council members on regulatory binder keeping and updates on HIPAA privacy.
- *Research and Other Project Proposal, Abstract and Manuscript Submission* policy was reviewed and updated.
- *Research and EBP Interest Survey was disseminated* to Improvement U graduates from previous 3 years.
- Fifteen (83%) of Council members have current CITI training.

Future Direction

Quality and Safety
- Partner with CABs and HAC Teams to implement best practices to reduce patient & employee injuries.

Engagement
- Utilize EBP and Research survey results to improve the experiences of staff with EBP and research projects.
- Engage staff in a research study led by the Nursing Research Council.
- Promote an inter-professional approach to research.

NURSING RESEARCH

Dear Nursing and Interprofessional Colleagues,

The New Year is a time for reflection; reflecting on the year gone by and of the many outstanding achievements by our nursing team at Arkansas Children's. As nurses, we all want to be known as someone who truly made a difference, to leave an imprint on this world and to leave behind something that can make the future a little brighter for the children and families we serve. When we are engaged in our professional practice, we not only make a difference in the lives of our patients and families and help the organization achieve its mission, but we have the opportunity to live and leave behind a professional and practice legacy.

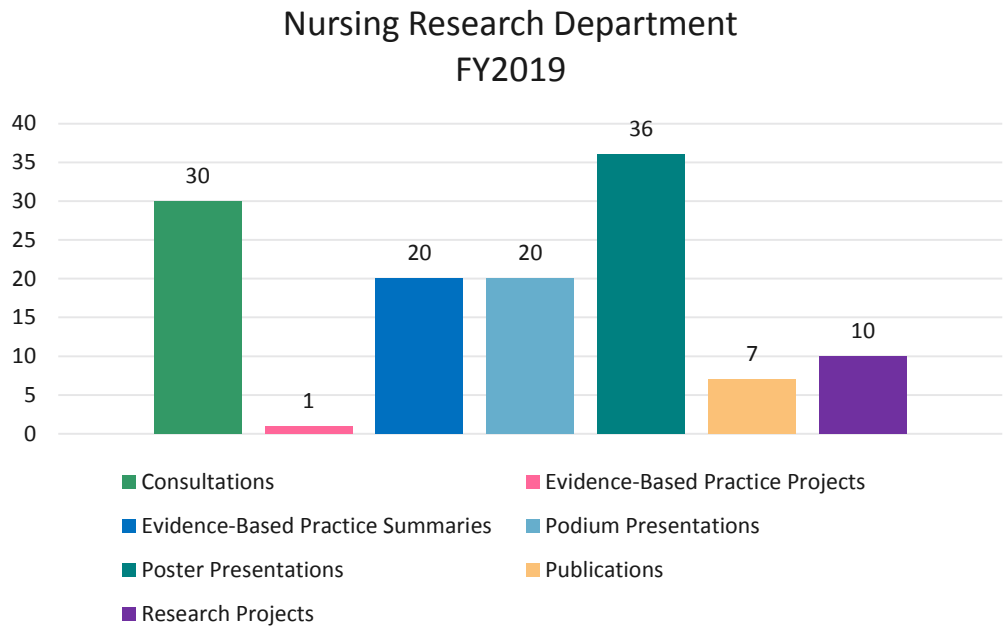
This Annual Nursing Research Report highlights the many exemplary accomplishments of Arkansas Children's nurses including publications, podium and poster presentations, research projects, grants, evidence-based practice literature summaries, and honors and awards. In 2020, the Nursing Research Department remains committed to generating evidence for practice, creating opportunities for nurses to lead in ethical and relevant research, and producing meaningful ways for research evidence to augment current practice and improve patient outcomes.

Thanks for all that you do for our patients and families. Please let the research team know how we better assist you to provide exemplary nursing practice and in scholarship efforts. Again, congratulations!

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

NURSING RESEARCH

Arkansas Children's team members bring their unique interdisciplinary perspectives to advance the understanding of complex healthcare issues. In 2019, team members presented a total of 36 poster presentations and 20 podium presentations at various conferences throughout the United States and globally. In addition, the Nursing Research Department provided 20 evidence-based practice summaries for nurses throughout the organization.



Finally, the Department completed 30 consultations consisting of abstract reviews, database management, dissertation/DNP/capstone projects, evidence-based practice projects, research projects, Institutional Review Board (IRB) protocols, letters of determination, literature searches, poster development, publications, and survey development.

NURSING RESEARCH

PUBLICATIONS IN-PRINT

Ambre' Pownall, MSN, APRN, PPCNP-BC. (2019). American Nurses Association and American Association of Neuroscience Nurses. *Neuroscience Nursing: Scope and Standards of Practice*, 3rd Edition. Silver Spring, MD: ANA and AANN.

Eve deMontmollin, RN, CPN, CHPPN. (2019). Pediatric palliative and hospice care. In T. Volsko & S. Barnhart, *Foundations in Neonatal and Pediatric Respiratory Care* (pp. 575-580). Burlington, MA: Jones & Bartlett Learning.

Vini Vijayan, **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**, **Anna Gaspar, MSN, RN, CIC**, **Christy Wisdom, MSN, RN, CIC, FAPIC, LSSBB**, **Michele D. Honeycutt MNSc, RN, CIC, FAPIC**, and W. Matthew Linam. (2019). Outbreak of scabies in a neonatal intensive care unit. Infection Control & Hospital Epidemiology, 40(5), 613-614.

Eve deMontmollin, RN, CPN, CHPPN. (2019, April). Life giving hope: Capable care teams help families navigate uncertain times *Arkansas Hospitals, Spring 2019*, pp. 30-31.

Stephanie Benning, MSN, APRN, PCNS-BC, CPN and **Tammy Webb, MSN, RN, NE-BC**. (2019). Taking the fall for kids: A Journey

Nici Belknap, MSN, RN, NPD-BC, RNC-NIC. (2019, July). Preceptor role development in the NICU. *NANN E-News*.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN and Carol Spruill. (2020). Pain in the Newborn and Infant. Comprehensive Neonatal Nursing: An Interdisciplinary Approach (6th ed.). New York: Springer Publishing.

LOCAL AND REGIONAL PODIUM PRESENTATIONS

Arkansas Nursing Research Conference, April 12, 2019, Little Rock, AR

- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN** and Austin Lovenstein. Ten Commandments: Interdisciplinary Research & Dissemination.

CHI St. Vincent, July 31, 2019, Hot Springs, AR

- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**. Caring for Infants with Umbilical Catheters.
- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**. Caring for the Neonate with Respiratory Distress.
- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**. Prostaglandin E1 in the Neonate with Ductal-Dependent Congenital Heart Disease.

NURSING RESEARCH

LOCAL AND REGIONAL PODIUM PRESENTATIONS – (Continued)

Pediatric Nursing Research Conference, October 18, 2019, Conway, AR

- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**. Run-Hide-Fight: Moral Obligation or Moral Option of Pediatric Nurses in an Active Shooter Event.
- **Kirsten Johnston, MSN, RN, CPN**. Dealing with Pediatric Trauma.
- **Beka Thompson, BSN, RN, CCRN, C-NPT, EMT** and **Cindy Covert, RN, BSN, RNP, C-NPT, EMT.** Stabilization/Transport of Pediatric Patients.
- Rachel McKnight. Managing Common Respiratory Problems.
- Greg Adams, Anthony Denton, Leah Eisenberg, Jodi McGinley, Brent Thompson, and **Charles Wooley, RN, CPEN**. Active Shooter Ethics and Law Panel.

NATIONAL AND INTERNATIONAL PODIUM PRESENTATIONS

National Association of Clinical Nurse Specialists (NACNS) 2019 Annual Conference, March 6, 2019, Orlando, FL

- **Janie Kane, MS, APRN, PCNS-BC**, **Stephanie Benning, MSN, APRN, PCNS-BC, CPN**, **Angela R. Roberson, MNSc, RN, APRN, PCNS-BC**, and **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**. Transforming Shared Decision-Making in an Academic Children's Hospital: CNS's Leading Change.

National Association of Pediatric Nurse Practitioners (NAPNAP) National Conference on Pediatric Health Care, March 7, 2019, New Orleans, LA

- **Amy Ramick, DNP, RN, ACNS-BC, NPD-BC**. What Keeps Pediatric Nurses Up at Night?: A National Delphi Study.

14th Annual National Association of Neonatal Nurses (NANN) Research Summit, March 26-28, 2019, Scottsdale, AZ

- **Dalton Janssen, MSN, RN, RNC-NIC**. What Keeps Neonatal Nurses Up at Night? A Delphi Study.

The Beryl Institute Patient Experience Conference 2019, April 5, 2019, Dallas, TX

- **Leslie J. Moore, BSN, RN, RNP, CPN, CPXP** and **Katrin Wooley, MSN, RN, CPEN**. "Champions for Children" An Emergency Department Patient Experience CHAMPS Training: Engaging Your Team.

23rd Annual Neonatal Intensive Care Unit (NICU) Leadership Forum, April 28, 2019, Litchfield, AZ

- **Candice Hamilton-Palmer, MSN, RN, NPD-BC, RNC-NIC**. The Impact of Nursing Certification on Turnover and Vacancy Rates in the NICU.
- **Melinda Walker MSN, RN, RNC-NIC**, **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**, **Carol Oldridge, BSN, RN, CPN, CPHON**, **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**, John J Forbus, **Tammy Webb, MSN, RN, NE-BC**, and **Luann R. Jones, DNP, APRN, NNP-BC, NE-BC.** Beyond the Bundle: Reducing Neonatal Line Infections.

NURSING RESEARCH

NATIONAL AND INTERNATIONAL PODIUM PRESENTATIONS – (Continued)

2019 Spring National Advanced Practice Neonatal Nurses Conference, May 29, 2019, Greater Palm Springs, CA

- **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**. Prevention of Nasal Septal Pressure Injuries in the Neonatal Intensive Care Unit.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention, June 11, 2019, Atlanta, GA

- Jacqueline Rychnovsky and **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN.** What Keeps Women's Health, Obstetric and Neonatal Nurses Up at Night?: A National Delphi Study.

Association for Professional in Infection Control and Epidemiology (APIC) 2019 Conference, June 12, 2019, Philadelphia, PA

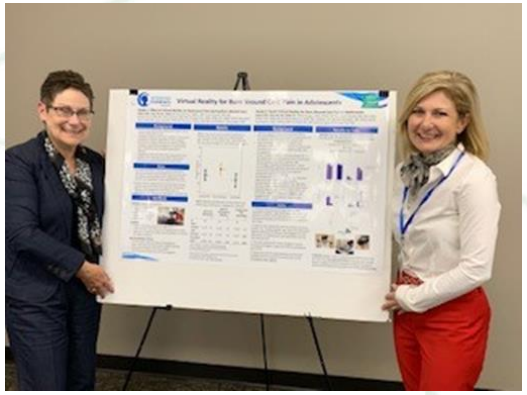
- **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**. Quality Improvement Increases Family and Visitor Hand Hygiene Compliance in the Neonatal Intensive Care Unit.
- **Lydia Sietsema, MHS, BSN, RN, CIC** and **Christy Wisdom, MSN, RN, CIC, FAPIC, LSSBB**. Opening a New Hospital: The Infection Preventionist's Role in Design, Program Implementation, and Patient Readiness.

30th International Sigma Theta Tau International Nursing Research Congress. July 25, 2019, Calgary, AB, Canada

- **Debra Jeffs, PhD, RN, NPD-BC, FAAN,** Leanne L. Lefler, PhD, ACNS-BC, APRN, FAHA, Patricia Scott, DNP, RN, PNP, NCSN**.** Nurses as Global Leaders: Improving Population Health through Innovative Nurses on Boards Leadership Education.

Pediatric Trauma Society 6th Annual Meeting, November 13, 2019, San Diego, CA

- **Charles Wooley, RN, CPEN,** Clayton Goddard, Cheria Lynsey, and **Kirsten Johnston, MSN, RN, CPEN**. The Role of A Level 1 Pediatric Trauma Center in a Statewide Stop the Bleed Initiative.



NURSING RESEARCH

LOCAL AND REGIONAL POSTER PRESENTATIONS

UCA Kappa Rho Research Day, April 9, 2019, Conway, AR.

- **Sarah Williams, DNP, MSN, RN, FNP- BC**. Electronic Lifestyle Education for Pre-Diabetes: A Quality Improvement Study.

Arkansas Nursing Research Conference, April 12, 2019, Little Rock, AR

- **Shonda Grappe, BSN, RN, CCRN-P**, **Holly Hanson, BSN, RN, CCRN**, **Blair Langston, MNSc, RN, CCRN** , Matthew P. Malone, and Eric Braden. Practice Makes Perfect: Perfecting the Team During Emergency Situations.
- **Amy Ramick, DNP, RN, ACNS-BC, NPD-BC**. Testing Gastric Residuals.
- **Logan Ramsey, BSN, RN, CCRN** and **Blair Langston, MNSc, RN, CCRN**. Decreasing Non-ICU Codes with Education & Mock Code Training Performed by Medical Emergency Team.
- **Amber Ward, BSN, RN, CPN**. The Need for Service Recovery Training in Frontline Healthcare Staff.

The Diamond Conference, May 31, 2019, Little Rock, AR

- **Amy Ramick, DNP, RN, ACNS-BC, NPD-BC.** What Keeps Pediatric Nurses Up at Night?: A National Delphi Study.
- **Leslie J. Moore, BSN, RN, RNP, CPN, CPXP, Katrin Wooley, MSN, RN, CPEN, and Kamron Steed, RN, NREMT**. "Champions for Children" Emergency Department Patient Experience CHAMPS Training: Engaging Your Team.

51st Southeastern Pediatric Cardiology Society Meeting, September 26, 2019, Little Rock, AR

- Xiomara Garcia and **Tonja Bryant, BSN, RN**. Pediatric Cardiac Critical Care Transport for End of Life.
- **Janie Kane, MS, APRN, PCNS-BC**. Cardiac Arrest Prevention: Collaborative Experience Thus Far.
- **Janie Kane, MS, APRN, PCNS-BC**, **Nick Gladden, BSN, RN** and **Jessica Gimblet, BSN, RN**. An Innovative Approach to Staff Learning: Learning from Clinical Events.
- **Chante Snow, BSN, RN, CCRN**, **Jessica Weaver, BSN, RN, CCRN**, and **Sarah McCullough, BSN, RN, CCRN**. Building Relationships to Create Stronger Nurses: Implementing a Unit Based Mentor Program.
- **Haley E Spradlin, BSN, RN, RNC-NIC**, **Jonathon B Frazier, BSN, RN, CCRN** and Michael S Furrh. Pressure Ulcer Prevalence in ECMO Patients.
- **Scarlett Yates, RN, ADN**, **Kiley Engel, BSN, RN** and **Janie Kane, MS, APRN, PCNS-BC**. Creation of a Nurse-Led PICC Dressing Team to Improve Patient Outcomes.

NURSING RESEARCH

LOCAL AND REGIONAL POSTER PRESENTATIONS - (Continued)

Pediatric Nursing Research Conference, October 18, 2019, Conway, AR

- **Stephanie Benning, MSN, APRN, PCNS-BC, CPN**, **Betsy Borecky, MSN, RN, NPD-BC, RNC-NIC**, **Ann S. Kruger, RN, MBA**, and Carol Maxwell. Behavioral Risk Precautions: Crusading for Children's Health with Interprofessional Collaboration and Proactive Interventions.
- **Chad Dugger BSN, RN, CPN** and **Brook Scalzo, BSN, RN, CPN**. A Literature Review: The Use of Exercise to Enhance Executive Function in Children with Attention Deficit Hyperactive Disorder.
- Elizabeth Elliott, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, A. Young, L. Symes, and N. Fredland. Mind Mapping: A Tool Used in a Qualitative Research Study of an Advanced Professional Practice Model.
- **Shonda Grappe, BSN, RN, CCRN-P**, **Holly Hanson, BSN, RN, CCRN**, **Blair Langston, MNSc, RN, CCRN**, Matthew P. Malone, and Eric Braden. Practice Makes Perfect - Perfecting the Team During Emergency Situations.
- **Debra Jeffs, PhD, RN, NPD-BC, FAAN**, Dona Dorman, Susan Brown, **Tiffany Teague, MSN, APRN, FNP-C**, **Lauren Baxley, BSN, RN, CCRN**, **Amber Files, MSN, RN**, **Elizabeth Marrero, MSN, RN, CNOR(e), CIC**, Mandy Yelvington, Eric Braden, Shasha Bai, and Beverly Spray. Virtual Reality for Burn Wound Care Pain.
- Austin Lovenstein and **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN.** What Keeps Pediatric Nurses Up at Night? A National Delphi Study.
- **Toni Lynch, BSN, RN, CPN**, **Stephanie Benning, MSN, APRN, PCNS-BC, CPN**, Austin Lovenstein, Chary Akmyradov, and **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN.** Humpty Dumpty Had a Great Fall: Falls in Pediatric Ambulatory Care.
- **Leslie J. Moore, BSN, RN, RNP, CPN, CPXP** and **Katrin Wooley, MSN, RN, CPEN**. ED CHAMPS Training: Engaging Your Team, Improving the Patient Experience.
- **Logan Ramsey, BSN, RN, CCRN** and **Blair Langston, MNSc, RN, CCRN**. Decreasing Non-ICU Codes with Education & Mock Code Training Performed by Medical Emergency Team.
- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, **Dalton Janssen MSN, RN, RNC-NIC**, and Austin Lovenstein. What Keeps Neonatal Nurses Up at Night? A National Delphi Study.
- **Charles Wooley, RN, CPEN** and Kim Nelson. From Community to ED: Improving Pediatric Pre-Hospital Care, Pediatric Nursing Research Conference.
- **Charles Wooley, RN, CPEN** and Clayton Goddard, and Cheria Lynsey. The Role of a Level 1 Pediatric Trauma Center in a Statewide Stop the Bleed Initiative.

NURSING RESEARCH

NATIONAL AND INTERNATIONAL POSTER PRESENTATIONS

Society of Pediatric Nurses (SPN), April 24, 2019, Washington, DC

- **Shonda Grappe, BSN, RN, CCRN-P**, **Holly Hanson, BSN, RN, CCRN**, **Blair Langston, MNSc, RN, CCRN** , Matt Malone, and Eric Braden. Practice Makes Perfect - Perfecting the Team During Emergency Situations.

National Teaching Institute & Critical Care Exposition (NTI) 2019, May 20, 2019, Orlando, FL

- **Shonda Grappe, BSN, RN, CCRN-P**. Achieving Inter-Rater Reliability for the Implementation of Nurse-Driven Sedation Protocol in PICU.
- **Shonda Grappe, BSN, RN, CCRN-P** and **Crissy Allen, BSN, RN, CCRN**. Growing Team Leaders in the Pediatric Intensive Care Unit.

National Teaching Institute & Critical Care Exposition (NTI) 2019, May 20, 2019, Orlando, FL

- **Shonda Grappe, BSN, RN, CCRN-P**, **Holly Hanson, BSN, RN, CCRN**, **Blair Langston, MNSc, RN, CCRN**, Matthew P. Malone, and Eric Braden. Practice Makes Perfect: Perfecting the Team During Emergency Situations.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention, June 8, 2019, Atlanta, GA

- **Tracey Bradley-Simmons, MSN, RN, CCM**. Arkansas Children's Hospital Nursery Alliance: Improving the Quality of Newborn Care in Arkansas.

SLEEP 2019 Conference, June 8, 2019, San Antonio, TX

- **Blair Langston, MNSc, RN, CCRN, Jacki Spence, BSN, RN, CCRN**, Beverly Spray, and James Hungerford, In-Situ High Fidelity Simulation Paired with Education Improves the Comfort Levels of Sleep Technologists Responding to Medical Emergencies in a Pediatric Sleep Center.

Association of Pediatric Hematology Oncology Nurses (APHON) 43rd Annual Conference and Exhibit, September 5, 2019, San Jose, CA

- **Ricki Isom, RN, CPN, CPHON** and **Lindsey Ward, BSN, RN, CPHON, CPN**. Implementing a Chemotherapy Nurse Role in an Inpatient Setting.
- **Sara Neal, BSN, RN, CPN, CPHON**, Amir Mian, **Carol Oldridge, BSN, RN, CPN, CPHON**, and **Robyn Abernathy, MSN, RN, CPHON, CNL**. How to Provide Consistent Safe Care for Pediatric Oncology Patients Living in a Rural State.
- **Lindsey Ward, BSN, RN, CPHON, CPN** and **Carol Oldridge, BSN, RN, CPN, CPHON**. Developing and Implementing a CPHON Preparation Course.

2019 National Association of Neonatal Nurses 35th Annual Conference, October 9, 2019, Savannah, GA

- **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, **Dalton Janssen MSN, RN, RNC-NIC**, and Austin Lovenstein. What Keeps Neonatal Nurses Up at Night?: A Delphi Study

NURSING RESEARCH

INTERNATIONAL ORAL POSTER PRESENTATIONS

51st Congress of the International Society of Paediatric Oncology (SIOP 2019), October 23, 2019, Lyon, France

- **Rachael Kunkel, BSN, RN, CPN, CPHON**. The Essential Role of Nursing Education in the Care of Central Lines in Resource-Constrained Settings.

COMPLETED EVIDENCE-BASED PRACTICE SUMMARIES

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Sharon Barron, BSN, RN, CPN**. Appropriate Application of Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Program (NRP) Algorithm to Infants in Neonatal Intensive Care Units (NICU) Suffering Arrest.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and Clinical Practice Council. Using Zinc and/or Vitamin C as Pressure Injury Prophylaxis in Pediatric Patients.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Tammy Diamond-Wells, MSN, RN, NE-BC**. Resiliency Work: Assigning Buddy Nurses for Routine Lunch Breaks.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Ariel Gonzales, BSN, RN, VA-BC**. Using Caregiver Education on Central Line Care to Reduce Central Line Associated Blood Stream Infection (CLABSI) Rate.

Amy Ramick, DNP, RN, ACNS-BC, **NPD-BC, Amy Huett PhD, RN, NPD-BC**, and PERR Council. Building Resiliency.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**. NICU Tracheal Aspirate Collection.

Amy Ramick, DNP, RN, ACNS-BC, **NPD-BC**, **Ellen Mallard, DNP, APRN, ACCNS-N, RNC-NIC**, **Tammy Diamond-Wells**, **MSN, RN, NE-BC** and Shelia Thomas. Best Practices for Vascular Access in Pediatrics.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Jennie McClain, MS, BSN, RNC-NIC, CNML**. Efficacy of Teachings Skills Using Novice Nurses as Trainers.

Amy Ramick, DNP, RN, ACNS-BC, **NPD-BC, Annamarie Neal, BSN, RN, CPN**, and Louise Montgomery. Extravasation Update.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC, **Angela R. Roberson, MNSc, RN, APRN, PCNS-BC**, Shelia Thomas, and Pressure Ulcer Prevention HAC. Nutritional Support for Skin Resiliency Healing.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Sydne Smith BSN, RN, CCRN**. Altepase Use for CVL Occlusion in Pediatric Patients.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC. Treating the Marshallese Patients.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC. Using Wearable Biosensors in Research.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and Shelia Thomas. Gastric Venting and Decompression Practice Evidence.

NURSING RESEARCH

COMPLETED EVIDENCE-BASED PRACTICE SUMMARIES – (Continued)

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC. Improving Intrafacility Transfers of Pediatric Patients.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC. Interfacility Transfers.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN and **Kristan Cooper BSN, RN, CPN, CWOCN**, and Pressure Injury HAC. Preventing Postoperative Tracheostomy-Related Pressure Injuries in Hospitalized Children.

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN and Anthony Denton. Moral Obligation or Moral Option of Hospital Staff in an Active Shooter Event in the Pediatric Hospital Setting**.**

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN and **Joshua Lockhart, BSN, RN, CPN**. Pain Assessment of Pediatric Patients in the Perioperative Setting.

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC and **Angela R. Roberson, MNSc, RN, APRN, PCNS-BC**. Use of Gonad Shields in Neonates – Current Practice Recommendations.

COMPLETED EVIDENCE-BASED PRACTICE PROJECTS

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

CURRENT RESEARCH PROJECTS

Angela Rowe, DNP, APRN, PCNS-BC, Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Stephanie Benning, MSN, APRN, PCNS-BC, CPN, Angela Green, Darla Morris**, Kristan Cooper BSN, RN, CPN, CWOCN, Betsy Borecky, MSN, RN, NPD-BC, RNC-NIC, Stephanie Evans, MSN, RN, CPPS** and Ellen Mallard. Identification and Examination of Risk Factors for Hospital Acquired Pressure Ulcer Development in the Pediatric Population. *AC 2019 Goal: Quality and Safety*

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, Andrew Ghrayeb, Greg Adams, Brent Fairchild, Charley Elliott, Shari Gaudette, **Amy Ramick, DNP, RN, ACNS-BC**, **NPD-BC** and Brian Schreck. And the Beat Goes On: Heartbeat Music Therapy for Children with Progressive Neurodegenerative Illness. *AC 2019 Goal: Innovation*

Debra Jeffs, PhD, RN, NPD-BC, FAAN, Tiffany Teague, MSN, APRN, FNP-C, Elizabeth Marrero, MSN, RN, CNOR(e), CIC, **Lauren Baxley, BSN, RN, CCRN, Diane Laws, MSN, RN, CCRNA, Elissa Annesley-Dewinter, RN, CCRN, Amber Files, MSN, RN,** Mandy Yelvington, Julie Nick, Esther Teo, MD, and Eric Braden. Novel Virtual Reality for Burn Wound Care Pain in Adolescents. *AC 2019 Goal: Innovation*

Debra Jeffs, PhD, RN, NPD-BC, FAAN, **Mistie Cook, BSN, RN, CPN, CPHON**, **Amy Allen, MSN, RN, NE-BC**, **Helyn Jones, RN**, **Lindsey Miller, BSN, RN, CPHON, CPN**, **Tammy Mobley, BSN, RN, PCCN**, **Carol Oldridge, BSN, RN, CPN, CPHON**, **Lindsey Ward, BSN, RN, CPHON, CPN**, Renee Hunte, and Beverly J. Spray. Virtual Reality for Implantable Port Access in Adolescents with Cancer. *AC 2019 Goal: Innovation*

NURSING RESEARCH

COMPLETED RESEARCH PROJECTS

Candace Campbell, DNP, APRN, FNP-C. Congenital Heart Disease Transition Teaching Program. *AC 2019 Goal: Quality and Safety*

Ashley Davis, **Debra Jeffs, PhD, RN, NPD-BC, FAAN**, Amy Leigh Overton-McCoy, Patricia Scott, **Erin Garrett, MSN, RN, CPN,** Leanne L. Lefler, PhD, ACNS-BC, APRN, FAHA, Crystal Rose, and Margo Bushmiaer. Examining Barriers and Facilitators to Incorporating a Culture of Health in Pre-Licensure Nursing Education in Arkansas: A Delphi Study. *AC 2019 Goal: Optimization*

Mary Gordon, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Joseph Hagan, Curt Braun, Stephanie Benning, MSN, **APRN, PCNS-BC, CPN**, **Toni Lynch, BSN, RN, CPN**, and Austin Lovenstein. Falls in Pediatric Ambulatory Care. *AC 2019 Goal: Quality and Safety*

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, **Amy Huett PhD, RN, NPD-BC, Lindley Abrams, APRN, MSN, CPNP-PC, Lee Anne Eddy, MSN, RN, NEA-BC, Dalton Janssen**, **MSN, RN, RNC-NIC** and **Amy Ramick, DNP,RN, ACNS-BC, NPD-BC**. What Keeps Pediatric Nurses Up At Night? A National Delphi Study. *AC 2019 Goal: Quality and Safety*

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Austin Lovenstein, **Amy Ramick, DNP, RN, ACNS-BC, NPD-BC**, Esther Pipkin, Elizabeth Frazier, Xiomara Garcia, Shari Gaudette, Brianna Hargrove, Laura Jones, **Heather Plankenhorn, BSN, RN, Sherry Pye, DNP, APRN, CCRN, CCTC**, and Amelia Randag. Impact of Animal Assisted Intervention in a Pediatric Cardiovascular Intensive Care Unit. *AC 2019 Goal: Quality and Safety*

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN, Jacqueline Rychnosvsky**,** Austin Lovenstein, **Amy Ramick, DNP, RN, ACNS-BC, NPD-BC,** Elizabeth Rochin, and Ben Scheich. What Keeps Women's Health, Obstetric and Neonatal Nurses Up at Night? A National Delphi Study. *AC 2019 Goal: Quality and Safety*

GRANTS AWARDED

ACRI/ABI awarded $72,677 to **Debra Jeffs, PhD, RN, NPD-BC**, **FAAN**, and co-investigators, **Mistie Cook, BSN, RN, CPN, CPHON, Amy Allen, MSN, RN, NE-BC, Helyn Jones, RN, Lindsey Miller, BSN, RN, CPHON, CPN, Tammy Mobley, BSN, RN, PCCN, Carol Oldridge, BSN, RN, CPN, CPHON, Lindsey Ward, BSN, RN, CPHON, CPN,** Renee Hunte, Eric Braden, and Beverly Spray, for their study, "Virtual Reality for Implantable Port Access in Adolescents with Cancer".

NURSING RESEARCH

HONORS & AWARDS

Julia Killingsworth, Saletha Smith, Elizabeth Brown, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Supriya Jambhekar, and Pele Yu. Improving the Timeliness of Housestaff Electronic Medical Record Documentation in the Outpatient Clinical Setting. Quality Improvement for Advanced Learners Program (QIALP) Spring 2019 2nd Place Winner.

Amber Ward, BSN, RN, CPN. The Need for Service Recovery Training in Frontline Healthcare Staff. Arkansas Nursing Research Conference - Top 10 Student Poster Podium Presentations.

Elizabeth C. Elliott, **Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN**, Anne Young, Lene Symes, and Nina Fredland. "The lived experience of nurse practitioners practicing within the Transformational Advanced Professional Practice Model: A phenomenological study," published in Journal of the American Academy of Nurse Practitioners, is one of the journal's top downloaded recent papers.

Outbreak of Scabies in a Neonatal Intensive Care Unit

Vini Vijayan, MD[1], Elizabeth Marrero, MSN, RN, CNOR, CIC[2], Michele Honeycutt, BSN, RN, CIC, FAPIC[2], Anna Gaspar, MSN, RN, CCRN[2], Christy Wisdom, MSN, RN, CIC, FAPIC[2] and Matthew Linam, MD, MS[3].

[1]University of Arkansas for Medical Sciences, Little Rock, AR, [2]Arkansas Children's Hospital, Little Rock, AR, [3]Emory University and Children's Healthcare of Atlanta, GA.

BACKGROUND

- Scabies is an infestation of the skin by the mite *Sarcoptes scabiei var. hominis*. which is transmitted via direct skin-to-skin contact, or occasionally by fomites.
- Diagnosis of scabies in infants can be challenging since the rash differs from adults.
- We report an outbreak of scabies in a neonatal intensive care unit and describe the control measures implemented to halt transmission.

METHODS

- The index patient, a 35-week preterm newborn, was diagnosed with scabies on hospital day 61 by skin scraping.
- A contact investigation was performed by Infection Prevention.

Case Identification

- **Exposed:** Healthcare personnel (HCP) with skin-to-skin contact to the index patient and the neonates cared for by these HCP were considered exposed.
- **Contact:** A person without signs and symptoms consistent with scabies who has had direct contact (particularly prolonged, direct, skin-to-skin contact) with a suspected or confirmed case during 8 weeks preceding the onset of scabies signs and symptoms in the case.

Case Definitions

- **Suspected case:** A person with signs and symptoms consistent with scabies.
- **Confirmed case:** A person who has a skin scraping in which mites, mite eggs, or mite feces have been identified by a trained HCP.
- **Attack rate:** Calculated by dividing the number of symptomatic individuals by number of exposed individuals.

RESULTS

Strategies Implemented to Contain Outbreak

Confirm Outbreak
- Verification of diagnosis of index case by skin scraping
- Isolation and treatment of the index case
- Treatment of family and household contacts of the index case

Response Team
- Infection Prevention
- Physicians, nursing staff, administration
- Environmental Services
- Occupational Health

Control Measures
- Contact Precautions were observed for all infected and exposed infants
- Infants were assigned to cohorts according to exposure status
- All HCP who had contact with a scabies case were notified
- Care areas for the index case and exposed patients were cleaned and all bed linens and clothing were washed with hot water. Common family waiting areas were also cleaned.

Treatment
- HCP that provided care to index patient were treated pre-emptively
- All exposed neonates >2months of age were treated with topical permethrin 5% cream
- Exposed neonates <2 months were placed in contact precautions for 8 weeks from exposure
- Household contacts of neonates and of HCP were also advised to seek treatment

Surveillance
- Active surveillance for new cases

RESULTS

- The parents of the index patient were identified as the source of the infestation of the neonate.
- Failure to consider scabies in the differential of the rash resulted in a 7 day delay in diagnosis, isolation, and treatment.
- 162 individuals (139 neonates and 19 HCP) were exposed to scabies over 3 months.
  - Of the 139 neonates: mean birth weight was 1913 gm (range 560 gm - 3690 gm) and chronological age ranged from 16 days - 8months.

Secondary Cases:

- 3 secondary cases of scabies were diagnosed in HCP (attack rate of 16%).
  - This included 2 nurses and 1 occupational therapist, who developed scabies 6 weeks after contact with the index case.
  - The household members of a nurse also developed scabies.
  - They were not identified as exposures during the initial investigation and had not received prophylaxis during the initial investigation.
- Delay in recognition of the secondary cases resulted in exposure of 24 additional neonates.
- No secondary cases were reported in the neonates.
- No further cases of scabies were diagnosed during the 6-month follow up period.

CONCLUSIONS

- Failure to consider scabies in the differential of the rash resulted in a 7 day delay in diagnosis, isolation, and treatment.
- Factors that may have propagated this outbreak include:
  - Lack of familiarity with presentation of neonatal scabies
  - Incomplete identification and management of contacts
  - Limited treatment options in neonates
- Control of institutional scabies outbreaks relies on:
  - Prompt recognition and diagnosis of scabies
  - Immediate implementation of infection prevention and control measures including:
    - Environmental disinfection
    - Contact isolation for exposed individuals until effectively treated or until the incubation period ends
  - Simultaneous treatment of all cases and exposed individuals

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

Marlene Walden, PhD, APRN, NNP-BC, CCNS, FAAN; Dalton Janssen, MSN, RNC-NIC; Austin Lovenstein, MA, BS

Background

- Prolonged exposure to morally distressing patient care experiences and other healthcare issues may lead neonatal nurses to worry.
- When worry becomes excessive, neonatal nurses and advanced practice providers can lose professional joy that gives meaning to their work.
- Enhancing meaning in work may have a positive impact on nurse satisfaction and engagement, productivity and burnout.

Purpose

- To explore the top professional worries/concerns and the top professional satisfiers experienced by pediatric nurses.

Research Questions

1. In pediatric nursing practice, what are the top professional practice worries/concerns that keep you awake at night?
2. In pediatric nursing practice, what are the top professional satisfiers that get you up in the morning?

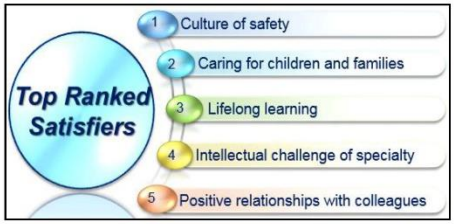
Methods

Delphi Method to Build Consensus

- **Design**
  - Descriptive study using Delphi technique involving a series of surveys to develop group consensus.
- **Sample**
  - Convenience sample of nurses from one children's hospital and five nursing organizations.
- **Eligibility Criteria**
  - Licensed as a Registered Nurse or Advanced Practice Registered Nurse.
  - Currently employed in a dedicated pediatric inpatient/outpatient setting in the United States that cares exclusively for pediatric patients.
  - Provide direct nursing care or responsible for nurses who provide direct patient care.
- **NANN/NANNP member responses were extracted.**

Results

Complete data were available for 29 neonatal nurses in Round 1, 9 neonatal nurses in Round 2, and 4 neonatal nurses in Round 3.



DEMOGRAPHICS – ROUND 3	
Age (Mean)	48.8
Race/Ethnicity	
White/Caucasian	4 (100%)
Highest Nursing Degree	
Master's	1 (25%)
Doctorate	3 (75%)
Certification	3 (75%)
Position	
Nurse Practitioner	2 (50%)
Clinical Nurse Specialist	1 (25%)
Department Manager	1 (25%)
Years of experience (Mean)	26.5

Discussion

- Identifying professional worries may help neonatal nurses navigate challenging and distressing situations in nursing practice that may lead to worry, professional discontent, compassion fatigue, burnout, and intent to leave the profession.
- Nurses must make conscious decisions to become activists in the care they provide by speaking up to address practice concerns.
- Better communication, interprofessional teamwork, and improved work flow processes are critical to quality and safe patient care.
- Innovative organizational interventions are needed to help nurses find professional joy through having more time to connect with patients and family members.
- Nurses should take time to re-energize their physical and emotional well-being by maintaining a healthy work-life balance.

***Acknowledgment**: We would like to thank NANN/NANNP for their support of this research study and for allowing access to their membership for survey distribution.*

Electronic Lifestyle Education for Pre-Diabetes: A Quality Improvement Study

Sarah Williams, DNP, MSN, RN, FNP-BC

Background

- 86 million Americans have prediabetes with only 10% aware of their condition.
- 800,000 Arkansans have pre-diabetes.
- Diabetes Prevention Program (DPP) limitations have prevented widespread implementation and translation into clinical settings.
- Multiple studies show technology-based platforms, in lifestyle education, can achieve results such as weight loss, increased physical activity, and improved dietary intake.
- Electronic delivery of a DPP may help support patients' psychosocial needs, promote lasting healthy lifestyle, changes, and over time reduce disease burden.
- Type 2 diabetes mellitus (T2DM) is the 4th leading cause of death world-wide
- Arkansans with T2DM spent $13,525.9 per capita to treat the disease.

Purpose

- The purpose of this pilot program is to determine whether online education of Arkansas Children's Hospital (ACH) employees at risk for T2DM results in the adoption and adherence to recommended lifestyle changes as evidence of improved Diabetes Care Profile (DCP) scores.
- The objectives for this program are to evaluate lifestyle changes made as a result of an electronic evidence-based prediabetes education program and to determine if the education program affects DCP scores.

Clinical Question

- In an adult population with pre-diabetes, does electronic lifestyle education and weekly lifestyle support surveys improve DCP scores?

Design

- Mixed-methods design to determine feasibility of a larger-scale research study in the future.
- Convenience sample from hospital employees recruited between October 30 and November 19, 2018.
- Inclusion Criteria:
  - Adult employees of hospital
  - Age 18 years or older
  - English-speaking,
  - Fasting blood glucose (FBG) 100-125mg/dL
  - Self-identified as being at risk for T2DM
- Exclusion Criteria:
  - Diagnosis of diabetes
  - Pregnant or childbirth within the previous two-months
  - Hospitalization or surgery within the previous two-months

Methods

- Weekly online DPP used emails to deliver PowerPoint education modules.
- DPP education modules were based on the Center for Disease Control's (CDC) DPP Lifestyle Core Curriculum.
- Education modules were enhanced with "tips", encouraging messages, activities, and videos.
- Enrolled participants completed pre- and post-program DCP surveys and weekly lifestyle change surveys using REDCap.

Results

- Six participants enrolled; three participants completed the program.
- Mean (SD) was 33.3 (5.7) years; 66.7% were male and 33.3% were female.
- 66.7% were Caucasian; none self-identified as an ethnic minority.
- All participants reported having higher than a high school education; 66.7% reported having three or more daily prescribed medications.

Primary Outcomes	Pre-Survey Mean (SD)	Post-Survey Mean (SD)	P-value
Understand diabetes care and prevention	0.9 (1.6)	3.8 (0.6)	0.036*
Support from family/friends	1.8 (2.1)	4.2 (0.5)	0.182
Positive attitude	3.2 (0.8)	3.8 (0.5)	0.094
Negative attitude	2.8 (0.6)	2.4 (0.5)	0.248
Care-ability	2.4 (1.1)	3.2 (0.3)	0.449
Importance of care	3.6 (0.7)	3.8 (0.3)	0.423
Self-care adherence	2.3 (0.9)	2.6 (0.7)	0.754
Diet adherence	2.4 (1.3)	2 (1.7)	0.382
Long-term care benefits	3.7 (1.7)	3.3 (2.9)	0.891
Exercise barriers	2.3 (0.5)	1.9 (0.2)	0.317
Understand general health management	0.7 (1.2)	3.3 (0.9)	0.004*

- Statistically significant differences were found in two categories between pre-program and post-program DCP scores:
  - understanding of diabetes care and prevention ($p = 0.036$)
  - understanding of general health management ($p = 0.004$)
- The average number of lifestyle changes made was 5.7 over the eight-week program.
- 100% of participants reported increasing physical activity.
- 66.7% of participants improved exercise barriers DCP scores.

Results Con't

- Exercise barriers scores decreased as number of weeks for adherence to lifestyle changes increased.
- Percent change for exercise barriers scores was highest for participants reporting adherence to lifestyle changes for five to seven weeks and lowest for one-week adherence (23.1% to 38.4% vs. -11.17%).

Discussion

- Quality improvement project revealed electronic delivery of lifestyle change education and weekly support improves understanding of general health management and diabetes care and prevention.
- Use of email to disseminate educational modules and lifestyle change support may be an affordable and realistic intervention for employee health and wellness clinic settings.
- Use of the DCP to assess individual needs may help identify areas of psychosocial needs and guide providers in individualizing behavioral change support and motivation for those with pre-diabetes.

Recommendations

- Future studies are needed to evaluate the use of electronic lifestyle change education DPP with and without provider led physical activity sessions
- Further evaluation with a larger more diverse sample size is needed to determine program feasibility for the organization
- Larger research studies are needed to determine the DCP tool's reliability in this population.

References

1. Center for Disease Control. (2018). National Diabetes Prevention Program. Retrieved March 10, 2018, from https://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html
2. Fitzgerald, J. T., Davis, W. K., Connell, C. M., Hess, G. E., Funnell, M. M., Hiss, R. G. (1996). Development and validation of the Diabetes Care Profile. Evaluation & The Health Professions, 19(2), 208-230.
3. Knowler, W. C., Barrett-Connor, E., Fowler, S. E., Hamman, R. F., Lachin, J. M., Walker, E. A., & Nathan, D. M. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. New England Journal of Medicine, 346(6), 393-403. https://doi.org/10.1056/NEJMoa012512

Practice Makes Perfect: Perfecting the Team During Emergency Situations

Shonda Grappe, BSN, RN, CCRN; Holly Hanson, BSN, RN, CCRN; Blair Langston, BSN, RN, CCRN; Matthew P. Malone, MD and Eric Braden, CHSOS, NREMT-B

Background

- Historically in the Pediatric Intensive Care Unit (PICU), Clinical Emergency Preparedness (mock code) participation has been required by all registered nurses (RNs) during alternate years of PALS recertification.
- The mock code curriculum has used high-fidelity manikins and progressed from occurring in the simulation lab to in-situ scenarios in the PICU.
- The frequency of the mock codes has moved from annual to biannual.
- Increasing the frequency of simulations in a "real-life" environment promotes a safe learning atmosphere, and fosters confidence and readiness among staff, while promoting improved patient outcomes.

Purpose

- A structured program to improve interdisciplinary team confidence and skills during emergencies was developed and implemented.
- The program was established using evidence-based recommendations, findings from Apparent Cause Analysis (ACA) processes, and feedback from unit leadership.
- It is crucial that all members of the team are confident, knowledgeable and prepared when faced with an emergency. The response of individual team members affects the overall performance of the team, including safety and outcomes.

Implementation

- The PICU education team partnered with a PICU attending physician and Simulation Specialists to develop and implement interdisciplinary IPE (interprofessional education) for all professionals who will respond to an emergency situation in the PICU.
- Participants included attending physicians, fellows, residents, medical students, advanced practice registered nurses (APRNs), respiratory therapists, and RNs.
- PICU nurse requirements: minimum of two scenarios annually; one progressing to a full code and one including a resuscitation by the PICU team.

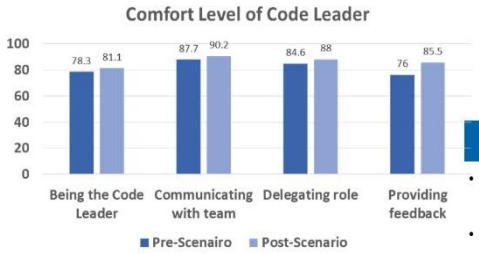
- The scenarios were built from real patient events. Working together, the PICU education team, ICU intensivist and simulation specialists determined course objectives and a rotating schedule for the cases.
- Some scenarios also incorporated a simulated parent, giving participants an opportunity to respond to communication needs related to a family member present during a resuscitation.
- Barriers: Scheduling times convenient for both physician and nurses, as well as physician engagement

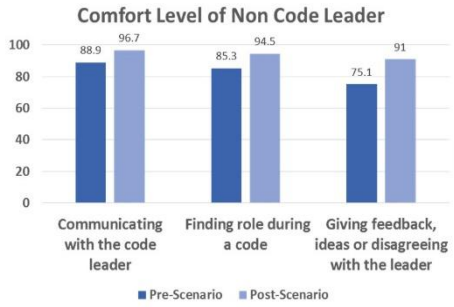
Outcomes

- 382 pre-assessments were completed (169 from RNs)
- 376 post-assessments were completed (150 from RNs)
- 44% of the completed surveys were RNs.
- Data were collected over a 2 year period.

Post-Scenario Results

- 94% said the simulation increased their confidence level in their usual role.
- 84.4% said they learned something about their identified pre-scenario weakness.
- 98.5% believed their daily practice will change for the better because of what they learned in the simulation.





Conclusion

- The data revealed an increase in confidence during emergency situations that, in turn, can lead to improved patient outcomes.
- Comments indicated the "real-life" atmosphere with the entire team involved.

Upcoming Plans

- The development of new scenarios are in progress for the upcoming year based on evaluations, ACAs and leadership input.
- Nurse team leaders, also participating in a debriefing course, will begin leading the post-IPE debriefing to improve consistency with real-time post-code debriefing.
- RNs will continue to have the same requirements.

Literature

- O'Donoghue, S. C. (2015). Nurses' Perceptions of Role, Team Performance, and Education Regarding Resuscitation in the Adult Medical-Surgical Patient. MEDSURG Nursing, 24(5), 309-317.
- Blake, N. T. (2012, January). The Relationship between the Nurses' Work Environment and Patient and Nurse Outcomes. Relationship Between the Nurses' Work Environment & Patient & Nurse Outcomes, p. 177.
- Mahramus, T. L., Penoyer, D. A., Waterval, E. E., Sole, M. L., & Bowe, E. M. (2016). Two Hours of Teamwork Training Improves Teamwork in Simulated Cardiopulmonary Arrest Events. Clinical Nurse Specialist: The Journal For Advanced Nursing Practice, 30(5), 284-291. doi: 10.1097/NUR.0000000000000237

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Arkansas Children's Hospital

Routine Checking of Naso-Gastric Residuals for Enteral Feeding Patients

Amy Ramick, DNP, RN, ACNS-BC, NPD-BC

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Background

- Achieving optimal nutrition is a vital component of caring for preterm infants in the neonatal intensive care unit (NICU).
- Preterm infants are at increased risk for poor growth due to low nutrient stores, extended hospital stays and feeding intolerance.
- Standard of care requires the volume and color of gastric residuals be assessed before each enteral feeding despite a lack of evidence supporting the practice.
- Research suggests that standardized feeding guidelines improve outcomes.

Ask the Question

In neonatal patients, is testing gastric residual volumes (GRV) a valid determinant of feeding intolerance or necrotizing enterocolitis (NEC)?

Search the Evidence

Search strategy:

- Neonatal/Pediatric studies
- Limited to last 4 years
- Restricted to English-based publications

Databases:

- PubMed
- CINAHL
- Medline

Key words/terms:

- gastric residual
- nasogastric residual

Literature Review

- Olsen, Park, Tracy, Younger and Anderson (2018) used a quality improvement project to develop standard guidelines to promote growth velocity in preterm infants. One outcome of eliminating GRV and using the algorithm was a decreased and sustained lower rate of NEC.
- Tume et al. (2017) compared two similar PICU units one who measured GRV and one did not. Findings showed the incidence of vomiting, overfeeding and interruptions of feeding were higher in the GRV unit.
- Martinez, et al. (2017) showed that acetaminophen absorption test (AAT)was a better driver of readiness for enteral feeding and advancement than GRV in patients ≥ 1 year of age. Outside the United States the use of AAT in neonates has shown similar results without hepatotoxicity.
- Morton, et al. (2018) established guidelines for advancement of feeding in the NICU population while eliminating routine assessments of GRV. After implementation, there was a 0.6 day shorter time from admission to first enteral feeding and 2.5 days shorter mean time from admission to 100 ml/kg/day feeding. There was no diagnoses of NEC during the 13 month study.
- Torrazza, et al. (2015) used a randomized controlled trial to compare multiple patient outcomes between preterm infants who underwent routine GRV vs those who did not. Findings included reaching feeds of 150ml/kg 6 days earlier and 6 fewer days with central venous access in non GRV infants. Also no increase of NEC diagnosis was noted.

Strength of Evidence

Strong recommendation with moderate-level evidence to discontinue the practice of testing GRV as an indicator of feeding tolerance or NEC.

Apply Evidence to Practice

- Consider establishing standard guidelines for feeding progression based on measures supported by evidence.
- Consider discontinuing routine GRV measurements. Use GRV only in conjunction with more established parameters that may indicate feeding intolerance or NEC.

Evaluate the Evidence

- Time from admission to first enteral feed.
- Time from admission to 100ml/kg/day feeding.
- Incidence of NEC in neonates following algorithm which advances feeds without GR assessments.

References

Martinez, E., Pereira, L., Gura, K., Stenquist, N., Ariagno, K., Nurko, S., & Mehta, N. (2017). Gastric Emptying in Critically Ill Children. *Journal of Parenteral and Enteral Nutrition, 41*(7), 1100-1109 doi:10.1177/0148607116686330

Morton, S., B. Belfort, M., Kahlon, P., Hajizadeh Barfjani, S., Rudie, C., Hashim, E., Huh, S. (2018). Reducing time to initiation and advancement of enteral feeding in an all-referral neonatal intensive care unit. *Journal of Perinatology, 38*, 936-943. doi:10.1038/s41372-018-0110-2

Olsen, S. L., Park, N. D., Tracy, K., Younger, D., & Anderson, B. (2018). Implementing Standardized Feeding Guidelines, Challenges, and Results. *Neonatal Netw, 37*(4), 218-223. doi:10.1891/0730-0832.37.4.218

Parker, L., Torrazza, R. M., Li, Y., Talaga, E., Shuster, J., & Neu, J. (2015). Aspiration and evaluation of gastric residuals in the neonatal intensive care unit: state of the science. *The Journal of perinatal & neonatal nursing, 29*(1), 51-E52. doi:10.1097/JPN.0000000000000080

Riskin, A., Cohen, K., Kugelman, A., Toropine, A., Said, W., & Bader, D. (2017). The Impact of Routine Evaluation of Gastric Residual Volumes on the Time to Achieve Full Enteral Feeding in Preterm Infants. *J Pediatr, 189*, 128-134. doi:10.1016/j.jpeds.2017.05.054

Torrazza, R. M., Parker, L. A., Li, Y., Talaga, E., Shuster, J., & Neu, J. (2015). The value of routine evaluation of gastric residuals in very low birth weight infants. *Journal of perinatology : official journal of the California Perinatal Association, 35*(1), 57-60.

Tume, L. N., Bickerdike, A., Latten, L., Davies, S., Lefèvre, M. H., Nicolas, G. W., & Valla, F. V. (2017). Routine gastric residual volume measurement and energy target achievement in the PICU: a comparison study. *European Journal of Pediatrics, 176*(12), 1637-1644.

Decreasing Non-ICU Codes with Education & Mock Code Training Performed by Medical Emergency Team

Logan Ramsey, BSN, RN, CCRN & Blair Langston, MSN, RN, CCRN

Background

- Pediatric patients who experience a cardiac arrest in the hospital have an approximate survival rate of 35-40.2%.
- Although codes outside ICU are rare, they pose a huge risk to the pediatric population.
- The comfort level of nurses, their ability to recognize signs of deterioration, and their knowledge on how to respond during these events affect the patient's risk of mortality.
- Traditionally, nurses performed recertification of PALS every other year. This, paired with the infrequent occurrence of emergency events, decreases the nurse's comfort levels with these high-risk situations.

Purpose

- Utilizing the Medical Emergency Team (MET) decreased code events outside of the ICU by providing education and in-situ mock code simulation with med-surg units.
- Although these events are rare, they pose a great risk to pediatric patient safety and delays in treatment.

Research Question

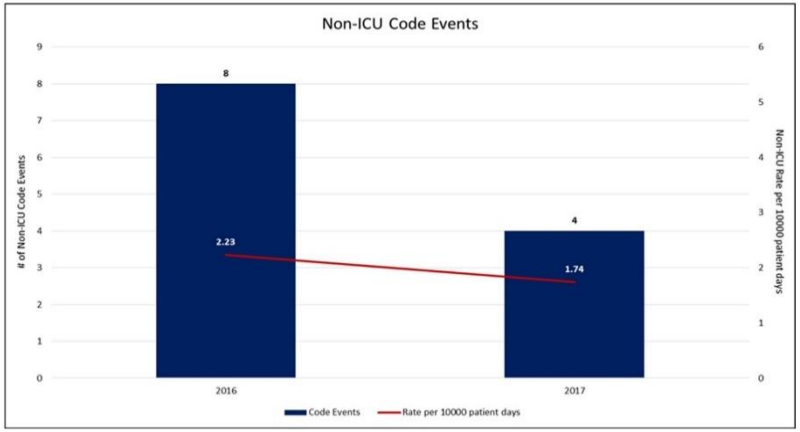
- Does increasing the frequency of hands-on training with emergency equipment and situational awareness for med-surg staff increase confidence and competence?

Methods

- A two-part quality improvement initiative was developed focusing on education and high-fidelity simulation.
- The education included:
  - signs of deterioration
  - sepsis
  - early warning tools
  - equipment
  - roles
  - crash carts
  - MET versus Code Blue
  - BLS review
- MET collaborated with simulation staff to develop appropriate scenarios for the med-surg patient population.
- In-situ mock codes were conducted bi-annually to allow participants to demonstrate what was learned during their education sessions.

Results

- The outcome of the project was based on participants completing pre- and post-surveys that focused on comfort levels.
- There was a significant increase in post-survey comfort levels compared to pre-survey comfort levels.
- The quality department tracked non-ICU codes.
- In 2016, there were 8 non-ICU codes. This number decreased to 4 non-ICU codes in 2017.
- On a scale based on 10,000 patient days, in 2016, the non-ICU code rate was 2.23. In 2017, the rate reduced to 1.74.



Discussion of Findings

- The goal of this program was to improve staff confidence and competence when responding to emergency situations.
- The education provided a review of emergency response and equipment.
- The mock code portion provided in-situ simulation in the learner's home environment.
- Scenarios were population specific.
- Debriefings were conducted to identify what went well and the areas for improvement.

Implications for Practice

- Simulation has shown to have positive impact for educating staff.
- In-situ simulation offers hands-on practice and team building.
- Implementation of new scenarios each year will be based on the educational needs of staff.

References

- American Heart Association. (2018). CPR & First Aid Emergency Cardiovascular Care. Retrieved from: http://cpr.heart.org/AHAECC/APRAndECC/ResuscitationScience/UCM_477263_AHA-cardiac-Arrest-Statistics.jsp%5BR=301,L,NC%5D

The Need for Service Recovery Training in Frontline Healthcare Staff

Amberla Ward, BSN, RN, CPN
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Abstract

Addressing service failure is a challenge in the healthcare industry. Each professional is focused on providing excellent, safe care with the best outcomes and positive patient experiences, but service failures do occur. This poster explores the application of service recovery techniques by frontline nursing staff to determine suitability.

Research Question

Are service recovery techniques applicable to frontline staff in healthcare organizations?

Significance to Nursing

Historically the term service recovery has been utilized as a business process. However, as the healthcare industry becomes more service driven this skill set is becoming a necessary component for every healthcare provider's daily practice. Hospitals are now being measured by patient satisfaction or patient experience, and healthcare organizations have already started a transition to reimbursement based on these scores. When needs are not met, or a family perceives that there has been a service failure, recovery is needed to offset the negative response by a patient and/or family member. Service recovery is integral to repairing these relationships and positively impacting the patient experience. Frontline nursing staff are frequently the first or only encounter a patient has when a failure has occurred, therefore they play a central role in both service delivery and recovery initiatives. They often provide more effective service recoveries related to the ability to resolve the complaint quickly and efficiently.

Purpose

To illustrate the importance of frontline staff education and proficiency in service recovery skills.

Methods

Search Data Bases:
- CINAHL
- Pubmed
- Ovid
- Google Scholar

Keywords:
- Service Recovery
- Conflict resolution
- Expressions of empathy
- Carolina Care Project
- Blameless apology
- Service Recovery Paradox
- CIT- Critical Incident Technique

Definition of Variables or Concepts

Service Recovery - The action a service provider or organization takes in response to a service failure which creates the opportunity to rectify mistakes and improve patient's perception of care.

Frontline Staff - Employee who deals directly with customers. In this discussion it refers to nursing staff practicing in a clinical setting.

Manager's Commitment to Service Quality (MCSQ) A commitment to quality health care service manifested by customer service training, empowerment, employee rewards, supportive management, servant leadership and service technology.

Education - The process of receiving or giving systematic instruction.

Patient Experience - The range of interactions that patients have with the health care system, including their care from health plans, physicians, nurses, and staff in hospitals, physician practices and other health care facilities.

Findings

- There is a gap in the healthcare literature on the concept of service recovery.
- Leadership interventions are increasingly being delegated to frontline nurse leaders from nurse managers.
- Frontline nurses are motivated to receive training on service recovery skills to increase coping abilities for confrontations with unhappy patients and/or families.
- The service recovery performed by frontline employees is fundamental to service quality and the reputation of each organization.
- Incorporation of service recovery skills into practice creates moments of caring between patients, families and frontline employees.
- Frontline nurse leaders demonstrate increased job satisfaction and organizational commitment when prepared with conflict resolutions skills and service recovery techniques.
- There is a disparity in available research regarding the influence of job satisfaction in relation to service recovery performance of frontline staff.
- Teamwork, empowerment and work engagement demonstrate a positive impact on employees' service recovery effectiveness.
- Organizational commitment has been shown to positively impact service recovery performance.
- Manager's commitment to service quality positively impacts service recovery performance of frontline employees.
- Successful service recovery can result in higher satisfaction than if no service failure had occurred, this is known as the service recovery paradox.
- Organizations should create a culture for service recovery, where feedback is valued and analyzed so that improvements can be facilitated.

Implications

Manager focus:
- Service recovery skills & education for frontline staff.
- Personal commitment to service quality.
- Policy centered around organizational commitment.

Organization Focus:
- Culture centered around service recovery efforts.
- Analyze patient comments to facilitate improvements.
- Positive communication regarding the value of patient feedback to team.

Future Research:
- Evaluate service recovery in the healthcare setting.
- Investigate the impact of service recovery education on frontline staff.
- Clarify impact for job satisfaction on service recovery performance.
- Evaluate quality of service recovery efforts performed by frontline staff following education initiatives.

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ED CHAMPS Training: Engaging Your Team. Improving the Patient Experience.

Leslie J. Moore, BSN, RN, CPN, CPXP/Katrin Wooley, BSN, RN, CPEN/Kamron Steed, RN, NREMT-P

Background

- At Arkansas Children's Hospital (ACH) we know that sustaining a culture of excellence is vital to exceeding patient expectations.
- The New England Journal of Medicine found that quality of care was significantly better in hospitals that performed well on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The data also supported a link to improved patient outcomes.
- HCAHPS is far more than "patient satisfaction surveys". It's actually a metric that represents the patient's perception of quality of care. In a few years it is said to be linked to our patient experience scores and reimbursement.
- Emergency Department (ED) Connect Humble Aware Mindful Pathos Sincere (CHAMPS) Training is a unique program focused on Safety, Quality and Patient Experience/Engagement.

Purpose

"To represent ACH by positively influencing the patient and family experience through providing EXCELLENCE to every single patient, every time, during every interaction." ~ ED Patient Experience Purpose Statement

Research Question/Hypothesis

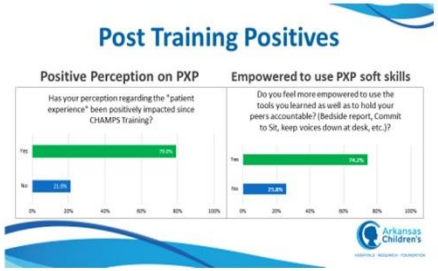
If ED Champions design, instruct, ignite, infuse patient experience soft skills training and role model, will our team be more engaged and improve the patient experience?

Methods

- ED Champions (21 Role model ED staff members)
- ED Champions in four 1 hour sessions developed the ED CHAMPS Training Program.
- ED Champions taught all multi-disciplinary ED staff over 4-6 week period.
- Pre and Post evaluations were completed.
- Soft Skills to achieve quality assessment and process improvement goals.
- Centered around our organizations mission, vision, and values. The class included empathy training, technology, props, candy, snacks, buttons, balloons, pictures and certificates.
- Focused on each staff member's why?

Results

- 79% of staff stated that ED CHAMPS Training has positively impacted the "patient experience"
- 74% of staff reported feeling more empowered to use the tools they learned as well as to hold their peers accountable with skills like (bedside report, commit to sit, keeping voices down at desk, etc.)
- 71.4% of staff answered "yes" to feeling empowered by soft skills learned in ED CHAMPS Training
- 71% of staff said "yes" to empathy training positively impacting their understanding of the patient experience.
- 74% of staff said "yes" that ED CHAMPS Training positively affected the patient experience.



Discussion of Findings

- Our ED Team has basically met, within 1%, our patient experience target score for the past six months.
- Quarterly an EXCELLENCE Award winners are recognized as well as every nominee throughout the quarter.
- The ED is leading the way in patient experience with a fully organized Patient Experience Program, utilizing A3 formatting and setting an example for our organization.

Implications for Practice

- All staff were trained June/July of 2018 and now we continue to train all on-boarding staff and inter-professional staff, such as: Security, Child Life, Social Work, etc.
- Again our purpose statement is the focus…with every patient, during every interaction, every time.

References

- Langley, G. L., Moen, R., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). The improvement guide; A practical approach to enhancing organizational performance (2nd ed.). San Fransico, CA, USA: Jossey-Bass Publishers.
- Stewart, M., Brown, J. B., Donner, A., McWhinney, I. R., Oates, J., Weston, W. W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. The Journal of Family Practice, 49(1) 796-804. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11032203
- Studer, Q., Robinson, B. C., & Cook, K. (2010). The HCAHPS handbook: Hardwire your hospital for pay-for-performance success. Gulf Breeze, Florida: Fire Starter Publishing.

Pediatric Cardiac Critical Care Transport for End of Life

Xiomara Garcia, MD and Tonja Bryant, BSN, RN

Introduction

- Despite improved short-term and long-term outcomes for infants and children with congenital heart disease (CHD), CHD remains one of the leading causes of non-accidental death in childhood in the United States.
- The majority of children who succumb to advanced heart disease die with multiple organ system failure, undergoing highly technological therapies in an intensive care unit setting.
- Death occurs in the pediatric cardiac intensive care unit (ICU) after discontinuation of disease-directed interventions, after failure of resuscitative efforts, or via comfort care after birth due to multiple congenital anomalies.
- As parents and care teams of critically terminally ill patients recognize the lack of feasible available care options, end-of-life (EOL) discussions should include consideration of parental wishes regarding the child's death.
- Transportation of pediatric cardiac critical care patients for terminal extubation at home is a relatively infrequent practice but is a potential option if the technical and logistical challenges of ICU technology are adequately and proactively addressed.

Clinical Question

Is it feasible and safe to offer pediatric palliative care transport to home or hospice from the intensive care setting at EOL when resources and the capability are available, if families of dying children prefer that their child die at home rather than in a hospital setting?

Searching the Evidence

Bernier, M., Noje, C., Costabile, P., Klein, B., & Kudchadkar, S. (2017). Pediatric Critical Care Transport as a Conduit to Palliative Care: A Case Series and Literature Review. *Pediatrics, 140*(1 MeetingAbstract), 139-139. doi:10.1542/peds.140.1_MeetingAbstract.139

Blume, E. D., Balkin, E. M., Aiyagari, R., Ziniel, S., Beke, D. M., Thiagarajan, R., . . . Wolfe, J. (2014). Parental perspectives on suffering and quality of life at end-of-life in children with advanced heart disease: an exploratory study*. *Pediatr Crit Care Med, 15*(4), 336-342. doi:10.1097/PCC.0000000000000072

Coelho, C. B. T., & Yankaskas, J. R. (2017). New concepts in palliative care in the intensive care unit. *Rev Bras Ter Intensiva, 29*(2), 222-230. doi:10.5935/0103-507X.20170031

Feudtner, C., Feinstein, J. A., Satchell, M., Zhao, H., & Kang, T. I. (2007). Shifting place of death among children with complex chronic conditions in the United States, 1989-2003. *JAMA, 297*(24), 2725-2732. doi:10.1001/jama.297.24.2725

Nelson, H., & Mott, S. (2017). Translating Research to Practice: Providing Critically Ill Children the Opportunity to Go Home or to Hospice for End-of-Life Care. *Dimens Crit Care Nurs, 36*(3), 174-181. doi:10.1097/DCC.0000000000000249

Nelson, H., Mott, S., Kleinman, M. E., & Goldstein, R. D. (2015). Parents' Experiences of Pediatric Palliative Transports: A Qualitative Case Series. *J Pain Symptom Manage, 50*(3), 375-380. doi:10.1016/j.jpainsymman.2015.04.004

Noje, C., Bernier, M. L., Costabile, P. M., Klein, B. L., & Kudchadkar, S. R. (2017). Pediatric Critical Care Transport as a Conduit to Terminal Extubation at Home: A Case Series. *Pediatr Crit Care Med, 18*(1), e4-e8. doi:10.1097/PCC.0000000000000997

Applying Evidence to Practice

After review of available literature, three internal cases were identified between January 2014 and December 2018 for palliative critical care transport to home from the Pediatric Cardiac Intensive Unit (CVICU) for terminal extubation at home.

1. 7 mo HLHS; renal disease, partial DiGeorge, developmental delay s/p several resuscitative events. Established DNR status in ICU.
2. 9 mo AV Canal; Trisomy 21, renal disease, poor myocardial function, respiratory failure. s/p resuscitative events. Established DNR status in ICU.
3. 19 yo right heart failure/pulmonary HTN; Cockayne syndrome, FTT, restrictive lung disease, pleural effusions, pneumothorax, bronchopulmonary fistula. Established DNR status in ICU.

- Families were approached by CVICU staff members to determine interest and multidisciplinary meetings were performed with families to establish clear goals and expectations of care of their unstable child in the situation in which death was imminent.
- All families desired transfer to home for EOL.
- Arrangements were coordinated with the pediatric palliative care team, hospital transport services, community hospice and other community resources in order to complete these transports.
- Elaborately planned strategic measures were instituted in order to successfully complete the palliative care transports.
- All three transports were successfully completed without untoward events.

Recommendations

- Improving the quality of EOL care has become a national priority. Providing families with information regarding all options for EOL care is an imperative part of family-centered care.
- A multidisciplinary approach is vital in planning and carrying out palliative critical care transports.
- Institutional guidelines are necessary in order to assist with planning the safe transport of these patients and to identify necessary resources. Guidelines based on these experiences have been drafted to serve as a guide for planning future palliative care transports at this institution.
- More data is needed in order to support and inform healthcare professionals that the family of a dying child should be included in EOL care decision-making, which should be inclusive of the option to take their child home for EOL to occur.
- Palliative care transport is a feasible alternative for families seeking out-of-hospital EOL care for their critically ill and technology-dependent family member.

Cardiac Arrest Prevention: Collaborative Experience Thus Far

Janie Kane, MS, APRN, PCNS-BC

Arkansas Children's Hospital

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Introduction

- The average rate of cardiac arrest in pediatric cardiac intensive care units (ICUs) is 4-5/1000 patient days.
- A multi-site two-year collaborative through the Pediatric Cardiac Critical Care Consortium was formed in an effort to test the effect of an arrest prevention bundle on the incidence of cardiac arrest in pediatric cardiovascular ICUs.

Clinical Question

- The aim is to reduce the rate of cardiac arrest (CA) by 33% in bundle patients after one year through consistent application of established bundle elements.
- Patient inclusion criteria included bundle application upon postoperative admission of:
  - Neonates post cardiopulmonary bypass
  - Neonates post pulmonary artery banding or systemic to pulmonary shunt
  - Medical patients requiring intubation within four hours of admission
  - Others deemed at risk by care team

Bundle Elements

1. Every shift performance of safety huddle
2. Establish patient-specific vital sign goals
3. Discuss need for pre-sedation
4. Availability of bedside emergency medications
5. Formal review and feedback of all cardiac arrest events

Implementation of Bundle Elements

A multidisciplinary team was formed to include a physician, RNs, a pharmacist, and an APRN. Initial education of staff was conducted and ongoing monthly webinars are attended. Collaborative tools were modified for use including data entry forms, a modified Resuscitation Action Plan, and bundle compliance audit tools. Success of bundle implementation is monitored regularly and feedback is provided to staff.

Bundle

CAP QSHIFT SAFETY HUDDLE

Requirements

- Perform every shift at completion of patient rounding with review of Resuscitation Action Plan
- Perform with presence of bedside RN, Team Leader, Respiratory Therapist, and LIP at bedside (all required)

Steps

1. Revisit patient's cardiac arrest risk factor (A-D) and most likely etiology of a patient decompensation and what that might look like should it occur
2. Review VS parameter target range and update action plan if needed
3. Review preventative measures and update action plan if needed
4. Review rescue medications presence at bedside and revise action plan if needed
5. Ensure ECMO plan up-to-date
6. Date and sign action plan

❖ Include discussion of **EMERGENCY MEDICATIONS AT THE BEDSIDE**

- Built as Epic order set: Epi, Roc, NaHCO3, CaCl
- All meds pre-selected except for paralytic

(Sample MAR display)

❖ Include discussion of **PRE-SEDATION**

- Discussed in initial and subsequent safety huddles, typically used for patients at risk for pulmonary hypertensive crises

❖ Include discussion of **ECMO CANNULATION PLAN**

- Notification of ECMO specialist with preselection of likely size cannulas and cannulation site

RESUSCITATION ACTION PLAN

RESUSCITATION ACTION PLAN

Start date ☐ Date last updated ☐ End date ☐ (OR 4 hrs post extubation)

High Risk due to:

A. Postop admission from neonatal CPB surgery (until 24 hrs after extubation, max of 7days postop)
B. Postoperative BT shunt, PA band (until 24 hrs after extubation, max of 7days)
C. Admitted for active medical problem and intubated w/in first 4 hrs (max 72 hrs)
D. Other _____

Likely etiology of clinical decompensation/cardiac arrest: _____

Patient specific notification parameters/warning signs: _____

REVIEW Q SHIFT with RN, TL, RT, and LIP present

Parameter	Target	Monitor Alarm Limits	PM shift review: doc any changes below
HR			
SBP ART/NBP			
DBP ART/NBP			
MAP			
O2 Sat			
CVP			
NIRS (C/R)			
ETCO2			
Other _____			

DISCUSS Q SHIFT with RN, TL, RT, and LIP present

Preventative Measures:
- ☐ PRE-SEDATE for all noxious stimuli
- ☐ No Bath
- ☐ No Weighing
- ☐ PRE-SEDATE with all suctioning
- ☐ DO NOT break circuit: Inline sxn
- ☐ If bag and suction required, use 3 person sxning (3rd person to watch monitor for VS changes

Medications: **Labeled as CAP kit, located in med drawer at bedside*
- ☐ Dilute Epinephrine (10:1 in NS)
- ☐ Calcium Chloride (20 mg/kg)
- ☐ Na Bicarbonate (2 meq/kg)
- ☐ Rocuronium (1 mg/kg)
- ☐ Albumin (10 cc/kg)
- ☐ Other_____

Equipment:
- ☐ Ext Pacer Settings: _____

ECMO Plan
- ☐ NOT ECMO candidate
- ☐ Cannulation location: _____ Arterial: ____fr Venous: ____fr

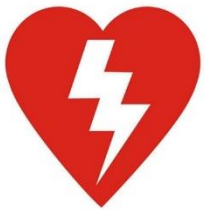
Chest Compressions if HR < _____ If SBP < _____ If MAP <

AM MD Signature: _____ PM MD Signature: _____

AM RN Signature: _____ PM RN Signature: _____

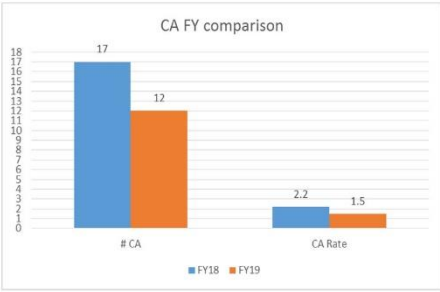
INITIATING CODE

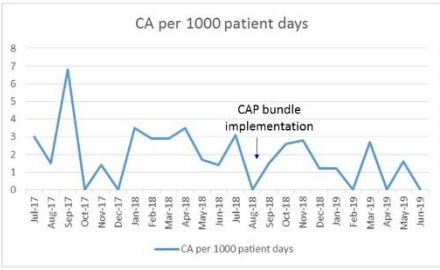
- VS parameters determined for which compressions would be initiated

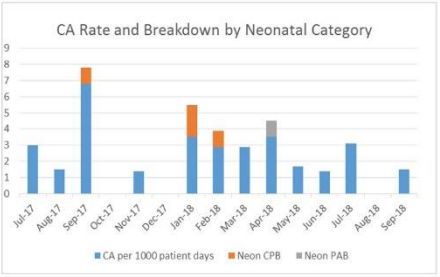


Visual cue placed on patient door signifying that CAP Bundle is in use

Evaluation







Pediatric Cardiac Critical Care Consortium

Innovative Approach to Staff Learning: Learning from Clinical Events

Jessica Gimblet, BSN, RN, CCRN; Nick Gladden, BSN, RN; and Janie Kane, MS, APRN, PCNS-BC

Background

Traditionally, teaching occurs in the classroom or lecture hall setting via a lecture format. With this approach, learners may struggle to apply lessons learned to real life practice, especially in the clinical setting in which they work. There is also a struggle to broadly share learning from patient clinical events and still maintain confidentiality. Use of case studies can sometimes fill that learning gap so that knowledge can be applied.

Our goal was to use actual patient scenarios where learning opportunities existed and share that learning broadly.

Approach

The approach was adopted to enable the sharing of events in which potential or actual harm was caused to the patient. Titled "Know Harm" scenarios, actual patient events were identified in which performance improvement and learning opportunities existed. All patient and staff identifiers were removed so that only information pertinent to the scenario was shared.

Each Know Harm module consists of a confidentiality statement, the intent of systems learning, the patient scenario, pertinent data available that may or may not have been missed, and lessons learned.

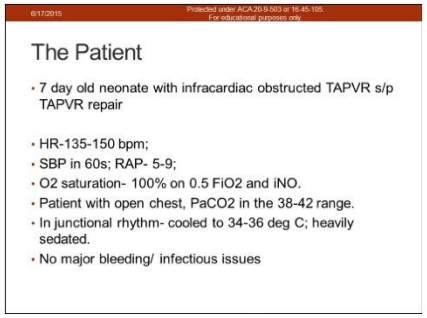
SYSTEMS LEARNING:

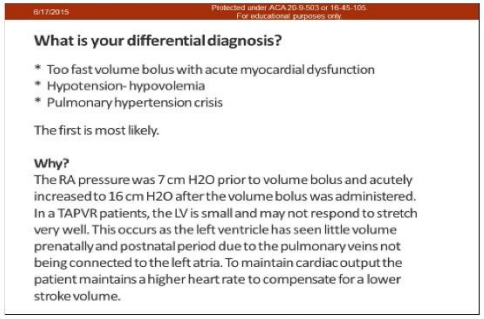
**No one comes to work wanting to harm a patient.*

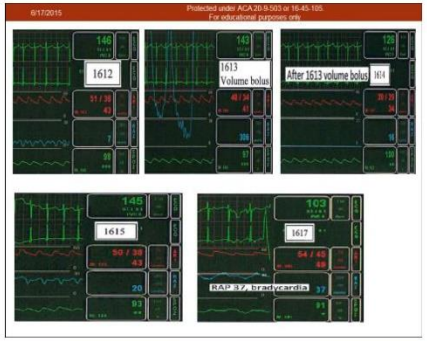
**If one person can make an error, so can you.*

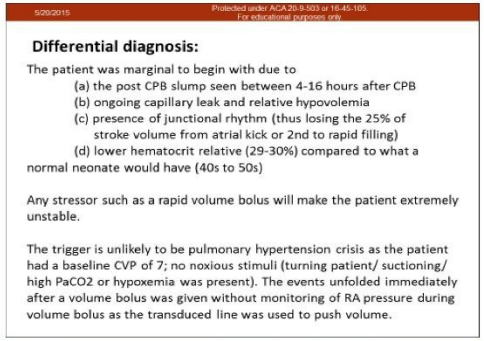
**Preoccupation with failure: Focus on how the error happened so it can be improved upon in the future.*

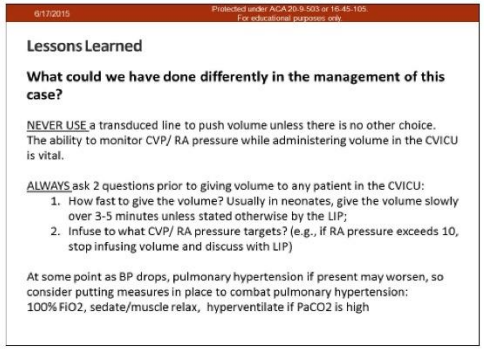
"Know Harm Monthly"











Evaluation

- There are currently >30 events that have been reviewed and shared in this format in our teaching scenario library
- Scenarios can be used informally by preceptors and educators for actual case study teaching. Depending on the type of event, learning can be gained by RNs, RN students, residents and fellows
- Teaching via this format has proven to be an effective way to review events, pulling data pertinent to the event that staff may or may not have missed, and providing feedback so that all can benefit from learning. It is an excellent way to teach critical thinking so that staff can learn to apply physiologic principles to real-life patient management.
- Recognizing that staff can also learn from events that went well, use of this approach has been expanded to include scenarios where identification of patient changes was appropriate, triggering management that prevented patient deterioration.
- Scenarios have been built upon events such as
  - Pulmonary hypertensive crises
  - Pre-Norwood circulation
  - Tamponade
  - Central shunt physiology and postop management
  - Metabolic acidosis
  - Dysrhythmia management
  - Critical airway
  - Fluid balance/overload

Building Relationships to Create Stronger Nurses: Implementing a Unit Based Mentor Program

Chante Snow, BSN, RN, CCRN; Jessica Weaver, BSN, RN, CCRN; Sarah McCullough, BSN, RN, CCRN

Background

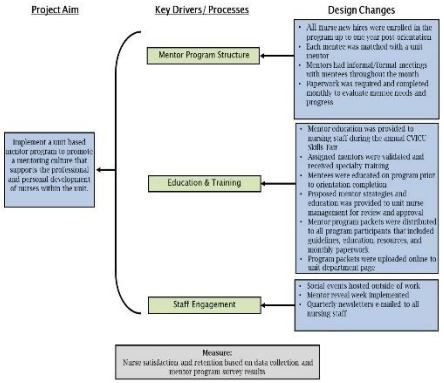
- Adopting a mentoring culture has been shown to increase nurse satisfaction, competence, leadership readiness and professional growth.
- Research shows nursing turnover is highest between 12 to 18 months of employment.
- Focusing on employee engagement through socialization and provision of professional growth opportunities from one year to retirement may increase retention.
- Arkansas Children's Hospital (ACH) Cardiovascular Intensive Care Unit (CVICU) is a Beacon-awarded, 30 bed unit staffed with 87 registered nurses (RNs) FTEs (full-time employees).
- Prior to implementation, CVICU had a limited support system in place to promote nurse professional growth and no structure for socialization after the completion of orientation.

Objective

Implement a unit-based mentor program to promote a mentoring culture that supports the professional and personal development of nurses within the unit who have completed orientation

Methods

- A subgroup of the unit-based shared governance Professional Excellence/Recruitment and Retention Council was formed to develop and promote nurse mentoring within the unit.
- Organization resources on mentoring were reviewed and evaluated.
- "The Mentoring Difference: An Evidenced-Based Approach to Mentoring Nurses" course by Dr. Louise Jakubik PhD, RN-BC, CSP was used as a guide in program development.
- Program guidelines, expectations, education, and monthly progress reports were developed.
- The focus was on three key drivers during development and implementation: mentor program structure, education/training and staff awareness.
- The structure included informal regular one-on-one meetings between mentors and mentees and planned group outings on a quarterly basis.
- Surveys were sent to nursing staff post program completion for feedback.
- Data collection included mentor and mentee program enrollment and completion dates, monthly paperwork compliance and survey results.

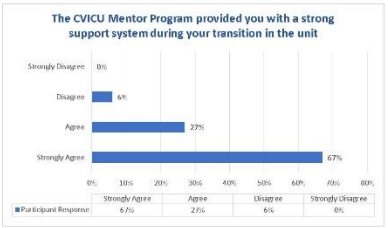


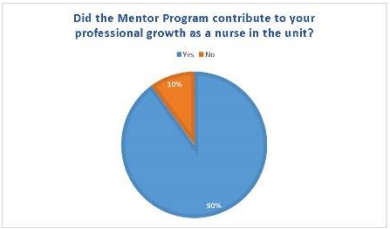
Evaluation

- CVICU is one of the only units at ACH to implement and maintain a mentor program.
- CVICU has advised other hospital units, as well as other outside organizations, on the development of a mentor program.
- Limitations included the enrollment of only RNs within the program.
- After one year, required monthly progress reports were converted to an electronic format to increase completion compliance.

Outcomes

- Since the implementation of the mentor program in 2012, a total of 109 nurses have been mentored and 58 nurses have served as unit mentors.
- The unit has retained 41% of nurses that were mentored in the program. Sixty-five percent of mentees retained have become unit mentors.
- Surveys were sent to mentees post program completion.
- Not all program participants completed the survey, limiting data results.





Next Steps

- The next steps include the expansion of the mentoring program to include all unit staff.

Pressure Ulcer Prevalence in ECMO Patients

Haley E Spradlin, BSN, RN; Jonathon B Frazier, BSN, RN; and Michael S Furrh, RRT

Introduction

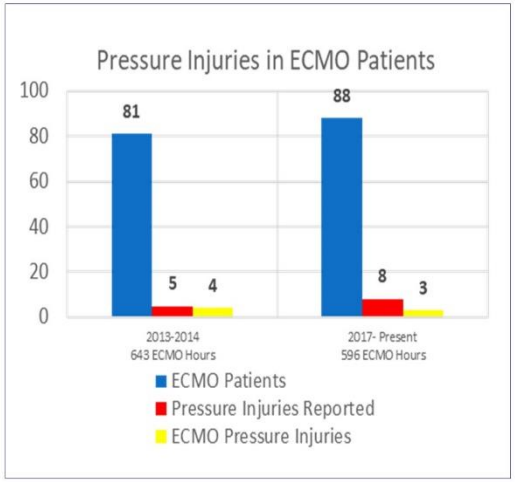
- Pressure injury incidence continues to be a quality indicator with which many institutions continue to struggle. Patients receiving ECMO therapy commonly have several risk factors that put them at high risk for tissue injury:
  - Hypoperfusion
  - Immobilization
  - Sensory deficit due to sedation/chemical paralysis
  - Inadequate nutrition
  - Invasive device presence
- The presence of ECMO cannulae and the limited ability to reposition and pad them as well as the occasional caregiver inability to adequately redistribute pressure by turning the patient also heightens the risk of pressure injury.

Purpose

In order to benchmark, over time, the prevalence of pressure injury occurring in the ECMO population at this institution, pressure injury incidence from 2013-2014 was compared to today's prevalence.

Methods

- A review of pressure injury incidence in ECMO patients at this institution from 2013-2014 was compared to pressure injury incidence from January 2017 to August 2019 in an effort to evaluate progress in pressure injury prevention. Specifically, did implementation of a pressure injury prevention bundle that requires recognition of risk, regular skin assessment, padding, device rotation, and pressure redistribution/turning impact pressure injury incidence in this patient population?

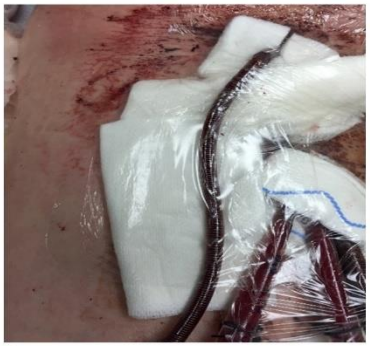


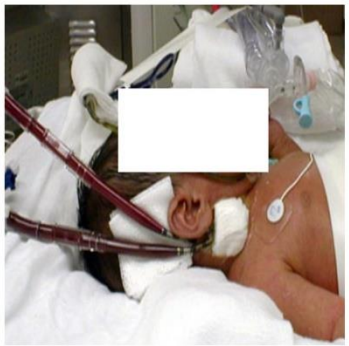
Results

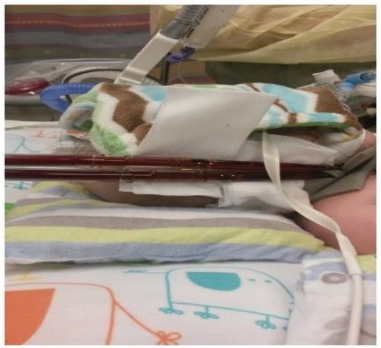
- Although there were fewer total ECMO hours in the most recent review, an additional 7 patients were supported with ECMO.
- Of the three ECMO-related pressure injuries that occurred from 2017 to present, two were sacral injuries (one of which was an ECPR patient positioned on the backboard for 4 hours), and one was an injury from the ECMO cannulas behind the ear of a cervically cannulated patient.
- The other 5 reported pressure injuries were related to endotracheal tube securement (2), EEG leads (1), and vascular access securement (2).
- Standard pressure injury prevention approach includes:
  - regular assessment and routine changing of the cannulation site dressing
  - regular assessment of offloading of circuit tension when securing the ECMO cannulas
  - strict adherence to Q2 hour repositioning in all patients supported with ECMO regardless of cannulation technique. Central cannulation or positional cannulas may limit the degree of repositioning the patient can tolerate, but every effort is made to redistribute the patient's weight and change pressure points at least every two hours.

Cannula Securement and Positioning

ECMO cannulas are secured with occlusive dressing by surgeon for 24 hours after cannulation. After 24 hours, we change the dressing and apply a Mepilex Ag (Molnlycke) to the cannulation site. Behind the dressing at any potential site of pressure (ear, leg, chest), we place additional 4x4 gauze or Mepilex to pad the skin from the cannulas. The cannulation site is assessed every 2 hours by the ECMO coordinator during repositioning of the patient.







Conclusion

This review revealed that current cannulation dressing technique, ECMO circuit securement technique, and repositioning strategies have decreased (4.9% to 3.4%) the incidence of ECMO-related pressure injuries, although a goal of zero harm always leaves room for improvement.

References

Curley MAQ1, Hasbani NR2, Quigley SM3, Stellar JJ4, Pasek TA5, Shelley SS6, Kulik LA7, Chamblee TB8, Dilloway MA9, Caillouette CN10, McCabe MA10, Wypij D11. Predicting Pressure Injury Risk in Pediatric Patients: The Braden QD Scale. J Pediatr. 2018 Jan;192:189-195.e2. doi: 10.1016/j.jpeds.2017.09.045.

Arkansas Children's Hospital

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

Scarlett Yates, RN, ADN; Kiley Engel, BSN, RN; and Janie Kane, MS, APN

Background

In a Pediatric Cardiac Intensive Care Unit (CVICU) within a children's hospital, average utilization of peripherally inserted central catheters (PICCs) for reliable venous access ranges from 350-500 PICC days per month. Historically, PICCs were routinely sutured in place upon insertion by Interventional Radiology. Due to prolonged line days and tissue fatigue, PICC sutures frequently became loose/non-intact, resulting in line tip migration, dislodgement, and frequent need to re-suture. Re-suturing was associated with patient distress, increased staff time, and an increased risk of infection due to line manipulation and "pistoning" of the line at the insertion site.

Purpose

Staff RNs identified the need to reexamine the routine method of PICC securement and investigated other securement options. The goal was to develop an alternate method of securing PICCs that would result in decreased dislodgements and migrations. Evidence also supports elimination of sutures as a risk reduction method for central line associated bloodstream infections (CLABSIs).

3 Fr silicone Cook PICC with Bard neonatal statlock securement device in place

Method

- In early 2017, two staff nurses looked into the feasibility of using an alternate securement method. After reviewing available medical products, a product with potential to offer improved securement was selected. Staff nurses developed a process that entailed creation of a PICC dressing team. Two nurses who have no patient assignment collect necessary supplies and perform all PICC dressings (averages 12-16 patients/week) weekly using the new securement device.

Process measures included:

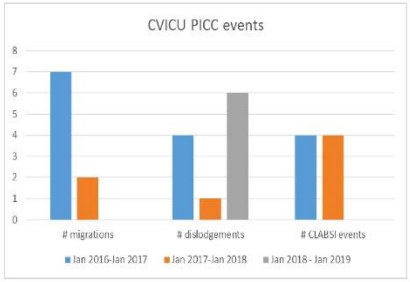
- Number of line migrations from central positions
- Number of line dislodgements
- Frequency of need to re-secure
- Number of CLABSIs

Evaluation

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 CLABSIs have occurred, attributed to the revised approach to PICC management in the CVICU between 2016 and 2018. During that period, line migration events decreased from 7 to 2; dislodgements decreased from 4 to 1; CLABSIs decreased from an average of 4-6 per year (0.8-0.89 per 1000 line days) to zero events for 2018.

Results

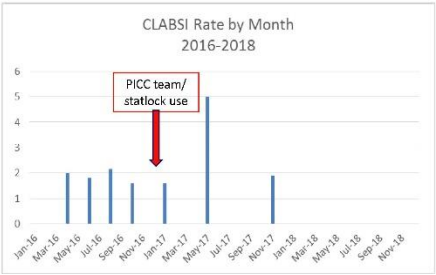
- From 2010 to 2016, as use of PICCs increased, the PICC dislodgement rate in the pediatric cardiac ICU increased from 1.4 to 5.2/1000 catheter days.
- The number of PICC dislodgements decreased from 10 events in calendar year 2016 to 3 events in calendar year 2017. The rate of dislodgement fell to 0.8/1000 line days. The need to re-secure the PICC between dressing changes decreased to zero when previously re-suturing had been a common (about every 2 weeks) event.
- Use of the neonatal StatLock was a huge parent satisfier since it resulted in both decreased suturing and invasive procedures as well as the sedation needed to replace dislodged lines. LIPs were also happy with the change since resuturing greatly impacted their workflow. Decreased trauma to patients and less travels off unit to replace dislodged lines resulted in improved RN satisfaction as well.



Note: *The increased incidence of dislodgements during calendar year 2018 is attributed to parent handling of less acute patients. The incidence abruptly decreased when criteria for heparin locking of PICCs was established.*

Implications for Practice

- 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.
- Although not the driving force behind the practice change, it was noted that unit CLABSI rates dramatically decreased following implementation of the PICC team and elimination of sutures for securement, likely due to elimination of suturing and associated line manipulation and standardization of dressing technique by the PICC team.



References

O'Grady N et al. CDC Guidelines for the prevention of Intravascular Cather-Related Infections, 2011.

Bard Neonatal StatLock Universal Stabilization Device
www.bardaccess.com/products/stabilization/neonate

Behavioral Risk Precautions: Crusading for Children's Health with Interprofessional Collaboration and Proactive Interventions

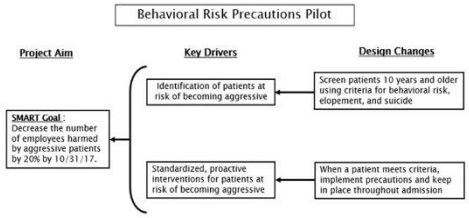
Stephanie Benning, MSN, APRN, PCNS-BC, RN; Betsy Borecky, MSN, RN-BC, RNC-NIC;
Ann Kruger, RN, MBA; Carol Maxwell, LCSW, ACSW

Background/Significance

- There are many influencing factors that may cause a patient to become aggressive, and it may not always be related to the reason in which they are being treated.
- An increase in behavioral health prevalence and limited behavioral health resources results in more patients presenting to medical facilities for treatment.
- An increase in staff injuries calls for a comprehensive, proactive approach to safely care for our patients.

Purpose

- An increase in aggressive patients at a stand-alone pediatric hospital called for a comprehensive approach to providing safe care.
- An interprofessional team evaluated best practices and developed an initiative to screen patients for their risks and implement proactive interventions.



Methods

- The Behavioral Risk Precaution Taskforce was formed and consisted of interprofessional team members including clinical nurses, nurse leaders, Social Work, Child Life, Psychiatry, Mental Health APRN, Nursing Professional Development, Security, Anesthesia, Occupational Health, and Quality.
- The Taskforce collaborated with other organizations and evaluated best practices to determine criteria for identifying patients at risk.
- Interprofessional collaboration allowed for the proactive identification and interventions implemented for identified patients.
- Interventions included:
  - Identifying the patient as a Behavioral Risk Watcher.
  - Communicating the patient status during meetings that are held three times a day.
  - Providing a care attendant for monitoring of the patient.
  - Ensuring safety of the environment and location of the patient's room.
  - Checking patient belongings and removing unsafe items.
- The Taskforce developed and disseminated hospital-wide education on the initiative.

Screening Criteria for Behavioral Risk Precautions

- Current self-harming behavior or verbalization of intent
- Use of illicit substances or medications not as prescribed in the past 48 hours; either report of use or confirmed by urine drug screen
- Transferring from psychiatric facility or forensic facility
- Current or report of psychosis, paranoia, delirium, or hallucinations in past week
- Current, verbalization of intent, or history of aggressive behavior or destruction of property in past 12 months
- Current/verbalization of intent/history of running away/elopement in past 12 months
- Suicidal ideation as indicated by Columbia Suicide Severity Rating Scale (C-SSRS)

Behavioral Risk Precautions

- Care attendant (with CPI Training, if available)
- Safe room (environment and location)
- Check belongings and remove unsafe items

Suicide Precautions

- Behavioral risk precautions
- Purple scrubs
- Remove all personal belongings
- Not allowed to leave room unless medically necessary
- Food tray precautions

Elopement Precautions

- Behavioral risk precautions
- Purple scrubs
- Remove all personal belongings
- Not allowed to leave room unless medically necessary

Outcomes

- The work of the Taskforce resulted in implementation of processes for screening patients for the risk of aggressive behaviors, implementing proactive interventions, and collaborating with interprofessional teams to positively impact the patient and staff safety.
- As a result, there has been a decrease in the number of staff injuries from behavioral incidents.

Implications for Practice

- Implementation of a screening process and proactive interventions required a comprehensive process involving nurses and many interprofessional team members.
- Implementation of this initiative resulted in increased safety of patients and staff.

Virtual Reality for Burn Wound Care Pain in Adolescents

Study 1: Effect of Virtual Reality on Adolescent Pain during Burn Wound Care

Debra Jeffs, PhD, RN, BC, FAAN, PI; Dona Dorman, MNSc, RNP; Susan Brown, BSN, RN; Amber Files, MSN, RN; Tamara Graves, BSN, RN; Elizabeth Kirk, MSN, APRN, BC, CNRN; Sandra Meredith-Neve, BScN, RN; Janise Sanders, BSN, RN; Benjamin White, BSN, RN; Christopher J. Swearingen, PhD

Background

- Burns cause intense pain; wound care often inflicts severe, intermittent pain.
- Analgesics reduce some pain; sedation is not always available or realistic especially in clinic settings.
- Research on unique effective non-pharmacologic strategies augmenting analgesics in ameliorating burn treatment pain is needed especially in children.
- Engagement with the distraction intervention and anxiety in the individual may affect distraction's effectiveness and procedural pain perception.

Aims

1. Evaluate the effect of virtual reality compared to passive distraction and standard care on acute pain perception among adolescents undergoing a burn wound care treatment in the outpatient burn clinic.
2. Determine the relationship and interaction among anxiety, desire for distraction, belief in distraction's efficacy, and engagement with distraction on adolescents' pain perception during burn wound care.

Methods

DESIGN: 3-group, blinded RCT:

- Virtual Reality (VR) "SnowWorld"
- DVD: "Cloudy with a Chance of Meatballs"
- Standard Care (SC)

SAMPLE:

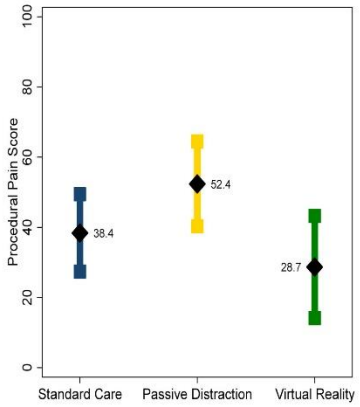
- English-speaking adolescents ages 10-17
- First-time burn wound care in outpatient Burn Clinic
- Absence of cognitive delay, seizure disorder, or history of motion sickness

MEASUREMENT TOOLS:

- Pre-Procedure Questionnaire (Investigator)
- State Trait Anxiety Inventory for Children (STAIC)
- Adolescent Pediatric Pain Tool (APPT)
- Post-Procedure Questionnaire (Investigator)

Results

Aim 1: Pain Scores by Group Estimated from a Multivariable Linear Regression Adjusting for Age, Gender, Pre-Procedure Pain, State Anxiety, Pre-procedure Analgesics, and Treatment Length



Aim 2: Relationship between anxiety, desire and beliefs about distraction, engagement, and pain

	Desire for Distraction	p	Belief in Distraction's Efficacy	p	Engagement with Distraction	p
N	28		18		18	
State Anxiety*	0.223	.26	-0.276	.15	-0.102	.61
Trait Anxiety*	0.119	.59	-0.347	.18	-0.622	**.007**
Procedure Pain†	0.059	.60	0.210	.054	-0.217	**.045**

*Semi-partial Correlation estimated adjusting for age, gender, pre-treatment opioid analgesic use, and treatment group.

†Semi-partial Correlation estimated adjusting for age, gender, pre-treatment opioid analgesic use, pre-procedural pain, and treatment group.

Study 2: Novel Virtual Reality for Burn Wound Care Pain in Adolescents

Debra Jeffs, PhD, RN, BC, FAAN, PI; Tiffany Teague, MSN, APRN, FNP-BC; Lauren Baxley, BSN, RN, CCRN; Amber Files, MSN, RN; Elizabeth Marrero, MSN, RN, CNOR(e), CIC; Mandy Yelvington, MS, OTR/L, BCPR; Eric Braden, CHSE, CHSOS, EMT-B; Shasha Bai, PhD; Beverly Spray, PhD; Ester Teo, MD

Background

- Opioid analgesics have untoward side effects.
- The opioid addiction crisis requires testing and use of effective non-pharmacologic treatments.
- High-technology virtual reality (VR) on the consumer market offers promise for discovery and translation of effective non-pharmacologic pain management.
- Study 2 builds on Study 1, the first known RCT in the adolescent burn population in the ambulatory clinical setting to use burn-specific, high-technology, customized VR distraction, which found statistically significant less pain during burn wound care in the VR group than a passive distraction intervention group.
- Psychological factors, e.g., anxiety, fear, previous experience with healthcare procedures, temperament, and coping styles, may affect the efficacy of distraction in reducing procedural pain.
- Cognitive factors, e.g., patient choice, desire for distraction, belief in distraction's efficacy, and engagement in the distraction may influence efficacy of distraction.

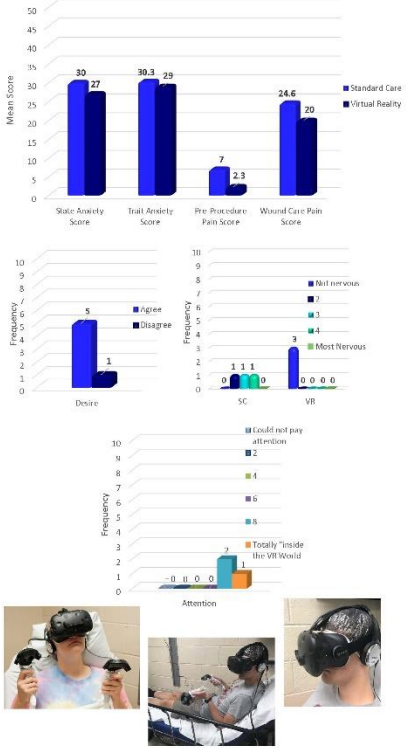
Aims

1. Compare effectiveness of age-appropriate, consumer available, high technology, interactive VR with SC on adolescents' procedural pain perception during burn wound care treatment in the outpatient burn clinic.
2. Examine the relationship and interaction of various factors, e.g., anxiety, gender, age, desire for distraction, belief in distraction's efficacy, and engagement with distraction, on adolescents' pain perception during burn wound care.
3. Describe adolescents' home analgesic and pre-procedural analgesic usage and relate to procedural pain levels.
4. Determine cost of implementing commercially available VR for routine burn wound care in the ambulatory clinic setting.

Results to Date

DESIGN: 2-group, blinded RCT: VR "Cool" and SC
9 participants enrolled and 8 completed the study
Preliminary Analysis:

- VR group (n=3) and SC group (n=3)
- All males
- Ages 11-19 years *M* = 14.8 years



FUNDING: Study 1: Arkansas Biosciences Institute grant and donation from the Arkansas Children's Hospital Burn Center. Study 2: Arkansas Children's Research Institute President's Award and VR equipment donation from Firsthand Technology.

Achieving Inter-rater Reliability for the Implementation of Nurse-driven Pain and Sedation Protocol in the PICU

Shonda Grappe, BSN, RN, CCRN & Katherine Irby, MD, FAAP

Background

- It is a challenge for registered nurses (RNs) to achieve adequate levels of sedation in mechanically ventilated Pediatric Intensive Care Unit (PICU) patients due to the diversity of disease processes.
- Literature shows that achieving safe and consistent pain and sedation levels are important for patient outcomes.
- Inconsistent sedation scoring in the PICU results in a large variation of medication and dosing regimens employed by providers. This variation has the potential to contribute to over sedating, prolonged hospital stay, increased medical expenses, increased cognitive impairment, and delirium.
- In 2016, delirium protocols were introduced into the PICU. Initially prior to delirium implementation, all RNs were validated on delirium scoring using the Cornell Assessment of Pediatric Delirium (CAP-D).
- After CAP-D validation, dayshift and nightshift specific delirium protocols were introduced and education to new employees continues.
- Plans to introduce a sedation protocol to the PICU is underway in an effort to establish consistent sedation and pain medication delivery and minimization of delirium using a nurse-driven, goal-targeted pain and sedation algorithm.

Purpose

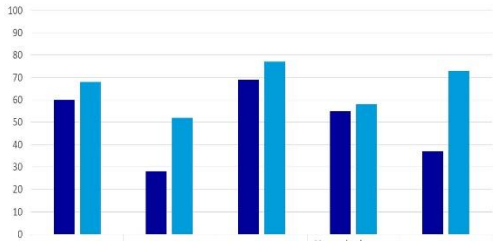
- Re-educate all PICU nurses on pain, sedation, delirium, and withdrawal assessments to establish inter-rater reliability for successful implementation of the Nurse-driven Pain and Sedation Protocol.

Implementation

- An initial needs survey was given to PICU RNs assessing their comfort and understanding of the pain, sedation, delirium, and withdrawal assessment policies and scoring tools.
- A sedation task force consisting of bedside PICU RNs, attending physicians, pharmacists, and members of the PICU leadership team developed an online training module.
- Current and on-boarding RNs were required to complete this online module prior to validation.
- The taskforce obtained photo/video consent from families and video scenarios were created utilizing different patients based on acuity and the pain scale used.
- These videos were utilized for inter-rater reliability validation.
- All PICU RNs attended the annual education fair at which time every nurse scored video scenarios on pain, sedation, delirium and/or withdrawal to ensure inter-rater reliability prior to the implementation of the Nurse-driven Pain and Sedation Protocol.

Outcomes

- The nurses were asked to complete a pre- and post-knowledge assessment on Pain, Sedation, Delirium and Withdrawal assessments.
- The data revealed an overall increase in confidence and knowledge when scoring Pain, Sedation, Delirium and Withdrawal in the PICU.



	Confidence in scoring Pain and Sedation	Confidence in scoring a patients Delirium	Confidence in utilizing the Withdrawal scoring system	Knowledge on times to score Pain, Sedation, Withdrawal and Delirium	Identification of Inteventions to decrease Delirium
Pre education	60	28	69	55	37
Post education	68	52	77	58	73

Conclusion

- The validation at the skills day revealed inconsistencies in knowledge of the pain, sedation, delirium, and withdrawal assessments.
- Inter-rater reliability was achieved through the online modules and the direct scenario validations.

Future Directions

- Continue with initial education and annual re-education for all PICU nurses.
- Nurse-Driven Pain and Sedation Protocol education development and completion by all PICU RNs.
- Implementation of a Nurse-Driven Pain and Sedation Protocol.

Literature

- Beck, L., Johnson, C. 2008. Implementation of a nurse-driven sedation protocol in the ICU. CACCN, 19(4), 25-28.
- Gaillard-Le Roux, B., et al. 2017. Implementation of a Nurse-driven sedation protocol in the PICU Decreases Daily Doses of Midazolam. Pediatri Crit Care Me, 18(1), e9-e17.
- Lebet, R., et al. 2017. Maintaining Interrater Agreement of Core Assessment Instruments in a Multisite Randomized Controlled Clinical Trial: The Randomized Evaluation of Sedation Titration for Respiratory Failure (RESTORE) Trial. Nurs Res, 66(4), 323-329.
- Harris, J., et al. 2016. Clinical recommendations for pain, sedation, withdrawal and delirium assessment in critically ill infants and children: an ESPNIC position statement for healthcare professionals. Intens Care Med, 42(6), 972-986.

Contact Information

PICU Clinical Educators

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- Katherine Irby, MD, FAAP, okirby@uams.edu

Growing Team Leaders in the Pediatric Intensive Care Unit

Shonda Grappe, BSN, RN, CCRN & Crissy Allen, BSN, RN, CCRN

Background

- Pediatric Intensive Care Unit (PICU) team leaders (TL) must be nationally certified and progress up the institution's career ladder.
- One TL is assigned per shift.
- The TL does not take a patient assignment.
- It is crucial that the TL performs as an expert during emergency situations.
- TLs are responsible for:
  - ✓ strategically planning the flow of patients in and out of the unit
  - ✓ ensuring appropriate patient assignments
  - ✓ serving as a clinical excellence resource
  - ✓ serving as the nurse code leader to the team
  - ✓ communicating with interprofessional team members
- TLs function as a patient/family advocate when question or concerns arrive.
- TLs, in collaboration with the medical resident and fellow, respond to all in-house respiratory and cardiac arrests and play a vital role in resuscitation of the patient/visitor as a member of the Code Blue Team.

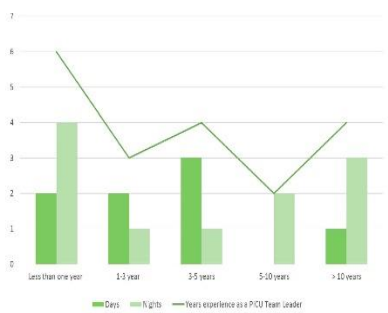
Purpose

- This project assessed the PICU TL needs, provided education on identified high risk/low volume situations, and assessed equipment to improve the comfort level of the TL and promote patient safety.

Implementation

- Areas for improvement were recognized during emergency events.
- Education gaps were identified through a learning needs assessment of the TLs in addition to areas identified by the unit nursing and physician leadership teams.
- Interdisciplinary mock codes are held 2 to 3 times per month depending on unit census.
- The mock codes occurred within the PICU and also assisted in identifying areas for improvement.
- A mandatory skills validation training session, focusing on identified needs, was developed by the PICU educator and patient care manager.
- All TLs attended this validation training session which covered a variety of topics, including but not limited to, emergency equipment use, recognition and interventions of emergency situations, arrhythmia recognition and treatment, critical airway supplies, and code roles.
- Pre- and post-assessments were administered with this training.

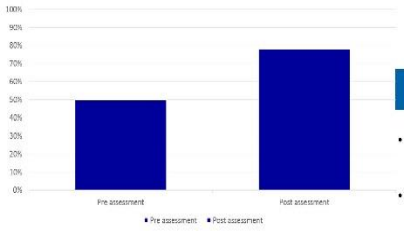
Years of experience as a PICU Team Leader on Days and Nights



Outcomes

- Pre-assessments were given to identify TL comfort level in various TL responsibilities.
- Experience level vary among day and night shift.
- Areas requested for improvement on post-assessment:
  - Communication
  - Quarterly education on varying topics
- 100% of the TLs responded in the post-assessment that things that were learned during the education will change their daily practice.

Comfort level in Team Leader role with varying job responsibilities



- Examples of topics on the pre- and post-assessment to identify TL comfort levels were:
  - Emergency equipment
    - Defibrillator
    - Emergency medications
    - Difficult Airway supplies
  - Escalation of notification
  - Nurse code leader

Conclusion

- The data showed an increase in confidence during emergency situations that, in turn, can lead to improved patient outcomes.
- Comments indicated the "real-life" atmosphere with the entire team involved.

Next Steps

- Quarterly education is currently being developed for TLs.
- All TLs have attended a debriefing course and will begin leading the post-arrest debriefing in the PICU.
  - This will improve consistency with debriefing within the PICU.

Literature

- O'Donoghue, S. C. (2015). Nurses' Perceptions of Role, Team Performance, and Education Regarding Resuscitation in the Adult Medical-Surgical Patient. MEDSURG Nursing, 24(5), 309-317.
- Blake, N. T. (2012, January). The Relationship between the Nurses' Work Environment and Patient and Nurse Outcomes. Relationship Between the Nurses' Work Environment & Patient & Nurse Outcomes, p. 177.
- Mahramus, T. L., Penoyer, D. A., Waterval, E. E., Sole, M. L., & Bowe, E. M. (2016). Two Hours of Teamwork Training Improves Teamwork in Simulated Cardiopulmonary Arrest Events. Clinical Nurse Specialist: The Journal For Advanced Nursing Practice, 30(5), 284-291. doi: 10.1097/NUR.0000000000000237

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Arkansas Children's Hospital Nursery Alliance
Improving the Quality of Newborn Care in Arkansas

Tracey Bradley-Simmons, BSN, RN, CCM; Ashley Ross, MD; Luann Jones, DNP, APRN, NNP-BC, NE-BC; Mary Salassi-Scotter, MNSc, RN, NE-BC; Allen Harrison, MD, BSN, CCRP; Beth Petlak, MBA; Melissa Wilcoxson, MS

Background

- Arkansas (AR) currently ranks 6th highest in infant mortality (IM) within the U.S.
- Further compounding this problem is the state's high incidence of teen pregnancies and challenges with health disparities and access to quality care.
- Arkansas Children's Hospital (ACH), the state's only Level IV Neonatal Intensive Care Unit, recognized a need to support other nurseries in clinical practice by leading a neonatal quality collaborative called the ACH Nursery Alliance.

Aims of the ACH Nursery Alliance

Infant Mortality

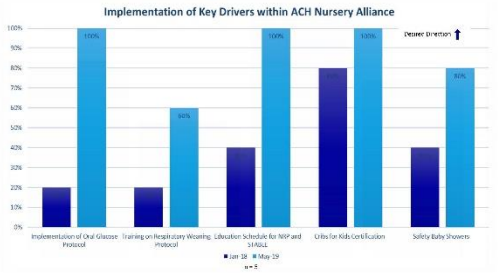
- Standardize evidenced-based policies and procedures
- Utilize neonatal data collection from partners for comparative benchmarking and to drive quality improvement initiatives
- Increase educational offerings across the ACH Nursery Alliance
- Coordinate care of newborns by establishing strong relationships between ACH's clinical teams and the teams at alliance hospitals

Program Interventions

- Collectively implemented an Oral Glucose Gel Protocol for the noninvasive management of Neonatal Hypoglycemia.
- Provided training on our Respiratory Weaning Protocol to direct the management of sick infants in need of increased respiratory support.
- Scheduled educational offerings primarily related to core competencies. Topics varied based on expressed need.
- Instituted community centered initiatives at partner sites such as collective support of ADH's Safe Sleep Initiative and training/resource support for Safety Baby Showers.

Outcomes

- Significant progress has been made to ensure that all partners activate and utilize their available resources.
- Work continues with establishing consistency across the ACH Nursery Alliance along with expanding resource availability and access.

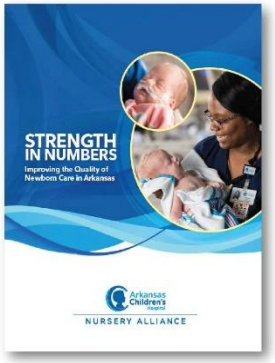


ACH Nursery Alliance

- The alliance is comprised of mainly Level I and II nurseries across AR that work together to improve neonatal clinical outcomes, keep newborn care closer to home, and ultimately reduce infant mortality.
- The alliance supports allied hospitals in clinical practice by aligning care with the clinical practice guidelines set by the Arkansas Department of Health.
- The alliance teams complete gap analyses to create customized goal plans for each partner and collectively agree upon overarching alliance goals to establish as priorities.

Innovation

- The ACH Nursery Alliance is the only neonatal quality collaborative in the nation led by a hospital system that is independent of its alliance partners. ACH took the initiative to allocate resources necessary to support community nurseries in an effort to improve quality outcomes while keeping babies and their families together. The result has been the establishment of a bi-directional teaching environment with a multitude of opportunities to learn from one other.



Implications for Nursing Practice

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

In-Situ High Fidelity Simulation Paired with Education Improves the Comfort Levels of Sleep Technologists Responding to Medical Emergencies in a Pediatric Sleep Center

Blair Langston, MSN, RN, CCRN; Jacki Spence, BSN, RN, CCRN-K; Beverly Spray, PhD; and James Hungerford MD

Introduction

- Arkansas Children's Hospital (ACH) is a free standing pediatric hospital serving patients from infancy to 18 years of age.
- The sleep lab at ACH is currently accredited through the American Academy of Sleep Medicine (AASM).

Purpose

- There has been little research that identifies the best way to prepare Sleep Technologists (STs) to identify deterioration early and how to respond in emergency situations.
- Although these events are rare, the risk still remains high.

Methods

- A program was developed by the Medical Emergency Team (MET) coordinator and Simulation Specialist with aims to increase the ability of STs to recognize deteriorating patients and increase their comfort levels when responding to emergency situations.
- In-situ mock code scenarios were presented based on common patient population, age, and diagnosis. The participants were asked to recognize signs of deterioration and respond appropriately to these events.
- The in-situ mock code scenarios utilized high-fidelity simulation mannequins.
- The scenarios were held in the sleep lab and required participants to use available emergency equipment.

Survey Item	Pre-survey median	Post-survey median	p-value	Adjusted Results*
How comfortable are you with performing BLS?	4.0	4.5	.0054	Not significant
What is your comfort level with initiating BLS?	4.0	4.5	.0054	Not significant
How comfortable are you with your knowledge of the skills necessary to perform BLS?	4.0	4.5	.0352	Not significant
Rate your comfort level with opening an airway.	4.0	4.5	.0039	**Significant**
Rate your comfort level with using a self-inflating/anesthesia bag and mask.	3.0	4.0	.0156	Not significant
Rate your comfort with using an Ambu bag and mask.	4.0	5.0	.0088	Not significant
Rate your comfort with using an EZ seal mask.	4.0	4.0	.1406	Not significant
Rate your comfort with utilizing the crash cart.	3.0	5.0	.0010	**Significant**
Rate your comfort with activating the ACH code blue team.	4.0	5.0	.0020	**Significant**
Rate your comfort with activating MET.	4.0	5.0	.0020	**Significant**
Rate your comfort level trouble shooting equipment problems.	4.0	5.0	.0313	Not Significant
Rate your comfort level with your ability to identify your role once the code team arrives.	4.0	5.0	.0020	**Significant**
Rate your comfort level with your ability to recognize a deteriorating patient.	4.0	4.5	.0078	Not significant

* Results (i.e., the original p-values) were adjusted for multiple testing of 13 survey items using the Holms-Bonferroni test (1979). N = 15.

Results

- A total of 14 staff members participated in the program: 1 Registered Nurse, 4 Respiratory Therapists, and 9 STs.
- Post-education indicated all respondents felt more comfortable with their skills needed to perform basic life support (BLS) and their ability to identify their role when a code team arrived.
- Education increased the comfort level of respondents when identifying signs and symptoms of sepsis and when troubleshooting equipment.

Discussion of Findings

- The goal of the program was to improve staff confidence and competence when responding to emergency situations.
- The education provided a review of emergency response and available equipment.
- The mock code provided in-situ simulation in the learner's home environment.
- Debriefings were conducted to identify what went well and the areas for improvement.

Implications for Practice

- A unit specific, in-situ mock code simulation can increase the ST's ability to recognize deteriorating patients and increase their comfort levels when responding to these high-risk situations.
- In-situ simulation offers hands-on practice and team building.
- New scenarios will be implemented each year based on the educational needs of staff.

Implementing a Chemotherapy Nurse Role in an Inpatient Setting

Ricki Isom, RN, CPHON and Lindsey Ward, BSN, RN CPHON

Background

- Chemotherapy (chemo) errors occur at a rate of about one to four per 1000 orders and affect at least 1-3% of pediatric oncology patients.[3]
- Safety error audits in the inpatient Hematology/Oncology unit at Arkansas Children's Hospital (ACH) revealed an increasing trend in chemotherapy-related errors. The trends were associated with initial chemo orders, administration of the medications, supportive care, and monitoring of the medications and side effects.
- With a growing Hematology/Oncology program, there were increasing numbers of patients being admitted for chemo, and consequently had a negative effect on our nurse staffing.
- Inadequate staffing ratios and increased workloads result in decreased retention of nurses within the profession and specialty areas.[1,2]
- In an effort to decrease chemo errors and meet the needs of a growing department, a decision was made to implement an inpatient "Chemo Nurse" role.

Project Aims

- The main goal of implementing a Chemo Nurse was to improve chemo-associated error rates while improving safety and quality of care.
- Another goal was to develop a more thorough, safe, and systematic approach to checking and administering chemo.
- We aimed to improve staffing ratios on days with high chemo patient admissions as well as during the busiest chemo administration times on the inpatient unit.

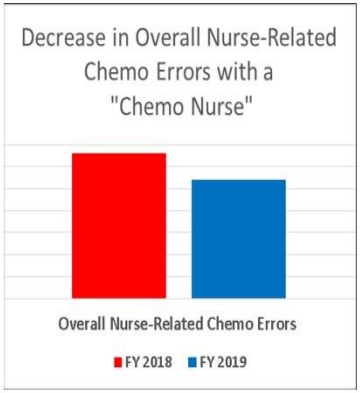
Methods

The following responsibilities were implemented with the Inpatient Chemo Nurse Role:

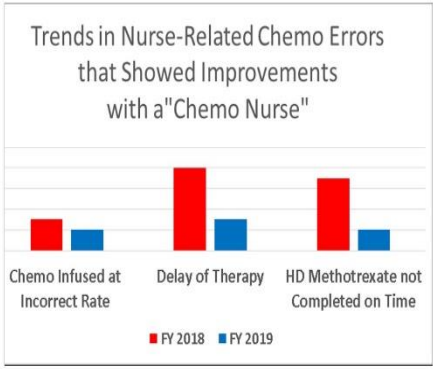
- The Chemo Nurse was typically staffed when chemo is most often administered and during high volumes of chemo admissions.
- Review chemo-related safety occurrences.
- Provide real-time education to staff based on those occurrences. Identify trends, devise plans for addressing those trends and implement changes related to those safety concerns.
- Audit patient charts to ensure all the steps of chemo administration and supportive care are completed safely and correctly.
- Actively participate in the organization's Hematology/Oncology Medication Safety Committee where interdisciplinary experts meet monthly to address safety concerns, evidence-based practice updates, and make changes that are pertinent to chemo administration.
- Orient and validate all new APHON Chemotherapy/Biotherapy providers.
- Review orders and communicate with physicians, pharmacists, and specialty nurses to address any changes/clarifications needed.
- Complete a calendar/worksheet based on each patient's orders including hydration, chemo agents, and rescue medications.
- Provide patient/family education regarding treatment.
- Support staff by taking admits, assisting with administering chemo, monitoring lab results, obtaining chemo from pharmacy, etc. ensuring treatments are started in a timely manner.
- Assist physicians, pharmacists and IT staff with building treatment plans utilizing protocols and roadmaps.
- Develop and implement an annual "Chemo Skills Lab" to maintain staff competency and address chemo-error trends and chemo-related updates.

Results

- Data collection on chemo-related errors began in FY 2018.
- From FY 2018 to FY 2019, the Chemo Nurse focused education and practice changes on the most prevalent chemo errors. This resulted in an overall decrease in chemo-related safety occurrences.



- The most ubiquitous improvements noted were related to delays in therapy, high dose Methotrexate completion times, and incorrect infusion rates.



Discussion of Findings

- After implementing the Chemo Nurse role, our inpatient Hematology/Oncology Unit's safety occurrences related to chemo have declined.
- The Chemo Nurse allows for more appropriate staffing ratios and safer chemo administration during high volumes of chemo admissions.
- The Chemo Nurse has provided the ability to address chemotherapy/biotherapy issues in real-time as they arise, recognize trends needing improvement, and implement changes regarding those trends.
- Having a Chemo Nurse to provide all chemo orientation and re-education to staff allows for a consistent and systematic method for checking and administering chemo.
- Chemo-related trends are continuously monitored offering the ability to recognize further progress made as well as new trends or areas needing improvement.

References

1. Griffin, F.A. (2014). Patient safety and medical errors. In M.S. Joshi, E.R. Ransom, D.B. Nash, & S.B. Ransom (Eds.), *The healthcare quality book: Vision, strategy, and tools* (3rd ed., pp. 269–296). Chicago, IL: Health Administration Press.

2. Scott, E.S., & Miles, J. (2013). Advancing leadership capacity in nursing. *Nursing Administration Quarterly, 37*(1), 77–82. doi: 10.1097/NAQ.0b013e3182751998

3. Weingart, S.N., Zhang, L., Sweeney, M., Hassett, M. (2018). Chemotherapy medication errors. Lancet Oncology, 19(1), e191-e199. doi: https://doi.org/10.1016/S1470-2045(18)30094-9

Providing Consistent Safe Care to Pediatric Oncology Patients in a Rural State

Sara Neal, BSN, RN, CPN, CPHON; Amir Mian, MD,MBA; Carol Oldridge, BSN, RN, CPN, CPHON; Robyn Abernathy, MSN, RN, CPHON, CNL

Background

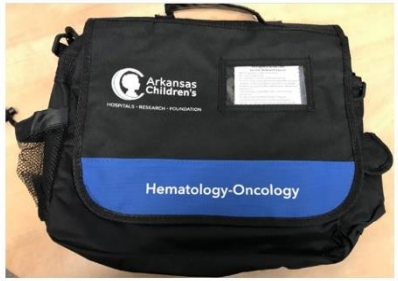
- Pediatric Oncology nurses in rural states are tasked with finding ways in which to provide patients and families consistent safe care throughout the area.
- Living in a rural state, pediatric oncology patients can live as far as 4-6 hours from the only pediatric facility in Arkansas.
- After receiving patients transferred to Arkansas Children's Hospital (ACH) from rural emergency rooms (ER) and meeting with patients and families, the Hematology/Oncology (Hem/Onc) Central Line Associated Bloodstream Infection (CLABSI) team was tasked with developing a 'to-go' bag and education to ensure that patients receive safe quality care regardless of the setting.

Clinical Question

"How can pediatric oncology patients with fever and neutropenia get safe quality care in an adult ERs where staff potentially have never encountered a pediatric oncology patient and/or accessed a central line?"

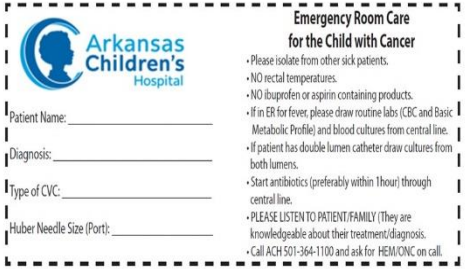
Purpose

- The purpose of a 'to go' bag was to provide patients, families, and staff at outside hospitals all materials that would be needed in order to provide safe quality care for this patient population in a rural setting.



Hem/Onc Bag Contents

- Medication Bag
- Emergency Room card and letter
- Treatment plan
- List of Medications
- Central Lines supplies
- Fever and Neutropenia DVD


Arkansas Children's Hospital

Patient Name: _____

Diagnosis: _____

Type of CVC: _____

Huber Needle Size (Port): _____

Emergency Room Care for the Child with Cancer

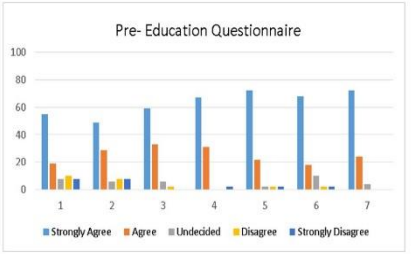
- Please isolate from other sick patients.
- NO rectal temperatures.
- NO ibuprofen or aspirin containing products.
- If in ER for fever, please draw routine labs (CBC and Basic Metabolic Profile) and blood cultures from central line.
- If patient has double lumen catheter draw cultures from both lumens.
- Start antibiotics (preferably within 1hour) through central line.
- PLEASE LISTEN TO PATIENT/FAMILY (They are knowledgeable about their treatment/diagnosis.
- Call ACH 501-364-1100 and ask for HEM/ONC on call.

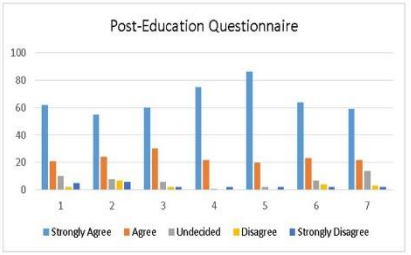
Method

- The supply list was developed based on the type of central venous catheter (CVC) that patients had.
- The brochure explained the CVC catheter with a removable identifying card listing the patient's name, diagnosis, type of CVC, and port needle size (if necessary). Recommended labs, antibiotics, and the phone number to the facility was located on the back of the card.
- A letter was drafted to explain to ER staff how to care for a fever and neutropenia patient.
- An educational DVD was developed for patients and families.
- A pre- and post-education questionnaire assessed the effectiveness of the education.
- Patients/families were given a 'to-go' bag to house their CVC supplies that are needed in the event that the CVC needs to be assessed and proper equipment is not available.
- The 'to-go' bag contained the letter, card (from the brochure), DVD, handbook, medications, and an up-to-date medication list.

Education Questionnaire

Question 1: *"I know what the word Neutropenia means"*
Question 2: *"I know the steps to take in order to prevent a central line infection"*
Question 3: *"I can recognize the signs and symptoms of an infection"*
Question 4: *"I know when to go to the Emergency Department"*
Question 5: *"I know what to tell the Emergency Department staff when we get there"*
Question 6: *"I understand that if the port cannot be accessed quickly, an IV will be started"*
Question 7: *"I know that when admitted, my child may have to go to PICU or IMU if more monitoring is needed"*





Evaluation

- Upon completion of the training, pediatric oncology patients and families showed an increased knowledge of F/N prevention, signs, and symptoms as indicated through the survey that compared pre- and post-education results.
- All newly diagnosed patients continued to receive the Hem/Onc bag and education funded through 2018 by a Hyundai Hope on Wheels grant obtained by Dr. Amir Mian. Hem/Onc bags are now funded through the Hem/Onc Department.
- Supplies are checked prior to discharge and during outpatient Hem/Onc encounters and replenished as needed.
- Education needs assessments are ongoing and innovative ideas are being implemented to provide safe, consistent, quality care for the pediatric patient population.

Developing and Implementing a CPHON Preparation Course

Lindsey Ward, BSN, RN, CPHON & Carol Oldridge, BSN, RN, CPHON

Background

- Research shows specialty certification of registered nurses is related to patient safety (Kendal-Gallagher & Blegen, 2009). Research also shows nationally certified nurses have enhanced feelings of accomplishment, credibility, personal satisfaction, and professional commitment (Brown, Murphy, Norton, Baldwin, Ponto, 2010). As a result, Arkansas Children's Hospital had an organizational goal to increase nursing certifications.
- In an effort to increase specialty certifications in our Hematology/Oncology (Hem/Onc) department, a gap analysis was completed with staff nurses interested in becoming a Certified Pediatric Hematology/Oncology Nurse (CPHON). Nurses expressed that along with having testing anxiety, they were intimidated by the intense studying required for CPHON. Nurses voiced feeling overwhelmed when looking at the test content outline. They also complained that there was a lack of guidance in the studying process for the CPHON exam as well as a lack of study resources available.
- With an incentive to increase the number of CPHON nurses and better prepare them for the exam, our unit-based council presented management with a request to develop our own preparation course.

Project Aims

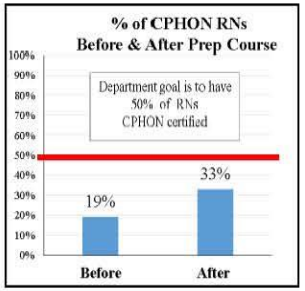
- By developing a CPHON Preparation Course, we aimed to increase the number of CPHON certified nurses in our Hem/Onc department.
- Another goal of our preparation course was to prepare Hem/Onc nurses for the CPHON certification exam by providing study information regarding the CPHON exam, study guidance, increasing the nurse's knowledge in the content outline areas, and reducing test-taking anxiety.

Methods

- A team of experts was created that consisted of the Hem/Onc inpatient and outpatient clinical educators and "seasoned" nurses, all of whom were CPHON certified.
- An assessment was completed to determine the number of nurses qualified & interested in certification.
- The nurses attending the preparation course signed a contract to sit for the exam by the end of the year (within 6 months of the class).
- Specific study needs and interests to help the studying process were identified.
- A course outline/itinerary was created from the feedback received, CPHON Test Content Outline, and APHON's Foundation Course.
- The 2½-day length of the course was determined based on the itinerary.
- To ensure the content fit into 2½ days, we developed an agenda with a timeline for each topic (i.e. Sickle Cell – 60 minutes).
- Subject matter experts were asked to present material (e.g. a Hematologist presented hematology slides, neuro-oncology specialty nurse presented CNS tumors).
- APHON's Foundation Course, Essentials of Pediatric Hematology/Oncology Nursing: A Core Curriculum, and other credible resources were used to develop the content slides.
- Study questions were collected and uploaded into a game-based learning platform. Attendees were able to interactively participate in study questions after each topic was presented.
- Each presenter was given slides with instructions that they could add content but could not remove any, and they had to stay within their designated time frame.
- After material was finalized, binders were created for attendees with ONCC exam resources, slides and additional study resources.
- Nurse Planners assisted to provide continuing education hours for the course that the attendees could use when applying to sit for the exam.

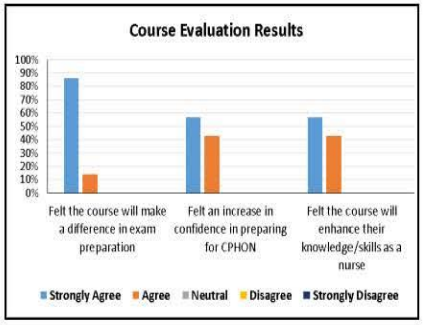
Results

- 100% pass rate by course attendees on their first attempt.
- Increased the percentage of CPHON certified nurses from 19% to 33%.



Evaluations

Evaluations were completed by all attendees immediately following the course.

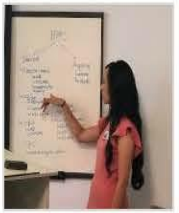


Surveys were sent to all attendees after they passed the CPHON exam:

- 100% of respondents stated the Prep Course helped them prepare for the CPHON exam
- They liked having different subject matter experts present the different topics.
- They felt the information also helped them at the bedside with patient care.

Implications for Practice

- Increasing the number of CPHON certified nurses at ACH validates they are qualified and knowledgeable in caring for the Hem/Onc patient population.
- Being certified in their specialty helps the Hem/Onc nurse demonstrate leadership, stay up-to-date on the rapidly changing field of hematology/oncology, positively impact patient care, and build their confidence.
- To maintain Magnet Certification status, Magnet expects that 50% of staff nurses ***on each unit*** should be certified.
  → A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution.



References

- Brown C. G., Murphy C. M., Norton V., Baldwin P. D., & Ponto J. (2010). The value of oncology nursing certification. *Clinical Journal of Oncology Nursing*, 14(6), E63–E69. doi: 10.1188/10.CJON.E63-E69
- Kendall-Gallagher, D., & Blegen, M. A. (2009). Competence and certification of registered nurses and safety of patients in intensive care units. *American journal of critical care : an official publication, American Association of Critical-Care Nurses*, *18*(2), 106–114. doi:10.4037/ajcc2009487

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Lee Anne Eddy, MSN, RN, NEA-BC was named the recipient and steward of the John Boyd Family Endowed Chair in Pediatric Nursing.

Angela R. Scott-Roberson, MNSc, RN, APRN, PCNS-BC was selected for induction as a Fellow into the National Association of Clinical Nurse Specialist's CNS Institute.

Lametria Wafford, MNSc, RN-BC was selected as a new member of the 2021 Content Planning Committee serving the 2021 and 2022 annual conventions for the Association for Nursing Professional Development.

Debra Jeffs, PhD, RN, NPD-BC, FAAN was recognized by the Arkansas Nurses Association for Professional Excellence and Leadership.

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

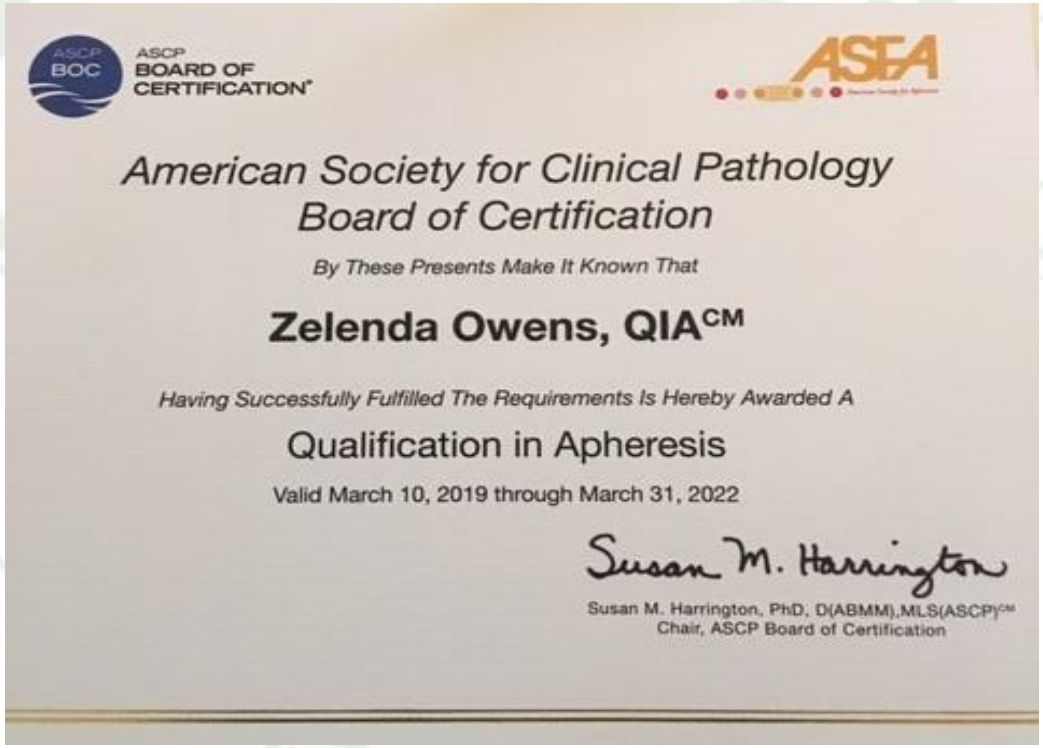
Qualification in Apheresis

The Qualification in Apheresis (QIA) is offered through and in partnership with the Board of Certification (BOC) of the American Society for Clinical Pathology (ASCP) and American Society for Apheresis (ASFA). The QIA follows the Hemapheresis Practitioner (HP) and Apheresis Technician (AT) certifications. The QIA has only been offered since January 2016. It expands credentialing for apheresis medical professionals.

Zelenda Owens, BSN, RN, CPN, QIA is the first and only RN recognized in Arkansas. As with all certifications, education is required to renew. Suzanne Saccente, MD is the other professional in Arkansas who has her QIA. There are only 126 professional as of April 30, 2019 who have passed this test and gained their QIA.

ASFA
American Society for Apheresis

Zelenda Owens, BSN, RN, CPN, QIA
Apheresis


ASCP BOC
ASCP BOARD OF CERTIFICATION

ASFA

American Society for Clinical Pathology
Board of Certification

By These Presents Make It Known That

Zelenda Owens, QIA^{CM}

Having Successfully Fulfilled The Requirements Is Hereby Awarded A

Qualification in Apheresis

Valid March 10, 2019 through March 31, 2022

Susan M. Harrington

Susan M. Harrington, PhD, D(ABMM),MLS(ASCP)^{CM}
Chair, ASCP Board of Certification

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 217**.**

2019 IU Nurse Graduates

Allie Barker, MSN, RN
Angela Scott, MSNc, RN, APRN, PCNS-BC
Dawn Morris, BSN, RN, CPN
Ginger McEarl, BSN, RN, CPN
Heather Spillyards, RN
Hilary Spurgeon, BSN, RN, NE-BC
Katie Cruz, MSN, RNC-NIC
Kelli Coatney BSN, RN, CPN
Maggie Mehl, BSN, RN
Rebecca Wilson BSN, RN
Tracey Bradley-Simmons, BSN, RN, CCM
Lauren Knight, RN, CPN

40 Under 40 Nurse Leaders - June 2019

Angela Rowe, DNP, APRN, PCNS-BC
Accreditation and Transplant Director

ARKANSAS CENTER FOR NURSING

Amber Ward, BSN, RN, CPN
Clincal Operations Manager
ENT & Dermatology Clinic

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Arkansas 100 Great Nurses - April 2019

Melinda G. Bona, BSN, RN, CPN
Pediatric Clinical Research Unit

Kristen L. Bradley, BSN, RN, CPEN
Emergency Room

Darrell R. Dodd, RN, CCRN
4H CVICU

Beverly English, MNSc, RN, CPN
3K Infant Toddler Unit

James Traylor, BSN, RN CNOR
Clinical RN - Surgical Services

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2019 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
- Champions a healthy workplace through modeling behaviors reflective of Arkansas Children's mission and core values
- Consistently displays integrity
- Role models and promotes evidence-based practice
- Demonstrates commitment to professional development
- Resolves conflict effectively

Tammy Diamond-Wells, MSN, RN, NE-BC
3E/3E Surgical

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
- Excellent communication with patients, families, staff
- Exceptionally mentors and teaches other staff
- Exhibits commitment to the profession of nursing
- Takes responsibility for professional development
- Advances research and evidence based practice
- Promotes interdisciplinary collaboration across the Arkansas Children's care continuum

Valerie Wessel, CNP
Otolaryngology

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2019 Nurses Week

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

Lesa Slaughter, BSN, TCRN, CPEN
Emergency Department

Nurse in a Supporting Role Award

Awarded to the outstanding nurse who contributes to excellence in nursing practice through their support of clinical nurses. examples may include Infection Prevention Nurses, Quality and Safety Nurses, etc.

Criteria for Selection:

- Models exemplary interpersonal skills
- Collaborates exceptionally with healthcare team
- Serves as an outstanding resource and mentor to staff
- Advocates for exceptional patient care
- Leads and encourages shared decision-making
- Actively engages in unit and/or org-wide initiatives
- Demonstrates commitment to professional development
- Engaged, approachable, and active mentor
- Exceptional, empathetic advocate for multidisciplinary teams
- Outstanding support in achieving quality outcomes

Elizabeth Marrero, MSN, RN, CNOR(e), CIC, MSN, RN, CNOR, CIC
Epidemiology

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2019 Nurses Week

Preceptor of the year Award

Awarded to the outstanding staff member who serves as a preceptor for other nurses transitioning to nursing practice at Arkansas Children's.

Criteria for Selection:

- Incorporates organizational and unit policies
- Fosters a safe clinical learning environment
- Demonstrates safe professional practice
- Integrates adult learning principles within the learning environment
- Provides preceptee with timely, objective, and constructive feedback
- Facilitates effective communication between preceptee and interprofessional team
- Fosters collegiality
- Integrates evidenced-based practices into precepting experiences for optimal outcomes
- Demonstrates advocating for the preceptee

Chyann Coffer, BSN, RN
3A PICU

Rookie of the Year

Awarded to the outstanding new Clinical RN of the year for their contributions to Arkansas Children's strategic priorities.

Criteria for Selection:

- No more than 2 years of RN experience at Arkansas Children's
- Role models the Arkansas Children's mission
- Embodies the core values of Safety, Teamwork, Compassion, Excellence
- Consistently displays a positive, can-do attitude
- Dedicated and willing to go above and beyond
- Inspires positive morale in fellow staff
- Supportive and empathetic to patients, family, and staff
- Exceptional team player

Ariana O'Donnell, RN
Recovery Room

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

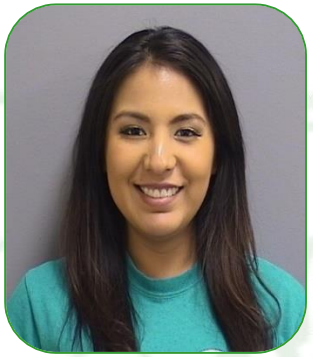
Excellence in Nursing - 2019 Nurses Week

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



Norma Garay, LPN
GPC

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

Cory Davis
3H NICU

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

DAISY Lifetime Achievement Award

DAISY Lifetime Achievement Award

This DAISY foundation Award is designed to recognize a nurse who has, over their career, promoted the positive image of the profession through active mentoring, role modeling, and advocating for patients.

Criteria for Selection:

- Minimum of 10 years' experience at Arkansas Children's
- Distinguished career as a nurse in clinical practice, administration, education, and/ or research that promote a positive image of professional nursing
- Demonstrates and actively engages in the professional development of self and others in the nursing profession
- Serves as a role model and advocate for nursing practice and the advancement of nursing as a professional
- Advocates for the improvement of patient care and serves as an exemplar for enhancing the patient experience
- Recognized by the broader nursing community as a transformational nursing leader

Carrie Lee, DNP, MBA/HCM, RN, NE-BC
Patient Care Services Vice President

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

Excellence in Nursing - 2019 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

Kim Edwards, BSN, RN, CPEN
Clinical RN - Ambulatory

Shirley Elmendorf, BSN, RN, RNC-NIC
Clinical RN - ICU

Alisha Stephenson, BSN, RN, CPN
Clinical RN - Medical/Surgical

Lucia Wesley, RN, CPN
Clinical RN - Specialty Nurses

James Traylor, BSN, RN CNOR
Clinical RN - Surgical Services

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 4,000 healthcare facilities in all 50 states and 25 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.

Stu Scott, BSN, RN, CPN
3K ITU

Meagan Malone, BSN, RN CCRN
3K ITU

Nicole Whiteaker, BSN, RN CPN
3D Surgical

Lauren Pouncey, MSN, RN, CPEN
Emergency Room

Melissa Sullivan, BSN, RN
Resource Team

Brook Scalzo, BFA, BSN, RN, CPN
Hematology/ Oncology Clinic

Tyler Simpson, BSN, RN, CHES
5D Progressive Care

Matthew Whaley, BSN, RN, NREMT, C-NPT ,
Transport Services

NURSING AWARDS, HONORS AND ACCOMPLISHMENTS

DAISY Award For Extraordinary Nurses

Jenny Chilton, BSN, RN, CPN
3D/ 3E Surgical

Taylor McNeill, AND, RN
3H NICU

Emalee Huffstutlar, BSN, RN
5E Medical

Tammy Craven, LPN
Neuroscience Specialty Clinic

Kristen Courtney, BSN, RN, CPN
3C Intermediate Care

The DAISY Award®
FOR EXTRAORDINARY NURSES
HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

Ariana Spurger, BSN, RN
4E/ 4H CVICU

Bre'a Johnson, RN
4D Neuroscience

DAISY Team Award
3A PICU

Staci McElroy, BSN, RN
3A PICU


ITU
Thank You!
4D NEURO
C V I C U


Arkansas
Children's
Hospital