

Nursing Annual Report

2016 - 2017



**Nicklaus
Children's
Hospital**



Dear Friends,

It is with great pride that we capture and share the 2016-2017 achievements of our Nicklaus Children’s nursing team. This report truly showcases how Nicklaus nurses impact care practice within our health system, enhancing safety, quality and patient satisfaction, while supporting optimal management of hospital resources. What an awesome team!

Our Nursing Department has long used the American Nurses Credentialing Center (ANCC) Magnet Model as its underlying foundational framework. Included herein are accounts of how our practice embodies the Magnet Model. Highlights for 2016 and 2017 include:

Structural Empowerment: Nurse-led teams identified issues and spearheaded initiatives that enhanced patient care practice as well as organizational success. Examples include the achievement of the ANCC Practice Transition Program accreditation with distinction of our Horizon Nurse Residency Program in December 2017. Another nurse-led success story includes an initiative that increased the number of babies discharged with an exclusive or partial breast milk diet.

Exemplary Professional Practice: Nurses in our Cardiac Intensive Care Unit (CICU) noted an opportunity to decrease unplanned extubations among patients within the unit. An inter-professional team was assembled to analyze UPE incidents, which gave rise to evidence-based protocols and standardization that has since eliminated UPEs in the CICU to date.

Transformational Leadership: A Nicklaus nursing team was quick to respond when Miami’s Midtown neighborhood became the nation’s first Zika-transmission zone in 2016. Nursing leaders from Nicklaus Children’s Midtown Outpatient Center quickly formed a “Tiger Team” to address the presence of Zika-carrying mosquitos in the area and to take steps to protect staff at the Midtown center and to advance awareness within the community by including Zika prevention information along with discharge instructions.

New Knowledge: Nurses in the hospital’s urgent care centers were instrumental in enhancing patient satisfaction by working with IT to develop a discharge app that facilitated a faster and more satisfying discharge experience. In addition, hematology-oncology nurses were responsible for development of an innovative nutrition screening tool to support the care and well-being of patients in the hospital’s Cancer and Blood Disorders Center.

These are just a few highlights from a remarkable couple of years of achievement. I hope you will take a moment review this report and share in the accomplishments of our proud Magnet nursing team.

Sincerely,



Jackie Gonzalez, DNP, MBA, ARNP, NEA-BC, FAAN
Chief Nursing Officer and Senior Vice President

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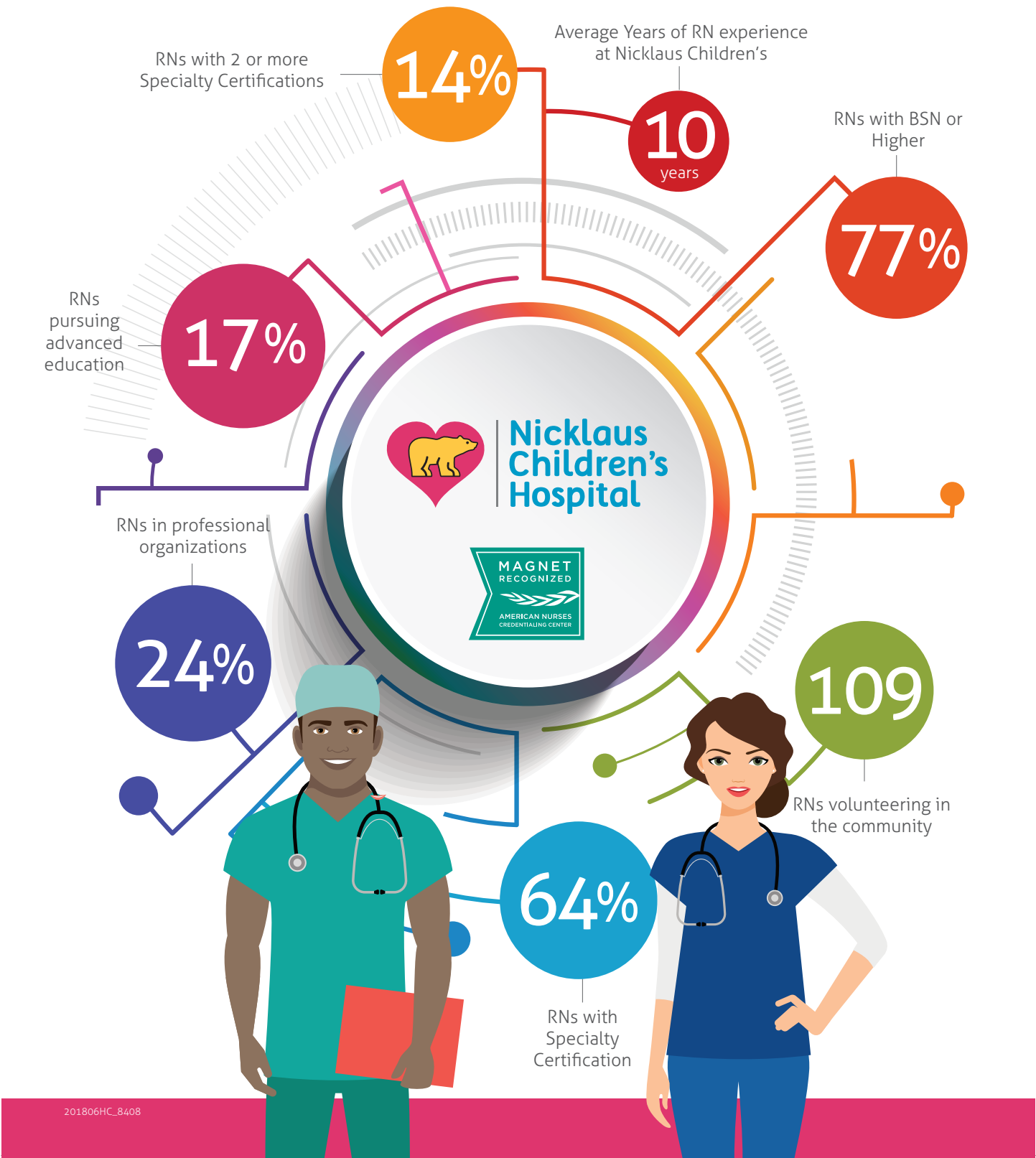
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2016-2017 Nicklaus Children's Hospital Nursing Highlights



Xoana Zampieri, BSN, RN, WCC, CPN received the 2017 Foster Grant for Wound, Ostomy, and Continence. The purpose of the Foster Wound, Ostomy and Continence (WOCN) Grant is to assist members of the American Pediatric Surgical Nurses Association (APSNA) to further their professional education and expertise in the area of wound and ostomy care.



Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN, Senior Vice President/Chief Nursing Officer at Nicklaus Children's Hospital was recognized by the Greater Miami Chamber of Commerce as a 2017 Health Care Hero in the nursing category. Dr. Gonzalez was honored for her leadership and commitment to patient safety, which gave rise to the hospital's Humpty Dumpty Falls Prevention Program, now in use in more than 1,300 hospitals around the world.



Raquel Pasarón, DNP, ARNP, FNP-BC, received the 2016 Founder's Award from the National American Pediatric Surgical Nurses Association (APSNA). This award is presented yearly to recognize an individual's significant contributions to the advancement of the care of pediatric surgical patients and exemplary service to the APSNA organization.

- Miami Children’s Health System underwent a name change to align the health system with the branding and identity of its flagship, Nicklaus Children’s Hospital. The health system—which includes the nonprofit hospital, its network of outpatient centers, a research institute, a fundraising arm, an employed physician practice and more - became Nicklaus Children’s Health System in recognition of the continued support from the Nicklaus Children’s Health Care Foundation and its founders, golf icon Jack Nicklaus and his wife Barbara. The hospital was renamed Nicklaus Children’s in 2015, following a multi-million dollar commitment from the Nicklaus family and its foundation.



- Patients of Nicklaus Children’s Hospital’s three intensive care units and its hematology-oncology and neurology-neurosurgery units moved into the newly opened Advanced Pediatric Care Pavilion, a six story 213,000-square-foot tower featuring the latest technical and family-centered advancements.

Highlights of the new tower include:

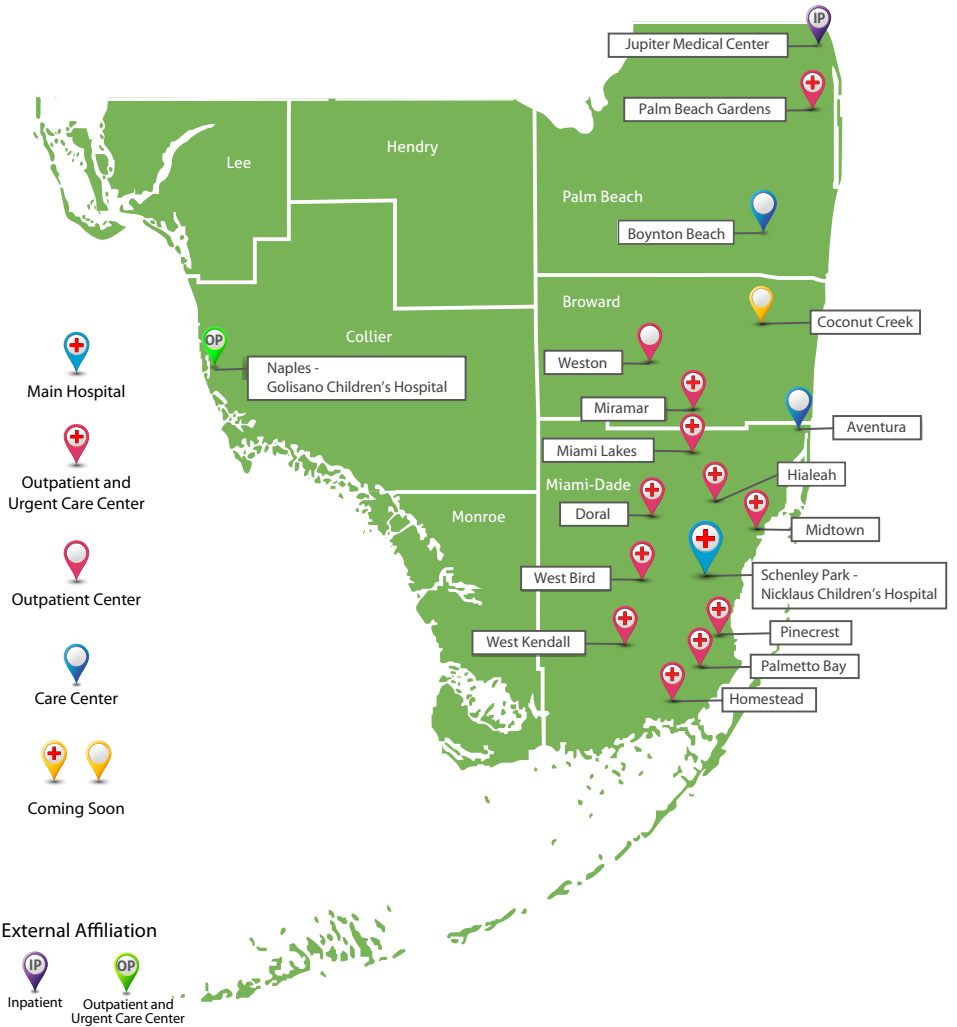
- Spacious family-centered rooms with amenities, including fold-out double beds, closet space and private baths.
- An intraoperative MRI to support care of children requiring surgery for brain tumors or medically-resistant epilepsy.



- Family spaces for play and relaxation. Spaces feature artwork by Florida photographers to illustrate individual floor themes: earth, water, air sun and universe.
- The latest technology (Sterisbooms) to make possible minor procedures within the Pediatric Intensive Care Unit.
- Pneumatic tube technology to speed transport of medications and lab specimens within the hospital.
- eSignage, electronic touch-screen LCD panel signs located outside of patient rooms to convey isolation precautions and other care team notifications.
- Mobile healthcare apps, enabling staff to be constantly connected and aligned through the latest communications.



- The Nicklaus Children’s West Bird Outpatient Center opened in Miami, FL, and the Pinecrest Outpatient Center opened in Pinecrest, Florida. The centers offer walk-in pediatric urgent care and X-ray services from birth to 21 years of age, provided by board-certified pediatric physicians for minor injuries and illnesses.
- The 7,500 square foot Nicklaus Children’s Aventura Care Center opened in Aventura, Florida, offering a range of pediatric subspecialty consultations for children from birth to 21 years of age.
- The newly opened Boynton Beach Care Center is the newest Nicklaus Children’s care location and offers a range of services for children from birth through 21 years of age.





- Eight subspecialty programs of Nicklaus Children's Hospital were ranked among the best in the nation in U.S. News & World Report's 2016-17 "Best Children's Hospitals" rankings.



- The American Association of Critical-Care Nurses (AACN) designated Nicklaus Children's Hospital as a premier institution for patient care, bestowing two more unit-based Beacon Awards for Excellence that brought the hospital's total number of Beacon Awards to six, a distinction no other children's hospital in the nation currently holds. The newly awarded units included 3 Northeast (med-surg specialty unit), with a gold-level Beacon Award, and 2 East (surgical unit) with a silver-level Beacon Award.
- Nicklaus Children's Hospital Horizon Nurse Residency Program has achieved accreditation with distinction from the American Nurses Credentialing Center (ANCC). Accreditation with Distinction is the highest recognition bestowed by the ANCC's Commission on Accreditation.



Nicklaus Children's is only the second children's hospital in the nation to achieve this recognition. ANCC Practice Transition Program Accreditation validates hospital residency programs that transition registered nurses (RNs) and advanced practice registered nurses (APRNs) into new practice settings that meet rigorous, evidence-based standards for quality and excellence. Nurses in accredited transition programs, like Nicklaus Children's Hospital's Horizon Nurse Residency Program, experience curricula that promote the acquisition of knowledge, skills and professional behaviors necessary to deliver safe, high-quality care.



- Recognized by the Get With The Guidelines®-Resuscitation Recognition Awards for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer cardiac arrests in the hospital. The hospital received a



Gold Achievement Award for the pediatric category and a Silver Achievement Award in the neonatal category.

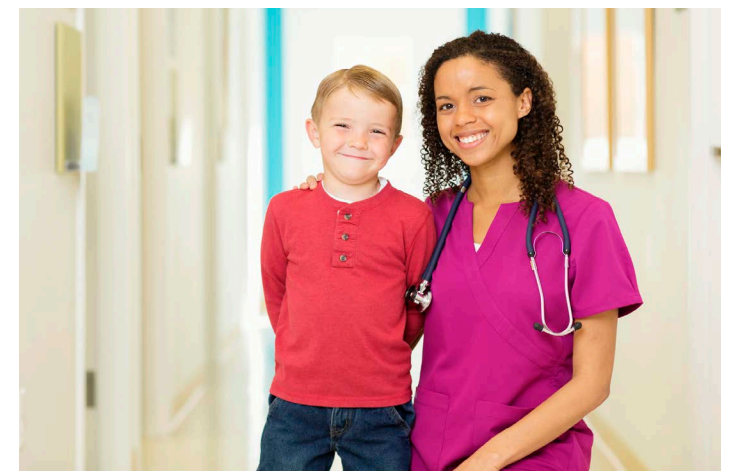
- The Bone Marrow Transplant Program at Nicklaus Children's Hospital has once again received internationally-recognized accreditation by the Foundation for the Accreditation of Cellular Therapies (FACT) at the University of Nebraska Medical Center. By demonstrating compliance with the FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing and Administration, Nicklaus Children's Hospital has earned FACT Accreditation for pediatric allogeneic and autologous hematopoietic progenitor cell transplantation; bone marrow and peripheral blood cellular therapy product collection; and cellular therapy product processing with minimal manipulation.



- Nicklaus Children's Hospital's LifeFlight® Critical Care Transport Program received the Neonatal and Pediatric Transport Award of Excellence by the Association of Air Medical Services (AAMS). The Award of Excellence is one of the most distinguished awards presented in the field of specialty air medical services and is sponsored by Airborne Life Support Systems Transport Incubators, a Division of International Biomedical Ltd. It recognizes significant contributions to the overall enhancement of neonatal/pediatric transport patient care.



- Received the 2017 Nicholas E. Davies Award of Excellence, presented by Healthcare Information Management Systems Society (HIMSS), a non-profit organization focused on better health through information technology. The Davies Award recognizes organizations that have utilized health information technology to substantially improve patient outcomes and value. HIMSS Analytics also awarded Nicklaus Children's Hospital with the Stage 7 Award, which honors hospitals operating in a paperless environment and representing best practices in implementing EHR.
- Nicklaus Children's Hospital partnered with Miami-Dade County Public Schools (MDCPS) in a program that provides telehealth consultations to support assessment of children who exhibit health issues while at school. The program connects school-based nurses and their patients with advanced care providers at Nicklaus Children's using a secure audiovisual connection. Using audio visual tools, the hospital-based providers are able to assess certain conditions of the skin, ears, eyes, throat and lungs to help determine if the child is well enough to stay in school. When appropriate, a prescription can be submitted to the pharmacy of choice, supporting families in obtaining treatment at the earliest opportunity.






Structural Empowerment



The DAISY Award is a nationwide program that rewards excellence in nursing. It was created by the DAISY Foundation to recognize the clinical skills, extraordinary compassion, and care exhibited by nurses every day. The award is given monthly to an outstanding nurse at Nicklaus Children's Hospital and in more than 200 hospitals across the United States. The DAISY Award recipient is recognized at a public ceremony and receives a framed certificate, a DAISY Award signature lapel pin, and a hand-carved stone sculpture entitled A Healer's Touch. Additionally, the recipient's unit or department receives cinnamon rolls with the sentiment that the heavenly aroma will remind them how special they are and how important their work is.

2016




Carissa Csanalosi, RN
January 2016

"Carissa, your dedication to our children and families has made a tremendous difference."



Cristina Lebron, RN
February 2016

"Thank you, Kristina, for the incredible work you do every day for Nicklaus Children's Hospital, our patients, and families."



Marissa Rodriguez, RN
March 2016

"Our daughter was born with a metabolic disorder called NKH and she had uncontrollable seizures. Marissa had so much compassion for her and my family. Our daughter will always know about Marissa. I know she will look at Marissa with the same love in her heart that Marissa has had for her."




Kathy Geiger, RN
April 2016

"Kathy came in on a Saturday morning on her day off to sit with a mother and comfort her when her son passed away. After he passed, Kathy remained with the mother until she was able to compose herself to leave. This demonstrates Kathy's compassion and empathy."




Kim Martin, RN
May 2016

"Kim was incredible. Highly efficient when meds were about to finish. She was right there. Kim was consistently respectful and cheerful."




Sandra Burret, RN
June 2016

"We have had the privilege of working alongside her on many occasions and she is truly one of our BEST! We can vouch for her cautious care, empathy, and dedication. As an oncology nurse, she gave compassionate and scrupulous care."



Yanisley Menendez, RN
July 2016

"The family is so grateful to Yanisley because she is compassionate and concerned over their baby's welfare. Yanisley gives extraordinary compassion and skillful care every day."




Jeannie Perez, RN
August 2016

"Jeannie is an amazing nurse. She brings to her patients knowledge, education, comfort, and laughter-the best medicine. We recently had a patient who drew a flower with messages to different nurses and Jeannie's said: 'Ms. Jeannie I love you because you are so funny and you make me happy.'"



Ana Comptis, RN
September 2016

"Ana has been an excellent nurse. Excellent care. Attentive at all moments to my son. Always checking to make sure everything is ok. I don't need to call her. Great attitude with my son. Very caring, professional."




Elizabeth Woodman, RN
October 2016

"Ms. Woodman is a very knowledgeable nurse who always expresses her enthusiasm while emitting positive energy. She is always willing to offer her assistance and is aware of the needs of staff, patients, and families."



Lena Iglesias, RN
November 2016

"After only a few short hours within the room, I can feel her passion and love for what she does. It is something very few people can radiate. She has been wonderful with our little girl."



Andrea Murray, RN
December 2016

"Andrea always makes sure that everyone is doing well with their patients and always willing to help out a nurse in need. She shows a lot of compassion for patients and does her best to make patients as comfortable as possible."



Ada Verjano-Crespo, RN
January 2017

"Ada consistently demonstrates all the characteristics of the Daisy Award winners. She is always a positive, hardworking and compassionate nurse who always puts patient care above all. Ada loves what she does and never allows any stressful situation to affect her nursing morals."



Marguerite Cadet, RN
February 2017

"She loves her profession and the organization as a whole. Her favorite part of her job is the children that she cares for, as she is able to develop a special bond with each and every child as well as their family."



Sarah McKeowen, RN
March 2017

"Sarah graduated from Concordia College in Minnesota with her BSN. She worked in two other hospitals before finally reaching her lifelong goal of pediatric nursing at Nicklaus Children's Hospital. Sarah is also very passionate about women's healthcare and spends a lot of time working with clients by teaching women and/or couples about their health and fertility."



Yisandra Delgado, RN
April 2017

"She is the best nurse ever! She treated my daughter the very best. She is very helpful and answers every question I have and she is very attentive. She has allowed me to be a part of my daughter's care, which also means a lot."



Marnelle De Leon, RN
May 2017

"From the moment she came into our room, nurse Marnelle has been very attentive to our little boy. She answered questions and even took the time out to show my spouse a comfortable feeding position for our boy. I was unable to get my spouse to change the diapers but she pushed him until he did it!"



Stephanie Lamoureux, RN
June 2017

"Our daughter has a heart defect so she has been admitted since she was born. She is only 3 days old and it has been very stressful. Stefanie has been with us for 2 days and she has been wonderful in keeping us very informed all the time. She has been very attentive to our daughter. My wife and I feel she has gone above and beyond in her duties making us feel very comfortable in our situation."



Jeanine Diaz, RN
July 2017

"After spending a super rough night with my baby in a lot of pain with morphine, I woke up to find our new nurse and fell in love with her right away. She was so special that it has made me forget we were in the hospital. Jeanine's passion is amazing. She loves her job."



Dianne Crabtree, RN
August 2017

"Dianne has been a nurse for 6 years. She went to nursing school on a full scholarship and attended Miami-Dade College. She's currently pursuing her BSN at West Coast University. She is an invaluable part of the nursing team."



Clara Reyes-Miranda, MSN, ARNP
September 2017

"Clara's love and enthusiasm for the children and the care she provides truly makes her extraordinary."



Cristina Brador, BSN, RN, CPN
October 2017

"Cristina's positive attitude and caring spirit make her a fantastic part of the Nicklaus Children's Hospital nursing team."



Vicky Alfonso, BSN, RN, CPN
November 2017

"She really seemed to love her job and the patients under her care. What sets her apart is her ability to calm the nerves of very terrified parents and her ability to make a child who is in pain smile."



Anja Glassner, RN
December 2017

"Anja's caring and compassion makes a difference in the lives of everyone she touches."

Congratulations to Nicklaus Children's Hospital nurses that are the 2016-2017 recipients of the DAISY Award, a nationwide program that rewards excellence in nursing.

2017



Nationally Certified Nurses

Certified Asthma Educator (AE-C)

Hidalgo, Ivette M.

Certified Ambulatory Care Nurse

Corales, Carlos M.

Scippio, Rashard L. - Good

Bone Marrow Transplant Certified Nurse (BMTCN)

Blanco, Natalie A.

Burke, Michelle L.

Mendez, Kristen M.

Padron, Jennifer A.

Retchin, Brittney

Ruano, Jennifer A.

Tai, Michelle A.

Taylor-Amador, Sarah E.

Torres, Karina

Certified Ambulatory Peri-Anesthesia Nurse (CAPA)

Salvatore-Bimmler, Carla

Certified Case Manager (CCM)

Gay, Michele D.

Mackenzie, Teresa

Certified Clinical Research Coordinator (CCRC)

Varela, Leslie

Whalen, Ruby

Critical Care Registered Nurse (CCRN)

Adaza, Naomi

Aguilar, Alicia P.

Bermudez, Enrique J.

Caballero,Kirian T.

Castro, Dyana D.

Coronado, Javier A.

Cosio, Mercedes

Cruz, Lissette

Cuadra-Roque, Bismarck

Cupido-Hylton, Carol

Del Busto Naval, Covadonga

Dimaano, Gina J.

Duarte Jackson, Mandy

Fernandez, Aury

Forcine, Christina J.

Frank, Sandra J.

Galfas, Jade

Gonzalez, Erik M.

Gonzalez, Lourdes C.

Gonzalez, Melanie D.

Gordon, Carlos A.

Grimes, Leah

Guldris, Jesselky

Hales, Emily A.

Harris, Pauline A.

Jones, Amy

Lacandalo, Vivian M.

Latorre, Alice R.

Leiva, Stephanie

Li, Ming

Machin, Krystina A.

Mcgahey, Anna O.

Mendoza, Krystel

Miranda, Kristina A.

Morales, Amanda V.

Moreu, Lazaro

Odonnell, Gail A.

Olen, Melissa M.

Olsen, Holly

O'Neill, Mariana C.

Ortega, Elena C.

Ortiz, Joy A.

Patino, Cristhian D.

Pelley-Johnson, Cynthia

Perez, Victoria

Persia, Sherry Lynn L.

Pierre, Oldine

Prado, Miriam

Ramirez, Carolyn N.

Ramirez, Diana M.

Rodriguez, Ana L.

Sardinas-Lago, Nicole A.

Tena, Flor D.

Velarde, Jeanneth C.

Wiggins, Jamie

Williams, Christopher K.

Wong, Michele

Wright, Lisa A.

Yenor, Jeffrey

Acute Critical Care Nursing Knowledge Professional (CCRN-K)

Nylander-Housholde, Linda

Certified Diabetes Educator (CDE)

Eule, Marta D.

Cummings, Jennifer L.

Santos, Nelly S.

Valdes, Awilda

Certified Flight Registered Nurse (CFRN)

Berson, Brian S.

Crespo, Ada

Edwards, Juliette

Certified In Infection Control (CIC)

Murray, Karen L.

Thomas, Dorothy

Viar, Mary C.

Certified Lactation Counselor (CLC)

Churchill, Susan C.

Del Busto Naval, Covadonga

Feingold, Deana M.

Ferreyra, Grecia

Godfrey, Anel

Gonzalez, Lourdes C.

Miranda, Maria E.

Riveros, Alejandra

Rodriguez, Adriana

Santos, Nelly S.

Tena, Flor D.

Tommasini, Rina D.

Woodruff, Jessica

Yanez, Janice L.

Certified Legal Nurse Consultant (CLNC)

Alejano, Leah

Certified Medical-Surgical Registered Nurse (Cmsrn)

Fornaris, Susan M.

Gonzalez, Jorge

Certified Transport Medical Executives (CMTE)

Williams, Christopher K.

Certified Nurse Midwife (CNM)

Blank, Bonnie

Certified Nephrology Nurse (CNN)

Baptiste, Marie

Coakley, Sheila

Certified Nurse Operating Room (CNOR)

Alonso, Francisco A.

Amjad, Trang

Arguello, Melissa E.

Bonet, Ana

Bonte, Michelle

Domina, Carolyn W.

Lebron, Ingrid V.

Marin-Shimizu, Claudia

Quintanal, Maria L.

Wolary, Christopher

Neonatal Pediatric Transport (C-NPT)

Berson, Brian S.

Cruz, Peter K.

Cuellar, Marlene M.

Edwards, Juliette

Kirby, Karen

Montgomery, Charlene

Pubillones, Roberto C.

Ruiz, Hector E.

Certified Neuroscience Registered Nurse (CNRN)

Diaz, Ana M.

Garcia, Claudia P.

Gennaro, Maria Pilar

Woodman, Elizabeth P.

Stroetz, Alyssa M.

Certified Pediatric Emergency Nurse (CPEN)

Collier, Rebecca D.

Dennis, Casey L.

Dennis, Joann C.

Fernandez, Michelle

Gomez, Diana
Hendricks, Juleen
Hermes, Elise C.
Larios, Stephanie M.
Manos, Patrick R.
Pastor, David
Perez, Isabel
Ramirez, Carolyn N.
Romeo, Alexandra M.
Serrano, Christina
Sierra, Genevieve R.
Woodruff, Jessica

**Certified Professional In Healthcare
Information And Management
Systems (CPHIMS)**
Wilson, Anita M.

**Certified Professional In Healthcare
Management (CPHM)**
Angulo, Griselle
Brao, Jorge
Cepeda, Grisel
Cummings, Jennifer L.
Donnellan, Catherine
Lafond, Myrlande J.
Rodriguez, Mario A.
Rodriguez, Sady B.
Zayas, Charity

**Certified Pediatric Hematology
Oncology Nurse (CPHON)**
Blanco, Natalie A.
Cruz, Disleny
Geoffrey, Andrew K.
Lopez, Angela J.
Lopez, Elizabeth A.
Mendez, Kristen M.
Norris, Jill M.
Paul, Evelynne
Retchin, Brittney
Rimblas, Lilliam M.

Ruano, Jennifer A.
Santamarina, Bianca E.
Smith, Tracee C.
Snyder, Nicole M.
Tai, Michelle A.
Torres, Anthony M.
Vargas, Rosina
Vera, Vanessa
Castillo, Jessica

Certified Pediatric Nurse (CPN)
Abarca, Daniela A.
Abarca, Mariela C.
Alonso, Danielle K.
Alonso, Lilia Rosa
Altman, Lyubov
Alvarez Gonzalez, Lianett
Alvarez, Greta
Anderson, April D.
Andrade, Daimi
Andreu, Andrea M.
Apolis, Angelina N.
Arguello, Melissa E.
Arteaga, Melissa
Assing, Alana A.
Augustin, Waleska
Bandin, Ana C.
Barcia, Janyne T.



Barley, Rosalyn S.
Barraque, Noelle S.
Bascoy-Cabrera, Lisbeth
Benitez, Kristen M.
Bermudez, Enrique J.
Berry, Vera M.
Betances, Aileen K.
Blanco, Natalie A.
Blank, Bonnie
Bolanos, Richard J.
Bonte, Michelle
Bonwit, Annette
Bouzo, Elizabeth M.
Bowen, Patricia Lee
Brador, Cristina S.
Brown, Monica Harriet
Brunson, Lova R.
Buckley, Jean
Burcet, Sandra
Burke, Michelle L.
Caballero, Kirian T.
Cabrera, Anabel
Camejo, Liuba
Capdevila, Ginel
Capote, Onimes S.
Cardona, Dania
Carmona, Bridgette
Carter Pariser, Catherine

Carter, Simone G.
Carretie, Emilia
Carrillo, Alessandra
Castillo, Natalie
Castro, Melissa
Castro, Suzann
Causey, Shari Kay
Cervantes, Miosotis
Chicola, Linn J.
Chin, Kim
Churchill, Susan C.
Chutkan, Farrah S.
Colina, Ariana M.
Collier, Rebecca D.
Collins, Denise A.
Colston, Erica M.
Concepcion, Kristin
Coronado, Javier A.
Corrales, Carlos M.
Correa, Janessa
Cosio, Mercedes
Coulton, Suzette S.
Cruz, Evelyn
Csanalosi, Carissa M.
Daer, Shauna L.
Davis, Farah D.
De La Camara, Sofia
De Pons, Rachel E.
Del Rio, Jacklyn A.
Del Rio, Liuva
Delgado, Yisandra
Denis, Beverly
Dennis, Joann C.
Diaz, Lidia
Dimaano, Gina J.
Dobbins, Vivette M.
Duarte Jackson, Mandy
Duarte, Maria
Duncan, Malvina S.
Duran, Melinda



Duva, Maryann
Echazabal, Jessica
Escobar, Camila A.
Escobar, Vanessa
Estopinan, Saily
Estrada, Marcela
Fabian, Marina
Fandino, Stacey
Fauni, Ana L.
Felson, Lynn
Fernandez, Angela S.
Fernandez, Carina L.
Fernandez, Jennifer
Ferraz, Carolina S.
Figueroa, Eli M.
Fischman, Connie M.
Flock, Thomas H.
Forcine, Christina J.
Forray, Barbara M.
Fraga, Gisselle M.
Frazer, Joan
Fritz, Regina
Gabas, Rochelle C.
Galsim, Narcisa M.
Gamon, Julie M.
Garcia, Maria A.
Garcia, Maria G.
Garcia, May Tuesday Joy P.
Garcia, Yvette R.

Garcia-Herreros, Paola
Geiger, Kathryn A.
Geoffrey, Andrew K.
Gimon, Vivian
Giraldo, Jeannette
Giraldo, Vanessa
Glassner, Anja B.
Gloria, Yamile
Godfrey, Anel
Golzbein, Susan
Gomara, Jennifer J.
Gonzalez, Claudia
Gonzalez, Erika
Gonzalez, Ingrid
Gonzalez, Maytee Z.
Gonzalez, Viviana
Grant, Whitney L.
Guerra, Ingrid
Guerrero, Abel S.
Hager, Jennifer A.
Haik, Verna
Haire, Kimberly
Hardan, Sarah E.
Harris, Catherine
Harris, Pauline A.
Hernandez, Laura M.
Hermes, Elise C.
Hidalgo-Gato, Nicole M.
Hurley, Ra'shondra D.

Idowu, Titilayo A.
Iglesias, Lena
Iglesias, Yaima C.
Jacobowitz, Maxine E.
Jauregui, Anamaria
Jimenez, Maribel
Jones, Azizi J.
Jorge, Denise B.
Jorge, Lisnet
Joseph, Soeurette
Katcher, Heather E.
Klareich, Jenna
Lacandalo, Vivian M.
Lam, Monica M.
Lamendola, Kathryn R.
Lasso, Justina
Latorre, Alice R.
Lau, Janessa
Leblanc, Carla M.
Lebron, Krystina M.
Leiva, Stephanie
Lengyel, Vanessa M.
Leon, Joanna
Lichtman, Diane
Lima-Keller, Nancy A.
Liwanag, Helene B.
Llaca, Alejandro M.
Llama, Natalie L.
Lopez, Angela J.
Lopez-Magua, Natalia
Lozandier, Willyne
Ludwig, Paula
Lugo, Naida T.
Lyden, Taylor C.
Machin, Krystina A.
Mackenzie, Teresa Cyr
Madrigal, Edna M.
Manos, Patrick R.
Maqsood, Shaista
Marasigan, Ana Liza

Mareus, Ketly
Marin, Mariel J.
Marmanillo, Jessica L.
Marquez, Carolina
Marquez, Melissa
Martin, Grettel
Martin, Kimberly
Martinez, Cindy G.
Martinez, Jacqueline
Martinez, Jannette L.
Martinez, Lisa Gail
Martinez, Tania A.
Mazzitelli, Caroline A.
Mcginnis Rowe, Patricia
Mcintosh, Kelli-Ann L.
Mckeown, Sarah J.
Mcspadden, Sarah E.
Meca, Cristina I.
Medina, Mayra A.
Mejia, Michele L.
Melendez, Giselle
Mendez, Kristen M.
Mendoza, Krystel
Milian, Beatriz
Miller, Jessica M.
Miranda, Kristina A.
Mojica, Maylin Y.
Mok, Johnny
Montoya, Camila
Monzon, Viviana
Morales, Amanda V.
Morales, Raquel
Moss, Angela
Muniz, Isbel
Munoz, Kelli C.
Murillo, Andrea
Murray, Andrea V.
Murray, Karen L.
Napoleon, Sandra
Nguyen, Chau N.

Nieves, Joann
Nikolopoulos, Lucineide S.
Nodal, Awilda L.
Nortelus, Monique
Nunez, Nancy J.
Oliva-Calderin, Marilyn
O’neill, Mariana C.
Orozco, Nicole
Ortega, Ricardo
Otero, Francesca
Pabon, Stephanie
Padilla, Elizabeth
Padron, Jennifer A.
Padron, William
Paez, Carmen M.
Pagaddu, Liza Ruth R.
Pages, Ashley L.
Pardo, Erica
Parmenter, Michelle P.
Pastor, David
Patino, Kenneth P.
Patterson, Alejandra M.
Penano, Rowena
Peraza, Yesica
Perdomo, Maytee D.
Perdomo, Nancy Lynn
Perez, Jeannie
Perez, Jessica M.
Perez, Isabel
Perez, Mabel
Perez, Victoria
Perez, Yvette M.
Perry, Eleta Sandra
Peterson, Jennifer R.
Pitter, Jeuanne N.
Pons, Mercedes
Post, Kristen N.
Prado, Miriam
Prussien, Simone
Quinones, Jessica A.

Quintana, Tania
Quintanal, Maria L.
Quintero, Lisette
Ramcharan, Cynthia
Ramirez, Carolyn N.
Ramirez, Diana M.
Ramirez, Mayi
Ramirez, Niddy
Ramos, Jessica
Ramos, Kassandra A.
Regalado, Larry A.
Reyes, Jennifer
Reyes, Jocelyn M.
Reyes, Katherine E.
Reyes, Madeleine M.
Richardson, Aimee L.
Ricketts, Karen M.
Rigau, Sandya
Rimblas, Lilliam M.
Riorda, Valeria A.
Rios, Carlos A.
Rios, Cristiane M.
Rivera, Barbara L.
Rivera, Veronica
Roberts, Kelly A.
Rodolakis, Stella
Rodriguez, Aileen M.
Rodriguez, Ana L.
Rodriguez, Carmen
Rodriguez, Carolina
Rodriguez, Kristina M.
Rodriguez, Stephanie
Rodriguez-Butkus, Noraisy
Roldan, Ivette Nieves
Roman, Elizabeth
Rosado, Lidia
Rosenfeld, Vicky
Rosler, Lilliam
Ruche, Lisette
Ruiz, Ana M.



Ruiz, Ashley
Ruiz, Cynthia
Ruiz, Miriam S.
Ruiz, Nathalia
Ruiz-Valls, Monica D.
Rusinowski, Lynda
Saintil, Lyn-Audrey N.
Salgueiro, Evelyn
Sanchez, Samantha N.
Sandoval, Stephanie C.
Santiago, Lian M.
Santiago, Wendy R.
Santos, Nelly S.
Sarratea, Margot C.
Scavino, Rocio B.
Schmelzer, Anne C.
Seastres, Jose Dale L.
Selibio, Lourdes K.
Sene, Marjory
Sepulveda, Marina
Serrano, Christina
Shapiro, Jennifer
Sheerer, Ramona
Sierra, Genevieve R.
Sims, Devika
Smith, Florence H.
Snyder, Nicole M.
Suarez, Cristina M.
Subido, Marissa D.
Swain, Shakeva N.
Tai, Michelle A.

Tamariz, Vanessa C.
Torres, Guadalupe
Torres, Karina
Tyrkala, Ana L.
Urrutia, Yessenia
Vacianna Thorpe, Lorna P.
Valdes, Frances
Valdes, Jennifer
Vanegas, Daniela
Vargas, Rosina
Varghese, Bessy
Vasquez, Adjani O.
Vazquez, Yohjana
Veras, Diana L.
Verme, Jacquelyn S.
Vieitez, Giselle
Villanueva, Luzviminda L.
Wehking, Sandra
Whitley, Stephanie A.
Whyte, Jacqueline J.
Williford, Elma L.
Wills, Rosanne P.
Wills, Tiffany A.
Woodruff, Jessica
Woodman, Elizabeth P.
Yamraj, Rebecca
Yanez, Janice L.
Zamora, Yaremi
Zimmerman, Angela M.
Zubiria, Emily A.
Zampieri, Xoana G.

**Certified Pediatric Nurse
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Trabosh, Tammy L.
Falquez, Janell V.
Sarik, Danielle

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Marquez, Carolina
Trabosh, Tammy L.
Ricci, Daniela

**Certified Pediatric Oncology Nurse
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Bragg, Jane
Diaz, Ana M.
Garcia, Claudia P.
Lozandier, Willyne
Taylor-Amador, Sarah E.
Torres, Karina
Townsend, Peggy

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Edwards, Juliette

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Zampieri, Xoana G.

**Certified Wound Ostomy And
Continence Nurse (CWOCN)**

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Family Nurse Practitioner (FNP-BC)

Bernstein, Rebecca W.
Bonvecchio, Antonella
Castellanos, Lucy
Estrada, Marjorie
Eule, Marta D.
Felson, Lynn
Fils, Bernoune J.
Fuentes, Demi C.
Guermes, Alejandra
Guilarte, Lillybet
Harrah, Cindy
Hernandez, Laura M.
Irizarry, Molly
Lengyel, Vanessa M.

Leviyeva, Stella
Lopez, Kristen
Miller, Jessica M.
Namoff, Karen M.

Olen, Melissa M.
Pages, Ashley L.
Pasaron, Raquel
Pastor, David

Pelligra, Anna R.
Rojas-Ung, Nahir A.
Santiago, Wendy R.
Sarratea, Margot C.
Tyler, Cristi
Woodruff, Jessica
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Gonzalez, Lourdes C.
Rodriguez, Marelis M.
Tommasini, Rina D.
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Fernandez, Dafenie
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Tahmooressi, Jill

Nurse Executive, Advanced (NEA-BC)

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Gonzalez, Jacqueline L.
Schubnell, Edward T.
Sumrall, Joshua R.

Nurse Executive (NE-BC)

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Domina, Carolyn W.
Jones, Amy
Mundy, Sheree L.
Soto, Maria
Vila, Erika
Whitley, Stephanie A.

**Neonatal Nurse Practitioner (NNP-
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Avalos, Clarisa
Capdevila, Ginel
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Dean, Patricia
Diaz, Ana M.
Duque, Carmen Rizzetto
Figueroa, Eli M.
Garcia, Claudia P.
Hidalgo, Ivette M.
Jiles, Masha I.
Lengyel, Vanessa M.
Marmanillo, Jessica L.
Mashburn, Jessica L.
Monzon, Viviana
Mouttet, Chantelle M.
Mundy, Sheree L.
Nieves, Joann
Pardo, Erica
Pasquale, Ann
Reyes, Katherine E.
Reyes-Miranda, Clara
Rodriguez, Adriana C.
Rusinowski, Lynda
Salgueiro, Evelyn
Santos, Elena I.
Sosa Tuesta, Lisa J.
Stroetz, Alyssa M.
Tablante, Milagros D.
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Verme, Jacquelyn S.
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**Registered Nurse-Board Certified
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Fahrer, Karis K.
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Garlesky, Cindy
Godfrey, Anel
Martinez, Tania A.
Reyes, Madeleine M.
Rodriguez, Leyden
Suarez, Nilsa Y.
Tahmooressi, Jill
Torres, Marjorie B.
Vera, Armando B.
Zaldivar, Jessica-Lynn

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Adaza, Naomi
Pridgen, Marianne
Roman, Yaritza
Smith, Florence H.
Subido, Marissa D.
Trujillo, Ann M.

**Neonatal Intensive Care Nursing
(RNC-NIC)**

Batista, Andrea V.
Beeler, Heather
Carroll, Allison J.
Causey, Shari Kay
Ferreya, Grecia
Harris, Pauline A.
Hughes, Evelyn K.
Lanthier, Sherry
Madill, Janet
Miranda, Maria E.
Morales, Amanda V.
Mulcahy, Mary
Prado, Miriam
Rodriguez, Adriana
Bolanos, Laida G.
Ebora, Mary Jane

**Stroke Certified Registered Nurse
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Fornaris, Susan M.

**Trauma Certified Registered Nurse
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Swain, Shakeva N.

**Vascular Access-Board Certified
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Lue, Alicia M.
Montero, Melissa A.
Steen, Cynthia M.

Wound Care Certified (WCC)

Talavera, Maria E.
Whitley, Stephanie
Zampieri, Xoana G.



Nicklaus Nurses Care for Sports Injuries at the Maccabi Games



The Maccabi games, sponsored by Maccabi USA, is one of the largest sporting events for Jewish teens in the world. The 2017 Maccabi games were held in Miami and included more than 1,200 participants from around the United States as well as internationally. The Dave and Mary Alper Jewish Community Center in Miami hosted the 2017 games and engaged Nicklaus Children's Hospital to provide sole medical care for the 2017 Maccabi Games and Arts Fest. Hospital nurses, medical professionals, and the LifeFlight ambulance crew served at the event tents providing first aid, assessments, splints, and treatment for minor injuries including scrapes, cuts, and bruises.

A total of 20 athletes were identified during the games as requiring higher level of care and transferred to NCH's ED for treatment. There was continuous communication between the NCH nurses at the First Aid stations and the ED for patients with the athletic injuries. The nursing and EMT/paramedic staff from NCH provided hands on assessment and treatment of minor injuries including but not limited to: scrapes, cuts, bruises, and splinting of



injuries. There was a total of 175 labor hours by RNs with a total of \$5,425 utilized to support their participation.

The successful outcome would not have been possible without the continuous communication regarding patients with athletic injuries between Nicklaus Children's Hospital nurses at the event's First Aid stations and the hospital's Emergency Department.

Transitional Nursing Program Translates Into Success for New Hires



After attending a nursing hiring event, Susan Fornaris, MHSA, BSN, RN, SCRNP, CMSRN, Administrative Director for Nursing Operations and Medical-Surgical Nursing, recognized the need for a comprehensive orientation into the world of pediatric nursing to onboard experienced nursing candidates with no previous pediatric experience. The Transitional Program provides a comprehensive on-boarding experience in a pediatric setting specifically to address the evidence-based needs of the incoming nurse transitioning to a new specialty. Experienced nurses go through three phases when transitioning to a new role; first is assessing expectations, second is realistic appraisal, and third is adjusting/acceptance. Providing the needed attention to these specific considerations can facilitate a successful transition for experienced nurses. During the assess expectations stage, team building, informal meetings, and welcome events aid in creating a sense of togetherness. In the realistic appraisal stage, the nurses experience a shift struggling to balance their current knowledge with what they are expected to learn, which may require additional support in comparison to a new graduate nurse. Lastly, during the final stage of the transition, the experienced nurses build confidence in their new skills as they begin to provide care for patients. Forming a support group with peer-experienced nurses also transitioning into a new role provides the opportunity for experienced nurses to thrive.

The program transitions three groups annually and consists of a number of educational modalities including didactic classes, simulation labs, skills training, unit-specific training, competency performance, and self-learning online modules. Each group consists of five to ten newly hired transitional nurses. These nurses have a shorter clinical orientation time due to their previous knowledge and experience and are paired with two different preceptors which provides exposure to different teaching styles. Along the way, the leadership team collects formal feedback through bi-weekly progress meetings, review of behavioral competencies, and surveys, and informally at a program breakfast.

The program undergoes continuous improvements tailored to the learning needs communicated by the transitional nurses. In one bi-weekly meeting, a float pool transitional nurse, Yessenia Prado, BSN, RN, suggested standardizing the orientation process across all units in the hospital. The Transitional Program team valued her suggestion and partnered with the Clinical Education team to further standardize the orientation process as suggested. Feedback from nurses in the Transitional Program has led to continued success and enhancement of the curriculum as well as **100% retention** of transition nurses since its launch.

It's the "Breast" Thing to Do: Nurses Lead Changes with Lactation Initiatives



Evidence-based literature suggests that the number of babies discharged with an exclusive or partial breast milk diet is directly related to the support provided to the mothers in the Neonatal Intensive Care Unit (NICU) during hospitalization. Former NICU Lactation Specialist, Flor Tena, BSN, RN, CCRN, CLC, CBE, now NICU Clinical Resource Nurse, identified a need for increased lactation support and certified lactation counselors (CLC) in the NICU. CLC counsellors assist mothers to successfully provide breastmilk for their babies by teaching proper breast pump use to establish milk supply, correct handling and storage of breast milk, and how to transition from pumping to direct breast feeding.

Tena reached out to The Healthy Children Project, Inc. and asked about how to offer nurses training regarding lactation support for mothers of NICU babies. The Healthy Children Project is a non-profit research and educational institution solely dedicated to improving child health outcomes. Once Tena contacted The Healthy Children Project, Inc., they indicated that although they offered 30 CLC trainings annually, the closest facility providing the training was located over 500 miles away from Miami in Panama City, Florida.

With the help of the Healthy Children Project and in coordination with hospital nursing leadership, Tena was able to arrange for a Certified Lactation Counselor Educational Conference to be hosted at Nicklaus Children's Hospital. Sixteen registered nurses enrolled and the five day educational conference provided them with specific training and certification in lactation services. After completion of this course, the number of certified lactation counsellors increased from four to 17 hospital-wide.

The percentage of infants who were admitted at less than seven days of age and discharged from the NICU before 120 days on partial or full expressed breast milk (EBM) diets was 70% in 2015. With an increase in the number of CLCs through the Certified Lactation Counselor Educational Conference and the support they provided to breastfeeding mothers, the percentage of infants who were admitted at less than 7 days of age and discharged from the NICU before 120 days on **partial or exclusive breast milk feedings increased to 81% in 2016.**

Local High School Students Experience NCHS Nursing up Close

Nicklaus Children’s Health System (NCHS) collaborated with the South Florida Nursing Shortage Consortium and launched the Day in the Life of a Nurse (DITLOAN) program over 17 years ago with the goal of increasing interest among community high school students in pursuing a nursing career. Wendy Johnson, the NCHS Community Education Coordinator, collaborated with Miami-Dade County Public Schools and local private schools to match schools with local hospitals and universities. This program is well known among the nursing staff and is a valued event to many. Each year, Ms. Johnson promotes and recruits nurses across all levels at NCHS to participate in this rewarding experience.

The DITLOAN program provides career development opportunities to high school students interested in the nursing field. It highlights the various roles nurses play within the hospital setting and is commenced by CNO/ SVP Jackie Gonzalez, DNP, MBA, ARNP, NEA-BC, FAAN. The chance to hear from the CNO and her personal life experiences that led to her nursing career and accomplishments sets the tone and inspires students to never give up. The program also provides students with the opportunity to learn about the many career options within the nursing profession from NCHS nurses through



shadowing nurses in different roles as well as a guided hospital tour. Additionally, the students are exposed to innovative technology utilized in patient care to optimize the patient experience and quality outcomes. The DITLOAN Program is held annually at Nicklaus Children’s Hospital. In 2016, students from Miami-area Gulliver High School participated in the DITLOAN Program.

Nurses have the option to contribute as a unit representative or as group leaders. Unit representatives are responsible for planning an interactive and engaging activity on their assigned units to expose the students to the different elements of nursing care within their unit-specific sub-specialty area. Group leaders are responsible for guiding the group of students throughout chosen units in the hospital while answering any questions as they arise. In 2016, a total of 22 nurses across the organization volunteered their time to participate in the DITLOAN program. Nursing roles highlighted were those within the NCHS Research Institute, 2 East (post-surgical patient unit), Operating Room, 3 Northeast (general medical-surgical unit), Telehealth, and LifeFlight transport services. The students shadowed the nursing representatives and participated in individual specialty areas with interactive educational services.



NCHS Nurses Deliver Innovative Technology-Driven Care to Students

More children with special healthcare needs are mainstreamed into schools than ever before. There are approximately 45,000 school nurses employed across the United States for over 52 million students in the public school system. Apart from emergencies, a school nurse may often be the sole healthcare professional a child sees. These nurses may also often serve as gatekeepers for entire families to a healthcare system that may be perceived as unmanageable to them. Miami-Dade County Public Schools continues to enroll high rates of medically uninsured children, some undocumented, making access to quality healthcare for minor illnesses and injuries a challenge for many families. An interprofessional team from Nicklaus Children’s Health System (NCHS) was assembled to target the needs of school children in the South Florida area. The team was led by Cindy Harrah, MSN, ARNP-BC, Nursing Director of the Nicklaus Children’s Hospital School-Based Program.

The idea predominantly presented in discussion among Ms. Harrah’s team was connecting students seeking care in the school health clinics served by NCHS and The Children’s Trust to an APRN located in the NCHS telehealth command center. If a student presented with a complaint that was beyond the scope of practice of the school nurse, the student would then be connected to the telehealth command center, where healthcare access with an APRN would be available to provide care for the student. These actions would be made possible through the use of high definition videoconferencing and medical diagnostics, enabled by interactive, digital medical devices.

Jill Tahmooressi, MBS, BSN, RN-BC, NCSN, Nursing Director and Quality Chair for the Nicklaus Telehealth Program serves as the Secretary to the Florida Nurses Association (FNA). Through her role, Jill collaborated with the FNA lobby team to support Florida legislation of Telehealth. The lobbying was successful with the 2016 Florida legislative session approving the bill. There are



currently 29 states that have telehealth commercial insurance laws that require these insurance companies to cover telehealth provided services.

In 2016, a contract was signed between NCHS and Miami Dade County Public Schools (MDCPS) for the telehealth pilot project to begin in four of the schools that were part of the collaborative school health program. APRNs located in the telehealth command center provided consultative services, to include assessment, diagnosis, and formulation of an individual plan of care, and communication with the parent of the student when applicable. The School Health Telehealth Program soon determined that 67% of the patients seen were able to be sent back to class instead of being sent home sick. Families reported great satisfaction with the telehealth services. Due to the success of the pilot, the participating schools agreed to offer the telehealth services by ARNPs again with the start of the 2016-2017 school year. NCHS is now recognized by community partners for embarking on a new and innovative contract with MDCPS and the Department of Health to provide basic school services with the support of telehealth, supported by funding from the state to cover 62 schools within MDCPS and an addition of 40 charter schools to offer healthcare access for the 2017-2018 school year. This future partnership will cover over 55,000 students and provide a 90% increase in children’s access to a school nurse.



Exemplary
Professional
Practice

Nurses Prove Better is Always Possible at NCHS Urgent Care Centers



The NCHS Palmetto Bay Urgent Care Center (PB-UCC) is the busiest System-wide. This center experienced over 700 transfers to a higher level of care at Nicklaus Children’s Hospital in 2016. Clinical nurses at the facility began to look at ways to more efficiently maximize their time and patient care. They noticed that initial patient transfer workflows were developed at the time that the UCC opened with a much lower patient volume over 15 years prior. At that time the workflow included clinical nurses conducting all clinical and secretarial work. The clinical nurses began to identify several non-clinical and support staff tasks required by them which impacted their clinical workflow expectations and considered the need for support staff to effectively meet patient care needs. At the same time, the organization’s goal to expand hours of operation across all UCCs provided an opportunity for clinical nurses to advocate for additional clinical support staff.

PB-UCC clinical nurse, Tania Martinez, MSN, RN, CPN, advocated for her clinical nurse peers and formally presented the staff’s suggestion to add the Care Assistant (CA) role to the UCC setting at the August 2016 UCC Shared Leadership Council meeting. Martinez

advocated for her peers by presenting the CA support role as an added value to the UCC. Martinez reviewed the CA scope of practice and also communicated with some of Nicklaus Children’s Hospital’s clinical nurses and CAs to fully understand the role. She contended that the addition of just one CA to each shift would relieve the UCC clinical nurses of the non-nursing clinical duties and increase nursing time available for patient care. She additionally presented this as a strategy to support the UCC expansion goal by increasing nursing care time available for the increased patient volume from expanded hours of operation. As a result of Martinez’ advocacy, nursing leadership approved the addition of the CA role in the UCCs beginning with the PB-UCC. Interviews began in January 2017 and the first newly hired CAs began working in March 2017. Since the integration of CAs into the Urgent Care system, staff morale has increased as demonstrated by staff evaluations of CA utilization. In staff comments from quarterly evaluations the nursing staff has stated that the use of CA’s has led to an increase in more of their time spent on patient care and education.

Surgical Services Nurses Champion Sharps Prevention Safety

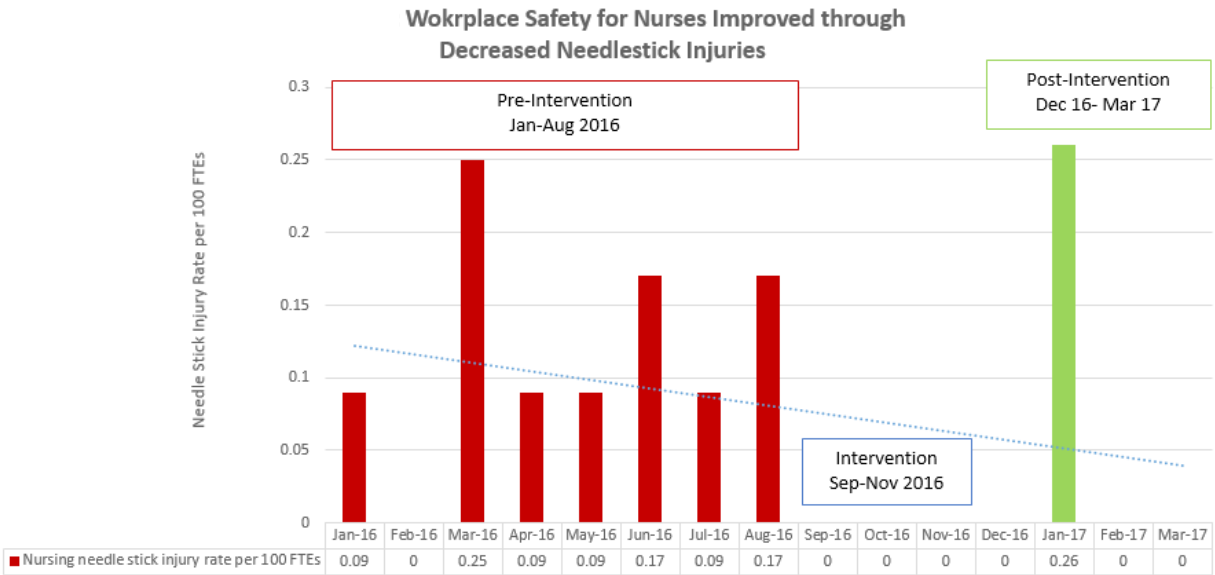
Healthcare workers are at risk for percutaneous injuries, exposure to blood borne pathogens, and occupational transmission of disease. Nurses are in the front lines for identifying potential sharps hazards and therefore developing and implementing best practices to prevent sharps injuries and reduce the potential for exposure to blood borne pathogens. According to the Centers for Disease Control and Prevention (CDC), about 385,000 sharps injuries occur annually to hospital employees (U.S. Department of Labor Occupational Safety & Health Administration, 2016). To address this issue, Nicklaus Children’s Hospital’s Surgical Services Department has incorporated the Association of Operating Room Nurses (AORN) sharps safety guidelines into their care delivery system.

After a recent increase in sharp-related injuries, Surgical Services nurses Ingrid Lebron, BSN, RN, CNOR, and Sabrina Copple, MPH, BSN, RN, CNOR, assembled a task force to further integrate AORN guideline compliance within their department. They began with the creation of a visual management tool, a work practice safety control consisting of an image depicting a sharp (blade) with a circle and slash on bright colored paper. After each surgical procedure, scrub techs tasked with breaking down the sterile tables and removing sharps placed the visual management tool in the soiled trays leaving to the

Sterile Processing Department (SPD) for cleaning. This visual management tool acted as a visual confirmation that all sharps had been accounted for and disposed of properly.

To monitor the process and ensure accountability the nurses collaborated with scrub techs to monitor the presence of the visual management tool in the soiled instrument trays and reported any that came down with the missing tool. As part of the morning shift huddle, any lack of compliance was announced and reviewed by the OR manager or the clinical coordinators in detail to emphasize the potential for staff injury secondary to noncompliance. Also as a follow up to the new process, department leadership performs spot checks of the bins to ensure compliance by the SPD techs for placing the visual management tool in the surgical procedure supply bins for upcoming cases.

The staff is empowered to speak up at the time of screening and so by peer reinforcement, the practice has been consistent and prevented further sharps related injuries throughout the year. From the time of the tool’s implementation there has been a zero rate of sharps-related injuries in the hospital’s Surgical Services Department.



PICU Nurses Escape CAUTIs with Help from HOUDINI

In 2017, the Pediatric Intensive Care Unit (PICU) Nursing Research and Evidence-Based Practice (NR&EBP) Nursing Shared Leadership Council reviewed the urinary catheter removal process and identified that there was a lack of nursing clinical autonomy to remove urinary catheters when the patient’s clinical status indicated removal. If the patient’s clinical status indicated urinary catheter removal, the nurse was unable to autonomously remove the urinary catheter without a physician order. The identified gaps in the urinary catheter care process sparked the Council’s interest to review other best practice nurse-driven protocols for urinary catheter removal.

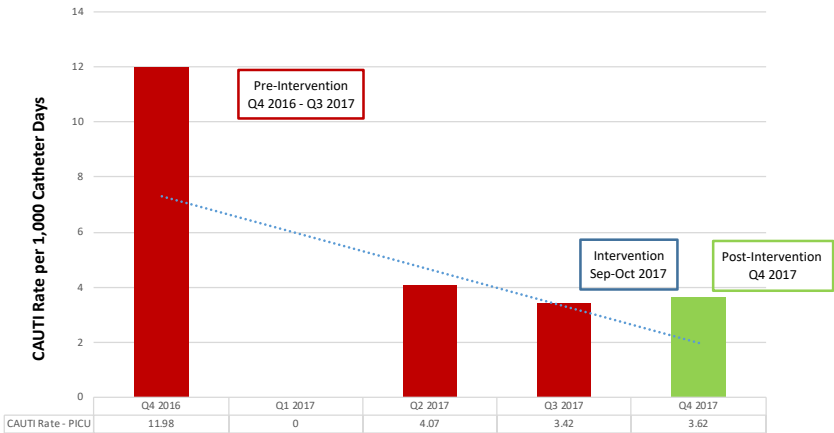
PICU NR&EBP council chair, Ana Comptis, BSN, RN and PICU Clinical Educator Lian Santiago, MSN, RN, CPN, PICU explored the possibility of implementing a nurse driven protocol to aid in the reduction of catheter days and likely overall Catheter Associated Urinary Tract Infection (CAUTI). They put together an evidence-based nurse-driven protocol inspired from the literature review. Subsequent to the approval from the PICU medical director, medical sub committees, and the hospital’s nursing shared leadership NR&EBP council, the protocol was named HOUDINI, an acronym for steps imbedded within it that ensured appropriate assessment of readiness for catheter removal. The nursing staff were then educated on the new protocol and on the importance of incorporating a clinician notification in the EMR when the patient no longer met requirements for the indwelling catheter.



In order to facilitate a smooth transition from education to implementation go live, the clinical education team was encouraged to monitor those patients with urinary catheters for protocol utilization. Nurses reported being highly satisfied to have the ability to autonomously review the need for urinary catheters and make the decision to remove following the evidence-based protocol.

Clinical nurse awareness for urinary catheter necessity has increased since initiation of the HOUDINI protocol as they are more vigilant and play a firsthand role in the timely removal of urinary catheters. Since the implementation of the nurse driven urinary catheter removal protocol more clinical nurses have a desire to participate in the development of additional important nurse driven protocols.

CAUTI Rate - PICU



Nurse-Driven Protocols Deliver Lower Unplanned Extubation Rates in the ICU

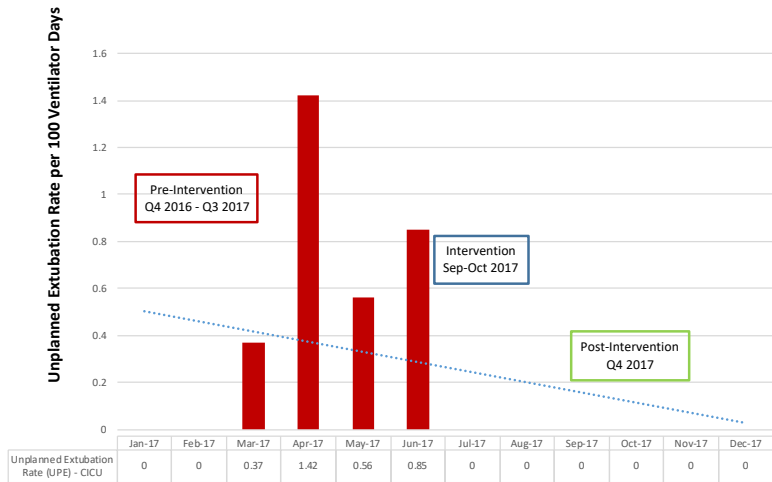
Unplanned extubation (UPE) is a major safety concern in an intensive care unit (ICU) and as such is closely monitored at Nicklaus Children’s Hospital. ICU nurses recently noticed an opportunity for intervention to maintain a sustained decrease in UPE rates. The Cardiac Intensive Care (CICU) nursing leadership team including Nurse Director, Mayi Ramirez, MSN, RN, CPN, Nurse Manager, Jackie Diaz, MSN, RN, and Clinical Specialist, Ruby Whalen, MSN, RN, CCRC, quickly put an interprofessional team together to analyze UPE incidents, identify root causes, and review evidence-based best practices for UPE prevention. The interprofessional team convened to address UPE rates, including representation from CICU clinical nurses from the unit-based Nursing Research & Evidence Based Practice (NR&EBP) Council, Clinical Practice Council, Quality & Safety Outcomes Council, Risk Management, CICU nursing leadership, and Medical Staff. The team recognized the need for a standardization in practice to prevent UPE.

They explored the importance of sedation levels, sedation protocols for intubated patients, and the role of evidenced-based protocols in improving care and communication through standardization. Upon reviewing the evidence, the team determined a sedation protocol which would minimize variation in care, improve patient comfort, and address the current practice gap related to sedation/agitation in UPEs. Additionally, a standardized



evidence-based protocol would enhance nursing clinical decision making, providing greater autonomy for assessment and implementation of interventions. They decided to adopt the use of the State Behavioral Scale (SBS) for UPE prevention in the ICU. This tool was developed with nurses and is designed for pediatric intubated patients. The CICU team planned to fully implement the SBS, a nurse-implemented, goal-directed sedation protocol for mechanically ventilated patients. The SBS protocol was implemented in July 2017 upon completion of all CICU staff education. Since implementation the SBS protocol, there have been no UPEs in CICU to date. Additional benefits expressed by the clinical nurses include less time spent contacting care providers for medication orders and a standardized approach to manage the care of intubated patients minimizing subjective assessments of patient needs.

Unplanned Extubation Rate - CICU





PICU Nurses Implement Peer Review for Enhanced Patient Satisfaction

The Nicklaus Children's Hospital Nursing Shared Leadership Exemplary Professional Practice (EPP) Council, is charged with leading the ongoing evaluation of the nursing Professional Practice Model (PPM). The council sets annual goals related to the evaluation of the PPM and outcome measurement of applying the PPM within practice. Clinical nurses, Lidia Rosado, RN, EPP council chair, and Emilia Carretie, BSN, RN, CPN, EPP council co-chair, utilized a PPM evaluation matrix to objectively evaluate the existing PPM. After reviewing the matrix, the Council acknowledged that recognition of peer review within the PPM was needed. Peer review practice allows clinical nurses to collaborate to make changes that benefit patient outcomes. The clinical nurses on the council recognized the value of including peer review as a standard in the PPM. They also recognized the need to provide house-wide education on peer review. Each EPP council member was charged to lead the education of peer review on their units. Additionally, the EPP members were charged with leading the development of a unit specific peer review process in collaboration with their unit based council and unit leadership team.

The PICU utilized the new implementation of Peer Review within the revised PPM to improve patient care. PICU Clinical nurse, Lidia Rosado, collaborated with the PICU unit-based council and leadership team to



develop a peer review checklist with targeted questions including questions about the patients' plan of care, medication side effects, and pain. These questions were purposefully selected in alignment with performance metrics on hospital's HealthStream patient satisfaction survey. The peer review checklist went live in August 2016 and guided the nurses to educate and reinforce the plan of care goals in preparing the patient and family for discharge. While the nurse caring for the patient provided the teaching, the nursing peer assigned as his/her peer observed the expected teaching according to the checklist. The peer reviewer would then provide real time feedback to the nurse about his/her skill in each teaching event to assist in improving the nurses' skills. The nurse to nurse peer review was used as an opportunity for growth and development among all clinical nurse peers.

The PICU patient satisfaction overall scores increased by 26% within three months after implementation.

The implementation of Peer Review in the PICU has demonstrated improved patient outcomes and increased patient satisfaction. The new PPM has been integrated into practice and has now become second nature for the nurses. The nurses recognized the importance of the peer review process, improving the quality of care and patient outcomes.





Nicklaus
Children's
Hospital

Transformational Leadership

Nicklaus Children’s Hospital has integrated a LEAN culture to drive processes, decrease waste, and improve operational efficiency. LEAN methodology involves multiple tools to engage staff in process improvements. Among these are the use of Improvement Huddle boards, Gemba Walks, and value stream mapping. Gemba Walks are defined as observing work as its happening in real time. Dr. Jackie Gonzalez, DNP, ARNP, MBA, NEA-BC, FAAN Chief Nursing Officer and Senior Vice President, frequently performs Gemba Walks throughout various departments of the hospital for both clinical and non-clinical areas. This engagement creates opportunity for clinical nurses to discuss workflow processes and pain points that may be experienced at the unit level where work is performed on a daily basis. Dr. Gonzalez often approaches

staff for feedback. The accessibility of the CNO during the Gemba Walks encourages suggestions and new ideas for improvement and workflow. While executing one of these walks, Dr. Gonzalez and April Andrews-Singh, Senior Vice President of Legal and Public Affairs, observed a Pediatric Intensive Care Unit (PICU) clinical nurse. The nurse raised a concern about the nurse’s communication using the CareAware phones. These phone sare used by nurses to communicate patient emergencies, physician orders, prescriptions, radiology, and other items related to patient care. The nurse shared challenging issues with the phones which prompted Dr. Gonzalez’ concern and a call for action. Dr. Gonzalez communicated with Information Technology (IT) to

advocate for the nursing staff and shared the nurse’s concerns regarding the CareAware phones. Dr. Gonzalez’ main focus was to improve the connectivity to ensure all nurses were able to communicate safely, effectively and efficiently. The clinical nurses’ feedback was made a priority. IT developers created an upgrade and action plan to address the issues. As a result, the functionality of the devices was greatly improved by the new CareAware MC40 Handheld upgrade which enhanced call quality, emergency alerts, and improved connectivity to the wireless network. The CNO’s advocacy at NCH has shown to be essential in advocating for clinical nurses to improve their practice and drive improvements. This is one of many examples of clinical nurses communicating with the CNO leading to positive outcomes.

The most significant priority on day one of the Zika notice was to immediately notify all staff working at the Mid-town location to: 1) educate on mosquito bite prevention, 2) provide assurance that the organization was adopting vigilant mosquito repellent steps such as spraying and removal of standing water receptacles, and 3) offer pregnant or child-bearing aged employees the opportunity to be relocated outside of the Zika Zone for future scheduled shifts. Nurse leader, Ruiz-Valls, also guided the Midtown UCC nurses in developing kits for each employee at the center consisting of a gown, mosquito repellent, and a CDC information packet. The ambulatory care nurse leaders also collaborated with the Information Technology (IT) Department in setting up a Q&A site on the MCHS intranet for staff to send any questions or concerns directly to the Infection Prevention & Control Department. Leaders ensured that the newly developed Zika Emergency Plan included the “How to Collect Specimens” for when the Zika virus was suspected, and that it was widely distributed to all Urgent Care & Emergency Department physicians and nurses to assist them in implementing educational and preventive care measures. Tahmooressi, as the member of the Hospital’s Performance Improvement Council, had led the approval of the council to insert Zika Prevention



education in the Electronic Medical Record so the discharge instructions for all inpatient and outpatient encounters included protection instructions. Not only did all the patients seen in the Urgent Care at the Midtown Center located in the Zika Zone receive service across all campuses in South Florida encompassing a three (3) county region, but they also received the same Zika Prevention instructions with their paperwork upon discharge. Zika information was provided upon discharge with the education built into the Cerner PEDS documentation system so all children and families seeking services at any Nicklaus Children’s Hospital locations (Main Hospital + 10 Outpatient Centers across 3 counties) were provided explanations on how to prevent Zika infections.

Nicklaus Children’s Hospital is now recognized as a subject matter expert regarding Zika virus control and care of infected individuals. Clinical Specialist, Sheree Mundy DNP, ARNP-BC, PPCNP-BC, prepared and presented a poster at the September 22-23, 2016 Society of Pediatric Urgent Care Conference in Atlanta, Georgia along with Nurse Manager Rashard Scippio, MSN, RN, of the Mid-town Center to share best practices with colleagues across the nation. As a result of the prompt and effective education plan pertaining to the Zika virus, no staff members at the affected Mid-town Outpatient Center in the “Zika Zone”, were infected with the Zika virus.

Public Health Concern Prompts Nursing Call to Action

On July 29, 2016, the Florida Department of Health issued an ominous warning to South Florida residents. A confirmed non-travel Zika virus case in the Mid-town Miami area had been identified. Unbelievably, the first “Zika-transmission Zone” within the U.S. was identified in the exact location of a Nicklaus Children’s Hospital Outpatient Center in Mid-town Miami servicing 20,000

children annually and approximately 40 staff members. Nurse leaders Jill Tahmooressi, BSN, MBA, RN-BC, NCSN, and Monica Ruiz-Valls, BSN, RN, CPN, Nursing Directors of Ambulatory Services noted that Nicklaus Children’s Health System did not yet have a Zika Emergency Plan in place, as there had not been up to that time any transmission of the Zika virus within the United States. Reacting

to a potential crisis, Tahmooressi sprang into action. She acted quickly to establish an Emergency “Tiger Team” to react to the presence of Zika carrying mosquitoes in the area of the Mid-town Outpatient Center, which services children for Urgent Care, Diagnostics and Rehabilitation Services, so that an Emergency Zika Plan could be constructed and executed.



New Knowledge,
Innovations, and
Improvements

Implementation of a Discharge Application Improves the Patient Discharge Experience across all Urgent Care Centers (UCCs)

Discharge instructions are an important piece of information that if delivered well, will decrease the chances of readmission, improve patient adherence to treatment and optimize patient outcomes. Complete discharge information that includes follow up instructions with diet, activity and work/school instructions, medication information and their side effects, education in regards to the diagnosis, instructions on when to take medications (last and next dose) and school/work excuse note improves the patient discharge experience while reducing readmission.

At the Nicklaus Children’s Hospital urgent care centers (UCC), the discharge process was longer than expected due to the process of printing the physical discharge instructions, along with the time it took for teaching and ensuring patient understanding of medication, treatment and illness. Patient satisfaction scores specific to clear and complete discharge instructions were below the benchmark and not achieving organization targets. The discharge instructions and education were provided by the clinical nurses; however, the Healthstream patient satisfaction data did not reflect parental satisfaction with the process. The aggregate UCC scores for clear and complete discharge instruction were 55.05%. This significantly impacted the overall service scores across all UCCs and a need for improvement was evident.

David Diaz BSN, RN, nurse manager of the Urgent Care Center, presented the potential opportunity for electronic discharge instructions via a discharge app. IT was simultaneously developing an application for paperless discharge documentation, where the parent will have to e-sign instead of signing the paper for discharge. This would improve the time spent in preparing for discharge instructions and save costs in expenses related to printing discharge summaries. The objective of this electronic discharge was to allow the parent to view instructions anywhere, anytime through their mobile device while keeping up with the evolving technology. In doing electronic discharge, the nurse will also have more time



to educate the patient on pertinent issues enhancing the patient experience and the patient’s healthy outcome. Achieving this objective would also assist in a cost saving initiative for the hospital by reducing the amount of paper printed in the discharge.

Implementation of the discharge app has significantly improved the patient discharge experience across the UCCs into the 90th percentile. Beyond that, the app has reduced the average patient discharge lead time by 5-10 minutes per patient and has reduced hours of nurses scanning by 1,889 hours annually. This change allowed nurses to enhance patient care by spending more time on educating the patient regarding medications and their plan of care. Patients and caretakers now have increased accessibility to their discharge instructions and medical record information at their fingertips using their mobile device.

Additional benefits include cost savings from the cost of paper used to print discharge instructions; the annual cost savings in paper per UCC was \$7,384. Clear and complete discharge instruction provided at the time of discharge coupled with electronic discharge information readily available to patients/parents decreases chances of readmission, improves patient adherence to treatment and optimize patient/parent outcomes and satisfaction.

Nurses Use Evidence-Based Practice for Bronchiolitis Management



Recent findings from the Children’s Hospital Association (CHA) revealed that many patients with bronchiolitis may routinely receive therapies not required for disease management. Currently, the American Academy of Pediatrics (AAP) recommends that the standard of care for bronchiolitis patients should only include supportive therapies such as nasal suction, rehydration, and supplemental oxygenation if needed. Dr. Veronica Etinger, pediatric hospitalist, noted the CHA findings and realized a significant patient use of bronchodilators, steroids, and radiography in comparison to the CHA findings and benchmark statistics. Dr. Etinger began a collaboration with Nicklaus Children’s Hospital’s 3 East inpatient medical respiratory unit, along with the unit’s nursing leadership team, Ivette Roldan, MSN, RN, CPN, Clinical Nurse Director, and Valeria Riorda, BSN, RN, CPN, Clinical Educator. The collaborative team targeted the use of non-recommended treatments for bronchiolitis management and sought to change the treatment regimen of patients diagnosed with bronchiolitis in alignment with best practices and AAP recommendations.

The team’s goal was to utilize an evidence-based bronchiolitis scoring tool to bring about an increase in

the adherence to AAP bronchiolitis clinical guidelines in children than 24 months of age. The tool would need to be effective to streamline care and prevent excess use of medications and/or treatments provided to the bronchiolitis patient population. After reviewing the literature and successfully trialing an evidence-based tool, the team set out to personalize the tool. They developed the new tool using five domains determined by the team to be the most effective in assessing a bronchiolitis score. These domains were respiratory rate, oxygenation, general appearance, use of accessory muscles, and auscultation of lung sounds. Using the tool, patients were assigned a score according to assessment of the five domains. The need for aerosol treatment would be determined based on the final score. After development, the new tool was then reviewed and designed for incorporation into the Nicklaus Children’s Hospital electronic medical record where it was successfully implemented.

After implementation, chest x-ray use decreased by 5%, bronchodilator use decreased to 50% and steroid use decreased to 0%.

Development of an Innovative Pediatric Oncology Nutrition Screening Tool

The treatment for pediatric cancer is rigorous and results in various secondary side effects. Many pediatric cancer patients suffer from negative side effects on all body systems. These treatment and disease- induced side effects are most commonly known to cause adverse symptoms that affect the child’s eating behaviors and metabolism. Some of the common alterations may include: alteration in taste, nausea, vomiting, poor appetite, weight loss/ gain, and altered gastrointestinal function. The results related to many of these side effects can lead to food aversions, cancer cachexia, treatment delays, and electrolyte imbalances which can contribute to poor treatment outcomes.



The hematology-oncology Clinical Specialist, Michelle Burke, MSN, ARNP, CPN, CPON, BMTCN, identified an opportunity for improving timely and appropriate nutrition screening. She recognized the need to increase nutrition consults, providing optimal nutrition care and analyzed the root causes for delayed screening. Pediatric oncology patients were traditionally screened for nutrition risk using a general hospital admission nursing screening tool. Burke identified the general screening tool’s limitation as the inability to capture the malnutrition risks specific to the pediatric oncology population, such as decreased appetite, nausea, vomiting, and/or decreased nutrient absorption due to diarrhea or mucositis. It is well-documented in the literature that nutrition intervention can improve quality of life during treatment, decrease

hospital length of stays, and minimize delays in treatment in the oncology population.

Burke collaborated with the oncology registered dietitian nutritionist (RDN), Jennifer Caceres, MS, RD, LDN, to review the current literature and best practices. A thorough review of the literature found many validated screening tools designed to predict risk or presence of malnutrition within the adult oncology population. Two validated screening tools in the pediatric setting including pediatric-SGNA and SCAN were found and reviewed.

Burke and Caceres were determined to create an innovative pediatric oncology nutrition screening tool to close the gaps identified in the referenced pediatric screening tools and to design a tool that captures objective data related to the oncology patient’s treatment and disease process. Burke and Caceres collaboratively identified key nutrition screening measures within the pediatric oncology population. They identified the following seven data elements to include in the nutrition screening tool: age range, type of cancer, treatment regimen, oral intake, symptomology, weight loss within 1 or 6 months and Z- score for BMI. This was the foundation in developing the innovative pediatric oncology nutrition screening (PONS) tool. The specific questions on PONS included were based on the evidence demonstrating effect of these topics to a nutritional deficiency. The PONS tool is sensitive and specific to identifying pediatric oncology patients at risk for, or with malnutrition. Since implementation of the PONS tool the inpatient oncology patient population has made remarkable improvements in nutritional status since the RDN is now able to objectively identify patients at need for nutritional support services.

Development of the innovative PONS tool eliminated traditional subjective screens, requiring the patient and/or parent to complete a questionnaire during the admission process. Given the emotional stress that some families undergo with admissions for chemotherapy and other anticancer treatment, one less task to complete has the potential to improve the quality of life during admission and improve perceived care.

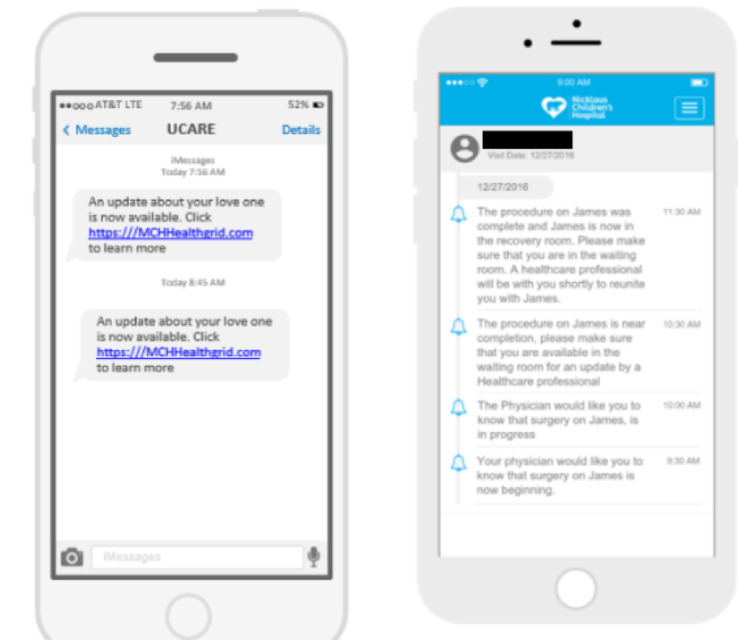
Clinical Nurses’ Design & Implement a New “Ucare” Parent Notification App within Surgical Services

The peri-operative process includes all phases of a patient’s surgical procedure, which includes admission, anesthesia, surgery, and recovery. At Nicklaus Children’s Hospital, the nursing team’s communication with families throughout the peri-operative process was inconsistent and unstandardized. The inconsistent communication with families impacted surgical services patient satisfaction scores, specifically the Press Ganey patient satisfaction question “information provided on the day of surgery”. The surgical services clinical nurses are expected to provide clinical updates to families throughout the peri-operative process. Historically the nursing practice to communicate with families while their child was in surgery was to call the parent’s cellphone whenever the OR nurse had an opportunity. Contacting families might be delayed while the OR nurse on the case was still providing direct care in the Operating Room, assisting in the surgical field and documenting in the medical record. This nursing practice typically resulted in delayed communication with families about the patient’s status.

Additionally, lack of family understanding on the various peri-operative phases negatively impacted patient

satisfaction scores. The families complained to waiting room volunteers and/or pre-operative nurses about delays in receiving updates about their loved ones in surgery. Volunteers and pre-operative nurses would then call the OR to obtain updates for the families. This led to multiple interruptions in patient care within the intra-operative phase, while the child was in the OR.

The nursing team explored the potential for building a peri-operative parent notification app to enhance communication on the day of surgery and improve the overall patient experience. The nursing team identified the following 4 crucial points of parent communication during the peri-operative experience as 1) pre-operative, 2) intra-operative with hourly sequences, 3) recovery phase, and 4) discharge. The clinical nurses developed trigger points according to nursing documentation within the EMR based on the OR-RN “in room time” which is when the surgery begins, every 30 minutes when surgery is over an hour, surgery stop time, and recovery RN documentation once the patient is in the recovery room. After the clinical nurses determined the trigger points, they also developed the parent notification language and implemented the app.



Parents have shared:

“Information was very clear and understandable. I felt very informed and comfortable in the service.”



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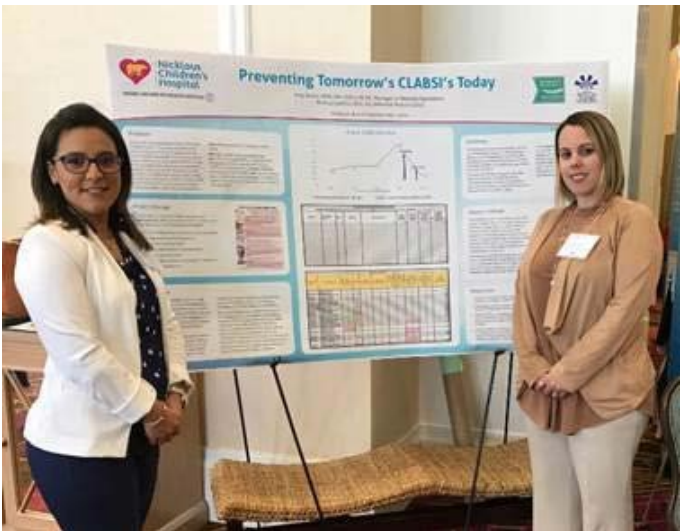
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- **Bonet, A.** (2016). *Hands on success, an AORN-based protocol for surgical nursing orientation that improves nurse retention.* Poster session presented at the Nursing Consortium of South Florida Conference Miami, FL.
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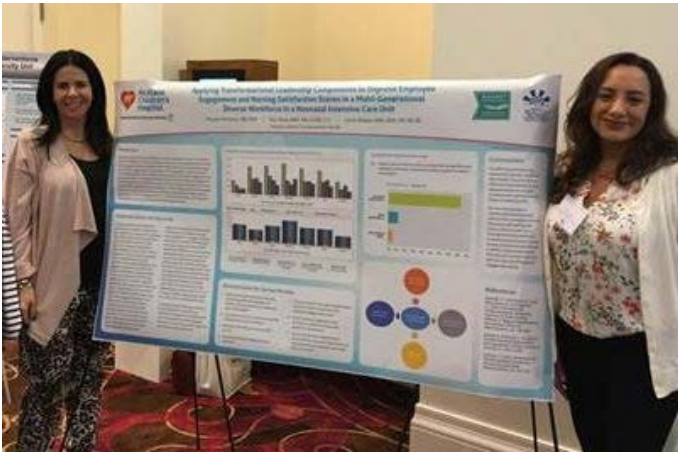


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- **Bandin, A., Klareich, J., Lima-Keller, N., Whitely, S., & Hernandez, L.** (2017). *Short, sweet, teach and repeat: A competency-based skills fair.* Paper presented at the 19th Annual Global Nursing Education Conference, Las Vegas, NV.
- **Bragg, J.** (2017). *Integrating mental health care with pediatric palliative care-the pivotal role of the psychiatric-mental health nurse practitioner.* Poster session presented at the APNA 31st Annual Conference, Phoenix, AZ.
- **De La Camara, S., Bandin, A., & Hernandez, L.** (2017). *Let's improve medication communication using teach-Back and key information.* Paper presented at the 19th Annual Global Nursing Education Conference, Las Vegas, NV.
- **Diaz, D.** (2017). *How to "level" the playing field: A severity leveling guide for pediatric urgent care centers.* Poster session presented at the 2017 Society for Pediatric Urgent Care Conference, Seattle, WA.
- **Flor, T., Hughes, E., Perdomo, M., Gonzalez, M., Diaz-Barbosa, M., Miranda, L. F., & Llanos, A. R.**



- (2017). *Improving ETT re-taping to sustain low rate of unplanned extubations.* Paper presented at the Vermont Oxford Network 2017 Annual Quality Congress, Chicago, IL.
- **Fornaris, S., Hernandez, L., & Mellon, C.** (2017). *Reinventing the wheel: Nurse residency restructuring.* Paper presented at the 2017 SFONE Leadership Conference: Tailoring Leadership to Engage Today's Workforce.
- **Garlesky, C.** (2017). *Is your tank empty, half-empty or full? The journey of compassion fatigue.* Paper presented at the ASPMN 27th National Conference, Phoenix, AZ.
- **Gonzalez, J.** (2017). *The journey from service and satisfaction to patient experience.* Paper presented at the Press Ganey Executive Leadership Summit, West Palm Beach, FL.
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- **Jones, A., Thomas, D., & Castillo, J.** (2017). *Preventing Tomorrow's CLABSI's today.* Paper presented at the 2017 SFONE Leadership Conference: Tailoring Leadership to Engage Today's Workforce,

- **Mundy, S. L.** (2017). *SPN: A bright future for pediatric care.* Poster session presented at the Quality Improvement track at the Society of Pediatric Nurses 27th Annual Conference, West Palm Beach, FL.
- **Mundy, S. L.** (2017). *Optimization of operations: A playbook for standardization of operations across multiple locations.* Poster session presented at the 2017 Society for Pediatric Urgent Care Conference, Seattle, WA.
- **Ricci, D., & Gomez, D.** (2017). *All hands on EDward: Integrating a skills laboratory within a pediatric emergency department.* Poster session presented at the 34th International Nurse Education & Nurse Specialist Conference, New Orleans, LA.
- **Ricci, D., & Gomez, D.** (2017). *The comfort CamPAIN: An innovative approach to the improvement of pain management.* Poster session presented at the 2017 South Region FNA 7th Annual Symposium and Awards Ceremony, Hollywood, FL.
- **Roldan, I., Riorda, V., & Bandin, A.** (2017). *Just a call light away: Patient satisfaction.* Paper presented at the 2017 SFONE Leadership Conference: Tailoring Leadership to Engage Today's Workforce.
- **Scippio, R.** (2017). *Being where the children are: Medication dispensing at the bedside.* Poster session presented at the 2017 Society for Pediatric Urgent Care Conference, Seattle, WA.
- **Sinclair, K.** (2017). *Measure this: A multi-faceted urgent care nursing quality monitoring program.* Poster session presented at the 2017 Society for Pediatric Urgent Care Conference, Seattle, WA.
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- Terrell, E., **Harrah, C., Leviyeva, S., Tahmooressi, J., & Bolanos, A.** (2017). *A virtual school based convenient care program for children across the educational continuum.* Poster session presented at the 2017 South Region FNA 7th Annual Symposium and Awards Ceremony, Hollywood, FL.
- **Townsend, P., Gonzalez, J., & Rimblas, L.** (2017). *Navigating the course from diagnosis to survivorship: The implementation of the nurse navigator role in a pediatric oncology cancer center.* Poster session presented at the Academy of Oncology Nurse & Patient Navigators® (AONN+) Eighth Annual Navigation and Survivorship Conference, Orlando, FL.
- **Weber, C., Tena, F., & Perdomo, M.** (2017). *Applying transformational leadership components to improve employee engagement and nursing satisfaction scores in a multi-generational diverse workforce in a neonatal intensive care unit.* Paper presented at the 2017 SFONE Leadership Conference: Tailoring Leadership to Engage Today's Workforce.
- **Whalen, R., Diaz, J., & Ramirez, M.** (2017). *4Cs for comfort: "cute adaption" to adaptable acuity.* Poster session presented at the AACN 2017 NTI Conference, Houston, TX.
- **Whalen, R., Diaz, J., & Ramirez, M.** (2017). *4Cs for comfort: A novel program for transitioning cardiac medical surgical nurses to an acuity adaptable care model.* Poster session presented at the 2017 South Region FNA 7th Annual Symposium and Awards Ceremony, Hollywood, FL.



About Nicklaus Children’s Hospital

Founded in 1950 by Variety Clubs International, Nicklaus Children’s Hospital is South Florida’s only licensed specialty hospital exclusively for children, with nearly 800 attending physicians and more than 475 pediatric subspecialists. The 289-bed hospital, known as Miami Children’s Hospital from 1983 through 2014, is renowned for excellence in all aspects of pediatric medicine with several specialty programs routinely ranked among the best in the nation in 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018-19 by U.S. News & World Report. The hospital is also home to the largest pediatric teaching program in the southeastern United States and has been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession’s most prestigious institutional honor. For more information, please visit www.nicklauschildrens.org



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