



**NURSING
EXCELLENCE** ★
Defining a New Era

“Bear” Facts Affiliate Orientation

Children’s National Medical Center



Children's National™

Objectives

You will be able to:

- **Discuss the mission and vision of Children's National Medical Center**
- **Identify your role and responsibilities in relation to your practice at Children's National**
- **Identify elements of safety and service excellence related to patient care at Children's National**
- **Demonstrate how to access pertinent policies and tools, such as the formulary, to assist in performing your duties at Children's National**

Fast Facts About Children's National Health System

- Established 1870 (12 beds)
- Today licensed for 323 beds
- Perform > 17,000 surgeries, provides > 460,000 outpatients visits
- Hospital, ambulatory sites on campus, 8 ROCs and CP & A offices
- District, Maryland, Virginia, and Delaware
- Services: 54 bed Level IV NICU/ Level I Trauma Center/ SkyBear transport/ Sheikh Zayed Institute for Pediatric Surgical Innovation/ Obesity Institute/ 60 beds ICU offering cardiac and neuro specialties.

Mission of Children's National

- We are the nation's children's hospital
- We excel in Care
 - Advocacy
 - Research
 - Education
- We accomplish this through:
 - Providing a Quality Healthcare Experience
 - Improving Health Outcomes
 - Leading the creation of Innovative Solutions

YOU are expected to uphold our mission



Vision of Children's National

- Our vision set the standards of excellence for the care of children:
- We will **serve as the voice** for the most vulnerable among us, or children.
- We will **lead the quest to cure** some of childhood's most devastating illnesses.
- We will **prepare the nation's future leaders** in child health.
- We will **be the children's hospital against which all others are measured.**



Children's National Medical Center's Philosophy of Nursing

We are committed to:

- The patient and family
- Our nursing practice
- The profession of Nursing

Philosophy of Nursing

**Our PPM consists of 4
components:**

Professional Development

Partners in Care

Evidence-Based Practice

Shared Nursing Leadership

I. Professional Development

- Focus is on autonomy, excellence and individual career development
- Identification of resources that promote continuing development
- Use of systems processes to maximize/maintain growth

Professional Development

Our nurses will:

- **Demonstrate safe and excellent nursing practice**
- **Use resources effectively, appropriately and efficiently**
- **Participate in leadership activities, continuing education activities, pursuit of certification and professional membership activities**

II. Partners in Care

The model at Children's National
has Patient & Family- Centered
Care (PFCC) at its core



Partners in Care

At Children's National we acknowledge the family as whomever the patient and/or caregiver identifies as having a significant role in the patient's life.



Partners in Care

- Collaborative partnership among the patient, family and health care team, placing priority on strengths, needs and desires of patient and family to optimize health and wellness.
- Shared decision approach

Patient Wish List

- **Safety** (“Keep Me Safe”)—Error prevention.
- **Clinical Quality** (“Heal Me”)—Encompasses clinical excellence and performance improvements, the regulatory component of our institution.
- **Access** (“See Me Quickly”)—The patient’s ability to enter and navigate the institution effectively. It includes both inpatient and external access.
- **Service Excellence** (“Be Nice To Me”)—Enhance the quality of each patient’s experience.

Based on Press Ganey results for 2010



Other Concepts Addressed under Partners in Care

Patient Confidentiality

- The Federal law has several significant aspects:
 - A. **Portability** – Allows employees to move from employer to employer and not lose insurance coverage due to pre-existing conditions.
 - B. **Administrative Simplification** – Allows for the development of efficient and effective administrative standards.
 - C. **Transaction Standards** – Adopts new national standards for 8 electronic transactions including claims and payments, codes and identifiers.
 - D. **Security** – Requires secure systems for information exchange.
 - E. **Privacy** – Defines new standard practices to protect patient information.
 - F. **Fraud and Abuse** – Expands CMS' ability to investigate fraud abuse and system security under HIPAA.
- Patients have a right to privacy
- Do not talk about patients in elevators, hallways, cafeteria, social networking applications etc.



Other Concepts Addressed under Partners in Care

Children's Hospital Patient Care Resources

- Pain Management Team
- Skin Care Team
- IV Therapy Team
- Child Life
- Pastoral Care
- Social Work Services
- Unit Leadership team



III. Evidence Based Nursing

Findings of basic & clinical research provide evidence for nursing assessments and interventions

Step by step process that integrates multiple sources of evidence (scientific evidence & practice knowledge)

Application of evidence = Nursing care

Evaluation of outcomes

Evidence Based Nursing

GROWTH and DEVELOPMENT

Strategies proven to prepare children for procedures, for example:

- Incorporating parents as appropriate
- Encouraging participation from child as appropriate
- Allow manipulation of medical equipment



Evidence Based Nursing

Example: Preparation for Procedures What is the Purpose?

- Decreases anxiety
- Clears misconceptions
- Allows child to process information
- Provides child with sensory information
- Aids in establishing trust
- Provides predictability
- Allows for manipulation of medical equipment
- Promotes mastery

Evidence Based Nursing

Preparation strategies for infants

- Provide infant with pacifier and their own blanket
- Use soothing voice when talking to the infant
- Use tactile stimulation
- Involve parents as much as possible
- Provide music



Evidence Based Nursing

Preparation strategies for toddlers

- Hold their hand
- Allow them to have their security item (toy, blanket, etc)
- Comfort positioning
- Have them blow bubbles
- Show them pop-up book



Evidence Based Nursing

Preparation strategies for pre-school children (3-5)

- Bubble blowing
- Counting
- Toys they can manipulate
- Music
- Singing songs
- Use of medical play



Evidence Based Nursing

Preparation strategies for school-age children (5-11years)

- Use of medical play
- Breathing exercises
- Play their favorite music
- Allow them to play hand-held games
- Use of imagery



Evidence Based Nursing

Preparation strategies for adolescence 12years +

- Allow time for open discussion
- Breathing exercises
- Provide them with reading materials regarding the procedure and expectations



IV. Shared Nursing Leadership

Empowers and engages nurses in shared decision making



Increases Professionalism

Improves Patient Outcomes

SNL: Professionalism



- **Personal identification**

Always wear your badge

- **Dress Code**

Always wear a clean and neat uniform; not tight or revealing

No jewelry or perfume

No visible underwear, thongs, tattoos

- **Grooming**

Always wear hair off face and neck

Daily hygiene



SNL: Professionalism

Behaviors

- tone & timbre of voice
- emotional intelligence quotient
- protecting patient privacy
- participating in patient rounds, unit committees, hospital committees and councils, continuing education, certification

Refusal to participate in gossip & other forms of lateral violence



Safety at Children's National

- Underpinning of EVERYTHING we do
- Development of non-punitive system
- Root cause analysis to mine data
- Safety program for EVERY employee
- Safety coaches



Basic Safety Concepts

A. HAND WASHING

Hand washing is the #1 way to stop the spread of infections. Proper hand hygiene, is the single most important action employees can do to stop the spread of infections.

Wash your hands with soap and water for a minimum of **15-20** seconds or use the waterless alcohol sanitizers and rub hands until dry.

Basic Safety Concepts

B. STANDARD PRECAUTIONS

Standard precautions require that the health care worker treats all patients as though they may be carrying an infectious disease. Standard precautions are a way of protecting healthcare workers from direct contact with possible infectious materials.

They require the health care worker to wear personal protective equipment when they anticipate contact with blood or body fluids:

- ☐ Gowns
- ☐ Gloves
- ☐ Masks
- ☐ Goggles

Basic Safety Concepts

C. Restraint/Seclusion

Restraint is defined as any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body

Seclusion is defined as involuntary confinement of a person alone in a room where the person is physically prevented from leaving

Use only as a last resort, when imminent self-harm is present, need MD order, follow nursing policy & procedure

Code Review

Code Review

- **Code Blue:** *Deteriorating Patient:* Call 2222
- **Code Red:** *Fire:* Call 2222
- **Code Pink:** *Missing Child:* Call 2222
- **Code Brown:** *Campus Lockdown:* Call 2222
- **Code Gray:** *Tornado:* Call 2222
- **RRT**
 - **Rapid response :** Call 2222

Safety is the **keystone**



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Safety is the **keystone**

- Most commonly breached area of safety for nurses is medication errors
 - 3%–4% of patients experience a serious medical error while hospitalized
 - 1.5 million preventable adverse drug events
 - 7000 annual deaths
- It is estimated that 1 of every 3 medication encounters in hospitals result in medication administration error
- Pediatric population especially vulnerable

Errors and Adverse Events

Types of Errors

- 1. Error of **execution** in which the correct action does not proceed as intended
- 2. Error of **planning** in which the original intended action is not correct.

“A medication error is any **preventable** event that occurs in the process of ordering or delivering a medication, regardless of whether an injury occurred or the potential for injury was present.”

American Academy of Pediatrics, 2003

“An adverse event is the injury that results from care delivered or from care management, not from the underlying patient condition or the reason the patient was seeking care. Preventable adverse events are those attributed to error.”

Quality and Safety in Nursing: A Competency Approach to Improving Outcomes, 2012

Pediatric and Adult Differences

- Number of potential pediatric medication errors is **THREE TIMES** that of adults
 - Children vary in
 - Weight
 - Body surface area
 - Organ system maturity- affects their ability to metabolize and excrete medications

Pediatric and Adult Differences

- Few standardized dosing regimens
 - need for calculation of individualized doses
- different / changing pharmacokinetic parameters
- lack of available dosage forms and concentrations
- lack of published information / FDA-approved labeling

Top 10 causes of Pediatric Errors

- | | |
|--|---|
| <ol style="list-style-type: none">1. Performance deficit2. Procedure or protocol not followed3. Miscommunication4. Inaccurate or Omitted transcription5. Improper documentation | <ol style="list-style-type: none">6. Drug distribution system error7. Knowledge deficit8. Calculation error9. Computer entry error10. Lack of systems safeguards |
|--|---|



Risky Behaviors

- **Not following the 5 Rights**
- **Not performing additional nursing responsibilities: Right documentation, Right monitoring, Patient Teaching**
- **Not avoiding distractions/interruptions during med administration**
- **Signing medications off prior to administering medications**
- **Not checking for the time of the last dose administered prior to administering medication**
- **Not performing an independent dose and volume/rate check during the nurse witness process for narcotics and high-alert medications**
- **Not speaking up when there is a question/concern about a medication order**
- **Not checking patient two identifiers prior to administering a medication: name and medical record number**
- **Not checking for complete e-Mar prior to administering a medication**
- **Not taking the e-Mar to the bedside**



Medication Safety Goals

1. Improve the Accuracy of Patient Identification.

- Use at least 2 patient identifiers when providing care, treatments or services

2. Improve the safety of using medications

- **Be attentive to** Sound-a-like look a like drugs
- Label all medication and medication containers

Error Prevention for Everyone

EXPECTATIONS <i>I am accountable for:</i>	TECHNIQUES <i>I will:</i>
1. Patient, Personal and Team Member Safety <i>We expect a questioning attitude and will demonstrate a personal and team member (200%) commitment to safety</i>	1. Practice Team Member Checking & Coaching 2. Continuously Validate and Verify - Stop and resolve in the face of uncertainty
2. Clear & Complete Communications <i>I am personally responsible for professional, accurate, clear, and timely verbal and written communications.</i>	1. Use SBAR to communicate patient concerns 2. Use the Children's National Handoff process when transferring patient care responsibility 3. Use Closed Loop communication with 1 or 2 Clarifying Questions 4. Document legibly, accurately, timely and thoroughly
3. Paying Attention to Detail <i>I will attend carefully to important details.</i>	1. Practice <u>S</u>top, <u>T</u>hink, <u>A</u>ct, and <u>R</u>eview to self-check

SBAR = Situation, Background, Assessment, Recommendation



Additional Handoff Tool

- I – 5
 - I know what is wrong (pt problem)
 - I know what to do (short and long term)
 - I know what to worry about (signs of deterioration)
 - I know when to escalate (when to call LIP)
 - I see what YOU see!

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Welcome to Children's National

