Caring with Open Hearts, Hands and Minds

Nursing Annual Report 2016

Stanford Children's Health

Lucile Packard Children's Hospital Stanford

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A Message from the Chief Nursing Officer

2016 was an incredible year for Stanford Children's Health (SCH) and Lucile Packard Children's Hospital Stanford (LPCHS). I am honored to have spent my first year in this great institution as part of the amazing Division of Patient Care Services.

The future of health care is exciting and challenging. It will require each of us to practice at peak performance while at the same time approaching our work with open hearts, open minds and compassion for patients, families, our teams and ourselves. To facilitate meeting these challenges, we must have a clear vision and a robust strategy to keep us moving forward and to achieve even greater success.

Our first focus will be on patient care services alignment. What this means is that we will align the work in the Division of Patient Care Services and in our shared leadership structure with work across the enterprise. In addition, we will expand much of our work to include our patient care services partners.

The opening of the Packard 2.0 expansion is rapidly approaching. Our focus will be to ensure we have the right complement of staff and that they are adequately trained to move into the new building and provide safe and high-quality care.

In 2016, a great deal of work was devoted to redesigning our new graduate nursing residency program. We designed the residency after the University Hospital Consortium model of nurse residency. In 2017, we will initiate work to obtain New Graduate Nurse Residency Program accreditation from the Commission on Collegiate Nursing Education.

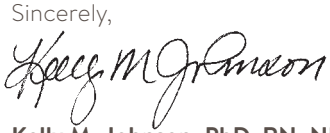
Our goal is to create a caring and healing environment at SHC and LPCHS, both for patients and families who are receiving care and for the staff and providers who work there. Caring Science integration is the approach we will use to establish this culture and provide a framework for supporting caring science in our professional practice model.

As an organization, we support an environment of inquiry and innovation. Indeed, one of the three arms of our organization's mission is research. In the Division of Patient Care Services, we will prioritize and expand education and resources for supporting research and evidence-based practice in our work.

Magnet® recognition is the gold standard for hospitals in terms of excellence in nursing and interprofessional practice, and it is an overarching goal we wish to achieve as an organization. The Division of Patient Care Services will partner with other divisions in 2017 to keep us on track to apply for Magnet designation in 2019.

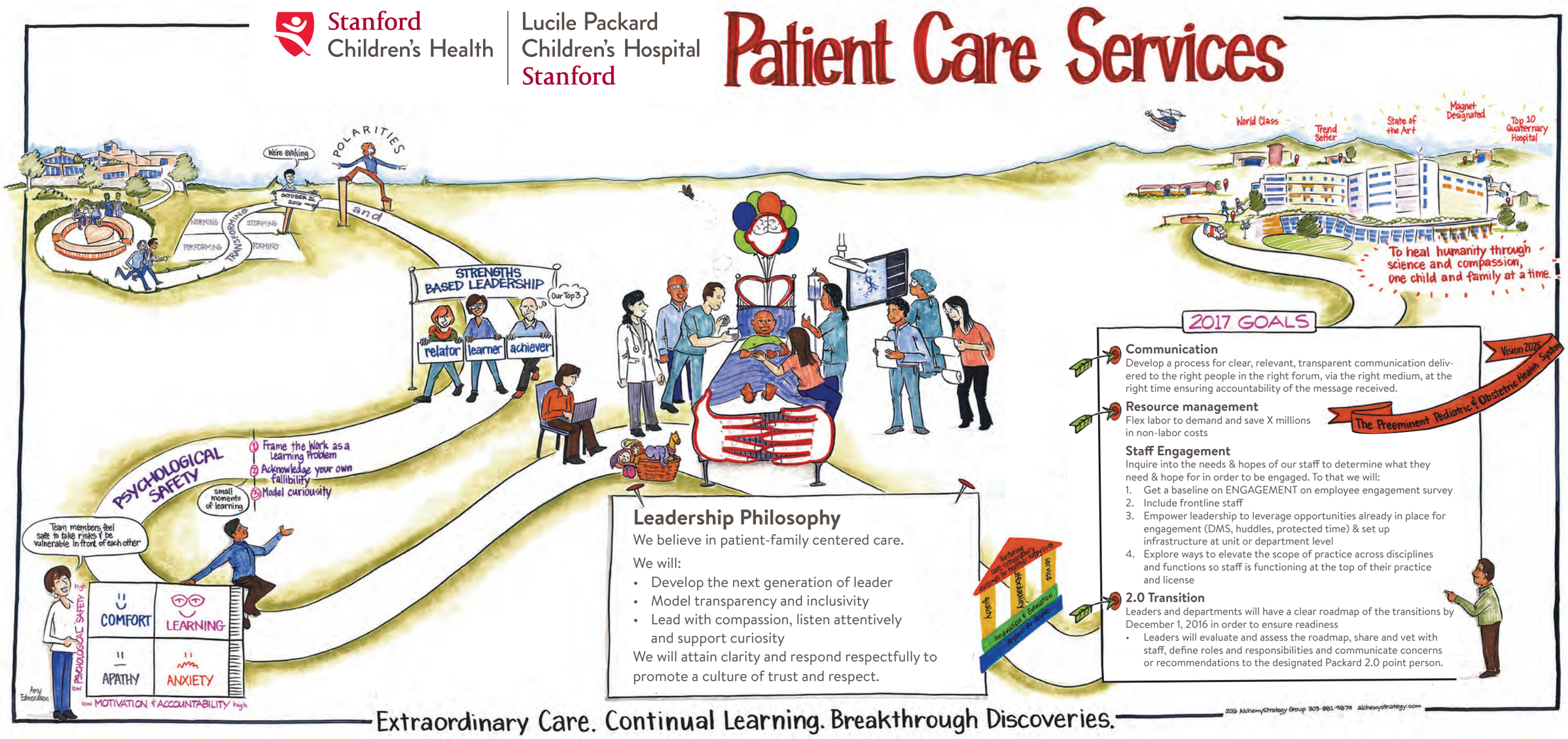
We have many exciting opportunities and a lot of work ahead of us in 2017. With strong leadership and committed staff, we can partner together to achieve our goals. We have so much to offer our patients, our professions and our community. 2017 is our time to shine! I look forward to working with each of you in 2017!

Sincerely,



Kelly M. Johnson, PhD, RN, NEA-BC
Vice President Patient Care Services
and Chief Nursing Officer

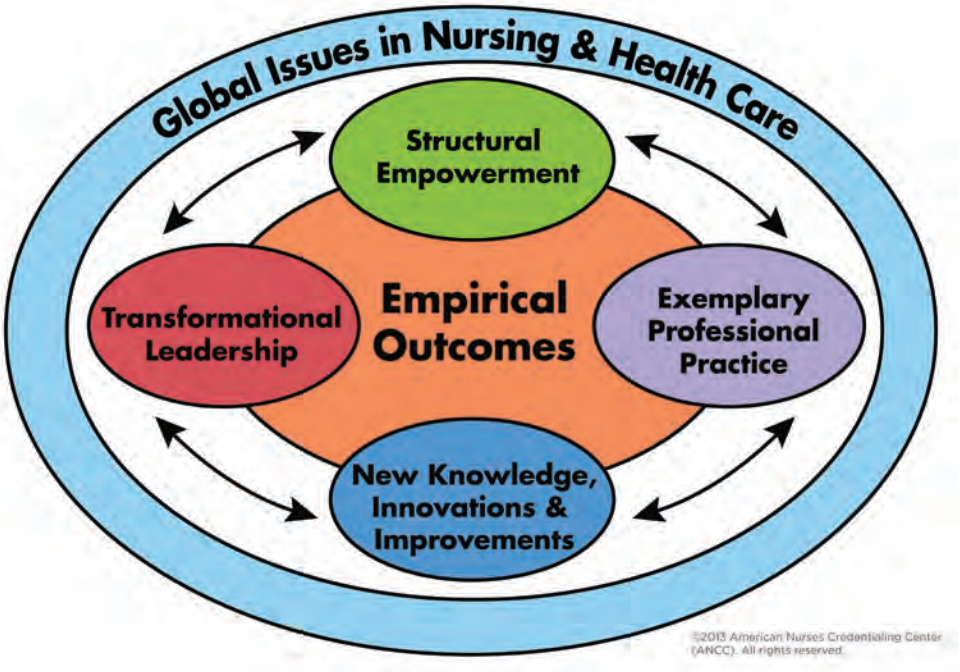
Patient Care Services Roadmap



Commitment to Excellence

Magnet® designated hospitals are recognized across the globe as providers of exemplary nursing care. In fact, The ANCC Magnet Recognition Program® holds organizations accountable to the highest standard of excellence in professional practice, nursing autonomy and collaboration with other disciplines. The Magnet® Model, pictured below and throughout this report, provides a framework for achieving excellence and serves as a roadmap for those seeking designation.

The following pages highlight just a few of our many outstanding projects and stories of 2016 that exemplify The Magnet® Model components, which focus on structure, process, and data driven outcomes.



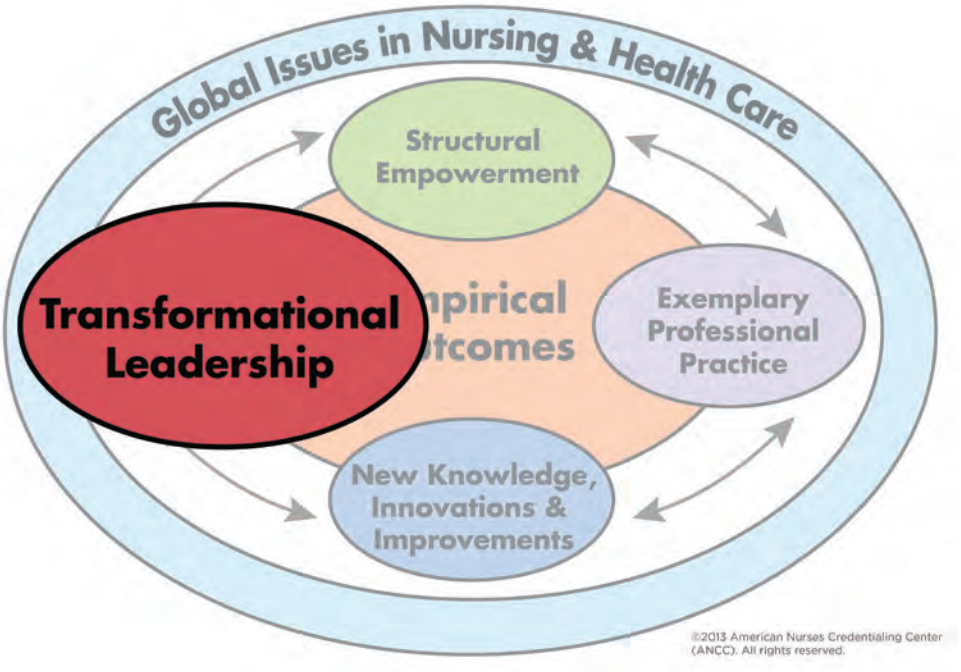
Transformational Leadership

Transformational leaders focus on relationships to motivate others and cultivate potential. Through authentic presence and clear communication, these leaders transform and inspire others. Transformational leaders confidently communicate their visions to the frontline.

With clear vision and goals in mind, transformational leaders encourage, intellectually stimulate, and challenge existing beliefs and practices toward continuous evolution and improvement.

Transformational leaders create supportive environments, enable shared responsibility and cultivate innovative, creative problem solvers (Doody & Doody, 2012). Transformational leaders demonstrate genuine concern for the emotional needs of others.

This personal attention to the individual is a key element in drawing out their best efforts, and developing that person's leadership potential (Riggio, 2014).



New Leaders in 2016

Jane Russell, MSN, RN, NE-BC

Joined our organization as the new Associate Chief Nursing Officer in January 2016. Jane is a seasoned leader with a strong quality-improvement background and proven success in building leadership and interdisciplinary teams and boosting employee engagement. Jane is also a staunch advocate of patient safety and quality patient- and family-centered care. Her responsibilities will focus on operational efficiency, quality care, patient safety, staffing and our journey to Magnet® status.

Jane joined our team after stepping down as the Director of patient care services at Children's Hospital Colorado in Denver. Her portfolio includes seven inpatient acute care units as well as providing clinical leadership for the digestive health and pulmonary service lines. Jane was a fundamental change agent in care coordination and leadership across the continuum of care at Children's Hospital Colorado. Prior to that, Jane was the Director of patient care services for Craig Hospital in Colorado, a nationally recognized and federally funded specialty center for traumatic brain and spinal cord injury. Jane earned both her master's and bachelor's of nursing degrees at Regis University in Denver, Colorado.

Margaret Herman, MSN, RNC-OB, NEA-BC

Joined our organization in August 2016 as the new Associate Chief Nursing Officer for the Johnson Center. Margaret is an accomplished women's and children's nursing leader who thrives in a dynamic, academic and fast-paced environment. She is highly skilled at assessing organizational needs, building consensus and inspiring others to develop a culture of quality patient- and family-centered care and accountability. Most recently, Margaret served as the Vice President for women's and children's services as Baylor University Medical Center in Dallas, Texas. Before that, she was the Executive Director of perinatal services at Miller Children's and Women's Hospital in Long Beach, California.

Kathy Bradley, DNP, RN, NEA-BC

Is the Executive Director of the Center for Professional Excellence and Inquiry (previously the Center for Nursing Excellence). She joined us in August 2016 and leads the newly named Center (CPE&I),

which supports clinical education, professional development, shared governance, nursing research, clinical evidence-based practice, policies and procedures, the Revive Program and our professional practice environment. Kathy's expertise as a Magnet appraiser will be invaluable as we work towards Magnet recognition and new graduate nurse residency program accreditation. Kathy also serves on a national task force through the QESN Institute, which expands and promotes quality and safety competencies in the clinical setting. She joins our team from Colorado, where she practiced nursing as the Director of the Performance, Practice and Innovation and Magnet program at Porter Adventist Hospital

Most recently, she served as the Director of clinical education and professional development at Children's Hospital Colorado in Denver.

Rishi Seth, MPA

Joined our team in August 2016 as the new Director of Business Operations for Patient Care Services. Rishi leads the integration of operational, quality and financial priorities across Patient Care Services. He is a LEAN Six Sigma Green Belt with extensive experience in performance improvement and outcomes. Most recently, Rishi served as the Senior Director of medical services for New York University's Langone Medical Center in New York City, where he had previously served as the Administrative Director for the emergency department. Before joining New York University's Langone Medical Center, Rishi was a manager of performance and outcomes in the emergency department at Northwestern Memorial Hospital in Chicago.

Andrew Palmquist, MSN, RN

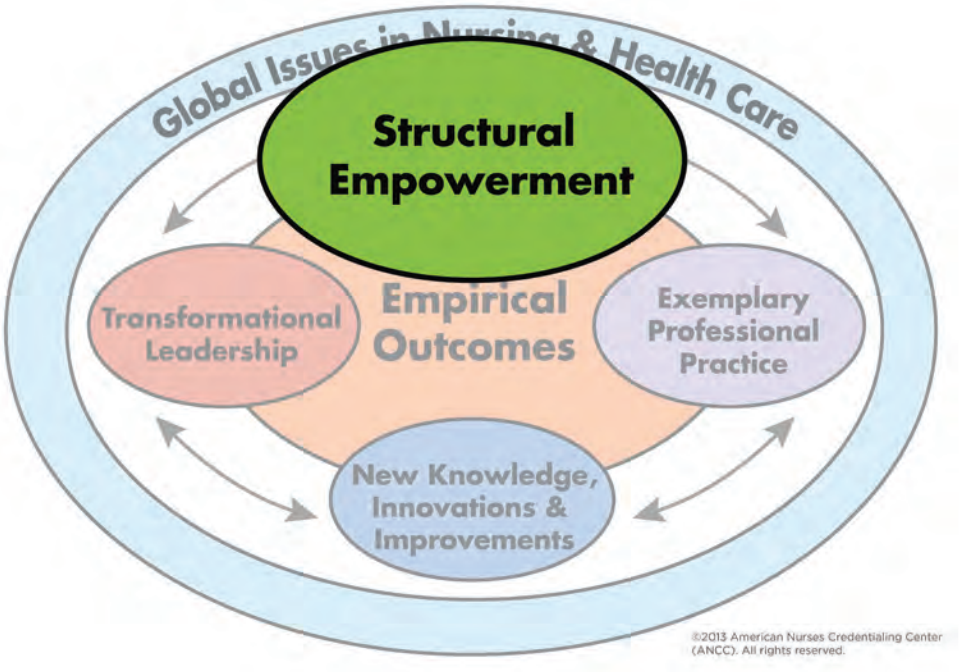
Was promoted to Director of Patient Care Services in August 2016. Andrew has been an integral member of our organization since 2003, earning several promotions during his tenure. Most recently, he led the access and transport teams, which include pediatric, neonatal, and critical care transport; the vascular access and patient placement departments; and the transfer center. As Director, Andrew will continue to lead critical care transport and the vascular access teams, along with the pediatric intensive care unit (PICU) and dialysis.

Structural Empowerment

Magnet hospitals have structures, processes, policies, committees and pathways in place to ensure that nurses at all levels have the support and opportunity to make decisions about their professional practice.

Magnet hospitals are committed to these structures and ensure that nurse-led decision-making teams are empowered to address, own, and improve clinical practice and operational standards and processes.

The structural empowerment component is exemplified by nurses through a commitment to lifelong learning, professional collaboration, community outreach, academic achievement, career development, and through formal recognition of individual contribution to the profession of nursing.



Nightingale Excellence Awards

In October of 2016, Stanford Children's Health nurses celebrated their accomplishments with the inaugural Nightingale Excellence Awards. The coveted awards were presented in 13 categories.

More than 100 thoughtful nominations were received from peers and other care providers. The nominations reflected extraordinary nursing practice and enabled nurses to recognize their colleagues for significant accomplishments. The event also recognized nurses who were published or received specialty certifications, promotions and advanced academic degrees.

To open the ceremony, Kathleen Yago, the mother of a young heart transplant recipient who spent many months in Lucile Packard Children's Hospital Stanford, presented a moving tribute about nurses that reminded us all of the value and honor of our chosen profession.

The event was hosted by the Recruitment, Retention and Recognition (RRR) council of Nursing Shared Leadership (NSL). The responsibilities of the council include promoting "the effective recruitment, retention and professional recognition of nurses" (Stanford Children's Health (SCH), n.d.). Kelsey Parkinson, BSN, RN, CPHON, is chairperson of the RRR council, which developed the award categories, oversaw the nomination and award process, and hosted the Nightingale Excellence Awards celebration banquet.

2016 Nightingale Excellence Award recipients
Left to right back row: Shannon Feehan, Jennie Magana-Soto, Dr. Sunny Anand, Renee Letsinger, Andy Lapuz
Left to right front row: Jackie Tong, Sheryl Goldstein, Beth Faulkner, Maryalice Gowen, Tayler Brown
Missing from photo: Kristine Taylor, Lisa Pinner, and Richard Ramos

According to Kelsey, "we wanted to recognize the extraordinary contributions of nurses and their desire to nominate colleagues." Luanne Smedley, MHA, BSN, RN, NEA-BC, Administrative Director of clinical access and care coordination at SCH and executive sponsor of the RRR council, supported the council's efforts in producing "meaningful and substantive awards that recognize the amazing work done by nurses."

Recognizing specific professional accomplishments can enhance nursing engagement and contribute to a professional, engaged workforce (Zwickel et al., 2016).

Stanford Children's Health understands the important role of nurses in patient care. One component of our nursing professional practice model is recognizing our nurses' dedication to providing care for patients and families with open hearts, hands and minds.

Stanford Children's Health was proud to showcase, celebrate and support the outstanding achievements of our nurses at this awards banquet. We would like to thank the Lucile Packard Foundation for Children's Health for their generosity in supporting the inaugural Nightingale Excellence Awards banquet.

Celebrating extraordinary nurses at the 1st Nightingale Excellence Awards banquet

2016 Nightingale Excellence Award Recipients

Eminence Award
Jennie Magana-Soto, RN, MSN, CNS, PHN, CCRN

This award honors a registered nurse who serves as a cohesive source of support and stability to patients, families, and colleagues. They are an advocate, team player, change agent, role model, and leader.

Excellence in Nursing Leadership
Maryalice Gowen, BSN, RN

This award honors a registered nurse leader, from bedside care to director, who builds excellence and empowers others in a fostering environment while excelling as a role model and practicing behaviors that increase morale and strengthen the organization.

Excellence in Mentoring
Kristine Taylor, MSN, RN, PCNS-BC

This award recognizes a registered nurse who excels in fostering a mentoring environment. This nurse may precept new hires or students or mentor their peers.

Excellence in Innovation
Shannon Feehan, MSN, RN, CPN

This award recognizes a registered nurse who demonstrates excellence in creativity and innovation.

Excellence in Community Outreach
Rich Ramos, MSN, RN, CNS, NP, CPON

This award recognizes a registered nurse who excels in community service to improve the health of the communities we serve.

Emerging Talent
Tayler Brown, RN, BSN

This award recognizes a registered nurse with less than two years of nursing experience who demonstrates exceptional compassion and a desire to grow within his/her professional practice role.

Excellence in Teamwork
Intermediate Care Nursery (ICN)

This award recognizes a patient care unit or department that has shown excellent outcomes or improvement in their outcomes (employee engagement, Press-Ganey, HACs, employee injuries, etc.) over the course of the past year.

Excellence as an Inter-Professional Team
OB Simulation Team of Labor & Delivery

This award recognizes a nurse-led or nurse co-led inter-professional team for achieving extraordinary outcomes in our pursuit of care coordination and collaboration, patient experience, and value.

Excellence in Quality, Safety, and Improvement
Jackie Tong, BSN, RNC

This award recognizes a registered nurse who promotes leadership, performance, teamwork, and improvement in health care quality and patient safety at the level of the department or organization.

Excellence in Advocacy
Lisa Pinner, RN, MSN, CPON, BMTCN

This award recognizes a registered nurse who excels in advocating for children, pregnant women, families, and/or staff.

Clinical Excellence in Nursing
Renee Letsinger, MSN, RN

This award recognizes a registered nurse who excels in pediatric or obstetric clinical practice.

Friend of Nursing, Provider
Kanwaljeet J. S. (“Sunny”) Anand, MD, DPhil

This award recognizes that quality patient care is only made possible by the support of many different health care professionals collaborating and working together.

Friend of Nursing
Andy Lapuz, CNA

This award recognizes that quality patient care is only possible with the support of our colleagues in health care professions other than nursing.

Kathleen and Hana Yago

Parent Kathleen Yago Offers a Heart-Warming Thank You to all Nurses

A little over two years ago, in August of 2014, my husband, Paul, and I welcomed our first child, Hana, into this world. When our daughter was four months old she developed a minor cough. It was so minor I almost didn't mention it to her pediatrician, and as predicted he didn't think there was anything to worry about. But five or six weeks went by and her cough slowly started to sound wetter. Then one day she suddenly threw up. Then in the middle of nursing she would suddenly stop. And I thought, babies cough sometimes and throw up sometimes and get distracted while nursing, right?

But she threw up again and again the next day and we started to worry. One evening after she threw up and seemed very quiet, I was scared. The next morning we took her to a new pediatrician, because our insurance had changed to Kaiser.

The pediatrician ordered a chest x-ray which showed an enlarged heart. They whisked us back for an echocardiogram then to the emergency room (ER), then across town to UCSF.

At UCSF my daughter seemed to decline rapidly. Her heart was in severe failure. They worked on her for hours, well into the night. Things looked bad and then worse and then the next morning – they sat us down and told us our daughter would need a heart transplant. We were in shock, and reeling that a persistent cough had somehow led to her needing a heart transplant.

After one day at UCSF, our daughter was life-flighted to Lucile Packard Children's Hospital Stanford (LPCHS). In the process, there were talks about ECMO. When we arrived, a team of people got to work furiously. As they worked, I sat in a

chair outside my daughters room in the CVICU, shocked, drained, exhausted from being up for two days, my body aching from head to toe.

But we were lucky. Our daughter got better. It wasn't without some very scary moments but she didn't need ECMO. After two weeks in the CVICU and one week on 3 West she was discharged. Of course, our home life was turned completely upside down with medications and a feeding pump and NG tube, and lots of appointments, but we got to be home.

Then in November 2015, after nearly nine months at home, I noticed my daughter was breathing fast while sleeping so we took her to the nearest ER. From there she was transferred back to LPCHS where it was discovered that her left lung had collapsed. The weight of her enlarged heart had become too much, a tiny touch of rhinovirus was all it took to tip the scale into respiratory failure.

For three weeks they kept her intubated and attempted several ways to get her lung to expand. There was no success and after a very scary failed extubation, it was clear that her heart just couldn't take it. That's when they decided to place her on the Berlin Heart, a ventricular assist device that would help her left ventricle pump blood.

The Berlin Heart is a 200-pound machine on wheels housing an air compressor with a laptop sitting on top. During open-heart surgery, two cannula are attached to the heart, one exiting the left ventricle and another entering the aorta. Each cannula exited the body and attached to a chamber that hung at about groin level. This chamber is what pumped her blood. There is a six-foot tube that connects this external chamber to the rest of the machine.

Being on the Berlin Heart meant that our daughter would have to stay in the hospital until a donor heart become available to her. They told us the average wait was 6-8 months. We are lucky, in that, she would not have to spend the time waiting in the CVICU and two weeks after getting the Berlin Heart, she was moved to 3 West.

Because of the nature of the device it meant that our daughter would have to be closely supervised if she were to leave her room and would always have to be accompanied by a specially trained nurse in order to leave the 3rd floor or even go outside. Because of the short battery life, we were restricted to 20 minutes of time with the device being unplugged. It often felt confining.

Paul and I basically packed our bags and became residents of the hospital. This was our new home. We lived here, we ate here, we slept here, we paid bills and raised our daughter here as best we could. We decorated her room and set up a play area.

"It is nurses who foreshadow the details of what is to come, and how to prepare yourself."

She had a few playdates from friends that came by. We had a routine that included PT and OT, preschool, blood draws, dressing changes, nap time, scavenger hunts around the 3rd floor and a little time outside throwing things into the fountain or walking around the front of the hospital. That was our life.

We were lucky because our daughter actually became quite healthy – she learned to walk and nearly run. She tried to climb things and she usually felt well enough to play. Then came The Call. After more than six months in the hospital, one Saturday morning we got the call that a donor heart had become available for our daughter. It is a moment flooded with so many strong and mixed emotions that I can't describe. A moment I'm sure we will never forget.

That was May 28th, 2016. She went into surgery that afternoon and in the wee hours of Sunday, May 29th we saw our daughter wheeled out of the elevators on the 2nd floor with a miraculous, new heart. One week in the CVICU and another week back on 3 West and on June 12th, nearly 7 months after being admitted our daughter was discharged to the Ronald McDonald House. After being away from home for nine months, we have now been back at home for almost two months.

Throughout the crazy journey, we've had excellent care from the whole team of people at LPCHS. We had amazing doctors and nurse practitioners, explaining the worst and best case scenarios, the game plan, the risks, the side effects, what to hope for and what to be realistic about. They did a great job guiding us through the process from one big step to the next.

But I think in life we rarely jump from one big step to the next. Life is a series of moments. And when you are in the hospital with your sick child trying to survive from one moment to the next, the only other person there with you besides family, is a nurse. It is a nurse who is down in the trenches, doing the nitty gritty, taking care of details, making sure your child makes it from one moment to the next.

It is nurses who foreshadow the details of what is to come and how to prepare yourself. No one has more experience in sitting in a room with a patient and their parents than the nurses. That experience can be the guidance you so desperately need to get from one moment to the next. While the game plan for your child is set by the doctors, it is the nurses that actually take you through it.

The nurses we had, and I say 'we' sometimes, because in so many ways the nurses take care of the family, not just the patient, they were usually the ones to remind you to eat and drink and rest and sleep. It was a nurse that told me it was okay to go home for a couple of hours when I hadn't left the hospital in three weeks. They watched my daughter, often sitting her in their lap and showing her cartoons on her iPad, while I got out of the hospital for an hour here and there. They comforted her while I snuck down to the cafeteria for coffee. They brought in decorations for my daughter's room, and small little trinkets or toys they thought she would like to play with.

Jenny Michals, Paul & Kathleen Yago, Susanna Zeigler and Nicole Elgin

We even had a nurse that made custom wraps to help keep my daughter's Berlin Heart dressing on more securely and comfortably than the ace wrap. It was a nurse that put her arm around me when I broke down crying in my daughter's room that first day in the CVICU. It was a nurse that my daughter held out her arms for to get picked up when I wasn't there to hold her.

The nurses we had were our daughter's best advocates and they taught me how to advocate for things I didn't even know I could advocate for. They brought up things that no one else had thought of to ensure that my daughter was getting the best possible care and had the best quality of life possible in a hospital setting.

Sometimes it was big things, like getting moved into a more comfortable room or talking directly to the attending physician about a concern. But often it was a lot of little things, that they often had to work hard to make happen, things like making sure my daughter got to go outside at least twice a day or making sure blood draws went smoothly or procedures and dressing changes didn't happen in the middle of her nap. It was those little things that add up, and in the big picture, they made day to day life easier and more comfortable during a long hospital stay.

The nurses we had exemplified excellent standard of care. One standout example of this was when my daughter's Berlin Heart completely stopped working unexpectedly. Now, this device is considered extremely stable and for it to just stop is pretty much unheard of, but it did stop and my daughter and I were not even in her room when it happened.

It was because of her nurse and the other nurses that additionally responded, that this emergency situation was handled incredibly swiftly and calmly without any harm to our daughter. I had never been more impressed by how unruffled the nurse appeared to be and how smoothly the rest of the response unfolded. As parents this helped keep us calm and reassured, something you always cling to when you have so much to deal with a sick child.

As days dragged into weeks and weeks dragged into months in the hospital, what really became apparent to me, through the culmination of many of the things we experienced, was not just the excellent care our daughter received, but the dedication of her nurses.

Dedication shows itself in compassion, sympathy, thoughtfulness, diligence, playfulness, affection, kindness, and even excitement over good news, like receiving a new heart or finally getting discharged from the hospital.

After spending so much time in a hospital, meeting other families and patients and having to sometimes witness their suffering and pain and even loss, I can't imagine how nurses are able to cope with this themselves day in and day out.

What I see is their dedication to nursing, dedication to their patients, dedication to the families, by showing up each shift, making lives better or easier or a little happier during challenging times. We certainly very much appreciate that. And oftentimes it is the attitude of the nurse that can really change the outlook of your day.

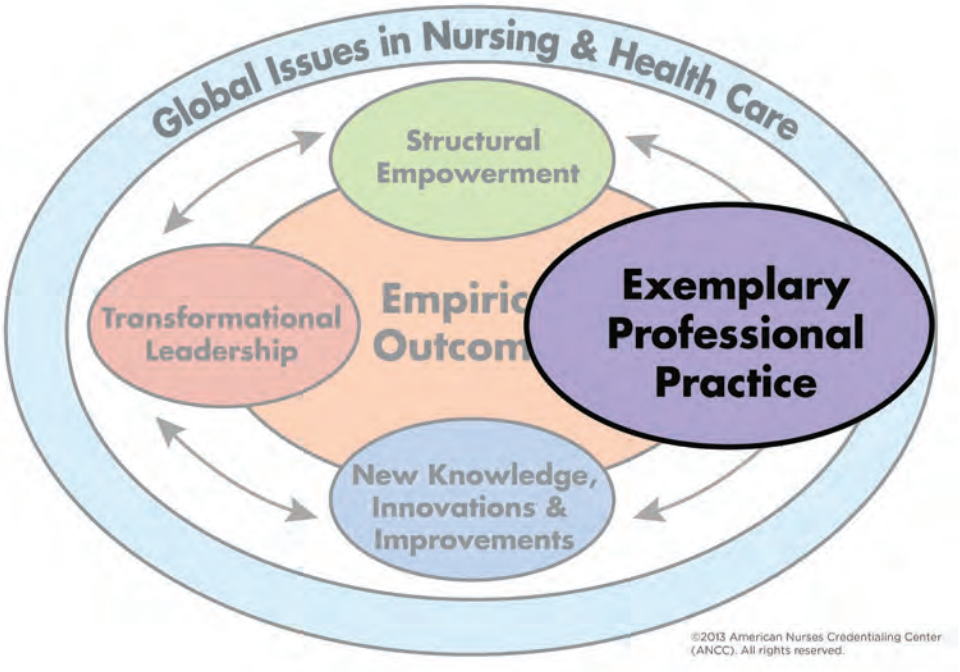
As a parent, one thing that really touched my heart over the long haul, was these nurses become your co-worker, as you work side by side to care for your child. They become your partner in your child's care. The become like your neighbor, the familiar faces you see in the place where you live. And sometimes they even become your friends as you learn each other's stories, you learn about their families, where they are from and what they love outside of nursing. I think this simple human connection is what makes the difference for parents and patients between existing in a hospital and actually living life in a hospital.

Thank you, nurses, for all you do. Thank you for sharing the burden of our hardships and the joy of our triumphs. Thank you for treating my daughter as the precious life that she is and for welcoming us into your hearts.

Exemplary Professional Practice

Magnet® organizations demonstrate exemplary professional practice through efficient and effective delivery of patient care services, interprofessional collaboration and high-quality outcomes. Nurses, as members of the interprofessional team, bring evidence-based practice to the delivery of patient care. Other elements of exemplary professional practice include a culture of safety, staff engagement, patient experience and patient outcomes.

Clear models of professional practice illustrate alignment and integration of nursing with the organization's mission, vision and values. Our model was designed by our nurses to capture the essence of our practice at Stanford Children's Health. Our Professional Practice Model, informed by Jean Watson's Caring Science theory, provides a foundation of guiding principles for the evolution of nursing at Stanford Children's Heath, empowering and inspiring us to heal humanity through science and compassion, one child and family at a time.



Caring Science Foundation

The Nursing Professional Practice Model helps staff, patients, families and the public to understand our core nursing values. It is important to define the components of our practice in a way that brings significance to our daily work. The now well-recognized red logo captures the essence of our vision and the spirit of our discipline — we are ***dedicated to caring for patients and families with open hearts, open hands and open minds.***

This commitment to our patients and to professional practice is deeply rooted in Jean Watson's theory of Caring Science, a well-researched philosophy and ethic that brings meaning, focus and language to the art and science of nursing through the definition and exploration of 10 Caritas Processes. But as nurses at Stanford Children's Health, what does this Professional Practice Model mean to us? What does it inspire within us, and how does it help to inform our practice?

Nursing Professional Practice Model

Jean Watson's 10 Caritas Processes™

1. Practice loving-kindness, compassion and equanimity with self and others
2. Be authentically present, mindful, and honor all faith/hope/belief systems
3. Cultivate your own spiritual practices to transcend ego-self; seek transpersonal interactions
4. Develop and sustain loving, trusting-caring relationships with everyone
5. Authentically listen by allowing for both positive and negative feelings to be expressed - hold all viewpoints sacred
6. Creatively seek solutions and solve problems in a caring-healing way
7. Stay within the other's frame of reference to coach, teach and learn in a transpersonal way; model holistic, expanded health and wellness
8. Create a healing environment; be aware of the mood you create with your energy; seek to be an authentic, caring presence
9. Reverently assist with basic needs as sacred acts; as you touch the mind-body-spirit of another, always sustain human dignity
10. Be open to spirit, mystery, and unknown dimensions; allow for miracles to happen

Source: https://www.watsoncaringscience.org/jean-bio/caring-science-theory/10-caritas-processes/

Open heart

The open heart is at the center of our Professional Practice Model. It is a bold reminder that love, kindness and compassion are at the core of who we are and what we do. When we follow our heart and honor our passion and intuition, we cannot fail. Cultivating an open heart deepens our connection to the divine and helps us see the beauty and perfection in every being. Staying rooted in the wisdom of the heart helps us enter every relationship and interaction with more peace and compassion. The heart-centered principles expounded in Jean Watson's Caring Science theory include kind, compassionate and therapeutic communication; the formation of helping and trusting relationships; and the embodiment of spiritual and cultural sensitivity.

Open hands

The open hands at the base of our model are a symbol of our action in the physical world. They are the vehicle through which our heart-centered care is delivered. Using our hands, we administer essential human care in ways that promote wholeness and the alignment of the mind, body and spirit. Watson's Caring Science theory informs us to tend both embodied and evolving spirit. The open hands in our Professional Practice Model represent how we demonstrate our vast and varied capabilities, take care of ourselves, and provide service to the people of the world.

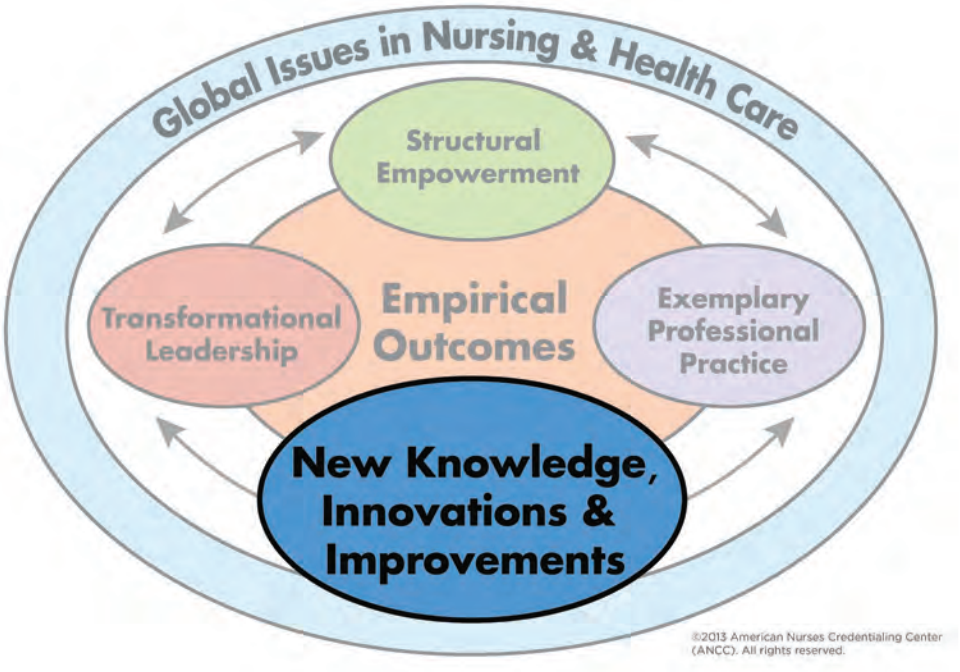
Open mind

Leaping Lucy, within the academic shield at the top of our Professional Practice Model, signifies our dedication to an open mind. It represents our academic preparation, knowledge, critical thinking, and our willingness to expand and learn new things. It is a symbol of our commitment to excellence and professionalism. Leaping Lucy is an agile figure who quickly jumps to action. She inspires us to act with intention, cultivate balance and resilience, practice autonomy and advocacy, and deepen our knowledge and wisdom through continuous learning. Leaping Lucy personifies an informed decision-maker who is aligned with the Caring Science principles of altruism and self-care, who understands the value of teaching and learning relationships, and who is intellectually guided to allow for the unfoldment of mystery and phenomenon beyond our current understanding.

New knowledge, Innovation and Improvements

Magnet® organizations incorporate current evidence-based practice and research into clinical and operational practices. They are expected to contribute new knowledge, innovations and improvements to the profession of nursing.

Our organization supports inquiry, research and innovation, and our nurses receive education and support to analyze studies, perform research and implement evidence-based practices. We are all committed to develop, enhance and ensure the safest and best evidence-informed delivery of patient care services.



Schedule-Based Family Centered Rounds

The LPCHS Heart Center is challenged with managing a complex, high-acuity patient population. Multidisciplinary rounds facilitate high-quality care through encouraging communication between care team members, including a shared understanding of the plan of care and patient goal-setting. Clinical nurses caring for this patient population participate in daily Family-Centered Rounds (FCR) by presenting their patient, reviewing overnight events and vital signs, and voicing concerns. Successful rounding depends on the consistent presence of various disciplines, including staff from interpretive services, physical therapy, pharmacy and case management in addition to medical and nursing staff.

The Heart Center identified several challenges with the traditional FCR model. Patients and families did not know when to expect the team, resulting in anxiety about possibly missing rounds. In addition, rounding on the 20-bed acute care unit was taking a very long time, often lasting more than three hours. Lastly, there was inconsistent team presence during rounds, including nursing. Nurses were unable to plan their patient care and missed rounding on their patient 30 to 60 percent of the time.

The dream was to design a consistent, predictable process to facilitate interdisciplinary teamwork and communication in order to improve quality of care and patient safety. The team modified the universal outpatient appointment model to fit the inpatient setting, creating the schedule-based family-centered rounds (SBFCR) model. One key goal was to increase bedside nurse attendance and participation in daily rounds from between 30 and 60 percent to greater than 90 percent. Other goals included to decrease the time it takes to complete patient rounds and to demonstrate consistency with the new process within a one month time period. The secondary aims included to sustain adherence to SBFCR standard practice, decrease round cycle time variability between patients and services, increase provider satisfaction with the rounding process and increase time for providers to teach staff during rounds.

The team began the planning phase of the Plan-Do-Check- Act (PDCA) cycle with a month of observations of round cycle times by patient type. Feedback was solicited about what to include in a standardized rounding process. The project team worked to ensure all stakeholders were either getting or presenting necessary and helpful information. They also surveyed key stakeholders to build a patient scheduling tool in an online file-sharing system with a prioritized algorithm that created scheduled rounding times.

The SBFCR scheduling tool included time for providers to teach staff and time to transfer patients from intensive care to acute care. The goal was to limit interruptions during rounds by utilizing this new scheduling process. The scheduling process begins at 3:00 p.m. the day before, with the registered nurse (RN) Case Manager and Cardiology team identifying discharges and prioritizing patient rounds for the next day. The schedule is confirmed at 7:30 a.m. and entered into an online file-sharing system. The RN Case Manager emails the schedule to Interpreter Services. Consulting services, outpatient providers and the in-patient unit are each able to access the schedule via the online file-sharing system.

The project went live in July 2015. Two critical measures for success were identified, the presence of the bedside nurse at rounds and the nurse's presentation of the patient.

By September 2015, bedside nurse attendance and patient presentation increased to 89 percent and 85 percent. Process review was conducted weekly as part of the PDCA cycle. Adjustments to the SBFCR included improving the online secure cloud-based scheduling tool, providing a presentation script to nurses and improving visibility and communication of the daily schedule.

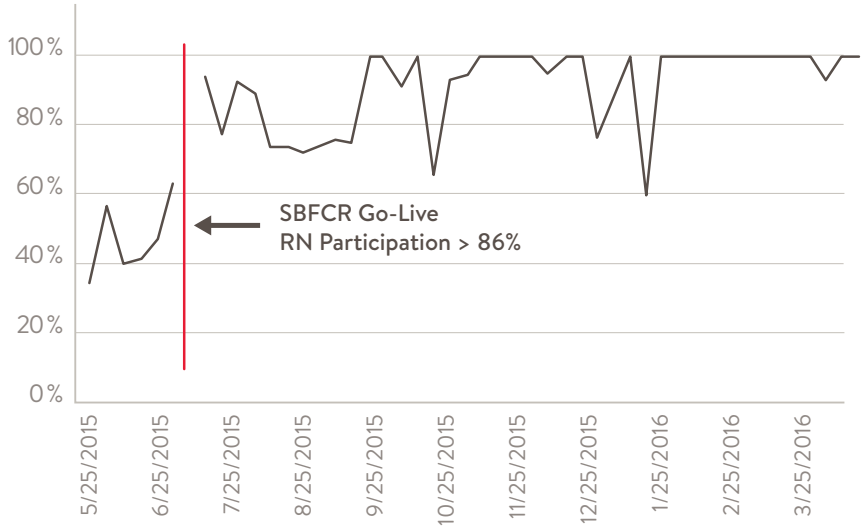
Throughout 2016, nurse participation at the SBFCR held steady at 90 percent (Graph 1). This is a significant improvement over the pre-SBFCR levels of 30 to 60 percent.

Other improvements have included integrating rounds into the electronic health record (EHR), improving consistency by standardizing the presentation of information (Graph 2) and providing additional teaching time for the health care team (Graph 3).

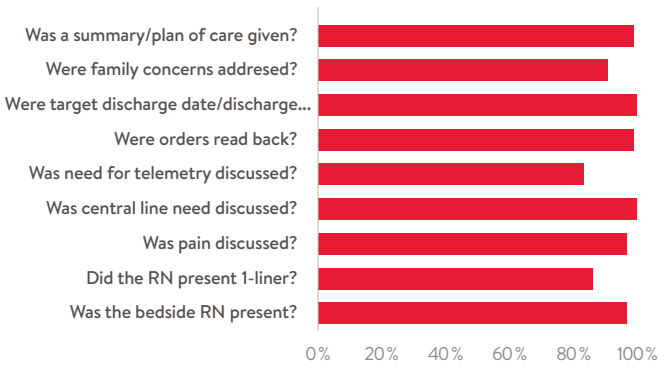
Additional improvements will focus on measuring patient quality and safety outcomes as we implement the successful model of schedule-based family-centered rounds throughout the hospital.

RN Participation Rate Pre-Post SBFCR — Graph 1

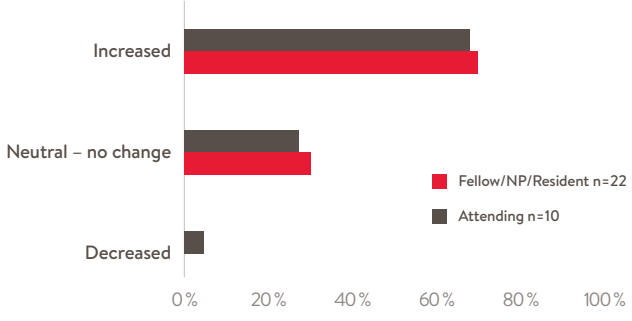
The red line represents RN attendance and participation, which increased to nearly 90 percent after SBFCR went live in July 2015.



Standard Practice Compliance During SBFCR — Graph 2



Teaching (on average) During SBFCR, Compared to Era Before SBFCR — Graph 3



Nursing Shift Handoff

In 2009, a standardized approach to nursing shift handoff, including the opportunity to ask and respond to questions, was identified as a patient safety goal by the Joint Commission. Handoff reports that miss important information have been directly associated with errors and near misses in nursing practice and can directly lead to patient harm. Communication issues account for up to two-thirds of the causes of sentinel events, and many of those miscommunications occur during handoff processes (Taylor, 2015). A standardized approach to shift handoff is purported to decrease communication errors and improve patient safety.

Beth Faulkner, DNP, a certified Clinical Nurse Specialist in the maternity unit and a member of the handoff executive committee, identified that the current process used at Lucile Packard Children's Hospital Stanford (LPCHS) was ineffective, lacked standardization and was not utilized by the majority of nurses. Dr. Faulkner received an Advanced Practice Nurse Scholar grant through the Lucile Salter Packard Foundation to work on this organization-wide patient safety initiative. With support from the hospital's executive leadership and the Center for Nursing Excellence, she led an interdisciplinary team composed of nurses from all inpatient units, physicians, and individuals from the Information Services and Performance Improvement departments. Utilizing LEAN methodologies and A3 problem-solving tools, the group met over a 16-month period to redesign the nursing shift handoff process and create an electronic health record (EHR) tool for all inpatient units at LPCHS.

The new EHR tool uses a standardized format and includes a printable patient report customized to each unique practice area and a single tab in the EHR that summarizes essential patient information and guides information transfer during shift handoff.

The standardized format is based on the I-PASS framework for verbal patient handoffs: illness severity, patient summary, action list, situational awareness and synthesis by receiver. Verification of patient-specific criteria is done in the room with the patient and family, where the new nurse who is assuming care of the patient is introduced by the nurse who is handing off care. Additionally, the opportunity for nurses to question and confirm the information they've received is built into the handoff framework to increase accuracy and improve patient safety.

To ensure an efficient, effective and respectful rollout of the new nursing shift handoff tool and process, the redesign team carefully analyzed the current workflow to identify gaps and develop an innovative new training model. This model improves cost efficiencies, promotes interpersonal respect and patient safety, and improves compliance, information retention, and nurse engagement in the handoff process. The budgetary proposal and an extensive implementation plan were presented to executive sponsors who approved and supported the nursing shift handoff training model. The training model consisted of a highly detailed plan with an implementation timeline that specified which groups of units would go live during identified weeks. This included intricate communication plans that were shared with nurse leaders several months prior to going live, in order to gain approval at every level. Every unit manager was encouraged to provide feedback on the unique needs of their units, and to raise concerns and make changes. Super-user training was planned months prior to nurses being scheduled for training. All super users were given individual classes based on the dates their units were to go live.

The nursing shift handoff training model was a critical component to the project's success. The model consisted of providing two super users per shift, 24

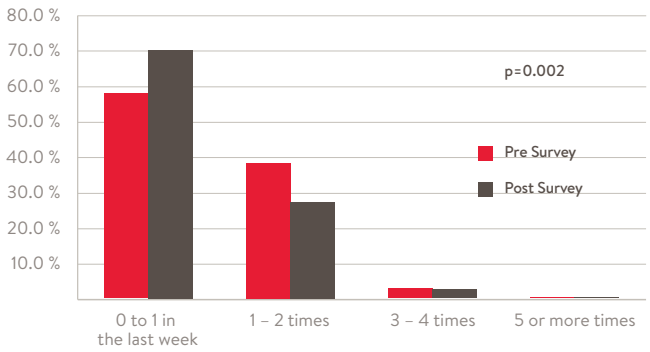
hours a day, 7 days a week, for 7 days. On average, there were 30 nurses per shift to train. One super user covered the nurse's patients while the other super user gave one-on-one real-time hands-on uninterrupted training (about 20 minutes per nurse).

A super user's 12-hour shift typically consisted of 10 hours of direct training time and two hours of problem-solving, status updates, paperwork, optimization and record keeping. The innovative approach to training (using two RN super-users at a time) enabled nurse-trainees to focus on learning the new tool, secure in the knowing that their patients were safely being cared for by the second RN super-user. Over a two-month period, 965 out of 971 available nurses received the training, which equates to 97 percent of the available nurses being trained on the new process.

When large amounts of information are exchanged between two staff members in a brief period of time, short-term memory limits can increase the recipient's potential to forget or misunderstand important information. Utilization of a standardized summary screen in the EMR decreases the chance of error from lost information, miscommunication or reliance on memory by maximizing accuracy and completeness of the transfer during the handoff process (Taylor, 2015). A standardized nursing shift handoff procedure promotes teamwork, patient safety and improved job satisfaction.

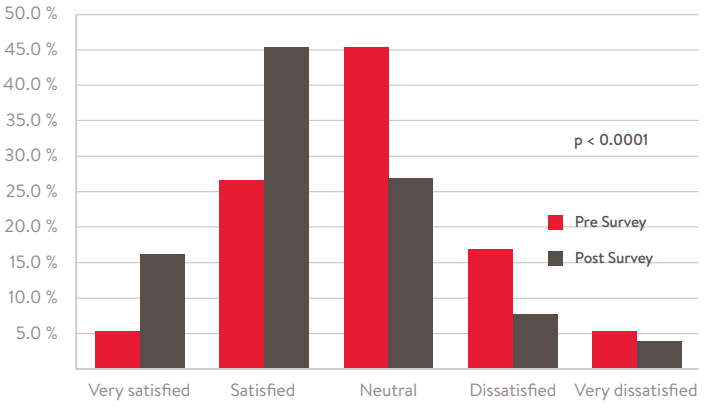
The standardized handoff procedure was a highly successful nurse- driven quality improvement initiative. The results show a statistically significant improvement in accuracy of information (Graph 1), satisfaction of RN process (Graph 2) and a decrease in omitted information (Graph 3) during RN handoff.

In the last week that you worked, you received inaccurate information during RN shift handoff



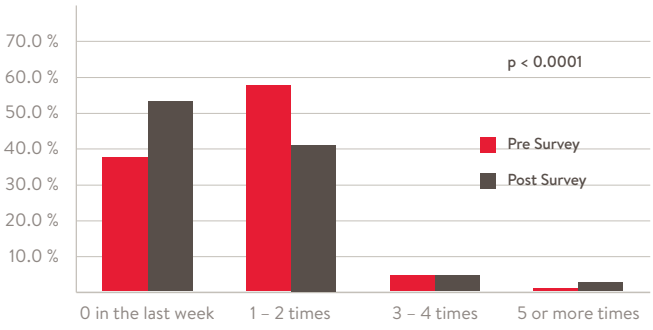
Graph 1

How satisfied are you with the RN handoff process/tools?



Graph 2

In the last week that you worked, important information was omitted during RN shift handoff



Graph 3

Empirical Outcomes

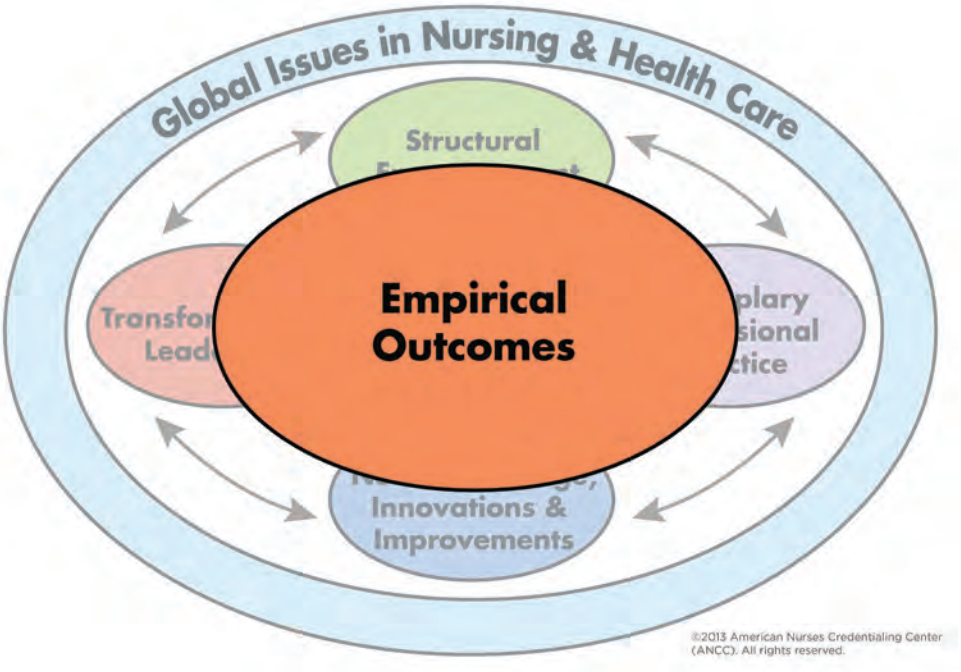
Stanford Children's Health is focused on building evidence-based structures and processes that will improve patient, nursing and organizational outcomes. These outcomes are tracked at both the individual unit and organizational level.

Measurable, empirical outcomes are reviewed both internally against our own quality standards and metrics, and externally against national benchmark data. These benchmarks serve to validate our care and propel us to continuously improve our knowledge base, practices and care delivery.

We benchmark many quality indicators using NDNQI (the National Database of Nurse Quality Indicators).

The best empirical outcomes show actual, positive change based on excellent patient care, services, and support. When do we know that our interventions affected real, positive changes? We know that our work really made a difference when empirical outcomes (measurable, data-driven results) validate that positive change occurred because of our actions.

Florence Nightingale knew the importance of empirical data. She identified the need to measure quality outcomes to improve patient care. Nursing practice can impact positive outcomes through the development of and adherence to high quality standards and clear processes.

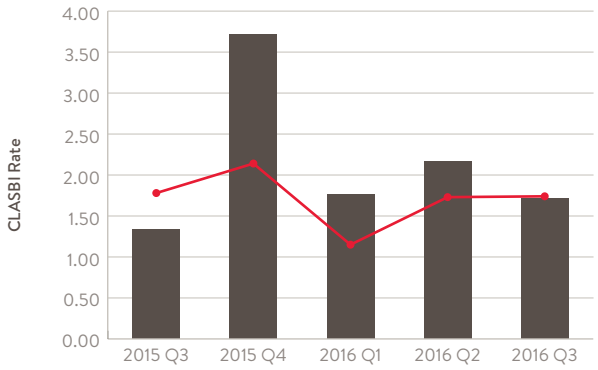


Measurable Empirical Outcomes

Central line associated blood stream infection (CLABSI) is a challenging Hospital Acquired Condition (HAC) as many of our patients have central lines for extended periods of time. In 2016, the CVICU identified the need to improve practice to prevent this HAC from occurring in their patient population. Graph A shows a sudden increase in CLABSI in the fourth quarter 2015. Graph B shows the monthly CLABSI rate in relation to the central line days.

The table below highlights new structures, processes and key drivers implemented during this time frame that helped to drive the CLABSI rate to zero for November 2016 through January 2017. CVICU reviewed key drivers for possible infections and implemented many new interventions to decrease their CLABSI rate.

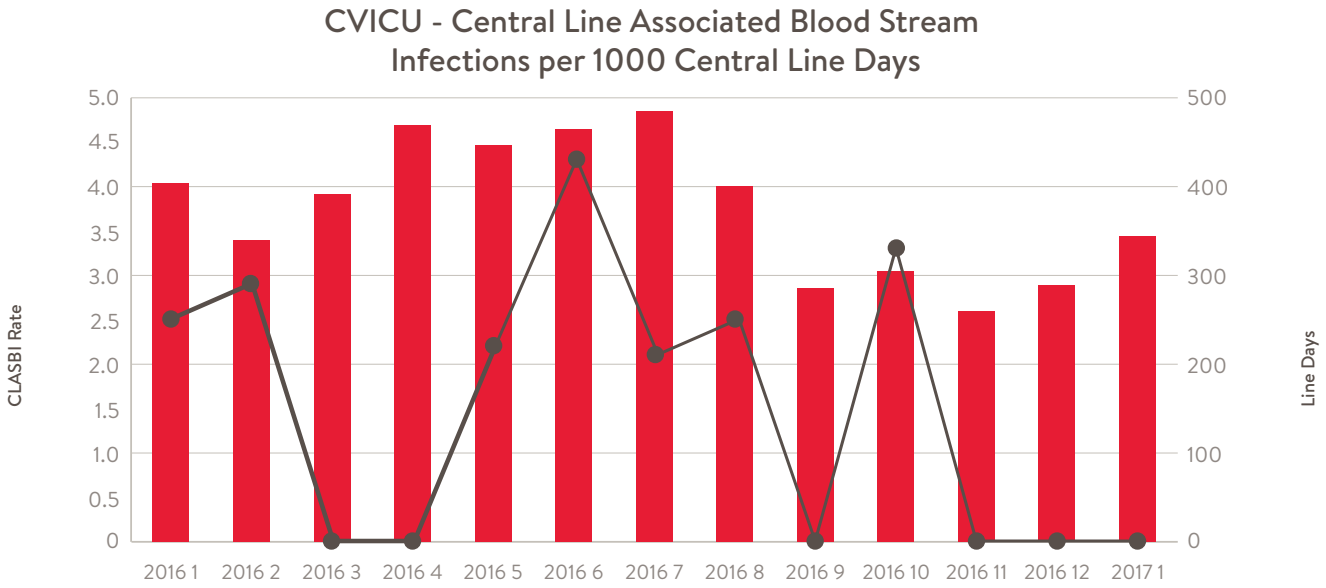
CVICU - Central Line Associated Blood Stream Infections per 1000 Central Line Days



	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3
CVICU Rate	1.34	3.71	1.76	2.17	1.71
NDNQ1 Academic Mean	1.78	2.14	1.15	1.73	1.74

Graph A

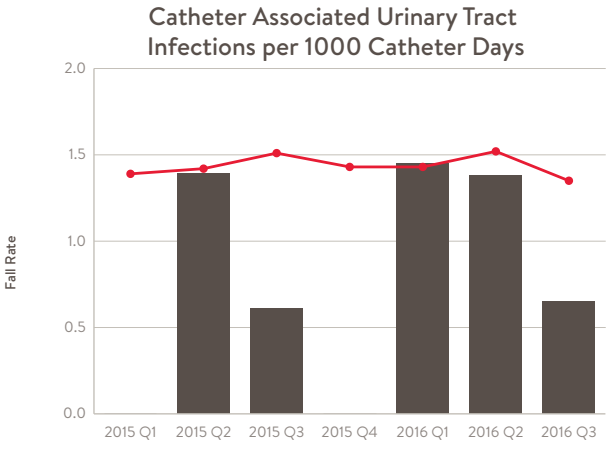
Key Drivers	Interventions
Achieve consistent patient bathing and linen change standards	Establish standard bathing and linen-change practice **Development of standard bathing and linen-changes**
Decrease line entry frequency and total line-days	Standard central line placement, utilization, and removal guidelines **Development of the Central Line Pathway**
Increase peripheral medication administration	Identify medications as "central venous line (CVL) only" vs. "central-preferred" vs. "peripheral" **Development of CVL Necessity Dashboard in EPIC**
Improve enteral nutrition advancement and enteric medication use	Identify and create enteral feeding and medication administration protocol **Development of Heart Center Feeding Protocol**
Reduce Blood Culture Contamination Rate	Standardize methods by which cultures are ordered and drawn Limit the number of staff drawing cultures **Development of Blood Culture Pathway & Blood Culture SWAT Team**



Central Line Days	404	339	391	469	447	464	485	400	285	305	260	289	344
CLASBI Rate	2.5	2.9	0.0	0.0	2.2	4.3	2.1	2.5	0.0	3.3	0.0	0.0	0.0

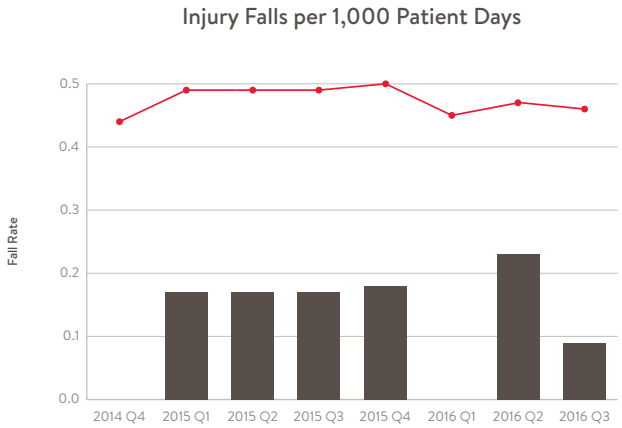
Graph B

Patient falls with injuries is another measurable (and reportable) HAC and outcome indicator. In 2016, we implemented a new safety video through the GetWell network to educate and remind parents about the importance of fall prevention in the hospital environment. The number of falls with injury remained below the academic mean in 2016, as seen in Graph C.



LPCHS Mean	0.00	1.39	0.61	0.00	1.45	1.38	0.65
NDNQ1 Academic Mean	1.39	1.42	1.51	1.43	1.43	1.52	1.35

Graph C



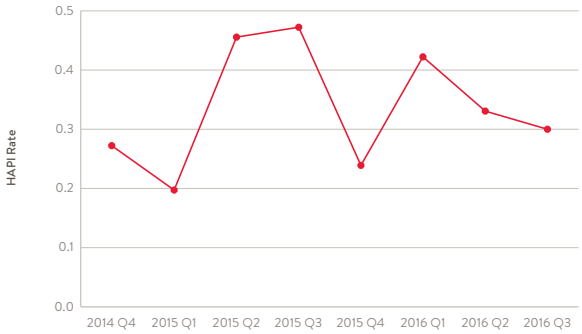
LPCHS Mean	0.00	0.17	0.17	0.17	0.18	0.00	0.23	0.09
NDNQ1 Academic Mean	0.44	0.49	0.49	0.49	0.50	0.45	0.47	0.46

Graph D

Another measurable outcome indicator is Hospital Acquired Pressure Injuries (HAPI). This data is submitted every quarter after a pressure prevalence study is done across the entire inpatient pediatric setting. One highlight in 2016 was the creation of the Skin Injury Prevention and Education (SkIPE) committee.

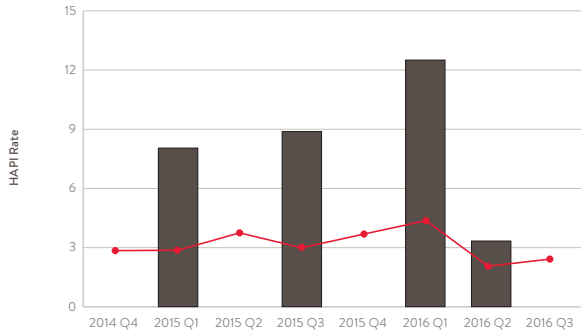
The SkIPE committee includes specialty certified nurses and clinicians from across the organization.

The focus of the SkIPE committee is to promote prevention of pressure injuries, support nurses in becoming skincare champions, and provide education for the champions, other clinical staff, and families on safe patient care and handling. Graphs E and F show HAPI data for inpatient acute care and critical care units in 2016.



	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3
LPCHS Accute Care Mean	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NDNQ1 Academic Mean	0.27	0.18	0.49	0.51	0.23	0.45	0.34	0.30

Graph E



	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3
LPCHS ICU Mean	0.00	8.04	0.00	8.88	0.00	12.50	3.33	0.00
NDNQ1 Academic Mean	2.64	2.66	3.54	2.81	3.48	4.16	1.85	2.21

Graph F

Degrees, Awards and Publications

Thank you to ALL our extraordinary nurses!

DAISY Award Recipients

Jay Bundalian	PCU 374	Genevie Lalongisip	PCU 250	Broderick Morgan	NICU 270
Anne Chang	PCU 160	Marisa Leon	PCU 374	Jeffrey Peralta	PCU 374
Eva Marie Derdak	L&D	Christina Litzner	CVICU	Jenna Oslan	PCU 374
Estelle Kao	PCU 374	Sarah Long	L&D		
Richard Kluender	PCU 250	Jenny Michals	PCU 374		

Nursing Scholarship Award Recepients

Kristina Andrews (BSN)
Renee Billner-Garcia (MS)
Natalie Denning (MSN)
Sarah Ferrari (DNP)
Emily Hardy (MSN)
Krista Jett (MSN)
Krystle Ordonio Cabico (MSN)
Diana Powell (BSN)
Gina Ragsdale (MSN)
Staci Shanks (DNP)
Joy Suber (BSN)
Kristine Taylor (DNP)
Jessica Warren Matei (MSN)

Professional Nurse Development Program (PNDP)

Recognizing clinical nurse leadership and advancement within our organization

Maricon Aguirre	CN IV
Abigail Albaniel	CN IV
Julia Allen	CN III
Sara Ananyev	CN III
Ariane Arnaldo	CN IV
Froiland Ascano	CN IV
Erica Barnum	CN IV
Rachel Bautista-Dhesi	CN IV
Lisa Bellah	CN IV
Arielle Binsky	CN III
Rachel Blair	CN IV
Kathryn Bonito	CN IV
Alan Boykin	CN IV
Vanessa Brewer	CN III
Carleigh Burdine	CN IV
Ma Rosario Cabatcha	CN III
Andrea Cevini	CN IV
Anne-Loure Chaillou	CN IV
Young Cho-Luk	CN IV
Sharlene Chung	CN IV
Danish Cruda	CN III
Ana DelaCuesta	CN IV
Christine Fahs	CN IV
Melissa Funk	CN IV
Sufan Gerbracht	CN III
Nancy Glidden	CN IV
Kindell Glinkowski	CN IV
Amber Grayson	CN IV
Samantha Greene	CN IV
Peng Ye Nicole Hai	CN III
Karynn Halstead	CN III
Julie Hansen	CN IV
Emily Hardy	CN IV
Lisa Hartley	CN IV
Andrew Helgesen	CN IV
Dziem Hoang	CN III
Michelle Hoang	CN III
Katrina Huynh	CN III
Crystalle Jacobo	CN IV
Mahyar Jahanbakhsh	CN IV
Colin James	CN IV
Jinfae Jeng	CN III
Eric Jett	CN IV
Krista Jett	CN IV
Yvette Keers-Mayorga	CN IV
Fe Khan	CN III
Catherine Krukar	CN IV
Elise Kuehner	CN IV
Sara Lagasse	CN IV
Genevie Lalongisip	CN IV
Brittany Lily	CN IV
Eleanor Lin	CN IV
Tera Linde	CN III
Ong-Lee Liu	CN IV
Christine Lotz	CN IV
Sharon Luke-Darroux	CN IV
Andrea Madlambayan	CN IV
Megan Malone	CN IV
Cassandra Martin	CN IV
Gina Martin	CN IV
Veronica Martinez	CN IV
Jessica Matei	CN IV
Shelley McNeal	CN IV
Pamela Mendoza	CN IV
Kathryn Mikolic	CN IV
Melissa Milam	CN IV
Jeanine Misemer	CN IV
Heidi Ng	CN IV
Analyn Novenario	CN III
Kathleen O'Rourke	CN IV
Gloria Ochoa	CN IV
Kathleen Odias	CN IV
Jenna Olsan	CN III
Kelsey Parkinson	CN III
Linda Pu	CN IV

Mark Pyatigorsky	CNIII
Lisa Raisch	CNIV
Stefanie Rionda	CN III
Kayla Rodd	CN IV
Lilian Ross	CN IV
Ana (Martinez) Salazar	CN IV
Chiyieko Sankus	CN IV
Ellen Scanlon	CN IV
Miranda Schmidt	CN IV
Tammi Schnapp	CN III
Elizabeth Schroeder	CN IV
Kristen Seely	CN III
Sujata Sharma	CN IV
Krista Shea	CN IV
Monica Smith	CN IV
Rachel SooHoo	CN IV
Anne Spedding	CN IV
Brittney Sturtevant	CN IV
Jacklin Tong	CN IV
Maribelle Ustaris	CN IV
Jennifer Vargas	CN IV
Nicole Vezina	CN IV
Christine Motschman Wanner	CN III
Melissa Watrous	CN III
Melissa Weisse	CN IV
Ami Wells	CN IV
Alisa Winkie	CN IV
Vilma Wong	CN IV
Katerina Yap	CN IV
Susanna Zeigler	CN IV
Denise Zeppa	CN III

Degrees and Publications in 2016

Doctorate Degree

Leandra Wallace	NICU 270	DNP/FNP

Master's Degree

Krystle Ordonio Cabico	MAT1 292	MSN
Melissa Dela Cruz	Peri-Op Svcs	MSN
Shannon Feehan	PCU 374	MSN
Nancy Glidden	PCU 374	MSN
Stephanie Kainec	ICN	MSN
Cheryl Slaney	PCU 374	MSN
Anne Terry	Dialysis	MSN
Sheryll Wong	SSU	MSN

Bachelor's Degree

Jeffrey Barreto	PCU 380	BSN
Tracy Russo	PCU 374	BSN
Samantha Speight	PCU 350	BSN
Lisa Taverner	ICN	BSN
Cindy Wasson	Ambulatory	BSN

Publications

Kim Pyke-Grimm	PCU 150	CNS

Unguru, Y., Fernandez, C.V., Bernhardt, B., Berg, S., Pyke-Grimm, K., Woodman, C., & Joffe, S. (2016). "An ethical framework for allocating scarce life-saving chemotherapy and supportive care drugs for childhood cancer." *Journal of the National Cancer Institute, 108(6).*

Luanne Smedley	Administration	MHA, BSN, RN

Smedley, L. (March 2016). "Helping people blossom to transform patient care". *Planet Lean: The Lean Global Network Journal.* Retrieved February 26, 2017, from http://planet-lean.com/the-staff-driven-transformation-of-a-children-s-hospital.

National Certifications

Board Certified Ambulatory Care Nurse (RN-BC)

Mary Badel

Board Certified Nurse Executive Advanced (NEA-BC)

Luanne Smedley

Board Certified Pediatric Clinical Nurse Specialist (PCNS-BC)

Rachel Chapman

Board Certified Pediatric Nurse (RN-BC)

Vanessa Brewer
Michelle Chu
Tracy Pietsch
Samantha Speight
Melissa Watrous

Certified Pediatric Nurse (CPN)

Michelle Alvarado
Sharlene Chung
Jessica Lockwood Flores
Jae Lee
Christine Madubueze
Megan Malone
Jenna Oslan
Ma Cristina Rama
Wajma Talib
Jonahlee Tambalo
Jen Vargas

Critical Care Registered Nurse (CCRN)

Amanda Beckman
Lisa Bellah
Rhonda Boepple
Elisa Kuehner
Melissa Lathuras
Hazel Paz
Lisa Ranieri
Brittany Sturtevant

Electronic Fetal Monitoring (C-EFM)

Amber Grayson
Monica Marren
Heidi Ng

Family Nurse Practitioner (FNP)

Holly Bernal

Inpatient Obstetric Nurse (RNC-OB)

Sharon Luke-Darroux
Tami Washington

Maternal Newborn Nurse (RNC-MNN)

Krystle Ordonio Cabico

Neonatal Intensive Care Nurse (RNC-NIC)

Chunfung Lam
Ana Martinez
Alison Rodriguez

Neonatal Pediatric Transport (C-NPT)

Michelle Carnahan
Ana Martinez
Alison Rodriguez

Pediatric Nurse Practitioner — Acute Care (CPNP-AC)

Froiland Ascano

Wound Care Ostomy Nurse (WOCN)

Emily Orbe

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