SPRING 2016

Pediatric PERSPECTIVES

ADVANCING PATIENT CARE SERVICES AT ST. LOUIS CHILDREN'S HOSPITAL

Taking the SLCH Experience to the Specialty Care Center

See page 4

Children's HOSPITAL • ST. LOUIS
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ON THE Cover

▶ Familes enjoy the bright and airy atrium at the **Children's Specialty Care Center (CSCC)** located at Mason Road and US 64/40. See story on page 4

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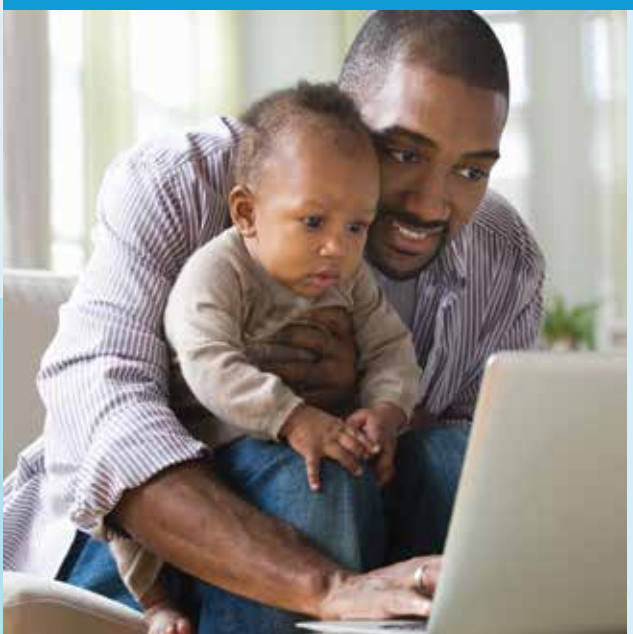
SAVE THE DATE

10th Annual Perspectives in Pediatrics Conference

"Caring for Kids: In the Hospital, Community and Beyond"



April 21–22, 2016

Eric P. Newman Education Center

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Questions?
Contact **Allison Kertz** at **axk8456@bjc.org**

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SLC23722 2/16

From Peggy

Introducing the Children's Transformation System: What our journey to high reliability means

Now that 2016 is here, it's tempting to breathe a sigh of relief and relax for a bit. We seemed to have had every conceivable external review possible in 2015. We celebrated receiving our third consecutive Magnet designation for excellence in nursing and finished the year undergoing our successful Joint Commission survey. While we continue to be recognized as a top children's hospital, our work is never done.

We're on a journey of continuous improvement to become a highly reliable organization (HRO). HROs maintain a high level of safety despite operating under complex and hazardous conditions. Such an organization succeeds in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity. Applied to health care, it means providing safe care to every patient, every family, every day – with zero instances of preventable harm.

St. Louis Children's Hospital has faced many challenges in our journey to eliminate preventable harm thus far, including surging patient volumes and staffing to match those volumes. In 2015 we also cared for a record number of children and youth with serious mental health and behavioral symptoms. This has challenged us to develop new skills and consider changes to our patient care units.

These challenges, plus the fact that other children's hospitals are continuously improving, means we must find ways to make our own improvements "stick" so that we can build upon them, rather than solve the same problems over and over again.

To this end, we're preparing to implement in 2016 a comprehensive "operating system" we are calling the "Children's Transformation System" based upon the principles of high reliability and lean. Lean focuses on ways to create more value for patients and families while eliminating waste in all its forms. Lean originated in the automobile industry and led to dramatically higher quality and safety, and now it's being widely adapted to health care with similarly transformative results.

This is good news for everyone because this effort centers on reducing excess work. In fact, the lean approach to transformation is based on a respect for our staff and strives to reduce the burden of work at the same time it creates value for patients and families. For example, standardizing care so there's one evidenced-based, simplified way to care for a central line throughout the hospital reduces the complexity, number of steps and therefore the risk involved in the task. One could say that it's all about finding ways to do less (eliminating non value-added work) and do it better.

I look forward to talking with you about your questions and ideas regarding these plans. I truly believe this effort to become more efficient and effective will bring a sense of calm and control to our daily lives here.

Peggy

Peggy Gordin, MS, RN, NEA–BC, FAAN,
is SLCH's Vice President of Patient Care Services.
She can be reached at pgordin@bjc.org.

The LEAN approach to transformation is based on a respect for our staff and strives to reduce the burden of work at the same time it creates value for patients and families.

Familiar Faces in New Roles

Tina Klasing, MHA, BSN, RN, CPN, clinical education specialist – Pediatric Behavioral Health

I joined the Clinical Education team in May, 2015. My role has a dual focus: to help staff develop skills and better meet the needs of patients displaying behavioral symptoms; and to assist in care coordination for care team members.

As part of the behavioral health team, I am a liaison between the team and other staff, including physicians, keeping the lines of communication open to meet the needs of staff taking care of patients with behavioral symptoms. I help develop behavioral plans and identify education needs. I review medical records daily to evaluate those patients requiring staff monitoring and psychology/psychiatry consults. I also identify triggers for behavioral symptoms – interventions that help and those that do not, patient likes and dislikes, and what will help make the stay better for both the patient and staff.

This information is used to develop behavioral plans that are continually updated. I visit unit nurses regularly to see if I can help with patient care or required documentation. Through increased communication and improved documentation, patients receive the care they need and staff have the tools they need to provide care.

I also meet with community members who have taken care of patients with behavioral issues to assess what has worked for them in the home or at school and implemented those ideas on the unit. I talk with parents to get tips on caring for their child while they are in the hospital and meet with referring providers to see what they can offer our patients.

Another aspect of my role includes serving as one of the facilitators on the committee implementing the new patient safety assistant role. Most of all, I am here as a resource for staff to assist them with any needs related to the care of patients displaying behavioral health symptoms.

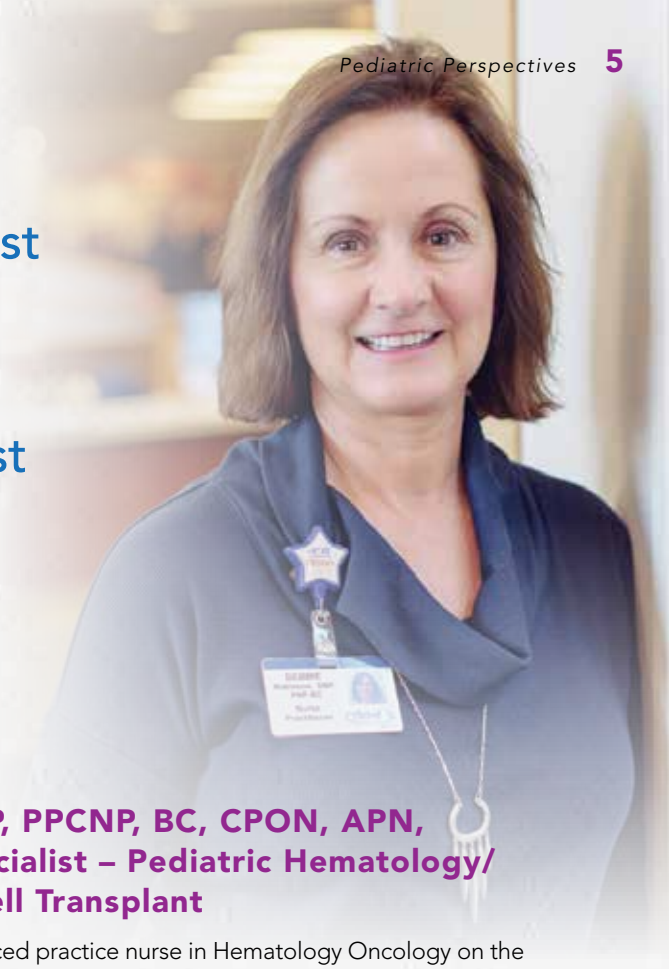
For additional information contact Tina Klasing at ckr2578@bjc.org

Rose Hansen, MSN, RN, clinical education specialist – Pediatric Critical Care

For the last 12 years I have been the educator for the Pediatric ICU. I recently graduated from Webster University with my master's degree in nursing. I was unsure where this degree would lead, but in early 2015 a position became available in the Clinical Education department for a clinical education specialist with a specialty in critical care. This position seemed like a perfect fit for my future here, so I accepted the position in April 2015.

There are four main components to the position:

- Working with 7 East helping to find ways to incorporate education for their staff; assisting nurses with the Professional Nurse Development Program (PNDP) and pediatric nurse certification; developing ways to improve communication among staff through email updates and an education newsletter. I coordinate education days, competencies, and new RN/PCT orientation. I also serve on the 7 East unit-based joint practice team and the quality and safety committee.
- Currently, I am collaborating with four nursing schools to deliver a pediatric critical care practicum as a part of their senior synthesis course. This critical care fellowship includes didactic sessions and a variety of precepted hours in critical care areas at SLCH including the Emergency Department, Heart Center, Pediatric ICU



The goal of this role is to establish best practices using current evidence to provide the highest quality and safest care to every patient and family.

and Newborn ICU. The goal is for the students to work in a critical care area of interest, allowing them the opportunity to learn critical care skills and exposing them to the work flow of the setting. The belief is this fellowship will help the newly licensed nurse transition from a student to a critical care nurse.

- The third component is to develop and maintain a standardized cross-training program in the Emergency Unit, Pediatric ICU and Newborn ICU. The program includes classes on topics such as ventilators and intubation/extubation skills; precepted shifts and shifts with a "buddy" as a resource. The cross-training program allows staff to gain advanced skills for providing patient care both on their home unit and in the critical care setting.
- Finally, an ICU curriculum will be part of the new hire orientation in first quarter 2016. The orientees will learn skills that will be common to all critical care areas. For example, comprehensive ventilator instruction can be combined for staff from the Emergency Unit, Heart Center, Newborn ICU and Pediatric ICU in one didactic session. Combining education topics needed in all critical care areas will provide more time for the educators to teach specifics related to their patient population.

For more information contact Rose Hansen at rosemh1@bjc.org

Debbie Robinson, DNP, PPCNP, BC, CPON, APN, quality and safety specialist – Pediatric Hematology/Oncology and Stem Cell Transplant

I have been practicing as an advanced practice nurse in Hematology Oncology on the ninth floor for more than 25 years. I completed my doctorate of nursing in December 2011 with a focus on risk reduction strategies to improve the safety and quality of pediatric health care. In June 2015, I entered a new role as an advanced practice nurse, quality and safety nurse specialist for Pediatric Hematology/Oncology and Stem Cell Transplant.

In my new role, I am responsible for all preventable harm initiatives in my department. This work is especially crucial in children with cancer due to the:

- High risk nature of the chemotherapy medications
- Potential for significant harm with medication errors
- Serious risk for complications from chemotherapy such as bloodstream infections

My new role involves extensive process improvement work with multiple departments that provide care to children with cancer including Pharmacy, Ambulatory Procedure Center, Laboratory, Outpatient Clinic, Siteman Cancer Center, and even home health agencies.

The goal of this role is to establish best practices using current evidence to provide the highest quality and safest care to every patient and family. This includes the development of indicators related to quality and safety health care metrics. The role also involves:

- Developing educational and training modules for staff
- Evaluating health care delivery systems and technology
- Using quality improvement techniques and outcomes measurement
- Promoting a strong safety culture

In addition, due to the division's participation in the Children's Oncology Group, funded by the National Cancer Institute, my role is crucial in ensuring that the division meets or exceeds all regulatory requirements for participation in pediatric cancer clinical trials. I hope to share the good work done here at national conferences, and in national safety or quality publications.

For more information contact Debbie Robinson at dlr3005@bjc.org.

Westward Ho!

Taking the SLCH experience to the Specialty Care Center

The Children's Specialty Care Center (CSCC) located at Highway 40/Interstate 64 and Mason Road opened its doors to patients and families on June 2, 2015. In partnership with Washington University School of Medicine, the CSCC offers services including: Same Day Surgery; Therapy; Imaging; Lab; Infusion; Psychology; Pharmacy and Safety Stop. Almost all Washington University School of Medicine subspecialties provide outpatient clinics daily.

The opening of a new facility provided the opportunity to establish a robust culture of teamwork, service, and collaborative problem solving. For example:

- Surgical Services starts each day with a morning huddle that includes various disciplines such as surgeons, anesthesia staff, nurses, pharmacy, radiology, central sterile, and Child Life Services. The huddle increases communication and collaboration. This also serves as a forum to collect data that is displayed on an electronic metric board for transparency and to increase team engagement. Metrics displayed include volume, patient satisfaction and hand hygiene.
- The Surgical Services nursing team has also bonded together to create an environment unique at the CSCC. This is accomplished by having all staff members wear surgical scrubs so they can be flexed to the different work areas as needs arise. The uniform appearance promotes a professional appearance while serving the dual purpose of breaking down the physical barriers that typically exist in the perioperative setting. For example, pre/post nurses can go to the operating rooms with their patients to assist and promote continuity and excellence in patient care. Likewise, OR nurses are starting to train on phone nursing and other pre/post nursing duties. The goal is to provide a more enriching experience for nurses as well as patients and their families.

The SLCH Performance Excellence (PE) team assists in collecting data and finding opportunities to improve. For example, OR turnover is an important efficiency metric. The nursing team cleans and prepares the operating room after every case.

Initial patient satisfaction scores have exceeded goal. Families have provided positive comments as well as input on opportunities to make the experience even better.

The PE team monitors turnaround times to improve workflow. Their collaboration resulted in a poster used as a visual aid to ensure each room is cleaned properly and thoroughly.

Are these efforts working? So far, the feedback from surgeons and anesthesia teams has been positive. Teamwork and efficiency can be illustrated by a recent day, the busiest day since the grand opening. Thirty-three cases were completed, with the last case of the day ending 55 minutes ahead of schedule.

Most importantly, initial patient satisfaction scores have exceeded goal. Families have provided positive comments as well as input on opportunities to make the experience even better. The journey continues in creating a superior experience for every patient, every family, every day at the CSCC.

For more information contact Vicki Rhomberg, BSN, RN at vrhomberg@bjc.org or Sarah Paino-Hernandez, BSN, RN at sphernande@bjc.org.

The surgical services team, from left: Sarah Paino-Hernandez, BSN, RN; Heather Denochick, CST; Stephanie Townsend-Mittler, BSN, RN; Lisa Todaro, RN; Emily Pharr, BSN, RN

SOARING TO THE T.O.P.

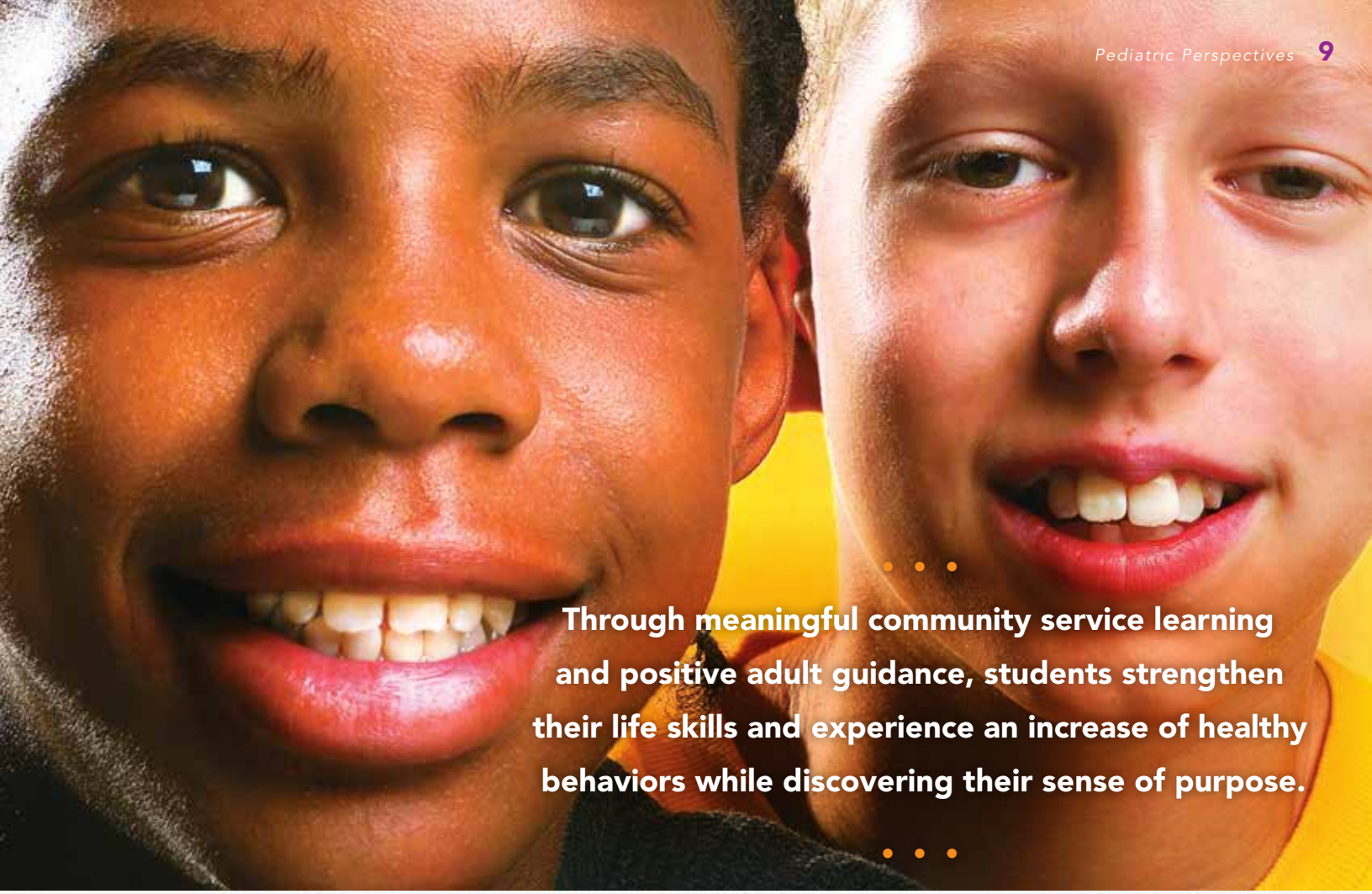
Imagine David, a 12-year-old boy living in one of the roughest parts of St. Louis. On his way to school each morning, he must be careful to avoid stray needles on the sidewalks and bypass the alleys overtaken by the homeless inhabitants of his neighborhood. His sister Dana, only a few years older than he, waddles behind him bearing David's nephew who could arrive any day now. Their morning dialogue, aside from Dana's pregnancy woes, revolves around remnants of last night's newscast touting the consistently rising crime statistics in their part of the city. A teenager who lived at the end of the block—about three houses down from David—was recently featured in a Breaking News debut for his involvement in a string of robberies.

Like most mornings, dreams of escaping their reality dominate the conversation; but within them lies a strange allegiance to this place and the people that make up their seemingly broken surroundings. After all, the elderly woman who lives across the street always maintains the best-looking landscape on the block. David's next door neighbor works hard to mow lawns—bringing some aesthetic decency to their environment. David's mother consistently preaches that her children will not become "another statistic" and that their futures extend far beyond this place; but conversations about how to make that happen—aside from the constant "finish school" speech around the dinner table—tend to be absent from these otherwise evident dreams.

In 2014, the Child Health Advocacy and Outreach (CHOA) department was charged with the task of identifying services that would meet the needs of teenagers like David and Dana. Team members researched programming options that would address the community-based needs. They determined that most needs could be addressed by way of Wyman Center's evidence-based Teen Outreach Program (TOP). Wyman is a nonprofit youth development organization based in Eureka. Wyman empowers teens from disadvantaged circumstances to lead successful lives and build strong communities.

With more than 110 years of experience in youth development, Wyman has established research-driven evidence relating to what is effective in helping young people reach meaningful and positive outcomes. With the vision to "foster communities where every teen is supported and encouraged to thrive in life, work, and learning," their implementation of a best practice program is one that transitions youth needs from theory to application. As a nationally recognized program used by schools and communities, TOP delivers results. Teens who complete Wyman's TOP experience the following outcomes:

Mr. Henry engaging in Group Juggle, a communications exercise, with TOP club members at Carondelet Leadership Academy.



Through meaningful community service learning and positive adult guidance, students strengthen their life skills and experience an increase of healthy behaviors while discovering their sense of purpose.

WYMAN TEEN OUTREACH PROGRAM®

- 52 percent lower risk of school suspension
- 60 percent lower risk of course failure
- 53 percent lower risk of pregnancy
- 60 percent lower risk of school dropout

Peer group meetings and community service are critical parts of the program's success. The groups discuss topics including the molding of self-esteem, values, development, relationships, influence, sexuality, communications/assertiveness, goal-setting, and decision making. Participants often experience maturation and overcome pre-conceived notions about each topic. Furthermore, through meaningful community service learning and positive adult guidance, students strengthen their life skills and experience an increase of healthy behaviors while discovering their sense of purpose.

TOP at SLCH

Currently, five TOP clubs ranging from grades 6-8 are being hosted at Carondelet Leadership Academy (CLA):

- Aspire Academy is the home to four 6th grade TOP clubs.
- One club comprised of grades 6-8 is located at Jamaa Learning Center
- Confluence Academy—Old North hosts one 7th grade club.

SLCH chosen facilitators—Jaqui Melton, MBA and Henry Belton, MSW—obtained Wyman Teen Outreach Program certification and serve as the health educators and liaisons to partner schools.

The TOPs clubs will serve approximately 250 students and will:

- Meet weekly at least 25 times over nine months
- Engage in and complete a minimum of 20 hours of community service learning (CSL)
- Be led by facilitators who have completed Wyman's TOP training
- Foster an environment where participating teens feel physically and emotionally safe

TOP's waiting list is growing, so SLCH Child Health Advocacy and Outreach hopes to expand the offering someday. After all, it's another way to advance the mission of doing what's right for kids, particularly for those in medically underserved areas, like David.

For more information contact Jaqui Melton at Jaqui.Melton@bjc.org

Recognizing and managing overweight and obese children hospitalized for ASTHMA

Asthma and being overweight are two of the most common chronic health problems in children, and data show a relationship between these two health issues. Although asthma is one of the top reasons for hospital admissions for children, little is known about the prevalence of overweight or obese children, or clinical practice related to weight in children hospitalized for asthma.

Over the past 20 years, Anne Borgmeyer, has practiced in the inpatient setting caring for children admitted to the hospital with asthma and has often been concerned for children with asthma who are overweight or obese. She worried we may be missing an opportunity to recognize weight issues that would potentially contribute to asthma symptoms as well as other health issues.

Although national asthma guidelines led to greater consistency for inpatient and outpatient asthma care, the guidelines lack recommendations regarding weight management for children with asthma. The lack of recommendations to monitor and manage weight translated to inconsistent practice at the bedside.

As part of the requirements to obtain a Doctor of Nursing Practice (DNP) degree at the University of Missouri-St. Louis, Borgmeyer investigated the relationship between asthma and obesity and this became the basis for a doctoral project. The study purpose:

1. Assess weight characteristics of children admitted to the hospital with asthma.
2. Assess current practices of monitoring weight and managing overweight and obese children hospitalized with asthma.

To this end, medical records were reviewed of children aged 3 to 17 years admitted with a diagnosis of asthma to St. Louis Children's Hospital in 2012. Children with co-morbidities that would complicate the treatment of asthma were excluded; a final sample of 510 subjects was obtained. The subjects were assigned weight categories based on body mass index percentiles per the criteria of the Centers for Disease Control and Prevention (CDC). Charts were reviewed to determine if the provider physician or nurse practitioner documented recognition of the body mass index (BMI) percentile, diagnosis of overweight or obesity, and treatment or referral for weight management. Chronic asthma severity was determined by the provider during admission based on National Heart, Lung, and Blood Institute guidelines. Admission severity was based on length of stay and

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The results support the need to improve current inpatient care of children with asthma.

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Anne Borgmeyer, DNP, RN, CPNP-AE-C with asthma patient, Madison Townley and her father.

Although national asthma guidelines led to greater consistency for inpatient and outpatient asthma care, the guidelines lack recommendations regarding weight management for children with asthma.

whether or not the subject was admitted to the Pediatric ICU.

Although some studies have shown an increased prevalence of overweight or obese children with asthma, the results of this study showed the weight distribution for the sample to be similar to that of the general population. The results also demonstrated a lack of provider documentation of BMI percentile. It was not documented in 96.7 percent of records, and only 5.6 percent of overweight or obese subjects received such a diagnosis.

Because there was a lack of recognition of weight status in the chart, few children received treatment or referral for weight management. There were no significant differences in severity of the acute episode based on weight group, but there was a relationship between chronic asthma severity and weight group for the older subjects.

This study demonstrated the significant lack of recognition, diagnosis and treatment of overweight or obese children hospitalized with asthma. The results support the need to improve the current inpatient care of children with asthma and will be the basis for planning and implementing practice change.

For more information contact Anne Borgmeyer at anneeb@bjc.org

New clinic addresses obesity in children

Janis Stoll, MD, is developing a Healthy Start Clinic. Supported by St. Louis Children's Hospital and Washington University, the clinic engages families, patients and health care providers in addressing obesity in children and adolescents. Patients with a BMI > 30 kg/m2 or >95 percent for age and those with concerns for co-morbidities will be the target population for the clinic.

Centers for Disease Control and Prevention Weight Categories based on BMI:

- Under Weight: <5th percentile
- Healthy Weight: 5th – <85th percentile
- Overweight: 85th - <95th percentile

Children's Transformation System

Designing better, safer ways to provide care, service

This is an exciting time for St. Louis Children's Hospital as we continue to grow. We achieve many high rankings *(U.S. News & World Report)* and distinctions (3rd Magnet re-designation) due to the high caliber of our employees and Washington University physician partners who are dedicated to providing exceptional care and research.

As we look forward to the future, we want to continue to provide even better care – care focused on elimination of preventable harm within a healing and compassionate environment that is safe for patients, families, and employees. Better care delivery does not mean working harder, but smarter, by designing better and safer systems.

To this end, we are embarking on a journey to change how we manage our daily workflow and processes. This new care delivery system, called the **Children's Transformation System,** is a framework for the way we serve our patients and families. It involves managing daily operations in order to improve and support a superior patient experience.

The goal is to deliver the highest-value care – care families are willing to pay for, and is done right the first time. Two key principles will guide our journey in achieving this goal:

1. **Respect for people** – going to and observing where the work is done, developing shared perceptions, and working together to continuously improve, and
2. **Elimination of waste** in daily workflow and processes (e.g., wait times, searching for supplies, workarounds) to remove obstacles, bottlenecks, and unnecessary tasks so clinicians can spend more time taking care of patients and families.

The Children's Transformation System is built on evidence-based methods that will provide stability while accelerating and sustaining improvements:

- **High reliability:** a "collective mindfulness" encouraging everyone, particularly those closest to the patient experience, to report small problems or unsafe conditions before they pose a substantial risk.
- **Just culture:** cultivating respect for people, design of safe systems, accountability, and a fair culture that promotes learning.
- **Lean:** improving and simplifying workflow and processes by standardizing work and eliminating overburden and waste. Standardization will allow staff and physicians more room to address unique needs and deviations from what is expected, with less stress and chaos.

This transformation will not happen overnight. It begins in selected units and will spread across the organization during 2016 and beyond. Signs of the Children's Transformation System will emerge, marked by the following actions:

- Increased leadership engagement (leaders going to where the work is done) and the enabling, empowering, and coaching of individuals toward personal and professional growth.
- Visual display boards (Daily Management Systems) will be positioned at the point of care for instant access to critical information so problems can be rapidly identified and resolved at the frontline.
- Quickly escalating problem situations to a tiered huddle system until a resolution is achieved.

The purpose of the transformation is to have the right resources in the right place at the right time. As the system gains momentum, it will require each of us (both clinical and non-clinical) to participate collectively with a focus on continuous improvement so clinicians can do what they do best – deliver exceptional care to every patient, every family, every day.

Peggy Gordin, VP, Patient Care Services, and Alexis Elward, MD, assistant chief medical officer, are leading the Children's Transformation System implementation. They'll receive support from Performance Excellence, JWA Consulting, and key stakeholders, including our family partners. Stay tuned for more information as we begin this journey together.

For more information, contact Joan Smith at joanrs@bjc.org.

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The purpose of the transformation is to have the right resources in the right place at the right time.

~ Joan R. Smith, PhD, RN, NNP-BC

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