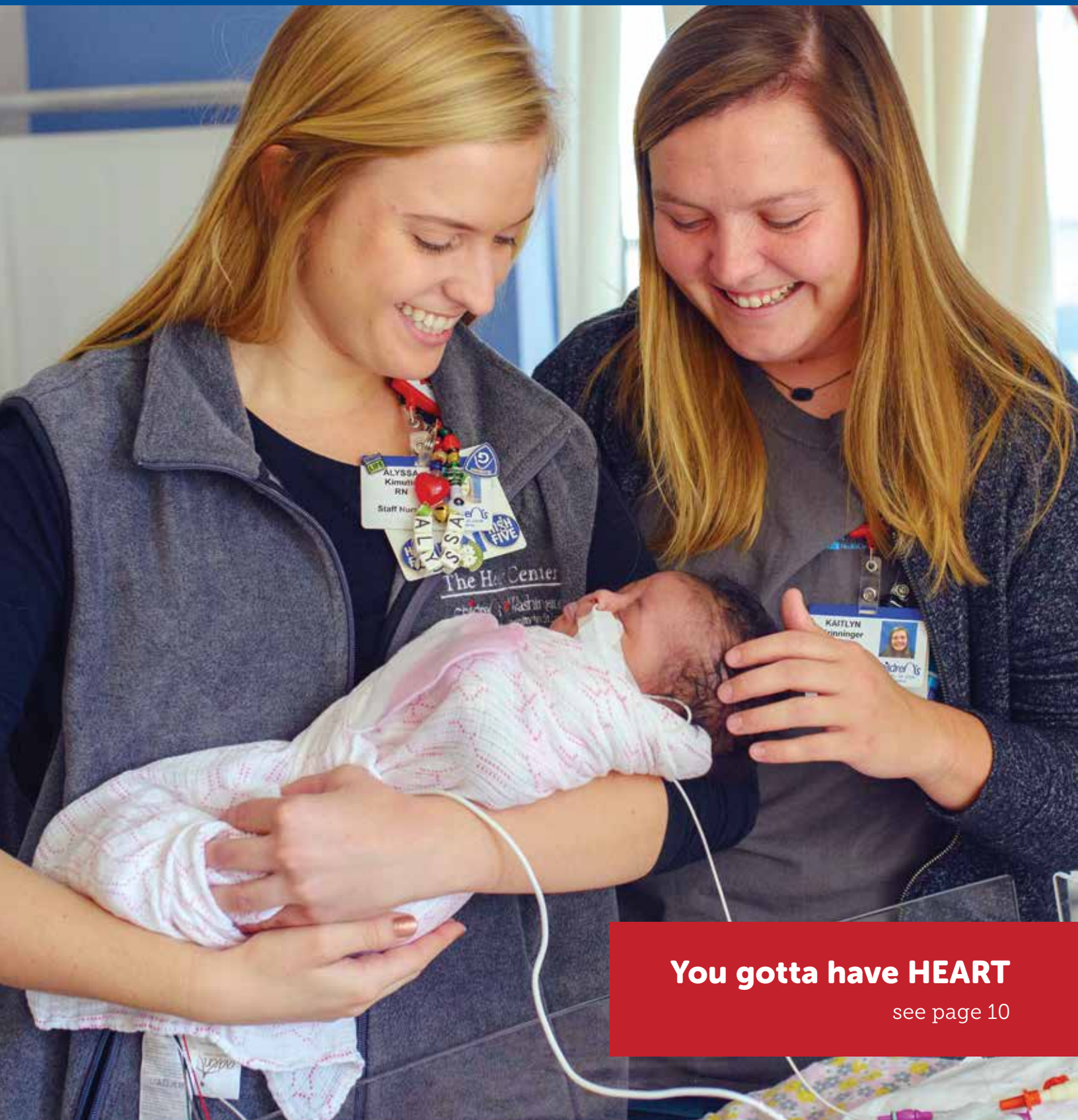


SPRING 2018

Pediatric

PERSPECTIVES

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



You gotta have HEART

see page 10



St. Louis Children's Hospital is recognized among America's best children's hospitals by *U.S. News & World Report*. For more information about nursing opportunities at a Magnet hospital, visit: StLouisChildrens.org/jobs



ON THE Cover

Nurses Alyssa Kimutis and Katy Kringinger provide loving care for a young patient in The Heart Center.

SPRING 2018

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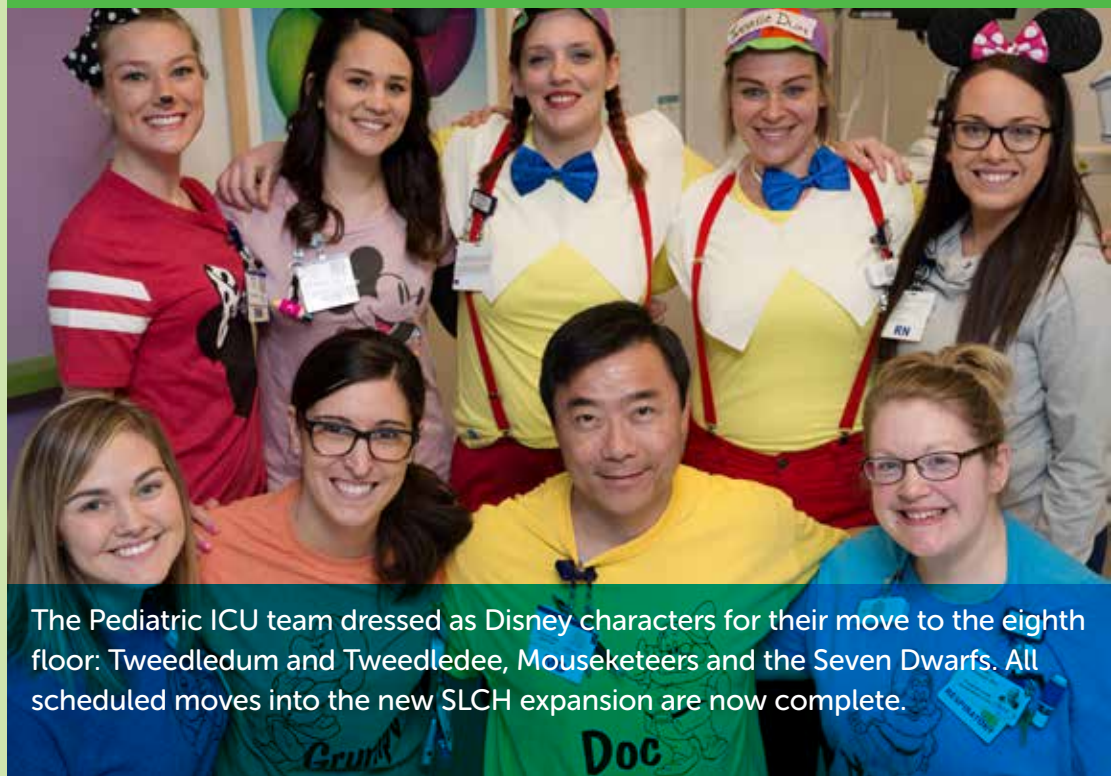
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ICU Move Success!



The Pediatric ICU team dressed as Disney characters for their move to the eighth floor: Tweedledum and Tweedledee, Mouseketeers and the Seven Dwarfs. All scheduled moves into the new SLCH expansion are now complete.



From Peggy

Taking Care of Ourselves

We came out of a winter with unprecedented high patient volumes and a move into our new expansion. Now we're preparing for Epic and Joint Commission this summer.

With all this activity, it's a good time to ask whether we're tending to our own health and well-being. One of the most important attributes for long-term success in life is our capacity for resilience – the ability to bounce back from difficult experiences, as well as hardiness in the face of challenges. While it is tempting to think that these traits are hard-wired into our personalities, they develop when we consciously use specific practice habits and resources.

This issue of *Pediatric Perspectives* features **We Care**, a staff support program that provides support to caregivers who are experiencing secondary trauma associated with stressful experiences in the workplace. The cool thing about this program is that it includes staff from various professions trained to provide peer support, thus allowing employees who have had a traumatic experience to talk with a peer outside their immediate work area.

In addition to We Care, BJC offers resiliency-promoting options ranging from personal activities to a range of classes. Most of these tools are based in something called positive psychology – focusing on things like gratitude, what makes us happy, and helping others – all of which have been proven through research to improve one's mood and optimism toward life. Some of the things on this list are concrete actions like getting enough sleep, eating healthy, and breathing exercises or meditation techniques. You can also sign up for a class to become a Resiliency Champion and learn how to coach others in using these approaches.

The world we live in is not slowing down. As social media changes the way we relate to each other, it's important to find ways to thrive in this environment. I hope you will explore these tools to take care of yourself and continue to take terrific care of our patients and families.

Happy spring!

Peggy

“One of the most important attributes for long-term success in life is our capacity for resilience – the ability to bounce back from difficult experiences, as well as hardiness in the face of challenges.”

– Peggy Gordin

self-care improves patient care


WeCare

A staff support program available at SLCH



From left: Katherine Shocklee, Alison Towerman, Debbie Robinson, Carol Massmann, Amanda Marino, Karen Looper, Brittany Hasheider and Ashley Slater.

SLCH staff are an amazing group of people in all different professions who have one common goal: ensuring that children and families receive the best care possible at our hospital. We come to work every day to provide not only highly competent care, but deeply compassionate care to children, adolescents, and their families. As care providers and human beings, we are greatly impacted by the trauma and suffering of those under our care. It is natural as care providers to feel stressed when exposed to tragic events and the reality that our patients sometimes do not survive their illness or injury. Therefore, it is not uncommon for staff members to experience “secondary trauma.”



Secondary trauma does not mean we are “weak” or “not coping well.” Secondary trauma affects not only our employees but our colleagues, our own families, our units and the organization as a whole.

Staff may experience many symptoms of secondary trauma including fatigue, exhaustion, anxiety, insomnia, sadness, poor concentration, and negative attitude as well as signs of grief, loss, and hopelessness. This can occur because as humans, we are compassionate, empathetic, and inevitably affected by our experiences. National studies show that 40 percent of health care workers struggle with some degree of secondary trauma. In a survey completed in the fall of 2016 in our intensive care areas, 44 percent of staff reported symptoms of secondary trauma.

Such reactions are common. Secondary trauma does not mean we are “weak” or “not coping well.” Secondary trauma impacts not only our employees but our colleagues, our own families, our units, and the organization as a whole.

Support is now available to our staff through a new program initiated in

the spring of 2017 called the “We Care Team.” This program provides a confidential one-on-one interaction with a trained peer supporter who will provide empathic listening, emotional support, and explore the meaning of your experiences with you. They can also refer you to additional resources for continued support if desired.

Contact SLCHWeCareTeam@bjc.org to schedule a peer support session. Please let us know your name and the best way to contact you in the email. A peer supporter will meet with you at your convenience for 30-60 minutes and then provide a follow-up session in about 2-4 weeks. These interactions are confidential; your name will not be released to anyone but the peer supporter. The We Care Team thanks you for all you do every day for our patients and families! ●

For more information contact Debbie Robinson at debbie.robinson@bjc.org

Secondary trauma in health care is real. The term refers to emotional distress resulting from exposure to or participation in a traumatic event that happened to someone else. The repeated exposure to our patients’ and families’ loss, pain, and suffering can lead to both physical and emotional symptoms in care providers. These experiences may also occur when staff members are involved in an unanticipated patient event or injury, and reaction to the event creates emotional distress and difficulty moving forward.

Secondary Trauma

symptoms experienced
reported by healthcare workers

40% national

44% SLCH staff

managing time, managing care



Brianna Hampton leads a huddle with, from left, Katelyn Sullivan, Amanda Nichol and Dennell Gooch.

NICU PCT DMS Board

Visual communication improves support staff efficiency

The Newborn ICU patient care technicians (PCTs) are the first support staff group to help design and use their own daily management system (DMS) huddle board. Leaders and nurses have been using DMS to help enhance communication, awareness, and even share kudos. The Newborn ICU PCT group came up with this plan in order to enhance communication and teamwork.



The PCT DMS board helps identify tasks, busy areas and quality improvement projects.

the unit started with a mocked up board and asked PCTs to add any information they thought would be necessary to help them work more efficiently. Typically, five PCTs support the care of 80-90 babies. In such a large unit, it is difficult for them to notice when co-workers are struggling. The PCT DMS board helps identify tasks, busy areas and quality improvement projects.

Use of the DMS board has improved the process of sending placentas to pathology. Babies who are transported in from an outside facility will sometimes come with the placenta.

To some, this may sound strange, but PCTs know the placenta contains vital information to help diagnose issues with infants, and the results can be life-saving. However, there was no clear way of communicating the disposition of the placenta during non-courier hours. It was noted that the refrigerator for storing placentas was full. The PCTs developed a process via the DMS board to ensure that stored specimens were transported to the laboratory in a timely manner. The safety cross visual data collection tool was posted on the board, and by the second month there were no issues in the process created by the PCT group.

The PCTs transformed their daily huddle by creating a DMS board. Although not required, all the night and day shift PCTs participate, as they find value in the DMS board and the time spent in huddles. The success of the PCT DMS project has captured the attention of senior leadership, who occasionally attend to support them in person. The PCT group owned the board, the process, and the opportunity to be an important part in making a difference in the lives of our patients. ●

For more information contact Chonita Krause at chonita.krause@bjc.org.

New Tiered Orientation

St. Louis Children's Hospital is experiencing significant growth, and many new graduates have been hired to fill the clinical nurse role. This is especially true in the Heart Center, Pediatric ICU, Newborn ICU and Emergency Department.

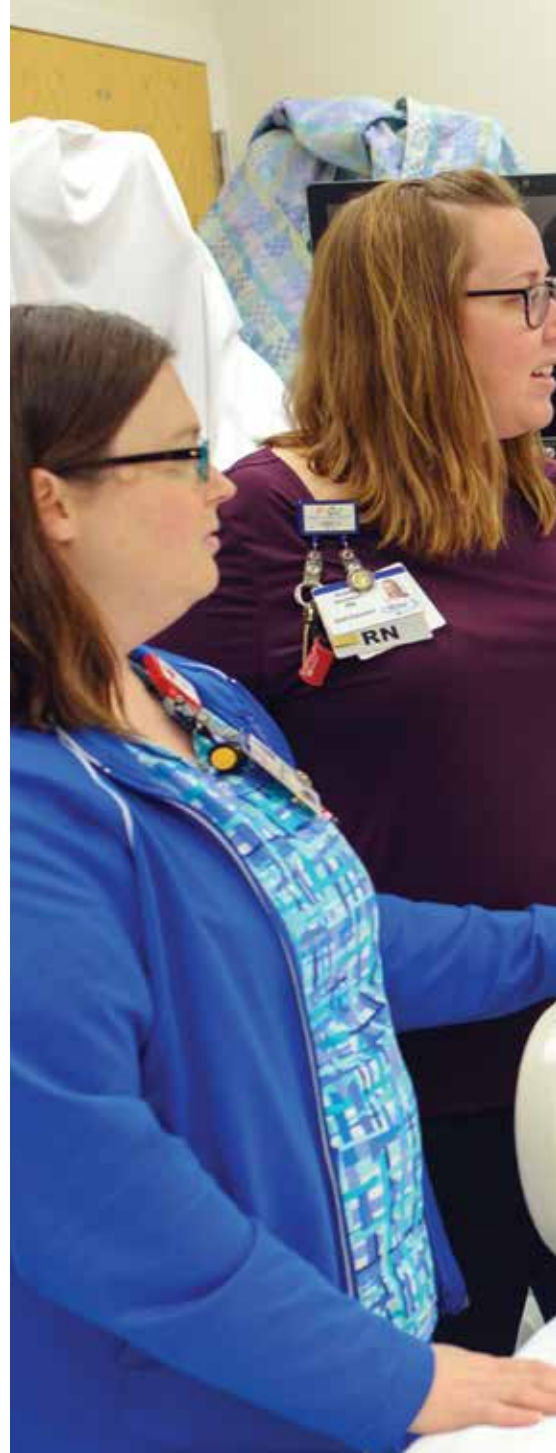
In January 2017, a rapid process improvement workshop was conducted to assess the current orientation process and determine methods to ensure orientees' success in taking on their new role as a clinical nurse. An orientation involving tiered levels of competency has been used in hospitals across the country as a method to decrease the time spent in orientation; a similar version was already being successfully used by the Heart Center. By instituting this tiered orientation plan in the SLCH ICUs and ED, the units were able to determine the "minimum level of competency" that must be achieved by the new hires to work safely and independently.

In Tier 1 orientation, the minimum level of competency consists of less acute patient diagnoses, conditions and procedures that a new nurse can manage independently while creating a strong foundation of clinical and interprofessional skills. Following a shortened orientation in which the orientee learns how to manage a narrower range of patient needs, the nurse has a period of independent time to continue to care for these types of patients. During this time, the nurse builds relationships with coworkers and the interprofessional team, learns vital time management skills, and begins learning the critical

thinking skills necessary to manage the complex needs of acutely ill patients.

Once this independent time has been completed, the nurse goes back into orientation for Tier 2 with a strong foundation of time management and critical thinking skills as well as existing relationships with the interprofessional team. Additionally, the nurse has an increased comfort level that comes from being immersed in the unit for several months. During this second phase of orientation, the nurse learns the care and management of patients with higher acuity and complexity. Upon completion of this second tier, the nurse is a fully competent ICU nurse and is qualified to care for a wider range of patients.

An ICU bootcamp was developed for all new employees hired into the intensive care units and Emergency Department with the goal of eliminating long lectures and days spent sitting in a classroom. Critical hands-on skills are taught during this bootcamp in the second week of orientation. Additionally, the boot camp eliminates much of the duplicate information the orientees receive in orientation weeks 1 and 2 and the unit orientation. Increasing camaraderie amongst the new hires is another benefit of the ICU bootcamp.



The Pediatric ICU, Newborn ICU, Emergency Department and Heart Center began the tiered orientation in summer 2017. The units plan to evaluate long-term benefits including patient safety, staff retention, and the satisfaction of patients, their families and staff. Early feedback has been positive. ●

For more information contact Kristen Bagby, RN, MSN, CNL at kristen.bagby@bjc.org.



Those with faces showing are, from left:
Laura Watson, Susan Jennison, Jessi Ungerer,
Jacob Dickman and Rachel Lee.

An ICU bootcamp was developed for all new employees hired into the intensive care units and Emergency Department with the goal of eliminating long lectures and days spent sitting in a classroom.

You gotta have HEART



It took five years to get The Heart Center's universal pediatric cardiac care model where it is today. Implementing the new model required a broad, collaborative and ongoing process of achieving strategic goals and reaching for new ones. The targets for change included strategic growth, quality & safety, discovery, legacy and a superior patient experience.

t The most challenging aspect of the transition was the alignment of multidisciplinary teams across all care partners, including the merging of the Transitional Care Unit (7 West), and the Cardiac ICU. The team faced a massive change. To achieve a cohesive and collaborative team at all levels, setting clear expectations for team dynamics early on was essential. Every team member was required to participate in educational modules, emphasizing a positive and collaborative culture at all levels.

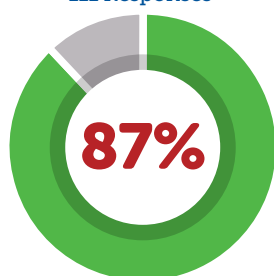
Crucial Components of Universal Care Model

- Admission through discharge unit
- Acuity adaptable unit
- Universal room design – adaptable to both acute and critical care
- Balanced care unit
- Evidenced-based concepts
- Evidenced-based design
- De-centralized nurse stations
- Healing environment
- Universal bed-patient stays in same bed entire stay, regardless of acuity
- Family/patient involvement

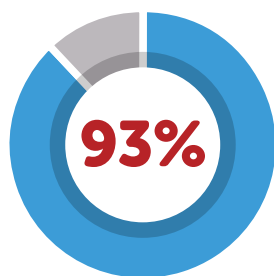
Success stories

- Expanded the Heart Center nurse practitioner team
- Included all disciplines and parents in team rounding
- Standardized hand-off processes
- Implemented a staff-led discharge team and introduced the role of the discharge specialist
- Expanded family-centered care practices, including welcoming parents as care partners
- Overhaul of unit-based education, including initiation of the three-tiered track training model

2017 Response Rate
111 Responses

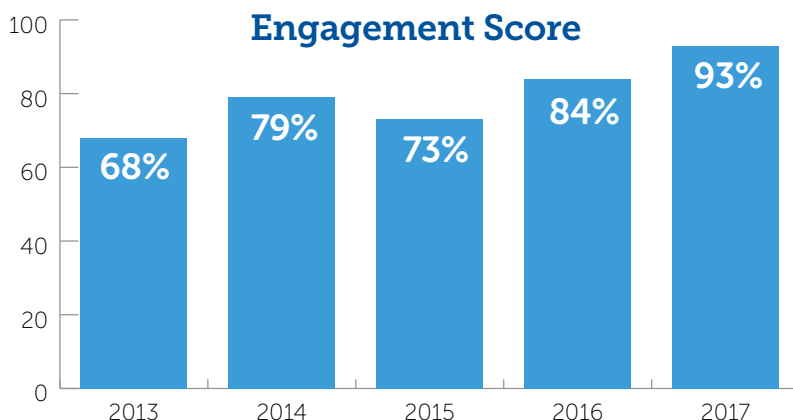


Sustainable Engagement Score



Heart Center Employee Engagement Score Trend

Key drivers of excellence include overall quality of care, teamwork, physician-parent communication, and nurse courtesy and respect. The scores were static the first two years into the transition, but have since shown a steady increase, with nurse courtesy and physician-parent communication both above 90 percent satisfaction.





Heart Center Team Comments

What Heart Center accomplishments are you most proud of?

"The teamwork between nurses has grown tremendously. Nurses presenting in rounds at the bedside."

~ Charissa Deckelmann, staff/CN

"The adoption of a structured hand-off process for OR-to-Cardiac ICU transfer of care...worked well and has spread to other populations in center..."

~ Peter Manning, CT Surgery

"The development of nurse practitioner team (from three to nine, most with, or pursuing their acute care pediatric degree)... involvement (nurse practitioners) in quality improvement projects. Examples: Work in the neurodevelopmental clinic; maternal attachment/kangaroo care study."

~ Jessica Mann HC nurse practitioner lead

"Heart Center outcomes committee... multidisciplinary...reviews all weekly events... identify opportunities for improvement in patient outcomes."

~ Jenna Neidhardt, Patient Safety & QI specialist

"Creating a sustainable plan for onboarding and advancing the education and skills for all team members."

~ Laura Watson, HC clinical educator

"The transformation of how we led our team. Instead of working in silos, we have a collaborative partnership among nurses, cardiology, surgeons, anesthesia...to ensure an aligned strategic approach to advance our program and the care we provide."

~ Shelley Perulfi, executive director, Perioperative, Cardiovascular and Emergency Services

"Leading patient satisfaction scores, and employee engagement. 90 percent of the time, our families rate us as excellent."

~ Beth Rumack, HC director, Perfusion and Vascular Access

What were some of the biggest challenges during the transition?

"Getting buy-in from other team members."

~ Jenna Neidhardt, Patient Safety & QI specialist

"Combining the two units, the Transitional Care Unit and Cardiac ICU. There was a lot of segregation, and certain nurses who preferred working only one side of the unit."

~ Charissa Deckelmann staff/CN

"Larger patient population...the Transitional Care Unit & Cardiac ICU had specific benefits and challenges...doubled the work."

~ Jenna Neidhardt, Patient Safety & QI specialist

"Communication is so fundamental to any form of teamwork...IT and communication infrastructure has been a major barrier to optimizing communications about patients...establishing a leadership core that crosses traditional boundaries..."

~ Peter Manning, CT Surgery

"Learning how to effectively communicate changes, but also the rationale behind them...leadership realizing the importance of soliciting feedback from frontline staff."

~ Laura Watson, HC clinical educator

"Transition of our team, as we continue to expand...and the quality initiatives we continue to work on each day."

~ Jessica Mann, Heart Center lead nurse practitioner

Looking to the future, what are priority goals?

"Effective implementation of a more effective electronic health record (Epic)."

~ Peter Manning, CT Surgery

"A more unified rounding process. Cardiac ICU rounds are walking rounds, Transitional Care Unit rounds are conducted away from the patient bedside in the conference room."

~ Charissa Deckelmann, staff/CN

"Continued collaboration among all multidisciplinary team members to provide superior patient care."

~ Jenna Neidhardt, Patient Safety & QI specialist

"...we will continue our focus to grow volumes, improve outcomes, and further establish our regional and national programs (Adult congenital heart disease, complex congenital heart disease, lung transplant)...strengthening the programs to support our patients and families."

~ Shelley Perulfi, executive director, Perioperative, Cardiovascular and Emergency Services

"Represent the Heart Center, for nurse practitioner quality initiative projects at both a local and national level."

~ Jessica Mann, HC nurse practitioner lead

"We would love to see the Heart Center team grow in ways that allow nurses to stay at the bedside providing exceptional care to a very specialized patient population. We want the Heart Center to be a career destination for nurses...somewhere they can see themselves long-term."

~ Laura Watson, HC clinical educator

A team is not a group of people who work together. A team is a group of people who trust each other

~Simon Sinek

"Speedy Launch"

a quality improvement collaboration



St. Louis Children's Hospital is recognized as one of the top hospitals in the nation (US News and World Report) and many outside facilities seek to transfer their patients here for care.

Children's Direct, the transfer center for SLCH, as well as the Critical Care Transport Team often give the first impression of the hospital to these facilities and referring providers. In 2016, anecdotal information was filtering back from various outside hospitals that the intake process and transport launching delays made them feel like they had to "sell" their patient to gain transfer. Furthermore, the transport team was not always readily available. A multi-disciplinary committee was formed from both departments to address the issues.

Brandie Tieken, Transport Team clinical nurse manager, held meetings with Children's Direct, and the transport team's medical control, administration, management and front line staff. Calls were reviewed, current processes discussed and ideas were formulated and evaluated. The process included role-playing various types of transfer requests to identify the areas of delay. A need for more specialized transport dispatch was identified. An SLCH team visited an independent dispatch center to determine how to streamline the transport process.

In May 2017, "Speedy Launch" went live. Transport Team dispatching and tracking were delegated to the externally contracted dispatch center. A new nursing role called the transport placement nurse (TPN) was introduced for Children's Direct. The TPN's duties include managing all requests for the transport team and communicating with dispatch, creating an efficient and standardized process. Children's Direct staff nurses were extended the ability to accept a wider range of

patients without needing physician consent, thus reducing hold times and expediting acceptance and transfer. The department implemented a new process that gives referring hospitals immediate verbal acceptance and offers a transport team within the first 5 minutes of a transfer request. The Transport Team made changes to their workflow, aiming for 15-minute "out the door" times once activated for a trip. They also modified their process by departing for a trip with more concise information about the patient, thus reducing the time between request and arrival.

Four months after Speedy Launch, an informal review of completed transfer requests shows a marked improvement in overall response time. Median dispatch to en route times decreased by 18.2 percent from 2016 to 2017. Children's Direct staff nurses have received positive feedback from referring hospitals regarding the process changes. Rural hospital staff expressed appreciation and relief to know the transport team is on their way within minutes of their request. Next steps include a more formal survey of referring customers and a data review to further refine the processes. ●

Four months after Speedy Launch, an informal review of completed transfer requests shows a marked improvement in overall response time.

For more information contact Brandie Tieken at brandie.tieken@bjc.org