It is my pleasure to share the extraordinary work performed by Cook Children’s nurses in our 2018 nursing annual report. In this report, you will read stories that highlight our nursing professional practice model. The components of our professional practice model include patient- and family-centered care, professional development, art and science, safety and quality, accountability, innovation and respect and collaboration. Each story is connected to one of the components of our model.

The stories will showcase current nursing research and evidence-based practices, including a behavioral health research study evaluating adverse childhood experiences and a project addressing moral distress. Safe and quality care is enhanced by updating the sedation scoring tool and revising care processes to prevent artificial airway dislodgement. The new wound care and nurse manager mentor transition programs demonstrate growth and development of our nursing staff.

Cook Children’s celebrated a milestone anniversary in 2018, having proudly served our community for 100 years. Our campus has experienced significant growth these past years with the addition of new patient care towers, renovations and program growth. With more than 1 million patient encounters annually, our nurses have opportunities to serve in a variety of ways. Our frontline clinical nurses proudly support the Nursing department. The most impactful change was the move to a single electronic health record, Epic. This tool was implemented in March 2018, following 18 months of product customization. Optimization and upgrade of the Epic product will continue into the next fiscal year.

I am proud of our nursing achievements over this past year. These professional programs are making a difference for our teams and for the patients served. As we work together, the year ahead will certainly bring forth new challenges – and our nursing team and I will meet them together.

Cheryl Petersen MBA, BSN, NE-BC
Vice President, Patient Care Services and Chief Nursing Officer
Cook Children’s Medical Center

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Using the adverse childhood experiences (ACE) study to gather childhood trauma history

Having a trauma history is common for children who have been hospitalized for mental health issues. Historically, inquiry of this history was often accomplished through verbal and/or written assessments and was often revealed later during a patient’s hospitalization. Today, the adverse childhood experiences (ACE) study is one of the largest investigations to report links between childhood maltreatment and health and well-being later in life.

Cook Children’s inpatient and partial hospitalization program (PHP) behavioral health team reconsidered current methods of trauma history gathering. They explored the novel first-time use of the 10-item ACE questionnaire. Cook Children’s created a multidisciplinary team, including nurses, completed a comprehensive literature review on uses of the ACE questionnaire and found no published data on the administration of ACE to children reporting on their own trauma history. The team proceeded with developing a study to examine who was the most reliable historian on a child’s trauma history: the child or their caregiver. The study aimed to establish psychometric properties (reliability and validity) of the ACE questionnaire when administered to two separate groups: caregivers and their children who were admitted either to inpatient psychiatry or PHP.

To avoid interviewer bias for the children, the research team administered the ACE questionnaire via an electronic tablet where a “talking dinosaur” character asked questions. Preliminary findings revealed test-retest reliability was in “almost perfect” agreement when caregivers answered ACE questions upon admission and discharge. Almost 40% of caregivers acknowledged their child had experienced physical violence; 17% reported their child had experienced sexual abuse. For children answering ACE items on admission and discharge, test-retest reliability was not as strong for total scores, but strongest reliabilities were found on sexual abuse and physical violence questions.

Preliminary conclusions were: (1) caregivers’ responses on ACE were more reliable; (2) children’s responses were less reliable; (3) caregivers’ responses were not significantly correlated with children’s responses; and (4) children’s responses were most reliable when reporting physical violence and sexual abuse.

Coping with moral distress

Moral distress, compassion fatigue and burnout all impact nursing staff. Moral distress, or the sense of knowing what the right thing is to do but being unable to do it due to institutional or personal constraints, can go unnoticed and unaddressed. Most moral distress research has focused on critical care and end-of-life health care settings. However, staff on Cook Children’s 26-bed inpatient Rehabilitation Care Unit (RCU) and technology-dependent Transitional Care Unit (TCU) experienced unrecognized moral distress related to patient complexity. With an increasing unit nursing turnover rate of 17% in the first quarter of 2017 and increased reports of emotional, physical and spiritual distress, needs for education, support and interventions to address the staff’s unrecognized moral distress were vital.

An interprofessional initiative on TCU/RCU was implemented to define moral distress, address its impact on emotional and physical well-being across disciplines and expose the potential for unsafe patient care. An evidence-based, multi-modal intervention program was implemented over a six-month period by the unit chaplain and unit clinical educator.

Strategies were selected to increase staff’s knowledge about moral distress, to encourage self-reflection on the experience of moral distress and to facilitate increased coping.
Partnering to control pain in our tiniest patients

A nurse manager in the neonatal intensive care unit (NICU) recognized the need for improved pain control for neonates. The manager pulled together a multidisciplinary team to address the issue. The team included nurses, physicians, pharmacists, physical therapists/occupational therapists, Child Life specialists and members from the Pain Management team. During this two-year pain management quality improvement project, spearheaded by the nurse manager, the NICU’s culture adapted to include pain control as a foundation in patient care.

The first areas addressed were: (1) education on importance of pain control, (2) review on causes of pain in NICU population, (3) complications from uncontrolled pain and (4) a formal review of current pain assessment tools. This training also included non-pharmacological pain control methods.

Staff members also were invited to view a PowerPoint presentation reinforcing information shared during the case study discussion. Pre- and post-intervention surveys were administered to assess staff knowledge and moral distress experiences and to determine the impact of interventions.

Prior to the project, 72% of 61 staff members had never received moral distress training, 85% had experienced moral distress during the past year and 49% considered not coming to work or leaving the unit. After program implementation, 96% reported increased knowledge about moral distress and more than 80% reported increased coping strategies and abilities to support co-workers during periods of moral distress.

Following the intervention, the unit’s turnover rate dropped to 7.4% in the first quarter of 2018. One staff member described the most helpful thing about the project is “knowing that it [moral distress] is real.”

Periodic reminders of the reality of moral distress have been helpful to keep staff focused on the ways they are affected by their encounters with complex patients. Discussion about using this project as a model for addressing moral distress in other units is ongoing between Nursing Education and Pastoral Care.

One year following non-pharmacological pain control implementation, medication guidelines were introduced. The guidelines addressed changes in medications for use in pain control, as well as new combinations to improve current practices. The guidelines included procedure- and diagnosis-specific dosages, as well as how to advance medication usage, if needed. All medical and nursing staff were educated about the changes during the transition.
Most recently, a comfort menu was introduced in the NICU. This was part of a system-wide initiative to involve parents in pain prevention for their children. Using a simple, parent-friendly format, the comfort menu introduced other non-pharmacological modalities to prevent needlestick pain, such as a topical anesthetic. Staff were given opportunities for hands-on practice with the new method and how to educate families. Positive family feedback on the comfort menu demonstrates this new process is improving teamwork between parents and staff.

At Cook Children’s, we know that every child’s life is sacred. It is part of our Promise to provide compassionate care with the highest quality and safety that is built upon evidence and research. When families and health care providers make end-of-life decisions, it is important to have a way to communicate these choices to Cook Children’s employees.

Pilot project
A group of nurse residents conducted an evidence-based practice (EBP) project titled “Code blue! Or Not? Exploring DNAR status identification.” This pilot project had a goal to trial a standardized method of identifying patients with do not attempt resuscitation (DNAR) orders on three medical units. The intervention in the project was printing and displaying bedside code sheets on light green paper, instead of the usual white code sheets, for patients with DNAR orders.

Prior to the implementation of the intervention, a survey was sent to nursing staff to determine their ability to correctly identify patients with a DNAR order. Only 24% of respondents felt they could correctly identify a patient’s resuscitation status when entering the patient’s room. Less than half of the respondents felt the current practice of identifying patient resuscitation status was effective.

After the intervention was piloted, another survey was sent to nursing staff. Results showed that 92% of staff were able to identify a patient’s resuscitation status. With these results, it became evident that Cook Children’s Medical Center as a whole would benefit from the green code sheets.

Medical center rollout
The first step in implementing this intervention across Cook Children’s Medical Center was to form a project team, including clinical nurse leaders and the nurse residents who designed and implemented the pilot project. The nurse residents were able to share barriers, successes and provide suggestions, which aided in the medical center rollout.

The team reached out to many stakeholders, including Palliative Care, the Code Committee, Nurse Practice Council and the Nurse Manager Council. The team rounded on each inpatient unit to ask staff how they felt the green code sheet would work on their unit. Education was delivered to staff in multiple formats, including emails, staff meeting presentations, bathroom banners, one-on-one communication during rounding and education updates from educators. A team of 18 super users was formed that included nursing representation from each unit and the internal staffing pool. Super users conducted weekly audits on their units ensuring that DNAR patients were correctly identified using the green code sheet. Super users were instrumental in the successful implementation of this intervention and have served as knowledgeable resources for staff at the unit level.

Honoring each family’s wish
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Collaboration and respect

Management participation improves staff engagement

Behind every high-functioning health care organization is an engaged workforce who understands its mission and purpose. Challenges in health care work environments encompass increased job responsibilities, decreased staffing levels, under-resourcing, perceived stress and lack of nurse leader presence. As a result, these issues can lead to burnout, poor workforce engagement and compromised patient safety.

Many leaders struggle with identifying their employees’ engagement and satisfaction. To help identify their staff’s engagement, nurse managers on the inpatient psychiatry unit developed an anonymous employee satisfaction survey to be administered quarterly and provide a more consistent method for sharing feedback and concerns. Once survey results are received, nurse managers develop an action plan. Focusing on transparency, the action plan describes current satisfaction levels for each item (every comment is included) and outlines what actions will be taken or identifies any actions that can’t be currently resolved.

In addition, purposeful daily rounding and huddles allow regular interactions between nurse managers and employees. Nurse managers hold multiple staff huddles each week for real-time information. At the end of each week, information is put into a newsletter and sent to the staff via email. Huddles reach most staff, and the newsletter provides information for employees unable to attend the huddles. Previously, all information was held until the scheduled monthly unit meetings. Now, frequent huddles and weekly newsletters keep staff up-to-date on unit/medical center news. The quarterly surveys allows psychiatric staff to feel heard and the action plans show concrete evidence of the nurse leaders’ transparent actions.
Not all wounds can be managed by a simple bandage. At Cook Children’s, we recognize the need for specialty wound and ostomy care. In 2017, we hired two dedicated certified wound, ostomy and continence nurses (CWOCNs) to provide a service that was previously contracted.

Our CWOCNs act as patient advocates, influencing change and patient outcomes. They actively engage in professional development of staff at all levels and empower nurses to initiate care based on head-to-toe assessments and evidence-based knowledge. To date, the CWOCNs have been influential in implementing quarterly skin assessments for all inpatients.

The wound care team’s primary achievement in 2018 was recognizing the complexity of our patients and bringing awareness to nursing. For example, the team noted a trend with intravenous line extravasations combined with high-risk medication administration, such as calcium. Collaborative interdepartmental work for prevention and focused change resulted in improvements in patient outcomes related to high-risk medication administration.

Additionally, the CWOCN team actively participates in quality and risk pressure injury prevention measures, pressure injury prevalence studies and a national collaborative working to eliminate pressure injuries. The team also is in the process of creating and completing multiple algorithms to support wound management guidelines, medical device-related pressure injury prevention practices and unit-based skin champions that support our diverse patient population.

Improving the night owls’ work experience

Working the night shift can be hard and create a feeling of disconnect between the staff and the organization. To help improve the experience of Cook Children’s night shift employees (or night owls), the Nurse Practice Council created a task force to focus solely on night shift engagement.

Over the last year, the task force distributed an electronic 12-question survey to find out how to better support our night shift. The survey resulted in 300 responses and 40 pages of improvement suggestions.

Taking this feedback and prioritizing the opportunities, the task force met with key departmental leadership and administration to address the needs, and ultimately accomplished several improvements.

These included the opening of Cook Children’s Goodies to Go, a 23-hour on-site convenience store with a variety of food and beverage options. The Education department modified training classes and made them available during night shift-friendly times. Our monthly Lunch with the Administrator event became inclusive of the night shift by adding breakfast and dinner options, and annual employee engagement events, such as our campus cookout and holiday extravaganzas, are now more encompassing of night hours.

Additional requests for night shift workers’ included the creation of tips and tricks for surviving night shift, a list of available restaurants with accommodating hours and in-house resources that may be needed throughout the night. An internal Cook Children’s night owls website also was launched to help provide a one-stop information hub catered to this special group of employees. Improvement efforts led by the Nurse Practice Council have positively impacted all disciplines who work the night shift at Cook Children’s.

When wounds need more specialized care

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Patient- and family-centered care

Becoming champions for patients

Cook Children’s Patient Experience Champions (PECs) began meeting in March 2013 under the leadership of the patient experience coordinator and the Magnet program director.

What started as a small group of direct care nurses has expanded to a robust interdisciplinary team working to improve the patient experience at Cook Children’s. The positive outcomes from the PECs program have been presented at national conferences and recognized by The Beryl Institute, a global community of practice dedicated to improving the patient experience.

Most recently, the PECs have been forging a strong collaborative with our families. Members from the Cook Children’s Family Advisory Council (FAC) have become regular attendees of the PECs meetings. The group also has seen the addition of the Family-centered Care program manager, the Parents as Partners coordinator and the patient experience specialist. The addition of FAC members and family-centered care experts has greatly enhanced the champions’ understanding of the needs of our patients and families.

In April 2018, several of the PECs attended the Family Advisory Council meeting to discuss how they could further improve interactions with patients and families. The discussion was lively and engaging and council members expressed their appreciation of the PECs’ attendance and request for information. Eye contact and body language, bedside shift report and white board communication all ranked incredibly important to FAC members. The PECs are currently hard at work developing educational opportunities for their peers based on the FAC feedback. As the family-centered care program manager stated, the collaboration between the FAC and the PECs is “…robust and a true example of partnership.”

Improving the patient experience

In late August 2017, the Patient Experience (PX) Committee created a patient experience bundle. It included seven elements aimed to improve our patients’ experiences at Cook Children’s:

1. The name game – introduce yourself, smile and explain your role.
2. Hourly rounding on patients and families to assess needs.
3. Leadership rounding on patients and employees.
4. Commit to sit (see below).
5. Bedside shift report involving patients and families.
6. Welcome packet discussion with patients and families.
7. No pass zone – address any beeping or alarming equipment.

The PX Committee chose elements based on evidence and proven best practices. Researchers have demonstrated that the various elements improve patient safety, quality of care and patient experiences.

When all of the elements are completed as a bundle, patients, families and staff have a better overall experience. Prior to bundle implementation, our staff was performing all of the elements, except “commit to sit.”

“Commit to sit” is a technique that helps establish a therapeutic relationship between nurses and families, and is relatively new to Cook Children’s. When reviewing the “commit to sit” literature, the committee found that families perceive nurses as spending more time at the bedside if they sit, as opposed to standing, and that sitting increases the family’s perception of compassion and understanding from the nurses. Application of this concept resulted in a nurses’ initiative to sit with families early in the shift to ask the families about their primary goals for the day and their greatest concerns.

Having a sit-down discussion allows nurses to engage families and address issues that may be producing anxiety. It also provides an opportunity for families and staff to create a plan of care as a team. The patient experience champions (PECs) embraced the PX bundle and championed the rollout and implementation of “commit to sit.” The PECs worked with their peers to ensure staff buy-in for the bundle and a successful enculturation of the elements. Implementing “commit to sit” and bundling the various initiatives into one patient experience package has led to an improvement of our families’ experiences with nurses.

Family survey

<table>
<thead>
<tr>
<th>Family survey item</th>
<th>Pre-bundle</th>
<th>Post-bundle</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses courtesy/respect</td>
<td>79.1</td>
<td>81.3</td>
<td>↑ 2.2</td>
</tr>
<tr>
<td>Nurses listened carefully</td>
<td>73.1</td>
<td>77.6</td>
<td>↑ 4.5</td>
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<tr>
<td>Nurses explained things</td>
<td>68.1</td>
<td>74.3</td>
<td>↑ 6.2</td>
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<tr>
<td>Confidence and trust in nurses</td>
<td>71.8</td>
<td>75.4</td>
<td>↑ 3.6</td>
</tr>
</tbody>
</table>
In the summer of 2016, Cook Children’s Nurse Executive Council identified hardwiring bedside shift report as a top priority for their two-year strategic plan. A special task force was formed, which included nurse managers, Family Advisory Council representatives, several nurse residents who had implemented bedside reporting in the Emergency Department and the evidence-based practice expert leader. The goals for the task force included assessing and refining the current bedside shift report practice, reinforcing the importance of bedside shift report through video education, adding the curriculum to ongoing patient care orientation and ensuring nursing leadership support and compliance auditing.

Prior to releasing additional education and resources, audit data revealed that bedside shift report was occurring 82% of the time on night shift and 83% of the time on day shift. Parents reported that they were invited to participate 72% of the time. After the educational intervention, bedside shift report was occurring 97% of the time on both day and night shifts and parents reported they are invited to participate 96% of the time.

Three units are currently trialing a process for parents to indicate if they would like to be involved in bedside shift report through a magnetic sign on the door. Early feedback indicates the families appreciate the opportunity to state their preference visually. The task force will continue to reinforce the value of bedside shift report and the family partnership.

Caregiver education in the Cook Children’s Simulation Lab was initiated by the unit based council on the Transitional Care Unit (TCU). The council discussed enhancing the standard caregiver education for our medically complex children, TCU Boot Camp, by extending it to include simulation of emergency scenarios with the use of a high fidelity mannequin. The committee decided on two emergency scenarios: respiratory distress and cardiac arrest, the two most common and fatal emergencies encountered by this patient population.

Prior to their child being discharged from the TCU, caregivers progress through TCU Boot Camp training and complete cardiopulmonary resuscitation (CPR) with a tracheostomy education. Near the time of discharge, caregivers also complete hands-on emergency scenario education in the Simulation Lab. The process includes promoting a safe learning environment by providing the caregivers a brief description of the two scenarios they will encounter in the lab. Caregivers are informed that simulation is not pass/fail, but rather focuses on practicing and preparing for saving their child at home.

Before the scenarios begin in the lab, the caregivers are introduced to the mannequin and all of the equipment they will use during the simulation. The room environment is designed to mirror the home environment. The monitor display, suction machine, emergency supply bag, oxygen concentrator, nebulizer equipment and ventilator (when applicable) are available for use during the simulation.

The first emergency scenario requires caregivers to rescue a cyanotic unresponsive child who has stopped breathing by using the CPR with a tracheostomy algorithm taught at the completion of TCU Boot Camp. The second simulated scenario presents an awake mannequin in respiratory distress. Caregivers are expected to perform interventions learned during TCU Boot Camp training, think critically and use their home equipment to resolve their child’s respiratory distress.

Each emergency scenario simulation is followed by a facilitated debriefing session. The caregivers and facilitators review the video of the scenario, then the caregivers are allowed to reflect on their actions and strategize on possible improvements. Facilitators offer performance praise, critique and correction, and caregivers are allowed time for questions and clarification. Caregivers also complete pre- and post-surveys regarding their experience with participating in emergency scenario simulation. The responses to these surveys have been used to improve delivery of this education tool.

Since the inaugural emergency scenario simulation, every caregiver who has participated has responded to the survey and indicated they would recommend this learning experience for other caregivers.
Creating leaders

When current nurse leaders described their desires for improved mentoring, onboarding and leadership course content consistency, Cook Children’s Nursing leadership stepped up and created a nurse manager mentorship program. The program paves the way for successful succession planning, as well as empowers new nurse leaders with tools to increase confidence and competence for tackling difficult situations and daily tasks. It also gives potential manager candidates the opportunity to familiarize themselves with the resources they’ll need before accepting a manager position.

In 2015, Cook Children’s implemented a Nursing Professional Development Program (PDP) to support our philosophy of nursing and to promote quality patient care. The program encourages and recognizes nursing excellence and provides both career enhancement opportunities and financial incentives. The program is a two-year commitment with mentors guiding candidates to achieve identified goals. Nurses participate in evidence-based practice projects, quality initiatives, research studies, volunteer work, advanced education and certifications, council/committees and much more. At the end of the program, candidates submit professional portfolios to a review committee and earn a level placement: 1, 2, 3 or 4.

In 2015, Cook Children’s participated in a national research study to compile evidence-based knowledge and skill competencies for nurse managers. The study resulted in eight hours of course content based on survey responses from 15 experienced nurse managers. Content ranged from the biggest challenges to the knowledge/skills needed to fully function as a nurse leader.

Workshop course content included team-building, human resources, finances/budget, hiring and onboarding of new employees, employee evaluations/clinical education system, event reporting and time-keeping/productivity.

Workshops were initially two four-hour sessions given in January (nine attended) and April 2017 (14 attended), and all attendees received post-workshop surveys. The workshops now consist of a one-day, eight-hour session, based on feedback received from previous participants.

Quantitative program evaluation results included: (1) 81% felt workshop was extremely helpful and (2) 75% stated presenters were extremely knowledgeable. Qualitative data on positive workshop impact included honest round-table discussions about nurse manager challenges, information on performance improvement plans, networking with experienced nurse leaders, and feedback such as, “This made me feel less alone.”

Areas of improvement focused on the need for step-by-step handouts on the use of payroll and scheduling technologies, debriefing opportunities and a to-do list at time of hire.

With six workshops completed, the decision was made to offer the eight-hour workshop quarterly as a mandatory requirement for all nurse leaders within three months of hire. It also has been determined this workshop would be beneficial to new managers from other disciplines, not just Nursing.

In 2017, 53 nurses successfully completed the program. As news of their success spreads, the program continues to grow with 46 applicants submitting portfolios in 2018. Perhaps the most exciting news is that 143 nurses submitted letters of intent to participate in 2017 and are eligible for portfolio presentations in 2019. As Cook Children’s nurses contribute to improvements in patient safety and outcomes, they continue to share new knowledge at national and international professional conferences. Additionally, many successful PDP candidates have transitioned to leadership roles throughout the organization. We hope to include a number of PDP projects and success stories in our next Magnet submission.

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Quality nursing

On the continuous journey to improve quality and safety for the patients, Cook Children’s nurses incorporate consistent quality improvement work into their daily routines. For some nurses, the quality work ignites a passion and they become the knowledge expert in their department. These nurses embrace the opportunity to spark change in their departments, so nurse leaders provide them with dedicated time to focus on quality initiatives. Becoming a unit quality nurse involves neither a change in job description nor in pay, but rather is a reflection of the nurse’s dedication to go above and beyond to improve the care of their patients. It is truly a work of heart!

Unit quality nurses provide peer-to-peer coaching and education regarding quality, often through engaging games or other entertaining activities. These nurses act as quality resources for staff and complete real-time observations for best practices. They collect and share quality data with their departments and across the organization through various councils, task forces and committees. Unit quality nurses are quick to share their innovative strategies to engage other nurses in quality improvement work, which helps spread best practices throughout the organization.

The unit quality nurses find their roles worthwhile and rewarding. “I enjoy trying to find creative ways to educate my staff on new initiatives or opportunities for improvement,” said one nurse. “It incorporates many different things, like staff mentoring and real-time feedback.”

When new quality initiatives were proposed, this nurse found herself advocating not only for patients, but for nurses as well. She provided thoughtful feedback to stakeholders regarding the nurse workload and strategies to operationalize initiatives with minimal disruption to workflows.

“I love seeing the nurses feel a sense of accomplishment when we have improved,” said another unit quality nurse. Her most rewarding experience in her role was, “…the realization that our unit has been CLABS-free for almost three years!”

It’s clear that this special group of nurses have a passion for their work. They share their strategies and improvements across the organization to improve care for all patients.

Safety, quality and accountability

Improving discharge efficiency

To help improve the patient discharge process, Cook Children’s nurses and physicians worked on an innovative collaboration focusing on early discharges.

The initiative included two phases: early discharge criteria and discharge efficiency. The early discharge criteria phase began with hospitalist physicians including discharge criteria for each of their patients in the history and physical assessment portion of the patient record. With clear discharge criteria, nurses were able to assess the patients’ progress toward meeting the criteria on a real-time basis. If a patient met criteria, a nurse would add the patient’s name and location to the early discharge list on a secured, shared intranet site.

Each morning, the hospitalist group printed the list and organized their rounding schedule to see the discharge-ready patients first. This phase of the initiative resulted in most patient discharge orders being written before 10 a.m., each day, and significantly decreased the number of late-afternoon discharge orders.
Routine audits in the Cook Children’s Emergency Department (ED) uncovered an opportunity for improvement with the sedation/procedure record. Staff found it challenging to use due to small font size, duplicate documentation and irrelevant data. The ED nursing director advocated for a change and enlisted the help of Cook Children’s Nursing Evidence-based Practice and Research (NEBPR) Council.

The NEBPR Council took up the challenge to identify a reliable, valid, easy-to-use and pediatric-specific sedation scoring tool for moderate procedural sedation (MPS) and to standardize the sedation record for all uses of MPS. The NEBPR members also tackled revising the policy for MPS with the most current evidence. The NEBPR Council, one of ten shared governance councils at Cook Children’s, is comprised of nearly 20 members from across the medical center, including inpatient and outpatient clinical nurses, clinical educators, nurse managers, directors and a medical librarian.

The following question guided the evidence-based practice project: Will evidence-based changes to policy, sedation record and sedation scoring tool positively impact nurse performance and documentation during moderate procedural sedation in the ED?

The NEBPR Council members reviewed more than 30 publications: two systematic reviews, nine research studies, 14 quality improvement projects and eight consensus statements. Through work focused on literature review and synthesis, council members identified nine sedation scoring tools and analyzed them for reliability, validity and feasibility for use in a pediatric population.

Members chose The University of Michigan Sedation Scale and adopted the scale into the MPS protocol. They subsequently incorporated evidence-based nursing assessment and monitoring actions into the policy for procedural sedation.

Collaborating with team members from areas where MPS is practiced, council members trialed iterations of the sedation/procedure record to incorporate streamlined clinically relevant documentation, better organization and a larger font size.

The NEBPR Council members collaborated throughout the process with the Sedation Committee and an anesthesiologist group to provide updates on the project and incorporate feedback into their work. To implement the improved clinical practice changes across the Emergency Department and other MPS areas, educators and the NEBPR Council members created multi-modal education to highlight all of the practice changes and ensure standardization of practice.

Evaluating the impact of the project with a nine-item chart audit form revealed the following improvements in the Emergency Department MPS documentation.

• Documentation of vital signs every five minutes improved from 77% to 95%.

Improving sedation results

In an effort to improve patient flow throughout the medical center, nurses took on the discharge efficiency phase of the initiative by addressing the time from discharge order to patient departure.

The goal of this phase was for the majority of patients with discharge orders to depart within two hours of the order time. A medical-surgical floor piloted this quality improvement project through plan-do-study-act (PDSA) cycles. Through PDSA cycles, the pilot unit nurses identified the most effective strategy to decrease discharge to departure time; discussing the patient’s progress to discharge and the family’s transportation plans at every bedside shift report.

With this strategy, the nurses were able to significantly decrease discharge-to-departure times on the pilot unit. The project team rolled out the strategy to the remaining medical-surgical units, resulting in a statistically significant house-wide decrease in discharge-to-departure times for all hospitalist patients. Balance measures, unplanned readmissions and patient satisfaction were unaffected by the intervention. The direct care nurses who embraced and championed this initiative were the key to a successful process improvement project.

• Reassessment prior to sedation improved from 90% to 97%.

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Evaluating the impact of the project with a nine-item chart audit form revealed the following improvements in the Emergency Department MPS documentation.

• Documentation of vital signs every five minutes improved from 77% to 95%.

• Reassessment prior to sedation improved from 90% to 97%.
• Documentation of American Society of Anesthesiologists (ASA) level improved from 83% to 92%.
• Presence of sedation history improved from 81% to 100%.

Subsequently, Cook Children’s implemented the new practice changes in all settings where MPS occurs.

Through careful consideration of the evidence found in the literature, the NEBPR Council members collaborated with Nursing and interdisciplinary partners to improve the process for administering, monitoring and documenting moderate procedural sedation.

Cook Children’s recent recognition

Cook Children’s Medical Center nurses have been Magnet® recognized three times, an honor achieved by less than 3% of health care organizations nationwide. Cook Children’s Medical Center has been a Magnet-designated organization since 2006. Since then, Cook Children’s has been redesignated twice, in January 2011 and March 2016.

For the seventh year in a row, the College of Healthcare Information Management Executives (CHIME) honored Cook Children’s as a 2018 Most Wired recipient. The recognition is given to hospitals and health systems that are at the forefront of using technology to improve the delivery of care.


The DAISY Award for Extraordinary Nurses is a national recognition program that is implemented and managed at the hospital level. This award has blossomed from the efforts of one family to applaud the nurses that go above and beyond what is required for their patients. In honor of Patrick Barnes, who lost his battle with ITP (idiopathic thrombocytopenia purpura), his family created the DAISY Foundation and DAISY Award to “honor the super-human work nurses do for patients and families every day.” Nurses are nominated by our patient families and our DAISY Award winners are selected each month based on their compassionate bedside manner and excellent clinical skills.
## By the numbers

### Numbers to date

- **117** nurses recognized
- **28** recipients
- **125** applications completed
- **476** residents

#### The DAISY Award for Extraordinary Nurses
- Started in 2007

#### Teresa Clark Scholarship Award
- Started in 2016

#### Professional Development Program
- Started in 2015

#### Nurse residents
- Started in 2009

### Current numbers

- **1,447** Cook Children’s nurses
- **82%** of nurses have a BSN or higher nursing degree
- **49%** of nurses have specialty certification
- **8+** years of average tenure with Cook Children’s

To view our list of research, publications and awards, visit [cookchildrens.org/nursing](http://cookchildrens.org/nursing).
Our Promise

Knowing that every child’s life is sacred, it is the Promise of Cook Children’s to improve the health of every child in our region through the prevention and treatment of illness, disease and injury.