

Nursing Practice Spotlight

Celebrating practice initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Improving Team Culture to Improve Work Satisfaction and the Patient Experience

Deb Poloway, RN

Belinda Mathis, MSN, RN, CNML

Kim Heaberlin, LPN

Nicole Morrison

Estefany Lopez

- Better communication through monthly staff meetings, team norm development, and accountability leads to improved teamwork
- Increase in top box scores for nurse/assistant category



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Nursing Practice Spotlight

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Out-of-Pocket Expenses Associated with Pediatric Heart Transplantation

Whitney W. Kaslow, DNP¹, Nancy A. Jaworski, DNP¹, Courtney Crawford, BSN¹, Katherine Taylor, BSN¹, David W. Bearl, MD, MA¹, Debra Dodd, MD¹, Justin Godown, MD¹

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BACKGROUND

- Heart transplantation in children is resource intensive and results in significant cost expenditure.¹⁻³
- Existing data has largely focused on resource utilization and the costs incurred during the transplant hospitalization.
- There are limited published data addressing the financial burden that pediatric heart transplantation faces on families.
- High costs have been associated with worse patient compliance, with the potential to negatively impact post-transplant outcomes.⁴

OBJECTIVE

- Describe out-of-pocket expenditure for pediatric heart transplant recipients
- Understand the impact that health insurance, income, and clinical factors have on these costs

STUDY DESIGN

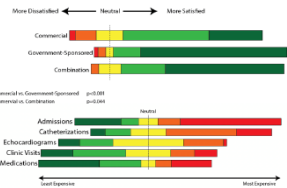
- Anonymous RedCAP survey was developed to assess out-of-pocket expenses for families of pediatric heart transplant recipients
- Survey collected basic demographic data including family income, health insurance status, immunosuppression use, and post-transplant complications including rejection, infection, cardiac allograft vasculopathy, and post-transplant lymphoproliferative disorder
- Families were asked to estimate monthly out-of-pocket expenses directly related to post-transplant care as well as monthly travel expenses for care
- Survey was distributed to families using two distinct approaches:
 - Distributed at pediatric heart transplant clinic visits using flyers with a link and QR code
 - al media groups with a focus on pediatric heart disease

RESULTS

Table 1. Demographics of survey respondents

	N(146)
Years post-transplant	3 (2 - 7)
Monthly expense	\$250 (\$15 - \$500)
Travel expense	\$100 (\$50 - \$300)
Income	20 (13.7%)
Less than \$20,000	12 (8.6%)
\$20,000 to \$34,999	16 (10.7%)
\$35,000 to \$49,999	16 (11.4%)
\$50,000 to \$74,999	30 (21.4%)
\$75,000 to \$99,999	21 (15%)
Over \$100,000	46 (32.9%)
Expense based on income	
Less than \$20,000	\$100 (\$50 - \$3000)
\$20,000 to \$34,999	\$200 (\$50 - \$400)
\$35,000 to \$49,999	\$225 (\$50 - \$425)
\$50,000 to \$74,999	\$200 (\$0 - \$630)
\$75,000 to \$99,999	\$350 (\$175 - \$550)
Over \$100,000	\$325 (\$100 - \$500)
Insurance	
Commercial/Employer-based health insurance	65 (44.5%)
Government-sponsored health insurance	50 (34.3%)
Health insurance plan through the Affordable Healthcare Act	4 (2.7%)
Uninsured	1 (0.7%)
Combination of two or more of the above	26 (17.8%)
Expense based on insurance	
Commercial/Employer-based health insurance	\$350 (\$200 - \$500)
Government-sponsored health insurance	\$100 (\$0 - \$400)
Health insurance plan through the Affordable Healthcare Act	\$675 (\$187.50 - \$3000)
Uninsured	\$1000 (+)
Combination of two or more of the above	\$225 (\$20 - \$700)
Number of medications	
1 to 3	18 (12.3%)
4 to 5	43 (29.2%)
6 to 7	35 (24%)
8 to 9	14 (9.6%)
≥10	36 (24.6%)
Immunosuppression	
Tacrolimus	126 (85.6%)
Cyclosporine	12 (8.2%)
Mycophenolate / Cellcept	67 (45.9%)
Azathioprine / Imuran	19 (13%)
Sirolimus / Rapamune	47 (32.2%)
Everolimus	19 (13%)
Corticoids	19 (13%)
Complications	
Rejection	24 (17%)
PTLD	12 (8.2%)
Infection	85 (58.2)
Card	56 (38.3%)

Note: Data expressed as N(%) for categorical and median (25%-75%) for continuous variables
Abbreviations: CAV - Cardiac Allograft Vasculopathy, PTLD - Post-transplant Lymphoproliferative Disorder



CONCLUSIONS

- Out-of-pocket expenses can be significant following pediatric heart transplantation
- Patient insurance greatly impacts overall financial burden, but family income is not associated with monthly out-of-pocket expenditure
- A better understanding of the costs incurred by families and factors that contribute to these costs will facilitate the development of resources to support families

REFERENCES

- Godown J, Smith AH, Thurm C, et al. Mechanical circulatory support costs in children bridged to heart transplantation - analysis of a linked database. *Am Heart J*. 2018;201:77-85.
- Godown J, Thurm C, Hall M, et al. Center variation in hospital costs for pediatric heart transplantation: the relationship between cost and outcomes. *Pediatr Cardiol*. 2019;40(2):357-365.
- Godown J, Thurm C, Hall M, et al. Changes in pediatric heart transplant hospitalization costs over time. *Transplantation*. 2018;102(10):1762-1767.
- Denhaerynck K, Berben L, Dobbels F, et al. Multilevel factors are associated with immunosuppressant nonadherence in heart transplant recipients: the international BRIGHt study. *Am J Transplant*. 2018;18(6):1447-1460.

www.projectredcap.org REDCap

Out of Pocket Expenses Associated with Pediatric Heart Transplantation

Whitney Kaslow, DNP, APRN, NP-C

Co-authors: Nancy A. Jaworski, Courtney Crawford, Katherine Taylor, David Bearl, Debra Dodd, Justin Godown

- High costs have been associated with worse patient compliance, potentially negatively impacting post-transplant outcomes.
- Anonymous surveys were distributed to pediatric transplant families with 146 respondents from 38 states
- Better understanding of costs incurred by families will better facilitate resource development to support families

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Nursing Practice Spotlight

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Empowering Nurse's Journey to Create a Sensory Friendly Unit

Stevie Crossland, BSN, RN, CPN

- Studies show sensory adapted environments reduce anxiety and sensory discomfort for patients with Autism Spectrum Disorders (ASD)
- A "Peaceful Oasis of Sensory Healing (POSH)" environment was created in the Radiology Holding and Recovery unit
- Length of stay decreased by 24% and nurses reported feeling more empowered and confident in caring for patients with ASD



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt



Communication and Escalation: Watcher Program Huddle Implementation

Jessica Binkley, BSN, RN, CPN

Co-authors: Rebecca Swan, Katie Boyle, James Clegg,
Leanne Snell, Megan Klipfel, Kim MacKeil-White,
Laura Parks, Erin Hertha, Randy Winstead

- Removing barriers, enhancing a culture of communication, and creating a model of situational awareness are imperative to building a successful safety culture.



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Nurse Practice Spotlight

Celebrating professional practice initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Increasing Specialty Certifications: A Multifaceted Approach

Marissa Lemley-Brown, MSN, RN, NE-BC, NPD-BC, CPN

- Providing support for nursing specialty certifications requires a multifaceted approach.
- Creating pathways that include self-study, classroom didactic, and online programming with financial reimbursement and leader support increases certification rates.



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Evidence-Based Practice Spotlight

Celebrating evidence-based practice implementation of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

How Can We Empower Our Nurses With Evidence-Based Practice?

Patti Runyan, DNP, MBA, RN, NEA-BC, EBP-C
Anna Gallion, DNP, APRN, FNP-BC, EBP-C

- EBP self-efficacy erodes within 5 years of graduation
- ARCC[®] Model of Evidence-based Practice
- FULD Evidence-based Practice Methodology
- Jigsaw Journal Club[®] Methodology
- Engagement in EBP, Mentoring & Journal Club Synthesis Tables



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt



PICU Pressure Injury Prevention Workgroup

Madeline Barber, BSN, RN, CCRN

Co-authors: Shannon Lynch, Catherine Magee,
Victoria Jackson, Amanda Mock

- Immobility, hemodynamic status, medical devices & communication barriers lead to high risk for pressure injury status in the PICU
- Exceeded pressure injury reduction goal by 58%!



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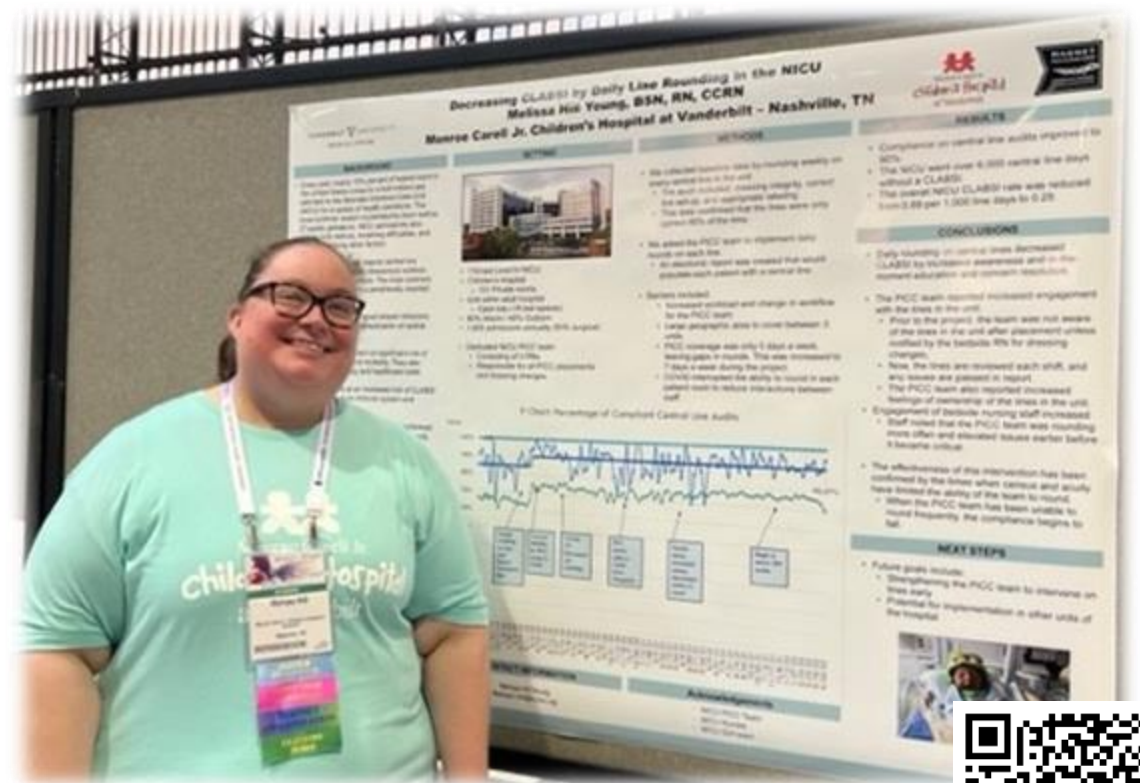
Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Decreasing CLABSI by Daily Line Rounding in the NICU

Melissa Hill Young, BSN, RN, CCRN

- Our goal was to create a workflow that would ensure that central lines in the NICU would be consistently reviewed to ensure functionality and dressing integrity.
- Over 6,000 central line days without a CLABSI!



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt



Target Zero: Nursing Led QI Team to Reduce CLABSI in the Neonatal ICU

Melissa Hill Young, BSN, RN, CCRN

- Notable interventions of the NICU CLABSI team included: unit-wide CLABSI boot-camp, stocking hand hygiene and gloves directly next to the patient, Swabcaps, environmental interventions, daily line rounding, and CHG application
- Over 453 days between CLABSIs for our smallest patients!



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

QIA Program: Enhancing Patient Safety and Creating Leaders

Amanda Mock, MSN, RN, RNC-NIC

Ashley Ried, MMHC, BSN, RN, CPPS, NE-BC

- Quality Improvement Analysts (QIA) are unit-based quality and patient safety champions, leading QI projects and disseminating evidence-based practices
- QIA Program empowers frontline nurse, providing professional growth opportunities

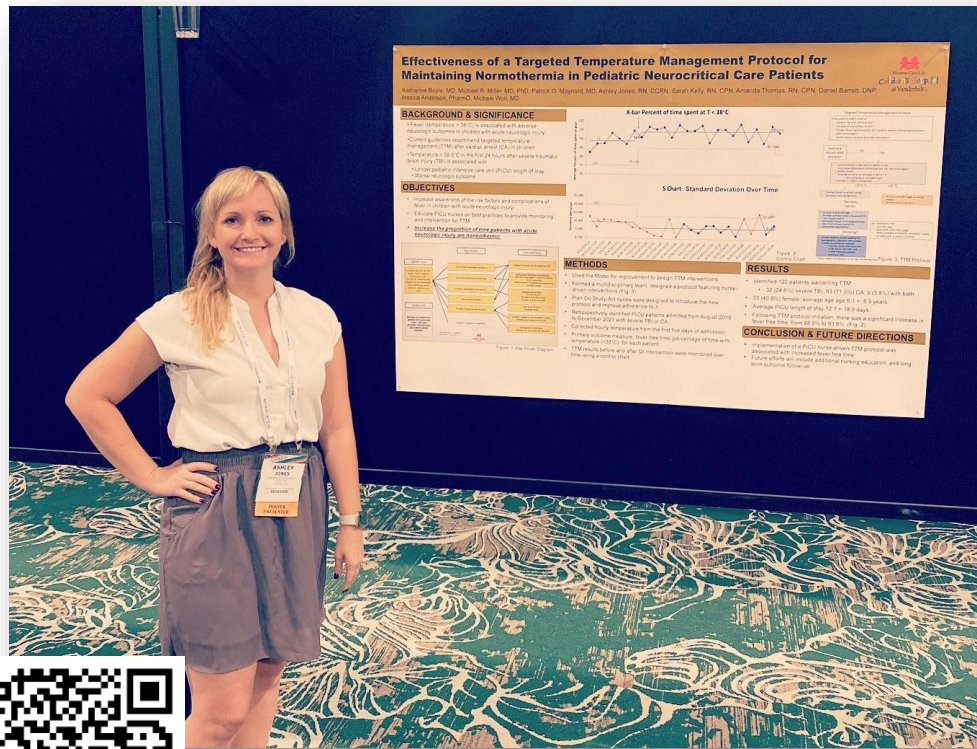


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Quality Spotlight

Celebrating interprofessional quality improvement initiatives of Monroe Carell Jr. Children's Hospital at Vanderbilt



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Effectiveness of a Targeted Temperature Management Protocol for Maintaining Normothermia in Pediatric Neurocritical Care Patients

Ashley Jones, RN, CCRN

Co-authors: *Katherine Boyle, Michael Miller, Patrick Maynard, Sarah Kelly, Amanda Thomas, Daniel Barrett, Jessica Anderson, Michael Wolf*

- Fever is associated with adverse neurologic outcomes in children with acute neurologic injury
- Nurse driven targeted temperature management protocol implemented
- Significant increase in fever free time

Nursing Practice Spotlight

Celebrating the practice initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

FOCUSing on Family-Centered Care: Improving the Patient-Family Experience

Cory Smeltzer, BSN, RN, CCRN
Molly Napier, MSN, APRN, PNP-BC
LeighAnn Chadwell, MSN, RN, NE-BC

- Implemented a staff nurse led committee to focus on staff education related to patient experience
- Focusing on High Points and Kudos (positive comments) is an effective tool for motivation and recognition of interdisciplinary team members

FOCUSing on Family-Centered Care: Improving the Patient-Family Experience
Cory Smeltzer, BSN, RN, CCRN; Molly Napier, MSN, APRN, PNP-BC; & LeighAnn Chadwell, MSN, RN, NE-BC

Background

- Family-centered care encourages a partnership between health care staff and the family to achieve a common goal of working together to best meet the needs of the child.
- Family-centered care is vital to positive outcomes.
- Patient satisfaction surveys are collected by Press Ganey and reviewed by the unit Family-Centered Care Committee.

Objectives

- ✓ Increase staff knowledge of family-centered care
- ✓ Maintain overall Top Box score >85%
- ✓ Increase Overall Nursing domain and Nurses Concern for Comfort Press Ganey survey item
- ✓ Increase interdisciplinary staff recognition

Implementation

1. Implemented a staff nurse led committee
2. Focused staff education, including High Points and Kudos
3. Comfort Conversations
 - Do you think your child is in pain?
 - Do you think your child is comfortable and ready to go home?
 - Do you feel comfortable taking your child home?
 - Do you have any questions before going home?
4. Interdisciplinary team recognition

Results

- > 85% Top Box Score maintained throughout project
- ↑ 10% increase in Overall Nursing
- ↑ 14% increase in Nurses Concern for Comfort
- ↑ Increase in interdisciplinary team recognition

Conclusions

- Family-centered care leads to positive outcomes, improved patient-family experience, and increased satisfaction among the healthcare team.
- Staff led education along with regular review of Press Ganey scores and comments:
 - ✓ instills a culture of collaboration and innovation
 - ✓ improves staff engagement and satisfaction
 - ✓ provides valuable insight into patient-family experiences and perceptions.
- Sharing positive comments is an effective tool for motivation and recognition of interdisciplinary team members.

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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt



Scrubbing Away CLABSI: Implementation of CHG Application in the NICU

Camrin Bennett, BSN, RN, CCRN

- Evidence shows Chlorohexidine (CHG) application reduces central line bloodstream infections (CLABSI), but had not been tested in infants <48 weeks corrected gestational age (CGA)
- CHG application implemented in NICU, reducing CLABSI rates

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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Pediatric Early Warning Score (PEWS) Documentation Automation

Tara Erwin, BSN, RN, CPN
Erin Hertha, BS

- A documented PEWS is an evidence-based element used to recognize early clinical deterioration in admitted pediatric patients in the acute care setting.
- Partnership with Health IT to partially automate PEWS documentation and score calculation
- Saved over 100,000 nursing documentation entries per month!



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt



Implementation of Delirium Monitoring in Pediatric Acute Care Cardiology

Stacey R. Williams, MSN, APRN, CPNP-AC

Co-authors: Alexandria Barry, Heidi A.B. Smith, Misty Evans

- Increase the rate of delirium monitoring by bedside nurses utilizing pediatric bedside delirium tools.
- Implementation in the pediatric acute care setting is feasible.
- Verifying accuracy of assessments is an essential element



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Evidence-Based Practice Spotlight

Celebrating evidence-based practice implementation of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Brushing Away Mucosal Barrier Bloodstream Infections in a Pediatric Hematology Oncology Unit

Vicki Jones, MSN, RN, NE-BC

Ashley Ried, MMHC, BSN, RN, CPPS, NE-BC

- Central line associated mucosal barrier bloodstream infections (CLAMBI) increase length of stay, morbidity, and mortality
- Evidence-based oral hygiene bundle implementation with personalized calendar with visual cues
- Increased days between CLAMBI to >86 days



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Nursing Practice Spotlight

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Ultrasound Guided IV: Incorporating Technology in Pediatric Vascular Access

Brittney Aiello, BSN, RN, CPEN
Co-author: Bethan Hughett

- Development of a robust ultrasound guided IV (USGIV) program in the Pediatric Emergency Department resulted in increased IV placement success on the first try and increased dwell time



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Evidence-Based Practice & Quality Spotlight

Celebrating evidence-based and quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Pediatric Post-Operative Tracheostomy Care: Improving Quality

Jill Kinch, MSN, MMHC, APRN, CPNP-PC/AC, NE-BC
Co-authors: Kathie Krause, Ken Nelson

- Standardizing discharge readiness through post-op plan of care and updated order set can reduce length of stay
- Highly engaged multidisciplinary team informed clinical changes, design and implementation of these interventions



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Quality Spotlight

Celebrating quality improvement initiatives of Nursing at Monroe Carell Jr. Children's Hospital at Vanderbilt

Who's Who in the PACU? Role Designation During Emergencies

Elizabeth Schwartz, BSN, RN, CPN

Raven Stafford, BSN, RN, CPN

Co-authors: Lauran Boston, Kathleen Gobbell,

Jill McCann-Van Dokkum

- Does role designation strategy impact PACU staff team dynamics during emergency situations?
- Introduction of role designated mini-skill station education with facilitator guides provides a clear plan for emergencies.



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Nursing Practice Spotlight

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Decreasing Clinical Overtime Costs and Improving Nurse Work-Life Balance by Changing Nurses' Work Hours

Leslie Speer, BSN, RN, CPN

- Extending ambulatory clinic shifts to 10 hours improves nurse work-life balance in a busy ambulatory clinic, decreasing overtime and increasing staff retention.

DECREASING CLINICAL OVERTIME COSTS AND IMPROVING NURSE WORK-LIFE BALANCE BY CHANGING NURSES' WORK HOURS

LESLIE SPEER, BSN, RN, CPN



PURPOSE

Goal: To decrease overtime costs by extending nurse shifts from 8-hours to 10-hours to allow for coverage of evening clinic and provision of time for non-direct care duties.

Aim: To increase nurse satisfaction through improvement in work-life balance.

SIGNIFICANCE

- Increased nurse burn-out and stress is often associated with increased job demands like overtime.
- Focus on job satisfaction and retention is a key focus for nurse managers as the AACN reports that the current nursing shortage is expected to continue and worsen with nursing school enrollment stagnant and increasing retirement of older nurses.
- The financial burden of nurse turnover is also significant; the 2021 National Healthcare Retention and RN Staffing Report estimates the average cost for RN turnover to be \$46,100.

METHODS

- Leveraging Shared Governance
 - Clinical staff meeting to identify solution to decrease burn-out and overtime hours while still providing coverage
 - Solution to alter shift lengths was proposed and unanimously agreed upon to pilot for a period of 2 months with routine check-ins
- Nursing Survey
 - A survey for preferred off-day was distributed to create a schedule for coverage to submit for manager approval
 - Survey for work-life balance baseline survey was distributed for anonymous submission
 - Work-life balance surveys were distributed for anonymous submission at 1 month and 2 months post pilot

RESULTS

Nursing Survey

- Baseline results revealed an average 4/10 for work-life balance
- After one-month, average rating increased to 8/10
- After 2 months the average rating of work-life balance plateaued at 7/10
- Nurses reported substantial improvement in work-life balance and satisfaction with one day off per week to rest, go to the doctor, or other miscellaneous non-work tasks



Variance Reports

- Clinical overtime costs decreased by over 50% in 2 months
- Sustained decreases in overtime costs were noted throughout the remainder of FY22 and through FY23



Nursing Staff Retention

- FY21 = 87.5%
- FY22 = 88.9% improved
- FY23 = 88.9% sustained

CONCLUSIONS

The 10-hour shift model was successful due to the clinic's high volume of non-direct patient-care responsibilities for nursing staff. While it may not be a fit for every clinic, it is a promising model for clinics with high overtime costs and nurse turnover.

REFERENCES

Abraham, W., Peters, K., et al., 2019. A. O'Brien, A. G. (2019). Work-related stress, burnout, job satisfaction and general health of nurses: A 50-year study. International Journal of Nursing Reviews, 22(4), 548-554. <https://doi.org/10.1111/inj.12548>

American Association of Colleges of Nursing & Institute of Health Care Improvement. (2019). Nursing shortage: A national crisis. <https://www.aacnursing.org/2019/04/23/nursing-shortage-a-national-crisis/>

10. Nursing Staff Retention. (2023). Monroe Carell Jr. Children's Hospital at Vanderbilt. <https://www.mch.vanderbilt.edu/2023/04/23/nursing-staff-retention/>

11. Nursing Staff Retention. (2023). Monroe Carell Jr. Children's Hospital at Vanderbilt. <https://www.mch.vanderbilt.edu/2023/04/23/nursing-staff-retention/>



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