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President- Justine Mize Fortkiewicz, MSN, RN-BC, CCRN-K, CPN: Justine is the Professional Practice Specialist in the Cardiac Intensive Care Unit (CICU) at Children’s National Health System. She obtained her Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) degrees from the University of Virginia. Justine started her nursing career at Boston Children’s in the CICU in 2007 and has been in the CICU at Children’s National since 2010. She works on the continuing education and professional development of the nursing staff in the CICU. Justine works on performance improvement projects, research and leadership initiatives in the unit as well.

She is a member of the education committee of the Pediatric Cardiac Intensive Care Society (PCICS). Justine has been an author for the Nurse Guidelines on the PCICS website and is a chapter editor for the Nursing Curriculum. Justine has been on several mission trips to South America and Central America to treat patients with Congenital Heart Disease and mentor the nursing staff in those hospitals. She was faculty for the Nurse Residency Program in Cochi, India at Amrita Medical Center with Children’s Heartlink in June 2018. She has served as adjunct clinical faculty at Catholic and Georgetown Universities in Washington, DC.

Justine is a Washington, DC native. She is married to her husband, Kevin, and is a mother to her son, Owen (2 years old) and dog, Pluto (10 year old silky terrier). Justine is taking classes in creative handlettering and calligraphy and enjoys swimming.

Justine is super excited to serve as the President of NPCNA, where she has been a member since 2007.

Past President- Katie Penny, MSN, RN WOCN, CPNP is the Immediate Past President of NPCNA. She has been an active member of NPCNA since 2004. She spent many years on the planning committee and just finished 4 years as the NPCNA President. Katie has worked in cardiology since 2003 and is currently working as a cardiac medical nurse practitioner at Boston Children’s Hospital. She has done research on coping while caring for dying children. She loves being a part of NPCNA and witnessing the networking and knowledge sharing that the organization brings to cardiology nurses and nurse practitioners.
Program Co-Chair- Alexandra Mikulis BSN, RN, CCRN: I am currently the Clinician (assistant nurse manager) in the Cardiac Intensive Care Unit at UPMC Children’s Hospital of Pittsburgh. I have worked in this unit at CHP since starting my nursing career in 2010. My involvement with NPCNA began in 2011, and I have been serving as one of the Program Co-Chairs for the past 4 years. I have thoroughly enjoyed this position, helping to coordinate the annual conference, and bringing together pediatric cardiology nurses from all over the northeast! I am excited to continue as a Program Co-Chair and plan future NPCNA Conferences.

Program Co-Chair- Jennifer Rowe BSN, RN, CCRN: I have been a registered nurse in the CICU at Children’s National for three and a half years. I started as a new grad in 2015, and have been here since! I’m the Education Co chair for our Professional Development Council at work, and plan monthly lecture series for our staff. I am currently part time in school at Duke University to receive my Pediatric Nurse Practitioner- Acute Care MSN degree. I am excited to be on the board for NPCNA, and plan next year’s conference!

Program Co-Chair- Terri Mccluskey MS, RN, FNP-BC, CPN: Terri is a Clinical Nurse Expert on the Inpatient Cardiology/Neurology Unit at Morgan Stanley Children’s Hospital of New York Presbyterian and functions as a clinical expert and resource for interdisciplinary staff. Her focus/interest include all levels of professional development, best practice initiatives, ventricular assist device education, simulation and integrative therapies. Terri is also a practicing Nurse Practitioner in primary care, for Boston Children’s Health Physicians at North Rockland Pediatrics, in New York; and provides peer reviewers for the Pediatric Nursing Journal.
Treasurer- Christina Ireland, MS RN CFNP: I am currently a Nurse Practitioner in the Cardiology Program at Boston Children's Hospital working with the Pulmonary Vein Stenosis population. I created this fulltime position over 6 years ago and have been recognized as the point person of the team nationwide. I have been a member of NPCNA since 2013. I have presented at the poster sessions held by NPCNA my work with the PVS population. I enjoy bringing knowledge to my peers and I have enjoyed attending the yearly conference regularly. I have previous co-treasurer responsibilities in my children's school and skating clubs over the past 15 years. I headed the fundraiser committees at both school and at the skating club. I believe my determination, dedication and leadership will help me serve the position well. I look forward to serving.

Secretary- Nancy Francis, BSN, RN, CCRN, CPN: I have been a nurse for over 20 years. For the last 10 years, I have been a clinical nurse in the CICU at Children’s National in Washington, D.C. This time has allowed me to grow both as a person and as a cardiac nurse. Part of my time here at Children’s National I have been involved as member, co-chair and chair of both systems level and unit level Practice Councils. Those experiences have afforded me opportunities to contribute to, lead and produce minutes from various meetings. I also was responsible for communicating to the group members and notifying them of meetings, plans and deadlines. I’m excited for the opportunity to share these practices with NPCNA as the new Secretary position. I have loved being a member and participating in the Annual Conferences that allow our members to learn and share our nursing expertise.

Newsletter Editor- Alex Birely, MSN, CCRN, ACCNS: I recently relocated from Boston to Dallas Children’s Health where I work on the cardiac stepdown unit in the capacity of a Clinical Nurse Specialist. I am excited to expand our Northeast networking down South in Texas and continue working closely with NPCNA.
Fall Conference Highlights

We had a great conference hosted by Boston Children’s Hospital. Please enjoy reading some of the posters that were featured in our poster session.
Development and Evaluation of a Continuing Education Lecture Series for Bedside Nurses in a Cardiac Intensive Care Unit

Jennifer Rowe, BSN, RN, CPN, CCRN; Pearl Wilkins, BSN, RN CPN, CCRN; Martha Goldberg, MSN – ED, RN, CCRN, Justine Fortkiewicz, MSN, RN-BC, CCRN-K, CPN

**Background**

The Professional Development Council in the CICU at Children’s National plans monthly lecture series for the bedside nursing staff.

- These lecture series are designed to re-educate staff regarding complex cardiac anatomy and body systems.
- The CICU onboards approximately thirty new graduate nurses a year.
- The attendance at PDC Lecture Series is mostly nurses with less than two years of experience.

**Methods**

- PDC leverages in-house expertise by inviting physicians, nurses, nurse practitioners, pharmacists, nutritionists, and other disciplines to provide education.
- A topic is chosen based on recent patients’ diagnoses and treatments in addition to staff polling.
- Lecture series are four hour sessions of didactic lectures, journal clubs, case studies, and/or simulations.
- Each lecture series is evaluated by participants to received continuing education hours.

**Lecture Series Topics from 2017-2018**

- Cardiac Arrest Reduction Program
- Cardiac and Neurodevelopmental Outcomes
- Arrhythmias
- Hypoplastic Left Heart Syndrome
- GI System
- Pulmonary Atresia with Intact Ventricular Septum
- Double Outlet Right Ventricle
- Transposition of the Great Arteries
- Building Moral Resiliency and Team Communication
- Hematology

**Conclusions**

- Lecture series is well received by the nursing staff measured by evaluations and attendance.
- Including the nursing staff to present on different topics has enabled them to become more active in the unit and promote professional development.
- Implementing journal clubs and patient case studies has been a method to enable nurses to stay up to date on research developments that can apply to patient care in the CICU.
- Continuing to educate nursing staff is an investment of time and dedication, but the lecture series is a creative way to teach staff topics that relate to our patient population.

**Results**

- In the last year, we have had 9 lecture series. An average of 21 nurses attend each series, with a total of 191 participants.
- Of the 191 participants, 99 (52%) were nurses with less than 2 years of CICU experience.
- We polled the staff in summer 2017 to see which topics would be of most interest to them. Before we sent the survey to the staff, an average of 15 nurses were attending.
- After polling participation increased by 73%, with an average of 26 nurses.

**Next Steps**

- Audiovisual recording to reach staff that are unable to come into the hospital.
- Archive talks on secure website for orientation and other education needs.

**References**

Creating an Early Mobility Program for Critically Ill Children…
The Long and Winding Road

Mary-Jeanne Manning APRN, MSN, PPN-BC, CCRN; Megan Geno PT, DPT, PCS

Background/Significance
- Immobility in hospitalized patients is known to have potentially devastating consequences (Table 1).
- Despite recent evidence of the adverse effects of immobility and the potentially positive impact early mobilization can have, others have found that it can be challenging to institute necessary routines/interventions to mobilize critically ill patients.
- Evidence supports a multidisciplinary approach to creating an early mobility program leading to better outcomes.
- Staff in Cardiovascular and Critical Care Services identified an opportunity for increased mobilization, especially in our long-term patients and agreed to pursue the adoption of an early mobility program.

Table 1: Consequences of Immobility in Hospitalized Patients

<table>
<thead>
<tr>
<th>Consequences of Immobility</th>
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<tbody>
<tr>
<td>Neuromuscular weakness</td>
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<tr>
<td>Skin injury</td>
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<td>Delirium</td>
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<td>Increased length of stay</td>
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<td>Increased healthcare costs</td>
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Purpose and Goals
- Develop and implement an early mobility program in the CVC areas at BCH.
- Create a culture of early mobility in the CVC areas at Boston Children’s.

Methods
- Comprehensive literature review.
- Consult with existing early mobility programs
- Identified process for quality improvement
- Engage key stakeholders and form a multidisciplinary team
- Evaluate current practice, resources, barriers, and staff attitudes and beliefs

Figure 1. Timeline and Process of Early Mobility Program Development

Initial Phase (June – Dec 2016)
- Meet as a small group
- Gathered evidence from the literature
- Attended national conference (November)
- Consulted with other institutions
- Identified key stakeholders (Figure 2)

Gathering Phase (Jan – Feb 2017)
- Gathered multidisciplinary team
- Identified current practice/protocols
- Kick-off meeting (January)
- Identified charter (February)
- Identified subgroups

Process Phase (Feb 2017 – Feb 2018)
- Identified QI process (Figure 3)
- Barrier identification subcommittee
- Developed methods for barrier identification
- Surveyed staff using Patient Mobilization Attitudes and Beliefs Survey from Johns Hopkins Children’s Center for the PICU Up! Activity and Mobility Promotion Program (October)
- Safety Criteria subcommittee
  - Identified inclusion/exclusion criteria
  - Shaded text: pilot of criteria with current population (November)

Findings
- We have learned the value of early involvement of multiple disciplines and comprehensively assessing the current environment.
- Although time consuming, this process will enable us to create a sustainable early mobility program by maximizing buy-in and cultivating a culture of early mobility in the Intensive Care Unit (ICU).

Implications/Next Steps
- Identify themes from the Staff Attitudes and Beliefs survey
- Develop strategies to address key barriers
- Define measurable outcome criteria
- Finalize the inclusion criteria and safety criteria for patient participation
- Create educational materials for staff and families
- Develop a comprehensive plan for implementation
- Evaluate program outcomes

Acknowledgments: We would like to acknowledge the many team members of the Early Mobility and Engagement program at BCH, as well as Dr. Saps Kutschke and her team at Johns Hopkins Hospital for their advice and support during this process.

QI/Research Poster Winner

Mary-Jeanne.Manning@childrens.harvard.edu
Sharing our Collective Wisdom through Networking:

Safe and Effective Handoff Processes

Lisa McCabe, MSN, RN-BC, CCRN, NC-BC, PCNS-BC
APRN, Cardiology
Connecticut Children’s Medical Center, Hartford, CT

Networking is a process that fosters the sharing of ideas, practices, successes and even failures for the benefit of individual professionals as well as the organizations in which they work. Contacts are developed and alliances forged for future work, resources, and reference.

The aim of the networking session during our Fall Conference 2018 was to provide participants an opportunity to discuss the effective practices and processes employed in their organizations to assure safe and seamless transitions in care throughout the various phases of care. As we all know, transition of care is a vulnerable period during which patient information and responsibility for care is transferred from one provider or team to another. Hospitals across the country have been working on processes to reduce/eliminate opportunities for error. Conference participants were divided into groups of 8-10 and provided a worksheet of questions to kick-start their discussion, as well as a tool for documenting the outcomes of the discussion. Highlights from the discussions are summarized here.

At Children’s National, CICU staff recognized that effective handoffs at change of shift were being compromised by interruptions and lack of consistent format which led to missing information and longer report time (i.e., overtime). Working through the issues, the team implemented a set of practices that included:

- minimizing phone calls during report time
- restricting parent visitation during report: if parents were at bedside, they could stay but not interrupt; minimal entry and exiting during report; “patient safety” was at the heart of this intervention
- a “Cone of Silence” (orange cone) was set between nurses during report to remind all staff (RN, MD, etc.) not to interrupt
- asking clarifying questions was an expectation
- clear format highlighted what was most important to pass on

The nurses found that committing to these practices at each change of shift resulted in no interruptions (thus less “chaos”) during handoff, more effective/ safer handoffs, and a process that was respected by families and staff.

At Boston Children’s, acute care nurses noted that some patients who transferred to the acute care unit were not quite ready to move to that level of care. In collaboration with the CICU staff, a sign out process that included the provider and RN from the ICU and the accepting provider and RN from the acute care unit at the patient bedside prior to transfer. A standardized sign out format was used and a sign out time was scheduled
to assure all members of the team could be present. This allowed for improved communication of patient care needs as well as direct observation of the patient in the handoff of care. Premature transfer of patients who were not ready for a step down in care was prevented.

The CICU nursing team at Children’s National has implemented a similar process of bringing nurses and providers from both acute care and ICU together at the patient bedside prior to patient transfer. This process is also being considered for ER and cath lab admissions.

Nurses at West Virginia University Children’s Hospital also found challenges in safe /effective transitions in care from ICU to acute care. Significant factors were misunderstandings about care between the two units and patient readiness for transfer, specialty knowledge/skill for cardiac patients, and lack of a standardized format for handoff. To remedy the situation, a program for cross-training was implemented to allow nurses in the ICU and acute care settings to better understand care and workflow issues on “the other side.” A standardized report sheet was also created to facilitate streamlining information-sharing. Initial feedback has been positive.

In the outpatient setting, there are unique challenges for the exchange of patient information. At Boston Children’s, the clinic nurse call line receives many phone calls a day. A team of nurses answers the calls, so follow up calls may not be handled by the same nurse. A system was put into place to assure clear communication among team members as to messages received from families, follow up needed/provided, and any outstanding business for additional follow up. At Children’s National, an emerging trend was noted with patients coming to the outpatient clinic from an outside medical facility with infusions, continuous feeds, mechanical ventilation without an appropriate level of documentation/care information, and accompanied by care providers who were not necessarily familiar with the patient or their specific care needs. They are now in the process of arranging for sign out from/to outside facilities before and after appointments and developing a standard form to be completed prior to the outpatient visit.

Many thanks to all who shared their experiences! If you have questions about any of these ideas, please feel free to contact one of the networking session participants: Kelsey Rousseau (krousseau@ccmc.org); Kara Klem (kklem@ccmc.org); Kevin Steurer (steurerk@wvumedicine.org); Brittany Jackson (Brittany.jackson@cardio.chboston.org); Pearl Wilkins (pmwilkins@cnmc.org)

Additional ideas can also be posted on our website at www.npcna.org.

References


Northwest Pediatric Cardiology Nurses Association
35th Annual Fall Conference

Pediatric Cardiac Nursing: At the Heart of it All

Saturday, October 5, 2019
With a few presentations, opening reception, and poster session the evening of October 4th
Washington D.C.

Please visit http://npcna.org/ for details

We are excited for the 2019 Fall Conference hosted by Children’s National Health System on October 4th and 5th. Please stay tuned for more details.

If you would like to contribute to the NPCNA Newsletter please contact Alex Birely at Alexandra.Birely@childrens.com.