

# Newborn Center Town Hall

Date	Time	Place
Sunday, Oct 11	6:40 pm – 7:15 pm	TCH Auditorium
Tuesday, Oct 13**	6:40 am – 7:15 am	PAV 4 <sup>th</sup> Floor, Rooms A -C
Tuesday, Oct 13	6:40 pm – 7:15 pm	PAV 4 <sup>th</sup> Floor, Rooms A -C
Friday, Oct 16**	6:40 am – 7:15 am	PAV 4 <sup>th</sup> Floor, Rooms D -F

PLEASE JOIN US FOR ONE OF THE FOLLOWING TOWN HALL MEETING SESSION.

We will be highlighting the following:

- Celebrating our remarkable Quality Improvement efforts & outcomes
- Update on 100 day plan
- Retention & Recruiting Update
- Staff Support Plans
- Incentive Plan Update

Light breakfast/dinner and coffee/refreshments will be provided

**\*\*FLU CART WILL BE AVAILABLE AT TOWN HALL\*\***



Newborn Center  
Town hall  
October 2015

## Recognition, Incentive Opportunities, Staffing, and Onboarding Remain Key Priorities

We will continue our commitment to incentive opportunities that recognize your hard work and encourage nurses to pick up extra shifts.

- Effective 10/11/15 a new Newborn Center night shift premium will be paid to all non-exempt RNs working the night shift.
  - An additional \$4.50/hour on weekday nights
  - An additional \$10/hour weekend nights.
  - Any non-exempt RN (including those in units outside of the NICU) is eligible
  - Program begins Sunday, October 11, 2015 and is approved for 3 months.
    - We expect that additional travel nurses and nurses coming off orientation in the next few months will help meet our staffing needs on the night shift.
  - Premium is paid in addition to other differentials
  - Premium is paid each pay period.
- The current High Activity Shift Bonus of \$150 for a 12-hour shift (beyond standard hours) will continue within the Newborn Center and across the organization

We are aggressively recruiting travel nurses and have had good success to date.

- 13 travelers already on assignment here at TCH
- 8 nurses will be starting in October
- 10 nurses will be starting in November
- 4 nurses are in final stages of acceptance
- 10 additional nursing positions are open

Recruitment of new team members and their successful onboarding will remain a key priority

- 122 NICU RN positions were filled in FY15
- 135 NICU RN positions were opened last month
- 31 nurses are completing orientation over the next few months
- We will continue our successful local, regional, and national recruiting campaigns targeting markets with pediatric hospitals.
- New and innovative models are being evaluated to improve the effectiveness and efficiency of our orientation, onboarding, and preceptor processes.

Thank you for exemplifying our value of **Living Compassionately** – Service comes before self as you care and sacrifice, celebrate, and – sometimes – grieve for our patients. We truly recognize and appreciate your commitment, flexibility, and strong work ethic as well as your unwavering dedication to our patients.



## **Newborn Center Town Hall**

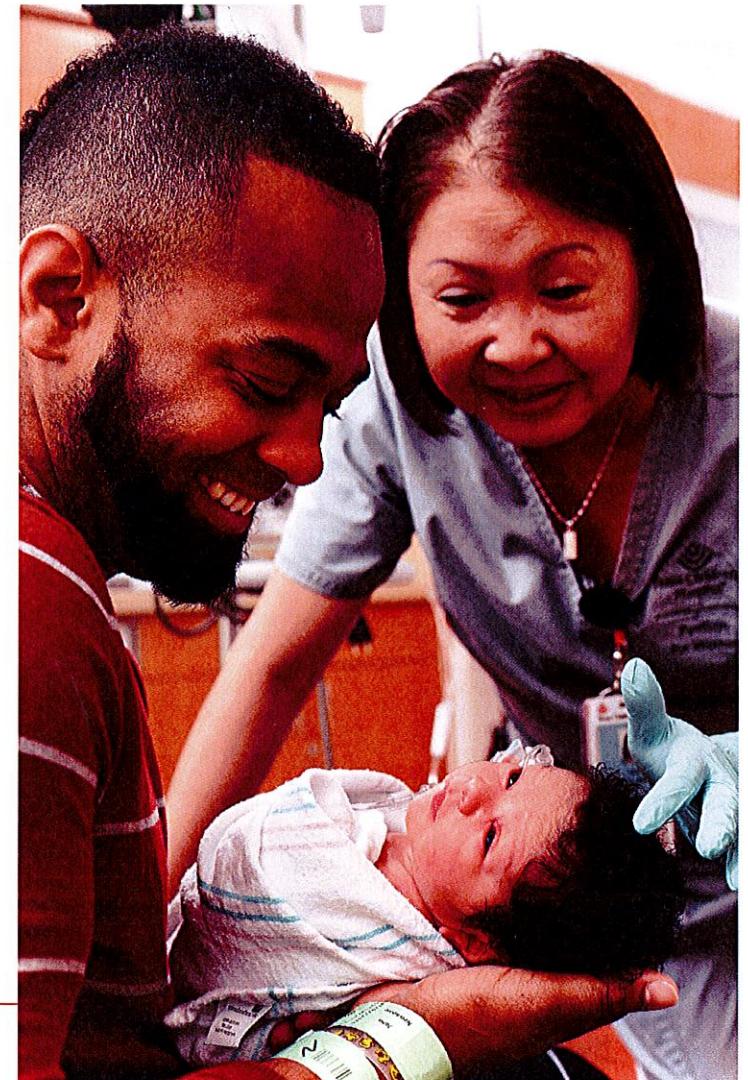
### **October 2015**

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Heather Cherry  
Director, The Newborn Center  
Texas Children's Hospital

# Agenda

1. Trivia and Celebrations!
2. 100 Day Plan update
3. Staffing Update
4. Recruitment & Retention
5. Communication Ideas
6. Q&A



## Quality Improvement Trivia

The Newborn Center saw what % decrease of CLABSI's in FY15?

- A. 9 %
- B. 14%
- C. 54%
- D. 38%

## Quality Improvement Trivia

The Newborn Center saw what % decrease in FY15 of CLABSIs?

- A. 9 %
- B. 14%
- C. **54%**
- D. 38%

FY14 – 38 CLABSIs

FY15 – 18 CLABSIs

## Quality Improvement Trivia

This November will mark 2 years since:

- A.) There has been traffic in Houston
- B.) The Newborn Center has seen a nursing-related breast milk error
- C.) We have been on census alert
- D.) J.J. Watt made a sack

## Quality Improvement Trivia

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Kathy Ahern, PhD, RN □ Section Editor

## Professional Growth and Development

### Got (the Right) Milk?

*How a Blended Quality Improvement Approach Catalyzed Change*

Alexandra Luton, BS, MN, RN, NCNS-BC, NNP-BC; Patricia G. Bondurant, DNP, RN;

Amy Campbell, BSN, RNC-NIC; Claudia Conkin, MS, RD, LD;

Jae Hernandez, MBA, BSN, RN, NE-BC; Nancy Hurst, PhD, RN, IBCLC

#### ABSTRACT

**Background:** The expression, storage, preparation, fortification, and feeding of breast milk are common ongoing activities in many neonatal intensive care units (NICUs) today. Errors in breast milk administration are a serious issue that should be prevented to preserve the health and well-being of NICU babies and their families.

**Purpose:** This paper describes how a program to improve processes surrounding infant feeding was developed, implemented, and evaluated.

**Methods:** The project team used a blended quality improvement approach that included the Model for Improvement, Lean and Six Sigma methodologies, and principles of High Reliability Organizations to identify and drive short-term, medium-term, and long-term improvement strategies.

**Findings/Results:** Through its blended quality improvement approach, the team strengthened the entire dispensation system for both human milk and formula and outlined a clear vision and plan for further improvements as well. The NICU reduced feeding errors by 83%.

A large, colorful word cloud centered around the words "thank you". The word "thank" is in red, "you" is in orange, and "you" is in green. Numerous other words in different languages are scattered around, such as "danke" (German), "спасибо" (Russian), "gracias" (Spanish), "merci" (French), "多谢" (Chinese), and " teşekkür ederim" (Turkish). The background is white with a subtle grid pattern.

**Mary Jo Andre'**  
**Chief Nursing Officer**  
(Voice of Nursing blog post, June 14, 2015)

Texas Children's is an amazing place, but the reality is...too many nurses have left

- 405 RNs hired, 196 RNs have left (Oct. 2014 – June 2015)
- Our work environment is not what it should be
- Our nurses need more support



## Nursing 100 Day Plan: Focus Areas

(Voice of Nursing blog post, July 24, 2015)

- 1) Patient Care Managers – we need to allocate more of their time to mentoring/coaching staff to improve satisfaction and encourage retention-less time in staffing.
- 2) Patient Care Assistants – we need additional positions to support patient care delivery and improve nurse/PCA satisfaction.
- 3) Float Pool – we need to build a float pool to reduce the need for contract/OT utilization and improve satisfaction.
- 4) Flexible Staffing – we need to enable more nurses to work part time/per diem to improve satisfaction and encourage retention.
- 5) Resource Nurse Role – we need to grandfather non-BSN nurses that previously served in the charge nurse role to improve satisfaction, encourage retention and recognize experience/expertise.

## 100 Day Nursing Action Plan

5 Focus Areas	Completed	Next Steps
Patient Care Manager(PCM) Redesign	<ul style="list-style-type: none"> <li>✓ Obtain feedback from PCM's on role redesign</li> <li>✓ Assess number of nurses needed to backfill the PCM's so they can be removed from staffing</li> <li>✓ Seek approval for 85 staff nurses to backfill PCM's: Financial Impact: \$5 Million</li> </ul>	<ul style="list-style-type: none"> <li>• Post and fill 85 staff nurse positions to backfill PCM's:</li> <li>• Identify specific timeline by unit to begin transition</li> <li>• Complete role redesign and identify actions for successful transition</li> </ul>
Patient Care Assistants	<ul style="list-style-type: none"> <li>✓ Assess total number of PCA's needed by unit</li> <li>✓ Seek approval for 49 PCA positions. Financial Impact: \$1.5 Million</li> <li>✓ Positions posted for August (will stagger positions over the next 60 days)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop training program for new and current PCA's for FY 2016</li> </ul>
Float Pool	<ul style="list-style-type: none"> <li>✓ Assess needs to cover sick call in/PTO for nursing (estimated at 40—to reassess in FY2016, but propose 20 new positions)</li> <li>✓ Seek approval for 20 positions to supplement float pool Financial Impact: \$2 Million</li> </ul>	<ul style="list-style-type: none"> <li>• Identify strategies to build the float pool—and assure that if a nurse transfers, we train replacement before moving staff (we don't want to deplete the units to populate the float pool)</li> <li>• Pull team of experts from nursing and human resources to discuss strategies to build float pool</li> <li>• Request PFW to propose solution that meets their</li> </ul>

## 100 Day Nursing Action Plan

5 Focus Areas	Completed	Next Steps
Flexible Staffing	<ul style="list-style-type: none"> <li>✓ Assess number of staff on per diem/part time lists (122)</li> <li>✓ Review benchmark data and seek advise from internal experts on ideal percentage mix of full time verses part time/flexible staff (70/30)</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate team</li> <li>• Provide timeline that includes a commitment date for the 122 nurses on waiting list</li> </ul>
Resource Nurse Role: Charge Nurse Role	<ul style="list-style-type: none"> <li>✓ Solicit feedback on role from leaders/staff</li> <li>✓ Review Magnet standards to assure BSN recommendation was not driven by Magnet standards</li> <li>✓ Evaluate current role description and modify as needed</li> <li>✓ Assess charge nurse needs by unit</li> </ul>	<ul style="list-style-type: none"> <li>• Set implementation timeline</li> </ul>

## Financial Impact

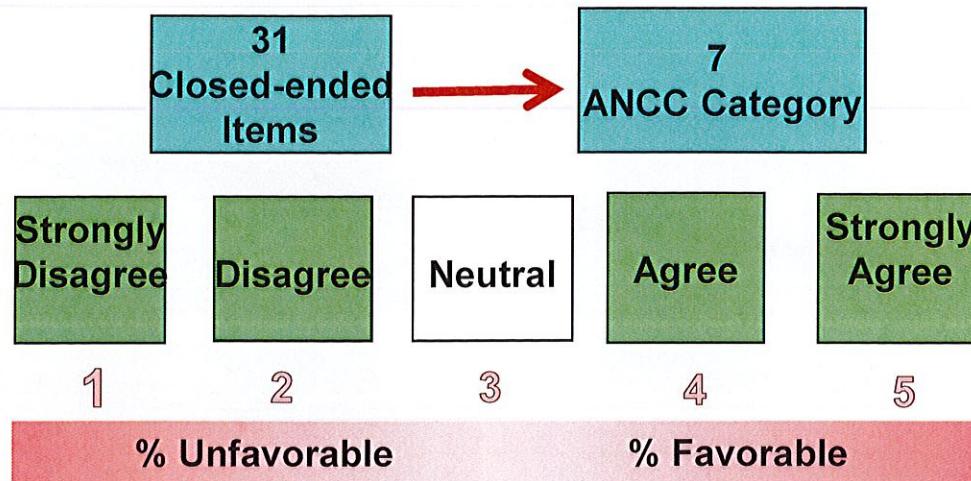
FTE	\$
PCM: 84 FTE's	\$5M
PCA: 49 FTE's	\$1.5M
Charge Nurse	Incremental
Flexible Staffing	Minor
Float Pool: 20 FTE's	\$2M
<b>100 Day Plan Total</b>	<b>\$8.5M</b>
<b>Market Increase</b>	<b>\$6M</b>
<b>Total</b>	<b>\$14.5M</b>

## **Additional areas of focus (based on nursing feedback)**

1. Staffing – core to the success of all programs, tracking progress on all units
2. Market adjustment – approved and implemented
3. Nursing holiday policy – retention council charged with reviewing and making recommendations
4. Functioning equipment on units – assessment and action plan to be developed in the next 60 days
5. Weekend pay – .75/hr. differential increased to \$1/hr. with Kronos implementation



## Engagement Survey: Magnet Questions Summary

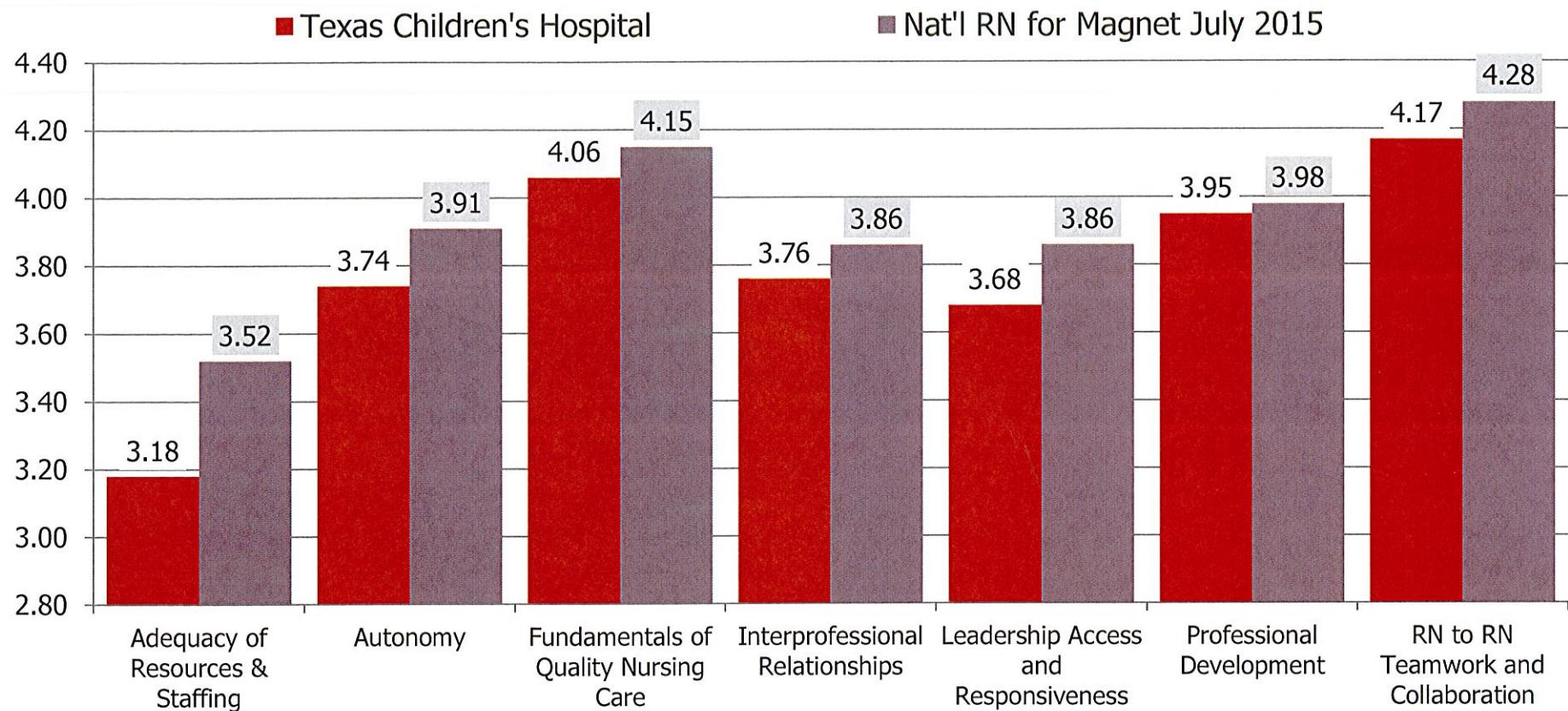


7,952  
Employees  
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1,716  
RNs  
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- \*Analysis includes the following:**
- Primary responsibility is RN or APP (who are RN's) AND
  - 50% or more of time is spent in direct patient care

## ANCC Category Performance Scores



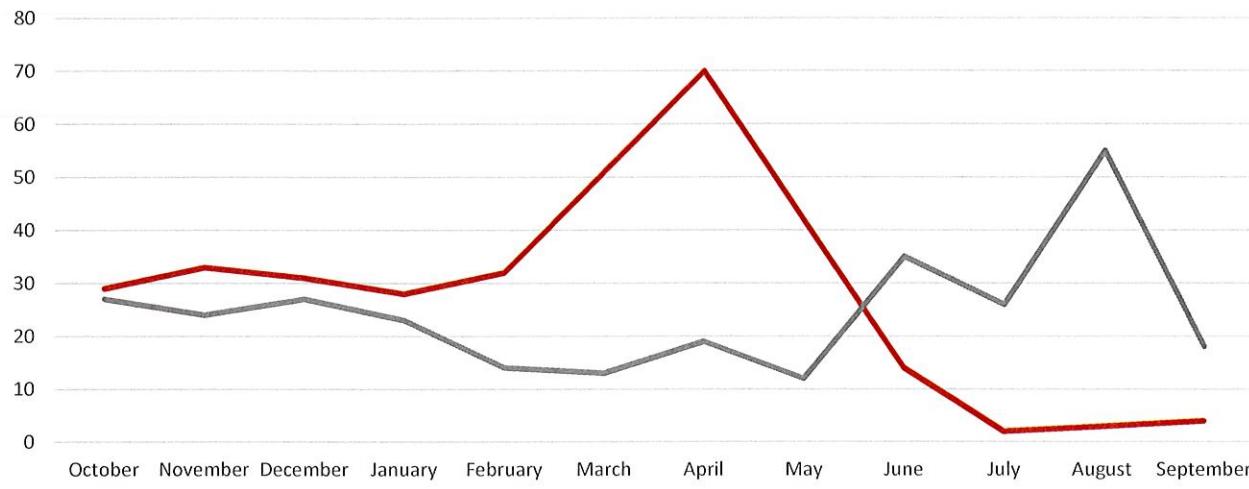
## ANCC Category Scores by Work Units

ANCC Category	Percent of Work Units above the Natl RN for Magnet 7/2015 Mean
Professional Development 	<b>44.23%</b>
Fundamentals of Quality Nursing Care 	<b>43.27%</b>
Interprofessional Relationships 	<b>38.46%</b>
Autonomy	<b>36.54%</b>
RN to RN Teamwork and Collaboration	<b>34.62%</b>
Leadership Access and Responsiveness 	<b>32.69%</b>
Adequacy of Resources & Staffing 	<b>28.85%</b>

## Highest Performing Magnet Items

					Difference from:	
HIGHEST PERFORMING ITEMS Compared to the <u>National RN Magnet Average</u>	Domain	2015 TCH	WU % Above Norm	Natl RN Magnet Avg	2013 TCHR N	
Texas Children's provides career development opportunities.	ORG	3.97	53.88%	.05	-.03	
Communication between physicians- nurses- and other medical personnel is good at Texas Children's.	ORG	3.86	52.88%	.02	N/A	
Nurses in my work unit help others to accomplish their work.	EMP	4.31	50.00%	.00	N/A	

## Safe Staffing Complaints



— FY15   — FY14

FY14 complaints

= 287

FY15 YTD complaints

= 324

# Staffing: FY16 Recruitment Key Area Snapshot: CNO (All Positions)

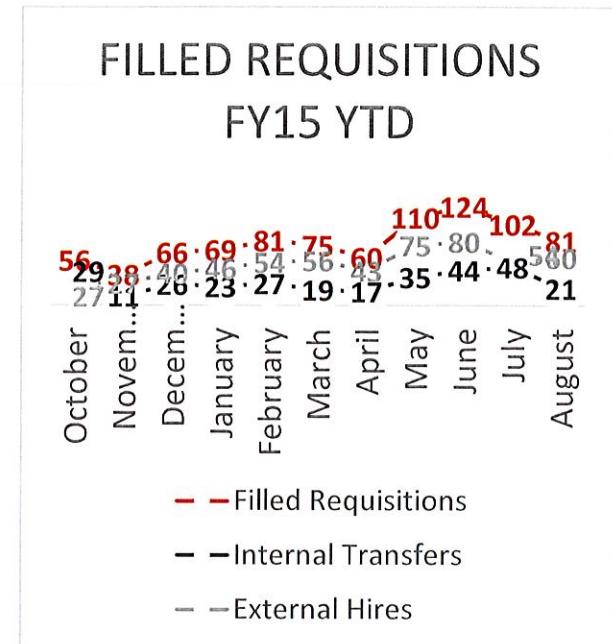
Specialty	Open Reqs	August Filled Requisitions			YTD Filled Requisitions			FY15 YTD TTF
		External Hires	Internal Movement	Total Filled	External Hires	Internal Movement	Total Filled	
Acute Care	28	6	5	11	81	57	138	48
Advance Practice Practitioner	14	6	0	6	35	3	38	67
Cancer Center	6	9	1	10	52	24	76	50
Cardiology	10	3	0	3	20	20	40	51
CVICU	18	6	3	9	61	19	80	55
Emergency Center	21	5	0	5	53	18	71	58
Inpatient OB	16	4	1	5	54	26	80	56
Inpatient Rehab	3	0	2	2	5	5	10	94
The Newborn Center	155	4	3	7	76	56	132	46
Nursing Admin	7	1	0	1	10	11	21	56
Nursing All Other	0	1	0	1	3	4	7	75
PCU	10	4	0	4	27	8	35	51
Pedi ICU	23	11	6	17	74	37	111	65
Renal	6	0	0	0	11	12	23	58
<b>TOTAL</b>	<b>317</b>	<b>60</b>	<b>21</b>	<b>81</b>	<b>562</b>	<b>300</b>	<b>862</b>	Avg. = 55

Nursing Average Time-to-Fill

FY14 TTF  
= 80 DAYS

VS.

FY15 YTD TTF  
= 55 DAYS



\*All Data Reported as of August 31, 2015.

\*\*Data represents all positions within these departments, and is not limited to only nurses.

## Newborn Center Strategic Planning Teams *Focus Areas*

1. Communication – We need more innovative ways to communicate.
2. Travelers – We need to expedite onboarding experienced travelers.
3. Onboarding/Orientation – We need to create new strategies to orientate new staff positions.
4. Recruitment – We need a better process to recruit and interview the right candidates.
5. Compensation - Assess current staffing needs and identify solutions

## Continued Commitment to Incentive Programs

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**Our focus** - provide opportunities that recognize the hard work of our team and encourage nurses to pick up extra shifts

- Effective **10/11/15** - new night shift differential premium
  - all non-exempt RNs working the night shift
  - \$4.50/hour on weekday nights
  - \$10/hour weekend nights
  - Program will be in effect for 90 days (re-evaluate in January)
- High Activity Shift Bonus (continuation of current program)
  - \$150 for a 12-hour shift

## Why night shift?

**Our focus** – provide a temporary premium differential pay for night shift staff to ensure we have the right support for our patients

- Night Shift targeted due to comparatively lower staffing numbers compared to day shift

### Current Concerns

- Condensing assignments
- Safe Staffing Reports
- Power precepting

## Aggressive Travel Nurse Recruitment

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**Our focus** – fill our travel nurse vacancies as quickly as possible

- 13 travel nurses already on assignment
- 8 nurses starting in October
- 10 nurses starting in November
- 4 nurses in final stages of acceptance
- 10 additional nursing positions are open

## Recruitment Remains a Key Priority

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**Our focus – fill our vacancies as soon as possible**

- 122 NICU RN positions filled in FY15
- 135 NICU RN positions opened last month
- Continue successful local, regional, and national recruiting campaigns targeting markets with pediatric hospitals.

## Becoming a Team Member

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**Our focus** - successful orientation and onboarding of new team members

- 31 nurses are completing orientation over the next few months
- New and innovative models are being evaluated
  - improved effectiveness and efficiency
  - orientation, onboarding, and preceptor processes.

# RN Onboarding Timeline

NICU 4 Days	Date	# off orientation
	10/12/2015	2
	10/25/2015	2
	11/1/2015	1
	12/13/2015	3
	1/4/2016	1
	1/11/2016	1
	2/9/2016	1
<b>Total</b>		<b>11</b>
PW NICU Days	Date	# off orientation
	11/8/2015	1
	2/29/2015	1
<b>Total</b>		<b>2</b>
NICU 2 Days	Date	# off orientation
	1/11/2016	2
	1/25/2016	1
<b>Total</b>		<b>3</b>

NICU 4 Nights	Date	# off orientation
	10/5/2015	2
	10/19/2015	1
	10/26/2015	2
	11/9/2015	1
	11/23/2015	1
	11/30/2015	1
	12/15/2015	3
<b>Total</b>		<b>11</b>
PW NICU Nights	Date	# off orientation
	10/25/2015	1
	11/30/2015	1
	12/7/2015	1
	12/14/2015	3
<b>Total</b>		<b>6</b>

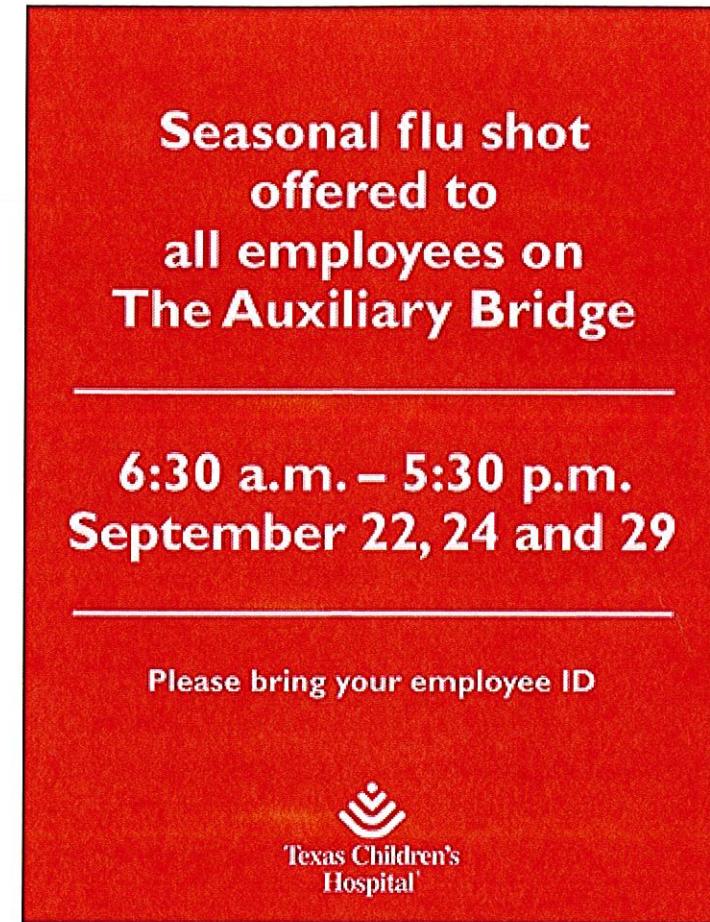
31 New NICU RNs

**We need your help....**

Share your ideas on how we can best  
improve communication



## Flu Campaign



“It’s quick and easy,  
and it’s simply the  
right thing to do.”

Jill Fragoso  
Director - Employee Health



## Nursing Compensation – What do nurses make?

	National (All RNs)*	TCH (Graduate Nurse)	TCH (All Staff RNs after Adjustment)
Mean Annual Wage	\$69,790	\$55,830	\$89,139

\*Source - US Department of Labor – Bureau of Labor Statistics (May 2014)

## Kronos Project (Timekeeping System)

Goal: To ensure consistent & fair policies, programming and practices surrounding pay

### **Key Points:**

- All employees will be able to see real-time accrual balances (PTO, EIB, leave)
- Employees will be able to request timecard edits for missed punches and other adjustments
- Weekend shift differential will increase from **\$0.75 to \$1.00.**
- **Clocking in/out for lunch:** Employees will clock in and out for any increment of time greater than 20 minutes (this includes lunch).
  - This will ensure that employees are paid for all time work and will allow leaders to affirm that employees are getting their meal breaks.
  - Over 60 time clocks will be added throughout the Hospital to make clocking in and out more convenient and accessible.

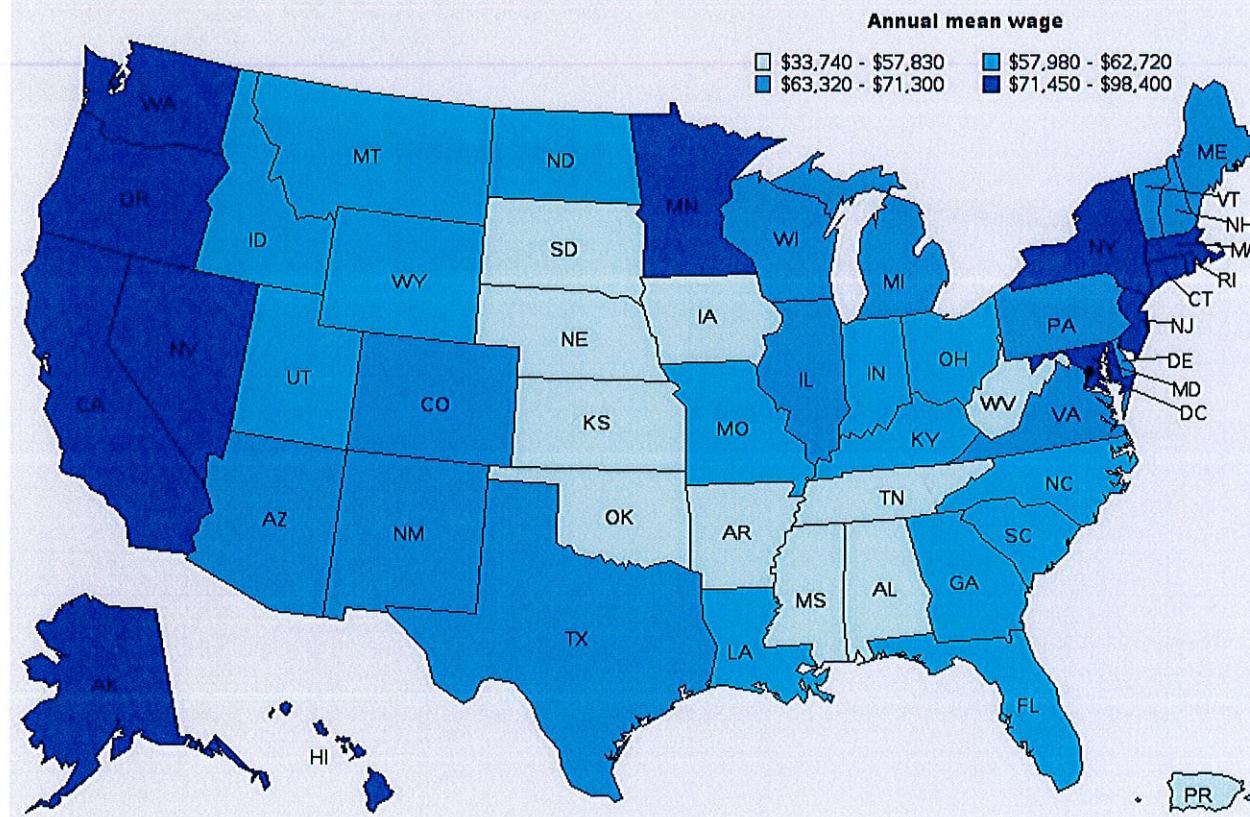
TCP & Health Plan Go-Live: October 11, 2015

Hospital and PSO Go-Live: **October 25, 2015** <sup>32</sup>



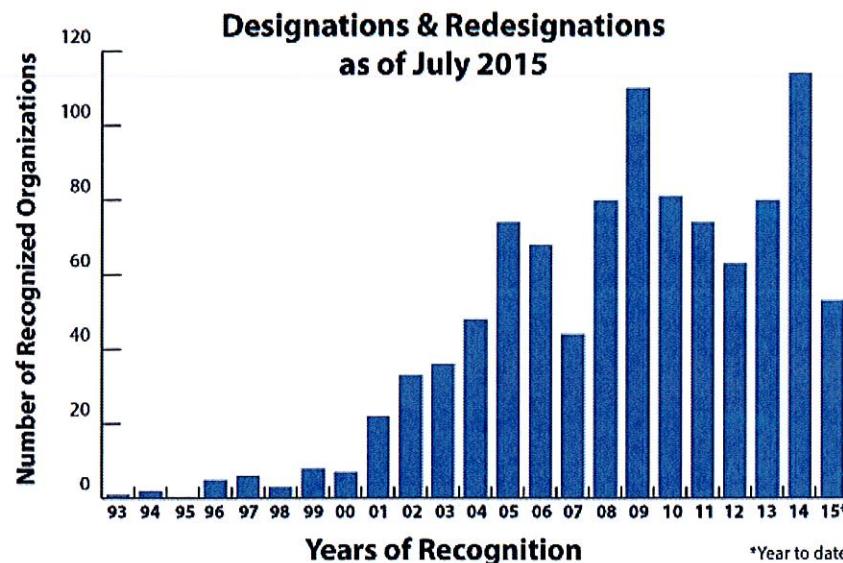
# Nursing Compensation – What do nurses make?

Annual mean wage of registered nurses, by state, May 2014



\*Source - US Department of Labor – Bureau of Labor Statistics (May 2014)

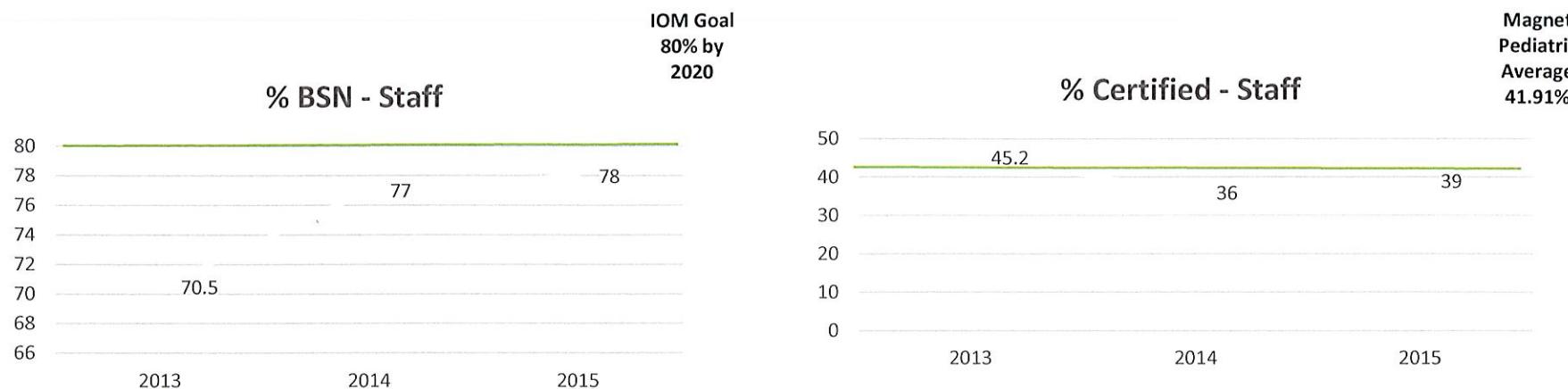
# Magnet



Approximately **7%** of all registered hospitals in the United States have achieved ANCC Magnet Recognition® status.

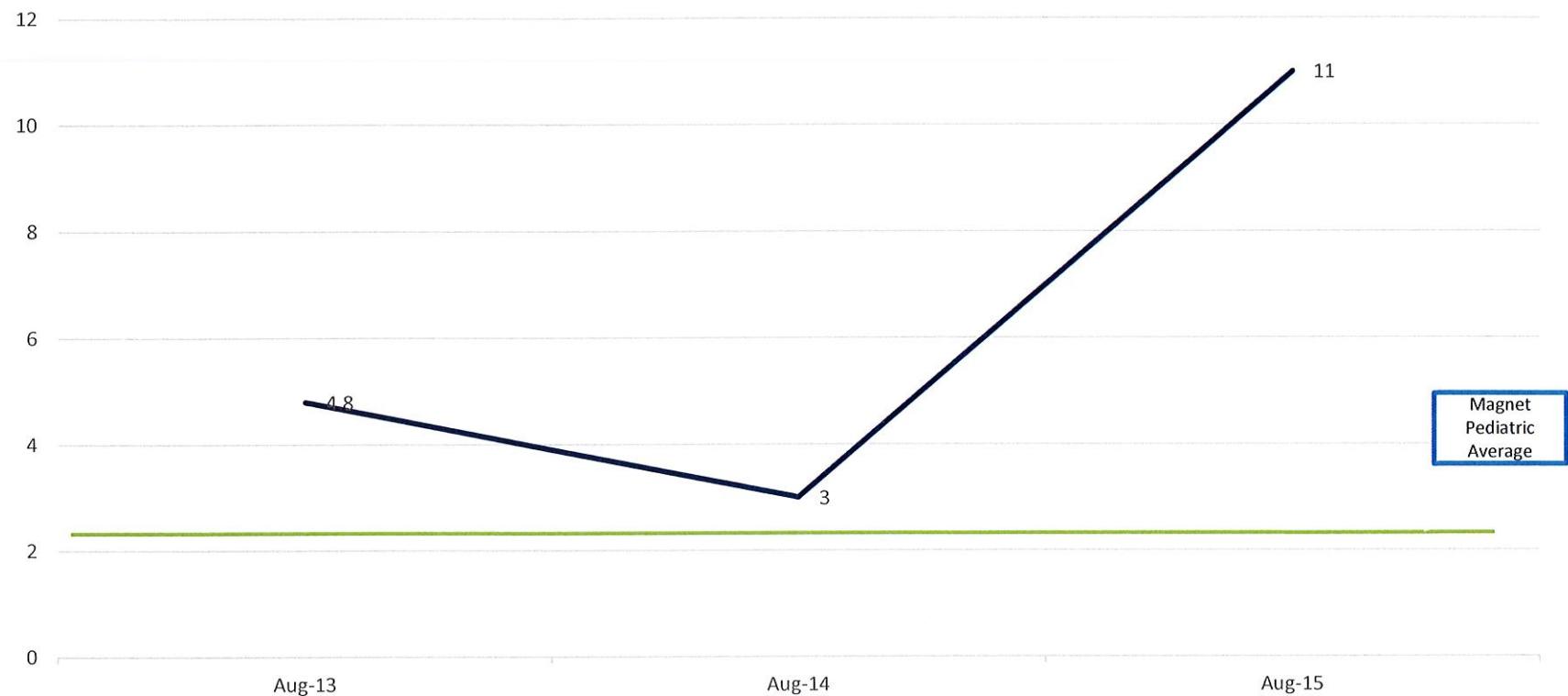
Magnet re-designation submission due - **February 2017**

# Professional Development

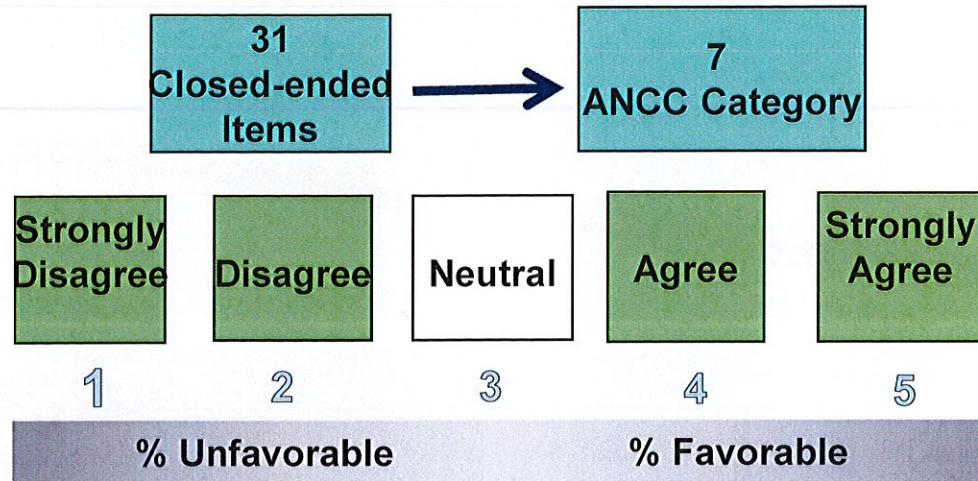


10% increase in the proportion of baccalaureate-prepared nurses on hospital units is associated with lowering the odds of patient mortality by 10.9%\*

## % RN Vacancy - TCH



# Engagement Survey: Magnet Questions Summary

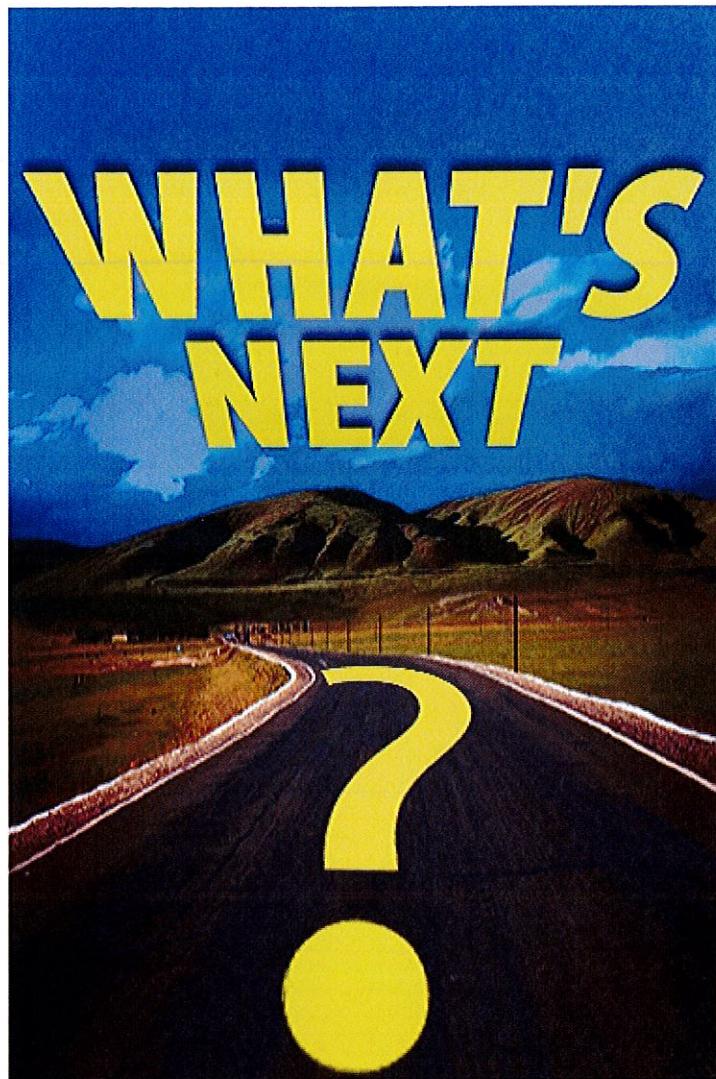


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1. Kronos Timekeeping
2. Resource Management Office
3. Barcoding Medication Administration

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## Resource Management Office (Central Staffing Office)

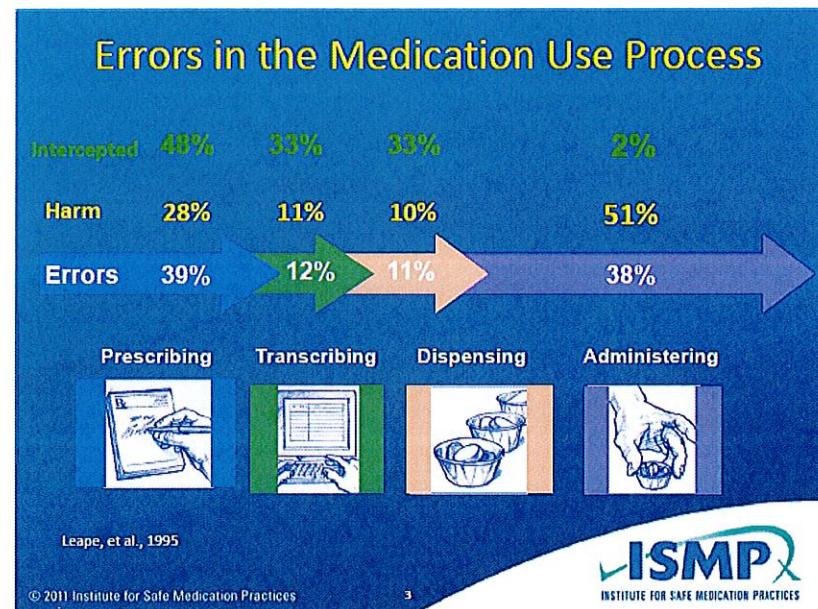
- Global visibility of staffing needs
- Efficient scheduling and staffing processes
- Proactive management of scheduling and staffing
- Fully supportive of self-scheduling
- Scheduling for all inpatient unit roles: RNs, PCAs, UCAs
- Collaborating very closely at the unit level

**Safe Staffing  
Matters!**



## Barcode Imperative: Patient Safety

- The Institute of Medicine estimates there are more than 1,000,000 injuries and almost 100,000 deaths attributed to medical errors annually.
- Errors associated with medications are the most frequent cause of adverse medical events.

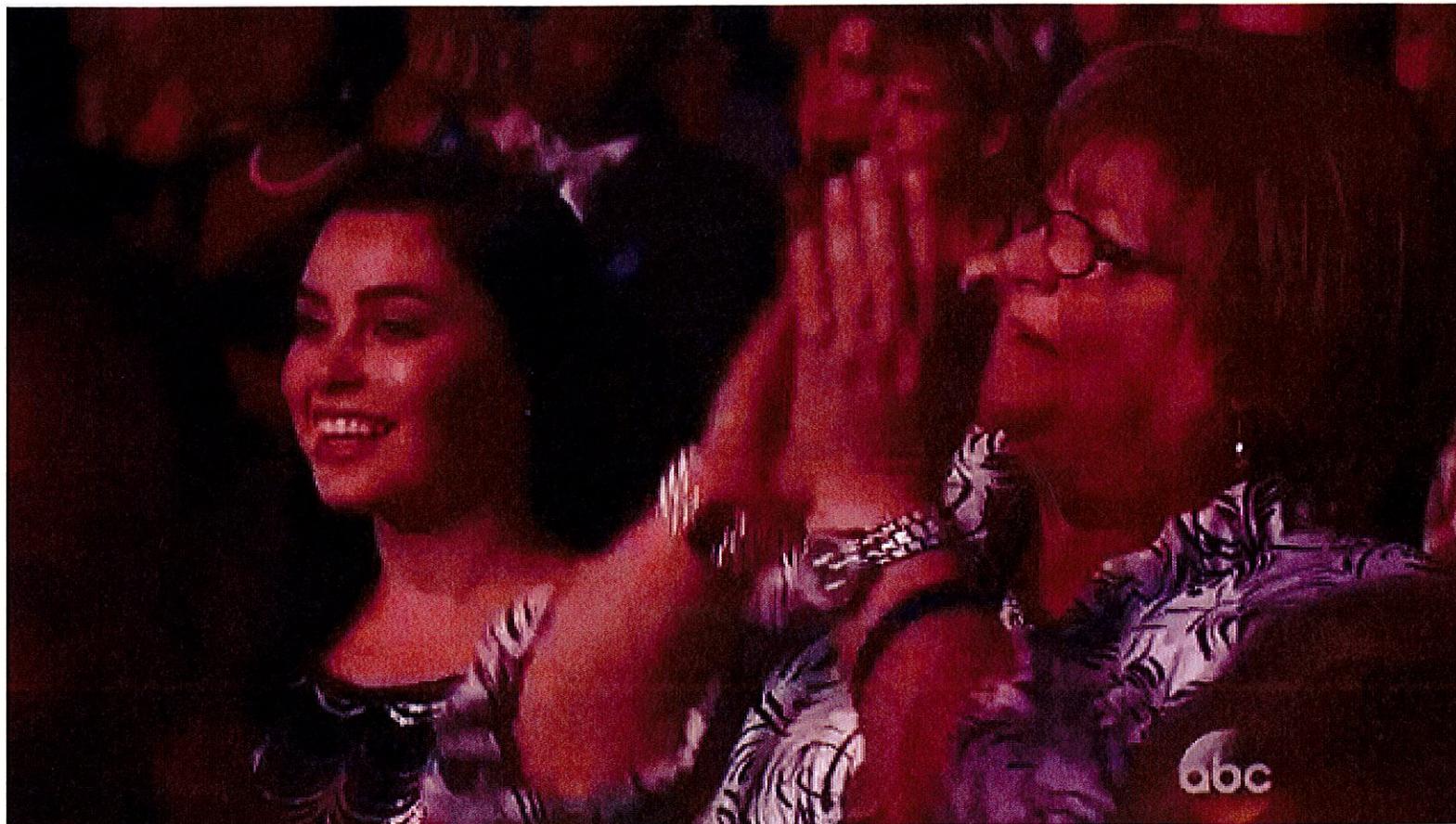


## Barcode Benefits

- Patient Safety
- Regulatory Imperatives
  - HIMSS Certification
  - Meaningful Use Incentives
  - Joint Commission
- Leap Frog
- US News & World Report



You are more than “just a nurse”...



Texas Children's  
Hospital®

hospice smile caregiver brighten visits emergency people bond care therapy professional listener person helping hospital medicine purpose

# NURSES

educated caring helpful healthcare medical staff rn visits women trained loving happy friendly men healer tender valuable

