

-----Original Appointment-----

**From:** Cherry, Heather M. (Heather)

**Sent:** Friday, August 07, 2015 10:09 AM

**To:** Cherry, Heather M. (Heather); Andre, Mary J.; Newborn Center Nursing Leadership; Suresh, Gautham K.

**Subject:** Newborn Center Town Hall

**When:** Monday, August 10, 2015 6:40 AM-7:15 AM (UTC-06:00) Central Time (US & Canada).

**Where:** PAV Conference Center 4th FL - Rooms E – F

## Newborn Center Town Hall

Date	Time	Place
<b>Monday, Aug 10</b>	6:40 am – 7:15 am	PAV 4 <sup>th</sup> Floor, Rooms E -F
<b>Tuesday, Aug 11</b>	6:40 am – 7:15 am	PAV 4 <sup>th</sup> Floor, Rooms E -F
<b>Wednesday, Aug 12</b>	6:40 pm – 7:15 pm	PAV 4 <sup>th</sup> Floor, Rooms E -F
<b>Friday, Aug 14</b>	6:40 am – 7:15 am	PAV 4 <sup>th</sup> Floor, Rooms E -F

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

We will be highlighting the following:

- Update on 100 days plan
- Hiring update and census management
- U.S. News & World Report
- Requests for Part-Time Status

(Light breakfast/snacks and coffee/refreshments will be provided)



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## Newborn Center Town Hall

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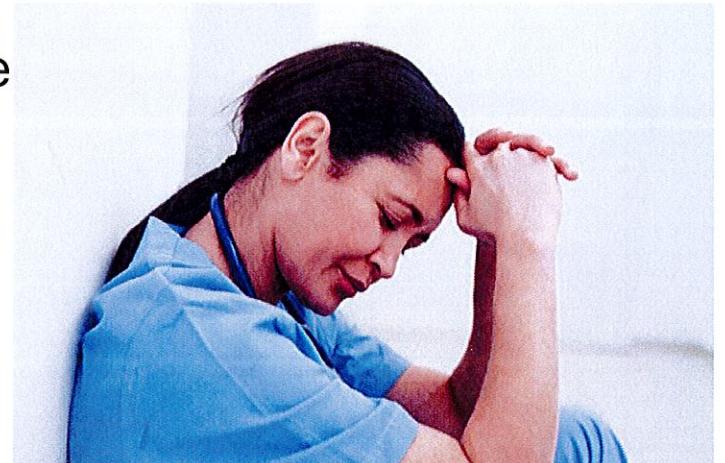
### August 2015

**Mary Jo Andre  
Chief Nursing Officer**

Voice of Nursing blog post, June 14<sup>th</sup>, 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>• Determine unit specific transition timelines</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 120 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 (facilitating transfers into float program, without draining units)</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 unique needs</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 wait 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> </ul>	<ul style="list-style-type: none"> <li>• Initiate team</li> <li>• Evaluate current role description and modify as needed</li> <li>• Propose timeline for implementation</li> </ul>

## **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 planning for implementation first pay period in September. Planning/detail review in progress now. Communication to begin 8/17 (Financial Impact: \$6 Million)
3. Nursing holiday policy: nursing retention council charged with reviewing and making recommendations in the next 30 days
4. Functioning equipment on units: assessment and action plan to be developed in the next 60 days
5. Weekend pay/diff/hours: plan to investigate/partner with human resources to further evaluate issues and explore options in Fall 2016

## **What do we need from you?**

**(Voice of Nursing blog post, June 14, 2015)**

- Engage with your leaders and team members to build authentic relationships with each other and with our colleagues so we can fulfill our mission as one team
- Our organization is committed to having a questioning culture, and that applies to nursing as well. Ask questions, point out things we can and should improve and share your ideas about how to do so.
- Commit to stay: You can only make a difference if you can commit to stay and help make Texas Children's Hospital the strongest and best nursing program in the country
- Recruit the best of the best (including those that have left) and focus on retention—each of you can make a difference and can contribute to improving the environment for nurses

## New Positions

- RNs – Approved for 102 FTEs (135 positions)
- PCAs – Approved for 15 FTEs (22 positions)
- Decentralized Quality Specialist – 2 FTEs (2 positions)
- Clinical Specialist Positions – 2 FTEs (2 positions)
- PFW NICU – 7.8 FTEs (NeoResponse)

## Newborn Center RN Positions

19  
Onboarding  
w/in 6 weeks

- 1 NICU II (1 Nights)
- 14 NICU IV (8 Days, 6 Nights)
- 4 PFW NICU (1 Days, 3 Nights)

7 Open  
Positions

- 7 NICU IV (All Nights)
- 10 New Travel Positions

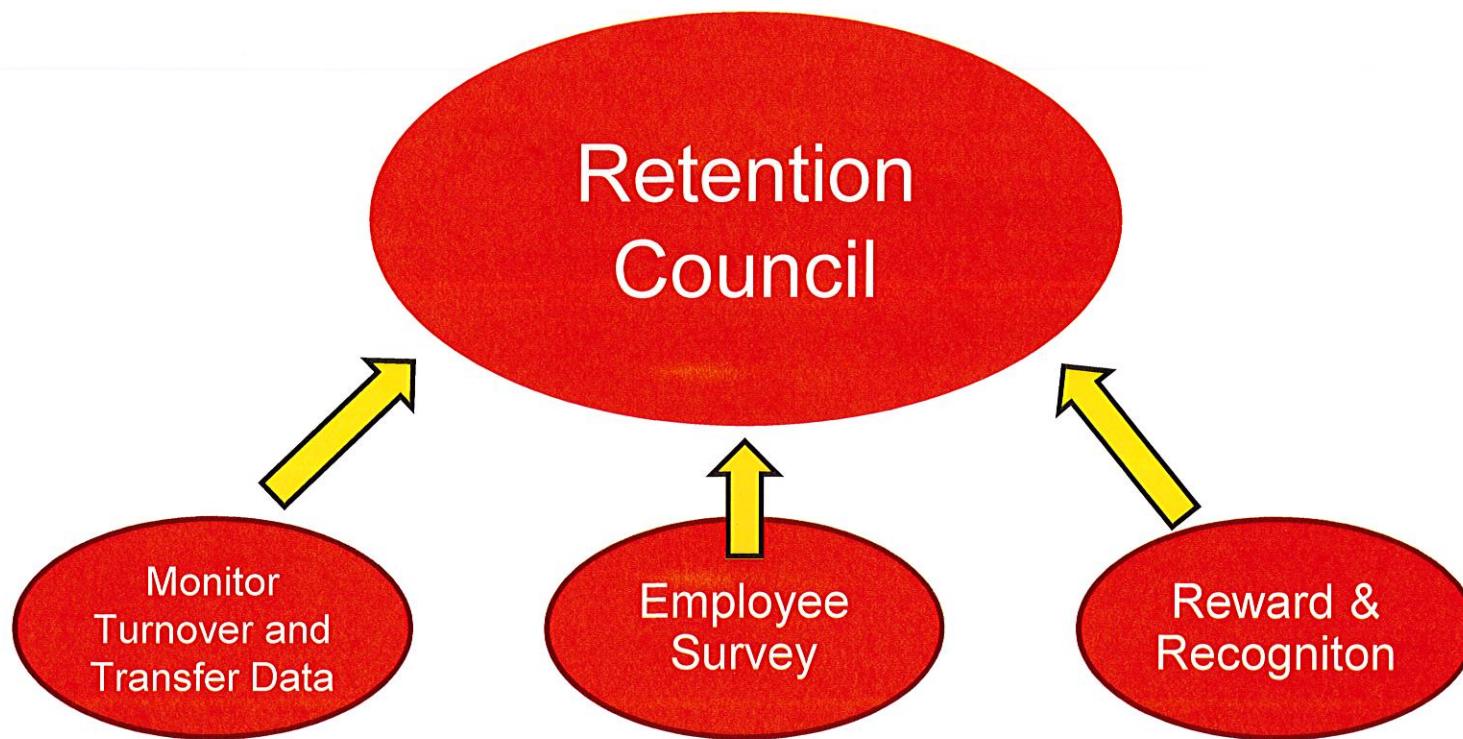
15  
Hired in the  
last 3 months

- 13 NICU IV (9 Days, 4 Nights)
- 2 PFW NICU (1 Days, 1 Nights)

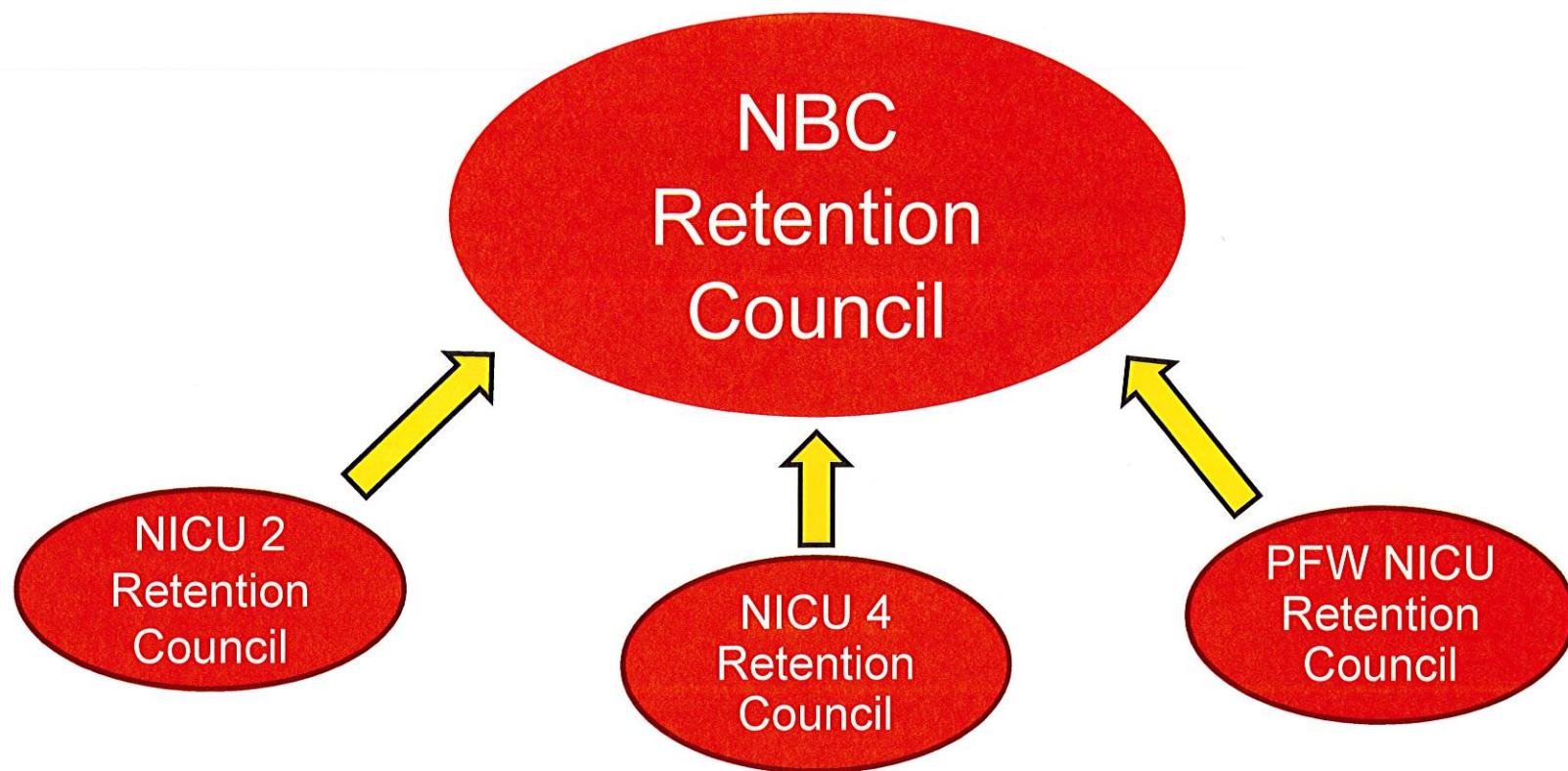
## NICU 2/4 RN Status Change Requests Plan

Month	FT to PT/PD (Days)	FT to PT/PD (Nights)	Change of Shift	Total	Complete
July 2015	3	3	1	7	Yes
August 2015	5	2	N/A	5	In Progress
September 2015	3	2	N/A	5	In Progress
October 2015	2	2	1	5	In Progress
November 2015	2	3	N/A	5	In Progress
July-Nov 2015 Totals	15	12	2	29/60	48% Complete

## Newborn Center Retention Committee



## Committee Structure and Relationship





## 2015 – 2016 US News and World Report Review

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NEONATOLOGY

## 2015-2016 Best Children's Hospitals Honor Roll

**Texas Children's Hospital maintained the no. 4 spot among the 184 children's hospitals surveyed**

2014 - 2015

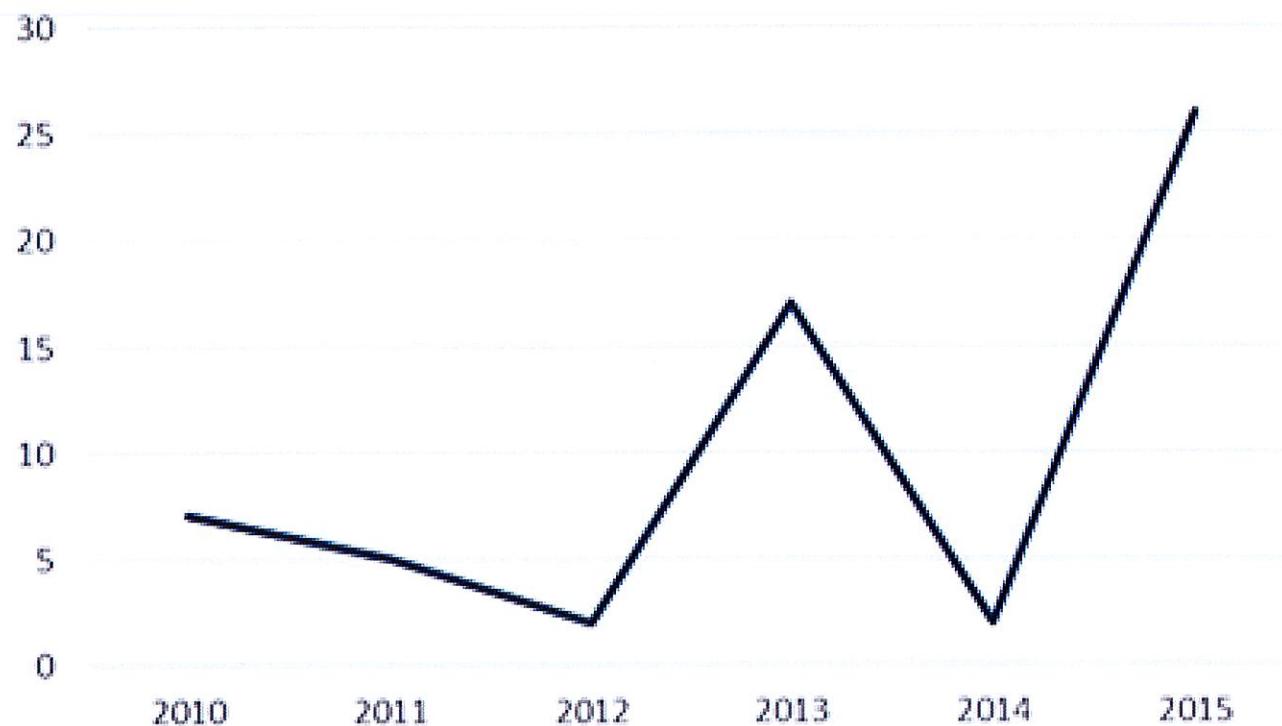
Ranking	Hospital	Points	Specialties in top 10
1	Boston Children's Hospital	20	10 1
2	Children's Hospital of Philadelphia	19	10 2
3	Cincinnati Children's Hospital Medical Center	15	10 3
4	Texas Children's Hospital, Houston	12	6* 4
5	Children's Hospital Colorado, Aurora	7	6 6
6	Seattle Children's Hospital	7	5
7	Children's Hospital Los Angeles	6	5 5
8	Children's Hospital of Pittsburgh of UPMC	6	4 9
9	Nationwide Children's Hospital, Columbus, Ohio	5	5 7
10	Children's National Medical Center, Washington, D.C.	5	3
11	Ann and Robert H. Lurie Children's Hospital of Chicago	3	3 8
11	Children's Healthcare of Atlanta	3	3

# 2015 – 2016 Best Children's Hospitals Neonatology - TCH 26<sup>th</sup>

2015-2016				2014-2015
Ranking	Hospital	Points	Specialties	
1	Children's Hospital of Philadelphia	100/100	10	1
2	Boston Children's Hospital	95.3/100	10	
3	Rainbow Babies and Childrens's Hospital	92.7/100	10	
4	Children's National Medical Center	91.7/100	10	
5	Seattle Children's Hospital	91.6/100	10	
6	Children's Hospital Colorado	91.1/100	9	4
7	Ann and Robert H. Lurie Children's Hospital - Prentice Women's Hospital	89.2/100	10	
8	Children's Hospital Los Angeles	89.0/100	10	6
9	Cincinnati Children's Hospital Medical Center	88.7/100	10	3
10	Children's Hospital of Pittsburgh of UPMC	88.6/100	10	
26	Texas Children's Hospital	79.3/100	10	2
				*Incomplete

# US News and World Report

Trend of Neonatology rankings over 6 years



## New Measures for 2015-2016:

For the 2015-16 analysis, USNWR added new outcome-related measures.

### Neonatology:

- Breast milk management
- Incidents involving unintended removal of a breathing tube

## **TCH Scores (rated High, Superior, or All)**

Breast Milk at Discharge = 3 / 3

Breast Milk Management = 5 / 5

Nursing Intensity = 3.0 / 3.0\* Good

ECMO Availability = 5 / 5

Advanced Clinical Services = 6 / 6

Clinical Support Services = 7 / 7

## TCH Neonatology–Scores

Advanced Technologies = 6 / 6

Specialized Clinics and Programs = 17 / 17

Patient and Family Services = 16 / 16

Steps to Engage Families = 8 / 8

Commitment to Quality Improvement = 18 / 18

Fulltime Subspecialists Available = 16 / 16

Active Fellowship Programs = 10 / 10

Commitment to Clinical Research = 4 / 4

## TCH Neonatology – Room for Improvement

Reputation with Specialists – 32.4% = (strong) next category greater than 50% and above = very strong

- \* CHOP received a score of 62.4% = Very Strong
- \* Boston received a score of 56.9% = Very Strong

Minimizing 30 day readmissions = 2 / 3 (average)

Use of Infection Prevention Measures = 22 / 25\* (very good)  
(23,24,25 = superior score)

Commitment to Best Practices = 61 / 67

Patient Volume = 19 / 21

## TCH Neonatology – Room for Improvement cont.

Adoption of Health Information Technology = 11 / 12

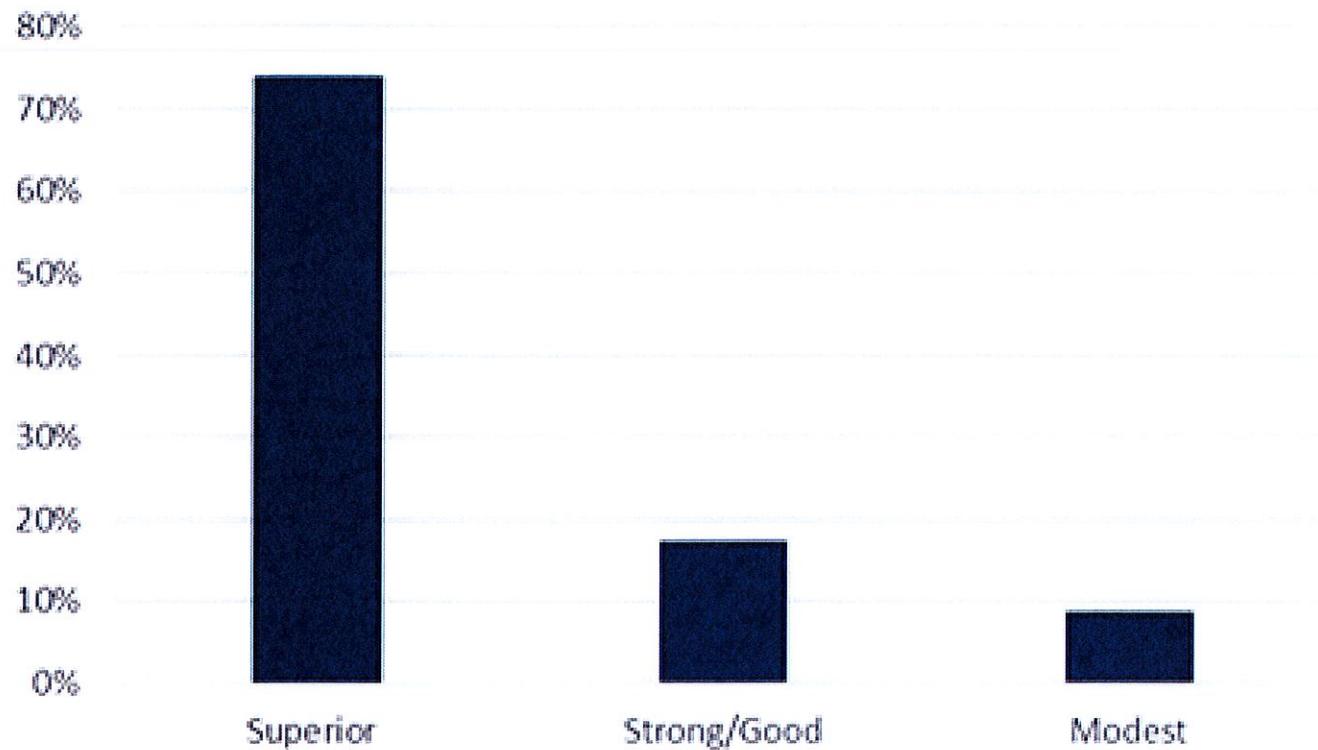
Prevention of NICU Infections = 1 / 5 (Modest)

- \* CHOP received a score of 2/5 = Modest
- \* Boston received a score of 2/5 = Modest

Unintended Removal of Breathing Tube = 2 / 5 (Modest)

- \* CHOP received a score of 4/5 = Very Good
- \* Boston received a score of 4/5 = Very Good

## Percent of Different Rankings on 23 items



## What determines the rankings?

Whether and how high a hospital ranked depends on its showing in three areas: structure (resources available for patient)

process (evaluate how well and efficiently a hospital goes about the day-to-day business of delivering care)

outcomes (hospital's ability to keep children alive, keep them safe from harm by protecting them from infections and surgical complications and improving quality of life of children with chronic conditions)

Each makes up one-third (1/3) of a hospital's score.

# Questions?