

7.3 Develops, implements, and evaluates systems and processes that complement the overall system for performance improvement.

The Nursing Department at The Children's Hospital of Philadelphia is highly involved in developing, implementing, and evaluating processes that complement our overall quality improvement system.

As can be seen in our nursing job descriptions, every staff nurse at The Children's Hospital of Philadelphia has a component of evidence-based practice in his or her job-specific standards. As nurses progress through the clinical ladder from Level I through Level IV, they are expected to devote a greater percentage of their time to reading, evaluating, and incorporating research findings into their practice.

Nurses also participate in more quality improvement activities as they take on leadership responsibilities. As nurses move from the Level I to the Level III position, they are presented with increased opportunities for involvement on committees such as the Clinical Practice Committee and the Nursing QI Committee. As the nurse moves up the clinical ladder, his or her increased level of responsibility is compensated with a higher salary. All levels of nursing staff are also expected to be in compliance with mandatory education requirements (Exhibit 7.3.A); this is an important tool utilized to ascertain competency of our staff.

As discussed in many places in our supporting documentation, our organization has well-defined standards of practice that are easily available to all staff members via the hospital Intranet. The Nursing Clinical Practice Committee is responsible for the review, evaluation, and implementation of standards for professional nursing practice, as can be seen in the minutes of the February 2003 meeting (Exhibit 7.3.B). Standards are developed in accordance with the *Guidelines for Writing/Revising Nursing Materials*, which require a thorough search of the literature and standards from professional organizations to ensure current, evidence-based practice. The process for developing standards is discussed in more detail in Standards 1.2.

The information from the monthly Nursing Clinical Practice Committee meetings is disseminated by each unit's practice committee representative at regular meetings (Exhibit 7.3.C). The information is also spread by unit posters, email updates, staff meetings, staff meeting minutes that are posted and distributed, and unit inservices and presentations.

An example of a recent innovative programmatic implementation of standards in nursing practice was the Hematology-Oncology Partnering Experience (HOPE) program (Exhibit 7.3.D), developed by a collaborative group of nursing staff members from the medical and the oncology units in the hospital.

Traditionally, oncology patients were taken care of on the 3 East Unit in the hospital. The continued increase in the oncology patient population, however, necessitated an evaluation of other areas where these patients could be treated. As was discussed in

Magnet Measurement Criterion 4.3, we made immediate plans to augment the oncology nursing staff with experienced pediatric oncology Traveler Nurses, in order to allow us enough time to recruit and orient additional permanent oncology nurses while still ensuring competent care for patients and families.

Using a QI format/PDCA framework, the staffs of the hematology/medical nursing unit and the oncology unit subsequently developed a program that uses competency-based guidelines to ensure the consistent care of oncology patients throughout the institution. The Development Team used standards from the *Association of Pediatric Oncology Nurses Core Curriculum* for this project. The goals of the program were as follows:

- To provide opportunities for ongoing staff development
- To increase the knowledge and skills of staff caring for hematology and oncology patients
- To increase collaborative practice between the staff nurses caring for these two populations
- To create opportunities for nurses to experience variety in their clinical practice

The program includes educational, clinical, and team-building experiences, and is divided into three phases:

- *Phase I* comprises a “Shadow Day” for participants to spend a day on the opposite unit shadowing a buddy, an Oncology Nursing Education Day, a Hematology Nursing Education Day and a two-week precepted clinical experience.
- *Phase II* comprises advanced Oncology Nursing and Hematology Nursing Classes with continued emphasis in clinical competencies.
- *Phase III* builds on the educational and clinical offerings in Phase II, with the added commitment of each participant to a 50% rotation between the two units. In this way, staff members expand their knowledge base while continuing to have a structured clinical experience.

This program is also designed to be the foundation for a future recruitment and retention project aimed at drawing nurses to the field of oncology nursing. Nurses who want to become oncology nurses, but who need more support and education in their transition, would start their training on the Hematology Nursing Unit. This would allow them to begin their orientation in a less acute environment as they build their competency base.

This evidence establishes that The Children’s Hospital of Philadelphia’s Department of Nursing is deeply involved in developing, implementing, and evaluating the processes that complement the overall system.

7.4 Participates in interdisciplinary evaluation team.

Nursing involvement in interdisciplinary teams is a crucial component of our practice at The Children's Hospital of Philadelphia. There are a number of committees that illustrate this on a both unit and departmental level:

- **The Cardiac Intensive Care Unit CQI Committee** (Exhibit 7.4.A) comprises nurses, physicians, social workers, case managers, and unit-based pharmacists and nutritionists. In addition, members of the Infection Control team, Blood Bank, and others are invited attend to discuss pertinent issues. The committee is a multidisciplinary group that meets weekly to evaluate products, practice issues, and ongoing performance indicators.
- **The Pediatric Intensive Care Unit (PICU) “Partnering with Families” Team** (Exhibit 7.4.B) comprises nurses (including staff nurses, Nursing Leadership members, and a Mental Health Clinical Nurse Specialist), and representatives from the Social Work, Child Life Therapy, and Family Faculty Departments. This committee has most recently reviewed, evaluated, and made changes to the *Family Handbook*, which is given to each family upon admission to the PICU.
- **The Value Analysis Committee** comprises nursing representatives from the Intensive Care Units, Medical and Surgical Units, the Coordinator of the Nursing Quality Improvement Committee, and members of the physician, infection control, and supply chain departments. This committee is responsible for evaluating products for potential purchase, for analyzing product applicability, effectiveness, and cost, and for making recommendations regarding purchasing. The Value Analysis Committee is discussed at length in Magnet Measurement Criterion 5.7.
- **The Catheter Care Committee** (Exhibit 7.4.D) comprises nurses (including Advanced Practice Nurses and Level IV nurses) and representatives from the physician and infection control teams. This committee evaluates procedures and standards related to all catheters (central, parenteral, peripheral, et al.) and is responsible for catheter selection and evaluation for the institution.

The CNO, Nursing Leadership, and nurses at all levels participate in interdisciplinary teams and thus help assure the excellent patient care at The Children’s Hospital of Philadelphia.