zero in on zero harm

Children's National Health System

Quality and Patient Safety Outcomes 2015

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Improving quality to improve lives

Greetings from the President and CEO

Patient safety and quality care are central to who we are and all we do at Children's National Health System.

This year, we were among just 12 children's hospitals named a Leapfrog Group Top Hospital for measures like lower infection rates and specialty-trained doctors in Intensive Care Units. Our safety and quality achievements were key to earning our second Magnet® designation—just seven percent of U.S. hospitals receive Magnet designation and even fewer receive a second designation—and to again being ranked a top pediatric hospital by *U.S. News & World Report* across all 10 specialties. These achievements reflect our ability to give every child the best possible care and are attainable because of the amazing work of all of our teams across all units and departments.

Just as importantly, I am proud of the way we work together every day to look at things from the eyes of patients and families, to assess how we do things—communication, integration, coordination—and find new ways to move from good to great.

In these pages are just a few stories that show this determination to improve and continually raise the bar. We know quality and safety happen not by chance but by a commitment to greatness every time, in every case.

Kurt Newman, MD
President and CEO

A Word from the Chief Quality and Safety Officer

This has been an exciting year for safety and quality at Children's National. To continue our leadership in these areas, we have followed the improvement framework of Avedis Donabedian's Quality Triad—structure, process and outcomes. By establishing the right structures, staying vigilant and adhering to proven processes, improved outcomes will follow.

We have created an outstanding structure for safety and quality at Children's National, aligning the right people and teams to optimize our processes and move toward the high reliability that is essential for quality and safety. This alignment has helped us recognize and respond to potential latent systems issues in an agile, proactive way. With confidence in our structure, we have focused on ensuring that our processes drive the outcomes we expect. This annual report highlights some examples of the outcomes that resulted from improved processes.

By building a solid structure for safety and quality and remaining laser-focused on processes, we are seeing exciting, continued improvement in our outcomes. We remain steadfast in our pursuit of ensuring the safety of our patients, ensuring we deliver quality care measured against internal and external benchmarks, and ultimately delivering value for the patient and our health system.

We are excited to share in this year's report a sampling of the structure, process and outcome improvements that are making our care better every day for our patients and their families.

Rahul Shah, MD, MBA
Vice President, Chief Quality and Safety Officer

Partnering with Families

When our staff partners with patients and families, we find important new ways to advance care and improve their experience at Children's National Health System.

ENCOURAGING BREASTFEEDING IN THE NICU

Infants receiving their own mothers' milk have:

- Lower risk of infection
- Less trouble drinking or digesting milk
- Fewer complications
- Shortened NICU stays

Breastfeeding can also help mothers and babies bond. However, mothers of Neonatal Intensive Care Unit (NICU) infants face high stress levels and may skip meals, which can affect milk supply, escalating stress further.

Our NICU team initiated a support program that helps mothers stay well-nourished for breastfeeding or milk expression. New moms get positive reinforcement for caregiving and belief in their own abilities to succeed in breastfeeding and/or expressing milk for their babies. A multidisciplinary team distributes one meal voucher per day to each breastfeeding mother, in appreciation of providing life-giving care for her infant through her own milk. By offering meal vouchers, staff encourage new moms to nourish themselves as well as take short breaks away from their babies' bedsides.

When appropriate, NICU staff provide pasteurized human donor milk for low birth-weight infants whose mothers are not able to provide breast milk. Use of donor milk in NICUs is associated with increased breast milk feeding at discharge. Other infants with specific diagnoses are also provided donor milk until they can tolerate formula or are given their mothers' own milk.

2,070

Meal vouchers provided to breastfeeding mothers of NICU babies in FY15

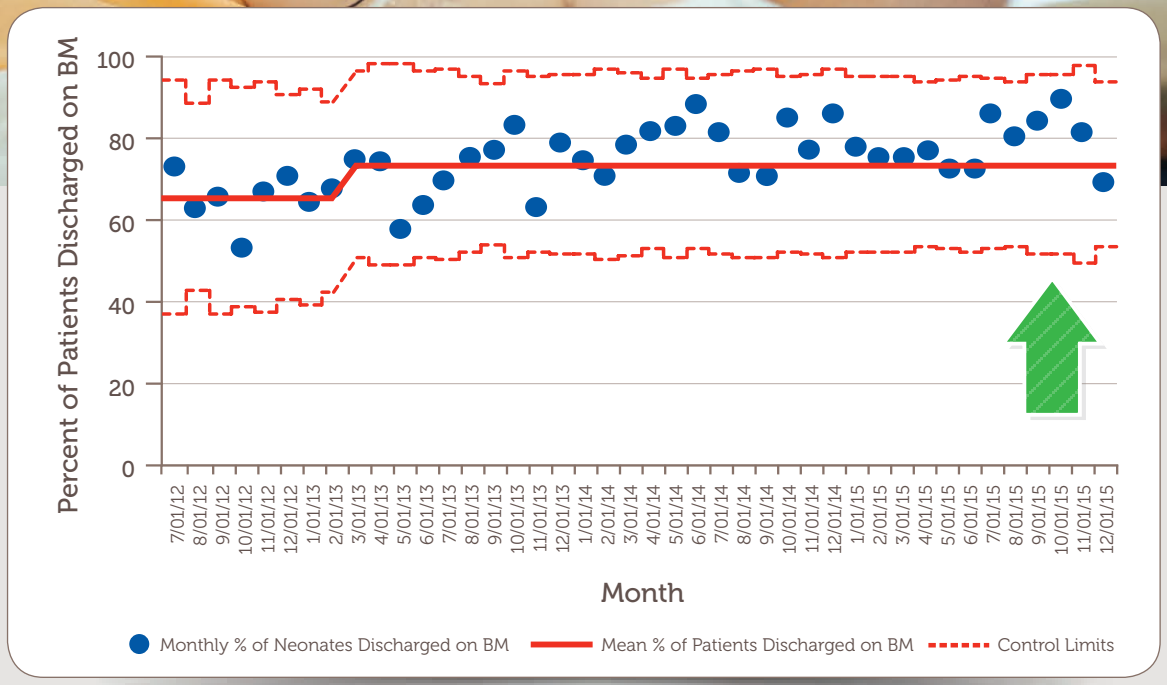
Infants admitted at less than 7 days of age receiving **breast milk** on discharge

73% Q1 FY15

84% Q1 FY16,

A VITAL IMPROVEMENT

Patients less than 7 days of age on admission who are receiving breast milk (BM) at discharge



Zero In On Zero Harm

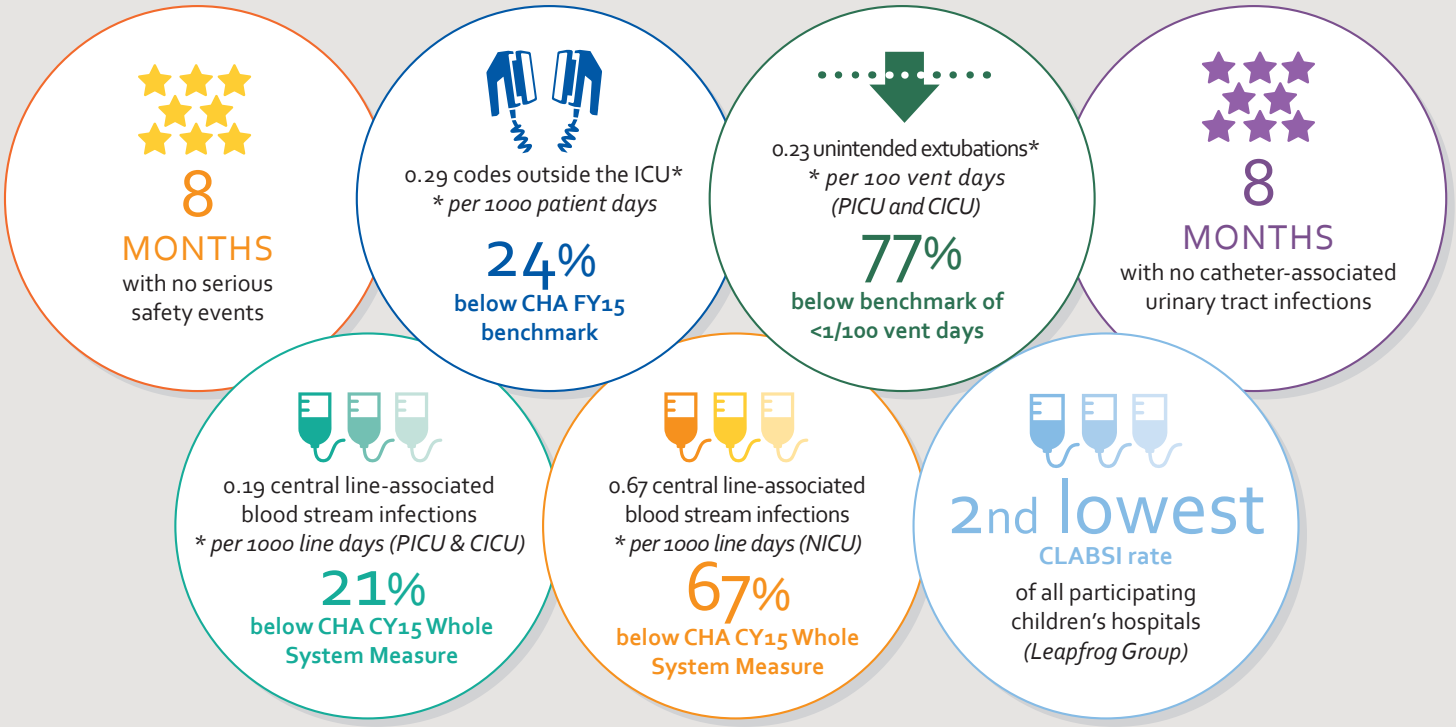
"Zero in on Zero Harm" is a belief that drives us to accomplish our aim to reduce and eliminate preventable harm at Children's National. One child harmed or affected by a preventable issue is simply one too many. As we have improved our processes and outcomes, we know that achieving zero harm is possible—indeed we are already seeing successes in certain areas we measure.

FISCAL YEARS 2012 v. 2015

83% FEWER adverse drug events

86.6% FEWER surgical site infections

Calendar Year 2015



To track our harm events and focus our reduction efforts, we created a scorecard—the Zero Harm Index. The index uses an "at a glance" format to communicate our current performance succinctly. Green boxes indicate zero harm events for the month; grey boxes indicate ongoing improvement is needed. This helps us all see, in one place, where we stand and concentrate on where we can improve even more. It also helps motivate and recognize our teams as they move us closer and closer to zero harm.

Hospital-Acquired Conditions

	Children's National Health System Zero Harm Index 2015											
Harm	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
ADE	■	■	■	■	■	■	■	■	■	■	■	■
CAUTI	○	■	■	■	■	■	■	○	■	○	○	■
CLABSI	○	○	■	○	○	■	○	○	○	○	○	■
MB-CLABSI	■	■	■	○	■	○	○	○	■	○	○	○
Falls	■	■	■	■	■	■	■	■	■	■	■	■
PU	○	■	■	■	○	■	■	○	○	■	○	○
SSI	■	■	○	○	■	■	■	■	○	○	■	■
VAP	■	■	■	■	■	■	■	○	○	○	○	○
VTE	■	○	○	○	○	○	○	○	○	○	○	○
SSE	○	○	■	○	■	■	■	■	■	■	○	■

■ = 0 Events during that month

○ = Improvement needed

ADE-Adverse drug event; **CAUTI**-Catheter-associated urinary tract infection; **CLABSI**-Central line-associated blood stream infection; **MB-CLABSI**-Mucosal barrier central line-associated blood stream infection; **PU**-Pressure ulcer; **SSI**-Surgical site infection; **VAP**-Ventilator-associated pneumonia; **VTE**-Venous thromboembolism; **SSE**-Serious safety event

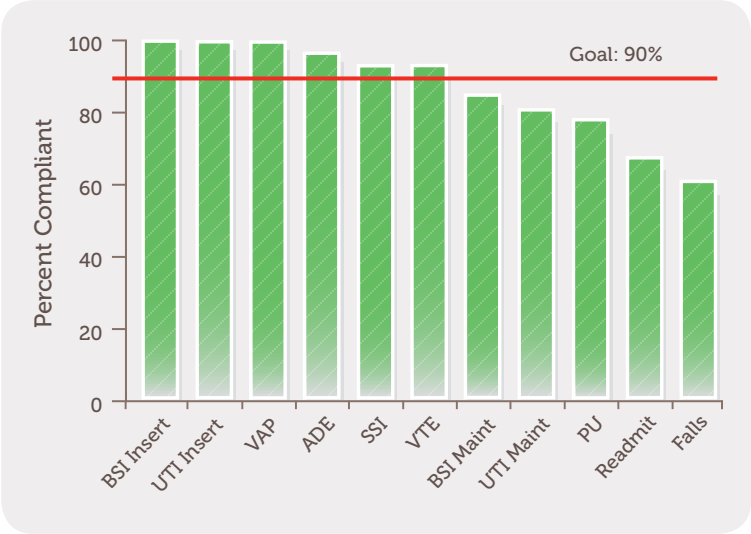
CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SAFETY

A hospital-acquired condition (HAC) is a complication from treatment while in hospital care. Because many HACs are preventable, we are part of the 95-member Children's Hospitals' Solutions for Patient Safety (SPS) network and share the vision that no children will ever experience serious harm while we are trying to heal them. Children's National staff hold SPS leadership roles, and our board, faculty, families and staff have participated in and led SPS learning opportunities.

A key to preventing harm from HACs is "care bundle" compliance. A care bundle is a set of three to five practices that, used together at least 90 percent of the time, reduce or eliminate risk of a specific HAC.

SPS goals for 2015 were 40 percent reduction in HACs and 10 percent reduction in readmissions by Dec. 31, 2015. To achieve the HAC goal, SPS established the "4 at 90 Challenge," tasking each hospital to achieve 90 percent or greater bundle reliability in four of five targeted prevention care bundles. Children's National achieved this goal and met the target on two additional HACs as well.

Composite Bundle Compliance December 2015

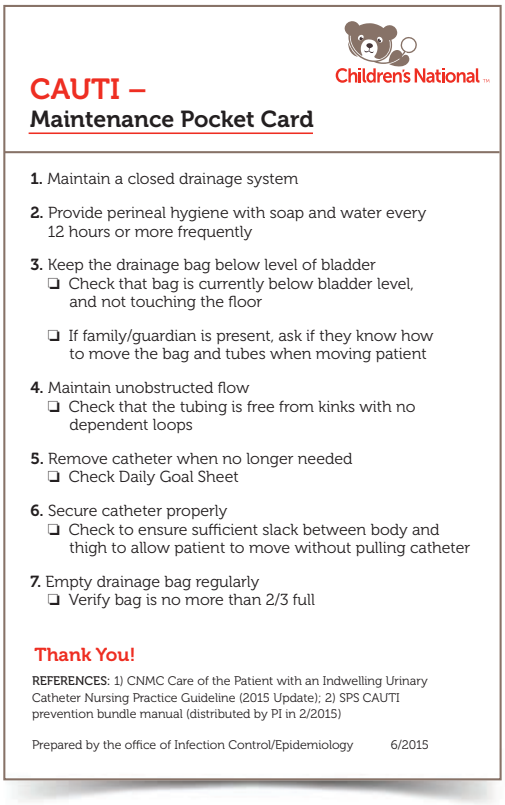


Achieved at least 90% reliability in care bundles targeted by Solutions for Patient Safety

- **CLABSI Insertion**
  Central line-associated blood stream infection
- **CAUTI Insertion**
  Catheter-associated urinary tract infection
- **SSI**
  Surgical site infection
- **VAP**
  Ventilator-associated pneumonia

REDUCING COMMON INFECTIONS: CAUTI

The most common hospital-acquired infection is a catheter-associated urinary tract infection (CAUTI), yet most are preventable by limiting urinary catheter use. To standardize urinary catheter care, our Practice Council created a nurse practice guideline, which is reviewed at least annually for updates. In addition, Children's National Infection Control/Epidemiology, Performance Improvement, and Nursing staff systematically observed urinary catheter care and gave feedback to frontline staff using "Bear Cards." These cards are a Lean technique to standardize key bedside care elements. Bear Cards on urinary catheter care successfully engaged frontline staff, provided just-in-time education and captured observation results. After a seven-month pilot, we expanded Bear Card audits and feedback to all inpatient units except the NICU. Findings have prompted unit leaders and staff to continue education, make changes and sustain high compliance. These processes resulted in unprecedented outcomes for CAUTI, with a 40 percent reduction year over year.



Children's National

CAUTI –
Maintenance Pocket Card

1. Maintain a closed drainage system
2. Provide perineal hygiene with soap and water every 12 hours or more frequently
3. Keep the drainage bag below level of bladder
   - ❑ Check that bag is currently below bladder level, and not touching the floor
   - ❑ If family/guardian is present, ask if they know how to move the bag and tubes when moving patient
4. Maintain unobstructed flow
   - ❑ Check that the tubing is free from kinks with no dependent loops
5. Remove catheter when no longer needed
   - ❑ Check Daily Goal Sheet
6. Secure catheter properly
   - ❑ Check to ensure sufficient slack between body and thigh to allow patient to move without pulling catheter
7. Empty drainage bag regularly
   - ❑ Verify bag is no more than 2/3 full

Thank You!

REFERENCES: 1) CNMC Care of the Patient with an Indwelling Urinary Catheter Nursing Practice Guideline (2015 Update); 2) SPS CAUTI prevention bundle manual (distributed by PI in 2/2015)

Prepared by the office of Infection Control/Epidemiology 6/2015

CHILDREN'S NATIONAL HOSPITAL-ACQUIRED CONDITIONS (HAC) COMMITTEE

We use incremental strategies to eliminate HACs, with each new approach building upon earlier learning. Drawing on our successful improvement efforts and feedback from HAC team leaders, we launched a new organization-wide HAC Committee in January 2016. Leaders from each of the individual HAC teams sit on this committee. The committee's charter is to partner with staff and families to create and implement processes and standard work that eliminate HACs for Children's National patients. In this new forum all HAC teams collaborate to solve longstanding, common challenges, pooling resources and expertise to create new solutions.

Driving Value: Transformation 2018

In 2013, Children's National leadership made the strategic decision to empower our nurses and providers to transform our care delivery. This was a huge undertaking—educating, reframing, designing and implementing changes to care pathways, treatment plans and care models. The aim was to transform Children's National to meet the needs of an era of population health.

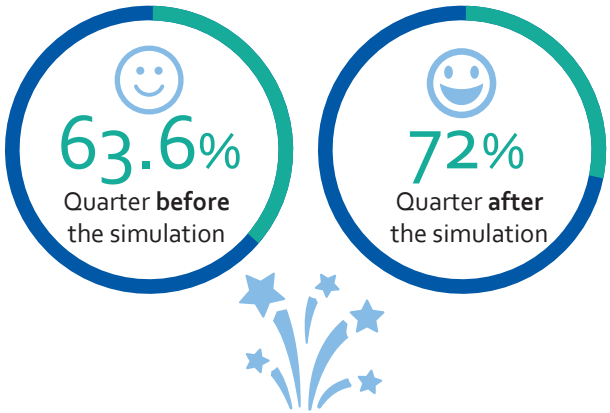
Our Clinical and Operational Effectiveness Committee of Transformation 2018, a multi-disciplinary group, has driven this effort. In the last year, we engaged a significant number of caregivers and helped change care delivery from volume-based to value-based for patients undergoing idiopathic spinal fusion, for those seen in our Pre-Operative Consultation (POC) Clinic and for patients receiving medication infusions.

A rare, yet remarkable phenomenon occurred: the work became generative. The committee was approached by medical and nursing leaders who had identified additional clinical issues they felt would benefit from care model redesigns. For 2016, this clinical aspect of Transformation 2018 is on target to potentially redesign care for more than 15 diagnoses and care models, reflecting how we align safety and quality to drive value.

IMPROVING PATIENT- AND FAMILY-CENTERED EXPERIENCE THROUGH SIMULATION

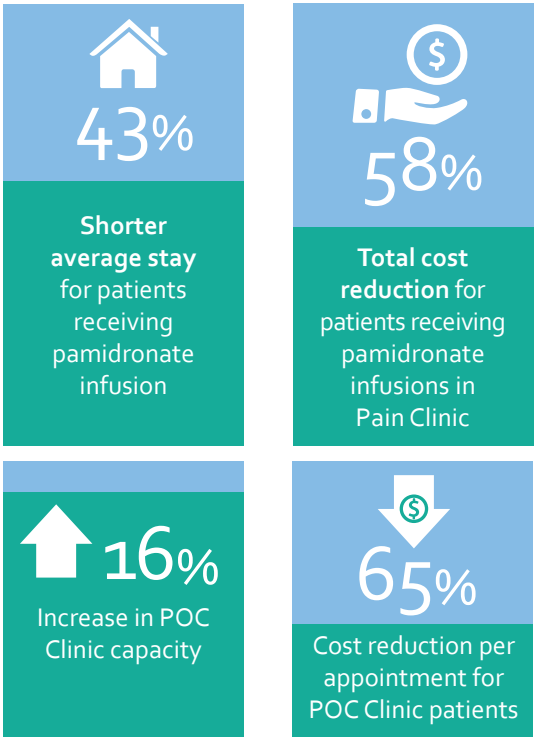
Giving patients and their families the best possible experience is a goal for all of us at Children's National. To find further ways to improve, we held a simulation to teach empathy and active listening. Patients' families, our Service Excellence and Ombudsman departments, our Board of Visitors Simulation Program, and nursing and physician leaders from our medical unit for stays of less than 72 hours were all involved in the planning. Six nurses and six hospitalist attendings participated in two scenarios with an actor portraying a parent and an observer/coach giving feedback. From this small pilot, we saw significant gains for the whole unit, and organization leaders approved expanding the simulation to all acute care inpatient settings.

Patient Satisfaction Question:
"Staff included you in decisions about treatment"
"Very good" scores



CLINICAL AND OPERATIONAL EFFECTIVENESS

We strive constantly to be more effective in all that we do—for better patient outcomes, a better experience for patients and families, and better resource use and cost management. As part of the Clinical and Operational Effectiveness Committee's work, many patients now receive their medication infusions in our Pain Clinic rather than needing an overnight stay, thus reducing their appointment lengths and costs. And, in our POC Clinic, expanding the role of nurse practitioners increased clinic capacity and reduced costs per appointment substantially.



48%↓

Decrease in levalbuterol doses
(Mar-Nov 2014 v. Mar-Nov 2015)

$22,000↓

Approximate reduction
in overall charges for levalbuterol
(Mar-Nov 2014 v. Mar-Nov 2015)

OFFERING MEDICINES THAT BRING THE GREATEST VALUE

Children's National regularly reviews the medications we offer to ensure the best range of options for our patients. In a drug evaluation for our Pharmacy and Therapeutics Committee, a Pharmacy resident noted that published studies show no significant difference between levalbuterol and albuterol in effectiveness, side effects or hospital admissions. Yet levalbuterol costs up to 15 times more. Levalbuterol was offered by our pharmacy with restrictions; however, not all restrictions were being followed consistently. After this evaluation, we now treat levalbuterol as a home medication or as a non-formulary medicine only for patients who meet certain clinical criteria.

IMPROVING RECOVERY FROM SPINAL SURGERY

A multidisciplinary team at Children's National created our first Perioperative Surgical Home (PSH) for patients having posterior spinal fusion. The PSH is a new process providing value-based care that can enhance recovery and the patient experience while reducing care costs. Posterior spinal fusion—one of the most expensive pediatric surgical treatments—seemed ideal for this approach. The team's goals were to:

- Decrease hospital stay from 5.2 to 4.2 days through a redesigned recovery process, by mid-2015
- Test small changes that might further improve length of stay and patient experience

The PSH made a tangible impact for patients and families, reducing the hospital stay from 5.2 to 3.7 days for these patients, including those with conditions like asthma and chronic pain *(Figure 1).* The number of nights in the ICU was reduced *(Figure 2),* and far fewer patients went to the ICU, going to our Post-Anesthesia Care Unit (PACU) after surgery instead. Rates of transfusion during and after surgery also decreased—all with no impact on readmissions or complications.

Length of Stay Pre- and Post-Perioperative Surgical Home (PSH) Implementation: July 2014 – November 2015

Figure 1

39%
REDUCTION
in length of stay

9.4%
REDUCTION
in total charges

82%
FEWER PATIENTS
transferred to ICU post-surgery (patients meeting criteria to recover in PACU; Jan-Apr 2015 v. May-Aug 2015)

ICU Utilization: Pre- and Post-Perioperative Surgical Home (PSH) Implementation

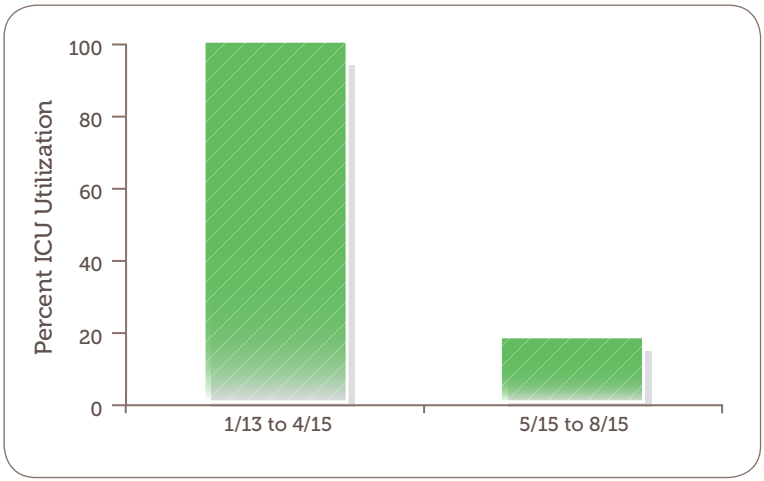


Figure 2

Making Quality Real Time

At Children's National, we are proud of the exceptional quality of care we deliver every day. Working across teams to solve problems, put solutions in place and measure results is crucial to improve outcomes and reduce harm, so we regularly create new ways to collect and respond to real-time quality and safety measures.

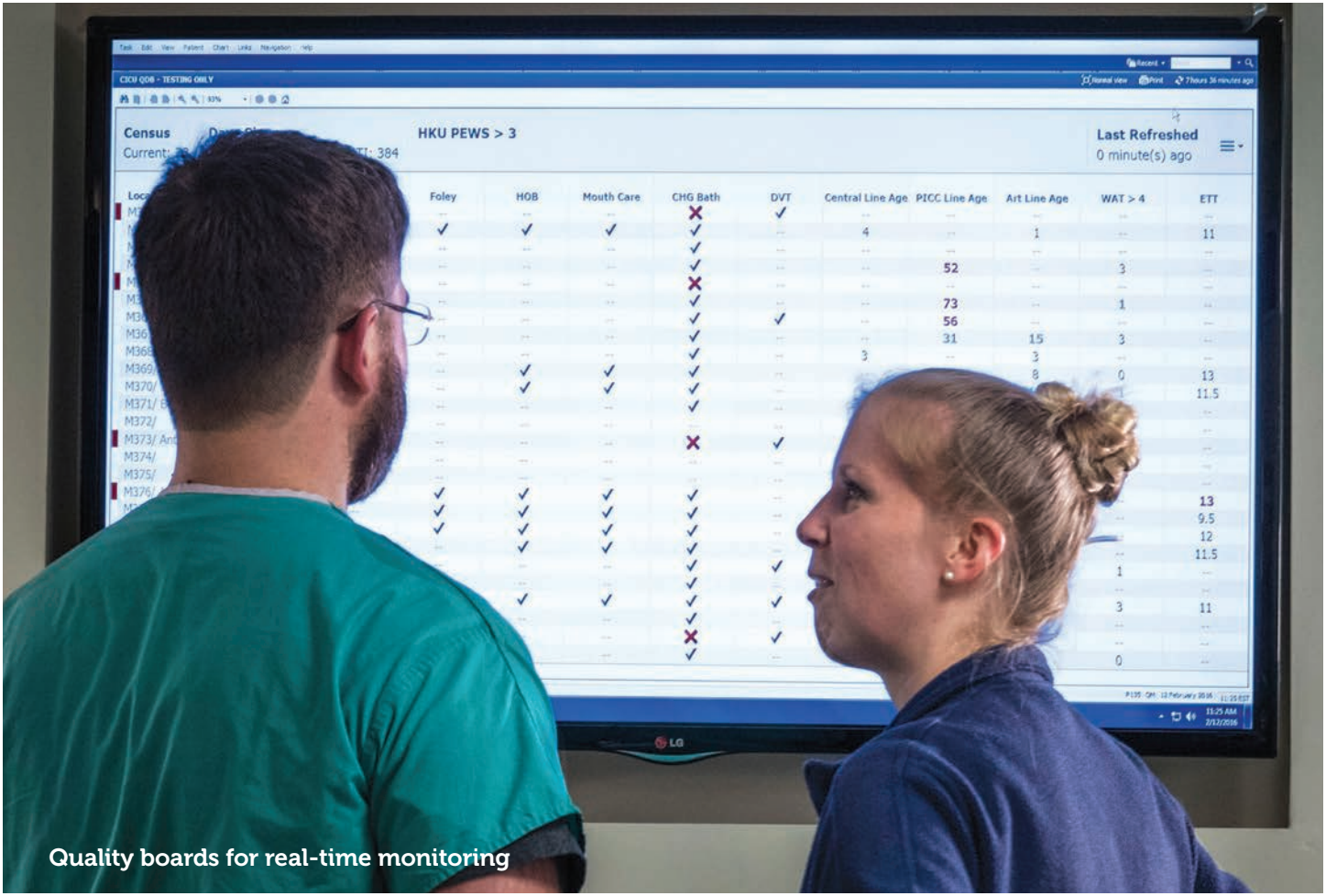
ELECTRONIC QUALITY BOARDS FOR REAL-TIME MONITORING

We developed electronic Quality Boards that give our staff visible alerts for patients receiving treatments that must be routinely checked to avoid risk of infection or functional deterioration. Targets vary from unit to unit and include data such as restraint orders, consent for treatment, chlorhexidine baths, presence of urinary catheters and deep vein thrombosis prevention.

The flat screen boards automatically pull from the electronic health record (EHR) and display information in real time. An early goal in the Cardiac Intensive Care Unit (CICU) is to increase audit numbers from 50 to more than 1200 per month through automatic data collection from the EHR. The real-time data is leading to continual assessment of patient-centered HAC bundle compliance and improving HAC bundle compliance. The boards also improve monthly feedback to bedside nurses.

In our Pediatric Intensive Care Unit (PICU), the Quality Boards have served as a constant, real-time reminder of safety tasks that need to be accomplished. PICU teams have a "safety huddle" twice a day standing in front of a Quality Board to talk about how to resolve pressing patient quality and safety issues. Clinicians say staff completed tasks faster once the dashboards went up. Plans call for installing Quality Boards on additional units to help us keep quality and safety front and center every day.

Cardiovascular
SSI rate has been
ZERO
since August 2014



Quality boards for real-time monitoring

Quality Boards improved completion of medication reconciliation in PICU

from 80% to 92%

Reduced percent of PICU patients with urinary catheters in place for more than 96 hours

from 11% to 4%

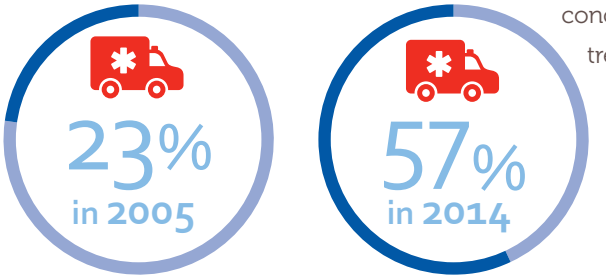
after Quality Board implementation

REDUCING TIME FROM ED TO OR

When more boys began to be transferred to Children's National from other hospitals for treatment of testicular torsion (rotation), our Urology department wanted to ensure we optimized their chances of excellent outcomes. Testicular torsion is very time-sensitive: risk of losing the testicle is much higher as early as 8-10 hours after symptoms start. The team found that, on average, the time from hospital arrival to treatment in the OR ranged from 2.8-3.5 hours, depending upon whether the patient was transferred from another hospital or identified in our ED. Evaluation and revision of the testicular torsion pathway is underway to reduce time-to-treatment to less than 2.5 hours for all patients.

IMPROVING CARE: MENTAL HEALTH SCREENING AT ALL WELL CHILD VISITS

Parents place a priority on their child's mental and emotional well-being but may not know that a pediatrician visit is a great time to discuss it. Some District of Columbia children face environmental and social conditions that place them at higher risk for poor mental health, including potential exposure to poverty and the child welfare and juvenile justice systems. Yet many with symptoms do not receive care—and ethnic minorities are likely to be even more affected. Screening kids early for mental health concerns and connecting them to treatment can mean better outcomes, less intensive treatment and lower costs.



Percentage of our testicular torsion patients who were transferred from other hospitals

A multidisciplinary team in our Children's Health Center (CHC) began a Lean improvement project, integrating a mental health screening tool into annual well child visits to increase identification of children at high risk for a mental health disorder. The team started completing annual mental health screening for all children ages 4-11 at CHC, and all clinical groups (clinical operations representatives, patient care technicians, nursing staff and providers) participated. The team monitored screening rates, particularly the Strengths and Difficulties Questionnaire (SDQ) given to parents of children in this age range. The team tested several changes from paper-based screening, scoring and documentation to paper-based screening with both EHR scoring and documentation. Today, by the time a patient sees the provider, the patient's SDQ score is already in the EHR. CHC compliance with mental health screening continues to rise, and this project has now expanded to all of our primary care medical homes.

60% of Children's Health Center patients screened after 3 months of participation in the project

80%+ Compliance with mental health screening after 1 year of participation in the project

US

Up to **20%** of kids have a mental health disorder

DC

25.5% in grades 9-12 have depression symptoms *(Youth Risk Behavior Survey 2012)*

By age 14: 50%

By age 24: 75%

of mental disorders begin

Preparing For The Worst

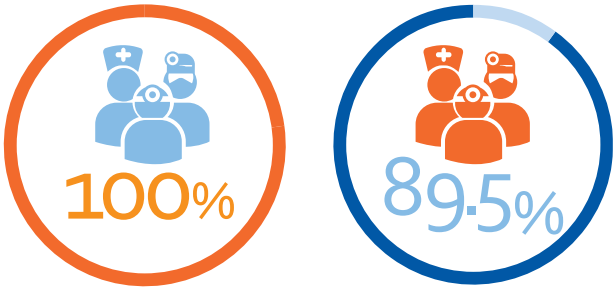
Ensuring the safety and well-being of Children's National patients and our community during emergencies is always a top priority. Beyond fire, power and weather emergencies, our location in the nation's capital poses added risks, and we take steps to prepare even further for a range of crisis scenarios.

NICU EVACUATION AND RARE PROCEDURE DRILLS

We conducted NICU evacuation drills every three months, improving our speed and familiarity with the equipment and processes. Other training simulations have helped us keep skills sharp for rare procedures. As a result, our NICU is a model of preparedness.

ACTIVE-SHOOTER TRAINING

Following the tragic terrorist attacks in Europe, we held an active shooter tabletop session where participants reviewed hospital active shooter statistics and policies and procedures, and they assessed Children's National's resources for responding to a shooting incident.



Staff familiarity with NICU evacuation plan and their role

NICU staff felt they could evacuate safely

(Post-drill survey of participants)

Ebola transport drill

INFECTIOUS DISEASE PREPAREDNESS

Children's National is at the forefront in preparing for infectious diseases such as Ebola. We are one of five freestanding pediatric Ebola Treatment Centers designated by the Centers for Disease Control and Prevention.

Our Division of Transport Medicine is prepared to transport and care for kids with infectious diseases. To reinforce skills and quality care in case of a biological incident, Transport Medicine moved to training twice yearly, improving our processes for putting on and removing protective gear, communicating, and decontamination.

Future projects include working with the District of Columbia Department of Health on Ebola transport standards and with the Children's National Infectious Bio-emergency Response and Preparedness task force, including planning for pandemic influenza.

PEDIATRIC MEDICAL RESERVE CORPS

A leader in disaster preparedness for the region, Children's National this year created the nation's first Pediatric Medical Reserve Corps, the DC-PMRC. It provides pediatric support services to the community in preparation for, response to and recovery from disasters, pandemics, special events and any mass-casualty events involving children and families.

Building Leaders In Quality

At Children's National our executive leadership team is made up of experienced clinicians who have done the work, led the work and know how to drive change. This deep understanding ensures that our quality initiatives are successful. An important part of our program is continuous training of leaders who can then mentor others.

QUALITY IMPROVEMENT ESSENTIALS

Quality does not happen by chance. Quality improves when teams know and use proven techniques and change theory to design solutions to complex, real-world problems. A combination of classroom and experiential learning, including leading an improvement project with a coach, can best teach these skills. Children's National was privileged to participate in Nationwide Children's Hospital's program called Quality Improvement Essentials (QIE) to create a unique training opportunity for our initial group of learners. Over a three-month learning period, followed by six months for project completion, participants learned improvement science theory while applying it to their work. In fall 2015, five Children's National leaders enrolled in QIE, and each launched a project that contributes to the quality of care and services provided by their teams.

Training participants

Photo: Dan Smith, Nationwide Children's Hospital

THE VALUE OF QIE TRAINING

My Project Will Impact Patient Care By:

"Improving flow within the hospital with more TIMELY DISCHARGES."

— Karen Smith, MD

"IMPROVING ACCESS to expert concussion care, decreasing likelihood of long-term consequences."

— Marc DiFazio, MD

"Improving the experience of PAIN PERCEPTION AND MANAGEMENT for post-surgical patients."

— Catherine Williams, RN

QUALITY IMPROVEMENT PROJECTS

PROJECT	STAFF	TITLE
Improving flu vaccination rates for outpatients	Sarah Birch, DNP, APRN, CPNP-PC, AE-C	Director, Advanced Practice Nursing
Increasing concussion care access	Marc P. DiFazio, MD	Medical Director, Children's National Outpatient Center of Montgomery County, MD (ROC); Medical Director, Ambulatory Neurology, CNHS
Improving the handoff process for charge nurses	Renee' Roberts-Turner, DHA, MSN, RN, NE-BC, CPHQ	Director Nursing, Professional Practice; Magnet® Program Director
Improving inpatient asthma care	Karen Smith, MD, MEd	Chief, Pediatric Hospitalist Medicine
Improving pain control for patients transferring from PACU to inpatient unit	Catherine Williams, MS, BSN, RN, NE-BC	Director, Neuroscience and Surgical Care Nursing

Quality Improvement Essentials Training Helped Me:

WPAW improves the patient and family experience

30+ hours of live programming per week

Patient Engagement

Kids have fun each day in our new Ryan Seacrest Studio, located right in the heart of our hospital, where our closed-circuit television and radio station (WPAW) broadcasts. Two years ago, a teen patient at Children's National expressed a desire for "more activities for adolescents experiencing lengthy stays," and we made his and many other patients' wish a reality through the opening of the Seacrest Studio. This interactive daily destination—real or virtual—gives patients of all ages fun, community or simply a change of pace that is entertaining, educational and engaging. Tuning in, they might see:

- ***Children's National CEO meeting with a dapper young patient/TV host on WPAW, channel 90***
- ***A puppet being interviewed in front of a New York City backdrop***
- ***Children and an art therapist together learning origami with a blizzard in the background***

The Studio broadcasts live to inpatient rooms, and all patients—including those with limited mobility, confined to bed, or on isolation—can experience a virtual playroom or teen room and real-time interactions with peers, guests and studio staff. Children's National patients and families can access a broad spectrum of radio and TV programming to inspire laughter, fuel imagination and positively impact their moods during their stay. Through the generosity of the Ryan Seacrest Foundation and corporate, board and individual donors, the Studio supports our goal to improve our patients' experiences.

Accolades

Children's National is one of just five pediatric hospitals in the nation to achieve three top national honors in 2015:

- *U.S. News & World Report*'s Best Children's Hospitals Honor Roll
- Magnet® redesignation
- Leapfrog Group's Top Hospitals

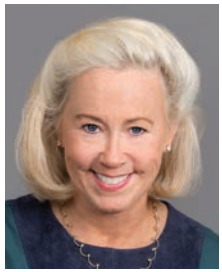
These awards recognize our dedication to deliver the very best care, quality, safety and experience to the patients and families we serve.

BEST CHILDREN'S HOSPITALS HONOR ROLL

U.S. News & World Report named Children's National to its Honor Roll of the 2015-16 Best Children's Hospitals, placing us **among the nation's top 10 pediatric hospitals.** This is our first time in the top tier in three or more specialties. The only hospital in the Maryland-District of Columbia-Virginia region to earn this designation, we ranked as a best pediatric hospital in all 10 specialties for the fifth year in a row.

MAGNET REDESIGNATION AND MAGNET NURSE OF THE YEAR

The American Nurses Credentialing Center (ANCC) again awarded Children's National its Magnet® designation, one of the highest recognitions of nursing excellence.



Only seven percent of U.S. hospitals achieve Magnet designation—even fewer are pediatric hospitals. ANCC also named June Amling, MSN, RN, CNS, CWON, CCRN, one of five 2015 National Magnet Nurses of the Year—the third time in four years one of our nurses received this honor. Ms. Amling, an advanced practice nurse with more than 25 years at Children's National, was named Magnet Nurse in the Empirical Outcomes category.

LEAPFROG GROUP TOP HOSPITALS

Children's National was also named a 2015 Leapfrog Group Top Hospital—**one of just 12 pediatric hospitals** so honored. Leapfrog's Top Hospitals exhibit lower infection rates, specialty-trained doctors in ICUs, and processes for avoiding harm and managing serious errors.

Internal Awards and Recognition

2015 PATIENT- AND FAMILY-CENTERED CARE AWARD

Presented by Children's National Patient Family Advisory Council

Elva Anderson, PhD, ATR, LPC

This award was established to honor individuals, medical units or teams who have demonstrated an outstanding commitment to delivering family-centered care.

DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION 2015 DISTINGUISHED SERVICE AWARD

Roberta DeBiasi, MD, and Xiaoyan Song, PhD, MSc, for development and implementation of a comprehensive Institutional Ebola Response Plan at Children's National

76 **Papers** on quality or patient safety

57 **Presentations/posters** on quality or patient safety

DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION 2015 ENVIRONMENTAL EXCELLENCE AWARD

CNHS Pharmacy and Staff for development and implementation of a "green" system for medication disposal

FY 2015 POWER OF ONE AWARDEES

The Power of one
Making a Difference Every Day

Children's National recognizes one employee each month for going above and beyond, showing behaviors that decrease harm and increase satisfaction for patients and colleagues, or simply putting children first.

Liz Leachman Day, CPNP
Pediatric Trauma & Burn Nurse Practitioner

Paulette Dixon
Environmental Services

Ella Fisher
Food Services

Nancy Francis, RN
Cardiac ICU

Sgt. Tabitha Johnson
Security Services

Courtney Jones, RN
Children's School Services

Sarah Koch
Foundation/Patient Liaison

NICU Team

Deborah Owens, LPN
Children's School Services

Ash Razavi
Information Technology

Denise Reid Brown
Department of Medical Records

Albert Walls, Lab Associate
Phlebotomy

2015 REDUCING HARM HEROES

An employee, group of employees, unit or department that demonstrates extraordinary work with quality, safety and overall patient care may receive the Reducing Harm Hero Award.

Alarms Management Team (Ginny Amendola, Jeff Hooper, Heather Walsh) was proactive in identifying strategies for alarm fatigue and alarm responsiveness. The team partnered with nursing and providers to identify best practices and safe thresholds for alarm settings.

Dianne Cochran, BSN, RN, CPN, helped prevent a wrong route medication administration.

Jason Corcoran, PharmD, BCPS, Pharmacy, reduced potential latent safety defects in the smart pump library; helped manage alerts within Cerner to minimize alert fatigue and determine the positive predictive value for each alert, setting alerts accordingly; and helped improve order sentences.

CV-SSI (Cardiovascular Surgical Site Infection) Prevention Workgroup helped Children's National be CV-SSI-free since July 24, 2014.

HOCU (Hematology/Oncology Care Unit) CLABSI Reduction Team helped prevent central line-associated bloodstream infections by improving practice reliability.

Marie King, RN, BSN, Quality Outcomes Coordinator, partnered with ICU teams to create an innovative REDCap tool that helps frontline staff evaluate bundle compliance and worked with IT resources to include real-time bundle compliance on unit quality boards.

Pediatric ICU Team went 360 days without a CAUTI.

Hans Pohl, MD, Urology, supported PACU staff with adjustments to new computer charting systems and work stations on wheels for better patient safety and improved patient experience.

Xiaoyan Song, PhD, MSc, Infection Control, showed outstanding surveillance, passion and interest in driving down hospital-acquired infections for our most vulnerable patients.

Ashley Wilson and Nereida Crann, Supply Chain & Materials Management, proactively assessed medical device inventory and processes to protect our patients from potential latent safety defects.

Caroline Wright, MD, Anesthesiologist, Pain Management Specialist, showed outstanding commitment to improving bundle reliability for prevention of surgical site infections.

PATHWAYS TO NURSING CARE EXCELLENCE FELLOWSHIP

The year-long Pathway to Nursing Care Excellence (PNCE) fellowship program encourages clinical nurses to think creatively about safety and quality as a top priority. PNCE Fellows use structural tools for analysis, decision-making and performance measurement to guide their work and then develop and implement an incubator quality improvement project analyzing a specific challenge in their clinical area.

PROJECT TITLE	NAME	UNIT / DEPARTMENT
My Comfort Plan: Improving Post-Operative Pain Management in Children with Neurosurgical Procedures	Temitope Ajayi, BSN, RN	Neuroscience Unit
The Three P's of Change: Patience, Perseverance and Positivity: School Nurses Impacting Student Attendance	Shawn Hickey-Higgins, MSN, RN, NCSN	Children's School Services
CAUTI Reduction in the PICU: Making a Difference, One Foley at a Time	Kara Johnson, BSN, RN	Pediatric Intensive Care Unit
RN-RN Handoff in the EMTC	Trevor Kapralos, RN	Emergency Medical Trauma Center
Improving Communication from Nurse to Nurse in Perioperative Services	Marceletta Mendoza, BSN, RN	Peri-Operative Services – Operating Room
The "About Me" Board: Improving Hand-off Communication among Care Providers for Pediatric Patients with Special Needs	Emily Rice, BSN, RN	Intestinal Rehab Unit – 6EN

Children's National Quality and Safety Team

Children's National™
Health System

Children's is a member of the Children's Miracle Network.

Children's National does not discriminate on any grounds prohibited by applicable law, including race, color, religion, age, sex, national origin or ancestry, sexual orientation, marital status, status as a disabled or Vietnam veteran or as a qualified disabled individual.

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