



# Phelps Hospital Nursing News January 2019



## **Celebrations:**

Rona Edwards, RN of BRU has been promoted to Nurse Manager.

Jessinia Calle, RN of the OR successfully completed the CNOR certification exam this month.

Elizabeth Paci, RN of the OR successfully passed the CNOR certification exam this month.

Matthew Thompson, RN of the OR successfully completed the CNOR certification exam this month

Crystal Moschiano, RN of 1 South passed the Sexual Assault Nurse Examiner certification.(SANE)

Katherine Urgiles, RN of 2 North passed the Med/Surg Certification Exam

## **Educational Opportunities:**

**2019 Donor Nurse Champion Course:** January 29<sup>th</sup>, 8am-4p.in NYC. 6.25 contact hours. To register: iLearn-search Organ donor Nurse Champion Course to self enroll.

**Cardiac Nursing Conference:** save the date. March 27, 2019 at North Hills Country Club.

**CCRN Exam Review:** January 29<sup>th</sup> and 30<sup>th</sup> at NYP. \$425, to register: [www.nyp.org/nursing/news/cme](http://www.nyp.org/nursing/news/cme).

## **Organizational Development Department Classes:**

Passport to Preceptorship for RNs: 2/21/19, 8:30a-4:30p, Register in Healthstream.

Workshop for Non-Nurse Precepting: 2/8/19, 8:30a-12:30p. Register in Healthstream.

CPI- Renewal: 2/25/19, 9a-1p. Register in Healthstream.

Abstract Writing with Peggy Talier: 3/22/19, 12-2pm in the C level Classroom To register: [amulvena@northwell.edu](mailto:amulvena@northwell.edu).

EBP Workshop: 3/13/19, 9am-1pm in the C Level Classroom. Register in Healthstream

Conflict & Delegation Workshop: 3/18/19, 9am-1pm in the C Level Classroom. Register in Healthstream.

What You See, What You Say...: 3/28/19, 9a-1p in the C level Classroom. Register in Healthstream.

**Don't forget to register for a TeamSTEPPS Training Class: register in HealthStream.**

**Keeping It Clean With The Infection Prevention Team:**

It is *all* healthcare personnel's responsibility to minimize risks for exposure to pathogens that can cause disease and/or infection. One way we can achieve this is through cleaning and disinfection of patient care equipment.

- Patient care equipment must be cleaned and disinfected between patients and when visibly soiled.
- If it is unclear whether patient care equipment has been cleaned, it must be cleaned before patient use.
- Once cleaning has occurred, disinfection can be accomplished with the use of appropriate PDI wipes. \*\*  
Please note the wet time required for the PDI wipes which can be found on the container.
- Clean gloves should always be worn when cleaning and disinfecting equipment.

**Nursing at Phelps Hospital/Northwell Heath Website:**

**Steps to access the site from your desktop:**

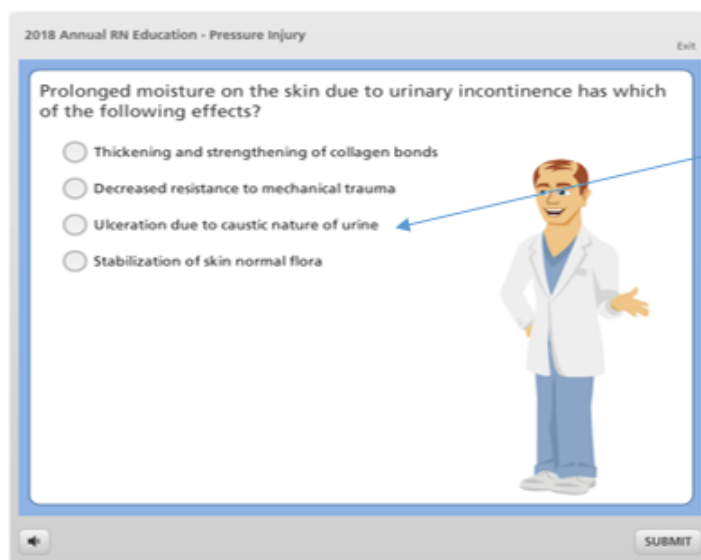
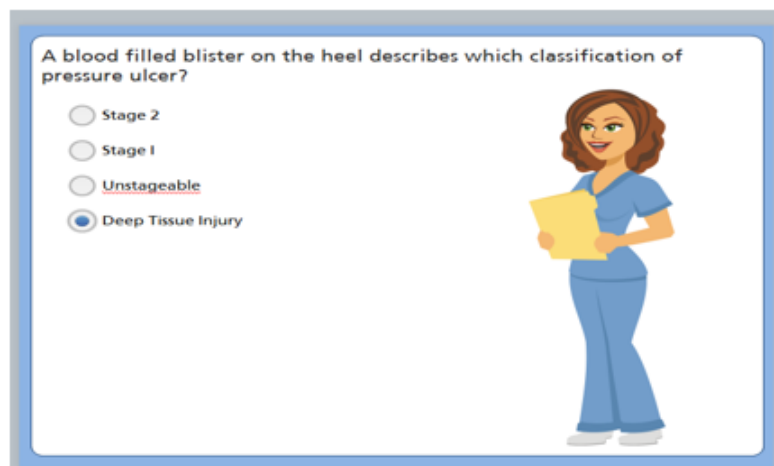
- [Phelps Intranet](#)
  - o [Patient Care](#)
    - [Nursing](#)
      - [Scroll to bottom and click on Nursing Website.](#)

You will be able to view: Information from the Shared Governance Councils, Nurses in the Spotlight, and Upcoming and Past Events.

If you have any questions or suggestions to post additional information, please contact [kcalabro@northwell.edu](mailto:kcalabro@northwell.edu).

### Clarifications from HealthStream Pressure Injury Module:

The correct answer for the slide below is "**Deep Tissue Injury**". A **serum filled blister** is a **Stage 2** and not a Deep Tissue Injury. A blister is considered Deep Tissue Injury when it is filled with blood.



Urinary incontinence can cause denuded and ulcerated skin. The moisture content of urine is the main offender. The constituents of urine, particularly if the urine is alkaline, can contribute to the damage.

**Lippincott Nurse Procedures:** Some staff are unaware that Phelps has the Lippincott Nurse Procedures on the Phelps Intranet. This resource is used frequently when updated Nursing Standards. Here is the location and a sample of the available information:



Lippincott  
Procedures

Phelps Memorial Hc

Search Query	All Content	Login	Ovid
★ Favorites			
Nursing	# A B C D E F G H I J K L M N O P Q R S T U V W X		
All Nursing	12- or 24-hour timed urine specimen collection		
Advanced Practice	12-lead electrocardiogram (ECG)		
Ambulatory Care	12-lead electrocardiogram (ECG) interpretation (Advanced practice)		
Behavioral Health	12-lead electrocardiogram (ECG), ambulatory care		
Critical Care	12-lead electrocardiogram (ECG), pediatric		
Emergency	15-lead electrocardiogram (ECG)		
Long-Term Care	18-lead electrocardiogram (ECG)		
Maternal-Neonatal	2-hour timed urine specimen collection, pediatric		
Medical-Surgical	24-hour timed urine specimen collection using a pediatric urine collection bag, pediatric female		
Neonatal Critical Care	24-hour timed urine specimen collection using a pediatric urine collection bag, pediatric male		
Oncology	24-hour <u>timed urine</u> specimen collection, pediatric		
	Abdominal binder application		

## Procedure

Skills Checklists



Quick Lists



Images



- ☒ Introduction
- ☒ Equipment
- ☒ Preparation of Equipment
- ☒ Implementation
- ☒ Special Considerations
- ☒ Patient Teaching
- ☒ Complications
- ☒ Documentation
- ☒ Related Procedures
- ☒ References
- ☒ Additional References

(View and Print Selected)

**Abdominal binder application**

Revised: August 17, 2018

**■ Introduction**

An abdominal binder contains lengths of elasticized material that encircle the abdomen to provide support, keep dressings in place (especially for patients who are allergic to tape), reduce edema, and reduce tension on wounds and suture lines. An abdominal binder can also promote early mobilization and patient comfort and satisfaction as well as healing.<sup>[1][2]</sup> Studies have shown that properly using an abdominal binder postoperatively doesn't adversely impede lung function.<sup>[1]</sup> Typically, an elasticized abdominal binder is fastened with Velcro.

**■ Equipment**

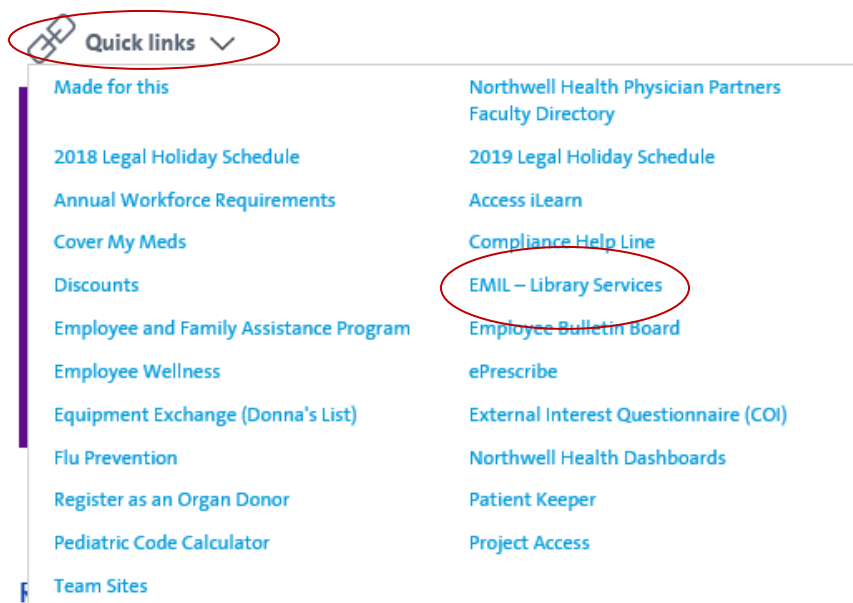
- Tape measure
- Abdominal binder
- Gloves
- Sterile dressings

**Safe Patient Handling:**

We have replaced the Air Tap pumps with the newer model. The newer model have sleek profile that it fits under the bed. The functionality and usage are the same with the older one. If you still have an older model in your department, please let SMI know.



**Northwell Library:** to access the Northwell Library sign onto the Northwell Intranet and access EMIL Library Services by clicking on QUICK LINKS on the first page of the Northwell Intranet. The EMIL Library page has a listing of the library services and resources.



## Electronic Medical Information Library

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What's New

## Library Services

Welcome to the Northwell Health Electronic Medical Information Library (EMIL), accessible remotely and on campus. EMIL is the gateway to search databases, e-textbooks, journal articles, reference materials, and other information resources. For problems or questions with accessing EMIL via mobile devices contact [emilmobile@northwell.edu](mailto:emilmobile@northwell.edu) or [click here](#) for instructions.

**Alert for EMIL remote users!** October 1<sup>st</sup> RAP was transitioned to **AccessMyRemoteAccess**. Please click for [access instructions](#) and for any technical difficulties/[FAQs](#).

### Key Resources

[Access Medicine](#)  
[CINAHL@Northwell](mailto:CINAHL@Northwell)  
[ClinicalKey](#)  
[ClinicalKey for Nursing](#)  
[DynamedPlus](#)  
[Find a Journal/Book](#)  
[Google Scholar@Northwell](mailto:Google Scholar@Northwell)  
[LibCat \(NSUH and LIJ Catalog\)](#)

[Micromedex](#)  
[Mobile Resources](#)  
[PubMed@Northwell](#)  
[UpToDate Instructions and Tips for Mobile and CME Access](#)  
> Non registered UpToDate users [click here](#)  
> Registered UpToDate users [click here](#)  
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[More Library Resources...](#)

**Magnet Moments:** the following summaries are from sessions that Sue Kuznicki attended at the Magnet Conference in Denver last fall.

**Conference Title: From Paper to Practice- Getting your Team on the Same Page**

**Situation:**

Found a decrease in staff engagement form 2014 and wanted to improve it

**Objective:**

To raise scores and increase staff engagement back to where it had been.

**Plan:**

Discussed conflict resolution and ways to improve it on their unit.

Open discussion on things that bothered them and frustrated them.

Drew up and signed a working agreement.

Ground rules set regarding shared attitudes stressing the need to be consistent and shut down all negative statements.

Discussed the importance to be brave and verbalize true feelings head on with each other and only escalate if can't be resolved.

Made bulletin board with index cards to put up positive bullet word/ short statement about good things done by coworkers.

Visited and evaluated general overall working of plan monthly.

Small rewards given for good deeds done and positive behavior.

**Outcome:**

Scores improve and staff happier in general.

Continued with plan and included all.

In closing I would like to say that as part of opening keynote presentation entitled Cut the Drama and Entitlement it was how we should have no Ego.

Drama and data without 2.5 hrs/day = 17 hrs/week= 68 hrs/month = 816 hrs/year

We all need to separate our reality from our suffering.

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## **Conference Title: Time (Tripled manages early onset sepsis) Keeps Moms and Babies Together**

### **Situation:**

They standardized criteria for identifying at risk newborns

### **Objective:**

Reducing admissions to the NICU and safely giving moms and at risk newborns “TIME” to bond after delivery.

### **Plan:**

This was done at a level 3 NICU in Delaware.

They used Kaiser Permanente Calculator to map out guidelines.

Used ACOG- Pathway that would lead to less separation and reduce term admissions to NICU.

They standardized criteria for identifying at risk newborns.

Example – If a maternal temp is documented it would be “tagged” (sepsis pathway)-and then they would fill out sepsis calculator for standardized treatment protocol.

### **Outcome:**

Less admissions to NICU – decrease in separation of mother and baby, Increase bonding.

Here at Phelps, I really found this class interesting because we are starting to institute the same thing at Phelps with some variations.



## **Conference Title: Tonsils with a Tune: Music Effect on Pediatric Anxiety**

### **Situation:**

Music's effect on pediatric anxiety

### **Objective:**

To study 80 children between the ages of 7-18 having T and A and see how music decreased their anxiety, decreased need for narcotic pain medication post op, decreased emergence delirium after surgery and improved general post op recovery.

### **Plan:**

Methods – 80 pediatric T and A patients – 7-18 years of age approved randomized control trial.

Music medicine group- Patients listened to music of their choice preoperatively (at least 15 minutes) and post operatively at least 30 minutes via iPod and headphones.

Choices on iPod for music. Kids Bop, country, Christian, R+B, Disney tunes, and pop. Most popular was Kids Bop.

### **Outcome:**

They went through tools used, data gathered and how they would change study next time (no versed).

Anxiety scores in patients are statistically significantly lower in music groups was not statistically significant. Why? Multiple Variables

The patient satisfaction as to whether they felt music helped them stay calm 78.1 of them said yes

Study also showed that children ate earlier with less distress and problems.

Although study had some floors they also randomly selected 17 patients out of 80 and results were the same.

Here are Phelps future this music therapy might be something we could use on our pediatric patient to decrease anxiety (ASU patients, Remacade patients, Growth hormone patients)

## **Peer Reviews:**

*If you are asked to give peer feedback:*

According to the American Nurses' Credentialing Center (ANCC, 2019), peer feedback is defined as "an objective process of giving and receiving deliberate input to identify areas of strength and opportunities for improvement for a nurse peer. Professional nurse peers may include Registered Nurses with similar roles and education, clinical expertise and level of licensure". A peer feedback tool was reviewed and discussed at several CNO advisory shared governance council meetings in 2018. Judy Dillworth, RN brought the council members' recommendations to the Northwell Magnet Program Director's meeting, where the tool was approved. Since we

have Performance Manager, Phelps' current performance evaluation system which provides a 360 Feedback feature, it made sense to incorporate the "peer feedback tool" into the evaluation. One of the CNO advisory council's requests was to ensure that feedback is collected with **anonymity** maintained.

Eligible nurses are expected to participate in the peer review process. When you receive notification to complete a peer feedback tool, please review the Northwell values, reflect on the nurse's (peer) last 12 months of practice and 1) identify the value(s) which most highlight the nurse's strengths (provide an example) and 2) provide an example where there is potential to demonstrate that value more consistently. Please feel free to ask questions regarding the peer feedback tool or process during any of the "**HR is In**" sessions or your nurse manager. **Note that Professional Clinical Ladder Portfolios are still due on the staff members' anniversary date.**

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