



Phelps Hospital Nursing News May 2019



Celebrations:

Zhasmin Kukov RN of 5 South passed the PCCN Certification.

Anisha Jose RN of 5 South passed the PCCN Certification.

Jisha Thomas RN of 5 North passed her Med-Surg Certification.

Aldo Albanto, HUC of 5 North became the father of twins on April 20th- Mateo and Micaela.

Donisha Sledge, RN of ED received her CEN certification- April 2019.

Marisol Concepcion, MST of 3North graduated from Dominican College with her BSN.

Jessica Patino, MST of 3 North passed her NCLEX in April.

Educational Opportunities:

“All in a Day” Education Day: June 6th, 10am-3:30pm at Phelps Hospital. This program is presented by the Lower Hudson Valley Chapter of ENA. 4.5 contact hours, \$30 fee. To register: log onto eventbrite and look up the event.

Managing Oncologic Emergencies: July 11th, or November 8th. 8am-4:30pm at New York Presbyterian. 7.5 contact hrs. \$225. To register: www.nyp.org/nursing/news/cme.

Nursing Leadership Basics: This is a 3 day program at Northwell for new: Nurse Managers, Asst. Nurse Managers, Nursing Directors, or Nurse Educators. The class will be held on: August 5-7, or November 11-13. Registration is through iLearn- Enrollment must be approved by the registrant’s Director/Supervisor. Contact ryounghans@northwell.edu for assistance or information.

2019 Perianesthesia Nursing Conference: June 22nd, 8am-4p at The Inn at New Hyde Park. Cost is \$135 for TBD contact hours. To register: Eventbrite.

Phelps Hospital 3rd Annual Stroke Symposium: June 13th, 4-9:30pm in Tarrytown, NY. The program will provide 4.25 CMEs for Stroke. To register: Northwell.edu/cme, cost is \$15.

Evaluating the Evidence: presented by Peggy Tallier. May 29th, 12-2pm in C Level Classroom. 2 Contact hours. Lunch will be provided. To register: amulvena@northwell.edu. This is a repeat of the same course presented in June 2018.

Organizational Development Department Classes:

Conflict and Delegation: June 21st, 8:30am-4:30pm. Register in Healthstream.

Being in Charge-A Professional Development Workshop: July 25th, 8:30-4:30pm. Register in Healthstream.

Nurses' Week News:

- Mariel Consagra, RN of 5South was nominated for Hudson Valley Magazine Nurse of Excellence 2019.
- Maryann Portoro, RN of ED was named Northwell Nurse of the Year for the Western Region.
- Phil Dinkler, RN of ED was named Westchester Regional EMS Council Registered Professional Nurse of Excellence.

Phelps Nurse Recognition Awards:

Phelps Pride Award: Maura Maier, RN- 1 South

Rising Star Award: Tahler Cambriello, RN- 5 North

Nurse of Distinction Award: Phil Dinkler, RN- ED

Northwell Zuckerberg Family Award: Kristin Santoro, RN- 2 Center

Friend of Nursing Award: Kathy Calabro- Magnet Office and Joe Anzovino- Security

Excellence in Nursing Leadership Award- Nancy Fox, RN- Organizational Development

Patient Experience Awards- ICU and 2Center

EBP and Research Posters: New this year for Nurses' Week were the posters that were displayed in the hospital lobby. Everyone did a great job and should be proud of their accomplishments.

- Patient Medication Education using the Allen TV- Maria Kierra Gonzalez RN and Katherine Urgiles RN of 3 North.
- Early Onset Sepsis- Maria Mendlovsky RN of Pediatrics.
- 5 North Quiet Time- Amanda McNiff RN, Amanda Dayton RN, Candice Johnson RN, Ronda Haroon RN, & Roxanna McKenna RN, all from 5North.
- Purposeful Rounding using a Multimodal Approach- Tammy Wilson RN of 5 South.
- Quantifying Blood Loss- Mona Maloney RN and Sonja Fanelli RN of MCH.
- New Graduate Mentoring Program- Cherry Lyn Fuentes RN of Organizational Development.
- Adult Coloring- Doreen Wall RN and Jessica Khalaf of 1 South.
- Breast Feeding- MCH.
- Newborn Bilirubin Surveillance- Judy Kennedy RN, Yve Jerome RN, & Kara Giustino RN of MCH.
- Pressure Injury Education for Peri-op Nurses- Peggy Tallier RN of Nursing Administration.
- Care Leaders Meeting- Phyllis Vonderheide RN of Patient Experience.

Professional Development Brochure : There is a brochure on the Nursing Website that contains information about: Certification, Continuing Education, Nursing Promise, Tuition Reimbursement, Mentoring, Preceptoring, etc. Here is how you access this brochure- **Phelps Intranet-→ Patient Care-→Nursing-**

→Nursing Website-→Shared Governance Councils-→Professional Practice & Development-→Learn More-→Professional Development Brochure. Take a look at the brochure, there may be some information that will prove helpful to you.

New Graduate Mentoring: Phelps Hospital established a mentoring program for the new graduate nurses in 2017. The purpose of the program is to provide an opportunity for new graduate nurses to connect with other staff nurses. The ultimate goal of this program is to provide resources, in addition to the manager and CNSs to guide New Graduate Nurses in their professional, personal, and interpersonal growth.

A mentoring program is a very important initiative for the health system and has been included as one of the nursing strategic plans. This year, in collaboration with different leaders from across the health system, we will be expanding the program by adding entry to leadership track for newly appointed RN leaders.

Please see attached flyer for more information

TeamSTEPPS: TeamSTEPPS in action on 3North!

During leader rounds, a 3North patient commented on the “bedside nurse hand-off” that had taken place that day. He said he liked being a part of the process. This speaks to the desired outcome of patient/family engagement which enhances the patient experience. Keep up the great work!!

Patient Safety in Action on Behavioral Health: In 2 separate events during April, Michael James, MHW 1South and Will Shelton, MHW BRU each saved a patient who was choking using their Heimlich Maneuver training. Situational awareness, quick reaction time, communication and staying calm under pressure made a difference in rescuing patients in imminent danger.

Meditech News:

If there are no home meds the nursing staff is to use the “Function” button in Med Rec and set the profile to “No Medications” or “Unable to Obtain Meds”.



Stroke Center News:

When it comes to stroke, every second counts!

Nearly 2 million brain cells die each minute a stroke remains untreated. Rapid access to medical treatment often times make the difference between full recovery and permanent disability. This is stroke awareness month.

Learn to recognize the warning signs of stroke and BE FAST!

Know the warning signs of a stroke



B Balance **E** Eyes **F** Face **A** Arm **S** Speech **T** Time



B is for Balance:

Does the person have a sudden loss of balance?

E is for Eye:

Does the person have sudden change in vision in one or both eyes?

F is for Face:

Does the person's face suddenly look uneven or does one side droop?

A is for Arm:

Is the person suddenly unable to hold up both arms? Does one arm drift back down?

S is for Speech:

Is there a sudden change in speech, such as slurred speech, unable to speak, or does the person not make sense?

T is for Time:

Call 911 now!



Use this acronym yourself and teach it to our patients too.

If you note these symptoms in the hospital call a **rapid response**.

- When a RRT is called and the attending Hospitalist assesses the patient to have symptomology suggestive of a stroke, a **Code Stroke** is to be called via overhead page on that unit by a member of RR team. This is to further alert CT, laboratory, and the ICU of possible testing and transfer. Changes of stroke include (change from baseline):
 - LOC/mental status
 - Sudden vision changes
 - Slurred speech or inability to speak
 - Facial droop
 - Acute decrease in strength, movement or deficit in upper and/or lower extremities

With the overhead page of the code stroke a “CT Head – Code Stroke” is placed in Meditech. Call CT verify which CT you are bringing the patient to. (They have Vocera also). Bring the patient immediately down for CAT scan without delay.

If the patient is eligible for Alteplase (tPA) the current goal is to have it administered within 30 minutes of symptom discovery.

Remember Time is Brain!

Pain Corner: Use of Aromatherapy in Pain

Aromatherapy refers to the medicinal or therapeutic use of essential oils absorbed through the skin or olfactory system. Essential oils, which are derived from plants, are used to treat illness as well as to enhance physical and psychological well-being. The use of distilled plant materials dates back to medieval Persia, the term

“aromatherapy” was first used by Rene Maurice Gattefosse in the early 20th century. In his 1937 book, *Aromatherapie*, Gattefosse claimed that herbal medicine could be used to treat virtually any ailment throughout the human organ system. (2016 Lacklan) In April we had a day of learning for Aromatherapy by Deborah McElligott, DNP, ANP-C, Center for Wellness & Integrative Medicine. In her lecture she stated: “Clinical Aromatherapy is the use of Essential oils for a therapeutic result. Essential oils are selected for a specific purpose and have a measurable outcome”.

Some outcomes include:

- ✧ Decreased anxiety and stress,
- ✧ Decreased agitation,
- ✧ Relief of nausea,
- ✧ Improvement of mood, sleep and decreased perceived pain.

The aromatherapy can be started by any RN who has been validated. I suggest that nurses become validated for this intervention. A multimodal therapy works well with pain. The four essential oils to be used at PHELPS are: mandarin, lavender, lemon, and ginger. This is considered a non- pharmacologic intervention. All non – pharmacologic treatments are then revalidated in one hour. This includes ice, positioning, rest, elevation, hot packs, and massage. Please see your unit representative to get validated.

Submitted by: Margaret Santos MS, RN, ACNS-BC, CCRN.

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When: **June 3 - June 23**

Where: In hospital

- Any computer that has internet access. Access survey from the Phelps Intranet Site. Quick link on right side.

Outside hospital

- Any computer that has internet access. Type in browser-
<https://members.nursingquality.org/rnsurvey>

Duration: Approximately 30 min to complete.

RN Survey Code: 8667Q58

* **Eligibility Criteria:**

- ✓ RNs who are full or part-time, who spend at least 50% of their time in direct patient care and have been employed a minimum of 3 months on the unit.
- ✓ RNs who are unit based per-diems.

X *Agency and contract RNs are not eligible*

The survey **results are confidential.**

- Individual responses are directly collected by NDNQI.
- NDNQI does not provide hospitals access to individual results.
- Unit data is not reported if less than 5 RNs responded.
- Names are not collected.

