



Phelps Hospital Nursing News August 2019



Celebrations:

Ginimol Gregorious received her MSN from Grand Canyon University in June 2019.

Nadia Poon-Woo RN of the ED received her Certification for Emergency Nursing.

Margaret Teixeira CST of the OR celebrated her 85th birthday. Margaret has been employed at Phelps since it first opened.

Congratulations to Linda Rosenberg of Hospitality on being selected as a Nursing Promise Scholar for the academic year 2019-2020.

Educational Opportunities:

Northwell Conferences: To register: Northwell.edu/NursingEvents. Times and contact hours are listed on the registration site.

- Oncology Nursing Conference- September 12th at The Inn at New Hyde Park.
- Organ Donor Nurse Champion Course- September 24th, at The Institute for Nursing, New Hyde Park. This course is free; register on iLearn. 6.25 contact hrs.
- Safe Patient Handling Conference- September 25th at Muttontown Country Club.
- Perinatal-Neonatal Nursing Conference- September 26th at The Inn at New Hyde Park.
- Behavioral Health Conference- October 10th at Leonard's Palazzo
- Pediatric Nursing Conference- October 24th at North Hills Country Club.
- 10th Annual Diabetes Conference- November 6th at Leonard's Palazzo.
- Perioperative Nursing Conference- November 9th at The Inn at New Hyde Park.
- Nursing Education Conference- December 3rd at Leonard's Palazzo.

Emergency Neurological Life Support: 10/5 or 11/16, 9a-5pm at Lenox Hill Hospital. Cost is \$75. To register: go to iLearn and search for Emergency Neurological Life Support 2019. Lunch will be provided. **If you work in the ICU, ED, PACU, Interventional Radiology, 5 South and/or are part of the Rapid Response Team, please consider attending.**

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 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.

2nd Conference on Concussion: Free presentation for Parents, Coaches, Athletic Trainers, Healthcare Professionals and Athletes. August 29th, 6-8:30pm at the Westchester County Center. This event is free. To register: <https://concussion19.eventbrite.com>.

Marijuana & Cannabinoids: What Health Professionals Need to Know. October 24th, 8:30am-4pm.in Yonkers, NY. Cost is \$99, 6 contact hours. To register: www.INRseminars.com.

Managing Oncologic Emergencies: November 8th at New York Presbyterian, cost is \$225 for 7.5 contact hours. To register: www.nyp.org/nursing/news/cme.

Clinical Issues at the Extremes of Age: September 18 & 19th at New York Presbyterian, cost is \$425 for 13.25 contact hours. To register: www.nyp.org/nursing/news/cme.

Organizational Development Department Classes:

Conflict & Delegation: September 24th, 8:30-4:30pm. Register in HealthStream

What you see, What you say. DiSC class. September 6th, 9a-12p. Register in HealthStream.

“Owning Our Nursing Practice: Show Me the Evidence”- the class is part of the RN Residency program for New Graduates but is open to all RNs. August 23rd, 1-4pm in the Hoch Center. 3 contact hours.

“Critiquing the Research Article: What’s Good and What’s Not”- another class of the RN Residency program. To be held on September 27th, 1-4pm in the C level Classroom. contact hours- TBA.

Education Conference at Phelps:

The nursing educational day, *Trends in Nursing Practice 2019*, is back by popular demand! The full day conference will take place on **Tuesday, October 22**, from 8am-4pm in the Phelps’ Auditorium. Contact hours will be awarded.

Topics will include:

- Interventional techniques for stroke treatment
- Quantitative blood loss and Code Fusion
- SBIRT tool for substance use disorders (Screening, Brief Intervention and Referral to Treatment)
- Care of the breast reconstruction patient (DIEP flap)
- Human trafficking
- Health needs of the transgender patient
- Caring for the nurse supporting the end-of-life patient

All nurses are welcome to attend! **Registration is through iLearn.** From your User Dashboard, go to the Search tab and enter Trends, then Enroll. Any questions, please call Organizational Development at 366-3166.

Peri-Operative Nurse Fellowship: The Operating Room is looking for candidates who are interested in an exciting, fast paced, career opportunity. We are taking applications for our October Peri-Operative Fellowship. This is for nurses (experienced or brand new) who are excited about working in the Operating Room. We will train you to both circulate and scrub on our cases. The fellowship program is 1 year long and will include classroom and hands-on training. We will train on many types of operative procedures including Orthopedics, General Surgery, Vascular Surgery, Gynecology, Robotics, ENT, as well as others. Please submit your resume to kkissane@northwell.edu or kesposito3@northwell.edu. The start date is October 7th. Internal candidates will need to give a 4 week notice to your manager. External candidates will need to go through the interview and hiring process, so please contact us as soon as possible. We look forward to hearing from you!

Sending Patients to the OR: If you are sending a patient to the operating room/ procedure area and they have IV fluid running, the IV fluids cannot be stopped. Patients are arriving in the perioperative area without their IV fluid infusing. A Provider Order is needed to stop the IV fluid infusion.



RN Med/Surg Competency: See the attached flyer for the dates/times for Med/surg competency. Registration is through HealthStream.

Tech/LPN/MHW Competency: See the attached flyer for the dates/time for Tech/LPN/MHW Competency. Registration is through HealthStream.

CITI Training: If you have done the CITI Training please contact Alicia Mulvena @ amulvena@northwell.edu so this information can be recorded

Emergency Codes: Code Flight is to be used when a patient is missing from the ED or 1 South. It is not to be used when a patient signs out AMA.

Career Ladder: the Clinical Career Ladder has been updated. Please review the Clinical Career Ladder Maintenance and Advancement Requirements in order to apply initially and to maintain or advance your level.

- The ladder revisions promote professional development and an opportunity to develop skills needed to advance your career.
- The nursing shared governance councils and credentialing council, and nurses from across all departments at Phelps, provided suggestions for revisions.
- Projects and leadership activities are better defined and measureable.
- There are more options, facilitating flexibility and ability to choose areas of interest.
- The career ladder information will be posted on the Nursing Website on the Phelps Intranet.
- Career ladder documents include the packet which contains the maintenance and promotion information and the grid which defines specific requirements. Remember, the EBP algorithm will be used as you begin to explore PI, EBP and research projects and will help to direct you down the appropriate path.

The new requirements are effective August 26th, 2019

Karen Barger, RN, ICU was instrumental in compiling this information and creating measureable activities. Karen and Nancy Fox are available to answer any questions you may have about the process.

Respiratory Refreshers: BiPAP

- BiPAP use is for spontaneously breathing patients
- BiPAP delivers two positive pressures : IPAP and EPAP
- Mask fit is important to prevent skin breakdown on the bridge of patient's nose as well as around the face where the mask sits
- We have 3 different kinds of masks : full face mask, face shield, and under the nose/over the mouth
- It is important to maintain a leak! Masks are designed to "float" on patient's face as different pressures are delivered (a leak of 15-25 is acceptable)
- When removing the mask (for meds/drinking/eating), keep nose protection in place and use the clips on the mask instead of unstrapping both sides. This will ensure the mask fit stays the same and we are not making constant adjustments.
- Machine should be in standby mode when patient is taken off the BiPAP
- Unless patient's condition is declining, try to wait at least a half hour after patient has eaten before calling Respiratory to place patient back on BiPAP.
- BiPAP can cause bloating in the stomach leading to possible aspiration risk in compromised patients – especially those with swallowing difficulties
- BiPAP will ideally provide immediate relief to the patient, however try to avoid removing the mask within the first 45 minutes of use
- Therapy needs to be initiated for at least 45-60 minutes for a therapeutic effect to take place (ex: decreasing CO₂, decreasing WOB, Etc.)

Call Respiratory whenever you have a BiPAP patient! It is their responsibility to maintain the patient and record/carry out physician orders.

Keeping it Clean With the Infection Control Team: All Healthcare Personnel should observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

Wound Care:



Meditech News: When you are reviewing Home Medication Reconciliation please remember to remove any duplicates and the “dummy meds” from the list (vaccinations & Home Meds Documented).

Safe Patient Handling: If you have not attended for this year please sign up for a session. See attached flyer.

RN Residency Program:

On Friday, July 26, 2019, a celebratory breakfast was held for the August 2018 cohort of new graduate nurses who completed the one year RN Residency program. The nurse managers, directors and educators of the 10 nurse residents were invited to celebrate their “graduation”. Following the breakfast, Dr. Peggy Tallier provided an educational session on “critiquing a research article and evaluating the level and quality of evidence”. Congratulations to our new graduates! Starting in September 2019, we will be aligning our RN Residency program with that of Northwell Health.



Pictured above are: Edwina Marc, Tahler Cambriello, Nadeka Bhumnarian, Nicole Arvidson, Leo Ilas and Wilson Guerrero. Not pictured are: Jessi Colletti, Jennifer Rai,

Pain Corner August 2019:

Clinical Opioid Withdrawal Scale (COWS)

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive. Opioid overdose rates began to increase.

In 2017, more than 47,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid. That same year, an estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 652,000 suffered from a heroin use disorder (not mutually exclusive). The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement. (NIH)

Patients with acute or chronic pain need pain medication and may also require a multimodal approach. Patients suffering from chronic pain may require a pain specialist for treatment. Many of these patients are seen in the Phelps Pain Center.

When a nurse is doing an admission assessment for an ED or post op patient he/she may find the patient has symptoms such as agitation, gooseflesh, restlessness, and sweating, these are some signs of withdrawal. In the near future there will be education and intervention on opiate withdrawal called COWS or Clinical Opioid Withdrawal Scale. This is similar to the CIWA scale used for alcohol withdrawal.

The COWS instrument rates 11 common opioid withdrawal symptoms: resting pulse rate, sweating, restlessness, pupil size, bone or joint aches, runny nose or tearing, GI upset, tremor, yawning, anxiety or irritability, and gooseflesh skin. The total COWS score is out of 48 total points and determines the severity level of the withdrawal.

The interpretation of the scale will be as follows:

- Mild Substance Withdrawal (Score 5-12)
- Moderate Substance Withdrawal (Score 13-24)
- Moderately- Severe Substance Withdrawal (Score 25-36)
- Severe Substance Withdrawal (Score >36)

When a patient is experiencing withdrawal, collaboration with the physician for medication adjustment is essential. More education will be provided on Healthstream soon! Any questions please reach out to your educator or Margaret Santos, Doreen Wall or Carolyn Young.

Reference: National Institute of Health (NIH), National Institute on Drug Addiction;
<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Magnet Moments:

Yesterday, we had our Shared Governance council meetings. Thanks to all nurses who either attended, or facilitated the nurses' attendance. Once again, these meetings were informative, productive and inspiring! The minutes of the meetings will be posted on the Phelps Nursing Website, but in the meantime, here are a few highlights:

Recruitment Retention and Recognitions Council

"In the Moment" Star board – every unit/area should have a board for nurses, other members of the inter-professional team and patients/families to recognize nurses "in the moment".

DAISY – discussed ways of providing everyone in the Phelps community information about the DAISY award and how to nominate nurses.

New Knowledge and Innovation Council

We recognized our internal/external experts, Peggy Tallier, EdD, RN, Ani Jacob, DNP, RN-BC, Judy Dillworth, PhD, RN, Janice Lester (librarian) who facilitate our EBP projects and Research.

We began to use the EBP algorithm presented by Ani Jacob last month to clarify our status with unit projects. Peggy said the goal is to keep it simple and work as teams. Doreen Wall, MS, RN-BC helped search the literature and identified systematic reviews during the meeting.

Professional Practice and Development Council

Karen Barger, RN clarified questions regarding the Career Ladder (great job!). Every unit reminded to have unit goals, which are aligned with the organizational and nursing strategic plan. We explored templates for a Magnet board to post unit-specific data.

We discussed succession planning: are you interested in being a council member and/or ready for the challenge of being a council chair? We are here to help!

Quality and Safety Council

Kathy Calabro presented 2 weeks' data regarding "interruptions during medication administration" for 5 North. If your unit is interested in participating, please let Kathy know ASAP. Besides the wonderful unit reports, additional topics included review of pain and HAPI data, Candace Huggins, RNs review of literature regarding medication education upon discharge, Phyllis Vonderheide, RNs patient experience update and Kerry Kelly, RN is seeking help with reducing the 30day readmission rate.

CNO Advisory Council

Helen Renck, MSN. RN (for Mary McDermott, RN) invited Brian McGrinder to collaborate with clinical nurses regarding any pharmacy concerns. We started with the questions on the NDNQI nurse satisfaction survey and had a wonderful problem solving discussion surrounding various medications and Pyxis. Helen shared an "up to the minute" update of the telesitter program, launched this week!

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