



Phelps Hospital Nursing News February 2020



Celebrations:

Ritzel Boer, RN of Hyperbaric became certified in Hyperbaric Nursing.

Gina Falisi, RN of ASU passed her PCCN certification exam.

Alex Xelas, RN of Infection Control received her certification in Infection Control.

Rachel Valdez-Vargas, RN of Infection Control received her certification in Infection Control.

Karen Dondero, RN of Endo leveled up to RN IV.

Nicole Arvidson, RN of 3 North leveled up from RN I to RN II.

Katherine Urgiles, RN of 3North leveled up from RN II to RN III.

Educational Opportunities:

Northwell Conferences: To register: [Northwell.edu/NursingEvents](https://www.northwell.edu/NursingEvents). Times and contact hours are listed on the registration site.

- Organ Donor Champion Program- 3 dates in 2020 at 2 different sites in LI, register in iLearn.
- Pre Surgical Testing Conference- April 25, 2020, 8a-3p at North Shore Hospital.
- Nursing Leadership Conference- April 30, 2020, 8a-4p at The Inn at New Hyde Park
- Med/surg Certification Review- March 25-26, 8a-4p, 12 contact hours, Price is \$350

Geriatric Nursing Symposium- March 26th, 8a-4p at NY Presbyterian Westchester Auditorium. Cost is \$225.

To register: www.nyp.org/nursing/news/cme

Organizational Development Department Classes:

- **Passport to Preceptorship for RNs.** February 25th, 8:30-4:30p: register in iLearn.

EBP Skills Series provided by Peggy Tallier, MPA, EdD, RN, Coordinator of Evidence Based Practice and Research here at Phelps.

- "Preparing an Abstract for Presentation" to be held on February 28th, 1-4pm. C-Level Classroom.
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Dr. Tallier is available for advisement on EBP and Research projects, she is at Phelps on the 2nd and 4th Friday of the month. Please contact Judy Dillworth to schedule an appointment.

NICER Research Study:

The NICER Research Pilot Study is Seeking Volunteers for the Patient Immersion Experience.

Ever wonder what it would feel like to be on the other side of a patient encounter? Calling all interested family medicine residents/faculty, hospitalists, and nurses/techs to participate in this innovative research project (the

first of its kind) by spending a night at Phelps “admitted” for a simulated inpatient hospital stay as a volunteer “patient”.

As an IRB approved research study, NICER-P (Northwell-Phelps Immersion in Clinical Empathy and Reflection Pilot) has been designed and thoroughly reviewed to ensure your safety. Any interested Phelps employees should email Rebecca McAteer, MD: rmcateer@northwell.edu or Candice Johnson, RN (cjohnson21@northwell.edu) to learn more.

EBP Fellow Opportunity:

The Evidence-Based Practice (EBP) fellowship program offers registered nurses the opportunity to develop necessary knowledge and skills to search, critically appraise and use the evidence to initiate new or to change current practices for optimal patient outcomes. EBP integrates the best available research and other types of evidence with clinical expertise and individualized patient care to improve professional practice and patient care. The proposed fellowship is a 9-month long program including didactic education, facilitated course work and independent study on a selected evidence-based practice project.

If you are interested please review the attached application. You can type your information on this PDF form by following the steps below:

- Go to menu bar and hit “Tools”,
- On the right side of the document there should be a list.
- Click on “Fill & Sign”. This will enable you to complete the pdf document.

Please submit your application to Organizational Development by **March 1** so that we can review applications before the Northwell deadline.

Nursing Website:

Friendly reminder to check out our Nursing Website (*found on the Phelps Intranet - click on the heart icon on the right side*):

- ❖ Check out the journal club articles and your fellow RNs stimulating comments. If you have a journal article you think would be inspiring, please send to: dwall@northwell.edu and kcalabro@northwell.edu.
- ❖ Reminder if you travel and capture a picture of yourself or family member with the Phelps logo, we would love to post the picture on the nursing website.
- ❖ Be sure to tune in at the end of the month for the next Phelps Sprout highlighted in **In the Spotlight**... hint - she has graced the halls of Phelps for over 30 years!
- ❖ As always if you have any recommendations for our nursing website, please drop Kathy Calabro a line - kcalabro@northwell.edu or (914) 366 3508.

Medication Safety: Please pay attention to the number of pills you are giving for a medication dose. Phelps Pharmacy makes every attempt to fulfill a dosage using 1 or 2 pills. If the profiled medication dosage is requiring more than 2 pills carefully review the order to make sure that the dosage is correct. Nurses were giving 5 pills of a medication when it should have only been 2 pills. The patient received several doses before the error was recognized.

New Malignant Hyperthermia Cart:

There is a new Malignant Hyperthermia Cart here at Phelps. It will live in the same area that it always has, in the hallway for 3 Center, just before crossing the bridge to go over to the Surgi-Center. It will be next to the Scrub Ex machine. It has a refrigerator on the bottom half, which is new. It will contain 4 bottles of 0.9% Sodium Chloride Irrigation, and 4 bags of 0.9% Sodium Chloride for Injection (IV). The cart must be kept plugged in at all times when not in use. There is a new list of supplies. Please note that the red code cart must be brought into the room, along with the MH cart, if a Code Hot/Code Blue is called. There will be a red plastic lock on the refrigerator, which is easily broken. The top 2 drawers will be locked, and the key for these drawers will be kept in the refrigerator. These drawers will contain the medications, including the Dantrolene. There will be a second set of keys kept in the Nursing Administration Office. The go-live date for the new cart is Monday, March 2nd



Pain Corner:

In an article from RN magazine it was stated that nurses continually advocate for the patients' optimal pain relief. As we know patient self-report is the best assessment for pain. What if a patient is unable to do a self-report? Here at Phelps we do have several pain assessments to assist in determining if a patient is in pain. A position statement from Herr, et al (2011) addressed this issue and was adopted by the American Society for Pain Management Nursing. The five groups of patients included: older adults with advanced dementia, infants and preverbal toddlers, critically ill / unconscious patients, persons with intellectual disabilities, and patients at the end of life. In the article it states "The hierarchy guides healthcare professionals in obtaining a self-report from these patients, identifying potential causes of pain, observing patient behavior to identify the presence of pain, obtaining proxy reports from caregivers and family members, and attempting an analgesic trial in patients unable to self-report pain." Also noted were a few pearls of wisdom. These incorporate all different areas but please reflect on them.

- Strive to create a means of communicating with the patient if at all possible, (i.e. teaching the patient how to display a certain number of fingers to represent the degree of pain, or how to respond yes/no to questions by grasping your hand or blinking their eyes).
- With critical care patients, delirium may wax and wane. Repeat attempts to communicate.
- In the sedated, paralyzed, ventilated patient; tearing and diaphoresis represent autonomic responses to discomfort.

- Sedative and paralytic medications have no analgesic properties.
- Behavioral assessment tools are not appropriate for patients who are pharmacologically paralyzed or for brain-injured patients.
- Children age 8 years and older can use the 1 - 10 scale accurately.
- Children can express pain at age 2 years, but may be unable to distinguish pain from other distress.
- Children who experience chronic pain may not show the same indications of pain that they show in response to acute pain.
- With older patients who have dementia, nursing assistants and caregivers may be the most accurate sources for pain assessment.
- Vital signs are not a reliable indicator of pain; however a sudden change is worth investigating.
- With intellectually disabled persons, The Faces Pain Tool (Revised) is a self-reporting method for those with suspected mental age greater than 5 years.
- In any patient, if pain was a problem before the inability to communicate occurred, investigate and assess for pain.

References:

1. Di Leonardi, B.C.: (2013) Retrieved from rn.com on January 16, 2020 from <https://www.rn.com/nursing-news/best-practices-for-assessing-pain/>
2. Herr, K., Coyne, P., McCaffery, M., Manworren, R., & Merkel, S. (2011). [Pain assessment in the patient unable to self-report: Position statement with clinical recommendations](#). *Pain Management Nursing*, 12(4), 230 – 250.
3. Pasero, C., & McCaffery, M. (2011). Pain assessment and pharmacologic management. St. Louis: Mosby.
4. Di Leonardi, B.C.: (2013) Retrieved from rn.com on January 16, 2020 from <https://www.rn.com/nursing-news/best-practices-for-assessing-pain/>
5. Herr, K., Coyne, P., McCaffery, M., Manworren, R., & Merkel, S. (2011). [Pain assessment in the patient unable to self-report: Position statement with clinical recommendations](#). *Pain Management Nursing*, 12(4), 230 – 250.
6. Pasero, C., & McCaffery, M. (2011). Pain assessment and pharmacologic management. St. Louis: Mosby.

Debbie Tascone Scholarship: Please see the attachment regarding the Debbie Tascone Scholarship. Applications will start being accepted on March 2nd via the Northwell Intranet. The applications are only accepted for a few days so don't wait too long. If you have any questions please contact Alicia Mulvena.

Emergency Codes:

In 2019, 18.4% of the emergency code calls were called by dialing 0 (operator). In January 2020, 16.7%, 14 of 84 were called incorrectly.

The correct way to call an emergency is to **dial 77**. Dialing 77 puts you in direct contact with the operator. Never dial 0. When you dial 0, your call will be answered in the order it has received.

In addition:

- Clearly state the correct code. Know why you are calling and the kind of team response you need.
- Whenever you place a phone call, state who you are.

Community Based Fall Prevention Initiative:

A new Community-Based Fall Prevention Initiative Begins on March 16.

In an effort to reduce the risk of falling after discharge, Case Management will be providing A Guide to Fall Prevention booklet to patients identified as being at risk of falling. The booklet provides fall prevention tips and identifies community resources available for those that need continued support.

A Guide to Fall Prevention was developed as a result of a Lower Hudson Valley Fall Prevention Coalition initiative. Information contained in the booklet recommends follow up with two evidence-based programs; A Matter of Balance (AMOB) and Tai Chi for Arthritis, both available through Phelps. These programs do not replace the Balance Center but are adjunct services.

Attached is the approved copy of the fall prevention booklet.

If you have any questions or comments, contact Ellen Woods at x3937 or ewoods3@northwell.edu.

Infection Prevention Team: As a result of the ongoing Pandemic 2019 Novel Coronavirus, many facilities are preparing for its impact, thus causing a nationwide shortage of N-95 Masks. Northwell has implemented a reuse policy for the N-95 masks. It is important to understand that if a patient is on:

- **ONLY Airborne Isolation**, the N-95 mask is to be re-used throughout the day for the duration of the shift. The Masks of the healthcare team assigned to that patient on isolation should be stored in clear plastic bag labeled with their name. Once the health care worker's shift is over, the mask can then be discarded.
- If a patient is on **Airborne AND Contact isolation**, the N-95 masks must be disposed of after each use/encounter with the isolated patient. **DO NOT** Reuse in this circumstance!

As always, please do not hesitate to contact your Infection Prevention team via Vocera "Infection Prevention", or at Ext. 3786.

Magnet Moments:

Special thanks to all the nurses who either attended, or facilitated your colleagues' attendance at a shared governance council day meeting on February 19th. Remember every nurse is a member of your unit council. Always keep the communication lines open between these Nursing shared governance councils, your unit council and your nurse manager. Please also remember to *regularly* check the Phelps nursing website, for new information and updates which include the minutes of the shared governance council meetings. In the meantime, as per your request, here are a few highlights:

Recruitment Retention and Recognition Council

All members discussed the DAISY application process (created an individualized rubric to objectively evaluate the best nominee according to our mission, values and professional practice model). All of you need to know that: 1) patients, families, colleagues can nominate a nurse who provides *extraordinary care*. This is an internationally supported award and the criteria are for nurses only (sorry but members of our teams e.g. HUCs, techs can and should be recognized – but not for this award, 2) Nurses can be nominated using the QR code, email "letsGoDAISY" or nomination form given to the nurse manager or Nursing office. All of these modalities were used but not all nominees were eligible because, they were not nurses, the submission did not include a narrative describing how the person provided "compassionate care" or it appeared that several nurses were nominated with the same description. We did not have enough eligible nominations to create a blinded vote-but we hope to have more nominations before our March meeting. We also reviewed a "welcome to Phelps" letter and made some suggestions to provide a warm welcome to our newest colleagues.

New Knowledge and Innovation Council

All RNs interested in research are encouraged to take CITI training (a professional development activity). If your professional development goal is to lead an evidence based project (EBP), please make sure you have a PICO question to present at this council for approval. First check in with your nurse manager to make sure your EBP is aligned with your unit or department's professional goals. Peggy Tallier, EdD, is available by appointment on the mornings of two Fridays a month (before the nurse residency program start at 1p) and by phone, as needed to help you with the process of developing a PICO and implementing the EBP. Please reach out to Judy D (x3509) to schedule an appointment with Peggy. Matthew Thompson, RN, presented his project on the creation of a closure tray to reduce surgical site infections of patients with colon and rectal surgery. Thank you!

We are recruiting for a clinical nurse who is interested in mastering EBP/Research as a fellow at Phelps, who will help support others here. Please contact Cherry Fuentes, RN who is our Phelps representative on the Northwell EBP/Research Committee.

Professional Practice and Development Council

We discussed the importance of being a member of a professional organization. Nurses on this council agreed to collect information regarding 1) who is a member of a professional organization, 2) the name of the organization, 3) if you hold a leadership role (e.g. President, secretary, program chair, etc.). Cheryl Burke, RN investigated the origins of NICHE and traced it back to the American Nurses' Association (ANA) which formed a geriatric specialty group (Gerontological Nursing Association) and was subsequently supported by the John A. Hartford Foundation, including the Hartford Institute of Geriatric Nursing at NYU, which formed NICHE. Candice Johnson, RN, and Carolynn Young, RN led an exercise where all members defined "what great looks like" for each of the six components of Healthy Work Environments.

Quality and Safety Council

Our clinical nurses' presented unit-based performance improvement projects. Remember to always get baseline data before you start a performance improvement project so that you can validate whether the interventions were successful in achieving the defined outcome. Michelle Hovath, RN, continued to provide information on the interpretation of DATA and use of "run charts". Michele showed real Joint Commission Oryx data and data from the Medication Reconciliation Committee to show how run charts are used.

CNO Advisory Council

Mary gave information on important dates (e.g. Phelps' Town Halls, Nursing Leadership retreat). Mary also shared that a Nurse Informatics Council will be formed with a goal to reduce redundancy in documentation. Judy provided an update on the shared governance day's discussions and activities. We are at the halfway mark to completion of performance appraisals (due date March 31st) so every nurse in the organization must complete a self-appraisal, have peer feedback, a performance appraisal with goals for professional development. Nurses were encouraged to proactively make an appointment with their nurse manager before March 31st, to ensure that a time to discuss his/her performance appraisal occurs. There was further discussion at the CNO Advisory, including the organizational goal to promote a healthy work environment (HWE) on every unit at Phelps.

News is compiled, edited, and distributed by: Alicia Mulvena (Organizational Development). If you would like to submit information for publication please contact: Alicia Mulvena, amulvena@northwell.edu, or ext. 3165