

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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Mark your Calendars!
The Virtual Magnet®
Site Visit will be from:
August 19, 2020
to
August 21, 2020

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

ALLOW THE READER TO BE PREPARED FOR THE SITE VISIT BY OBTAINING KNOWLEDGE OF THE FOLLOWING:

- ❖ *Phelps Hospital Magnet® Journey*
- ❖ *Magnet Recognition Program®*
- ❖ *Magnet components and how they apply to nursing at Phelps*
- ❖ *Evolution of our Professional Practice Model*
- ❖ *Shared Governance Model*
- ❖ *Nursing reporting structure*
- ❖ *The Nursing Strategic Plan*
- ❖ *Your unit or divisions inspirational and innovative stories highlighted in our Magnet® Document*

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

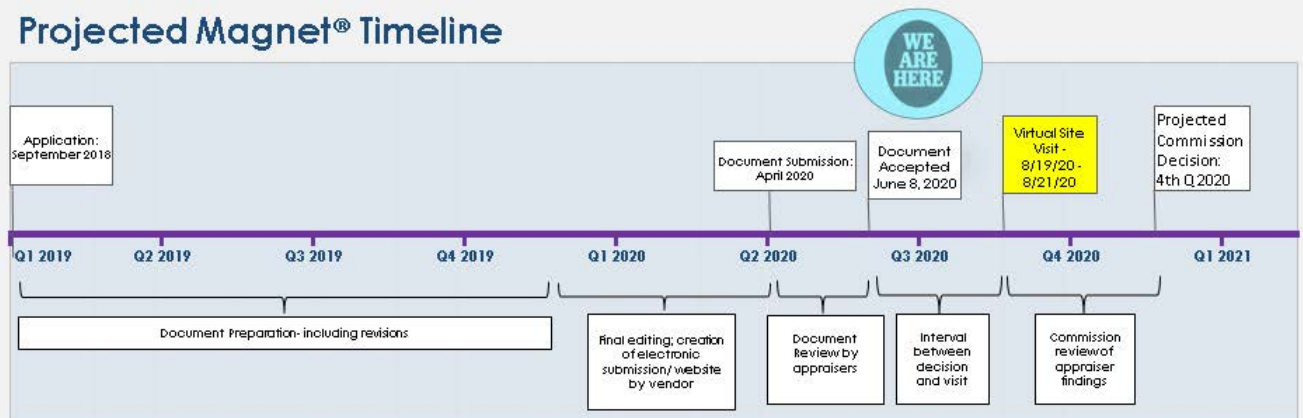
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

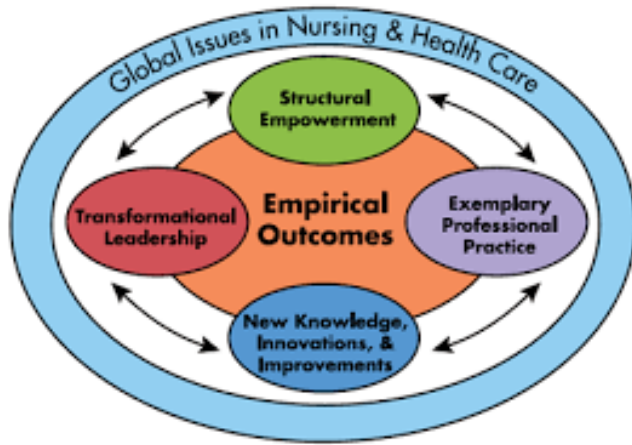
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

THE SITE VISIT IS YOUR TIME TO ... SHINE!

Projected Magnet® Timeline



The following pages explain the Magnet® Components and how they apply to Nursing at Phelps Hospital.



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes. The Magnet Recognition Program provides a roadmap to nursing excellence, which benefits the entire organization. To nurses, Magnet Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.¹

BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success¹

¹ <https://www.nursingworld.org/organizational-programs/magnet>

² <https://www.indeed.com/career-advice/career-development/transformational-leadership>

³ http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at_the_core_of_magne-Xfs8.html

TRANSFORMATIONAL LEADERSHIP (TL)

Transformational leadership is a process where leaders and followers raise each other up to higher levels of motivation. A good transformational leader does the following:²

- ❖ Provides encouragement
- ❖ Sets clear goals
- ❖ Provides recognition and support
- ❖ Models fairness and integrity
- ❖ Provokes positive emotions in others
- ❖ Inspires people to achieve their goals

STRUCTURAL EMPOWERMENT (SE)

Structural empowerment allows for shared decision making involving direct care nurses through an organizational structure that is decentralized. While the chief nursing officer has an active role on the highest-level councils and committees, standards of practice and other issues of concern are handled by groups that allow direct care nurses of all levels to exercise influence.³

EXEMPLARY PROFESSIONAL PRACTICE (EP)

This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence.¹

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

Our current systems and practices need to be redesigned and redefined if we are to be successful in the future. This Component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.¹

EMPIRICAL OUTCOMES (EO)

Focuses on the outcomes of structures and processes and how they compare to national benchmark data.

Phelps Hospital Mission

- Improving the health of the community we serve;
- Sustaining an environment of excellence where medical, social and rehabilitative services are delivered proficiently, efficiently and effectively;
- Offering a broad range of preventative, diagnostic and treatment services;
- Educating our community to achieve optimal health outcomes and quality of life;
- Striving to enhance the personal and professional excellence of our medical, nursing, paraprofessional, technical, administrative and support staff;
- Providing care in a safe, modern environment where advanced medical techniques and effective management and planning are coupled with the strong Phelps tradition of caring.

NURSING DEPARTMENT'S MISSION

TO PROVIDE QUALITY CARE TO OUR PATIENTS,
FAMILIES AND COMMUNITY THROUGH
EXCELLENCE IN CULTURE, QUALITY, PRACTICE,
COLLABORATION, INNOVATION AND
EDUCATION.

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

Do you have a mentor that guides and supports you at Phelps? How has that impacted you?

Was there a time where communication with your CNO, Mary McDermott, your director or your manager influenced change in the hospital and/or your unit?

During the COVID-19 Crisis did your leadership show support?



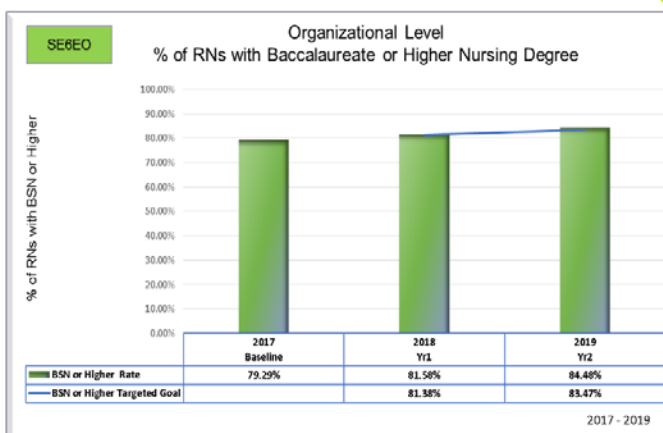
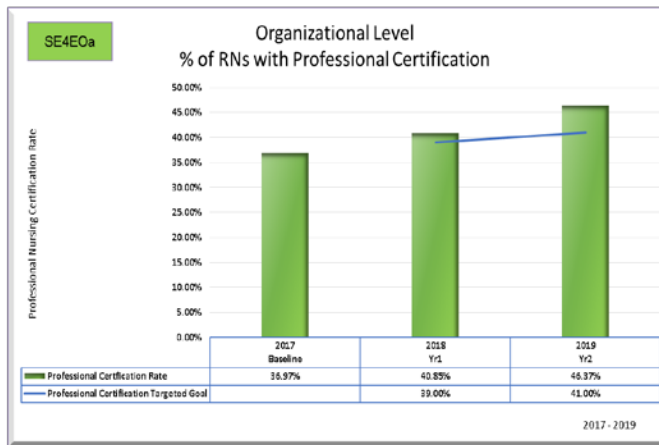
STRUCTURAL EMPOWERMENT

Shared governance day is the third Wednesday of every month. We attempt to have unit representation at every council. The following councils make up our shared governance structure:

- ❖ New Knowledge
- ❖ Professional Practice & Development
- ❖ Quality & Safety
- ❖ CNO Advisory
- ❖ Recruitment, Retention and Recognition
- ❖ Advance Practice Registered Nursing (APRN)

Each council has a: charter, agenda, meeting minutes, attendance, highlights and yearly accomplishments. These documents can be found on the nursing website under shared governance. Please reference pg. 9 to view the shared governance schematic.

Graphs highlighted at Professional Practice that we take pride in:



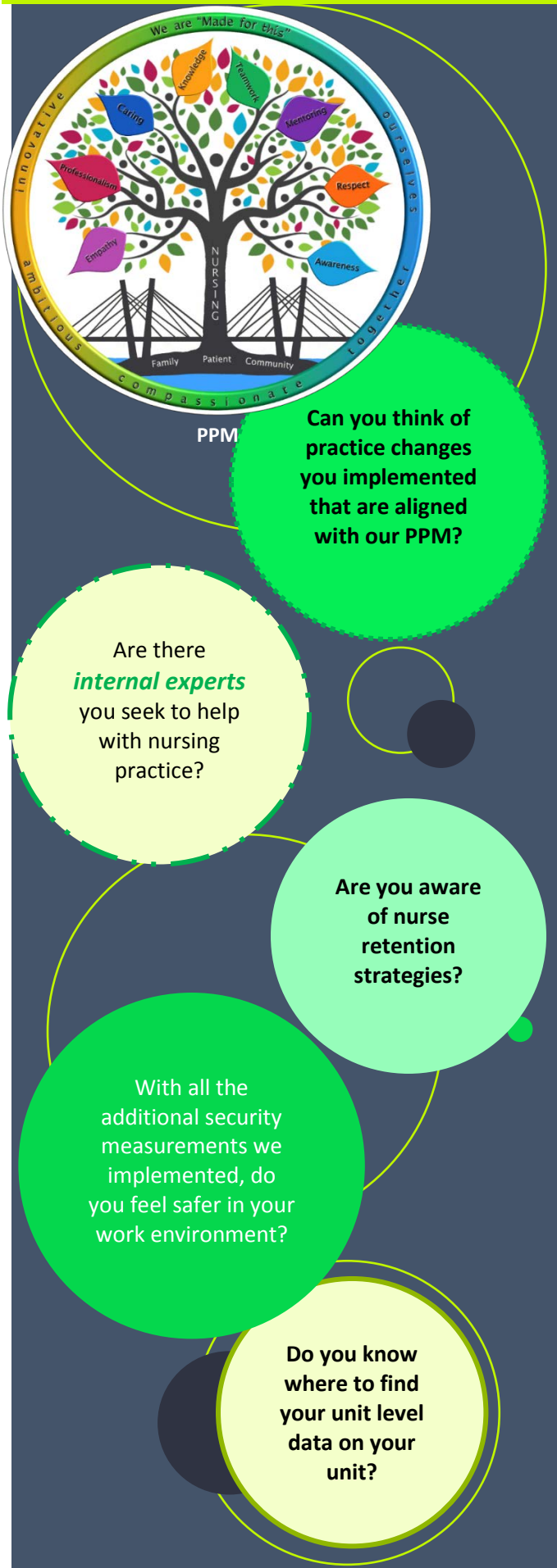
Has the hospital supported you in your volunteer efforts?

Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

- Onsite accredited live continuing education
- Access to e-learning – CE Direct
- HealthStream
- Longstanding reimbursement for continuing education
- Longstanding support for review courses and exam reimbursement
- Northwell policy; Longstanding certification differential
- Longstanding BSN differential
- Longstanding tuition reimbursement
- Nursing Promise grant
- Success Pays



Magnet "Fab 5"

- 1) RN Satisfaction - 2019 NDNQI RN Survey
please reference EP2EO in the magnet document
Selected
 - Adequacy of Resources & Staffing
 - Fundamentals of Quality Nursing Care
 - Autonomy
 - Professional Development - Access
- 2) Inpatient Clinical Indicators
please reference EP18EO in the magnet document
 - Falls with Injury
 - HAPI Stage 2 & Above
 - CAUTI
 - CLABSI
- 3) Ambulatory Clinical Indicators
please reference EP19EO in the magnet document
 - Falls with Injury
 - Patient Burns
- 4) Inpatient Patient Satisfaction
please reference EP20EO in the magnet document
Selected
 - Patient Engagement
 - Service Recovery
 - Courtesy & Respect
 - Responsiveness
- 5) Ambulatory Patient Satisfaction
please reference EP21EO in the magnet document
Selected
 - Patient Engagement
 - Patient Education
 - Safety
 - Courtesy & Respect



Successful Measurement:

The majority of the units outperform the national database benchmark the majority of the time.

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Have you participated in the implementation of evidenced based practice (EBP) on your unit?

INNOVATION!

PLEASE access the nursing website for essential and exciting nursing information! *Click on the heart icon on the Phelps Intranet or*

<https://1065226.site123.me/>

Did you know there is an **on-line Journal Club** in the Nursing Website with several thought provoking articles? Would love to hear from you!

Can you think of a time where you adopted technology that improved a patient outcome?

During COVID-19 Response, did you adopt innovative solutions?

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

"THE EFFECT OF AN EDUCATIONAL INTERVENTION ON PERIOPERATIVE REGISTERED NURSES KNOWLEDGE, ATTITUDES, BEHAVIORS AND BARRIERS TOWARD PRESSURE INJURY PREVENTION IN SURGICAL PATIENTS"

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

"EVALUATING THE EFFICACY OF A MINDFULNESS-BASED MOBILE APPLICATION ON STRESS REDUCTION AMONGST NURSES"

PI: Candace Huggins

"IMPACT OF EDUCATIONAL PROGRAM ON 'EXPRESSIONS OF HUMANISM' ON CARING BEHAVIORS, PATIENT EXPERIENCE AND QUALITY OUTCOMES"

PI: Elizabeth Wiley

"NORTHWELL-PHELPS IMMERSION IN CLINICAL EMPATHY & REFLECTION- PILOT (NICER-P)"

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

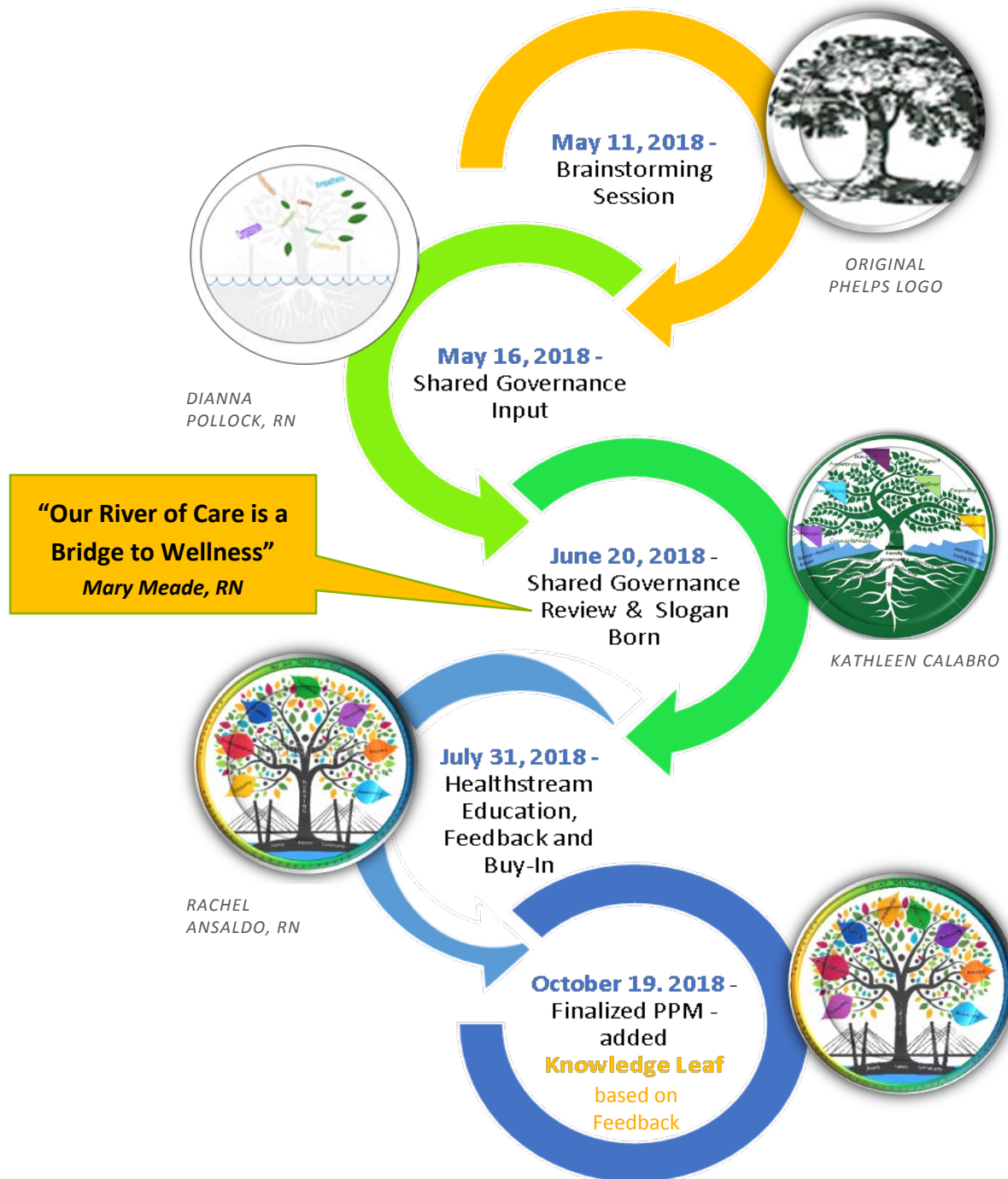
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

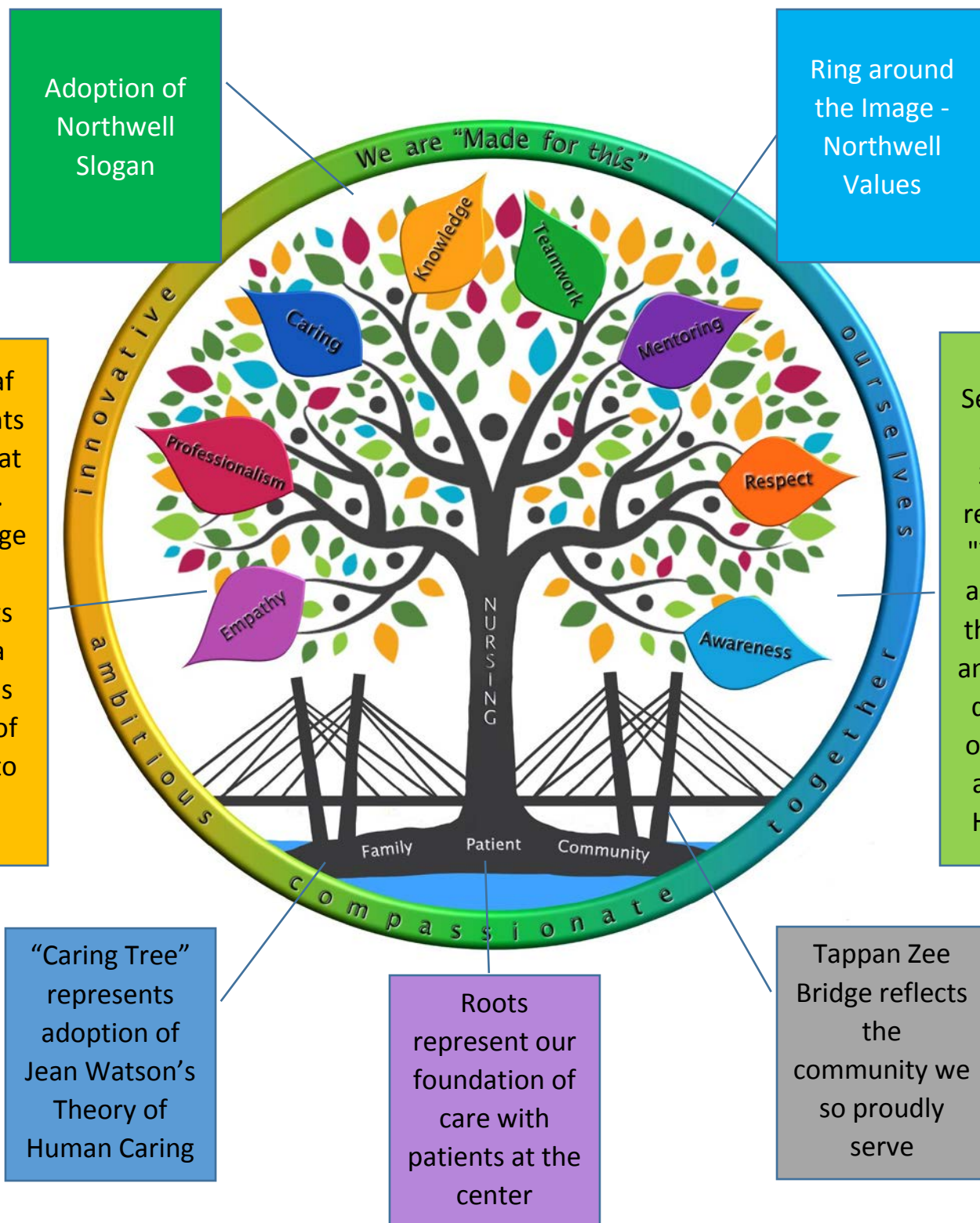
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

What is a Professional Practice Model (PPM)? The driving force of nursing care. “It is a schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, coordinate, and develop professionally to provide the highest-quality care for people served by the organization (e.g. patients, families, communities).” Professional Practice Models illustrate “the alignment and integration of nursing practice with the mission, vision and values that nursing has adopted”¹

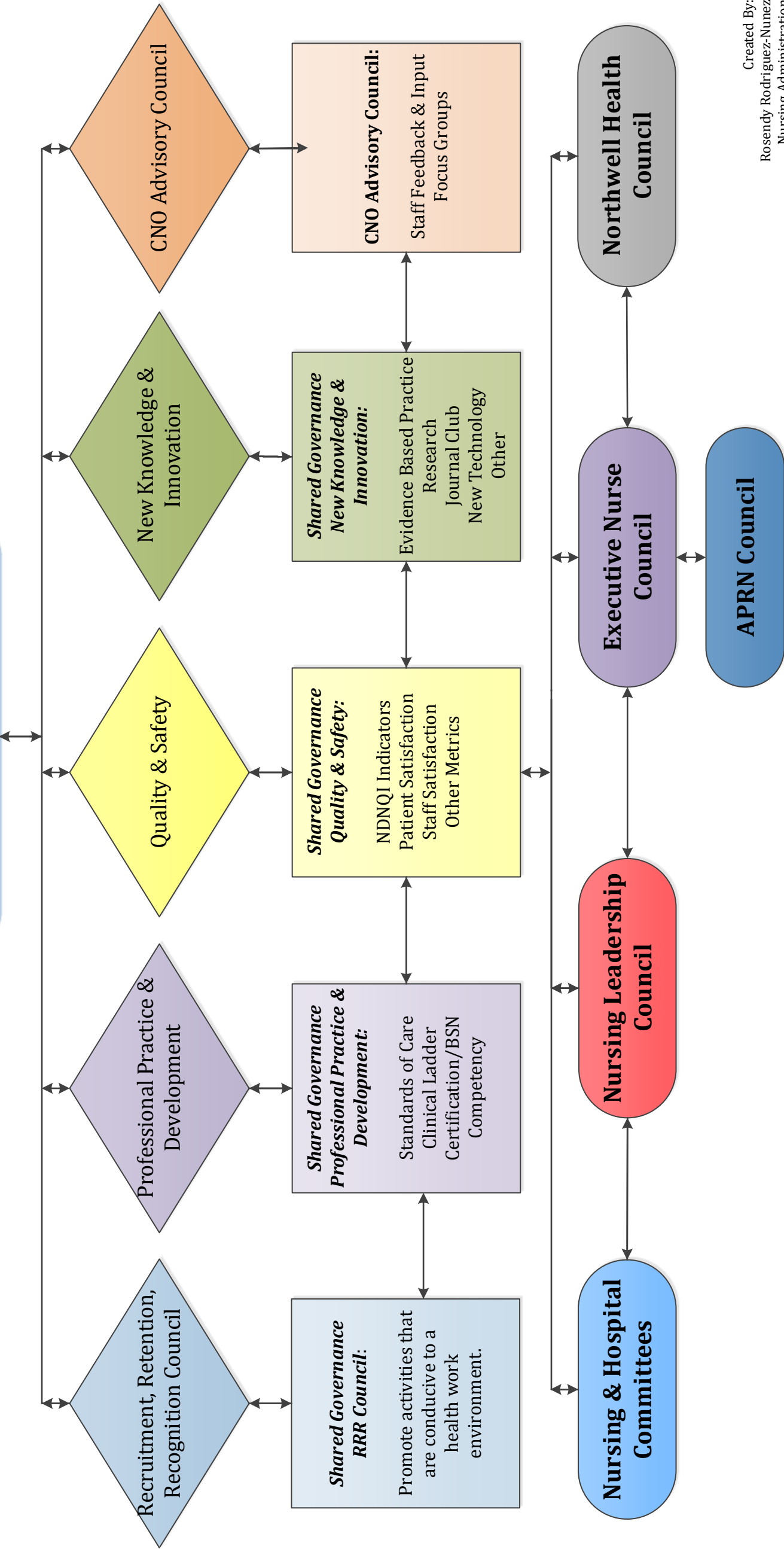


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

- 5 Approved IRB studies
 - 2 Completed
 - 3 In progress
- Adoption of Northwell EBP Guidelines
- Nurse Residency Program
- Clinical Scholar Program:
 - Searching and appraising the literature
 - Abstract writing
 - Presentations
 - Internal audiences
 - External audiences



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

- Ongoing monitoring of:
 - BSN Rates
 - Certification Rates
 - Clinical Career Ladder Advancements
- Individualized TeamSTEPPS®
- Portfolio template created in ED then shared with other areas
- Provided clarity to the Peer feedback tool by brainstorming examples for each value
- “We are made for this video” created by PPD co-chair, Candice Johnson, BSN, RN
- Succession planning
- Standards of care updates



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

- Input into the unit-specific dashboards with metrics and suggested glossary for better understanding
- Ongoing review of data for:
 - Patient Satisfaction
 - Nurse-sensitive quality indicators
 - Performance improvement
 - Readmission Rate
- Continued report-out to the Performance Improvement Coordinating Group (PICG)
- Sparked idea for the Nursing Phone Interruption Analysis. Findings - peak interruptions during Medication Administration. Brainstorming of possible intervention(s) to be discussed and rolled out in 2020.



CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

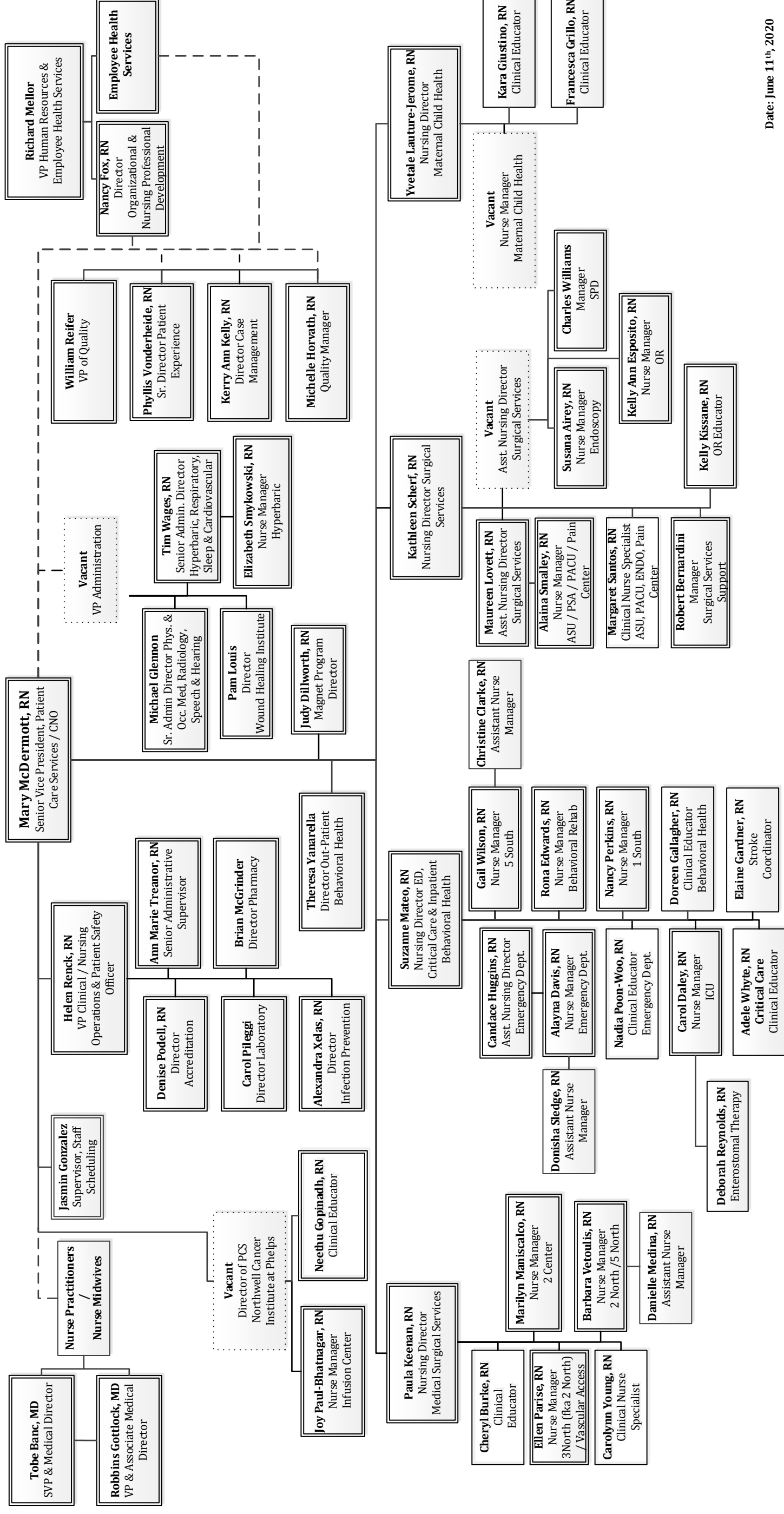
2019 ACCOMPLISHMENTS:

- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.
- Suggested for 2020 the RRR Council monitor hospital events in order to better prepare and plan for celebrations.
- 12 hour shifts requested and approved for the Behavioral Rehab Units.



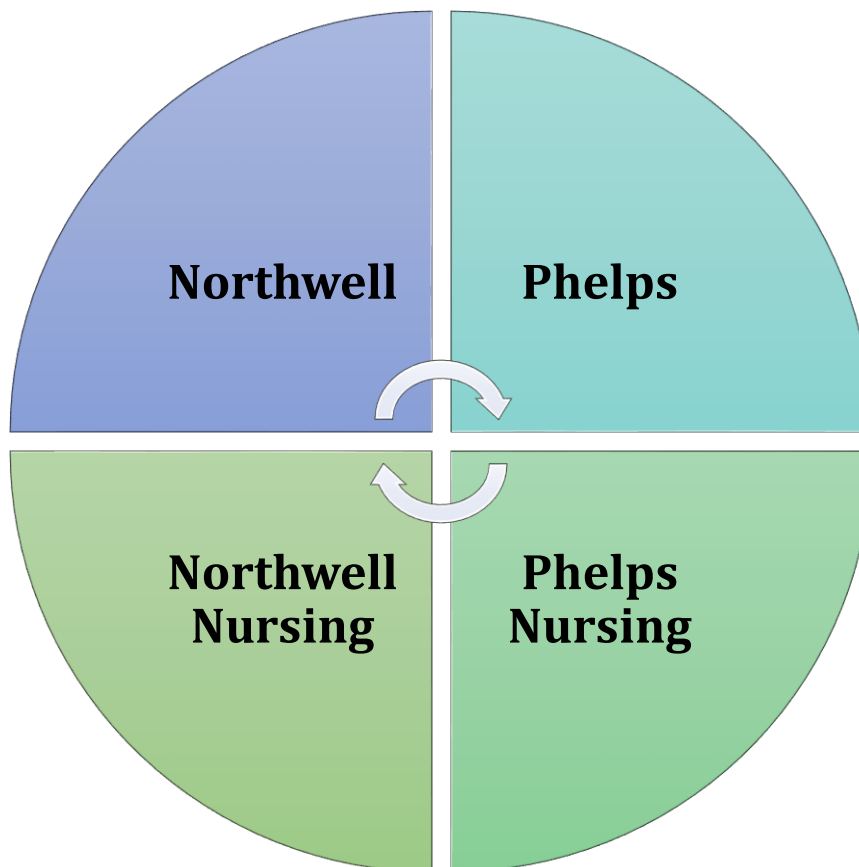
Phelps Hospital / Northwestern Health

Patient Care Services



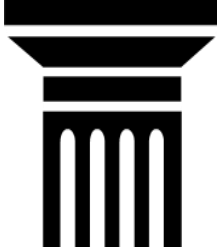
Nursing Strategic Plan

The Nursing Strategic Plan embodies the mission and overarching goals of both the Northwell System and Phelps Hospital. It is reflective of and aligned with Northwell Systems Patient Care Services Strategic Plan and the Hospitals Growth Plan and Strategic Initiatives ([Appendix B1](#)). It is grounded in our Professional Practice Model and the Phelps Hospital Nursing Quality and Safety Plan ([Appendix B2](#)) “to develop and sustain an environment of professional excellence in nursing practice in concert with the Hospital’s mission.”



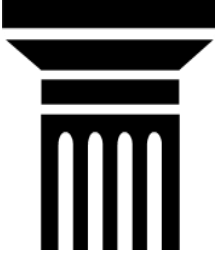
Goals

Quality



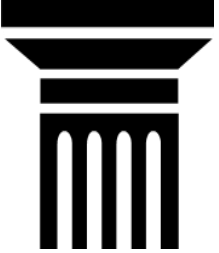
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



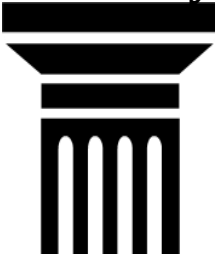
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



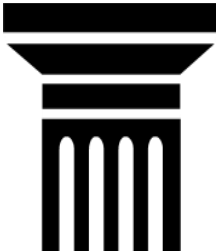
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customers desire.

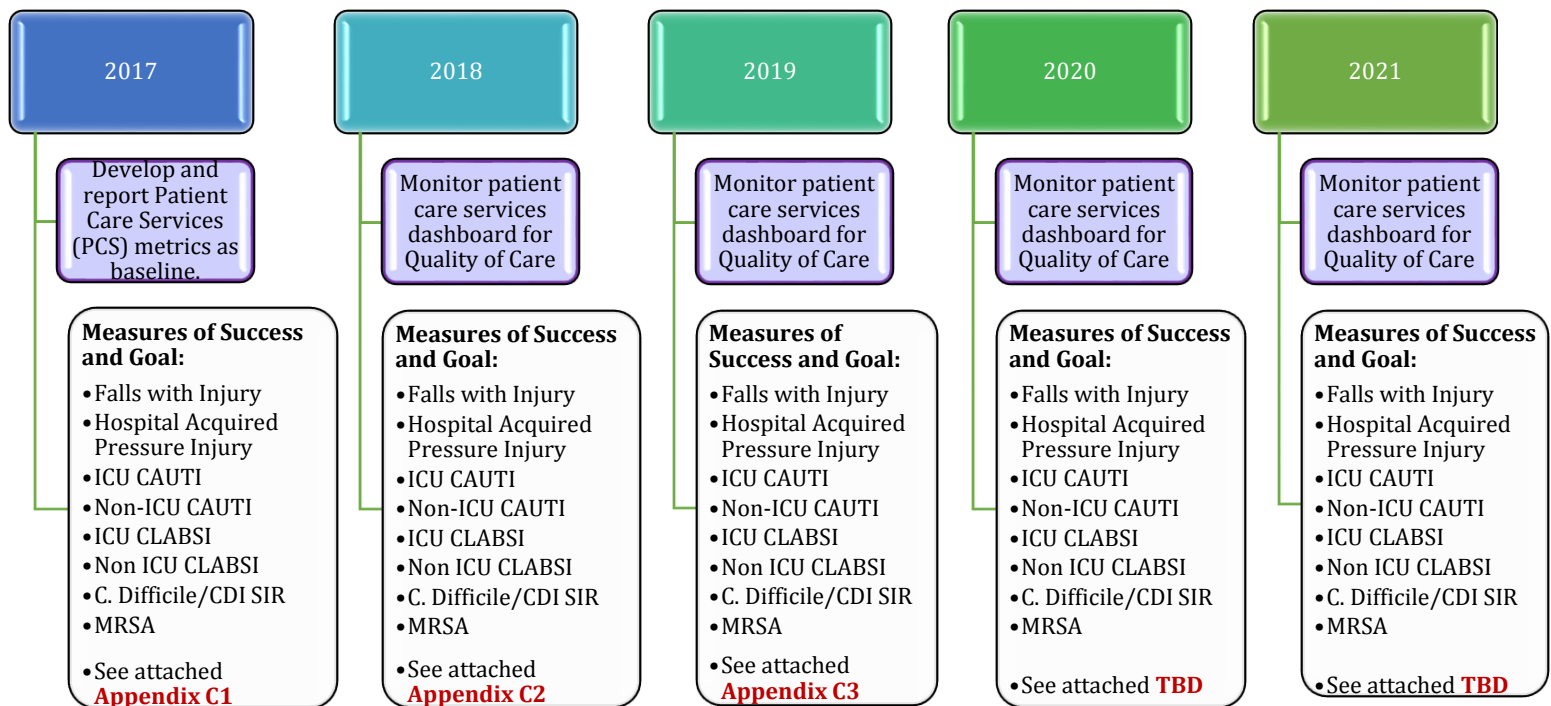
Finance



Optimize the provision of quality care by assuring effective fiscal management.

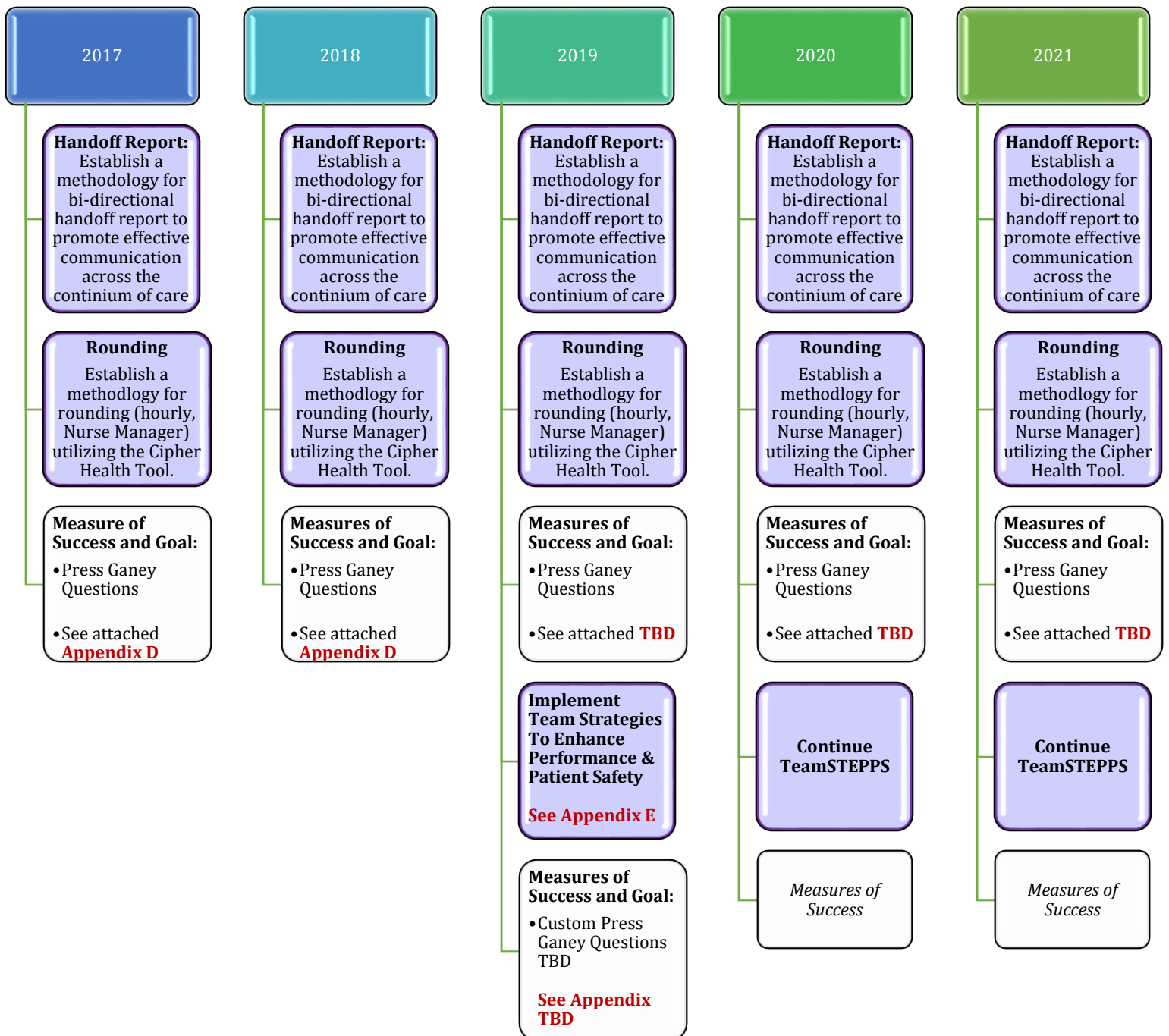
Quality

GOAL: Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.



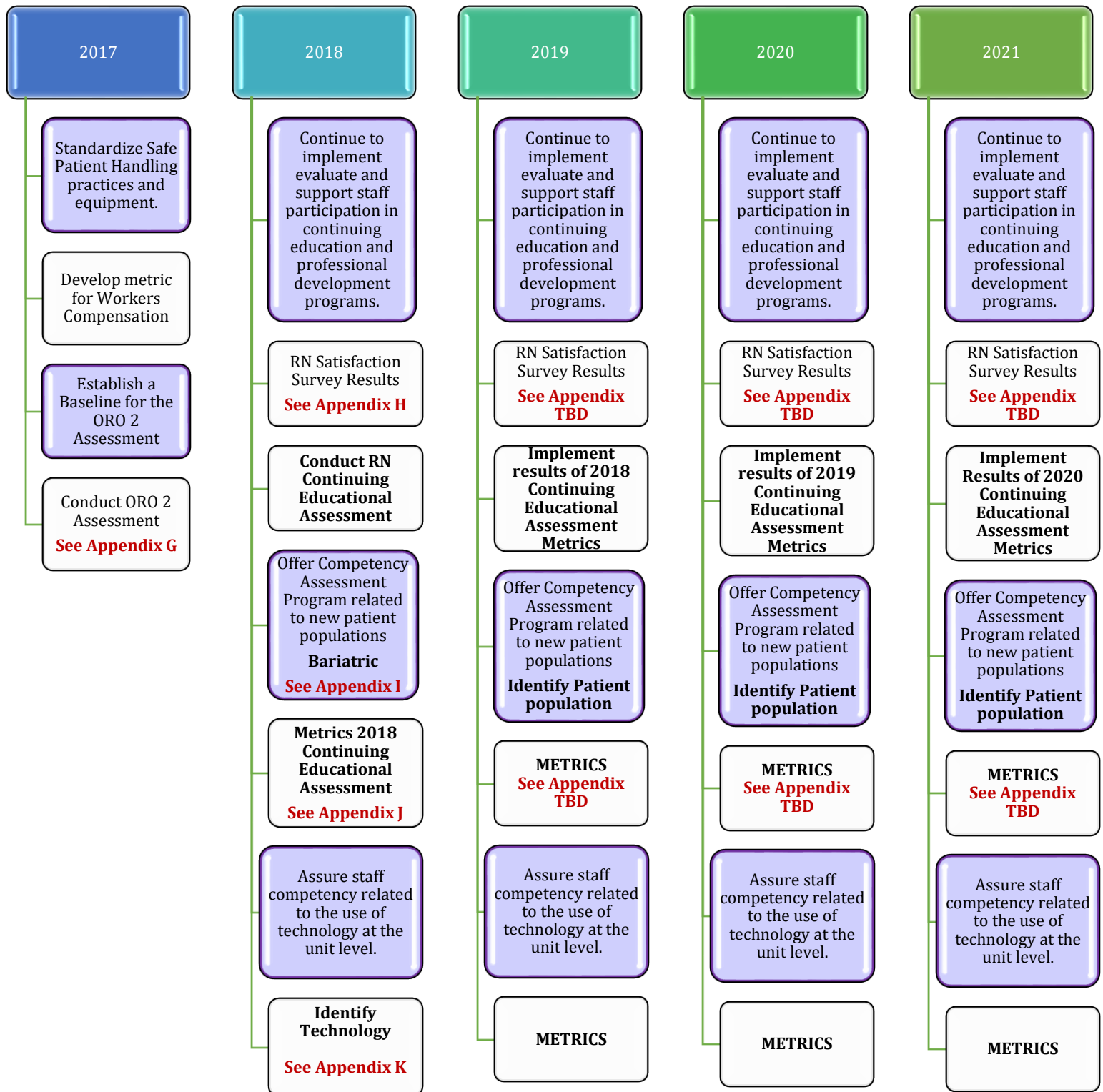
Quality

GOAL: Foster an evolving Culture of Safety through Evidence Based Nursing Practice and nursing research that cultivates learning and promotes innovation across the continuum of care.



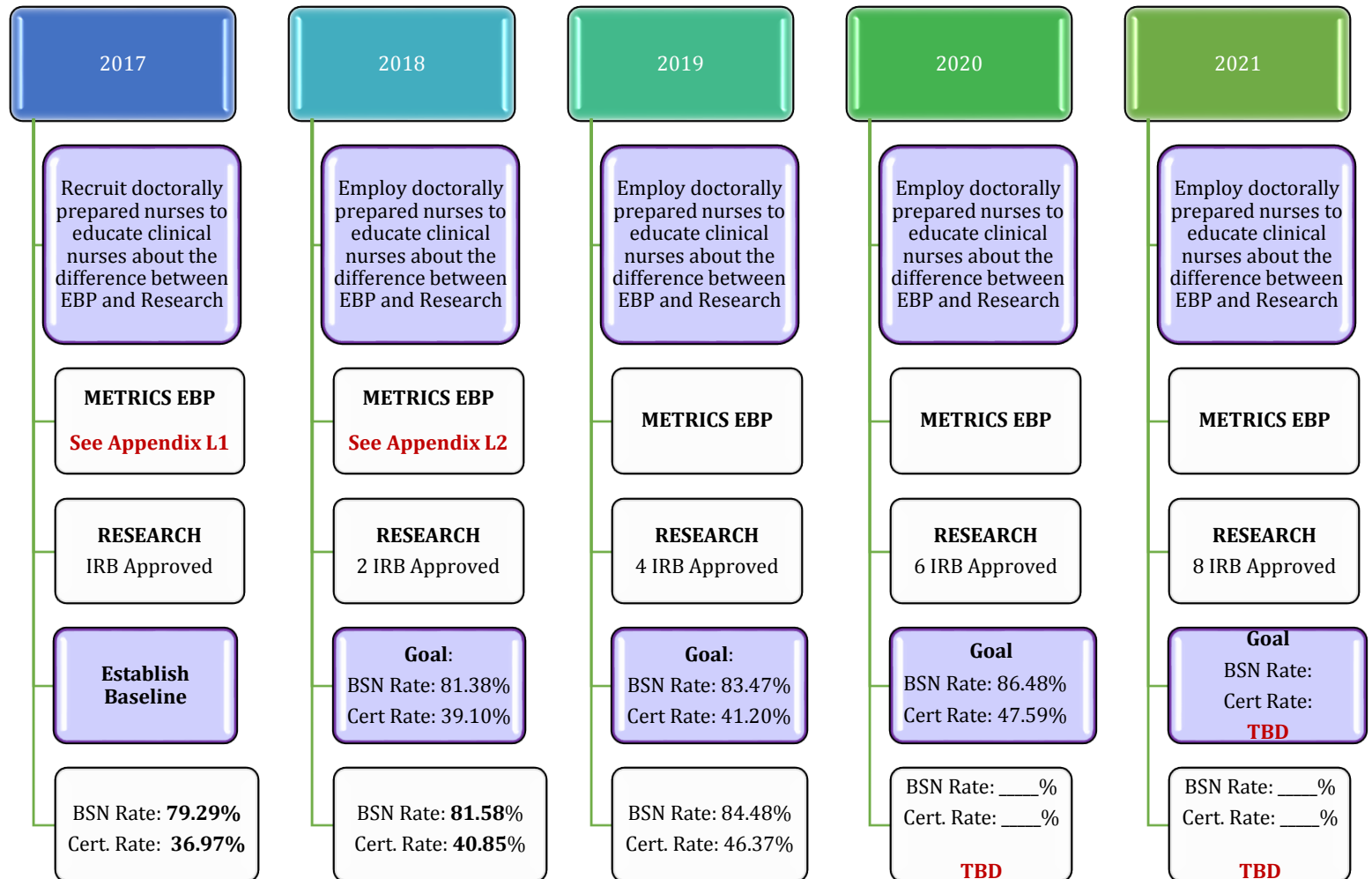
People

GOAL: Create an empowering environment for RNs to function at the highest level of their licensure.



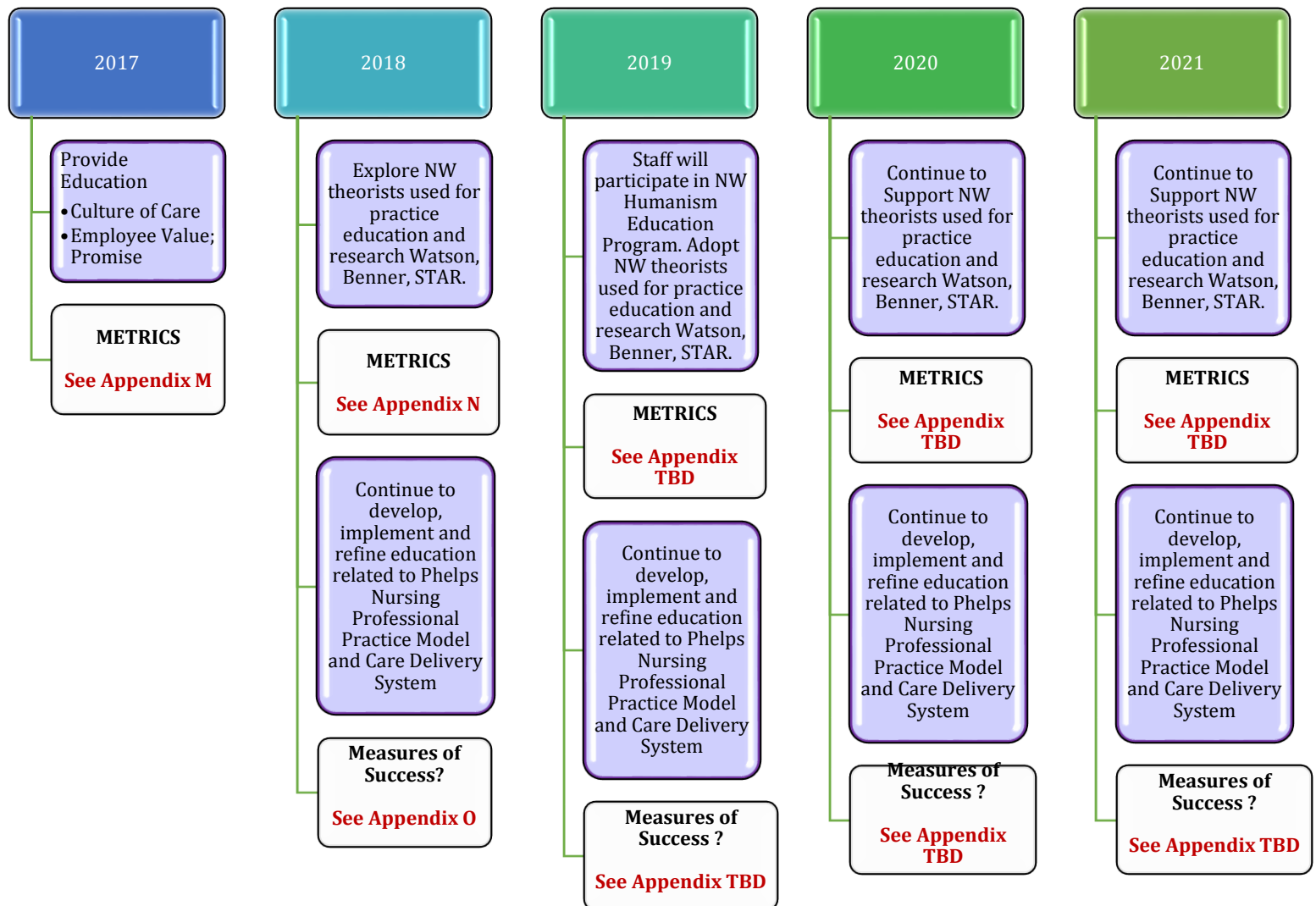
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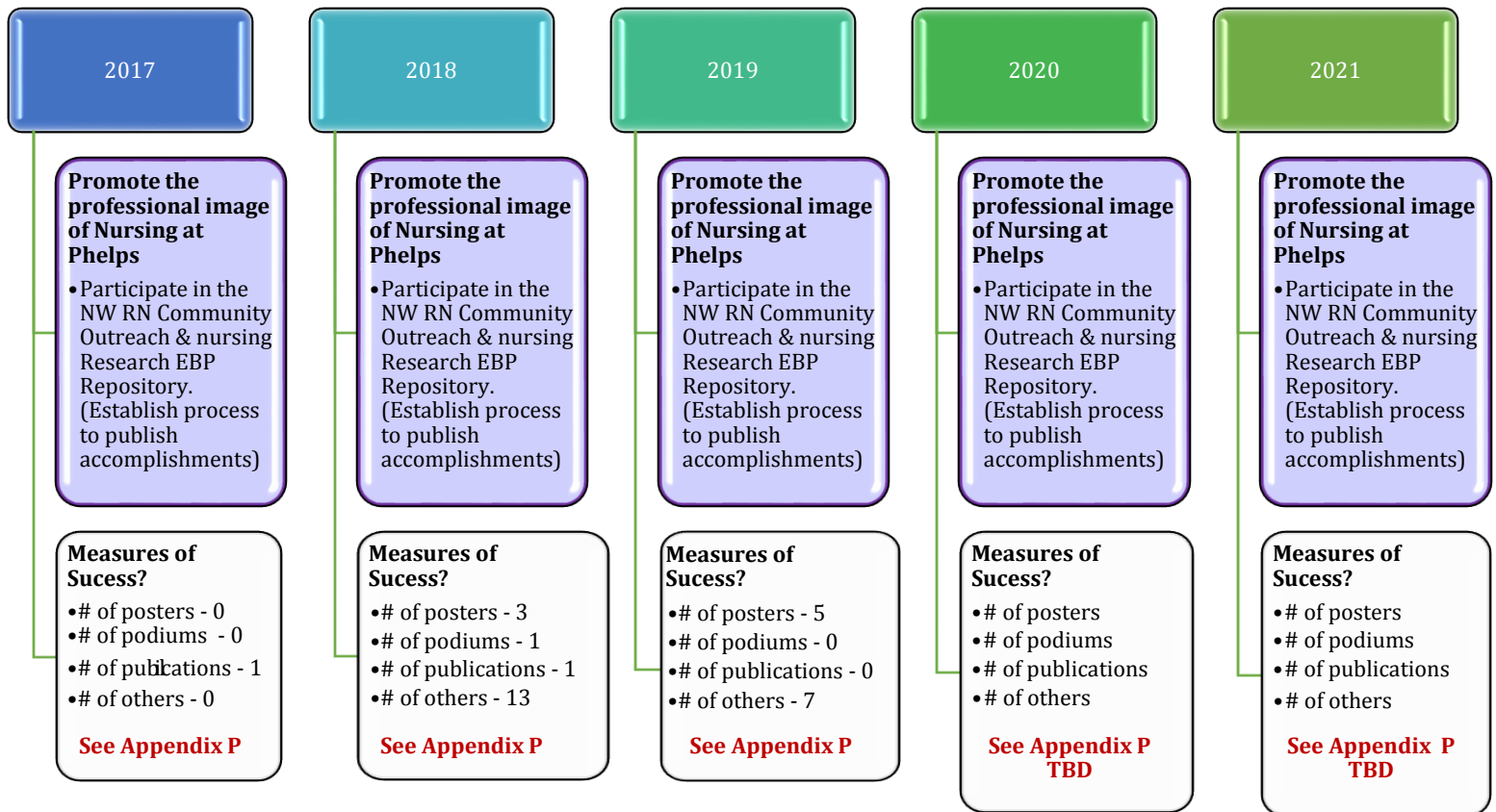
Service

GOAL: Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.



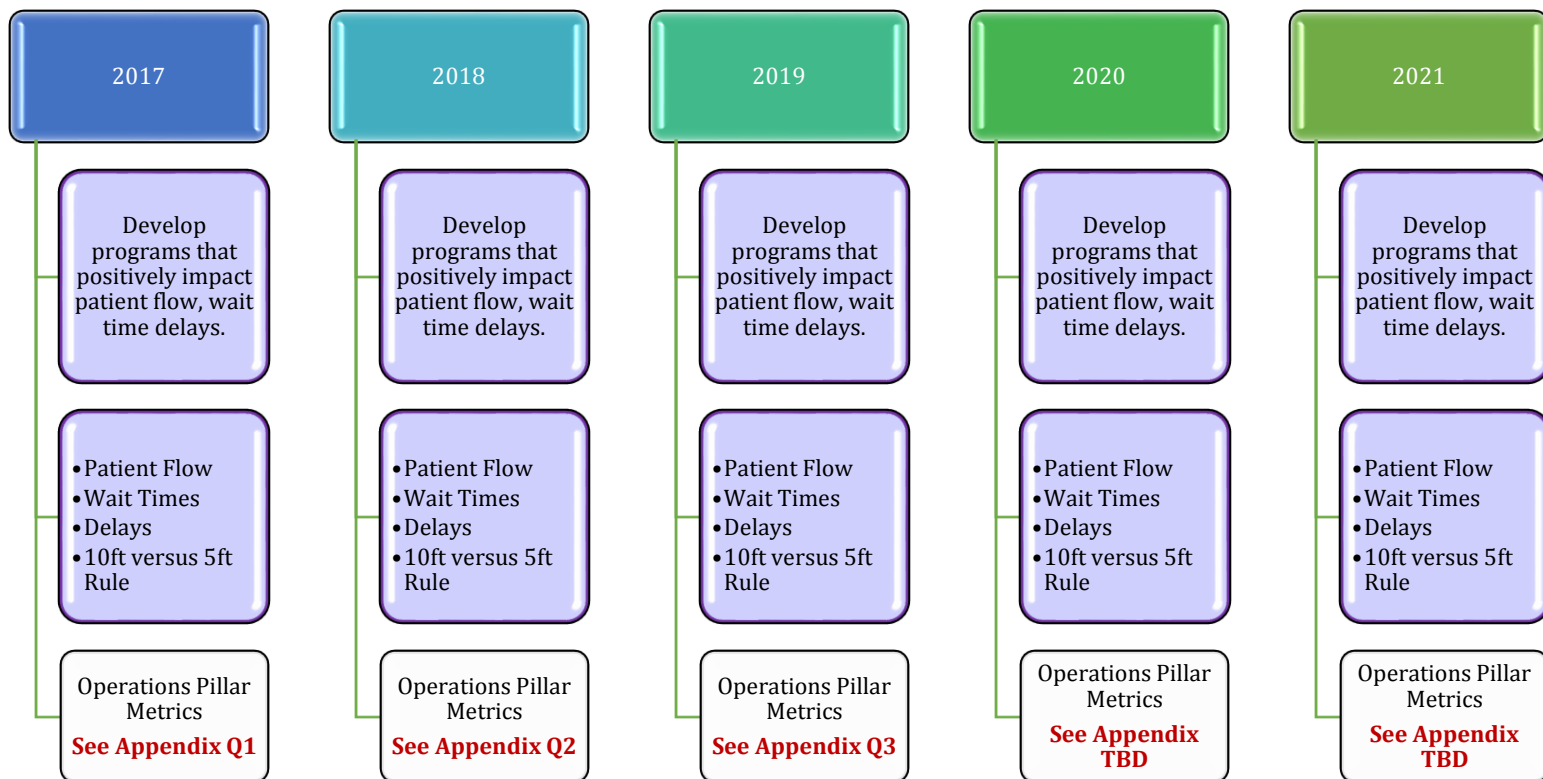
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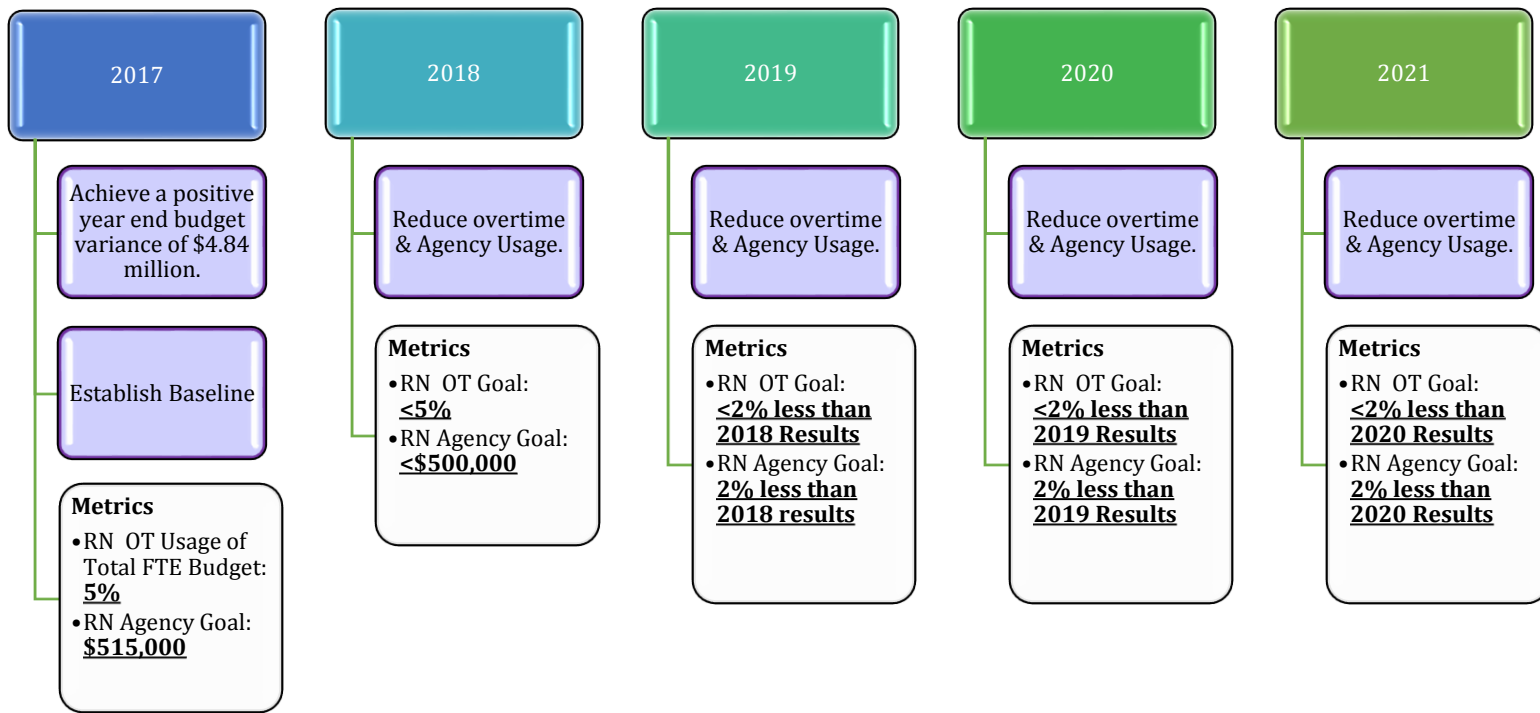
Efficiency

GOAL: Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customer desire.



Finance

GOAL: Optimize the provision of quality care by assuring effective fiscal management.



STEPS TO PREPARE FOR SITE VISIT

Relish in the accomplishments of your unit as well as the entire hospital:

- ✓ Review this 2020 Magnet® Site Visit Guide for reference
- ✓ Visit the Nursing Website.
- ✓ Become familiar with the Magnet® Documents *
- ✓ Attend any educational activities
- ✓ Review information posted on your unit

Know where your data is displayed on your unit and have an understanding of how to speak to it:

- ✓ NDNQI RN Survey was taken in June 2019. Review your results and action plans
- ✓ Review your unit level dashboard. Understanding of the benchmark - "We outperform the benchmark..."

The Site Visit

- ✓ Appraisers verify the written examples
- ✓ Appraisers meet with:
 - Clinical nurses
 - Interdisciplinary teams
 - Community partners/stakeholders
 - Executive team
- ✓ Validate enculturation of Magnet principles throughout the organization where nursing is practiced

The Site Visit will be held virtually from 8/19/20 - 8/21/20:

- ✓ When you meet a magnet appraiser, introduce yourself, share your credentials, years of experience,... why you love working at Phelps Hospital
- ✓ **IT'S OK TO BRAG!** This is a wonderful opportunity to share what you are most proud of as well as ask questions of the appraisers.

* Two ways to access the Magnet® Documents

1. Direct link to the site:



<https://phelpsmagnet-employees.org/>

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

Helpful Hint - Save the Magnet® Document to your favorites page for easy access



Magnet resources available to you:

- ❖ Judy Dillworth, PhD, RN, CCRN-K, NEA-BC, FCCM, Magnet Program Director, at x3509 or jdillworth@northwell.edu
- ❖ Kathy Calabro, Magnet Data Analyst, at x3508 or kcalabro@northwell.edu

The following pages reflect the innovative stories from your unit or division highlighted in the Magnet® Document. Enjoy and take pride in your accomplishments!



THE SITE VISIT IS YOUR TIME TO ...SHINE!



SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

PHELPS HOSPITAL RECOGNIZES C.A.R.E. LEADER TEAM

Provide one example, with supporting evidence, of the organization's recognition of an interprofessional group (inclusive of nursing) for their contribution(s) in influencing the clinical care of patients.

Background

Overview: Healthcare facilities that incorporate interprofessional cooperation into practice and operations have fewer preventable medical errors, better patient outcomes, and reduced health care costs (Nester J. "The Importance of Interprofessional Practice and Education in the Era of Accountable Care." *North Carolina Medical Journal*, March-April 2016). Interprofessional collaboration also leads to improved working relationships among the different health care disciplines.

Recognition: C.A.R.E. Leader team meetings have been recognized through a variety of venues: 1) the Senior Leadership team recommended the Care Leader Team as a best practice at the "Every Moment Matters" patient experience conference hosted by Northwell Health (January 2019), 2) in the Phelps Hospital (Phelps) employee newsletter (May 2019), 3) at a Management Meeting conducted by Senior Leaders (September 2019), 4) at Phelps Town Hall meetings (October 2019), and 5) at a recognition breakfast (December 2019).

Interprofessional Team: In early 2016, Daniel (Dan) Blum, MS, president and chief executive officer, Phelps Hospital, established the C.A.R.E. Leader team, an interprofessional group of individuals focused on working together to optimize patient care outcomes and improve patients' experiences. C.A.R.E, an acronym for Connect, Awareness, Respect and Empathy, provides the central elements of communication at Phelps. The C.A.R.E team, co-chaired by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer and Dan, is composed of leaders from the departments of Nursing, Radiology, Finance, Administration, Admissions, Physician Practices, Respiratory Therapy, Outpatient Cardiovascular, Wound Healing, the Cancer Institute, Housekeeping, Food and Nutritional Services, Case Management, Patient Experience, Internal

Communications, Development, Security, Engineering, Safety, and Risk Management.

Interprofessional Team's Actions: Since 2016, C.A.R.E. Leaders from every inpatient and ambulatory unit and/or department have met weekly to review and collectively address patient experience issues identified from the patient comments reports from the Medicare Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey surveys, patient letters, written correspondence, one-on-one meetings and telephone calls from patients. Positive, negative and neutral comments are posted on a screen for C.A.R.E team members to read and provide feedback, while the responsible unit and/or department leaders share the response/intervention taken regarding the comment (e.g., acknowledge the people who were identified as positive, elicit suggestions for individual, unit or system improvement).

How Actions Influenced Clinical Care: C.A.R.E Leader team meetings have heightened the awareness of Phelps employees' understanding of the importance of working "cooperatively together" to optimize patient care. Through the responsiveness of the C.A.R.E. Leader team, patients recognize that Phelps is listening to their concerns, interested and serious about correcting issues. Improved patient care outcomes have been achieved as evidenced by the reduction in the number of complaints regarding inconsistency in breastfeeding information and the temperature of the ED, respectively.

Participation

SE13 - Table 1 - C.A.R.E. Leader Team

Name	Credentials	Discipline	Unit/Dept.	Job Title
Daniel Blum	MS	Administration	Administration	President, CEO
Tobe Banc	MD	Medicine	Administration	Medical Director
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Tracy Feiertag	MS, DHA	Administration	Service Lines, Physician Practices	VP, Service Lines and Physician Practices
Robbins Gottlock	MD, MBA	Physician Practices	Administration	VP, Associate Medical Director
William (Bill) Reifer	LCSW	Quality, Case Management	Quality, Case Management, Patient Experience, Internal Communications, Religious Services	VP, Quality and Case Management

Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Jill Scilibilia	CFRE	Development	Development	Vice president
Glen Taylor		Support Services	Administration	VP, Support Services
Tony Acosta		Environmental Services	Environmental Services	Assistant Director
Susanna Airey	BSN, RN, OCN	Nursing	Endoscopy	Nurse Manager
Brian Akers		Facilities	Plant Operations Management	Assistant Director, Facilities Management
Melanie Anderson		Administration	Administration	Senior Executive Assistant
Katrina Aronoff		Radiation Medicine	Northwell Health Cancer Institute	Chief Radiation Therapist
Ingrid Arzeno		Physician Practices	Physician Practices	Practice Administration Manager
Neal Browne		IT Communications	Information Services	Site Director
Manny Caixeiro		Support Services	Security	Director
Kimorine Campbell		Physician Practices	Physician Practices	Manager
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Alayna Davis	BSN, RN, PCCN	Nursing	ED	Nurse Manager
Rona Edwards	MSN, RN-BC	Nursing	Behavioral Rehab Units	Nurse Manager
Melissa Eisele-Kaplan	MSW, LCSW, CPXP	Social Work	Patient Experience	Program Coordinator
Patty Espinoza		Patient Access, Admissions	Admitting	Director, Revenue Cycle Management
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
George Gattullo		Plant Operations Management	Engineering	Director, Facilities Management
Barry Geller	MD	Emergency Medicine	Emergency Department	Director
Michael Glennon		Radiology Diagnostic	Radiology	Senior Administrative Director

JoAnn Greene		Surgical Services	Surgical Services – operating Room	Director
Carol Greiner	MSW, LCSW	Social Work	Northwell Health Cancer Institute	Social Worker
Francesca Grillo	MSN, RN, C-EFM	Nursing	Maternal Child Health	Clinical Educator
Jane Hearty	BSN, RN	Nursing	Infusion Center	Nurse Navigator
Andrea Hodges		Support Services	Food/Nutritional Services, Hospitality, Transport, Guest Services	Assistant Director
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Kerry Kelly	BSN, RN, CNM	Case Management	Case Management, Physician Services	Director
Michelle Kowack		Physician Practices	Physician Practices	Practice Administration Manager
Lauture-Jerome, Yve	MAS, BSN, RN, SANE- A	Nursing	Maternal Child Health	Nursing Director
James Lindey			ED	
Pam Lipperman	MSW	Social Work	Volunteers	Director
Amara Lynch	MSN, RN, FNP-BC	Nursing	Radiation Medicine	Nurse Practitioner
Pamela Louis	MSHP	Nursing	Wound Healing Institute	Director
Maureen Lovett	BSN, RN	Nursing	Surgical Services	Assistant Director
Neha Makhijani	RVI, MPA	Clinical Operations	Cardiovascular Diagnostics Lab	Manager
Maria Malacarne		Admitting	Financial Counseling	Supervisor
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Janice Marafioti	BSN, RN, ONC	Nursing	Infusion Center	Acting Nurse Manager
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
James McCullagh		Administration	Finance	Associate Director, Finance, Multi-Site

Brian McGrinder	RPh	Pharmacy	Pharmacy	Director, Pharmacy and Clinical Services
Megan McNutt	MBA, MHA	Emergency Department	ED	Administrative Director
Danielle Medina	BSN, RN-BC	Nursing	5 North	Assistant Nursing Manager
Jonathan Monsen		Physician Practices	Physician Practices	Practice Administration Manager
Patrizia Musilli		Human Resources	Human Resources	Director
Andrew Notaro		Northwell Health Cancer Institute	Oncology	Administrative Manager
Ellen Parise	MSN, RN, CNML	Nursing	3 North (FKA 2 North)/Vascular Access Team	Nurse Manager
Dominic Paruta		Physician Practices	Physician Practices	Senior Administrative Manager
Joy Paul- Bhatnager	MSN, RN, OCN, CCGRN	Nursing	Infusion Center	Nurse Manager
Mario Pensabene		Environmental Services	Environmental Services	Director, Environmental Services
Nancy Perkins	BSN, MS, MPA, RN	Nursing	1 South	Nurse Manager
Carol Pileggi	BS, MT(ASCP), SLS	Laboratory	Lab	Administrative Director
Debbie Pirchio		Medical Records	HIM	Director, Revenue Cycle Management
Margaret Plofchan	RD	Marketing and Public Relations	Marketing and Public Relations	Director
Elena Rivera		Physician Practices	Physician Practices	Practice Administration Manager
Carol Robinson	CDN	Internal Communications	Patient Experience	Coordinator, Internal Communications
Kathleen Scherf	MPA, BSN, RN, NEA-BC, CAPA	Nursing	Surgical Services	Nursing Director
Edwin Serrano		Physician Practices	Physician Practices	Practice Administration Manager
Biagio Siniscalchi	BS, RT, CU, MRSO	Radiology Diagnostics	Radiology	Assistant Director
Donisha Sledge	BSN, RN, CEN	Nursing	ED	Assistant Nurse Manager

Alaina Smalley	MSN, RN	Nursing	PACU/ASU	Nurse Manager
Carol Stanley		Laboratory	Lab	Assistant Director
Krista Tamny		Physician Practices	Physician Practices	Practice Administration Manager
Julissa Vargas		Physician Practices	Physician Practices	Senior Administrative Manager
Nelly Vega-Woo	DNP, RN, FNP-BC	Nursing	Infusion Center	Nurse Practitioner
Barbara Vetoulis	BSN, RN, CNML	Nursing	5 North	Nurse Manager
Phyllis Vonderheide	MS, RN-BC	Quality	Patient Experience	Senior Director
Tim Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Gail Wilson	MHA, BSN, RN	Nursing	5 South	Nurse Manager
Darron Woodley		Support Services	Food & Nutrition Services	Manager

Recognizing Interprofessional Team for Contributions to Clinical Care

C.A.R.E. Leader Team Informational Poster presented at *Every Moment Matters*, Northwell Health System Conference - April 9, 2019.

During a Phelps senior staff meeting, William (Bill) Reifer, LCSW, vice-president, Quality, and Phyllis Vonderheide, MS, RN-BC, senior director, Patient Experience, suggested that Phelps submit a poster entitled “*C.A.R.E. Leader Meeting – A Dynamic Team-oriented Approach to Patient Feedback*” as an exemplar for the Northwell Health System annual patient experience conference. The senior leaders approved the requested submission. The *C.A.R.E. Leader team* initiative was submitted to Northwell by Phyllis and Mary in December 2019. They reported on the progress of the submission at the Senior Staff meeting in January 2019. [SE13- A Senior Leader Minutes 112818 – 011519](#).

In March 2019, Phyllis prepared a final draft of the poster, highlighting the contributions of the C.A.R.E. leader team, which was accepted by Northwell Health. The poster included the C.A.R.E Leader team’s background, benefits, and two success stories. Phelps Hospital was added to Northwell Health’s list of hospitals that were presenting at the conference. On April 9, 2019, members of the Senior staff, Mary, Tobe Banc, MD, Senior Vice-President, Medical Director, Jill Scibilia, Vice-President, Development, and Bill attended the “*Every Moment Matters*” Conference, with approximately 650 attendees, to support Phyllis and recognize the C.A.R.E. leader team for their contributions in influencing the clinical care of patients at

Phelps.

During the C.A.R.E Leader team following the conference, Phyllis, Tobe, Jill and Bill recognized the C.A.R.E Leader team for their contribution to Phelps and Northwell Health. They provided feedback to the C.A.R.E Leader team that the poster was well received. They shared that numerous hospital members were inquiring about the methodology used to create this program because they wanted to replicate the program, with the interprofessional teams within their facilities to improve patient experience outcomes.

Recognition in Hospital Publication: In May 2019, Dan acknowledged some of the achievements of the C.A.R.E. Leader team in the Phelps employee newsletter, *Notebook*, in an article entitled, "The C.A.R.E. Leader Team – Enhancing Patient Care Excellence through Inter-Professional Cooperation." Dan recognized the C.A.R.E. Leader team's contributions successes including greater diversity in food selections, enhanced consistency in the presentation of breastfeeding information, a more collaborative approach to maintaining hospital cleanliness, and the systematization of blanket deliveries to patients in the ED. [SE13-B Phelps Hospital Notebook Article 041819](#).

Recognition in Management Meeting: On September 12, 2019, The C.A.R.E. Leader's Team was recognized by Senior Leaders for its contributions in influencing the clinical care of patients at the monthly Management Meeting. Phyllis presented the most recent Press Ganey data and acknowledged the efforts of the C.A.R.E. Leader team in improving and sustaining these outcomes. Some of the initiatives mentioned included the Breastfeeding Improvement Program and the Welcome Blanket Program. Following Phyllis' presentation, Dan reiterated the value of the Care Leader team and thanked them for their ongoing efforts. [SE13-C Management-Meeting-Minutes-091219](#).

Recognition at Town Hall Meetings: During the October 2019 Town Hall meetings, Dan recognized the C.A.R.E Leader team for providing oversight and influence on their respective staff to address patient concerns in a systematic way and, subsequently, contribute to improved patient outcomes. Town Hall meetings provide the venue for all Phelps employees to hear about recent accomplishments and future directions of the hospital. During the meetings, Dan and others presented data from the Press Ganey patient care survey comment reports. Dan highlighted the contributions of the C.A.R.E Leader team by providing two examples of initiatives recommended by the C.A.R.E Leader team to resolve patient concerns. [SE13-D-TownHall-Slide13-1019](#).

Recognition at Special Breakfast CARE Leader Meetings: In December 2019, C.A.R.E Leader team members were invited to a special breakfast recognition by the Phelps Hospital Administration recognized the C.A.R.E Leader team for their contributions to improving the patient experience over the past year. [SE13-E-CARELeader-BreakfastRecognition](#).



EP7EO - RN-LED QUALITY IMPROVEMENT ACTIVITY

EXAMPLE 1: INTERPROFESSIONAL QUALITY IMPROVEMENT ACTIVITY REDUCES FALLS WITH INJURY ON 5 SOUTH

Provide one example, with supporting evidence, of an improved outcome associated with an interprofessional quality improvement activity, led (or co-led) by a nurse (exclusive of CNO).

Problem

Overview: In the US, an older adult is treated in an Emergency Department for a fall every eleven seconds, and an older adult dies from a fall every 19 seconds. Upon hospitalization, the patient's mobility decreases, which can cause muscle weakness, hypotension, and/or general malaise. All of these conditions contribute to the patient's susceptibility to falling. Functional decline is a primary condition with multiple consequences, including frailty, weakness and a propensity for falls in the older adult. Functional decline, particularly during hospitalization, is common and can occur as early as the second day of bed rest or restricted mobilization. Strategies to reduce falls in the older hospitalized patient include patient activity orders with appropriate assistance, use of lift equipment, and physical therapy consults.

Background: At Phelps Hospital (Phelps), physicians had been prescribing one of three activity orders: out of bed (OOB), OOB to chair, or bed rest. Clinical nurses often needed to use judgment regarding the interpretation of OOB orders for each individual patient. For some patients, it meant OOB within the room; for others it meant OOB to the bathroom or OOB to the hallway. Physician activity orders that described what each individual patient could perform safely often lacked clarity. In February 2018, these inconsistencies were highlighted when a patient on 5 South, a step-down unit, had an order which read: OOB to chair. This patient had been getting out of the bed to the chair by herself for several days on the unit. However, during the night, this patient called for assistance to be taken to the bathroom. The technician escorted the patient to the bathroom, but while in the bathroom, the patient fell, fracturing her elbow. The staff assumed that if the patient had been OOB to chair, walking her to the bathroom a few more feet would be tolerated. Unfortunately, a fall

with injury resulted. In addition to this instance, an overall increase in patient falls with injury was noted on 5 South that month. A modification of the activity orders was needed, to specify the activity with the type of assistance required for each individual patient.

Nurse-Leader of QI Initiative: Paula Keenan, MSN, MPH, RN, director, Medical-Surgical Services, and Eileen Egan, JD, BSN, RN, vice-president, Administration, co-led the quality improvement efforts of the interprofessional Fall Committee at Phelps to reduce patient falls with injury on 5 South.

Challenge: In February 2018, the 5 South patient falls with injury rate was 4.30 per 1,000 patient days.

Goal Statement

Goal: Reduce 5 South patient falls with injury rate.

Measure of Effectiveness: 5 South patient falls with injury rate
 (# 5 South patients' falls with injury ÷ total # 5 South patient days x 1,000)

Participation

EP7EO - Table 1 - Interprofessional Falls Committee Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Paula Keenan, Co-leader	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Eileen Egan; Co-leader	JD, BSN, RN	Risk Management	Administration	Vice President
Anisha Jose	MSN, RN	Nursing	5 South	Clinical Nurse
Julie Yeager	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Christine Jewell	AAS, RN	Nursing	ICU	Clinical Nurse
Ann Moss	BSN, RN	Nursing	ICU	Clinical Nurse
Carrie Klemens	BSN, RN	Nursing	2 Center	Clinical Nurse
Sixta Jones	BSN, RN	Nursing	2 South (BRU)	Clinical Nurse
Caleb Wilson	BSN, RN	Nursing	2 North	Clinical Nurse
Sonja Fanelli	AAS, RN, CPN	Nursing	Pediatrics	Clinical Nurse
Janet Monetta	RN, CEN, CPEN, CCRN-A	Nursing	ED	Clinical Nurse
Denise Morgan	BSN, RN, CGRN	Nursing	Endo	Clinical Nurse
Nancy Pitzel	BSN, RN	Nursing	Pain Management	Clinical Nurse
Jenna Harris	BSN, RN-BC, NYSAFE	Nursing	1 South	Clinical Nurse
Nancy Perkins	BSN, RN	Nursing	1 South	Nurse Manger
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Toby Banc	MD	Medicine	Medicine	SVP & Medical Director
Cherry Lyn Fuentes*	MSN, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Alicia Mulvena*	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist

Name	Credentials	Discipline	Dept/Unit	Job Title
Kathleen (Kathy) Pappas*	MSN, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Antonio Acosta		Support Services	Environmental Services	Assistant Director
Sheetal Shenoy		Occupational Therapy	Occupational Therapy	Senior Occupational Therapist II
Jock Avolio **	MD	Medicine	2 Center, Physical Medicine & Rehabilitation	Chief, Physical Medicine and Rehabilitation (at the time)
Matt Landfield **	PT	Physical Therapy	Physical Medicine & Rehabilitation	Manager

* Organizational Development Member rotates attendance

** Ad Hoc Members - Invited to attend meeting when needed

Interventions

Presenting the Issue to Falls Committee: In March 2018, Paula Keenan, MSN, MPH, RN, director, Medical-Surgical Nursing and Eileen Egan, JD, BSN, RN, vice-president, Administration, presented the 5 South patient fall, which caused an elbow fracture at the Falls Committee meeting. The Falls Committee is an interprofessional committee, co-chaired by Paula and Eileen, which includes clinical nurses and representatives from Medicine, Administration, Organizational Development, Occupational Therapy, and Environmental Services. Since this patient fall was on the agenda for the March meeting, Paula and Eileen invited clinical nurses from 5 South and 5 North (medical unit), Tobe Banc, MD, senior VP and medical director, Jock Avolio, MD, chief, Physical Medicine and Rehabilitation (at the time), and Matt Landfield, PT, manager, Physical Medicine and Rehabilitation, to the meeting. Paula invited the clinical nurses from 5 North because this particular patient had fallen before this event, without injury, on 5 North.

Evaluating Current Practices: At the March 2018 meeting, Paula, Eileen and the Falls Committee members reviewed events leading to this particular patient's fall. They also reviewed the existing activity order set in Meditech, the computerized documentation system. Orders included: activity (detailed), activity no restrictions, OOB per detail, OOB with medical equipment use, OOB/BRP (bathroom privileges), OOB/Chair and OOB/Commode only. The nurses felt that the orders may have been interpreted differently than what was intended for this particular patient, resulting in the fall. For example, the clinical nurses raised questions regarding the activity orders such as, "does OOB mean ambulate to the bathroom?" and "if a patient scores a high risk for falls, should the patient require an immediate physical therapy evaluation?"

Identifying Alternative Approaches: In March 2018, as a result of an engaged discussion

with Drs. Avolio and Banc, the Falls Committee members concluded that activity orders should be modifiable and specific to the patient's functional ability to help guide the healthcare team members in caring for each patient safely. Dr. Banc reviewed activity order options in Meditech with the Phelps hospitalists. Dr. Banc suggested developing updated orders, which include the assist of one or two staff members, to the existing physician's order set, and report back to the next Falls Committee.

Developing New Process to Reduce Falls: From April to May 2018, Eileen, Fulgra Kalra MD, Director, Hospitalists, Amanda Dayton BSN, RN-BC, clinical nurse , 5 North and Matt Landfield, manager, physical therapy worked together to identify activity orders and specify the patient's need for assistance (e.g. no assistance, 1-person assist, 2-person assist).

- The activity orders were changed to specifically identify destinations and levels of assistance required. If an activity order only included "OOB to chair," patients would not be brought to the bathroom or hallway.
- All activity order sets were modified to include "with assistance required" and "none."
- In addition, fields for "OOB to Chair," "no BRP use commode" and "OOB to chair with BRP" activity orders were created to remove the need for "interpretation" of the activity orders.

Educating Nurses and Associates: Beginning in July 2018, all nurses and medical-surgical technicians who worked in the areas of medical surgical, critical care, telemetry, orthopedics, rehabilitation, pediatrics and maternal child health completed the learning module in Healthstream™, the Phelps' electronic learning management system. In this module, specific instructions related to OOB orders were provided to differentiate whether the patient can ambulate to the bathroom for patient safety: OOB to chair (does not include ambulating to the bathroom; patient must have a bedside commode) and OOB BR privileges (patient is able to ambulate to the bathroom).

Implementing the New Process to Reduce Falls: In October 2018, the expanded and individualized activity orders developed by clinical nurses, physicians, and physical therapists were implemented.

Outcome

Pre-Intervention Timeframe: February 2018

Pre-Intervention Data: During the pre-intervention timeframe, the 5 South patient falls with injury rate was 4.30 per 1,000 patient days.

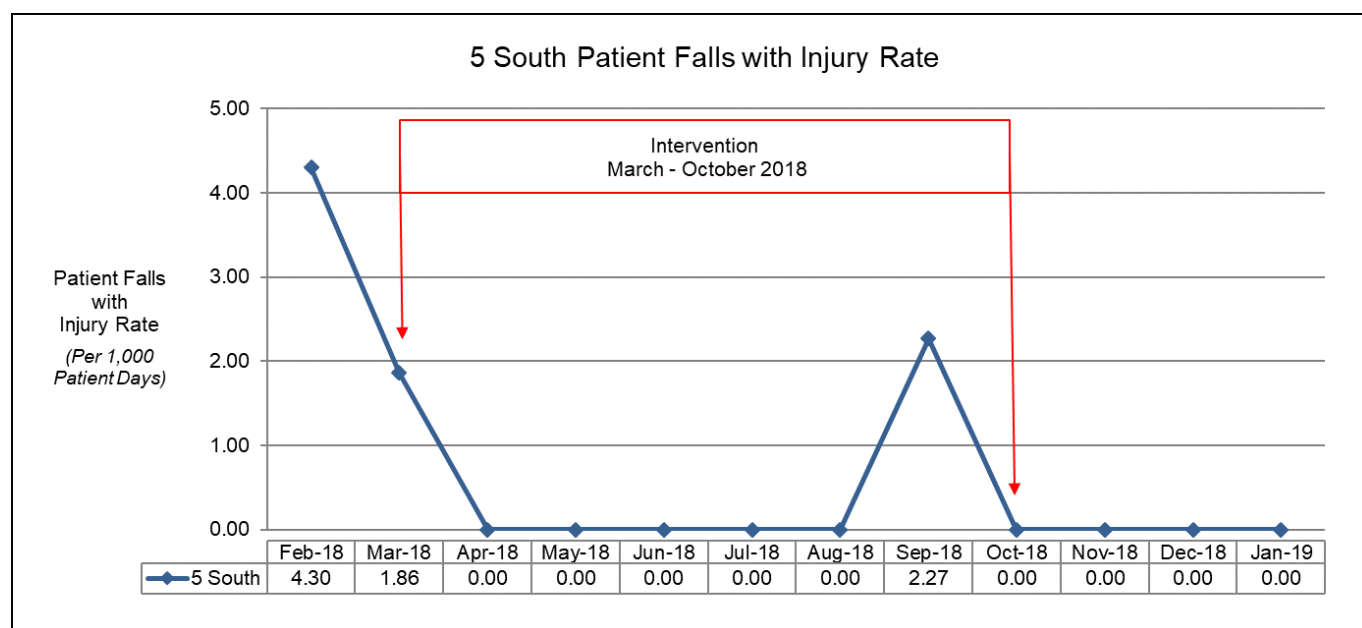
Intervention Timeframe: March – October 2018

Post-Intervention Timeframe: November 2018 – January 2019

Post-Intervention Data: During the post-intervention timeframe, the 5 South patient falls with injury rate averaged zero per 1,000 patient days. This represents a 100% reduction in

the patient falls with injury rate.

EP7EO - Graph 1 - 5 South Patient Falls With Injury Rate



EXAMPLE 2: INTERPROFESSIONAL QUALITY IMPROVEMENT INITIATIVE REDUCES COST ASSOCIATED WITH REPOSITIONING & LIFTING PATIENTS

Provide one example, with supporting evidence, of an improved outcome associated with an interprofessional quality improvement activity, led (or co-led) by a clinical nurse.

Problem

Overview: Registered nurses (RNs) and other healthcare workers often face workplace hazards while performing routine job duties. Research shows that hospital workers, particularly RNs, exhibit a higher-than-average risk of sustaining musculoskeletal injuries while on the job. In 2016, 51% of all injuries and illnesses to RNs resulted in sprains, strains or tears, which required a median of seven days away from work. Direct and indirect costs associated with back injuries alone in the healthcare industry are estimated to be \$20 billion annually (OSHA, 2019). Since RN workplace injuries bear monetary and societal costs, understanding those injuries and illnesses can help combat future hazards through improvements in policy and technology. RNs are the keystone of the healthcare system, and injury and illness prevention strengthens the system at its core and improves patient care (*Monthly Labor Review*, Bureau of Labor Statistics, November 2018).

Background: In the second quarter of 2017, Phelps Hospital (Phelps) trialed and purchased the Prevalon™ AirTAP System™, a product from Sage Products now part of Stryker (AirTAP), to prevent hospital-acquired, surface-related pressure injuries. During the trial, clinical

nurses from the ICU and 5 South commented that the AirTAP was also effective in repositioning and transferring patients from the bed or stretcher to the table in the CT scan room. Phelps had recently experienced a significant increase in employee injuries caused by repositioning and lifting patients which resulted in lost days and high incurred costs. This troubling injury trend motivated Phelps to find better options for safe patient handling for their employees.

Clinical Nurse Leader of QI Initiative: The Phelps Safe Patient Handling (SPH) Committee, formalized in 2016, is an interprofessional committee that reviews all incidents of employee injuries to identify trends and possible strategies for prevention. The SPH Committee is co-chaired by Carrie Klemens, BSN, RN, clinical nurse, 2 Center, and Marilyn Maniscalco, BSN, RN, CNML, nurse manager, 2 Center. Carrie and Marilyn co-led the quality improvement initiative to reduce costs associated with employee injuries related to repositioning and lifting patients.

Challenge: In 2Q17, the cost associated with Phelps employee injuries related to repositioning and/or lifting patients was \$66,564.80.

Goal Statement

Goal: Reduce the cost associated with Phelps employee injuries related to repositioning and/or lifting patients

Measure of Effectiveness: Cost associated with Phelps employee injuries related to repositioning and/or lifting patients (in dollars)

Participation

EP7EO - Table 2 - Safe Patient Handling Committee Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Carrie Klemens; Co-leader	BSN, RN	Nursing	2 Center	Clinical Nurse
Marilyn Maniscalco; Co- leader	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Clara Karas	BSN, RN, C- EFM, RNC-OB	Nursing	4 South	Clinical Nurse
Kai Yamamoto	BSN, RN, CNOR	Nursing	OR	Clinical Nurse
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Jodel Aristide		SMI	SMI	Technician
Katrina Arnoff		Radiation Therapy	Oncology	Radiation Therapist

Name	Credentials	Discipline	Dept/Unit	Job Title
Maria Chaux		Nursing Support	3 North (FKA 2 North)	Medical Surgical Technician
Richard Chulia		Physical Therapy	Physical Therapy	Rehabilitation Aide
Giovanna Conti		Materials Management	Materials Management	Manager
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Ruth Neuman	MBA/HA, PT, CEAS II, PMEC	Work Force Safety	Northwell Health Work Force Safety	Sr. Ergonomist and Northwell Representative, SPH Committee

Interventions

Evaluating Current Practices: In July 2017, Carrie and the SPH Committee received feedback from ICU and 5 South clinical nurses who participated in the AirTAP trial. They found that the nurses often placed the AirTAP under the patients prior to transport to the procedural areas to assist with repositioning and transferring patients from the bed or stretcher to the table. Once the patient arrived, the staff from the procedural areas inflated the mattress and easily transferred the patient onto the table and then back to the stretcher or bed the patient arrived in. This collaboration between nurses and procedural area staff helped reduce employee injuries associated with repositioning, transferring, and lifting patients.

Researching Alternative Approaches: In July 2017, Carrie, Marilyn and the SPH Committee researched the additional value of the AirTAP as a patient repositioning system. Ruth Neuman, MBA/HA, PT, CEAS II, PMEC, senior ergonomist, is a Northwell Workforce Safety representative and a member of Phelps SPH Committee. Part of Ruth's function is to bring any issues, questions, concerns, or recommendations from the SPH committee to the system-wide Northwell Workforce Safety Committee. In July 2017, based on the recommendation from the SPH Committee, Ruth informed Carrie and Marilyn that, according to the Northwell Workforce Safety Committee, the AirTAP was approved for use as a safe patient handling method for repositioning and lifting patients. On July 21, 2017, at a conference sponsored by Sage, the AirTap was highlighted as a piece of equipment that could be used for lateral transfers, repositioning and boosting patients in bed. Carrie and Marilyn shared this information with the SPH committee during the next meeting on July 26, 2017. During this time, Carrie and SPH Committee members also explored a low-profile device, the HillRom Golvo[®] patient lift, that would help staff transfer patients in and out of cars. This lift would also function as a mobile lift device which could be used anywhere on the inpatient units for horizontal lifting, ambulation, and lifting from the floor.

Seeking New Product Approval: In July 2017, Carrie and Marilyn attended the Value

Analysis Committee meeting and recommended the HillRom Golvo patient lift, which assists with changing a patient's position, for trial. As part of the Phelps policy for new products and equipment, if the SPH Committee determines a need for a piece of equipment that Phelps does not have available, or if a better alternative to prevent employee injury is identified, a committee member brings the idea/suggestion to the Value Analysis Committee to begin the purchasing process. The Value Analysis Committee approved their request.

Trialing the New Product: In August 2017, the Golvo was piloted on 5 North, a 29-bed medical unit. Cherry Fuentes, MS, RN-BC, NPD-BC, Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC and a representative from Hill Rom trained all staff on 5 North. The Golvo was used concurrently with the AirTAP system to maximize safe patient handling and prevent employee injuries. The trial ended in September 2017, and was deemed so successful that the SPH Committee advocated for its purchase at the Value Analysis Committee.

Developing New Process: The AirTap and Golvo procedures were incorporated into the SPH program. All new employees are oriented to the SPH program upon hire; the Air Tap and Golvo are then reviewed again during annual competency days. In the interim, whenever a refresher is needed, videos demonstrating both types of SPH equipment are available for access to any employee, on the Phelps' intranet, under SPH.

Educating Associates on New Process: From September 22-26, 2017, staff from all inpatient and outpatient clinical areas, inclusive of nurses, technicians, and representatives from Radiology, Respiratory and other ancillary departments, participated in the interprofessional Safe Patient Handling competency days. The training sessions were led by Carrie, Marilyn and Cherry, with assistance from the transfer mobility coaches (TMC). Competency days provided the opportunity for education on SPH equipment and techniques with return demonstration. Attendees were re-educated on the transfer and re-positioning features of the AirTAP as well as the new Golvo lift.

Implementing New Process: By the end of September 2017, the AirTAP and Golvo lift were both implemented as new safe patient handling methods for inpatient and outpatient areas at Phelps.

Outcome

Pre-Intervention Timeframe: 2Q17

Pre-Intervention Baseline Data: During the pre-intervention timeframe, the cost associated with Phelps employee injuries related to repositioning and/or lifting patients was \$66,564.80.

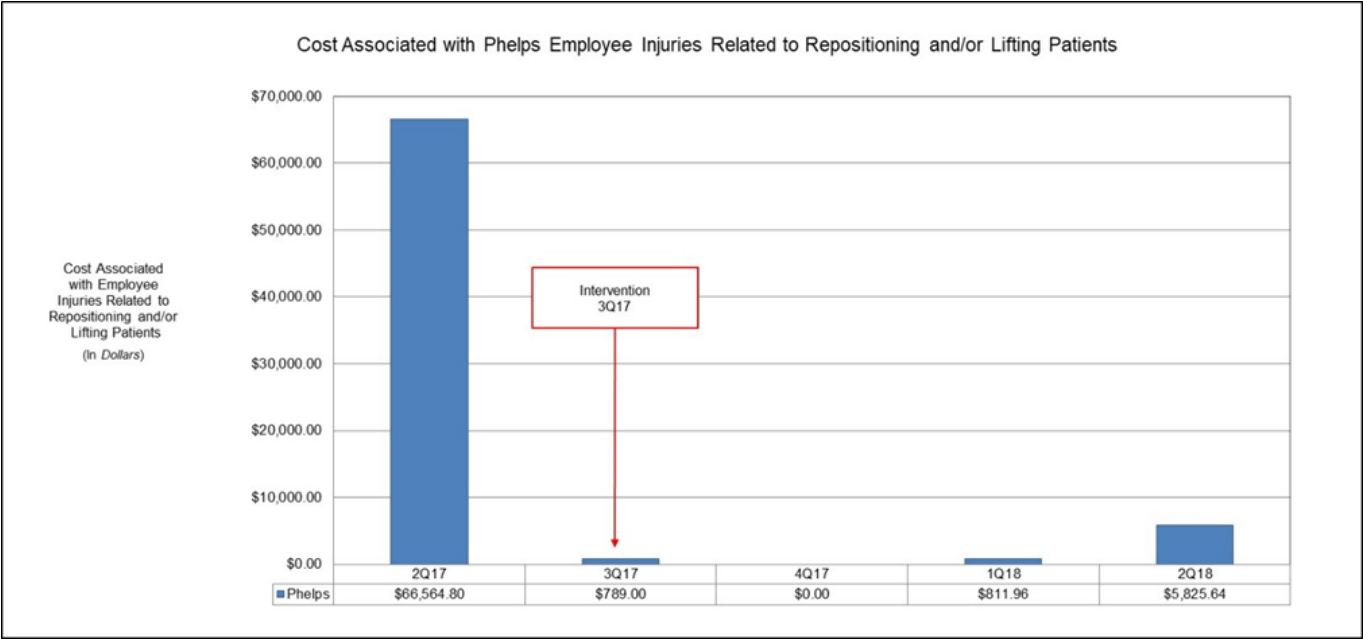
Intervention Timeframe: 3Q17

Post-Intervention Timeframe: 4Q17 - 2Q18

Post-Intervention Data: During the post-intervention timeframe, the cost associated with

Phelps employee injuries related to repositioning and/or lifting patients averaged \$3,323.75. This represents a 95% reduction.

EP7EO - Graph 2 - Cost Associated with Phelps Employee Injuries Related to Repositioning and/or Lifting Patients





EP8EO - RN-LED INTERPROFESSIONAL EDUCATION

REDUCING OB HEMORRHAGE PATIENT LENGTH OF STAY

Provide one example, with supporting evidence, of an improved patient outcome associated with an interprofessional education activity, led or co-led by a nurse (exclusive of the CNO).

Problem

Overview: Postpartum hemorrhage continues to be a global health concern, associated with increased hospital length of stay, morbidity and mortality.

Background: In April 2017, a patient on the Maternal Child Health (MCH) unit at Phelps Hospital (Phelps) experienced an obstetric hemorrhage that advanced to a massive blood transfusion (MBT), cardiovascular collapse, and transfer to the intensive care unit (ICU). Following a debrief of the event and required MBT, the MCH team recognized that policy changes, education, and expedited response time of blood products were needed. The MCH team mobilized and coordinated drills on April 20, 2017, and May 31, 2017, regarding estimated blood loss, early recognition of postpartum hemorrhage, and simulation of transporting the patient on a stretcher to the Operating Room. The OB providers, nurses, anesthesia, safety officer, and nurse educator were all involved in both drills. These simulations incorporated the American College of Obstetricians and Gynecologists (ACOG) Safe Motherhood Initiative Bundle on Maternal Hemorrhage, and included use of a mannequin, visual pictures of estimates of blood loss and prompts to recognize the stages of OB hemorrhage. However, a subsequent MBT event pointed to the need for policy changes and additional interprofessional education beyond what the simulations provided.

Challenge: In April 2017, the length of stay (LOS) for Phelps OB patients requiring MBT was 21 days. There were no MBT events in May 2017.

Goal Statement

Goal: Reduce LOS for Phelps OB patients requiring MBTs.

Measure of Effectiveness: Average LOS, in days, for Phelps OB patients requiring MBTs

(Only months with patients experiencing MBT events are included in the calculation).

Participation

EP8EO - Table 1 - Participants with new MBT policy and education plan

Name	Credentials	Discipline	Dept/Unit	Job Title
Dorit Lubeck Walsh	MSN, RN, FNP-BC, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Danielle Rush	BSN, RN, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Mona Maloney	MSN, RNC-OB, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Adele Whyte	MSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Kara Giustino	MSN, RN, CPNP, IBCLC	Nursing	Maternal Child Health	Clinical Educator
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Young, Carolynn	MSN, RN-BC, CNS-BC	Nursing	Medical Surgical	Clinical Nurse Specialist
Santos, Margaret	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Wall, Doreen	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Lorraine Presby	RN, CNOR	Nursing	OR	Clinical Educator
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	VP/ Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	Senior VP, Patient Care Services/CNO
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Carol Pileggi	BS	Laboratory	Lab	Administrative Director
Vijayalaxmi Malavadi	MD	Medicine	Blood Bank	Medical Director of the Blood Bank
Cynthia Pettius		Support Services	Blood Bank	Blood Bank Administrator
Matthew Cullen	MD	Medical	Anesthesia	Director of Medical Anesthesia
Angela Leonard		Support Services	Telecommunications	Director of Telecommunications

Interventions

Identifying Opportunity for Improvement: In June 2017, another OB patient required an MBT that advanced to cardiovascular collapse. This patient only required half the amount of

blood products and her length of stay in the ICU was shorter than the April 2017 patient's LOS. However, upon the review of this case, the MCH team determined that education and policy changes were still needed.

Forming a Team: In June 2017, the MCH clinical nurses Dorit Lubeck-Walsh, MSN, RN, FNP-BC, C-EFM, Mona Maloney, MSN, RNC-OB, C-EFM, and Danielle Rush, BSN, RN, C-EFM, identified that a policy change and more education was needed. They formed a team with Kara Giustino, MSN, RN, CPNP, IBCLC clinical educator, MCH and requested to meet with the blood bank, anesthesia, nursing leadership, and the OB providers, during their monthly meetings. Dorit, Mona, Danielle and Kara made their presence known at every meeting to discuss work flow, obstacles, lessons learned, and identified the change needed to improve patient outcomes. The MCH team collaborated with Cheryl Burke, MSN, MBA, RN-BC, WCC, and Doreen Wall, MSN, RN-BC, clinical educators and Carolyn Young, MSN, RN-BC, CNS-BC, ONC, and Margaret Santos, MSN, RN, ACNS-BC, CCRN, clinical nurse specialists, Eileen Egan, JD, BSN, RN, vice president, Administration, and Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations & Patient Safety Officer to collate all the information obtained and generate a policy outlining the steps needed to achieve our goal of early recognition of OB hemorrhage. The creation of a seamless process would shorten the response time and decrease the patient's length of stay.

Identifying Alternate Approaches: In June 2017, the team utilized multiple resources, including the ACOG Safe Motherhood Initiative Bundle, to develop new policies and guidelines for the management of the patient with OB hemorrhage. They networked with the Northwell perinatal network and participated in several multiprofessional meetings to develop a policy that was efficient, feasible and adaptable by Phelps Hospital.

Developing/Revising OB Hemorrhage Policies/Practices: In July 2017, Helen coordinated extensive interprofessional meetings and debriefings with Cheryl, Doreen, Carolyn, Margaret, Eileen, clinical nurses, blood bank staff, physicians, risk management, nursing administration, OB providers, anesthesia, and communications staff of Phelps. The purpose was to finalize a policy that detailed "how to mobilize the hospital" in the event of an OB hemorrhage, an emergency which could happen in MCH or anywhere in the hospital. The new Massive Blood Transfusion policy was constructed to work within a community hospital setting. This policy outlines how many departments of the hospital are mobilized in the event of an MBT. For example, the nurse administrator assigns roles to various individuals throughout the hospital in order to improve efficiency: a med surg technician responds to assist in the blood bank, an employee is designated to be the blood runner between the blood bank and the location of the MBT. Kara collaborated with members of the blood bank to create a process using a new single order form to trigger a standardized and automated response of dispensing specific blood products during an MBT.

Developing Interprofessional Education Activity: In July 2017, Dorit, Kara, Cheryl, Doreen, Carolyn, and Margaret, developed MBT interprofessional education which included:

recognition of the stages of OB hemorrhage, evaluation of maternal risk assessment, how to estimate blood loss, use of the code cart, how to identify differences in maternal cardiac arrest, and use of the rapid blood infuser. This education was constructed as a course module for Healthstream™, an online learning management system available to all departments and during annual nurse competency days.

Leading Interprofessional Education Activity: In July 2017, Dorit, Danielle, Mona, and Kara conducted multiple education sessions during the competency days to focus on the MBT policy and management of patients with OB hemorrhage. The MBT Healthstream™ on-line activity was assigned to employees of the involved disciplines identified in the policy on 8/25/17 and completed by 9/30/17. Within that time frame, 429 employees completed the Healthstream™ on-line education. The chart below reflects the number of employees, by discipline who completed the Healthstream™ on-line education program:

Discipline	Count Completed
Nursing	329
Physician	33
Radiology	23
Respiratory Therapist	17
Leadership	18
APRN	9

On an ongoing basis, The MBT Healthstream on-line education course is assigned to all new hires in clinical settings. The Lab and Blood Bank employees had their own internal training on the new policies specific to their unit. Anesthesiologists also had training geared specific to their roles and responsibilities with the new policy.

Implementing New Policy to Reduce LOS: By October 2017, all members of the interprofessional team completed education and implemented the new MBT policy.

Outcome

Pre-Intervention Timeframe: April – May 2017

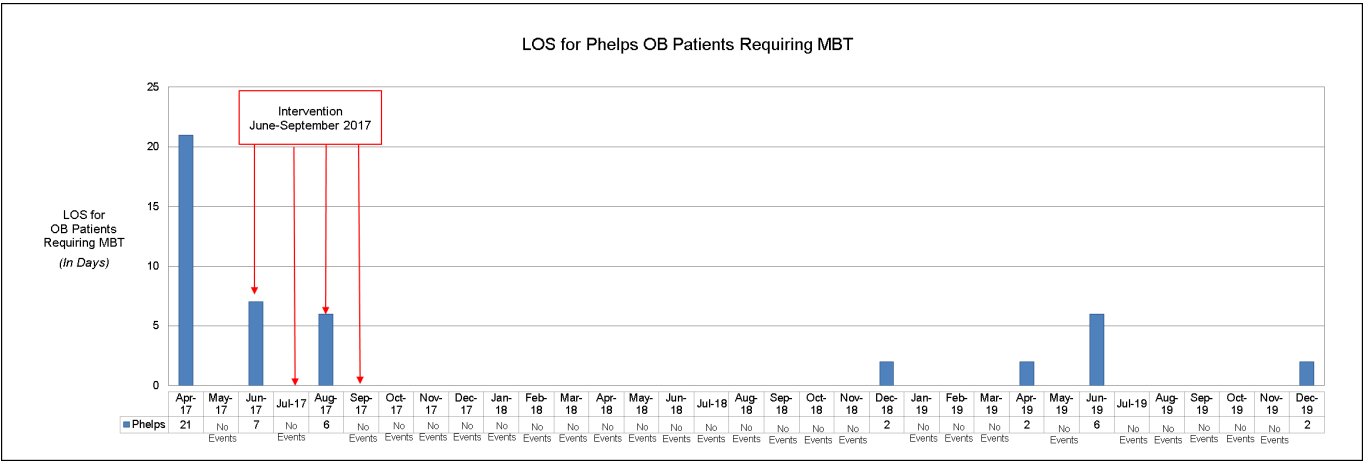
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the LOS for Phelps OB patients requiring MBT was 21 days.

Intervention Timeframe: June – September 2017

Post-Intervention Timeframe: October 2017 – December 2019

Post-Intervention Data: During the post-intervention timeframe, the LOS for Phelps OB patients requiring MBT averaged 3 days. This represents 86% reduction in the average LOS.

EP8EO - Graph 1 - LOS for Phelps OB Patients Requiring MBT





EP14 - SECURITY

CLINICAL NURSES HELP INTERPROFESSIONAL TEAM RESOLVE SECURITY ISSUE

Provide one example, with supporting evidence, of a security issue resolved with a clinical nurse's or clinical nurses' contributions to an interprofessional group.

Background

Overview: "Providing quality, comprehensive care in a safe environment" is a component of the Phelps Hospital (Phelps) mission statement. Disruptive patient behavior is defined as "behaviors that interfere with the healthcare professional's ability to provide safe and effective care" according to the Phelps' policy. It is of paramount importance that the safety of all hospital staff is protected by instituting clear, effective disruptive patient behavior policies and procedures.

Security Issue: On July 19, 2018, the nurses on Phelps Hospital's (Phelps) medical-surgical units (2N and 2C) cared for a patient whose behavior (and family's behavior) created a prolonged and complex security issue for all levels of direct patient care providers, particularly clinical nurses. The patient left against medical advice and returned to the ED the same day, resulting in two separate, but continuous admissions. The patient's and family's behavior throughout the two consecutive admissions included:

- Cursing and using abusive language
- Exiting the hospital to smoke in violation of hospital policy
- Demanding inappropriate and unethical administration of opioid medications
- Threatening to call law enforcement to "report" Phelps staff
- Threatening to physically harm nursing staff [EP14-A Security Incident 071918](#)

Clinical Nurses: Maryanne Portoro, BSN, RN, clinical nurse, Emergency Department (ED), Catherine Couture, BSN, RN, clinical nurse, Behavioral Health, Crystal Moschiano, BSN, RN-BC, clinical nurse, 1 South, and Dorit Lubeck-Walsh, MSN, RNC, ANP-BC, nurse practitioner, Physician Practice (As a nurse practitioner, Dorit functions as a clinical nurse who spends the

majority of her time working directly with patients).

Interprofessional Group: The July 2018 incident served as a catalyst for Phelps' senior leadership team to address the security and safety concerns of the staff. Various security measures and information technology solutions were immediately implemented, with an initial focus on the emergency and psychiatric areas. It soon became apparent that an organization-wide initiative was needed. Subsequently, in February 2019, the Workplace Violence Task Force was officially formed. The task force consisted of clinical nurses from several different departments and nurse leaders of various levels, as well as staff from Security and Administration. Clinical nurses were instrumental in contributing to the interprofessional group and ensuring the group's achievements addressed the particular needs of direct-care nursing staff.

Participation

EP14 - Table 1 - Workplace Violence Task Force

Name	Credentials	Discipline	Unit/Dept.	Job Title
Maryanne Portoro	BSN, RN	Nursing	ED	Clinical Nurse
Catherine Couture	BSN, RN	Nursing	4 North	Clinical Nurse
Crystal Moschiano	BSN, RN-BC	Nursing	1 South	Clinical Nurse
Dorit Lubeck-Walsh	MSN, RNC, ANP-BC	Nursing	Physician Practice	Nurse Practitioner
Doreen Wall	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Eileen Egan, Chair	JD, BSN, RN	Risk Management	Administration	Vice President
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Yvetale Lauture Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Ellen Parise	MSN, RN, CNML	Nursing	3 North/Venous Access Team	Nurse Manager
Gail Wilson	MHA, BSN, RN	Nursing	5 South	Nurse Manager
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
George Coyle	-	Security	Security Desk	Supervisor
Mary Kovoov	-	Administration	Quality Assurance	Coordinator
Joseph Anzovino	-	Security	Security Operations	Manager

Clinical Nurse Contributions to Interprofessional Group

Assessing Current Situation: On February 19, 2019, the Workplace Violence Task Force convened for the first time. During this first meeting, the team members reviewed the reasons for meeting, the expectations of the group and the incident that had inspired the group's formation. Participants identified potential reasons for the July 2018 security incident, as well as the various ways in which Security's presence on the units could be enhanced.

[EP14-B Task Force Meeting Minutes 021919](#)

Identifying Solutions: On March 5, 2019, the Workplace Violence Task Force met to identify potential ways to improve Phelps' response to disruptive patient behavior. At this meeting, the team members reviewed Northwell Health's (Phelps' parent organization) policy regarding patient behavior and compared it with Phelps' policy, finding that some aspects of the two policies did not align, such as the assignment of emergency codes and the corresponding protocols used for various security events. Subsequently, the team agreed to work with the department of Organizational Development, to ensure that Phelps' policy and codes corresponded with Northwell's. The task force also agreed to develop education modules to provide staff with additional tools and resources, which included the identification of and response to disruptive patient behavior with a process algorithm to follow. [EP14-C Task Force Meeting Minutes 030519](#)

Developing a New Process: From March to May 2019, Maryanne, Dorit, Catherine and Crystal worked with the other members of the Workplace Violence Task Force to design a program that would guide nurses in the effective management of disruptive patients and/or visitors on their units. As part of this effort, they adopted the Northwell Health policy regarding behavior by a patient/visitor not conducive in healthcare. They created a HealthStream™ Learning education module on managing and responding to violent or aggressive patients and visitors and developed an algorithm to guide staff in responding to violent and/or threatening patients. The algorithm includes escalation to Security staff, Nursing leaders and members of Administration, who will support clinical nurses at the point of disruption as needed. [EP14-D Disruptive Patient Algorithm 051719](#)

Education on the New Process: In May and June 2019, all Phelps Hospital staff, including all clinical nurses, received HealthStream™ Learning Center assignments regarding the revised emergency codes and new resources on how to resolve patient and visitor security issues.

Implementing the New Process: On May 23, 2018, the new process for responding to disruptive patient behavior went live hospital-wide. On June 3, 2019, a patient was aggressive to the staff on 1 South, an inpatient psychiatric unit. The clinical nurses used the disruptive behavior by patient/visitor algorithm and called a "code gray" (referred to as a "code green" prior to the process change) to notify the appropriate personnel and nurse manager. This security issue was then resolved. [EP14-E Security Incident resolved using Algorithm 060319](#)



EP15EO - WORKPLACE SAFETY

REDUCING WORKPLACE VIOLENCE TOWARD NURSES

Provide one example, with supporting evidence, of an improved workplace safety outcome for nurses, specific to violence (physical, psychological violence, threats of incivility) toward nurses in the workplace. Provide a copy of the organization's safety strategy.

Problem

Overview: Phelps Hospital (Phelps) utilizes the Northwell Health System's Krasnoff reporting system to enter and report on workplace violence (WPV), using the National Institute for Occupational Safety and Health (NIOSH) definition of workplace violence as "*violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty*". Northwell Health expanded the NIOSH definition of workplace violence to include any physical, patient aggression, psychological or verbal incidents occurring in the workplace by employees, patients, patients' family members, vendors or any other third party. This includes employee-to-employee workplace violence, patient-to-employee workplace violence, and visitor-to-employee workplace violence, but excludes violence that employees are not involved in, such as patient-to-patient violence or visitor-to-visitor violence. WPV is also based on intent. For example, if a patient recovering from anesthesia accidentally strikes a nurse, the incident would not be considered WPV but reported using a normal incident reporting protocol.

Background: In July 2018, Phelps had six WPV events reported, the highest number reported since 2016. In August 2018, the Phelps' Nursing Leadership Council (NLC), consisting of Nurse Directors, Nurse Managers, Assistant Nurse Managers, Clinical Educators and Clinical Nurse Specialists, discussed recent concerns raised by an Emergency Department (ED) nurse as reported by her director. Phelps' nurse leaders recognized the need to support nurses in their response to an increasing number of patients who were combative, disruptive, and actually or potentially violent/threatening. The members of the NLC council believed the existing process for managing this type of patient needed to be amended to provide nurses with tools and resources to safely care for patients who exhibit threatening behavior. Eileen Egan, JD, BSN, RN, vice president, Administration was a member of the Safety Committee and was present at the NLC meeting, where these concerns were discussed. Eileen communicated the nurses' concerns at the following Safety Committee meeting. Since the Safety Committee monitors all reported workplace violence issues and safety concerns of staff, the team recognized the additional concerns of Nursing.

Organizational Safety Strategy: Consistent with its mission, Phelps is "committed to

promoting a safe and secure environment for all patients, visitors and staff” according to Phelps’ Security Management Plan, which is aligned with the Northwell Health’s Workplace Violence Prevention (WPV) Program. The Northwell Health Safety Management Plan demonstrates the organization’s concern for employees’ emotional and psychological safety and health as well as a commitment to the maintenance of a safe and healthy, violence-free work environment. This program is available to all employees in the System’s Workforce Safety Manual. [EP15EO-A Workplace Violence Prevention Safety Implementation Guide p.3 and 7 and Phelps Safety Management Plan.](#)

Challenge: In July 2018, 1.60% of Phelps nurses experienced a WPV event.

Goal Statement

Goal: Reduce % Phelps nurses experiencing a WPV event

Measure of Effectiveness: % Phelps nurses experiencing a WPV event

[total # WPV events against Phelps nurses ÷ total # Phelps employed nurses (excluding per-diem) x 100]

Participation

EP15EO - Table 1 - Safety Committee

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	VP, Clinical Operations & Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	Senior Vice President, Patient Care Services & CNO
Daniel Blum	BS	Support Services	Administration	President & CEO
Glenn Taylor		Support Services	Administration	VP, Support Services
Jeffrey Meade		Support Services	Facility Services	Sr. Administrative Director
Manny Caixeiro		Support Services	Security	Director
Joseph Anzovino		Support Services	Security	Operations Manager
George Coyle		Support Services	Security	Desk Associate
Mindy Brugger		Support Services	Emergency Life Support	Projects Coordinator

EP15EO - Table 2 - Workplace Violence Nursing Task Force

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President

Name	Credentials	Discipline	Dept/Unit	Job Title
Nancy Fox	MS, RN, NEA-BC, NPD- BC, CNML	Education	Organizational Development	Director
Maryanne Portoro	RN	Nursing	ED	Clinical Nurse
Crystal Moschiano	BSN, RN, SANE	Nursing	1 South	Clinical Nurse
Doreen Wall	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Yvetale Lauture-Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Gail Wilson	BSN, RN	Nursing	5 South	Nurse Manager
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Candace Huggins	MSN, RN, NE-BC, CEN	Nursing	ED	Assistant Nursing Director
Ellen Parise	MSN, RN, CNML	Nursing	3 North (formerly known as 2 North)	Nurse Manager
Dorit Lubeck Walsh	MSN, RNC	Medicine	Physician Practice	Nurse Practitioner
Manny Caixeiro		Support Services	Security	Director
Joseph Anzovino		Support Services	Security	Operations Manager

Interventions

Identifying Strategies to Improve Safety: Beginning in September 2018, Eileen and Mary Koor, MBA, Coordinator, Risk and Quality Improvement, worked with members of the Information Technology (IT) department to determine a method of electronically flagging the medical record of aggressive/disruptive patients for each encounter. This notification was intended to warn staff so they could prepare to approach patients differently and provide safer treatment. However, this suggestion was not feasible for medico-legal reasons. While initiating a “code green” to control violent patients occurred, Eileen and nurse leaders agreed that there were situations which required a different approach. They decided to form a committee to standardize methods for managing the behavior of these disruptive patients.

Creating New Patient Processes: By January 2019, the Security department and Nursing were working in parallel on initiatives to reduce WPV risks. Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care and Inpatient Behavioral Health and Candace Huggins, MSN, RN, NEA-BC, CEN, assistant nursing director, ED worked together with Manny Caixeiro, director, security, to develop a new process for Phelps security to check high-risk patients requiring constant observation with a metal detector wand in the ED. It became an ED requirement for all patients to change into a gown while in the hospital. Nurses alerted Security of patients being admitted to an inpatient behavioral health unit; Security would subsequently search

the patient's belongings, place them in a clear plastic bag with a tag that indicated further inspection was needed by security.

Forming a WPV Nursing Task Force: In February 2019, nurses representing all Phelps' departments formed the Workplace Violence Nursing Task Force. The task force members evaluated the current practice by reviewing the existing documentation in the electronic medical record (EMR) and agreed to review the relevant Northwell policies, discuss alternatives for alerting Phelps' staff of violent/aggressive behavior and develop an algorithm to manage patients who are violent or threatening.

Reviewing and Updating Patient Behavior Policies: At the March 5, 2019, Workplace Violence Nursing Task Force meeting, Eileen led members in reviewing the Northwell related policies provided in the Workplace Violence Prevention Safety Implementation Guide p.14, including "Behavior by Patient/Visitor not Conducive to Healthcare". Members agreed the policy addressed the safety issue that prompted this Nursing task force. The nurses agreed to adopt the policy at Phelps and identify the best way to educate all staff and communicate a standardized process of caring for patients who become disruptive, violent, or threatening.

Developing Education: In March 2019, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML led the task force's development of online HealthStream® learning management system to educate all Phelps employees, including ancillary areas, on the implementation of the Northwell policy. On April 16, 2019, a smaller workgroup convened to finalize the HealthStream® module and determine an implementation date. This smaller workgroup, also consisting of nurses, decided to outline steps taken to address patients that become disruptive, violent, and/or threatening in a quick reference algorithm that would be distributed to all units in conjunction with the education. An algorithm, which instructed staff on the correct protocol when identifying disruptive behavior and indicating which code to call overhead, and whom to notify, was written, laminated and distributed to all areas of the hospital.

Educating Nurses and Colleagues on New Safety Practices: In May 2019, Nancy led implementation of the mandatory online HealthStream education throughout Phelps. The algorithm was distributed to all units in the hospital and the main lobby.

Implementing New Practices to Improve Safety: The new safety strategies were implemented by the end of May 2019.

Outcome

Pre-Intervention Timeframe: July 2018

Pre-Intervention Baseline Data: During the pre-intervention timeframe, 1.60% of Phelps' nurses experienced a WPV event.

Intervention Timeframe: August 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

Post-Intervention Data: During the post-intervention timeframe, an average of 0.52% of Phelps' nurses experienced a WPV event. This represents a 66% reduction.

EP15EO - Graph 1 - Phelps Nurses Experiencing WPV Events



5 Pages



NK2 - DISSEMINATING RN RESEARCH

EXAMPLE 1: CLINICAL NURSE SHARES RESEARCH INTERNALLY

Provide one example, with supporting evidence, of how clinical nurses disseminated the organization's completed nursing research study to internal audiences.

Background

Research: "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety" (Northwell Health IRB Approval #18-0547, July 19, 2018)

Overview: Since July 2016, Doreen Wall, MSN, RN-BC, clinical educator, Behavioral Health, had been researching non-pharmacological therapies for the anxiety experienced by psychiatric inpatients. She had observed that the patients on the unit, 1 South seemed to enjoy coloring sessions led by the unit's recreational therapist, Jessica Khalaf, BA and hypothesized that coloring could be helpful for reducing anxiety in the inpatient setting. When Doreen conducted a review of the literature, she found some research on the effect of coloring mandalas on feelings of well-being, resilience and hope among psychiatric inpatients; however, there was little research specific to the practice's effect on anxiety.

Doreen consulted with Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM, Magnet program director and Peggy Tallier, MPA, EdD, RN, dean and professor of nursing, Long Island University Harriet Rothkopf Heilbrunn School of Nursing and coordinator of research and evidence-based practice at Phelps, to write and submit her proposal. Doreen submitted the proposal to the Northwell Scientific Review Board followed by the Northwell Institutional Review Board (IRB) for approvals which were received in June 2018 and July 2018, respectively. Doreen and Judy also met with Myriam Kline, PhD, senior research statistician, Feinstein Institute for Medical Research, to assist with data analysis. Finally, Doreen purchased the Beck's Anxiety Inventory (BAI) tool (after obtaining permission to use) for the study. The study was approved to commence July 26, 2018 [NK2-A Northwell IRB Approval](#)

Doreen invited Jessica and Maura Maier, MEd, RN-BC, clinical nurse, 1 South, to join her research team. To prepare for the study, Maura and Jessica completed Northwell's

Collaborative Institutional Training Initiative (CITI) human subjects training and the Conflict of Interest (COI) disclosure questionnaire.

Using inclusion criteria and a convenience sample of 19 patients from Phelps' locked inpatient adult psychiatric unit (1 South), Doreen, Jessica and Maura examined the relationship between coloring mandalas and anxiety. Within 72 hours of admission, study participants completed a demographic survey and a BAI tool. During the next 7-10 days, participants completed three mandala-coloring sessions, each lasting at least 45 minutes. After three sessions, participants completed another BAI tool. The study was conducted from July 2018 through April 2019. Using a repeated measures analysis of variance design, the research team identified a statistically significant reduction in BAI scores from pre- to post-assessment.

Clinical Nurse: Maura Maier, MEd, RN-BC, clinical nurse, 1 South

Clinical Nurses Disseminate Research Findings Internally

Identifying Internal Audiences: Maura and Doreen discussed the study and shared the results with clinical nurses during the New Knowledge and Innovation Shared Governance Council and the Behavioral Health Unit Shared Governance Councils meetings. In October 2019, Maura and Doreen attended the American Psychiatric Nurses' Association's (APNA) 33rd Annual Conference in New Orleans, Louisiana, and presented a poster, "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety: a Pilot Study," in the conference's Research category. Following the conference, Kathy Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, invited Maura and Doreen to present this poster during Phelps' 2019 Trends in Nursing Practice conference later that month.

Sharing Research at Internal Conference: On October 22, 2019, Maura and Doreen presented "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety" during a poster gallery session at the 2019 Phelps' Trends in Nursing Practice conference. During the conference's lunch break, Maura and Doreen were available to answer questions and discuss their findings with attendees. [NK2-B Trends in Nursing Practice Agenda 102219](#). Kathy sent a follow-up email to thank Maura, Doreen and other poster presenters for their participation in the event. [NK2-C Email of appreciation from KPappas](#); [NK2- D BH Unit Council Meeting minutes 111419 p2-3](#).

EXAMPLE 2: CLINICAL NURSE SHARES RESEARCH EXTERNALLY

Provide one example, with supporting evidence, of how clinical nurses disseminated the organization's completed nursing research study to external audiences.

Background

Research: “The Effect of Mandala Coloring on Psychiatric Inpatient’s Anxiety” (IRB Approval #18-0547, July 19, 2018)

Overview: Since July 2016, Doreen Wall, MSN, RN-BC, clinical educator, Psychiatry, had been researching non-pharmacological therapies for the anxiety experienced by psychiatric inpatients. She had observed that Psychiatry inpatients seemed to enjoy coloring sessions led by the unit’s recreational therapist, Jessica Khalaf, and hypothesized that coloring could be helpful for reducing anxiety in the inpatient setting. When Doreen conducted a review of the literature, she found considerable research on the effect of coloring mandalas on feelings of well-being, resilience and hope among psychiatric inpatients; however, there was little research specific to the practice’s effect on anxiety. Doreen invited Jessica and Maura Maier, MEd, RN-BC, clinical nurse, 1 South, to join her research team.

Beginning in July 2018, using a convenience sample of 19 patients from Phelps’ locked inpatient adult psychiatric unit, Doreen, Jessica and Maura examined the relationship between coloring mandalas and anxiety. Within 72 hours of admission, study participants completed a demographic survey and a Beck’s Anxiety Inventory (BAI) tool. Throughout the next 7-10 days, participants completed three mandala-coloring sessions, each lasting at least 45 minutes. After three sessions, participants completed another BAI tool. The study was conducted from July 2018 through April 2019. Using a repeated measures analysis of variance design, the research team identified a statistically significant reduction in BAI scores from pre- to post-assessment.

Clinical Nurse: Maura Maier, MEd, RN-BC, clinical nurse, 1 South

Clinical Nurse Disseminating Research Knowledge Externally

Identifying External Audiences: In February 2019, Doreen and Maura discussed potential forums for sharing their research findings. Doreen, who had been a member of the American Psychiatric Nurses Association (APNA) over 15 years, felt that the APNA’s upcoming annual conference would be an ideal venue. Together, they submitted an abstract proposal for presentation at the APNA’s conference that October. In April 2019, Maura and Doreen received notification that their abstract had been accepted for poster presentation in the Research category at the upcoming conference. [NK2-E APNA Abstract Approval 041019](#)

Presenting Research at Conferences: From October 2-5, 2019, Maura and Doreen attended the APNA 33rd Annual Conference in New Orleans, Louisiana. There, they presented their poster, entitled “The Effect of Mandala Coloring on Psychiatric Inpatient’s Anxiety: a Pilot Study,” in the conference’s Research category. [NK2-F APNA Conference Program October 2019](#) and [NK2-G APNA Poster October 2019](#)

Maura and Doreen were recognized in the October 31, 2019 edition of Notebook, a biweekly employee newsletter, which is emailed to members of the Phelps community. [NK2 H Notebook-10-31-19 page 7](#)



NK3 - EVIDENCE-BASED PRACTICE

EXAMPLE 1 CLINICAL NURSES IMPLEMENT EDINBURGH POSTPARTUM DEPRESSION SCALE

Provide one example, with supporting evidence, of clinical nurses' implementation of an evidence-based practice that is new to the organization.

Background

Overview: Postpartum depression is the most common complication following childbirth and affects one out of every seven women. According to Willis et al. (2018), the prevalence of prenatal anxiety in new mothers ranges from 13-21%, with the postpartum prevalence estimated to range from 11% to 17%. Clinical nurses of the Maternal Child Health (MCH) Unit witnessed the prevalence of perinatal mood and anxiety disorders (PMADs) during pregnancy and the post-partum period at Phelps Hospital (Phelps). The MCH clinical nurses realized that even though there was a high prevalence, screening for these diagnoses rarely occurred. As a result, PMADs were often misdiagnosed or overlooked.

Existing Practice: Prior to implementing the new practice, the MCH clinical nurses utilized their skills and intuition to identify risk factors for perinatal mood and anxiety disorders and instituted appropriate follow-up care. However, the need for a more standardized way of screening was evident.

New Evidence-Based Practice: The MCH clinical nurses implemented the evidence-based Edinburgh Postpartum Depression Scale as a standardized method for screening all patients for PMADs.

Clinical Nurses: Meredith Downey, BSN, RN, C-EFM, RNC-OB, IBCLC, Theresa Kilfoile, RN, CRN, Elizabeth Wiley, AAS, RN, CPN, and Sharon Lind, AAS, RN, clinical nurse, 1 South.

Participation

NK3 - Table 1 - Clinical Nurses on PMAD Committee

Name	Credentials	Discipline	Unit/Dept.	Job Title
Meredith Downey	BSN, RN, C-EFM, RNC-OB, IBCLC	Nursing	MCH Unit	Clinical Nurse
Theresa Kilfoile	RN, CRN	Nursing	MCH Unit	Clinical Nurse
Elizabeth Wiley	AAS, RN, CPN	Nursing	MCH Unit	Clinical Nurse
Sharon Lind	AAS, RN	Nursing	1 South	Clinical Nurse

Researching Evidence-Based Findings

Forming a Committee: In late 2016, realizing the need for a standardized approach to provide optimal care for postpartum women, Kara Giustino, MSN, RN, CPNP, nurse educator, MCH, collaborated with Doreen Wall, MS, RN-BC, nurse educator, behavioral health, to form an interprofessional PMAD Committee involving clinical nurses from the Postpartum Unit and behavioral health (see Table 1) and Tiffany Ferrer, social worker, to become inaugural members of the PMAD committee. The purpose of the committee was to promote awareness and recognition of PMADs. On March 9, 2017, the committee members met and established the following goals: 1) improve nurses' recognition of perinatal mood and anxiety disorders, 2) implement a recognized screening tool for those women at risk for depression and suicidal ideation and identify any postpartum women in the hospital experiencing perinatal mood and anxiety disorders, and 3) provide postpartum women and their families with a brochure of resources to contact should they begin to experience any symptoms post-discharge. [NK3-A PMAD Meeting Minutes 030917](#)

At the May 9, 2017, meeting, Kara shared information she had learned from the June 2016 Postpartum Support International (PSI) Annual Conference. PSI is an organization that provides women with support systems, education, resources and increased awareness of mental health disorders including, but not limited to, anxiety, obsessive compulsive disorder, post-traumatic stress disorder and psychosis during the perinatal period. The morbidity and mortality statistics associated with these diagnoses that were presented at the conference were astounding. Lauren Safran, social worker, engaged the clinical nurses in a discussion regarding actual clinical scenarios she encountered with the experiences of postpartum women suffering from PMAD. The nurses compared these experiences to their own and were not surprised by them. The MCH clinical nurses believed they could improve the process for screening postpartum women and subsequently initiate the appropriate referrals and education prior to the women's discharge from the hospital.

Investigating Current Research: The clinical nurses continued to meet throughout 2017 to review the best available and current research regarding PMADs and to validate screening tools, create an informational brochure and develop a policy for implementation. Kara and Doreen assisted them with identifying the key words (postpartum depression, perinatal mood disorder and Edinburgh scale) and searching the literature. Databases included PubMed and Google Scholar. During the literature search, they found the most recent article by DiFlorio

et al. (2017) entitled, "The impact of education, country, race and ethnicity on the self-report of post-partum depression using the Edinburgh Postnatal Depression Scale". The clinical nurses from the PMAD committee also brought articles they found. [NK3-B Literature Search 2017](#)

Evaluating Their Findings: Upon review of the literature, the clinical nurses learned that there are other disorders that can affect perinatal women, including anxiety, obsessive compulsive disorder and post-traumatic stress disorders. Kara, Meredith, Theresa, Liz, Doreen and Sharon discovered the paucity of validated screening methods for diagnosis of PMADs. They found the Edinburgh Postpartum Depression Scale (EPDS) to be the most widely used tool to screen women for PMADs in the postpartum period. The EPDS is used to screen specifically for depression and suicidal ideation within a seven-day time frame. The EPDS does not replace clinical judgment but can be used to identify early signs of PMADs in postpartum women. [NK3-C PMAD Meeting Minutes 050917](#)

Using Evidence-Based Findings to Implement a New Practice

Developing a New Practice and Policy: In February 2018, Kara and Doreen guided Meredith, Theresa, Liz and Sharon to review the EPDS and draft a policy for screening PMADs, including implementation of the EPDS. The perinatal mood disorder screening policy described the risk factors and identification of PMADs and procedure for using EPDS. The new mother would complete the EPDS prior to discharge from the postpartum unit. If the mother's score was greater than 10, or if anything other than 'never' was entered for a question pertaining to suicidal ideation, then the provider would be notified, and both a social work and psychiatric consult would be initiated. Kara and Yve advocated for the providers to adopt the perinatal mood disorder screening policy at the monthly Obstetrics meetings. On January 2019, the perinatal mood disorder screening policy was approved and implemented at Phelps. [NK3-D Perinatal Mood Disorder Screening Policy 2019](#)

Implementing the New Practice: Since implementation, every post-partum woman has been asked to complete the EPDS and given the brochure with contact information upon discharge from the postpartum unit. For example, on April 12, 2019, Denise Batalla, AAS, RN, clinical nurse, MCH, completed an EPDS on a patient who required a referral to a social worker. [NK3-E EPDS and EMR Note 041219](#)

EXAMPLE 2: CLINICAL NURSES REVISE PRACTICE TO MEASURE NEONATAL JAUNDICE

Provide one example, with supporting evidence, of clinical nurses' use of evidence-based practice to revise an existing practice within the organization.

Background

Overview: In October 2016, Phelps Hospital (Phelps) became the first hospital in the Northwell Health System to achieve Baby-Friendly designation. One component of a Baby Friendly hospital is “rooming-in,” which allows mothers and infants to remain together 24 hours a day, unless medically contraindicated (WHO, 2018).

Existing Practice: Given that neonatal jaundice occurs in about 70 percent of term infants, it is necessary for clinical nurses to test newborns for the presence of high bilirubin levels. Historically, nurses drew blood from newborns via an invasive heelstick to measure serum bilirubin (TSB). This test was often performed while the babies were rooming in, with parents in the room. Unfortunately, the newborn would cry, making it very difficult and stressful for the parents observing the procedure and the clinical nurses performing the heelstick.

Revised Practice: In October 2018, the Maternal Child Health Unit (MCH) at Phelps instituted a revised practice of measuring neonatal jaundice through use of a transcutaneous bilirubin (TcB) meter. As a screening tool for hyperbilirubinemia, the TcB meter is a non-invasive device that can be used to measure bilirubin without causing stress to newborns or their parents. TcB measures the yellowness of the skin by analyzing the spectrum of light reflected by the newborn’s skin. A probe on the bilimeter, placed vertically on the infant’s skin, will produce an average bilirubin level after it is measured three to five times. The TcB test does not produce pain and most of the time can be completed while the infant is sleeping. Use of the bilimeter decreases trauma to the infant, while simultaneously alleviating the risk associated with an invasive heelstick, thereby increasing parent satisfaction.

Clinical Nurse: Judith (Judy) Kennedy, BSN, RNC-MNN, clinical nurse, MCH Unit

Researching Evidence-Based Findings

Investigating Current Research: In the third quarter of 2016, MCH unit clinical nurses began investigating current evidence-based practice regarding the measurement of bilirubin levels in well-newborns.

Conference Attendance: The journey began in September 2016, with Judith (Judy) Kennedy BSN, RNC-MNN, clinical nurse, MCH Unit, attending a conference given by Northern Westchester Hospital entitled, “The Impact of Nursing Research and Evidence Based Practice: If Florence could see us now.” Judy networked with other clinical nurses during the poster sessions at this conference and inquired about what, why and how these clinical nurses conducted their research and evidence-based practices on their units. When Judy returned to work, she shared what she learned and initiated informal discussions with other clinical nurses to identify what areas of patient care could be improved on the MCH Unit. The MCH clinical nurses believed their practice for hyperbilirubinemia screening could be managed differently.

Review of the Literature: In February 2017, Judy then approached Kara Giustino, MSN, RN,

CPNP, clinical educator, MCH, to explore evidence-based practice on screening for hyperbilirubinemia in well-newborns. Judy and Kara conducted a literature review and examined the levels of evidence correlating TcB to TSB in a similar type setting. The results demonstrated that TcB correlated strongly with TSB and that use of the TcB significantly decreased the need for heelsticks. [NK3-F Literature Review 2017](#).

Evaluating the Findings: Methods used for screening hyperbilirubinemia became Judy's focus. Through their research, Judy and Kara discovered that current evidence-based practice demonstrates that the use of a non-invasive transcutaneous bilimeter (TcB) has a strong correlation to serum bilirubin (TSB). Judy and Kara reviewed their findings, rated the evidence and decided how to proceed.

Using Evidence-Based Findings to Change an Existing Practice

Sharing Research Findings: In March 2017, Judy brought the results of the review to the attention of Edna Glassman-Lackow, MA, RN, NCC-EFM, nurse manager (at the time), MCH Unit. Edna agreed that TcB should be implemented on the MCH Unit and discussed the topic with the director of Neonatology. The Neonatology providers resisted this idea, however, and were hesitant to eliminate the heelstick to measure bilirubin. Judy then decided to prove to the providers that TcB was a safe and effective alternative. In June 2017, Judy and Kara contacted the Drager company representative and obtained a bilimeter for trial use on the MCH unit.

Educating about the Practice: In June 2017, Judy and Kara developed an education plan, including a PowerPoint presentation for clinical nurses to explain the concept of the bilimeter, how it measures bilirubin and how to perform the test on the newborn. At the June 2017 staff meeting, Judy and Kara presented an in-service for the entire MCH nursing staff. The representative from the Drager company was invited to the MCH unit to answer any questions regarding the bilimeter. Judy created a poster with pictures on how to use the bilimeter and emailed the PowerPoint presentation to every clinical nurse of the MCH unit.

Piloting the Revised Practice: Beginning in July 2017, Judy asked the MCH Unit clinical nurses to obtain and record a TcB within one hour of every TSB to validate the accuracy of the TcB as a means of measuring newborn bilirubin levels. The MCH clinical nurses collected both TcB and TSB values throughout July and August 2017. . [NK3-G MCH Staff Meeting Minutes 072017](#) Judy then compared the two values to support the literature findings. Judy graphed the results, which demonstrated that the two measurements significantly correlated with each other. Judy shared these graphs with Edna and at the August 2017 MCH staff meeting. [NK3-H MCH Staff Meeting Minutes 083117](#)

Revising the Practice: In November 2017, Judy shared the results of the TcB versus TSB data collected by the clinical nurses with the director of Neonatology, who agreed with the purchase of the bilimeter to continue to test TcB. In December 2017, the TcB meter was purchased. From March to May 2018, Judy continued to have comparative data collected by

the clinical nurses to support the accuracy of the TcB versus the TSB. During Nurse's Week in 2018, Judy presented this evidence-based study with the results at the Phelps Annual EBP and Research session. From May to September 2018, Judy continued to provide monthly updates at every staff meeting and reinforced the proper technique for use of the bilimeter. On May 8, 2018, Judy presented the updated results to the director of Neonatology, who agreed with the process change. [NK3-I Jaundice in Newborns Presentation 050818](#)

Implementing Revised Practice: In October 2018, the TcB became the standard of care for neonatal jaundice testing at Phelps. The Northwell Health policy was officially adopted by Phelps. [NK3-J Bilirubin Surveillance and Management Policy 10.18](#)

Results

The MCH unit clinical nurses are proud to report an impressive decrease in invasive heelsticks and a new standard of care for our well-newborns and their families. Judy presented a poster at Northwell Health's 25th Annual Nursing Research and Evidence-Based Practice Conference held on May 23, 2019.