2020 MAGNET® SITE VISIT GUIDE

Phelps Hospital
Northwell Health®

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

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2 Center

Created by: Kathleen Calabro

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

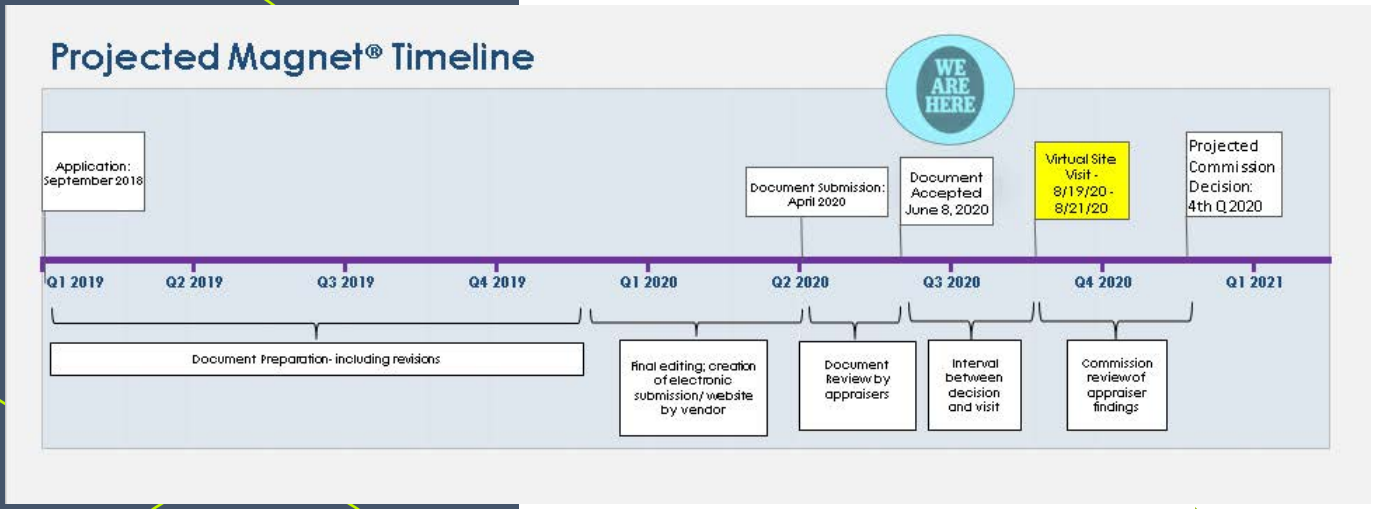
PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

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

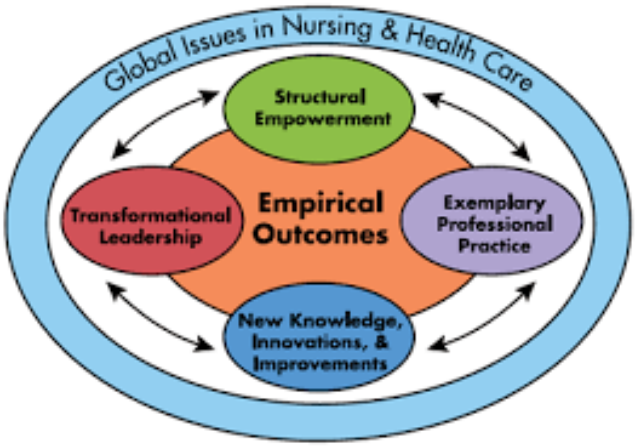
THUS OUR MAGNET® JOURNEY BEGAN.

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!



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 success[1]

[1] https://www.nursingworld.org/organizational-programs/magnet
[2] https://www.indeed.com/career-advice/career-development/transformational-leadership
[3]http://lippincottsolutions.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?

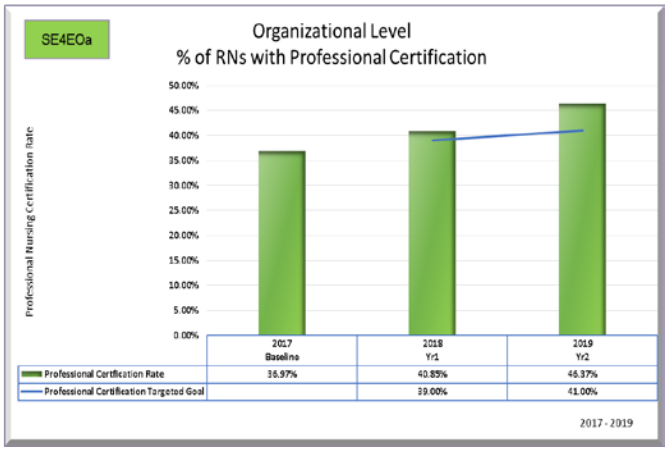
STRUCTURAL EMPOWERMENT

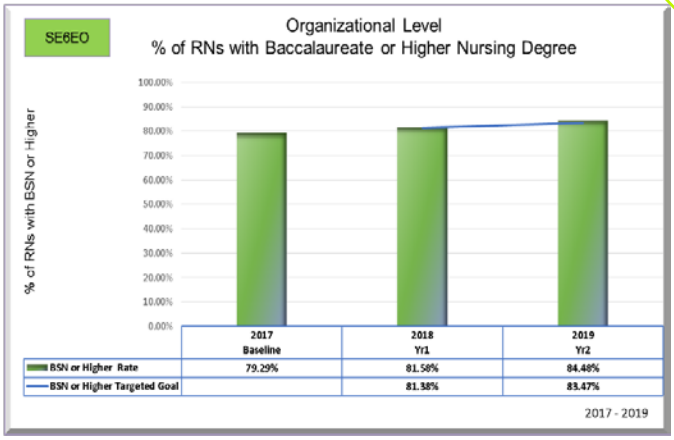
Shared governance day is the third Wednesday of every month. We attempt to have unit representation at every council. The following councils make up our shared governance structure:

- 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

PPM

Can you think of practice changes you implemented that are aligned with our PPM?

Are there ***internal experts*** you seek to help with nursing practice?

Are you aware of nurse retention strategies?

With all the additional security measurements we implemented, do you feel safer in your work environment?

Do you know where to find your unit level data on your unit?

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.

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

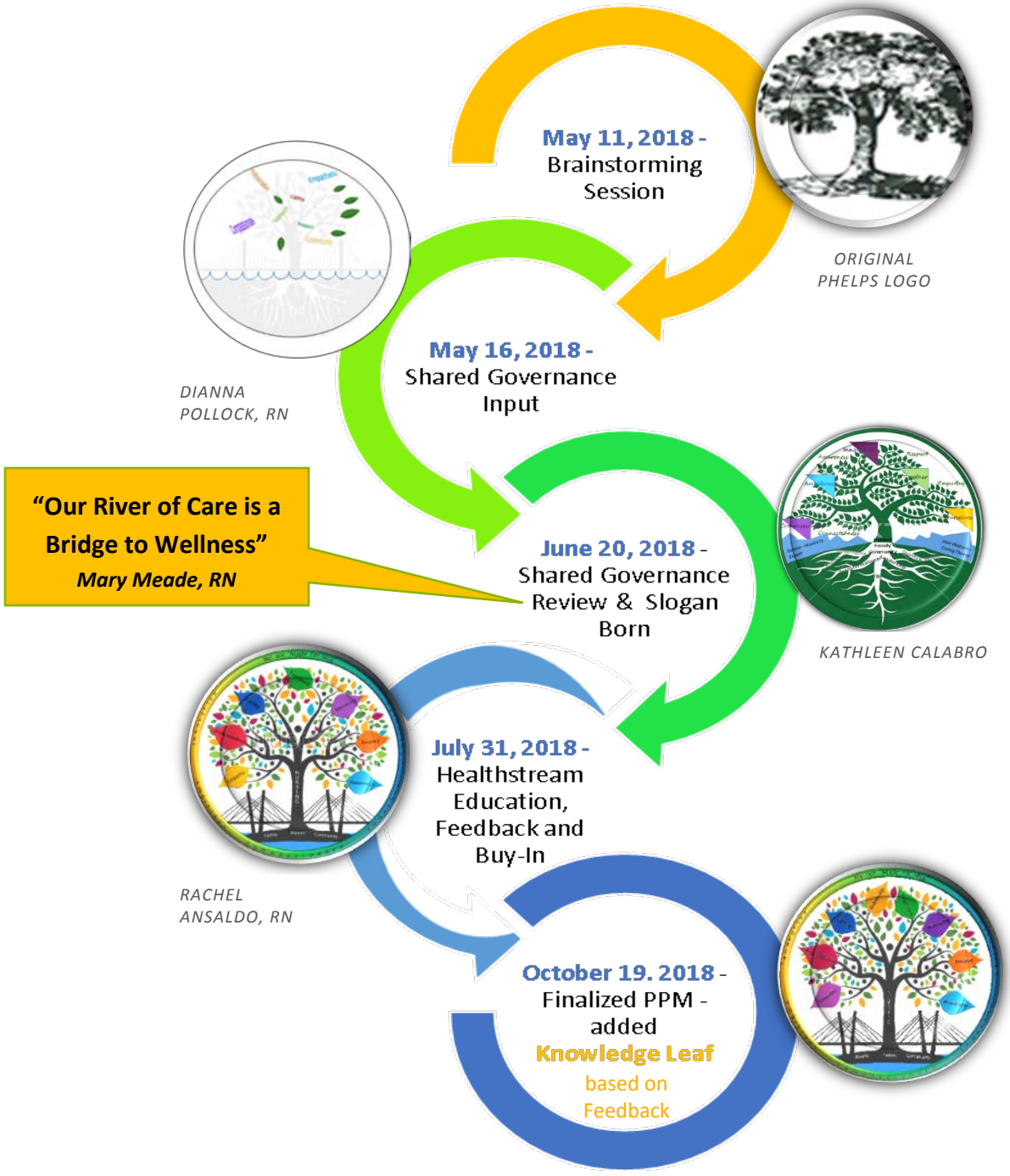
CONVALESCENT PLASMA FOT THE TREATMENT OF PATIENTS WITH COVID -19

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]

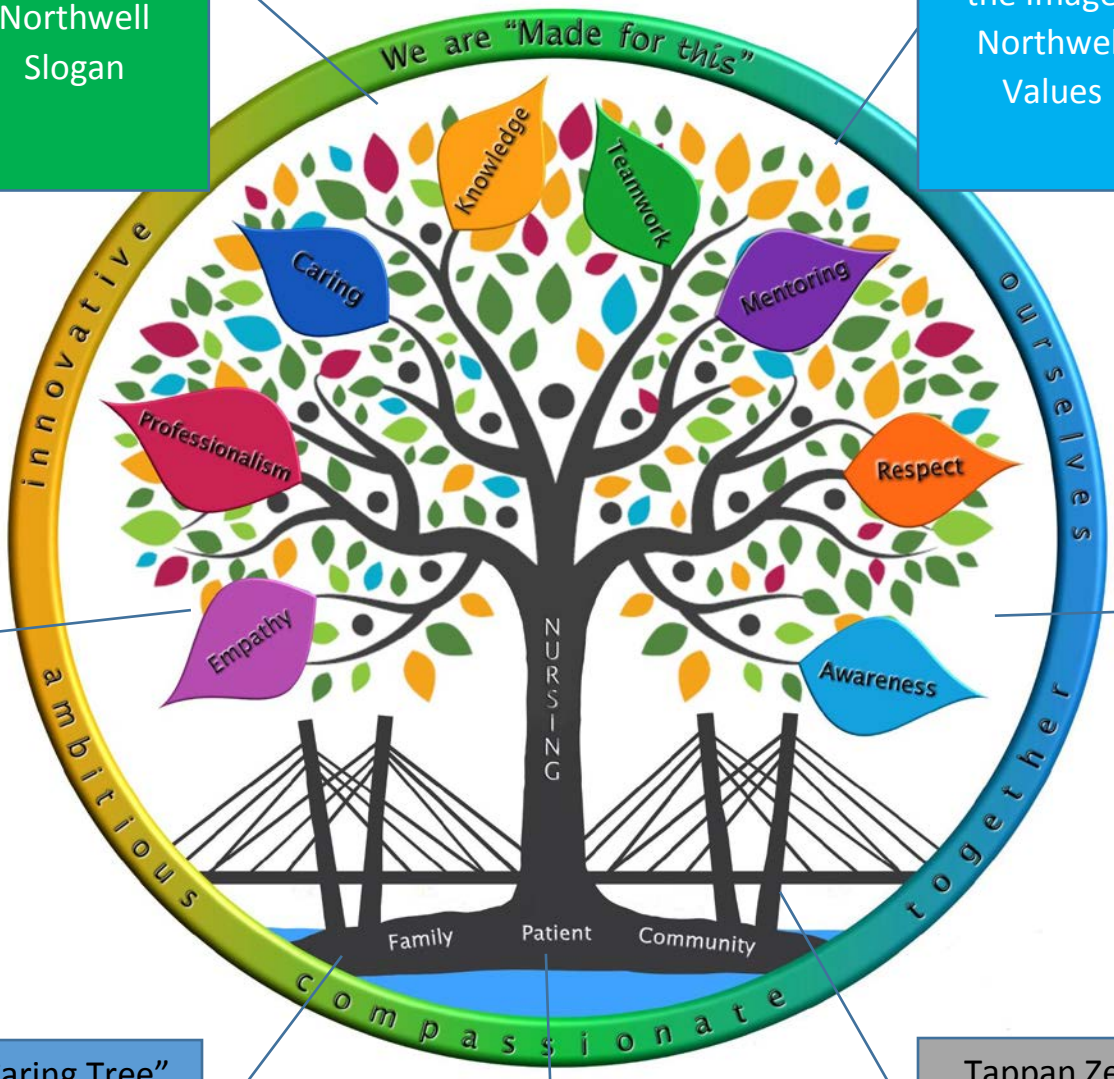


1-American Nurses Credentialing Center 2008,28

Understanding our Professional Practice Model

Adoption of Northwell Slogan

Ring around the Image - Northwell Values



Each leaf represents Nursing at Phelps. Knowledge leaf supports Patricia Benner's Theory of Novice to Expert

By September 2018, 300 RNs responded "Yes, they agree that the PPM is an accurate depiction of Nursing at Phelps Hospital"

"Caring Tree" represents adoption of Jean Watson's Theory of Human Caring

Roots represent our foundation of care with patients at the center

Tappan Zee Bridge reflects the community we so proudly serve

Designed by: Rachel Ansaldo, BSN, RN

Phelps Hospital
Northwell Health℠

Unit Based Nursing Shared Governance

Recruitment, Retention, Recognition Council

Shared Governance RRR Council:

Promote activities that are conducive to a health work environment.

Professional Practice & Development

Shared Governance Professional Practice & Development:

Standards of Care
Clinical Ladder
Certification/BSN
Competency

Quality & Safety

Shared Governance Quality & Safety:

NDNQI Indicators
Patient Satisfaction
Staff Satisfaction
Other Metrics

New Knowledge & Innovation

Shared Governance New Knowledge & Innovation:

Evidence Based Practice
Research
Journal Club
New Technology
Other

CNO Advisory Council

CNO Advisory Council:

Staff Feedback & Input
Focus Groups

Nursing & Hospital Committees

Nursing Leadership Council

Executive Nurse Council

Northwell Health Council

APRN Council

Created By:
Rosendy Rodriguez-Nunez
Nursing Administration
June 11, 2020 – v4

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
Northwell Health

Phelps Hospital / Northwell Health

Patient Care Services

Mary McDermott, RN
Senior Vice President, Patient Care Services / CNO

Tobe Banc, MD
SVP & Medical Director

Robbins Gottlock, MD
VP & Associate Medical Director

Nurse Practitioners / Nurse Midwives

Jasmin Gonzalez
Supervisor, Staff Scheduling

Helen Renck, RN
VP Clinical / Nursing Operations & Patient Safety Officer

Denise Podell, RN
Director Accreditation

Ann Marie Treanor, RN
Senior Administrative Supervisor

Carol Pileggi
Director Laboratory

Brian McGrinder
Director Pharmacy

Alexandra Xelas, RN
Director Infection Prevention

Theresa Yanarella
Director Out-Patient Behavioral Health

Vacant
Director of PCS
Northwell Cancer Institute at Phelps

Joy Paul-Bhatnagar, RN
Nurse Manager
Infusion Center

Neethu Gopinadh, RN
Clinical Educator

Vacant
VP Administration

Michael Glennon
Sr. Admin Director Phys. & Occ. Med, Radiology, Speech & Hearing

Tim Wages, RN
Senior Admin. Director Hyperbaric, Respiratory, Sleep & Cardiovascular

Pam Louis
Director Wound Healing Institute

Elizabeth Smykowski, RN
Nurse Manager Hyperbaric

Judy Dillworth, RN
Magnet Program Director

William Reifer
VP of Quality

Phyllis Vonderheide, RN
Sr. Director Patient Experience

Kerry Ann Kelly, RN
Director Case Management

Michelle Horvath, RN
Quality Manager

Richard Mellor
VP Human Resources & Employee Health Services

Nancy Fox, RN
Director Organizational & Nursing Professional Development

Employee Health Services

Paula Keenan, RN
Nursing Director Medical Surgical Services

Cheryl Burke, RN
Clinical Educator

Ellen Parise, RN
Nurse Manager
3North (fka 2 North) / Vascular Access

Carolynn Young, RN
Clinical Nurse Specialist

Marilyn Maniscalco, RN
Nurse Manager
2 Center

Barbara Vetoulis, RN
Nurse Manager
2 North /5 North

Danielle Medina, RN
Assistant Nurse Manager

Suzanne Mateo, RN
Nursing Director ED, Critical Care & Inpatient Behavioral Health

Candace Huggins, RN
Asst. Nursing Director Emergency Dept.

Donisha Sledge, RN
Assistant Nurse Manager

Alayna Davis, RN
Nurse Manager Emergency Dept.

Nadia Poon-Woo, RN
Clinical Educator Emergency Dept.

Carol Daley, RN
Nurse Manager ICU

Deborah Reynolds, RN
Enterostomal Therapy

Adele Whyte, RN Critical Care
Clinical Educator

Gail Wilson, RN
Nurse Manager 5 South

Christine Clarke, RN
Assistant Nurse Manager

Rona Edwards, RN
Nurse Manager Behavioral Rehab

Nancy Perkins, RN
Nurse Manager 1 South

Doreen Gallagher, RN
Clinical Educator Behavioral Health

Elaine Gardner, RN
Stroke Coordinator

Kathleen Scherf, RN
Nursing Director Surgical Services

Maureen Lovett, RN
Asst. Nursing Director Surgical Services

Alaina Smalley, RN
Nurse Manager ASU / PSA / PACU / Pain Center

Margaret Santos, RN
Clinical Nurse Specialist ASU, PACU, ENDO, Pain Center

Robert Bernardini
Manager Surgical Services Support

Vacant
Asst. Nursing Director Surgical Services

Susana Airey, RN
Nurse Manager Endoscopy

Charles Williams
Manager SPD

Kelly Ann Esposito, RN
Nurse Manager OR

Kelly Kissane, RN
OR Educator

Yvetale Lauture-Jerome, RN
Nursing Director Maternal Child Health

Vacant
Nurse Manager Maternal Child Health

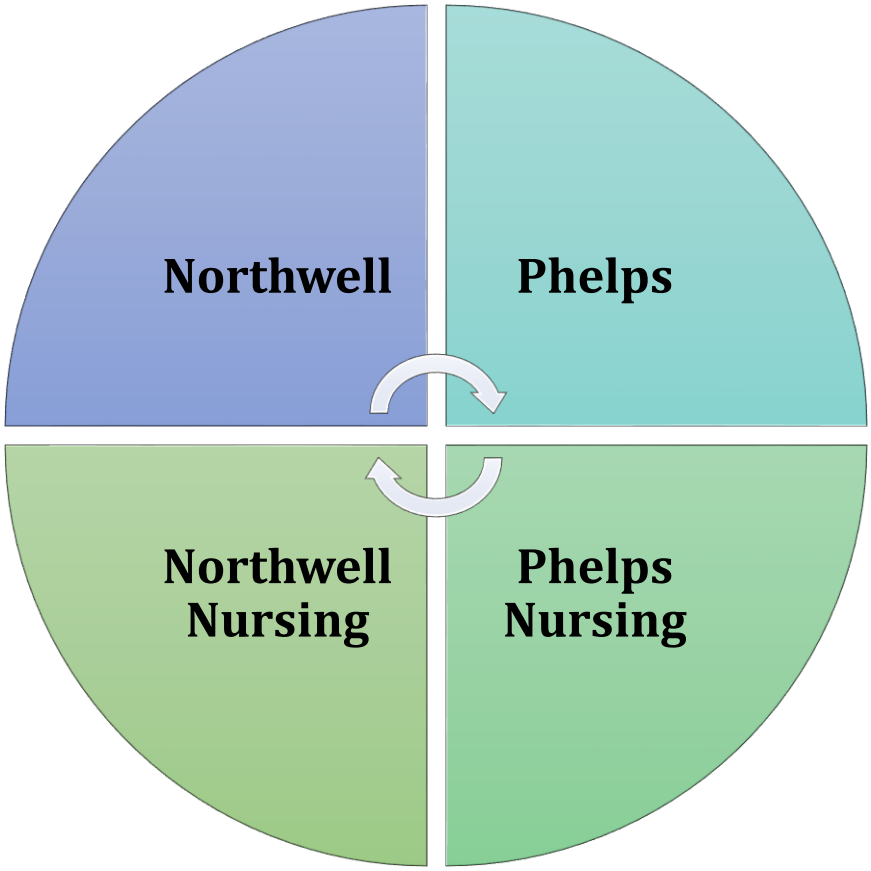
Kara Giustino, RN
Clinical Educator

Francesca Grillo, RN
Clinical Educator

Date: June 11th, 2020

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

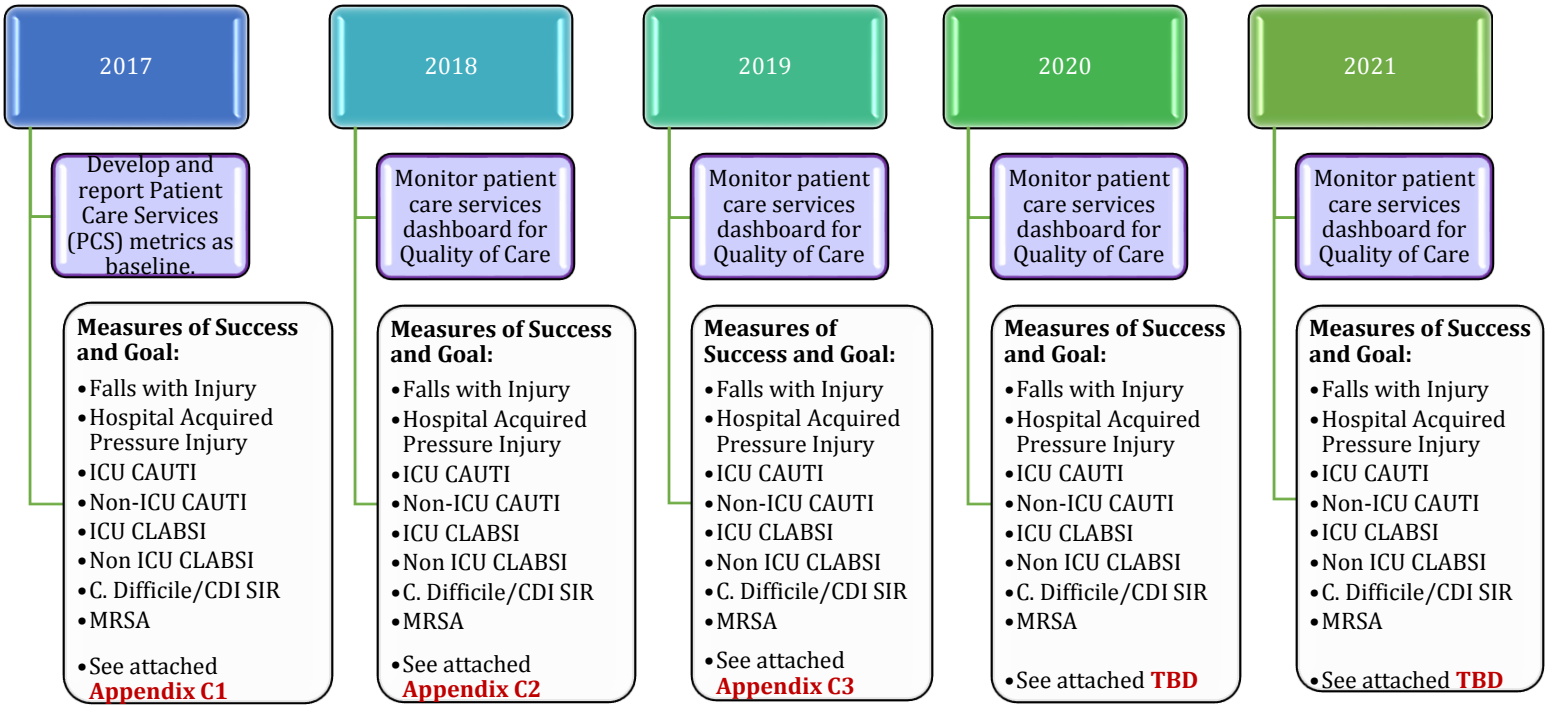
Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customers desire.

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.



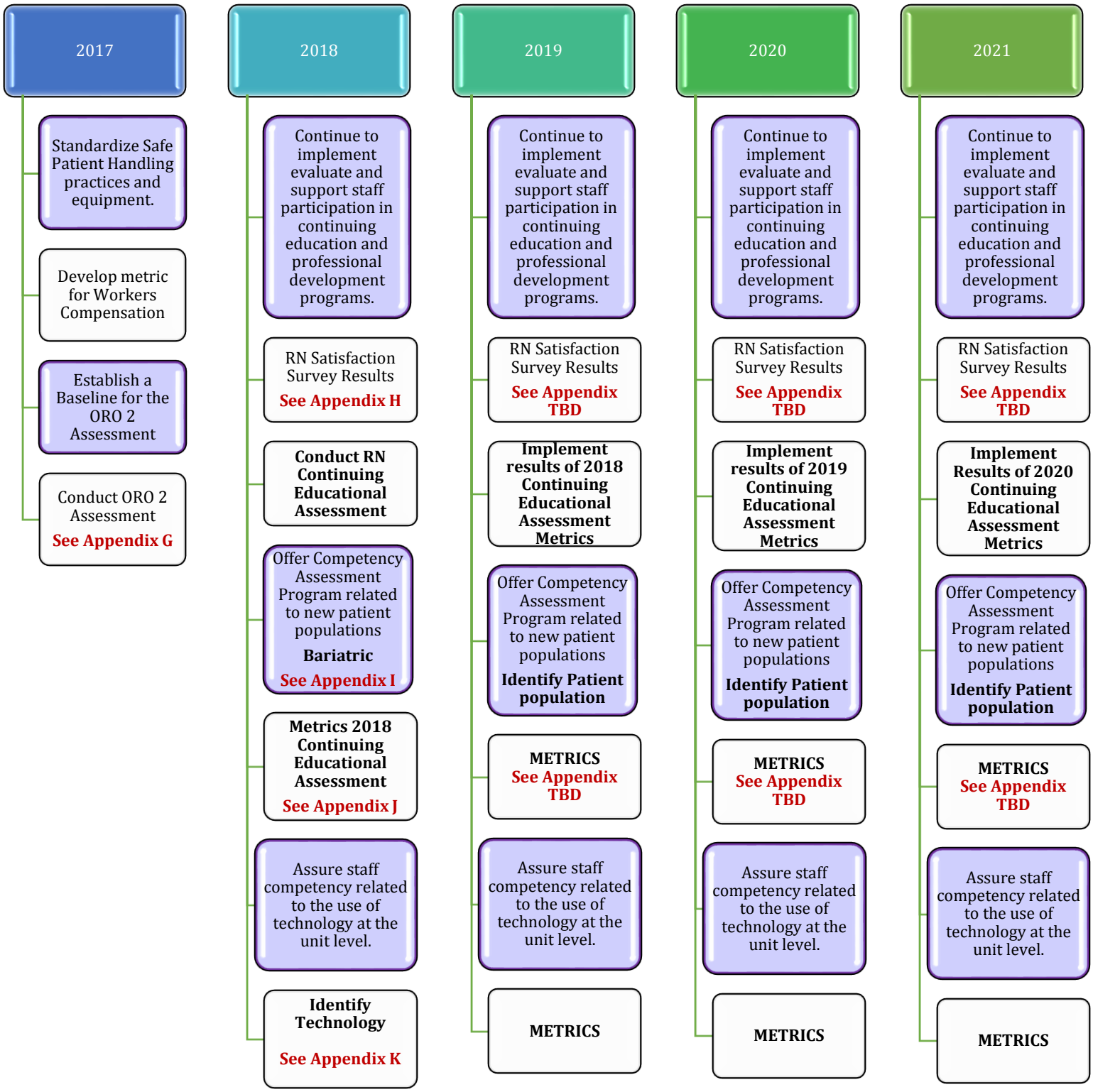
Quality

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.

2017	2018	2019	2020	2021
Handoff Report: Establish a methodology for bi-directional handoff report to promote effective communication across the continium of care	**Handoff Report:** Establish a methodology for bi-directional handoff report to promote effective communication across the continium of care	**Handoff Report:** Establish a methodology for bi-directional handoff report to promote effective communication across the continium of care	**Handoff Report:** Establish a methodology for bi-directional handoff report to promote effective communication across the continium of care	**Handoff Report:** Establish a methodology for bi-directional handoff report to promote effective communication across the continium of care
Rounding Establish a methodology for rounding (hourly, Nurse Manager) utilizing the Cipher Health Tool.	**Rounding** Establish a methodology for rounding (hourly, Nurse Manager) utilizing the Cipher Health Tool.	**Rounding** Establish a methodology for rounding (hourly, Nurse Manager) utilizing the Cipher Health Tool.	**Rounding** Establish a methodology for rounding (hourly, Nurse Manager) utilizing the Cipher Health Tool.	**Rounding** Establish a methodology for rounding (hourly, Nurse Manager) utilizing the Cipher Health Tool.
Measure of Success and Goal: •Press Ganey Questions •See attached **Appendix D**	**Measures of Success and Goal:** •Press Ganey Questions •See attached **Appendix D**	**Measures of Success and Goal:** •Press Ganey Questions •See attached **TBD**	**Measures of Success and Goal:** •Press Ganey Questions •See attached **TBD**	**Measures of Success and Goal:** •Press Ganey Questions •See attached **TBD**
		Implement Team Strategies To Enhance Performance & Patient Safety **See Appendix E**	**Continue TeamSTEPPS**	**Continue TeamSTEPPS**
		Measures of Success and Goal: •Custom Press Ganey Questions TBD **See Appendix TBD**	*Measures of Success*	*Measures of Success*

People

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



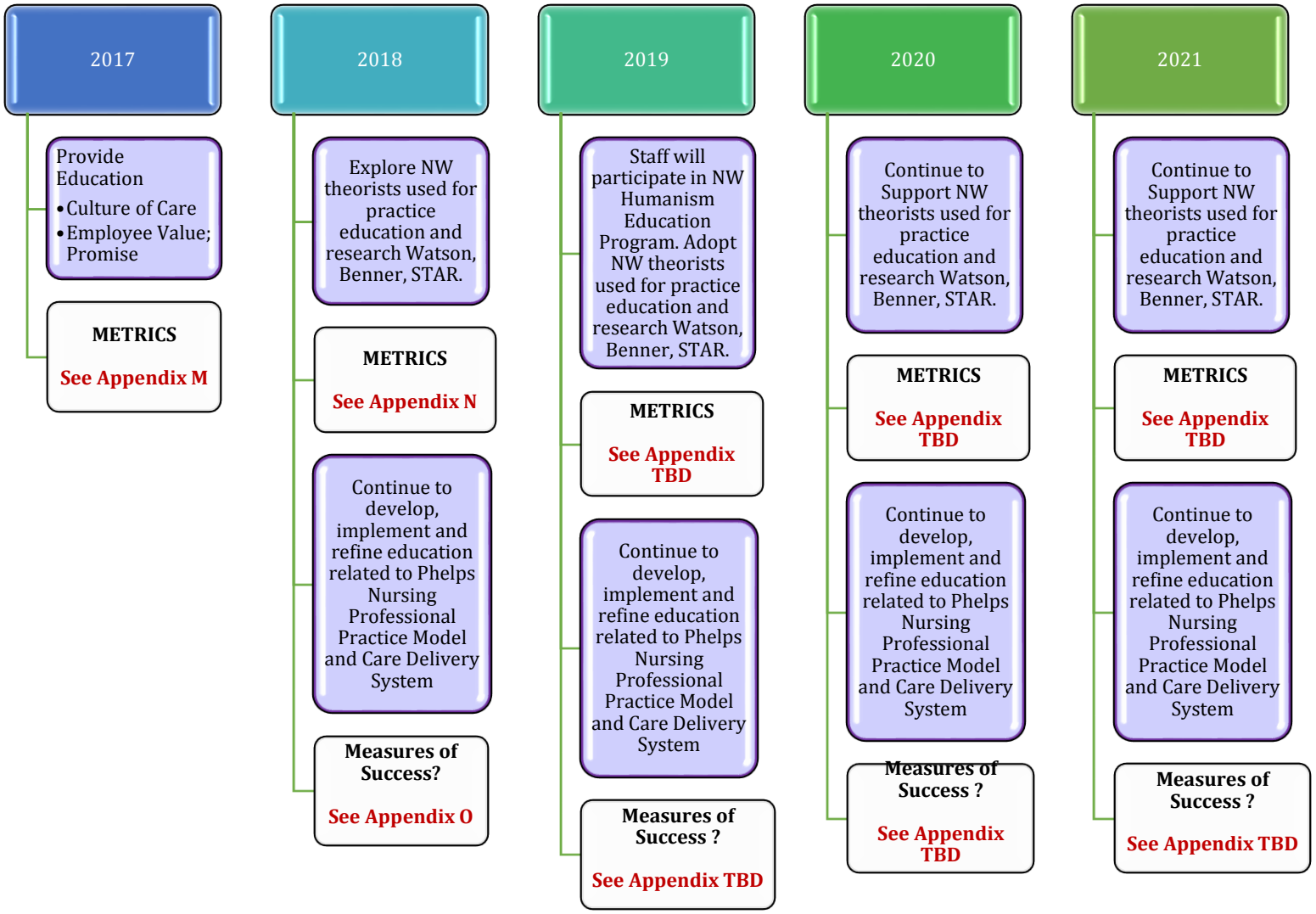
People

<u>GOAL</u>: Create an empowering environment for RNs to function add the highest level to their licensure.

2017	2018	2019	2020	2021
Recruit doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research
METRICS EBP **See Appendix L1**	**METRICS EBP** **See Appendix L2**	**METRICS EBP**	**METRICS EBP**	**METRICS EBP**
RESEARCH IRB Approved	**RESEARCH** 2 IRB Approved	**RESEARCH** 4 IRB Approved	**RESEARCH** 6 IRB Approved	**RESEARCH** 8 IRB Approved
Establish Baseline	**Goal**: BSN Rate: 81.38% Cert Rate: 39.10%	**Goal**: BSN Rate: 83.47% Cert Rate: 41.20%	**Goal** BSN Rate: 86.48% Cert Rate: 47.59%	**Goal** BSN Rate: Cert Rate: **TBD**
BSN Rate: **79.29%** Cert. Rate: **36.97%**	BSN Rate: **81.58**% Cert. Rate: **40.85**%	BSN Rate: 84.48% Cert. Rate: 46.37%	BSN Rate: ____% Cert. Rate: ____% **TBD**	BSN Rate: ____% Cert. Rate: ____% **TBD**

Service

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



Service

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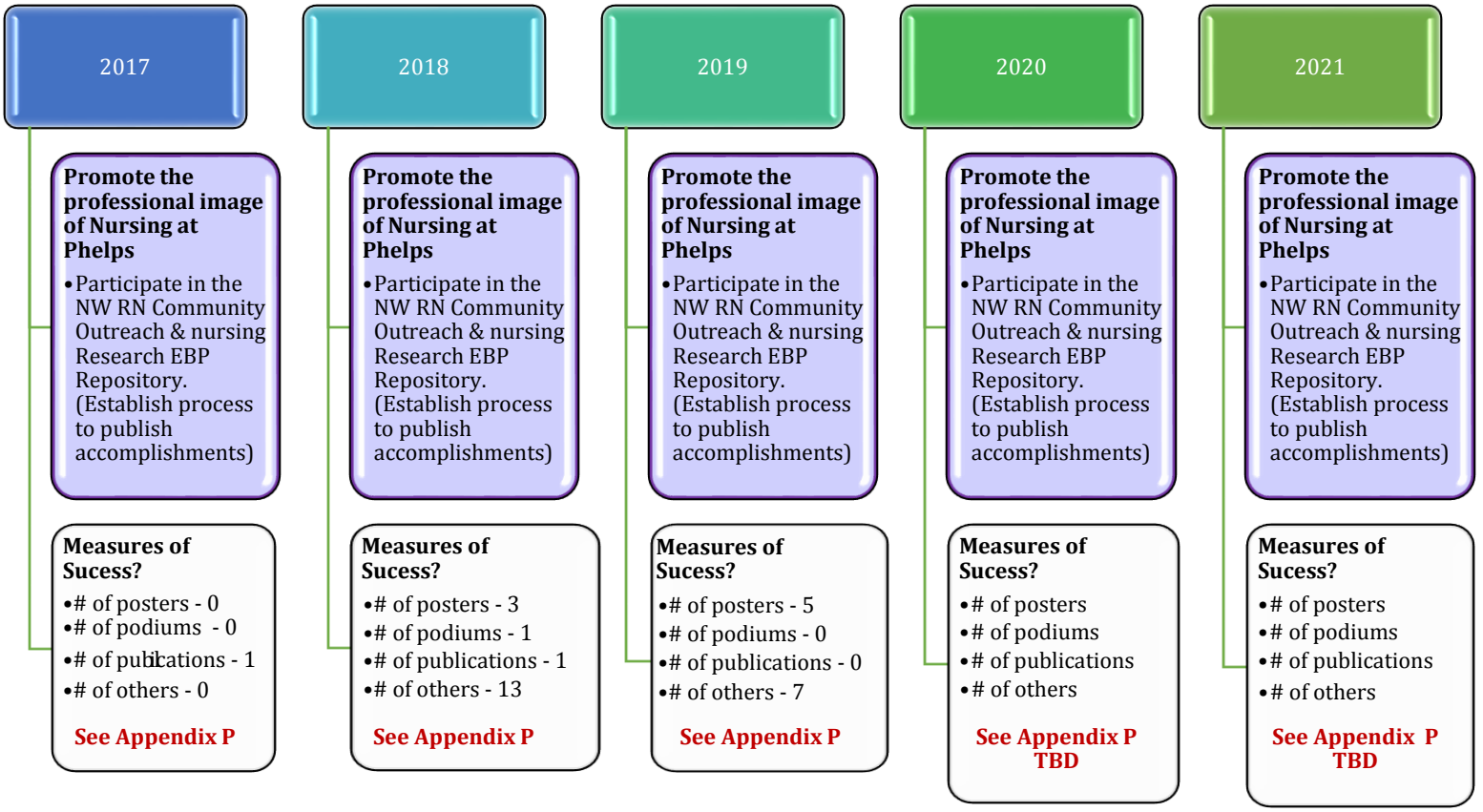
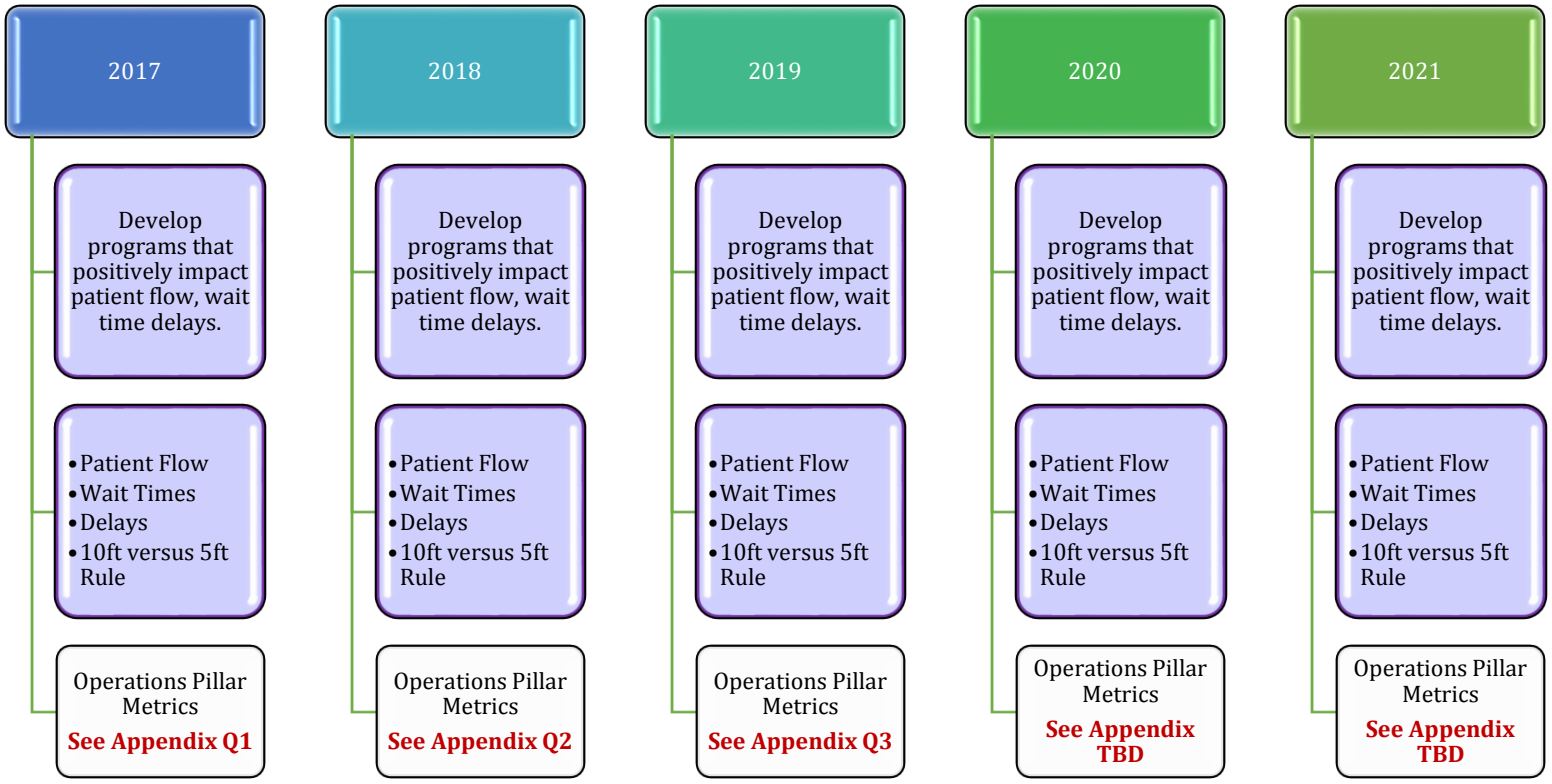


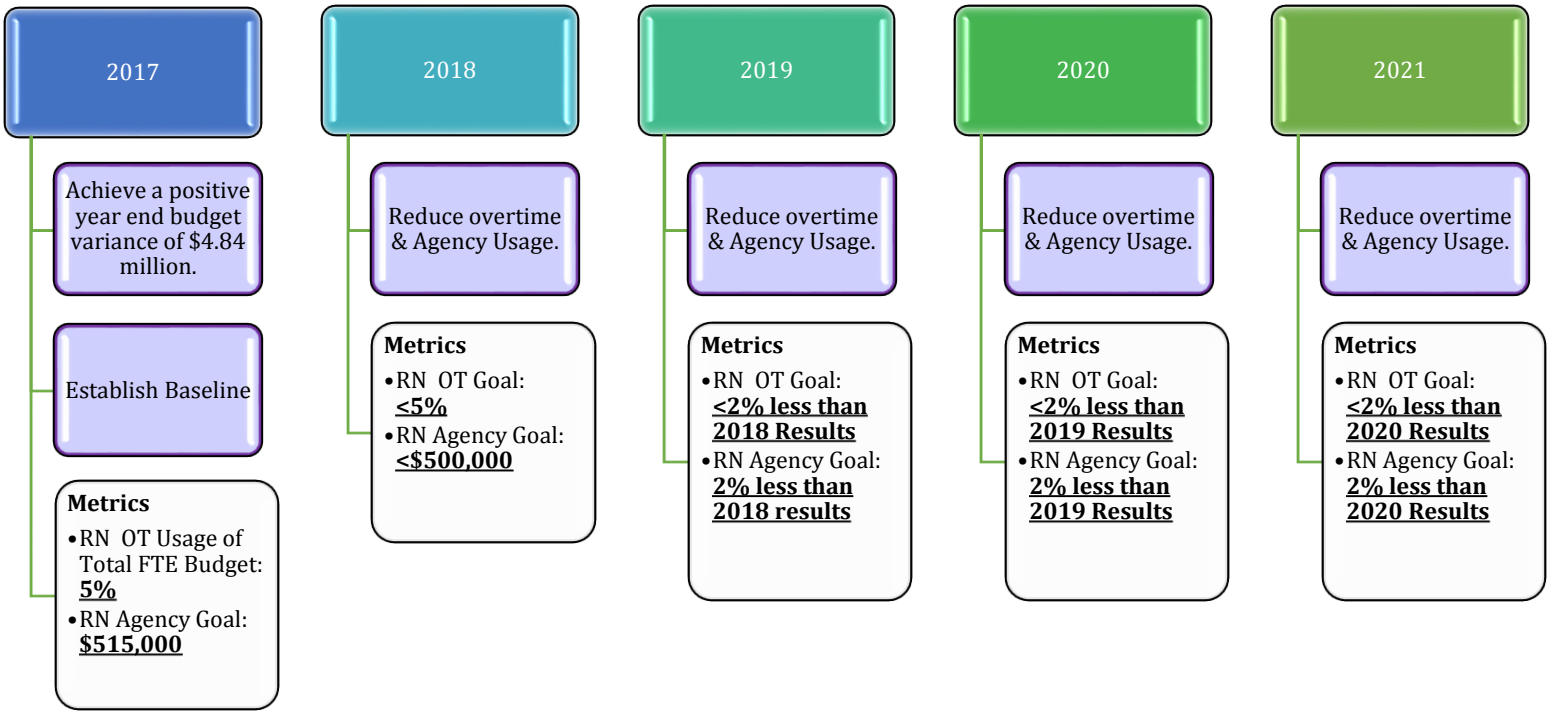
Efficiency

<u>GOAL</u>: 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.

THE SITE VISIT IS YOUR TIME TO … SHINE!

* Two ways to access the Magnet® Documents

1. Direct link to the site:
   https://phelpsmagnet-employees.org/
   - Username: Employees
   - Password: PHMagnet20
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   Click on the About Page and click on
   "Phelps Magnet Document"

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

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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!

TL2EO – NURSING STRATEGIC PLAN

REDUCING HOSPITAL-ACQUIRED C. DIFFICILE INFECTIONS

Provide one example, with supporting evidence, of an improved patient outcome associated with a goal of the nursing strategic plan. Provide a copy of the nursing strategic plan.

Problem

Overview: The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) is the nation's most widely used healthcare-associated infection tracking system. NHSN utilizes a standardized infection ratio (SIR) as the primary measure to track healthcare-associated infections (HAIs), including Clostridioides difficile (C. diff), at a national, state and facility level. SIR compares the actual number of HAIs at each hospital to the predicted number of infections (CDC, 2019). Hospital-acquired C. diff infection (CDI) is among the HAIs tracked by NHSN, which has set a national benchmark for CDI SIR to remain under 0.9. Hospital CDI SIR is also provided to the Centers for Medicare & Medicaid Services (CMS) through the Hospital Inpatient Quality Reporting (IQR) program and the Hospital Outpatient Quality Reporting (OQR) program.

Background: In the first quarter of 2018, there were six cases of CDI at Phelps Hospital (Phelps), equating to a 0.90 CDI SIR. Meredith Shellner, BSN, MS, RN, CIC, interim director, Infection Control, was concerned with the number of CDIs, and presented the issue to nurse leaders and clinical nurses. In addition, Alex Xelas, MSN, RN, CIC, was hired as the permanent director of Infection Control. Working together, Alex and Meredith placed CDI as a priority project in line with Phelps' Nursing Strategic Plan.

Connecting to the Nursing Strategic Plan: In the Phelps' Nursing Strategic Plan for 2017-2021, the Quality goal was to, "Foster an evolving culture of safety through evidence-based nursing practice that cultivates learning and promotes innovation across the continuum of care" (p. 13). Under this goal, one objective was to "Monitor patient care services dashboard for Quality of Care," with C difficile/CDI SIR identified as a measure of success. TL2EO-A Phelps' Nursing Strategic Plan 2017-2021, p. 13

Challenge: In 1Q18, the Phelps CDI SIR was 0.90.

Goal Statement

Goal: Reduce Phelps CDI SIR to below the NHSN benchmark of 0.90 SIR.

Measure of Effectiveness: Phelps CDI SIR as calculated by NHSN.

Participation

TL2EO – Table 1 – C. Difficile Task Force

Name	Credentials	Discipline	Department/Unit	Job Title
Alex Xelas	MSN, RN	Nursing	Infection Control	Director
Meredith Shellner	BSN, MS, RN, CIC	Nursing	Infection Control	Interim Director (at the time)
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Mario Pensabene		Facility Services	Environmental Services	Director
Antonio Acosta		Facility Services	Environmental Services	Assistant Director

Interventions

Focusing on CDI Reduction: In April 2018, a subcommittee of the Infection Prevention and Control Committee, was tasked with reviewing the Northwell System's C. diff bundle to assure all the elements were in place and aligned with the Phelps Nursing Strategic Plan's focus on Quality of Care. The C. Difficile Task Force focused on new interventions to reduce the CDI SIR at Phelps, aligned with the Nursing Strategic Plan's focus on Quality of Care. The subcommittee was led by Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations & Patient Safety Officer.

Identifying Evidence-Based Practices: In April 2018, the Northwell Health System wide initiative for personal protective equipment (PPE) was introduced to Phelps with cleaning practices as part of the system–wide bundle.

Adding Evidence-Based PPE: In April 2018, Alex coordinated hospital-wide distribution of impervious disposable yellow gowns with reinforcement of PPE policies and compliance. Prior to this, gowns were made of the same reusable material as patient gowns. Alex educated the clinical nurse specialists and nurse educators on how to don and doff the gowns, who in turn instructed the staff, including nurses, and verified their competency in donning and doffing. The clinical nurse specialists and educators continue to educate the nursing staff during yearly competency, through observation and just in time 1:1 instruction.

Implementing New Technology to Reduce C.diff: In May 2018, task force members Mario Pensabene, director, Environmental Services, and Antonio Acosta, assistant director,

Environmental Services, implemented the Xenex® Robot, a robot that produces germicidal UV light at all wavelengths. The broad-spectrum UV light incorporates all germicidal wavelengths including those that de-activate the DNA and RNA of microorganisms. It has the capability of killing multidrug-resistant organisms (MDRO) including C. diff. The Xenex® company presented policies and procedures that Phelps modified and adopted with minor changes. The Xenex® Robot was used daily to clean all procedure rooms, including the operating rooms. It has also been used to clean patient rooms upon discharge, regardless of whether C.diff was identified in that room.

Developing New CDI Surveillance Processes: In May 2018, Alex initiated surveillance monitoring of all C. diff patient infections through a daily order report. This report alerts the Infection Prevention department whenever orders to rule out or confirm C. diff. are entered by the provider. As a result, members of the Infection Prevention department can review the order and medical record for appropriateness in real time. Also in May, Alex and Meredith initiated a root cause analysis (RCA) process to review all cases of hospital-onset CDI to determine any trends. During an RCA, Alex and/or members of the infection prevention department meet with the nursing staff of the unit where the infection occurred. At the RCA, the team reviews the orders for appropriateness, timeframe, and any trends with the staff in attendance. These RCAs are used as a fact-finding exercise and an educational moment for the staff. With this added knowledge and enhanced awareness, nurses are more pro-active in taking measures to reduce CDI.

Developing/Updating Nursing Practice to Reduce CDI: Also in May 2018, Alex and Meredith initiated monitoring to evaluate nurses' adherence to the Diarrhea Decision Tree (DDT) and necessity of orders for testing. The DDT is an easy to follow algorithm which is part of the Northwell System's C. diff. bundle and includes reasons for diarrhea (e.g. laxatives, bowel preps) to distinguish whether testing is required, based on the cause of the diarrhea. The DDT is used at admission, if there is active diarrhea with concern for infectious diarrhea and whenever a patient has diarrhea equal to or greater than three loose stools within a 24-hour period. The DDT also provides guidance regarding the appropriate treatment, based on the results of the test. Alex and Meredith provided 1:1 education on the DDT and educated the nurses during unit staff meetings. They also worked with Dr. Blaufeux, chief medical information officer (CMIO) to review and revise the physician order sets to facilitate the appropriate order entry for C. diff. testing. Alex and Meredith reviewed the documentation, including isolation precautions and met with nurses and physicians as needed.

Educating Colleagues on New Cleaning Practices: Starting in May 2018, Alex and Mario held monthly meetings with environmental services staff to discuss and reinforce cleaning practices, including the use of adenosine triphosphate (ATP) environmental testing to identify microorganisms following cleaning. Alex and Mario emphasized cleaning practices and terminal cleaning techniques. Unit-based education was also conducted by Alex and Antonio

on two consecutive days to reach as many staff as possible. Alex and Antonio visited every nursing unit to review the current practice and introduce the Xenex® Robot. Alex and members of the Infection Prevention department continue to provide ongoing education, whenever there are questions or concerns.

Implementing New Practices to Reduce CDI: The new practices to reduce CDI were fully implemented at Phelps in May 2018.

Outcome

Pre-Intervention Timeframe: 1Q18

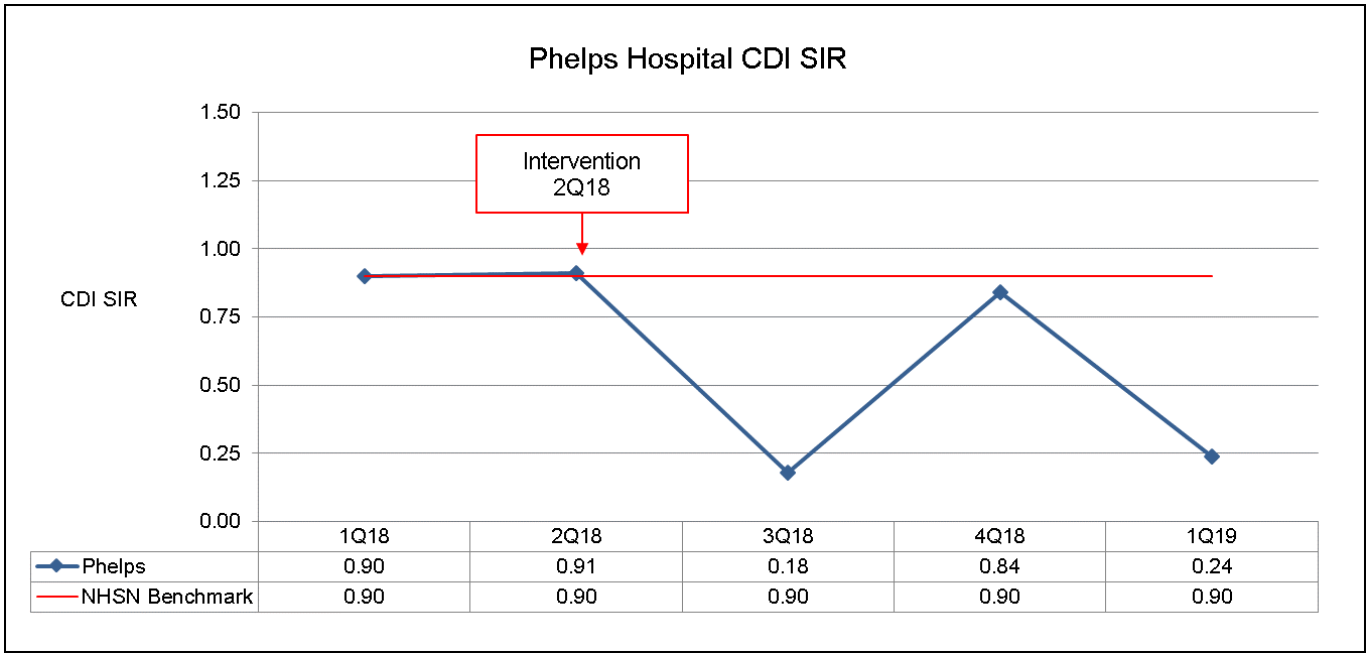
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps CDI SIR was 0.90.

Intervention Timeframe: 2Q18

Post-Intervention Timeframe: 3Q18 – 1Q19

Post-Intervention Data: During the post-intervention timeframe, the Phelps CDI SIR averaged ***0.42***. This represents ***53%*** reduction in the CDI SIR, and is lower (better) than the NHSN benchmark.

TL2EO – Graph 1 – Phelps CDI SIR



	1Q18	2Q18	3Q18	4Q18	1Q19
Phelps	0.90	0.91	0.18	0.84	0.24
NHSN Benchmark	0.90	0.90	0.90	0.90	0.90

SE1EO – INTERPROFESSIONAL DECISION-MAKING GROUP

EXAMPLE 1: PATH TO ZERO HARM: CLINICAL NURSES REDUCE FALLS IN THE EMERGENCY DEPARTMENT (ED)

Provide two examples, with supporting evidence, of an improved patient outcome associated with the participation of clinical nurse(s) serving as a member(s) of an organization-level interprofessional decision-making group. One example must be from an ambulatory care setting; if applicable:

Problem

Background: In April 2018, the Emergency Department (ED) shared governance unit council looked into improving safety within the department. Reduction in fall risk was identified as a key nursing initiative. Ritzel Boer, BSN, RN-BC, clinical nurse, ED reviewed the fall data and discussed the results during the ED unit council meeting. Ritzel noted that in 2017, the ED reported 12 falls, two of these were with injury.

Janet Monetta, RN, CEN, CPEN, CCRN, clinical nurse, ED and member of the Fall Prevention Committee, brought the concerns of increased ED falls to the May 2018 Fall Prevention Committee meeting. Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director of nursing, ED, presented Janet's findings to the ED management at the operations meeting in June, 2018. Dr. Barry Geller, Medical Director ED, Patrick Smith, ED Administrative Director, and Suzanne Mateo, MA, RN, NEA-BC, Director of ED, Critical Care & Inpatient Behavioral Health were present. Janet ensured that all levels of the ED were aware of the ED Falls and the need to implement creative solutions for fall prevention.

Interprofessional, Organization-Level Decision-Making Group: The Fall Prevention Committee is an organization-level interprofessional decision-making group that meets monthly. Members include representation from: multiple nursing units, risk management, nursing leadership, physical therapy and nursing education. The committee reviews fall occurrences to determine cause, appropriateness and efficacy of preventive interventions. They also work on promotion of preventative efforts. They approve new initiatives for fall prevention and are involved in education of care providers. Collaborative discussions

resulted in viable recommendations for fall prevention in the ED.

Challenge: In the second quarter of 2018, the ED fall rate was 0.50.

Goal Statement

Goal: Decrease patient fall rate in the ED.

Measure of Effectiveness: ED fall rate (total # of patient falls / total ED visits x 1000)

Participation

SE1EO – Table 1 – ED Unit Council

Name	Credentials	Discipline	Department / Unit	Job title
Janet Monetta	RN, CEN, CPEN, CCRN	Nursing	Emergency Department	Clinical Nurse
Ritzel Boer	BSN, RN-BC	Nursing	Emergency Department	Clinical Nurse
Sherin Ninan	MSN, RN	Nursing	Emergency Department	Clinical Nurse
Vincent Conklin		Nursing	Emergency Department	ED Tech
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Alayna Davis	BSN, RN, PCCN	Nursing	Emergency Department	Nurse Educator (at the time)
Patrick Smith		Emergency Medicine service line	Emergency Department	Administrator
Barry Geller	MD	Emergency Medicine	Emergency Department	Director of Emergency Medicine

SE1EO – Table 2 – Fall Prevention Committee

Name	Credentials	Discipline	Department / Unit	Job title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Julie Yeager	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Carrie Klemens	BSN, RN-BC	Nursing	2 Center	Clinical Nurse
Matthew Landfield		Rehabilitation Services	Physical Therapy	Manager

Janet Monetta	RN, CEN, CPEN, CCRN	Nursing	Emergency Department	Clinical Nurse
Chrissy Jewell	AAS, RN	Nursing	ICU	Clinical Nurse
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Sheetal Shanoy		Rehabilitation Services	Occupational Therapy	Senior Occupational Therapist
Anisha Jose	MSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Jenna Harris	BSN, RN-BC, SANE	Nursing	1 South	Clinical Nurse
Anne Moss	BSN, RN	Nursing	ICU	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Sixta James	BSN, RN	Nursing	2 South	Clinical Nurse

Intervention

Clinical nurse serving as a member(s) of an organization-level interprofessional decision-making group initiates change: In July 2018, based on the Fall Prevention Committee suggestion, Janet reached out to Suzanne to ask the Northwell service line for help regarding utilizing Northwell's fall assessment tool.

Identifying an Alternative Approach: In August 2018, Janet continued to spread awareness of fall occurrences and prevention with ED staff. Janet discussed the status of patient falls in the department and proposed solutions. Janet also shared the request of Ritzel and Sherin Ninan, MSN, RN, clinical nurses, ED to trial a fall sensor (chair alarm) used on inpatient units. The chair alarm was tested in the ED but not adopted due to technological limitations.

Integrating New System into Practice: Janet worked closely with the unit based ED council, the Fall Prevention Committee and decided upon a three – pronged approach to fall reduction:

- Identify 'at risk' patients and place them in rooms closest to the nursing station
- Implement a post-fall huddle
- Increase falls awareness among ED staff

In September 2018, the Northwell ED service line responded to Suzanne's request, and shared their fall assessment tool. The tool was initially reviewed within the department by Janet, Candace and Alayna Davis, BSN, RN, PCCN, nurse educator (at the time), and with Sandra Rocha from IT. Janet shared the tool at the Fall Prevention Committee meeting September meeting. The tool involves a structured assessment with specified interventions, including identification of 'at risk' patients. Once 'at risk' patients were identified, they were moved closer to the nursing station to provide greater patient visibility.

At the suggestion of the Fall Prevention Committee, Janet brought the concept of a post-fall huddle to the ED management team. During the huddle, staff members would review the

events that led to the patient fall in real-time. Steps were then implemented to mitigate falls for the remainder of that shift and beyond. The post-fall huddle was implemented September 2018.

In October 2018, Janet also helped initiate another suggestion from the Fall Prevention Committee. An initiative existed to recognize clinical units for maintaining fall free days. Janet obtained a New York State Partnership for Patients poster, which was used to publicly display the ED's commitment to fall prevention. The poster contains seven steps staff should take to prevent patient falls (assess fall risk on admission, reassess fall risk if change in medical condition or status, incorporate risk-based prevention protocols into purposeful rounds, engage patients and families in prevention, use medical products and other safety tools as appropriate, review and manage patient's current medications, and create a safe hospital environment).

The poster is updated daily to display the number of days since the last fall. Janet chose a prominent space to display the poster. She also shared with the ED staff that there was hospital–wide recognition for departments that had 100 "fall free" days. The result was an increased awareness of fall prevention among the staff.

Educating Nurses on New System: By the end of November 2018, the ED put into practice three key initiatives aimed at fall reduction. The identification of 'at risk' patients were explained to staff and reiterated during staff meetings, briefings, and huddles. Implementation of a post-fall huddle was reinforced among ED nursing leadership and staff. It has become a standard of practice for the department. Fall prevention was made a standing agenda item of the ED unit based council and of ED staff meetings during the initiative rollout. As an agenda item, staff were kept aware of the fall prevention initiative and its progress. The Fall Prevention poster served to reinforce staff awareness and to encourage staff to remain vigilant regarding fall risks.

Outcome

Pre-Intervention Timeframe: 2Q18

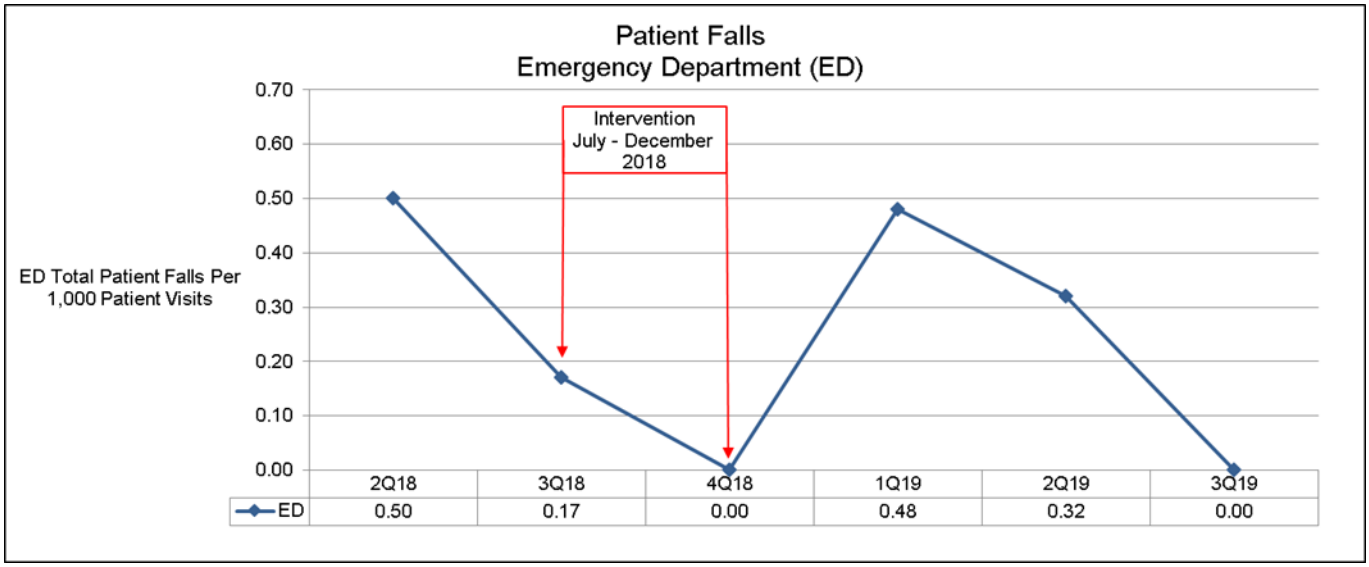
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ED fall rate was 0.50.

Intervention Timeframe: 3Q18 – 4Q18

Post-Intervention Timeframe: 1Q19 – 3Q19

Post-Intervention Data: During the post-intervention period, the ED fall rate averaged 0.27. This represents a 46% reduction.

SE1EO – Graph 1 – ED Fall Rate



EXAMPLE 2: REDUCING HOSPITAL-ACQUIRED PRESSURE INJURIES

Provide two examples, with supporting evidence, of an improved patient outcome associated with the participation of clinical nurse(s) serving as a member(s) of an organization-level interprofessional decision-making group. One example must be from an ambulatory care setting, if applicable.

Problem

Background: During the fall of 2016, the Intensive Care Unit (ICU) at Phelps Hospital (Phelps) trialed the Sundance Solutions Tortoise® a repositioning product. During the trial, ICU clinical nurses recognized an increase in the incidence of surface related hospital-acquired pressure injuries (HAPIs). The existing ICU beds were already pressure redistribution beds. Clinical nurses realized that they needed to find an additional intervention to reduce surface related HAPIs in ICU patients.

Interprofessional, Organizational-Level Decision-Making Group: The Value Analysis Committee (VAC) at Phelps Hospital is an organization-level interprofessional decision-making group. All of the hospital's clinical purchases must be reviewed, trialed and approved by the VAC. The VAC committee was chaired by Glen Delau, director, Materials Management (at the time), with help from Giovanna Conti, manager, Materials Management. The VAC is composed of members representing the following departments: Nursing, Materials Management, Respiratory Therapy, Pharmacy, Infection Prevention, Wound Care, Environmental Services, Surgical Services and Organizational Development. At the November 2016 VAC meeting, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, reported negative feedback from the ICU clinical nurses regarding use of the Sundance Solutions Tortoise and increase in HAPIs in the ICU.

Challenge: In the fourth quarter of 2016, the ICU surface related HAPI was 0.33%.

Goal Statement

Goal: Reduce the ICU surface related HAPI rate.

Measure of Effectiveness: ICU surface related HAPI rate
(total # surface related HAPI ÷ total # ICU patient days x 100)

Participation

SE1EO – Table 3 – Value Analysis Committee and Vendor Representative

Name	Credentials	Discipline	Dept/Unit	Job Title
Kathleen Kenna	BSN, RN	Nursing	ICU	Clinical Nurse
Aimee Smith	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Glen Delau		Procurement	Materials Management	Director, Committee Chair
Giovanna Conti		Procurement	Materials Management	Manager
Robert Marro		Vendor	SAGE Products	Sale Representative
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organization Development	Education Specialist
Anita Watson	MSN, RN	Nursing	Infection Prevention	Director (at the time)
Melissa Benedetto	BSN, RN, CIC	Nursing	Infection Prevention	Infection Prevention Nurse
Marilyn Maniscalco	BSN, RN, CNML	Nursing	Orthopedics and Acute Rehab	Nurse Manager
Carolyn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Arlene Kritzer	BSN, RN, PCCN	Nursing Nursing	5 South	RN Coordinator (at the time)
John Ruhl	RRT	Respiratory	Respiratory Care	Manager
Brian McGrinder	RPh	Pharmacy	Pharmacy and Clinical Services	Director

Mario Pensabene		Environmental Services	Environmental & Laundry services	Director
Lorraine (Lorrie) Presby	RN, CNOR	Nursing	Surgical Services	Clinical Educator

Intervention

Forming a Task Force: Kathleen Kenna, BSN, RN, clinical nurse, ICU, Aimee Smith, BSN, RN, CCRN, clinical nurse, ICU, and Debi were concerned that ICU patients were experiencing an increase in the number of surface related pressure injuries. In January 2017, they formed a task force made up of VAC members. The task force also included Adele Whyte, BSN, RN, CCRN, WOCN, clinical nurse, ICU, Carol Daley, MSN, RN, CNML, nurse manager, ICU, Paula Keenan, MSN, MPH, RN, director, Medical Surgical Nursing, Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care & Inpatient Behavioral Health; and Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations and patient safety officer

Identifying an Alternate Approach: In January 2017, members of the task force discussed their concern with Robert Marro, the SAGE sales representative. Phelps uses many products from the SAGE vendor. The task force members asked Robert to demonstrate the Prevalon AirTAP® Patient Repositioning System (AirTAP®) for surface related HAPI prevention, as an alternative to the Sundance Tortoise that was being used in the ICU. Robert demonstrated the AirTAP® systems in the ICU in January 2017.

Gaining Approval for Product Trial: On January 17, 2017, Debi attended the VAC meeting and requested that the AirTAP® be trialed in the ICU. Approval for the trial was granted, and four AirTAP® systems were procured immediately for the trial. Glen and Giovanna were very helpful with all aspects of the product trial in the ICU.

Trialing New System to Reduce Surface Related HAPI: In February 2017, Giovanna worked closely with the vendor (SAGE) and with Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, to initiate the trial and coordinate the evaluation of the AirTAP®. The ICU clinical nurses trialed the AirTAP® from February 2017 to April 2017. Debi, Kathleen and Aimee sought ongoing feedback from the ICU clinical nurses, who found the AirTAP® to be superior to the previously trialed Sundance Solutions Tortoise.

Adding New System to Reduce Surface Related HAPI: During the April 2017 VAC meeting, the committee members reviewed the results of the trial and selected the AirTAP® as the preferred device for repositioning and HAPI prevention. As members of the VAC committee, the ICU clinical nurses were very instrumental in this decision. Immediately following the meeting, a purchase order for 12 AirTAPs® (one for each patient in the ICU) was generated. Glen and Giovanna acted as liaisons between the Northwell procurement team, the SAGE vendor, the ICU clinical nurses and the inpatient nursing units.

Integrating New System into Practice: In May 2017, Debi and Giovanna facilitated logistics for the AirTAP® systems, including storage of pumps and products. In addition, Anita Watson, MSN, RN, director Infection Prevention (at the time) and Melissa Benedetto, BSN, RN, CIC, infection prevention nurse, Infection Prevention, developed the cleaning policy for the AirTAP®. Debi also facilitated the development of new ICU nursing practices for use of the systems. Debi emphasized use of the Braden Scale to assess pressure injury risk, and identify patients who met criteria for the AirTAP® systems. Besides the Braden Scale, patient acuity, weight, mobility and the need for medical devices are taken into consideration during this assessment for the AirTAP® system.

Educating Nurses on New System: In May 2017, Kathy established the educational programs for ICU clinical nurses and related staff. Robert Marro, AirTAP® company representative, provided unit-based education with presentations and return demonstrations. The education focused on proper patient selection by assessment using the Braden Scale, and information about the AirTAP® system, including the use of positioning wedges, and repositioning features that support safe patient handling.

Implementing New System to Reduce Surface Related HAPI: By June 2017, the twelve AirTAP® units were available for use in the ICU.

Outcome

Pre-Intervention Timeframe: 4Q16

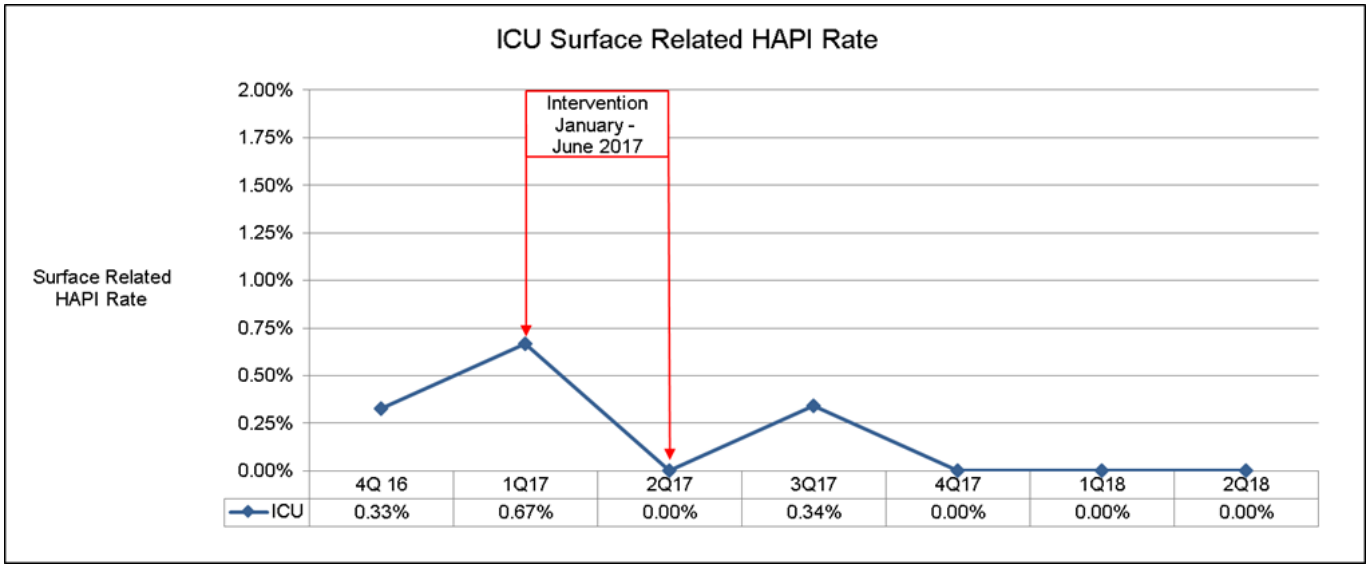
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ICU surface related HAPI rate equaled 0.33%.

Intervention Timeframe: 1Q17 – 2Q17

Post-Intervention Timeframe: 3Q17-2Q18

Post-Intervention Data: During the post-intervention period, the ICU surface related HAPI rate averaged 0.09. This represents a 73% decrease.

SE1EO – Graph 2 – ICU Surface Related HAPI Rate


ICU Surface Related HAPI Rate
Surface Related HAPI Rate
2.00%
1.75%
1.50%
1.25%
1.00%
0.75%
0.50%
0.25%
0.00%
Intervention January - June 2017
4Q 16
1Q17
2Q17
3Q17
4Q17
1Q18
2Q18
ICU
0.33%
0.67%
0.00%
0.34%
0.00%
0.00%
0.00%

9 pages

SE2EO – PROFESSIONAL ORGANIZATION AFFILIATION

EXAMPLE 1: "GETTING TO KNOW ME" TOOL IMPROVES 2 CENTER PATIENT EXPERIENCE

Provide one example, with supporting evidence, of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to a clinical nurse's or clinical nurses' affiliation with a professional organization.

Problem

Overview: Dementia occurs in approximately 25% of all hospitalized older patients. Older adults are particularly vulnerable to dementia during illness, hospitalization, or recovery from surgery or stroke, since they are separated from their familiar environment, routines, and activities. The ability of caregivers to get to know dementia patients through an informational sheet listing the patient's family details, interests, and demographics has been shown to generate positive feedback from patients/families (Mandzuk et al, St. Boniface Hospital, 2018).

Background: On 2 Center (2C), an orthopedic and acute rehabilitation unit at Phelps Hospital (Phelps), the average age of patients is 72 years old; many of the patients exhibit signs of dementia. In early 2017, 2 Center Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question "Nurses listen carefully to you" were lower than desired. 2C clinical nurses sought a better way to communicate with patients experiencing dementia and improve patient handoff.

Clinical Nurse Affiliation with Professional Organization:

Kristin Santoro, BSN, RN, clinical nurse, 2 Center attended the 2017 Nurses Improving Care for Healthsystem Elders (NICHE) conference where she learned about "getting to know me", an evidence-based strategy used to bring familiarity to the patient with dementia. NICHE is an international nursing education and consultation program designed to improve geriatric care aligned with the National Gerontological Nursing Association's (geriatric nursing specialty group formed by the ANA) standards of gerontological practice. These standards

involve “collaboration with older adults, families and communities to support healthy aging, maximal functioning and quality of life”. At the NICHE conference, the topic of dementia in older patients was a prevailing theme. From the conference and networking, Kristin learned evidence-based strategies and research regarding care of the older adult and customizing care to meet his or her individual needs.

Challenge: In 3Q17, 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question “Nurses listen carefully to you” was 69.8%.

Goal Statement

Goal: Improve 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question “Nurses listen carefully to you”

Measure of Effectiveness: 2 Center Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question “Nurses listen carefully to you”

SE2EO – Table 1 – NICHE Task Force

Name	Credentials	Discipline	Dept/Unit	Job Title
Kristin Santoro	BSN, RN	Nursing	2 Center	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Barbara Vetoulis	BSN, RN, CNML	Nursing	5 North	Nurse Manager
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Ellen Woods		Vitality	Vitality	Program Manager
Pam Lipperman		Volunteer	Volunteer Services	Director
Kristin Cutaia	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Amanda Dayton	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Jenna Harris	BSN, RN, PMHN	Nursing	1 South	Clinical Nurse
Kathleen (Kathy) Calabro	BS	Nursing	Magnet	Data Analyst

Interventions

Utilizing Resources from Professional Organization:

In November 2017, Kristin reviewed the literature regarding older adults and dementia with Cheryl Burke, MSN, MBA, RN-BC, WCC, nurse educator and Carolynn Young, MSN, RN-BC, CNS-BC, ONC clinical nurse specialist, 2 Center, both members of the American Nurses’ Association (ANA) and board certified in gerontological nursing, and discussed the information Kristin learned from the NICHE conference. According to the ANA Standards of Gerontological Nursing Practice, anxiety, impaired communication, ineffective coping and

social isolation are some of the issues addressed in the plan of care for the older adult; the "Getting to Know Me" tool was identified as a method that could be used to improve communication and comfort of the patient who is confused.

In December 2017, Kristin brought her idea of using the "Getting to Know Me" tool and the findings of her literature review to the Phelps NICHE Task Force. The NICHE task force consisted of clinical nurses from the medical-surgical and psychiatric units, nurse educators and other members of the interprofessional team, who worked closely with older adults (e.g. vitality, volunteers). During this meeting, clinical nurses shared their experiences caring for older adults and encouraged Kristin to develop this evidence-based "Getting to Know Me" tool.

In January 2018, Kristin volunteered to represent 2C and participate in the newly formed shared governance council, the New Knowledge and Innovation Council, which consisted of clinical nurses representing each unit or department. The council's goals were to: 1) facilitate and act as a conduit for information sharing related to best practices, research, and advances in technology and innovation, and 2) to guide conscientious integration of evidence-based practice (EBP) and research into clinical and operational patient care and nursing practice.

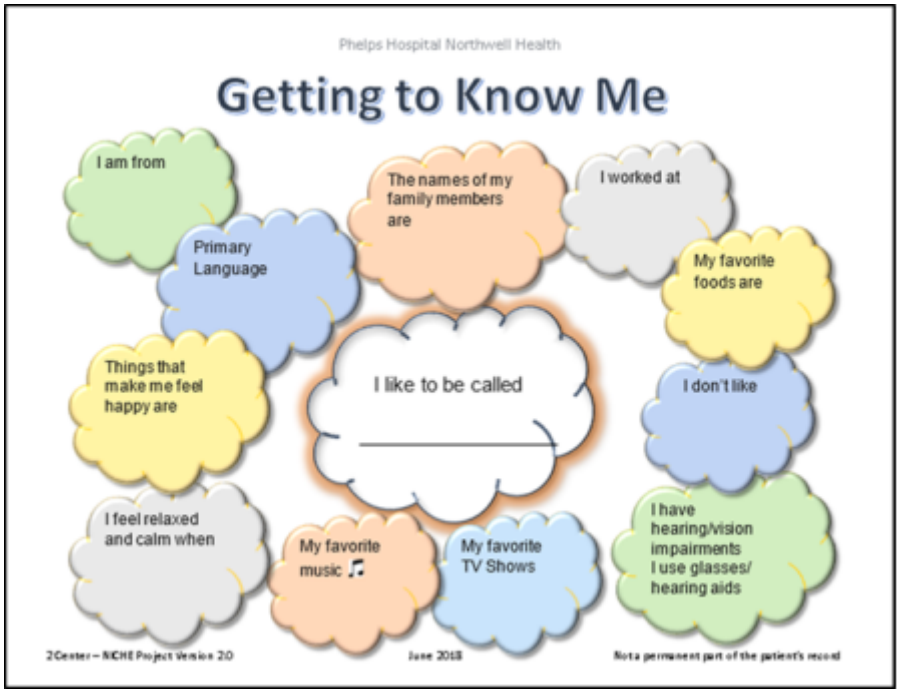
Developing an Evidence-Based Change in Nursing Practice: During the February and March 2018 New Knowledge and Innovation Council meetings, Kristin shared her vision of using "clouds" to implement a modified version of the "Getting to Know Me" tool. She engaged clinical nurse colleagues in discussion regarding the use of "cloud" graphics to improve communication with the patient and what was important to them. Clinical nurses on the council expressed interest and offered Kristin encouragement and support by providing suggestions regarding "cloud" topics. Kristin recognized the importance of nurse involvement to affect any change in practice. In April 2018, Kristin developed and distributed a four-question survey to clinical nurse colleagues:

1. Do you think that you know your patients on a personal level?
2. Do you think getting to know your patients on a personal level would result in better care?
3. Do you think this form would benefit your patient's hospital stay?
4. Do you think this form would be useful in your daily practice?

Kristin received positive feedback from her nurse colleagues on the design of the "cloud" and the benefits of the tool during the patients stay. They found it useful in their clinical practice when family members were available to fill in the "clouds". This information was particularly needed when the patient was confused and the family was not available. One colleague wrote: The "Getting to Know Me" form is a helpful tool. It's definitely allowed me to learn more about my patients with dementia. At night, you typically don't see the patient's family to ask about the patient, but the form is much better than not knowing anything about the patients on a personal level. Good Job with the form!"

Creating the "Getting to Know Me" Tool: In May 2018, using feedback from the four-question survey, Kristen worked with Carolynn and Kathleen (Kathy) Calabro, BS, data analyst, to create a form/tool for patients experiencing signs of dementia. Kristin, Cheryl, and Kathy researched the color pallet and font sizes most appealing to the older adult. By June 2018, they created a tool with clouds using calming colors identified in their research. Bringing familiarity to the bedside, staff members could assist family members to complete the form with the patient's favorite meals, music, and TV shows. This information promoted conversations with the patient, establish familiar connections, and created a calm, soothing, and safe environment. Kristin informally shared a draft version of the new tool with her colleagues on the unit.

SE2EO – Figure 1 – Getting to Know Me



Educating Colleagues: In July and August 2018, Kristin met with every clinical nurse individually or in a group on 2C, to discuss the "Getting to Know Me" tool and its use with the patient and/or family. Kristin continued to promote the tool during 2C staff meetings, 2C unit-based council shared governance meetings, and the New Knowledge and Innovation shared governance council meetings.

Implementing the Nursing Practice Change: In September 2018, with feedback from clinical nurses and support from Marilyn Maniscalco, BSN, RN, CNML, nurse manager, 2C, Kristin, Carolynn and Kathy, the team finalized, copied, and laminated the "Getting to Know Me" tool. Kristin obtained washable markers to accompany each poster, which was mounted in every room on 2C.

Outcome

Pre-Intervention Timeframe: 3Q17

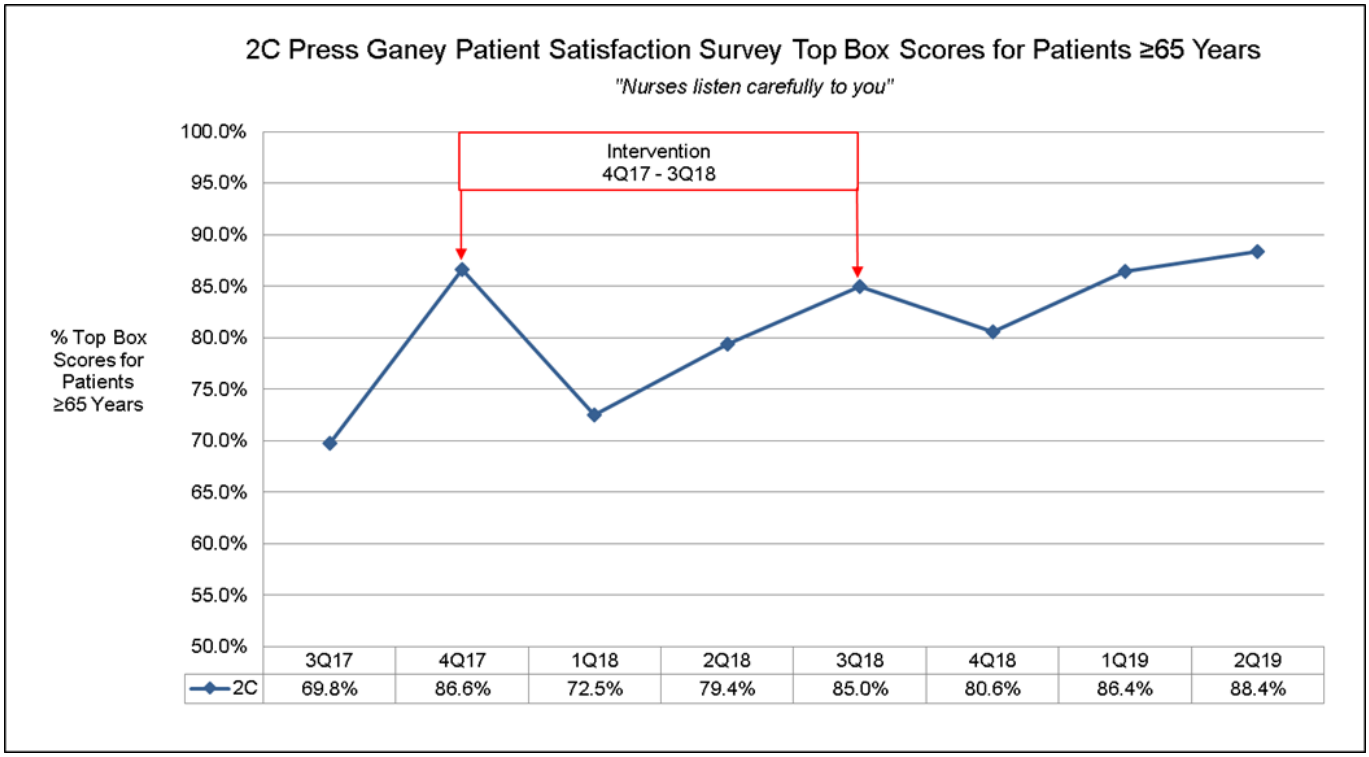
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question "Nurses listen carefully to you" was 69.8%

Intervention Timeframe: 4Q17– 3Q18

Post-Intervention Timeframe: 4Q18 – 2Q19

Post-Intervention Data: During the post-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question "Nurses listen carefully to you" averaged 85.1%. This represents a 22% improvement.

SE2EO – Graph 1 – 2C Press Ganey Patient Satisfaction Survey Top Box Scores for Patients ≥65 Years*



*This graph reflects a filter for patients ≥ 65 years.

Other Positive Outcomes: Below are two positive comments from the post survey:

- *"The 'Getting to Know Me' form is a helpful tool. It definitely allowed me to learn more about my patients with dementia. At night you typically don't see the patient's family so I found that I don't know as much info as I would like to, but the form is much better than not knowing anything about the patients on a personal level. Good job with the form!"*
- *"Patient's families get very involved and help with filling out the form, which is nice"*

EXAMPLE 2: REDUCING BIPAP MEDICAL DEVICE-RELATED PRESSURE

INJURIES ≥STAGE 2 ON 5 SOUTH

Provide one example, with supporting evidence, of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse's or clinical nurses' participation in a nursing professional organization.

Problem

Overview: Hospitalized patients are at risk of injury due to medical device-related pressure injuries (MDRPIs). A MDRPI is defined by the National Pressure Ulcer Advisory Panel (NPUAP) as "localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device" (2016). One such medical device associated with MDRPIs includes bi-level positive airway pressure (BiPap) masks. BiPap provides inspiratory and expiratory respiratory support in patients with respiratory fatigue or failure. It is generally administered through a face mask with a seal created over the mouth and nose. Preventing MDRPIs involves reducing pressure or redistributing it over a larger area.

Background: At Phelps Hospital, the Pressure Injury Resource (PIR) team, consisting of clinical nurses and med-surg technicians, meets monthly to review hospital-acquired pressure injuries (HAPIs), problem-solve, and discuss pertinent topics regarding wound care. In 4Q17, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, and chair of the PIR team, confirmed three BiPap-related MDRPI ≥stage II on 5 South, an intermediate care unit. As part of their reviews and discussion, Debi and the 5 South nurses were concerned that patients were at risk for MDRPIs when wearing BiPap masks. Since three newly acquired MDRPIs, all related to BiPap masks, occurred over a three-month period, further discussion was needed at the next PIR team meeting.

Clinical Nurse Participation in Nursing Professional Organization: Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, is an active member of the Wound Ostomy and Continence Nurses Society (WOCN). As a member of the WOCN, Debi frequently accesses the WOCN website for information and clinical wound care updates. She reviews the many professional and educational resources available, including the NPUAP guidelines for reducing HAPIs, which are endorsed by the WOCN. In addition, Debi attended a regional (New York City) and three national WOCN conferences between 2014 and 2018. At these conferences, Debi attended sessions where strategies for the prevention of BiPap-related MDRPIs were discussed. Debi participated in breakout sessions where she learned of the strategy to alternate two different BiPap masks. Debi shared this information with the PIR team and interprofessional colleagues at Phelps.

Challenge: In 4Q17, the 5 South BiPap-related MDRPI ≥Stage II rate was 0.24 per 100 patient days.

Goal Statement

Goal: Reduce 5 South BiPap-related MDRPI ≥Stage II rate

Measure of Effectiveness: 5 South BiPap-related MDRPI ≥Stage II rate
(total # 5 South BiPap-related MDRPI ≥Stage II incidents ÷ total # 5 South patient days x 100)

Participation

SE2EO – Table 2 – PIR Team

Name	Credentials	Discipline	Dept/Unit	Job Title
Deborah Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, CWOCN	Nursing	ICU	Clinical Nurse
Kathy Gomez	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Shijin Jose	BSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Deepa Thomas	BSN, RN	Nursing	5 South	Clinical Nurse
Sonia Sari	BSN, RN	Nursing	3 North (Formerly 2 North)	Clinical Nurse
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
John Ruhl	RT	Respiratory Therapy	Respiratory Therapy	Ex-Officio Director

Interventions

Utilizing Nursing Professional Organization Standards of Practice: In January 2018, Debi, as a member of the WOCN, accessed the WOCN website to review the many professional and educational resources available, including the NPUAP guidelines for reducing HAPIs, which include MDRPIs. Debi found that WOCN endorses the use of NPUAP prevention guidelines, which include:

- Choosing the correct size medical device to fit the patient
- Cushioning and protecting the skin with dressings in high-risk areas (nasal bridge, rim of device)
- Removing or moving devices, when possible, to assess skin at least daily
- Avoiding device placement over sites of prior or existing pressure injury
- Educating staff about the correct use of devices and skin breakdown prevention
- Being cognizant of edema under devices and the potential for skin breakdown
- Confirming that devices aren't placed directly under a patient who is bedridden or immobile.

(Wound, Ostomy and Continence Nurses Society-Wound Guidelines Task Force. WOCN 2016 Guideline for Prevention and Management of Pressure Injuries (Ulcers). An Executive

Summary. *J Wound Ostomy Continence Nurs.* 2017; 44(3):241-246;

Schmitt, S, Andries, M, Ashmore, P, et. al. WOCN Society Position Paper. Avoidable Versus Unavoidable Pressure Ulcers/Injuries. *J Wound Ostomy Continence Nurs..* 2017;44(5):458-468).

Sharing Nursing Standards of Practice: In February 2018, Debi shared 5 South's concern regarding BiPap-related MDRPIs at the PIR team meeting with Kathy Gomez, BSN, RN, clinical nurse, Emergency Department; Shijin Jose, BSN, RN, PCCN, clinical nurse, 5 South; Amanda McNiff, BSN, RN-BC, clinical nurse, 5 North; Sonia Sari, BSN, RN, clinical nurse, 3 North (formerly 2 North); Deepa Thomas, BSN, RN, clinical nurse, 5 South; and Adele Whyte, BSN, RN, CCRN, CWOCN, clinical nurse, ICU. The PIR team retrospectively reviewed several months of HAPI incidence data by unit. The PIR team identified patients using BiPap, patients at risk for MDRPIs, and types of BiPap masks that were available at Northwell and used at Phelps. Debi reviewed these cases with the clinical nurses and provided education regarding the NPUAP prevention guidelines.

Integrating Nursing Standards of Practice: From February to April 2018, the team collaborated on the following interventions:

- PIR team nurses agreed to include MDRPIs in the skin integrity protocol.
- As a rapid cycle improvement strategy to prevent future MDRPIs, the PIR team members identified alternative masks to use and planned to reinforce the NPUAP prevention guidelines by providing "just in time education."
- The PIR team brainstormed for ideas on how to educate and engage clinical nurses in a memorable way, and developed the slogan, "Tweak the Beak."
- Debi, John Ruhl, RT, director (ex-officio), Respiratory Therapy, and Emmanuel (Manny) Rodriguez, RT, respiratory therapist, Respiratory Therapy, confirmed that two different BiPap mask styles were available at Phelps. Debi created posters to inform the nurses and respiratory therapists about BiPap mask availability.
- Debi revised the skin integrity protocol to include MDRPI, highlighting the risk of MDRPI associated with the BiPap mask and related pressure injury to the nasal bridge and nares, with prevention strategies.
- During morning interdisciplinary rounds on 5 South, the team members from respiratory, clinical nurses and the patient addressed any concerns with the BiPap mask. Communication increased between respiratory therapists and nursing regarding the patient's tolerance of BiPap, assessment of skin integrity, and reinforcement of the wearing schedule (i.e., switching styles of masks every four hours).

Educating Colleagues on Nursing Practice Change: In April 2018, Deb made herself available for informal bedside consultation and training during rounds and provided the following education:

Debi presented changes to the Clinical Nursing Skin Integrity Protocol to the Nursing

Standards of Care (SOC) Committee on March 14, 2018. Changes were discussed and approved. Members reported SOC discussion at their unit staff meetings. The protocol was posted April 2018.

Education was presented at the ICU (3/18), 5 South (3/18) and Respiratory Therapy staff (4/3/18) through staff meetings and posters. In addition, the topic of "Ways to help to decrease our BiPap H.A.P.I.'s" was discussed at the Multidisciplinary Pressure Ulcer/Injury Resource Team meeting (4/10/18).

In May 2018, during RN Competency, Debi presented a class, poster & hands-on demonstration of Skin Safety and Products used for pressure injury prevention during RN competency sessions. Debi continued education of RNs in the critical care areas.

Implementing the New Standards of Practice: In May 2018, the updated standards of practice and skin integrity protocol went live and were incorporated in the Critical Care and Medical-Surgical RN competency development sessions.

Outcome

Pre-Intervention Timeframe: 4Q17

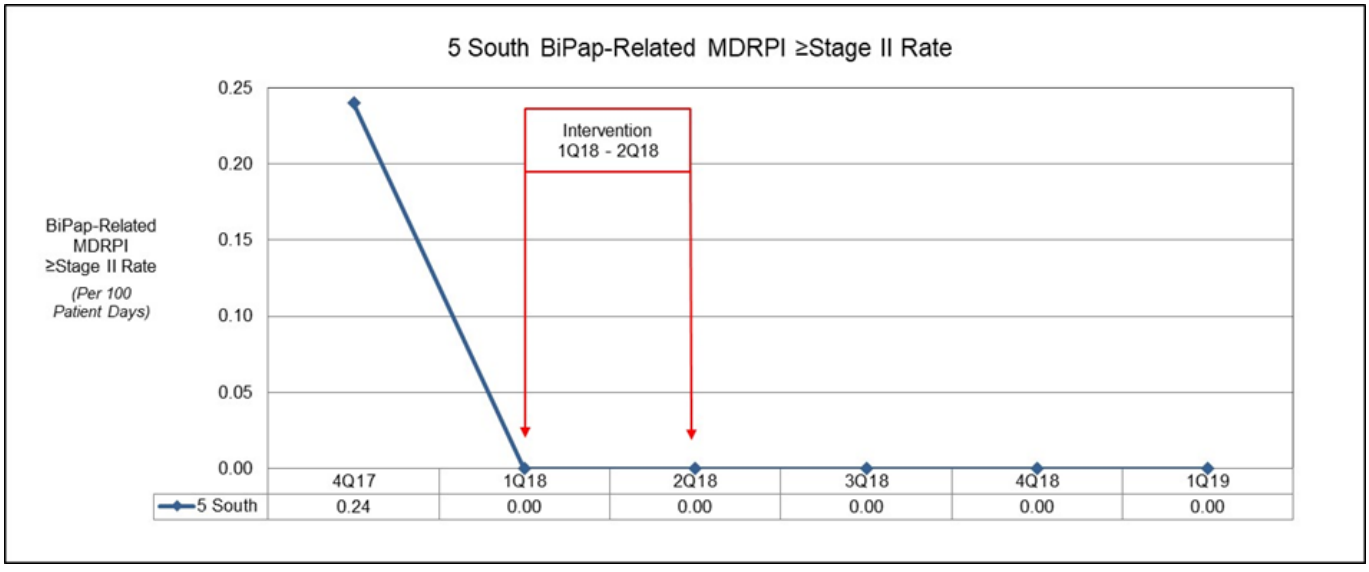
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 South BiPap-related MDRPI ≥Stage II rate was 0.24 per 100 patient days.

Intervention Timeframe: 1Q18 – 2Q18

Post-Intervention Timeframe: 3Q18 – 1Q19

Post-Intervention Data: During the post-intervention timeframe, the 5 South BiPap-related MDRPI ≥Stage II rate was zero per 100 patient days. This represents a 100% reduction.

SE2EO – Graph 2 – 5 South BiPap-Related MDRPI ≥Stage II Rate



SE8EO – CONTINUING EDUCATION ASSESSMENT

EXAMPLE 1: IMPROVING AMBULATORY CARDIOLOGY AND HYPERBARIC PATIENT SATISFACTION WITH NURSE COMMUNICATION

Provide two examples, with supporting evidence, of an improved patient outcome associated with a nursing continuing education assessment and related implementation plan. The initiative and the data must be provided at the clinic, unit or division level. A copy of the assessment and the related implementation plan must be provided. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.

Problem

Overview: At Phelps Hospital (Phelps), nurses frequently review patient satisfaction data to identify areas of opportunity for improvement in their unit/department. After discussion between Phelps' leaders and the patient survey vendor, Press Ganey, the Cardiovascular Department, which comprises Cardiac Rehab (CR), Cardiovascular Lab and the EKG lab were combined with the Hyperbaric Department for the purpose of obtaining a comparative measure to Press Ganey's national database. These areas are represented as CardRhb, EKG HM, Vasc Lab and Hyperbaric on the Outpatient Ambulatory (OAS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, administered by Press Ganey.

Background: Phelps supports continuing education of nurses and ongoing improvements in patient care to ensure the highest quality standards are achieved and maintained. Each of these departments have earned prestigious accreditations in the specialty. With an increased patient volume in both the Cardiovascular and Hyperbaric Medicine departments in 2018, the nurses were collectively concerned about its impact on the daily plan for patients and the perceived response of the healthcare team. The increased volume, particularly when unexpected, led to a reduction in information sharing, poor coordination and conflict. Nurses were fatigued due to the increased workload. They often misinterpreted cues and felt rushed to set up appropriate equipment, and subsequently were challenged to ensure a positive patient experience. This was reflected in lower than desired patient satisfaction scores. As a

result, nurses in both departments sought to enhance communication between their team members, and to improve communication with patients.

Challenge: In October 2018, 77.4% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Goal Statement

Goal: Increase % ambulatory Cardiovascular and Hyperbaric patients responding “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Measure of Effectiveness: % ambulatory Cardiovascular and Hyperbaric patients responding “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.” Press Ganey units included in ambulatory measurement: Cardiovascular (CardRhb, EKG HM, Vasc Lab) and Hyperbaric.

Participation

SE8EO – Table 1 – Educational Program Development Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Sheila Coyle	MSN, RN	Nursing	Cardiovascular	Clinical Nurse
Patricia Dellojoio	AAS, RN	Nursing	Cardiovascular	Clinical Nurse
Mary Huvane	RN	Nursing	Cardiovascular	Clinical Nurse
Jennifer Iwai	BSN, RN	Nursing	Cardiovascular	Clinical Nurse
Lori Kendra	BSN, RN	Nursing	Cardiovascular	Clinical Nurse
Marie Claire Zane	RN	Nursing	Cardiovascular	Clinical Nurse
James Geppert	BSN, RN	Nursing	Hyperbaric	Clinical Nurse
Ritzel Tuazon-Boer	BSN, RN-BC	Nursing	Hyperbaric	Clinical Nurse
Elizabeth (Liz) Smykowski	BSN, RN, CNML, ACHRN, CHT	Nursing	Hyperbaric	Nurse Manager
Neha Makhijani	MPA, RVT	Nursing	Cardiovascular	Manager
Timothy (Tim) Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Alicia Mulvena	MA, RN, NPD-BC	Nursing	Organizational Development	Education Specialist
Kathleen (Kathy) Calabro	BS	Nursing	Administration	Data Analyst
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO

Interventions

Assessing Nurses' Educational Needs: In November 2018, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, and her team of nurse educators developed a plan to conduct a learning needs assessment (LNA) to identify gaps in nurse knowledge or skills. Phelps' conducts this assessment on an annual basis to assess all nurses' continuing education needs. The goal of the LNA is to identify gaps between what is known and what should be known for staff education. The goal of continuing education is to improve patient care by maintaining or improving the knowledge, skills and attitudes of healthcare professionals who deliver care and those receiving the care.

In November 2018, Nancy and the nurse educators decided to create specific LNAs for each RN category, specifically, clinical nurses, nurse managers, directors, advanced practice registered nurses (APRNs) and CNO/assistant vice-presidents. Together, nurse educators created a list of topics, based on nurse suggestions, new and anticipated new programs, professional organizations' standards and prior experience. The LNA was distributed by the Healthstream™ learning management system (LMS) with a required completion of Phelps' nurses from mid-November to mid-December 2018. The Cardiovascular and Hyperbaric clinical nurse response rate was 100%, with six clinical nurses from these departments completing the survey. SE8EO-A Cardiovascular & Hyperbaric RN LNA and Survey Results 120618

Analyzing LNA Results: In December 2018, Nancy reviewed the LNA results from all nurses using the Healthstream™ LMS. Nancy then asked Kathleen (Kathy) Calabro, BS, data analyst, Nursing Administration, to graph the results by unit and title, so that Nancy and the nurse leaders could review and analyze them. The clinical nurses tended to identify gaps in their specialty of practice. However, nurses also had the opportunity to select choices for professional development. Some nurses from the Cardiovascular and Hyperbaric departments identified the need for learning communication strategies and managing challenging patient and family situations. Addressing these knowledge gaps would also help improve their response to concerns and complaints from patients, resulting in improved patient satisfaction.

Developing and Presenting the Educational Plan: In December 2018, based on both the LNA results as well as organizational strategic priorities, Nancy developed an aggressive plan to incorporate TeamSTEPPS™ (**T**eam **S**trategies and **T**ools to **E**nhance **P**erformance and **P**atient **S**afety) into daily practice at Phelps. TeamSTEPPS™ was developed by the Agency for Healthcare Research and Quality (AHRQ). It provides an evidence-based framework to optimize team performance between patients and direct caregivers across the healthcare system, using the templated tools.

Nancy's plan included TeamSTEPPS™ education, phased implementation, unit-based coaching and sustainment for the Cardiovascular and Hyperbaric departments. Nancy

presented the plan for implementation of TeamSTEPPS™ with a timeline, in multiple venues (Nurse Executive Council, Nurse Leadership Council, Shared Governance Council and Management meetings) to convey the importance of TeamSTEPPS™ and need for everyone's commitment to ensure its success. SE8EO-B TeamSTEPPS™ Education Implementation Plan Jan-Apr 2019

Designating Master Trainers: During the December 2018 meetings, Nancy invited interested participants to become TeamSTEPPS™ master trainers and provided educational sessions for them. Neha Makhijani, MPA, RVT, senior manager, Cardiovascular Department, had become a TeamSTEPPS™ master trainer and was excited to use some of the tools as part of the daily work flow.

Creating RN Education Activity: In December 2018, Neha and Elizabeth (Liz) Smykowski, BSN, RN, CNML, ACHRN, CHT, nurse manager, Hyperbaric Department led development of education activities for the Cardiovascular and Hyperbaric departments. The education included the use of the TeamSTEPPS™ principles: 1) brief, huddle, debrief, 2) SBAR, call-out, check-back, 3) handoff, IPASStheBATON, 4) situation monitoring and 5) mutual support. Nurse managers and directors were educated first and then used a phased approach to implement TeamSTEPPS™ in their departments. They reinforced the education with ongoing coaching.

Educating Nurses using TeamSTEPPS™: In January 2019, TeamSTEPPS™ was officially launched at Phelps, including the ambulatory Cardiovascular and Hyperbaric departments. Multiple house–wide sessions were conducted at different hours of the day and night, every day of the week. As the staff were attending the TeamSTEPPS™ educational sessions in January 2019, Neha implemented the briefs, huddles, handoffs and other strategies to improve teamwork and clinical nurse communication, with ambulatory patients in the Cardiovascular Department. Five Cardiovascular clinical nurses completed the education.

Liz and the Hyperbaric Department team members attended the TeamSTEPPS™ educational sessions according to the Organizational Development schedule by February 2019. Liz also attended the training and subsequent coaching TeamSTEPPS sessions. The Hyperbaric Department team used the education to guide development of their own strategic tool, the "Daily Roll Call" briefing sheet, a written plan that specifies the day's staffing plan, patient treatment information, patient specific needs and medical concerns. They also addressed patient concerns and complaints during the "Daily Roll Call". Two Hyperbaric clinical nurses completed the education.

Reinforcing and Coaching TeamSTEPPS™ at Phelps: From January to April 2019, during the daily house-wide brief, led each morning by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, patient care services and chief nursing officer (CNO), Administration, and/or Helen Renck, MSN, RN, CJCP, CPPS, vice-president, clinical operations & patient safety officer, Administration, Nancy reminded all the nurse managers and directors to encourage their clinical nurses to attend the TeamSTEPPS™ educational sessions. Timothy (Tim) Wages,

MSN, RN, NE-BC, senior administrative director, Hyperbaric, Respiratory, Sleep and Cardiovascular Services, shared pertinent information from these daily briefs with his team, to reinforce the principles of TeamSTEPPS™.

Implementing New Knowledge: By April, 2019, TeamSTEPPS™ education was complete, and the Cardiovascular and Hyperbaric clinical nurses applied their new knowledge to daily practice.

Outcome

Pre-Intervention Timeframe: October 2018

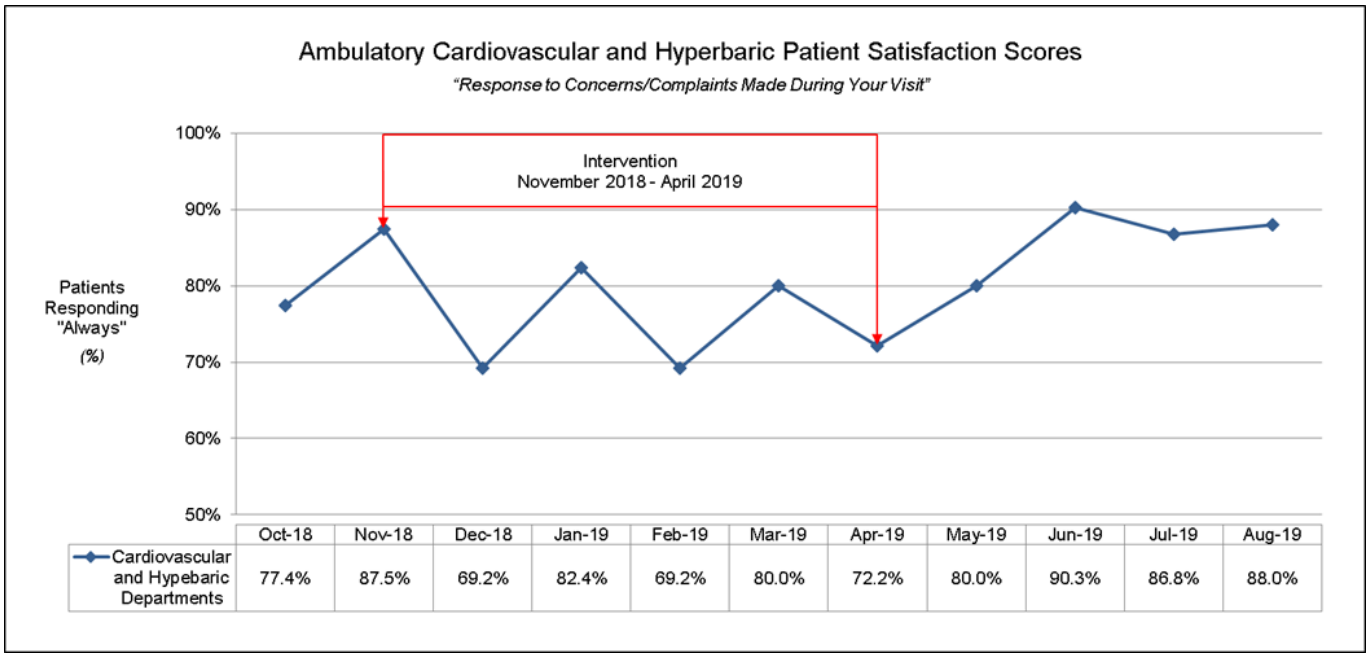
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 77.4% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Intervention Timeframe: November 2018 – April 2019.

Post-Intervention Timeframe: May –August 2019.

Post-Intervention Data: During the post-intervention timeframe, an average of 86.3% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.” This represents an 11% improvement.

SE8EO – Graph 1 – Ambulatory Cardiovascular and Hyperbaric Patient Satisfaction Scores



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Cardiovascular and Hypebaric Departments	77.4%	87.5%	69.2%	82.4%	69.2%	80.0%	72.2%	80.0%	90.3%	86.8%	88.0%

EXAMPLE 2: IMPROVING 2 CENTER PATIENT SATISFACTION

Problem

Overview: As part of a Northwell Health collaborative, Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, helped to develop the "Expressions in Humanism Program" to strengthen nurses' ability to connect with patients, build trusting relationships, foster transpersonal caring and engage in therapeutic communication, which would ultimately improve patient experience. The program was based on Jean Watson's Theory of Human Caring, which was one of the theories that provided the foundation for the Phelps Professional Practice Model. Watson incorporated ten specific caritas factors in her theory, which evolved to include transpersonal caring and the "caring moment" to create a formal connection between caring and healing.

Background: In late 2018, nurses at Phelps initiated a continuing education needs assessment that eventually led to the implementation of the Expressions in Humanism Program at Phelps and an increase in Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient satisfaction survey scores on 2 Center, a medical-surgical, orthopedic and rehabilitation unit.

Challenge: In September 2018, 83.3% of 2 Center patients responded "Definitely, yes" to the patient satisfaction survey question, "Would you recommend this hospital to your friends and family?"

Goal Statement

Goal: Increase % 2 Center patients responding "Definitely, yes" to the patient satisfaction survey question, "Would you recommend this hospital to your friends and family?"

Measure of Effectiveness: % 2 Center patients responding "Definitely, yes" to the patient satisfaction survey question, "Would you recommend this hospital to your friends and family?"

Participation

SE8EO – Table 2 – Participants/Facilitators in Humanism Educational Program

Name	Credentials	Discipline	Dept/Unit	Job Title
Kathleen Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Kathleen (Kathy) Calabro	BS	Nursing	Nursing Administration	Data Analyst
Myrta Rabinowitz	PhD, RN-BC, NC-BC	Nursing	Institute of Nursing, Northwell Health	Manager, Nursing Initiatives
Denise Mazzapica	MSN, RN-BC	Nursing	Institute of Nursing (IFN), Northwell Health	Manager, System Clinical Transformation
Nina Valentin	MSN, RN	Nursing	ED	Clinical Nurse

Name	Credentials	Discipline	Dept/Unit	Job Title
Nicole Mincey	BSN, RNC-OB, IBCLC	Nursing	Maternal Child Health	Nurse Manager
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Erin Brady	AAS, RN, CEN	Nursing	ED	Clinical Nurse
Nektaria Xynidakis	BSN, RN, CPAN	Nursing	PACU	Clinical Nurse
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Joy Bhatnagar	MSN, RN, OCN, CCGRN	Nursing	Infusion Center	Nurse Manager
Alaina Smalley	MSN, RN	Nursing	Infusion Center	Nurse Manager
Pam Lipperman		Support Services	Volunteers	Director, Volunteer Services
Melissa Eisele-Kaplan		Support Services	Patient Experience	Coordinator, Patient Relation Services
Kathleen Scherf	MPA, BSN, RN, NEA-BC, CAPA	Nursing	Surgical Services	Nursing Director
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Maria Keirra Jaca Gonzalez	MSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Yvetale Lauture-Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Gail Wilson	BSN, MHA, RN	Nursing	5 South	Nurse Manager
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Margaret Santos	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Paula Dinu		Support Services	Speech Therapy	Director of Clinical Services – Hearing and Speech

Interventions

Assessing Nurse Educational Needs: In October 2018, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, emailed all Phelps nurses to explain that they had been assigned a multiple-choice survey in Healthstream™ asking for information related to their learning interests. In December 2018, Kathleen (Kathy) Calabro, BS, data analyst, Nursing Administration, summarized the results of the needs assessment for all units, individually and collectively. In the end of December, Nancy emailed the needs assessment summary to the nurse leaders and delivered a hard copy of the unit level analysis to each nurse manager. Kathy also presented the results at the January 23, 2019 Nursing Leadership Council Meeting. Eighty-three percent of 2 Center clinical nurses completed the survey, and 20% of 2 Center clinical nurses identified emotional intelligence/interpersonal relationships as a topic that would enhance their professional practice. Opportunely, one of Northwell Health system's strategic goals was to implement the Expressions in Humanism Program and research study system-wide, which was an appropriate and timely intervention to address the learning needs of improving emotional

intelligence and interpersonal relationships. SE8EO-C Phelps RN Learning Needs Assessment 120618.

On Site Master Training: On April 5, 2019, Myrta Rabinowitz, PhD, RN-BC, NC-BC, manager, Nursing Initiatives, and Denise Mazzapica, MSN, RN-BC, manager, System Clinical Transformation, both from the Institute for Nursing (IFN) at Northwell Health, conducted two onsite master training sessions at Phelps for nurse leaders, clinical nurses and interprofessional staff who were invited by Nancy to become "trainers". The purpose was twofold:

- To provide a better understanding of how nurses could better connect with patients and their families and lead by example;
- To identify and invite additional nurse leaders, clinical nurses and interprofessional team members to become program facilitators of future sessions and follow-up coaching.

Developing Educational Implementation Plan: Following the training, Myrta and Denise provided the Northwell Health Expression in Humanism Implementation and Sustainment Plan (pages 1-7). Nancy and Kathy developed Phelps' Expression in Humanism Implementation Plan (page 8). The timeline was established with consideration of other strategic initiatives. SE8EO-D Phelps Expressions in Humanism Implementation Plan 052019

Educating Nurses: From April 29 – May 18, 2019, the Phelps' program facilitators taught the standardized program content, including concepts and exercises designed to raise one's awareness of the impact of self and others to improve emotional intelligence and interprofessional relationships. These concepts were identified by the 2 Center clinical nurses in their needs assessment as a topic that would enhance their professional practice. The basic premise of this education was to create a "caring moment," or heart-centered encounter, with every personal interaction. The theory's caritas processes support and enhance interprofessional relationships. The specific processes that enhance interprofessional relationships include practicing loving kindness and calmness with self and others, being authentically present and developing helping-trusting relationships, and being open to positive and negative feelings. The education methodology was multi modal including: lecture, role-playing, case studies, group discussion, and storytelling. Eleven 2 Center clinical nurses took part in the educational sessions.

Implementing New Knowledge: In May 2019, all education in the Expressions in Humanism program was complete.

Outcome

Pre-Intervention Timeframe: September 2018.

Pre-Intervention Baseline Data: During the pre-intervention timeframe, ***83.3%*** of patients on 2 Center responded "Definitely, yes" to the patient satisfaction survey question,

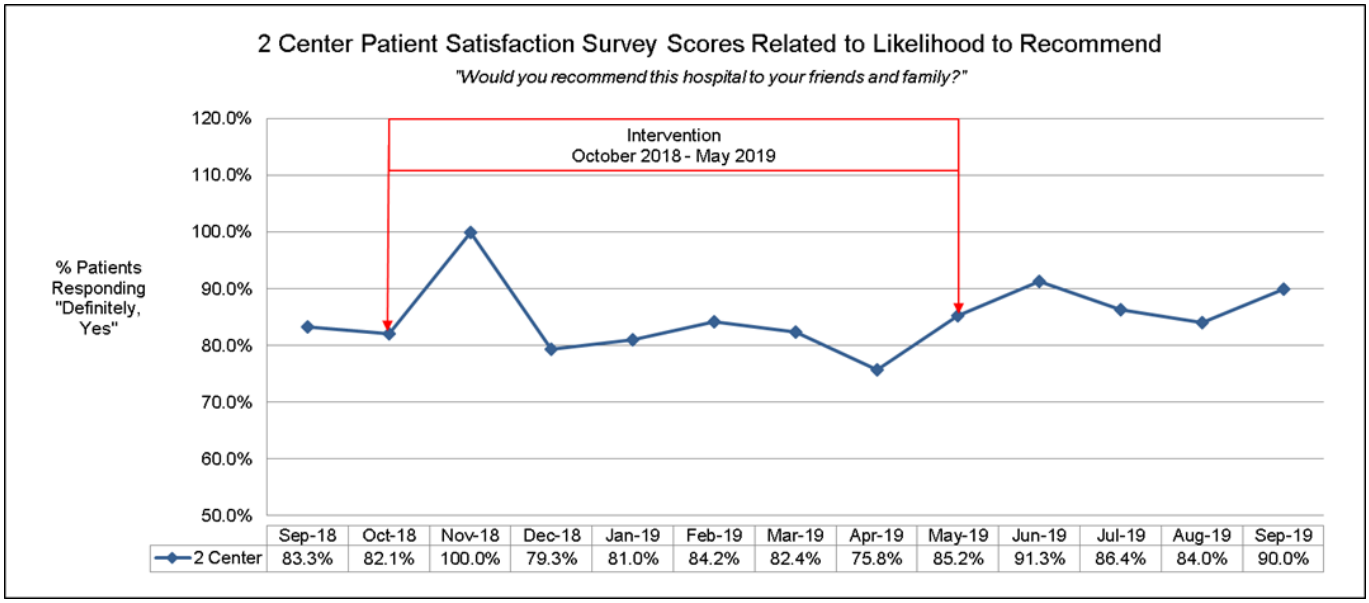
“Would you recommend this hospital to your friends and family?”

Intervention Timeframe: October 2018 – May 2019.

Post-Intervention Timeframe: June – September 2019

Post-Intervention Data: During the post-intervention timeframe, an average of 87.9% patients on 2 Center responded “Definitely, yes” to the patient satisfaction survey question, “Would you recommend this hospital to your friends and family?” This represents a 6% increase.

SE8EO – Graph 2 – 2 Center Patient Satisfaction Survey Scores Related to Likelihood to Recommend



10 pages

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 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 Scilbilia	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.

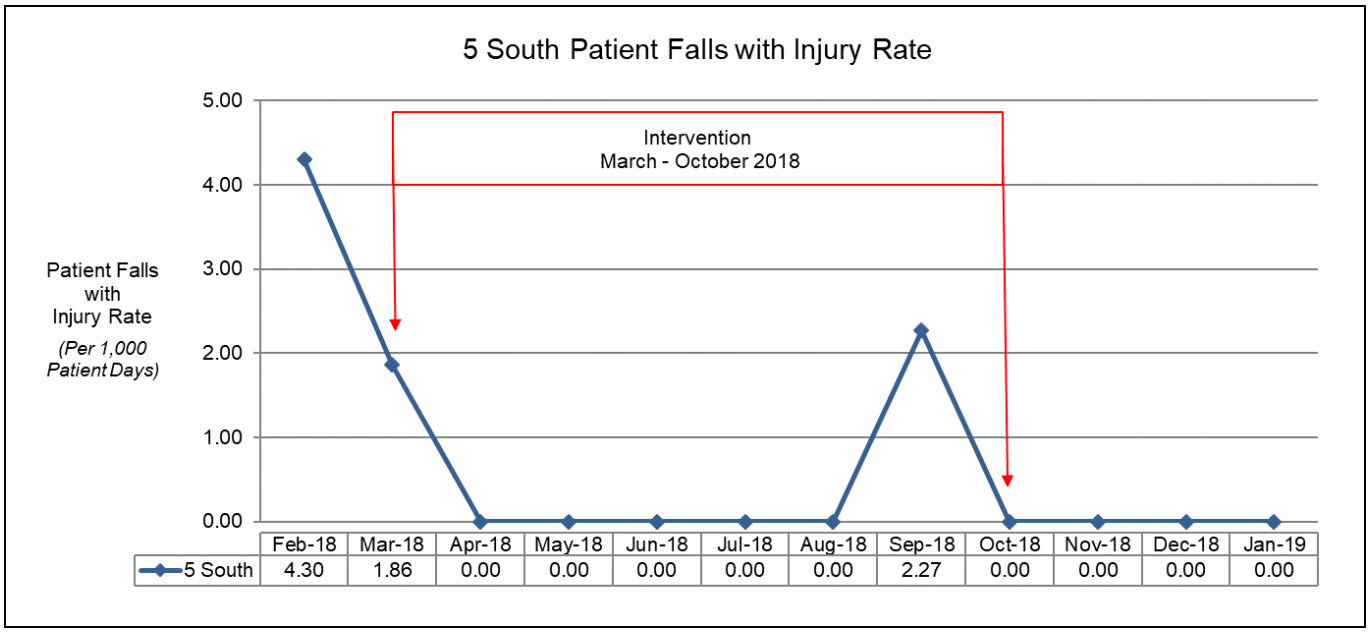
Intervention Timeframe: March – October 2018

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



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
5 South	4.30	1.86	0.00	0.00	0.00	0.00	0.00	2.27	0.00	0.00	0.00	0.00

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.

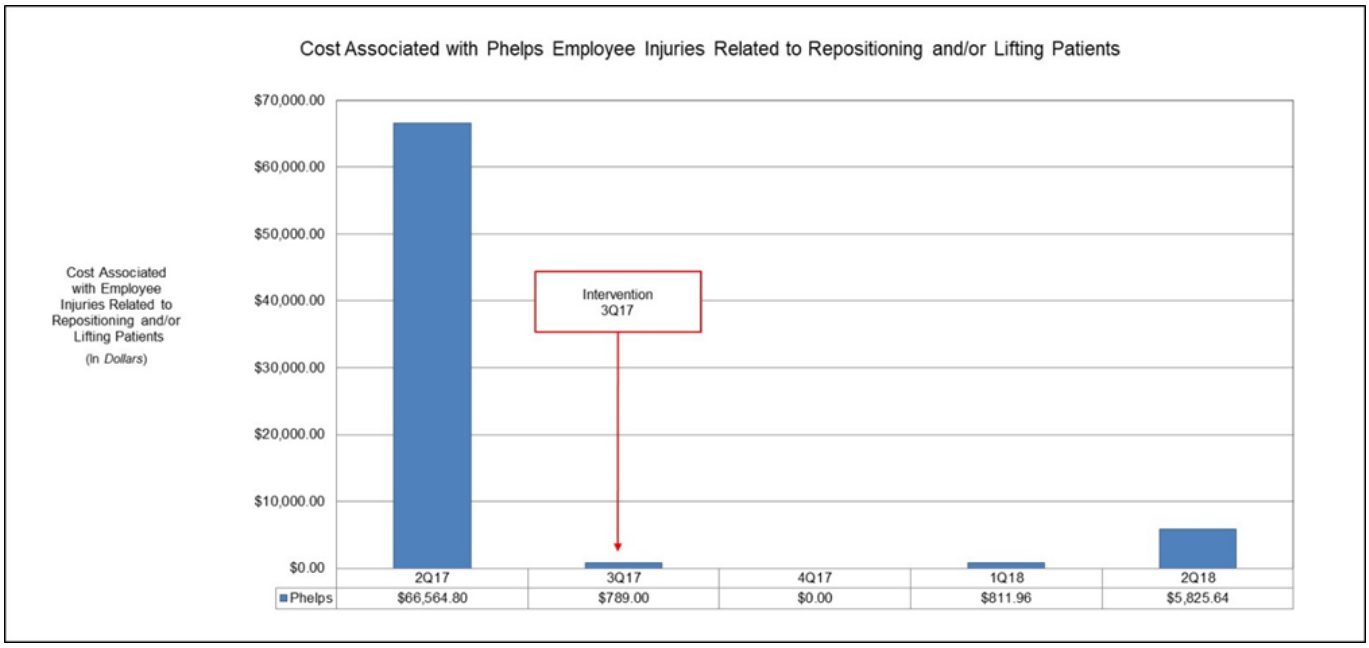
Intervention Timeframe: 3Q17

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



10 Pages

EP10EO – NURSE RETENTION

EXAMPLE 1: REDUCING PHELPS HOSPITAL'S NURSE TURNOVER RATE

Provide one example, with supporting evidence, of an improvement in the organization's nurse turnover rate associated with clinical nurses' participation in nursing retention activities. (Turnover rate data must be in the form of a graph with a data table. NOTE: Data must be presented at the organizational level.)

Problem

Overview: Phelps Hospital (Phelps) strives to create a healthy work environment for nurses. The concept of shared governance was introduced in the early 1980s and has since become a preferred leadership model for transformational leaders. Shared governance provides the structure for clinical nurses to have the responsibility, authority and accountability for practice-related decisions. Effective shared governance results in empowered nurses, improved nurse satisfaction and increased nurse retention.

Background: In October 2018, Phelps' nurses participated in the National Database of Nursing Quality Indicators (NDNQI®) RN survey. The nurse leaders of the Executive Nursing Council (ENC) reviewed the preliminary results which highlighted "adequacy of resources & staffing" as a concern for many Phelps' nurses. Further, nurse leaders were concerned about the time it took for vacant RN positions to be filled. Historically, the organizational turnover rate for nurses at Phelps was low. Yet, in late 2018, there was a substantial increase in nurse turnover and an increase in "time to fill" open positions at Phelps. Clinical nurse members of the Professional Practice and Development shared governance council identified the need for a separate council to focus on strategies for nurse recruitment and retention. The ENC affirmed this recommendation and appreciated the need for a dedicated, interprofessional shared governance council that would address the satisfaction, recruitment and retention of all nurses. Angela Adjetey, MSN, MPH, MA, RN, FAACM, senior administrative director, Cancer Institute, commented that the NDNQI data also indicated an opportunity for "praise and recognition for a job well done" and suggested that an "R" for recognition be added to Recruitment and Retention in the new council's name.

Challenge: In October, the Phelps' RN turnover rate was 1.03%

Goal Statement

Goal: Reduce the Phelps' RN turnover rate.

Measure of Effectiveness: Phelps' RN turnover rate
(# RNs who resigned, retired, expired or were terminated ÷ total # RNs employed during that same period x 100)

Participation

EP10EO – Table 1 – Recruitment Retention and Recognition Council Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Nancy Philocles; co-chair	BSN, RN	Nursing	Endoscopy	Clinical Nurse
Denise Batalla	AAS, RN	Nursing	Labor and Delivery	Clinical Nurse
Lauren Guardino	BSN, RN	Nursing	5 South	Clinical Nurse
Sara Molly Moran	BSN, RN	Nursing	4 South	Clinical Nurse
Elizabeth Perdomo-Benitez	AAS, RN	Nursing	2 Center	Clinical Nurse
Juan Rosa	BSN, RN	Nursing	Behavioral Rehab Units	Clinical Nurse
Josetta Rudinger	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Kerry Waldron	BSN, FNP, RN, CPN	Nursing	Pediatrics	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Jaclyn Wylie	BSN, RN	Nursing	2 Center	Clinical Nurse
Marisol Antunez	–	Support Services	Talent Acquisition	Talent Acquisition Specialist
Cheryl A. Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Judy Dillworth	PhD, RN, CCRN-K, NEA-BC, FCCM	Nursing	Nursing Administration	Magnet® Program Director
Rona Edwards; co-chair	MSN, RN-BC	Nursing	Behavioral Rehab Units	Nurse Manager
Yvetale (Yve) Lauture-Jerome; co-chair	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Kelley Kissane	MSN, RN, CNOR	Nursing	OR	Clinical Educator
Deborah (Deb) Lafaro	–	Support Services	Human Resources	Senior HR Generalist
Gail Wilson	BSN, RN	Nursing	5 South	Nurse Manager

Interventions

Forming the RRR Council: In November 2018, the new council, the Recruitment, Retention

and Recognition (RRR) Shared Governance Council was created. The ENC nurse leaders discussed the composition of the RRR Council. In order to achieve success in advocating for the nurses, the RRR council membership needed to include a representative from each of the nursing departments, from each level of nurse (clinical nurse, nurse educator, nurse manager, director of nursing) and a representative from both the Talent Acquisition and Human Resources departments. Yvetale (Yve) Lauture-Jerome, MAS, BSN, RN, SANE-A, director of nursing, Maternal Child Health, volunteered to co-chair the RRR council and mentor two other co-chairs, Rona Edwards, MSN, RN-BC, nurse manager, Behavioral Rehab Units, and Nancy Philocles, BSN, RN, clinical nurse, Endoscopy. Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services, and chief nursing officer, invited Marisol Antunez, talent acquisition specialist, Talent Acquisition, and Deborah (Deb) Lafaro, senior generalist, Human Resources, to join the RRR council. At the first meeting in December 2018, the council members introduced themselves, shared their vision and expectations of the council and discussed contents of the RRR council charter. In addition, it defined the purposes of the council, membership, responsibilities and activities. The charter reinforced the purpose whereby "clinical professional nurses provide recommendations for enhancing recruitment of nurses, retention and recognition activities which are conducive to a healthy work environment and promote work/home life balance." The council members knew the success of their newly formed team was to ensure that they had enthusiastic clinical nurses from across the care settings.

Identifying Nurse Retention Strategies: In January 2019, RRR council co-chairs Nancy, Rona and Yve led a discussion to identify goals and strategies to achieve a positive impact on the recruitment, retention and recognition of Phelps nurses for 2019. One of the goals was to heighten awareness of the activities at Phelps in which nurses are recognized. While many of the recognition activities originate from Northwell Health System (myRecognition rewards points) or Phelps (Nurses' Week, celebrations for days without a fall, etc.), the purpose of this council was to enhance peer–to–peer and unit-based recognitions.

- **Recognition Bulletin Boards:** In January 2019, Rona shared that she had an "in the moment" bulletin board in the Behavioral Rehab Units where clinical nurses and other members of the interprofessional team recognized each other. The council members agreed that having an "in the moment" bulletin board on every unit was a good idea and agreed to suggest this idea at their unit councils for discussion and implementation.
- **Data Analysis:** In January 2019, Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM, Magnet® program director, Nursing Administration, offered to obtain turnover data from the Human Resources department to further address recruitment and retention by gaining a better understanding of the trends.
- **DAISY Awards:** In February, 2019, Elizabeth Perdomo-Benitez, AAS, RN, clinical nurse, 2 Center, offered to find out more information regarding the Diseases Attacking the Immune SYstem (DAISY) award, which had been suggested by the Professional

Practice and Development shared governance council as an opportunity for patients, families and colleagues to recognize and nominate nurses for providing extraordinary compassionate care.

Reviewing Turnover Data and Recruitment Efforts: During the March 2019 RRR council meeting, Judy provided definitions for turnover and retention data. Clinical nurses reviewed the unit and organizational nurse turnover data by month. Deb further explained that "terminated" referred to voluntary and involuntary employee resignations, including per diem nurses and that "transfers" could be internal (within Phelps) or external (within the Northwell system). Marisol provided an update on the number of nurses who were hired by Phelps since January 2019. She shared the various venues used to recruit nurses, including Facebook pages and Meetups. The clinical nurses requested that RN hires and turnover data become part of this council's standing agenda. The clinical nurses discussed the impact that RN turnover can have on the hospital, such as the cost of orientation, peer relationships, patient safety and patient outcomes.

Developing Nurse Retention Practices: In March 2019, with a better understanding of the turnover data, the clinical nurses were concerned about the increase in RN resignations in December 2018 and the length of time it took to fill RN positions, despite the many initiatives taken to recruit staff. The clinical nurses were more eager to ensure that their unit had an "in the moment" board to recognize their nurse colleagues and focus on nurse retention. Elizabeth Perdomo-Benitez, AAS, RN, clinical nurse, 2 Center; Juan Rosa, BSN, RN, clinical nurse, Behavioral Rehab Unit; Rosemary Walsh, AAS, RN, clinical ICU, ICU each shared their progress with obtaining recognition boards. The council members remarked that the MCH unit had a colorful board available for peer recognition and for patients and families to recognize the MCH staff. Some clinical nurses had difficulty finding the right location and space for their recognition board. The clinical nurses set a goal for all recognition boards to be created by Nurses' Week in May 2019.

The RRR council was fairly new with little time to be responsible for National Nurses' Week 2019 activities. However, they did make some recommendations to the Nurses' Week committee members in preparation for the event. In April 2019, the clinical nurses from the RRR council recommended that the evidence-based and research projects be displayed in the main lobby for all to see during Nurses' Week, rather than having a one-hour presentation in the Auditorium. This suggestion was presented to and supported by the New Knowledge and Innovation shared governance council. The future plan, beginning in 2020, was to have the RRR Council play a vital role in the planning of National Nurses Week.

Clinical Nurses Participate in Nurses Week Activities: In May 2019, all Phelps' clinical nurses were invited to participate in various activities to recognize National Nurses' Week. National Nurses' Week 2019 (May 6-10, 2019) was filled with many opportunities to recognize all Phelps' nurses for their hard work, dedication and professionalism. On several days during the week, clinical nurses enjoyed "SPA Day" and 15–minute massages. On May 8, 2019, the

Nurses' Week luncheon and award ceremony was held. During the award ceremony, several internal peer awards were presented in addition to external awards. The peer awards were particularly special because our Phelps' clinical nurses were able to recognize their co-workers. Mary thanked all of the nominees and presented the winners with flowers and the framed nomination letter. Mary read each nomination; every letter was very touching and there was not a dry eye in the house! Phelps' Sprouts (nurses whose first healthcare position was at Phelps Hospital) were also recognized. The Phelps' Sprouts and peer award winners were also recognized on the Phelps' Nursing webpage.

On May 9, 2019, the clinical nurse specialists and nurse educators hosted a breakfast for the professional board-certified nurses. The nurses who earned professional nursing certification received a personal invitation from Mary. This year, 50 nurses attended the breakfast. An ice cream social was held on May 10, 2019 to complete the weeks' activities of appreciation and recognition for the Phelps' nurses.

Implementing New Nurse Retention Practices: By May 2019, all planned nurse retention activities for Phelps nurses had been implemented.

Outcome

Pre-Intervention Timeframe: October 2018

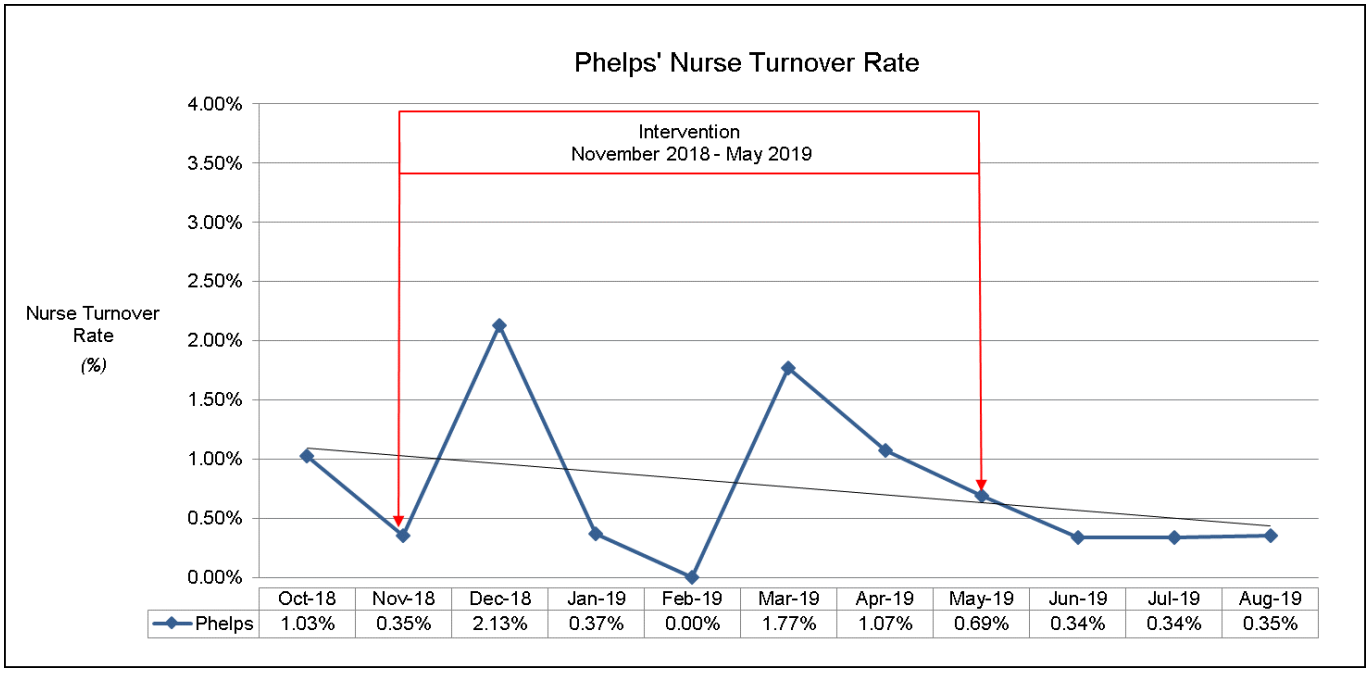
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps' RN turnover rate was 1.03%.

Intervention Timeframe: November 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

Post-Intervention Data: During the post-intervention timeframe, the Phelps' RN turnover rate averaged .34%. This represents a 67% reduction.

EP10EO – Graph 1 – Phelps' Nurse Turnover Rate



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Phelps	1.03%	0.35%	2.13%	0.37%	0.00%	1.77%	1.07%	0.69%	0.34%	0.34%	0.35%

EXAMPLE 2: REDUCING ED NURSE TURNOVER

Provide one example, with supporting evidence, of improvement of a clinical unit's nurse turnover rate associated with clinical nurses' participation in nursing retention activities. (Turnover rate data must be in the form of a graph with a data table. NOTE: Data presented must be at the unit level.)

Problem

Overview: The goal of every unit of Phelps Hospital (Phelps) is to create an improved and efficient environment for nurses. Satisfaction in the nursing workplace correlates with better patient care and nurse retention.

Background: Nurse satisfaction reflects nurse attitudes toward their work environment. At Phelps, nurse satisfaction is assessed through various surveys (National Database of Nursing Quality Indicators (NDNQI®) RN survey and Press Ganey employee engagement survey), nurse turnover rates and patient satisfaction. In 2017, clinical nurses from the Phelps' Emergency Department (ED) identified opportunities to create a healthier work environment, in which nurses felt appreciated, engaged and empowered to reduce the nurse turnover rate in the ED.

Challenge: In 3Q17, the ED RN turnover rate was 5.41%.

Goal Statement

Goal: Reduce the ED RN turnover rate

Measure of Effectiveness: ED RN turnover rate

(# ED RNs who resigned, retired, expired or were terminated ÷ total # ED RNs employed during that same period x 100)

Participation

EP10EO – Table 2 – ED Nurse Retention Activities Organizers

Name	Credentials	Discipline	Dept/Unit	Job Title
Maryanne Portoro	RN	Nursing	ED	Clinical Nurse
Milagros Lopez	BSN, RN	Nursing	ED	Clinical Nurse
Jessica Facenda	BSN, RN	Nursing	ED	Clinical Nurse
Nina Valentin	MSN, RN	Nursing	ED	Clinical Nurse
Kyle Irish	BSN, RN, CEN	Nursing	ED	Clinical Nurse
Aliciana Hyde	BSN, RN	Nursing	ED	Clinical Nurse
Leticia Campos	AAS, RN	Nursing	ED	Clinical Nurse
Bigem Tural	BSN, RN	Nursing	ED	Clinical Nurse
Sherin Ninan	BSN, RN	Nursing	ED	Clinical Nurse
Ritzel, Tuazon-Boer	BSN, RN-BC	Nursing	ED	Clinical Nurse
Nadia Poon-Woo	BSN, RN, CEN	Nursing	ED	Clinical Nurse
Amanda Benza	BSN, RN	Nursing	ED	Clinical Nurse
Ann Hay	MSN, RN	Nursing	ED	Nurse Manager (at the time)
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	ED	Assistant Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	ED, Critical Care & Inpatient Behavioral Health	Nursing Director
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO

Interventions

Organizing Emergency Nurses Week Celebrations: In October 2017, Phelps ED clinical nurses, with the support of Phelps' nurse leaders, coordinated a range of activities during Emergency Nurses Week to celebrate and offer appreciation to the nurses for the work they do every day. On a national level, the Emergency Nurses Association (ENA) recognizes emergency nurses for their contribution to nursing. At Phelps, key organizers of the week-long celebrations were Maryann Portoro, RN, clinical nurse, ED; Milagros Lopez, BSN, RN, clinical nurse, ED; and Jessica Facenda, BSN, RN, clinical nurse, ED. Maryann, Milagros and Jessica were supported in coordinating the Emergency Nurses Week activities at Phelps by the ED nurse leaders: Ann Hay, MSN, RN, nurse manager (at the time), ED; Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director, ED; and Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care and Inpatient Behavioral Health. Together, ED clinical nurses and nurse leaders: 1) ensured every ED nurse received a gift of appreciation, 2) coordinated appreciation efforts from ED providers and senior leaders, and 3) organized an electronic display of examples of Emergency Nursing professionalism at Phelps.

Clinical Nurses Participate in Emergency Nurses Week Activities: In October 2017

during Emergency Nurses Week, all ED nurses were gifted with a framed certificate of appreciation and a portable Snellen eye chart. Barry Geller, MD, director, Emergency Medicine and the ED physicians provided a catered lunch for the ED nurses on Emergency Nurses Day. ED nurses were greeted and appreciated by nurse managers from other inpatient units, Daniel Blum, MS, president and CEO, Phelps, and Nick Finnerman, VP, Hospitalist Service Line. Nick recognized Phelps ED nurses for their excellent outcomes regarding sepsis metrics. Isaac Sapoznikow, MD, retired ED physician, set up an impressive and stunning display of paintings and sculptures dedicated to the ED nurses. Later in the week, Suzanne and Mary McDermott, MSN, RN, APRN, NEA-BC, senior VP, Patient Care Services, and CNO, catered a special breakfast for the ED nurses. This breakfast served as an excellent "meet and connect" session for the ED staff and Dr. Geller (newly hired to Phelps), Mary, Suzanne and Patrick Smith, administrative manager, Emergency Medicine Service Line. Ann created a short slide presentation of the ED staff (including a live appreciation by a grateful patient) which was displayed in the main lobby of the hospital.

Forming ED Shared Governance Council: In January 2018, the ED clinical nurses formed a unit shared governance council as an avenue to facilitate shared decision-making and improve nurse retention within the unit. ED council members identified the following opportunities to improve nurse satisfaction, efficiency and recognition:

- **Satisfaction:** Nina Valentin, MSN, RN, clinical nurse, ED and ED unit council member, identified the need to have a better handoff process from the mid shift (11 a.m. – 11:30 p.m.) to the night shift. The clinical nurses on the mid shift and night shift were most dissatisfied with the existing process of assigning handoffs at the end of the shift. Nina, Kyle Irish, BSN, RN, CEN, clinical nurse, ED, Aliciana Hyde, BSN, RN, clinical nurse, ED; and Leticia Campos, AAS, RN, clinical nurse, ED, suggested that the night charge nurse (7 p.m. to 7 a.m.) ensure the shift handoffs were assigned by 10:30 p.m. each evening. This would give the nurses sufficient time to prepare for their patient care assignment and efficiently work together, improving nurse satisfaction.
- **Efficiency:** Frontline involvement in determining quality processes has led to greater nurse engagement and satisfaction. During the January 2018 ED unit shared governance council meeting, the clinical nurse members also discussed quality of care issues. The clinical nurses reviewed the process of documentation for sepsis, which included repeat vital signs every 30 minutes. Nadia Poon-Woo, BSN, RN, CEN, clinical nurse and Ritzel Boer, BSN, RN-BC, clinical nurse, collaborated with Candace and created a sepsis monitoring checklist, which enabled real-time monitoring of interventions and documentation of the sepsis process by the charge RN. While this was a performance improvement strategy to track compliance with documentation of vital signs and other measures of the sepsis protocol, the ED clinical nurses felt supported as a team when caring for patients with sepsis.
- **Engagement and Recognition:** Another goal of the ED shared governance council was to reinforce the unit's goal of incorporating Lean methodology to improve patient

satisfaction. Milagros Lopez, BSN, RN, clinical nurse, volunteered to support implementation of the hourly rounding initiative in the ED. She collaborated with Ann Hay and encouraged nurses to help each other by covering assignments so they could complete the HealthStream™ educational program on patient rounding. Milagros assisted with verification of the purposeful patient rounding competency to ensure consistency of the patient rounding process in the ED. Nurse satisfaction improves with education and autonomy, along with the support of their peers. Due to their exceptional service to ED patients, the following ED clinical nurses were recognized by patients in the comment section of the Press Ganey surveys: Milagros, Donovan Mais, BSN, RN, Philip Dinkler, AAS, RN, Kimberlee Yamamoto, BSN, RN, Susan Casey, AAS, RN, Marilyn Storch, AAS, RN, CEN, and Martine Duval, BSN, RN.

Clinical Nurses Participate in Shared Governance Day: In January 2018, Phelps officially launched the Department of Nursing's Shared Governance Day, which consisted of the following councils: New Knowledge and Innovation; Professional Practice and Development; Quality and Safety; and the CNO Advisory Council. The third Wednesday of every month was designated for clinical nurses across all care settings to participate in shared decision-making. The following clinical nurses were selected to represent the ED on the nursing shared governance councils: Bigem Tural, BSN, RN for the New Knowledge and Innovation Council, Sherin Ninan, BSN, RN for the Professional Practice and Development Council, Jessica (Quality and Safety), and Amanda Benza, BSN, RN for the CNO Advisory. In January 2018, Bigem, Sherin, Jessica, and Amanda began participating in each of the council meetings during the Shared Governance Day. As the ED representatives, these clinical nurses were responsible for sharing the information discussed with their peers and during their ED shared governance council meetings. Involvement of the clinical nurses in shared governance has improved nurse satisfaction, engagement and empowerment. Participation in Nursing's shared governance council meetings has provided ED clinical nurses the venue to connect, collaborate and recognize their peers within the ED and across departments of the hospital.

Implementing New Nurse Retention Practices: By March 2018, ED nurse retention activities had been implemented.

Outcome

Pre-Intervention Timeframe: 3Q17

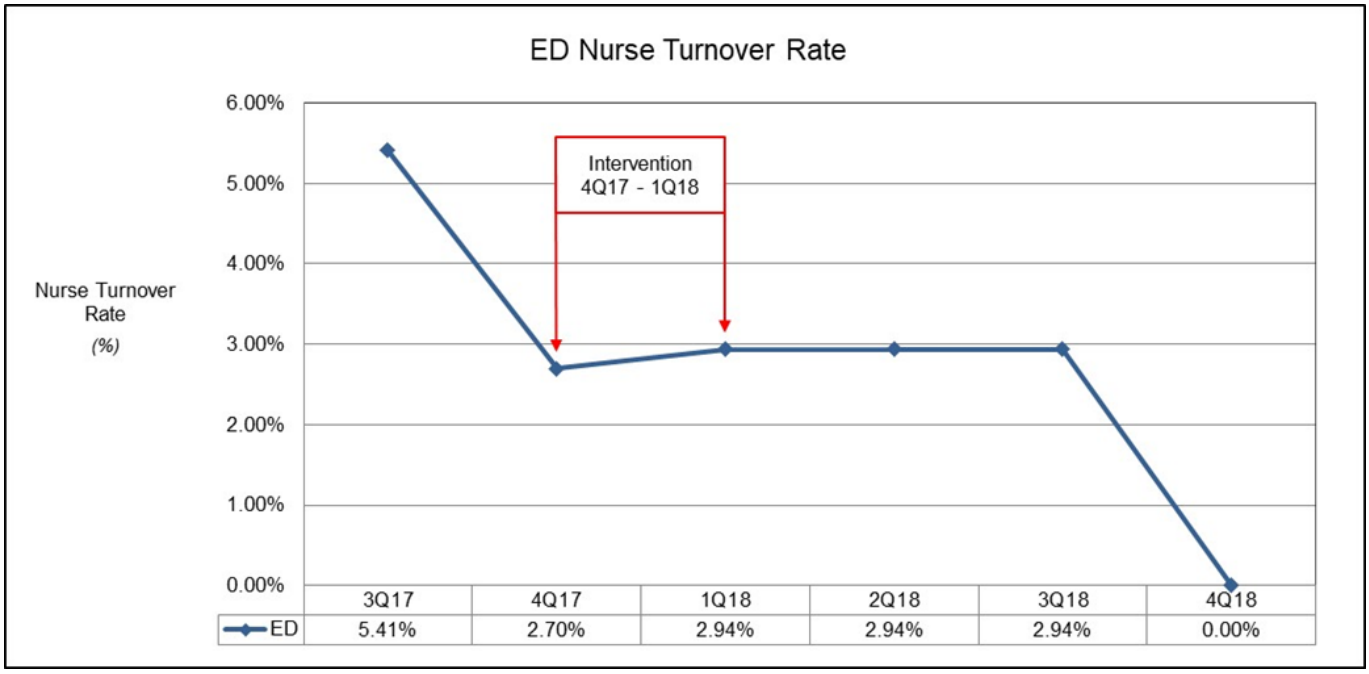
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ED RN turnover rate was 5.41%.

Intervention Timeframe: 4Q17 – 1Q18

Post-Intervention Timeframe: 2Q18 – 4Q18

Post-Intervention Data: During the post-intervention timeframe, the ED RN turnover rate averaged 1.96%. This represents a 64% reduction.

EP10EO – Graph 2 – ED Nurse Turnover Rate



12 Pages

EP11 – PERFORMANCE REVIEW

EXAMPLE 1: NURSE DIRECTOR PERFORMANCE REVIEW

Provide one example, with supporting evidence, of the use of periodic formal performance review for an AVP/nurse director that includes a self-appraisal and peer feedback process demonstrating a plan for professional development.

Background

Nurse Director: Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM, nurse director, Magnet Program

Performance Review Process: Nurse directors at Phelps Hospital (Phelps) take part in an annual performance evaluation process using HealthcareSource performance management software. The performance appraisal process for nurse directors, which begins in January each year, includes a self-appraisal, peer feedback, a supervisor evaluation and professional goal setting for the coming year. In January, the nurse director chooses one peer with a comparable role to provide him or her with feedback using a hard-copy peer evaluation form. When the nurse director's peer has completed the peer feedback portion of the evaluation, the peer returns it to the nurse director's supervisor. During the same time period, the nurse completes the self-appraisal online, then submits it electronically to his or her direct supervisor. Upon receipt of the peer feedback and the self-appraisal, the nurse director's supervisor completes his or her evaluation of the nurse's performance. Finally, the nurse director and supervisor meet in person to review each component of the evaluation and set professional development goals for the coming year.

Components of Nurse Director's Performance Review

Self-Appraisal: As the first step in the performance review process, nurse directors complete an online self-appraisal using HealthcareSource performance management software. The nurse director rates him or herself in a variety of performance categories using a Likert-type scale of 1 (Significant Improvement Required) to 4 (Exceptional Demonstration), then includes comments as appropriate to justify the ratings.

In January 2019, Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM, nurse director, Magnet Program, completed a self-appraisal for her annual evaluation, rating her previous year's performance numerically and providing comments to explain her choices. Judy assigned herself ratings of 3 (Consistent Demonstration) for each section. Judy then submitted the evaluation electronically to her direct supervisor, Mary Mc Dermott, MSN, RN, APRN, NEA-BC, CNO and vice-president, Patient Care Services. EP11-A Dillworth Self-Appraisal January 2019

Peer Feedback: During the same time period as the self-evaluation, the nurse director chooses one peer to complete a hard-copy peer feedback tool. This form asks the peer to evaluate the nurse director's performance in terms of how well he or she exhibited the organization's values. The peer provides in-person feedback regarding the nurse's strengths and opportunities for professional growth. The peer evaluator returns the competed peer feedback tool to the nurse director's supervisor.

On January 30, 2019, Judy asked Linda Vassallo, MSN, RN, NE-BC, nurse director, Magnet Program, Long Island Jewish Medical Center (LIJMC), Northwell Health, to provide peer feedback. Judy and Linda each hold the same position at sister hospitals within our Northwell system, so Linda has a strong and unique understanding of Judy's role and responsibilities. They met and discussed Judy's growth over the past year and the value of continued collaboration with Northwell's MPD Council. Linda suggested that Judy attend the next "In Pursuit of Excellence Magnet Program Guidance" ANCC course to support her in writing to the new application requirements. Following their discussion, Linda sent the completed form to Mary. Judy used this feedback in her meeting with Mary. EP11-B Dillworth Peer Feedback 013019

Performance Review: In February 2019, Mary reviewed Judy's self-appraisal and peer feedback. Using the same online form Judy had used for the self-appraisal, Mary completed her evaluation of Judy in the areas of patient care/customer service, teamwork, execution of duties, organizational awareness, innovation and self-improvement. Mary assigned Judy ratings of 3 and 4. On February 8, 2019, Mary met with Judy to discuss all components of her 2018 evaluation and set goals for the coming year. EP11-C Dillworth Performance Review 020819

Enhancing Nurse Director's Competence/Professional Development

Establishing Professional Development Goals: During Judy's performance appraisal on February 8, 2019, Mary and Judy discussed how the feedback from Linda was aligned with the expectations for preparing the Magnet application document. Mary added Judy's professional goals in the electronic performance manager. EP11-D Dillworth Goals 020819

Achieving Professional Development Goals: To help Judy meet her goal, Mary ensured that she was registered for the next "In Pursuit of Excellence Magnet Program Guidance" ANCC course, which Judy attended on June 24–25, 2019. Judy also attended the 2019 ANCC

National Magnet Conference from October 9-12, 2019, which included the MPD council meeting and sessions related to writing the Magnet application document. EP11-E Dillworth Certificates June and Oct. 2019

EXAMPLE 2: NURSE MANAGER PERFORMANCE REVIEW

Provide one example, with supporting evidence, of the use of periodic formal performance review for a nurse manager that includes a self-appraisal and peer feedback process demonstrating a plan for professional development.

Background

Nurse Manager: Marilyn Maniscalco, BSN, RN, CNML, nurse manager, Orthopedics/Acute Rehabilitation

Performance Review Process: Nurse managers at Phelps Hospital (Phelps) participate in the annual performance evaluation process using HealthcareSource performance management software. Each year, the performance appraisal process for nurse managers includes a self-appraisal based on the goals of the previous year, anonymous peer feedback, a supervisor evaluation and a discussion of future goals, with a plan for professional development. At Phelps, performance evaluations were completed on the employee's anniversary date until January 2019, when the expectation was changed to complete all annual performance evaluations in the first quarter of every year. First, the nurse manager's supervisor sends the peer feedback portion of the appraisal to one or two of the nurse manager's peers, who have comparable experience and job responsibilities. When the nurse manager's peer has completed the peer feedback portion of the evaluation, the peer returns it to the nurse manager's supervisor. The nurse manager concurrently completes the self-appraisal online, then submits it electronically to his or her direct supervisor. Upon receipt of the peer feedback and the self-appraisal, the supervisor completes his or her evaluation of the nurse manager's performance. Finally, the nurse manager and supervisor meet to review and discuss each component of the evaluation and set professional development goals for the coming year.

Components of Nurse Manager's Performance Review

Self-Appraisal: Nurse managers complete an online self-appraisal using HealthcareSource performance management software. The nurse manager rates him or herself in a variety of performance categories using a Likert-type scale of 1 (Significant Improvement Required) to 4 (Exceptional Demonstration), and includes comments as appropriate to support the ratings.

Prior to the due date of 2/28/19, Marilyn Maniscalco, BSN, RN, CNML, nurse manager, Orthopedics/Acute Rehabilitation, completed her self-appraisal for her annual evaluation,

numerically rating her performance for 2018, with comments. Marilyn rated herself with 3 (Consistent Demonstration) and 4 (Exceptional Demonstration). Marilyn then electronically submitted her self-appraisal to her direct supervisor, Paula Keenan, MSN, MPH, RN, director, medical-surgical nursing. EP11-F Maniscalco Self-Appraisal 031119

Peer Feedback: As part of the performance review process, the nurse manager's direct supervisor chooses one or two peers to anonymously complete an online peer feedback tool. The supervisor asks the selected peer(s) to comment on the nurse manager's performance in terms of how well he or she exhibited the organization's values. The peer provides feedback regarding the nurse manager's strengths and opportunities for professional growth. The peer evaluator returns the competed peer feedback tool to the nurse manager's supervisor.

On February 13, 2019 and March 6, 2019, two of Marilyn's peers, Ellen Parise, MSN, RN, CNML, nurse manager, 3 North/Vascular access team, and Barbara Vetoulis, BSN, RN, CNML, nurse manager, 5 North completed the peer feedback tool for Marilyn and forwarded it to Paula. Both peers acknowledged that Marilyn ensured patients were given top priority, while managing much growth and change on her unit. Marilyn's peers both suggested that Marilyn could benefit from an external conference for her personal professional development and support. EP11- G Nurse Manager Peer Feedback 2019.

Performance Review: In March 2019, Paula reviewed Marilyn's self-appraisal and feedback from her peers. Using the same online form used for the self-appraisal, Paula completed Marilyn's evaluation in the areas of patient care/customer service, teamwork, execution of duties, organizational awareness, innovation and self-improvement. Paula assigned Marilyn ratings of 3 and 4. On March 11, 2019, Paula met with Marilyn to discuss each component of her 2018 evaluation. Paula forwarded the agreed upon evaluation to Marilyn on March 12, 2019. Marilyn added additional comments electronically and signed the performance review on March 14, 2019. EP11-H Maniscalco Performance Evaluation 031119.

Enhancing Nurse Manager's Competence/Professional Development

Establishing Professional Development Goals: Also on March 11, 2019, during Marilyn's performance appraisal, Marilyn and Paula discussed Marilyn's professional goals for the upcoming year. Marilyn established the goal to attend one professional conference, with the stretch goal of attending more than one conference. EP11-I Individual Goals for Marilyn Maniscalco due 12/31/19

Achieving Professional Development Goals: In September 2019, Marilyn attended a Northwell System conference on Safe Patient Handling. Further, Marilyn attended Northwell's 3rd annual Safe Patient Handling Olympics in December 2019, and was invited by her colleagues at Northwell to collaborate on a podium presentation at the Association for Safe Patient Handling Health Professionals (ASPHP) National SPHM Education Event in San Diego, California in March 2020. Marilyn had previously submitted an abstract for "Transfer mobility

Coaches: Keeping Patients and Employees Safe" which was accepted for a poster presentation this conference. EP11-J Maniscalco Emails December 2019

EXAMPLE 3: CLINICAL NURSE PERFORMANCE REVIEW

Provide one example, with supporting evidence, of the use of periodic formal performance review for a clinical nurse that includes a self-appraisal and peer feedback process demonstrating a plan for professional development.

Background

Clinical Nurse: Maria (Keirra) Jaca-Gonzalez, MSN, RN-BC, clinical nurse III, 3 North (formerly 2 North)

Performance Review Process: Clinical nurses at Phelps Hospital (Phelps) take part in an annual performance evaluation process using HealthcareSource performance management software. The performance appraisal process for clinical nurses, which begins in January each year, includes a self-appraisal, anonymous peer feedback, a supervisor evaluation and professional goal setting for the coming year. The clinical nurse completes the self-appraisal online, then submits it electronically to his or her direct supervisor. During this time, the clinical nurse's supervisor sends the peer feedback portion of the appraisal to at least one of the nurse's peers, who has comparable experience and job responsibilities. When the peer has completed the peer feedback portion of the evaluation, the peer sends it back to the clinical nurse's supervisor. Upon receipt of the clinical nurse's self-appraisal and peer's feedback, the clinical nurse's supervisor completes his or her evaluation of the nurse's performance. Finally, the clinical nurse and supervisor meet to review and discuss each component of the evaluation and to set professional development goals for the coming year.

Components of Clinical Nurse's Performance Review

Self-Appraisal: As the first step in the performance review process, clinical nurses complete an online self-appraisal using HealthcareSource performance management software. The clinical nurse rates him or herself in a variety of performance categories using a Likert-type scale of 1 (Significant Improvement Required) to 4 (Exceptional Demonstration), then includes comments as appropriate to justify the rating.

In March 2019, Keirra completed a self-appraisal for her annual evaluation, grading her performance during the previous year with numerical ratings and comments. Keirra assigned herself ratings of 3 (Consistent Demonstration) and 4. Keirra then submitted her self-appraisal electronically to her direct supervisor, Ellen Parise, MSN, RN, CNMA, CCRN, nurse manager, 3 North. EP11-K Keirra Jaca-Gonzalez Self-Appraisal

Peer Feedback: As part of the performance review process, the clinical nurse's direct supervisor chooses one or two peers to anonymously complete an online peer feedback tool evaluating the nurse's performance. The form is a tool that is used to provide clinical nurses with feedback regarding their strengths and opportunities for growth from their peers. The peer evaluator is asked to comment on the nurse's performance in terms of how well he or she has upheld the organization's values. After completing the form, the evaluator returns it electronically to the nurse's supervisor.

On February 9, 2019 and March 21, 2019 respectively, two of Keirra's peers, Caleb Wilson, BSN, RN and Nerissa Douglas, BSN, RN, both clinical nurses of 3 North, completed a peer feedback form and submitted it to Keirra's direct supervisor. Keirra's clinical nurse peer commented that Keirra is an asset to the organization, is always willing to share her expertise to help others and continuously strives to improve both patient care and nursing communication. EP11-L Jaca-Gonzalez Peer Feedback

Performance Review: In March 2019, Ellen reviewed Keirra's self-appraisal and peer feedback. Then, using the same online form Keirra used for her self-appraisal, Ellen completed Keirra's performance review in the areas of patient care/customer service, teamwork, execution of duties, organizational awareness, innovation and self-improvement. Using the same Likert-type scale Keirra used for her self-appraisal, Ellen assigned Keirra ratings of 3 and 4. On March 29, 2019, Ellen met with Keirra to discuss all components of her evaluation and identified goals for the coming year. Ellen forwarded the agreed upon review that day to Keirra, which she acknowledged on March 30, 2019. EP11-M Jaca-Gonzalez Performance Review 032919

Enhancing Clinical Nurse's Competence/Professional Development

Establishing Professional Development Goals: Also on March 29, 2019, Keirra and Ellen discussed Keirra's professional goals for the upcoming year. Keirra set the goal for Keirra to advance to Level IV RN by the fourth quarter of 2019. EP11-N Jaca-Gonzalez Goals due 12/27/19

Achieving Professional Development Goals: Keirra did not apply for advancement to level IV RN status because she decided to transfer to the ICU. Keirra met the requirements to advance to level IV had she continued her employment on 3 North. Keirra had a professional goal to teach and utilize her MSN in Education. Keirra applied for an adjunct faculty position at the Harriet Rothkopf Heilbrunn School of Nursing Long Island University Brooklyn and was accepted on April 5,2019. EP11-O Jaca-Gonzalez Achieves Goal

EP12 – NURSE AUTONOMY

CLINICAL NURSES PRACTICE AUTONOMY TO IMPLEMENT ENHANCED SUPERVISION

Provide one example, with supporting evidence, of clinical nurses having the authority and freedom to make nursing care decisions, within the full scope of their nursing practice.

Background

Overview: Hospitalized patients are at risk for injury due to changes in the environment and alterations of behavior and function. With advancing age, older adults tend to have more comorbidities, making them vulnerable during hospitalization for adverse events, such as falls, self-injury (removal of intravenous lines or other tubes) or reactions to medications. Historically, patients at risk for fall or self-injury at Phelps Hospital (Phelps) were physically safeguarded using 1:1 supervision as ordered by a provider (24 hour limit). Providers were required to re-activate 1:1 supervision orders, based on patient necessity, limiting nurse autonomy.

In 2017, med-surg technicians were assigned 1:1 supervision for patients at risk. The med-surg technicians' role was to watch one patient, remain at the patient's bedside and verbally redirect the patient from harming him or herself. Patients who attempted to climb out of bed, remove their medical devices (e.g. any tubes, intravenous lines), wander or elope, or demonstrate increased agitation or confusion, met the criteria for 1:1 supervision.

Autonomy Challenge: 1:1 Supervision required a time-limited order from a provider. The nurse was able to discontinue 1:1 supervision prior to the order expiration. However, if the patient required 1:1 supervision again, the provider would have to be notified to renew the 1:1 supervision order, limiting nurse autonomy.

Clinical Nurses: Katherine Urgiles, BSN, RN-BC, clinical nurse, 3 North (formerly known as 2 North), Alexandra Reale, BSN, RN, clinical nurse, 3 North, Lisa Papacharisis, BSN, RN, clinical

nurse, 5 South and Gabriella Zappa, BSN, RN, clinical nurse, 2 Center.

Nurses Expand Autonomy in Patient Care Decisions

Incorporating Policy Change: On January 25, 2017, Northwell Health System's Nursing Patient Care Services council introduced a new policy differentiating "constant observation" (1:1 supervision) from "enhanced supervision". The enhanced supervision component of the Northwell policy is nurse-driven. The policy describes the provider responsibility for constant observation and the nurses' autonomy in placing a patient on enhanced supervision. This nurse-driven protocol provides the clinical nurse with the autonomy to address the patient's unique behavioral needs (e.g. risk for falls, aggression or elopement) and ensures a safe patient care environment. Clinical nurses were empowered to provide patients with varying levels of enhanced supervision without a physician's order. Clinical nurses were able to adjust the frequency (e.g. hourly vs every 15 minute rounding) and time(s) of day for a med-surg technician to provide enhanced supervision. As a provider's order was not required, clinical nurses had the autonomy and freedom to adjust enhanced supervision assignments and ensure a safe environment for all patients.

Educating Nurses About Practice Change: In April 2017, Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, and Doreen Gallagher Wall, MSN, RN-BC, clinical educator, Psychiatry, prepared an educational program differentiating enhanced supervision from constant observation (1:1 supervision). This educational program, in the form of a PowerPoint presentation was accessible on the Phelps' intranet. Kathy and Doreen shared the presentation with nurses during the annual nursing competency days in 2017. This education was also provided to the healthcare team in a multi-modal framework using HealthStream™ learning management system modules, posters and handouts. EP12-A Enhanced Supervision Education 042617

Implementing Practice Change: At the Nursing Standards of Practice committee meeting in November 2017, Lisa Papacharisis, BSN, RN, clinical nurse, 5 South and Gabriella Zappa, BSN, RN, clinical nurse, 2 Center announced that the constant observation/enhanced supervision plan of care and interventions were built in Meditech, the electronic medical record (EMR), tested and ready to go live in January 2018. EP12-B Nursing Standards of Practice Meeting Minutes 111517

On January 10, 2018, the Constant Observation/Enhanced Supervision policy was implemented at Phelps. EP12-C Enhanced Supervision Policy 011018

Clinical nurses practice autonomy and freedom to individualize patient care by determining the frequency and time of day for enhanced supervision to promote a safe environment. EP12-D Enhanced Supervision Go live announcement 010518

Patient Story: On October 3, 2019, Keenah Stewart, BSN, RN, clinical nurse, 2 Center, determined that her patient, Jane Doe, admitted with right femoral neck fracture and s/p right

hip pinning surgery, required enhanced supervision due to her fall risk status, lack of following directions and confusion, and inability to maintain tubes/lines intact. Keenah initiated continuous enhanced supervision with reevaluation by a clinical nurses noted at least once every 24 hours. EP12-E Jane Doe EMR Notes and Plan of Care October 2019

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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 Kovoor	–	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-diems) 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 Kovoor, 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

NK4 – PROFESSIONAL SPECIALTY STANDARDS

NURSES INCORPORATE AMERICAN GERIATRIC SOCIETY (AGS) STANDARDS TO IMPLEMENT A NEW DELIRIUM SCREENING PRACTICE

Provide one example, with supporting evidence, of how clinical nurses incorporate professional specialty standards or guidelines to implement a practice new to the organization.

Background

Professional Specialty Standard: The American Geriatric Society (AGS) was founded in1942 and provides leadership to healthcare professionals and advocates for elder care programs. The goal of AGS is to expand geriatric knowledge of practitioners through information dissemination, clinical and health service research. As per the AGS, the Confusion Assessment Method (CAM) tool has been used in multiple scientific studies for delirium assessment and found to be valid and reliable for numerous healthcare settings, including medical-surgical units. NK4-A American Geriatric Society Geriatrics Evaluation and Management (GEM) Tool: Delirium

The CAM tool is a standardized, evidence-based tool used to identify and recognize delirium quickly in the clinical setting. If three of the four features of CAM (acute onset of confusion, inattention, disorganized thinking and altered state of consciousness) are present, the CAM assessment is positive and prompts the clinician to suggest a diagnosis of delirium.

Challenge: In April 2016, clinical nurses from five medical and medical-surgical units at Phelps Hospital (Phelps) identified an increase in the number of admitted patients with signs and symptoms of acute behavioral changes. Additionally, the nurses observed that some patients, who were not cognitively impaired upon admission, exhibited behavioral changes during their hospital stay. The clinical nurses recognized these changes as early signs of delirium, but they did not have a tool in place to support their observations. They needed a reliable tool for objectively assessing changes in behavior and mental status in order to recommend a diagnosis of delirium to the other members of the patient's interprofessional care team. The clinical nurses reviewed several publications from the American Geriatric

Society and delirium assessment tools used at the bedside. They found that the CAM tool was the one most commonly studied and preferred for patients in emergency departments, medical-surgical units of hospitals and post–operatively.

In April 2016, Danielle Medina, BSN, RN-BC, clinical nurse, 2 North; Colleen Losee, BSN, RN-BC, clinical nurse, 2 North; and Anne Moss, BSN, RN-BC, clinical nurse, 5 South, attended the national Nurses Improving Care for Health System Elders (NICHE) Conference in Chicago, Illinois. There, they learned about several evidence-based delirium assessment tools that nurses from NICHE–designated hospitals used to detect signs of delirium in patients. NICHE is an international nursing education and consultation program designed to improve geriatric care aligned with the National Gerontological Nursing Association's (geriatric nursing specialty group formed by the ANA) standards of gerontological practice. Dr. Sharon Inouye, an initial designer and validator of the CAM tool, was one of the keynote speakers at this NICHE conference and presented the CAM tool. During the conference, the nurses specifically sought more information about the CAM tool and the Nursing Delirium Screening Scale (NuDESC).

Existing Practice: Clinical nurses working on the stepdown and medical-surgical units at Phelps did not have an objective, evidence-based tool to effectively assess patients for delirium after observing acute behavioral changes.

New Practice: In July 2017, Phelps' stepdown and medical-surgical clinical nurses used information from a systematic review of delirium screening tools in hospitalized patients to implement the CAM tool into practice. NK4-B Delirium Screening: A Systematic Review of Delirium Screening Tools in Hospitalized Patients.

Nurses were empowered to discuss these newly assessed changes in patient condition with the physician and employ appropriate nursing and medical interventions. This assessment and early recognition of delirium helped promote patient safety and prevent further cognitive deterioration and/or negative patient outcomes.

Clinical Nurses: See Table 1.

Participation

NK4 – Table 1 – Clinical Nurses who Incorporated New Delirium Screening

Name	Credentials	Discipline	Dept/Unit	Job Title
Danielle Medina	BSN, RN-BC	Nursing	2 North (at the time)	Clinical Nurse
Colleen Losee	BSN, RN-BC	Nursing	2 North (at the time)	Clinical Nurse
Anne Moss	BSN, RN-BC	Nursing	5 South	Clinical Nurse
Amanda Dayton	BSN, RN-BC	Nursing	5 North	Clinical Nurse

Kristen Cutaia	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Nursing	5 North	Clinical Nurse (at the time)
Dominique Cartila	MS, FNP, RN-BC	Nursing	2 Center	Clinical Nurse

Incorporating Professional Specialty Standard into Nursing Practice

Proposing New Standard: In May 2016, Danielle and Colleen chaired the Phelps NICHE Council meeting, and presented the information on delirium assessment they learned at the conference to their peers. Danielle, Colleen and Anne explained the CAM and NuDESC tools and the AGS' recommendation for delirium screening along with three other tools they identified when they reviewed the current literature on the subject. The Phelps' NICHE council decided to trial both the CAM and NuDESC tools to determine the ease of use, length of time required for each assessment and the information obtained. NK4-C NICHE Education Council minutes 052516.

From May to December 2016, clinical nurses on the medical-surgical units, 5 North, 2 North and 2 Center, trialed the CAM and NuDESC tools to compare their ease of use, timeliness and accuracy. In December, at the end of the trial, the NICHE Council clinical nurses selected the CAM assessment tool for the medical–surgical patients at Phelps. NK4-D NICHE Council Meeting Minutes122916

Developing a New Practice: In January 2017, Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, medical-surgical nursing presented the information from the national NICHE conference, the results of the literature review, as per the AGS on delirium screening and the trial, to the Patient Care Council (PCC) (at the time), currently known as the Nursing Leadership council. After obtaining approval from the PCC, the nurses worked with Elizabeth (Liz) Casey, BS, RN, senior clinical analyst, Information Technology, to build the CAM tool and the nursing care plan in Meditech, the electronic medical record (EMR) and nursing standard–of–care guidelines for each inpatient medical-surgical unit at Phelps.

Educating about the Practice: From April to June 2017, Amanda Dayton, BSN, RN-BC and Kristin Cutaia, BSN, RN-BC, clinical nurses developed an educational PowerPoint presentation with Cheryl. Additionally, the CAM assessment tool was included in the annual RN competency held that year.

Implementing the New Practice: In July 2017, Amanda and Kristin assisted Cheryl with the implementation of the CAM tool for delirium assessment on all medical-surgical units at Phelps. NK4-E Nursing News July 2017 p.5-6.

Results

Danielle, Colleen, Amanda and Dominique, clinical medical-surgical nurses, successfully

incorporated the professional specialty standards of the American Geriatric Society and NICHE to implement the new practice (use of the confusion assessment method) to Phelps Hospital. The process resulted in a revision of the existing standard of practice for all patients on each of the medical-surgical units. The new standard was built in Meditech, the Phelps EMR. The clinical nurses assisted Cheryl with the online educational resource on HealthStream™, our learning management system. Clinical nurses at Phelps incorporate the CAM assessment in the patient's plan of care, to identify acute changes in patient behavior and early signs of delirium.

4 pages

NK7EO – WORK ENVIRONMENT AND WORK FLOW

EXAMPLE 1: REDUCING COST OF 1:1 PATIENT SUPERVISION THROUGH WORK ENVIRONMENT REDESIGN

Provide one example, with supporting evidence, of an improved outcome associated with nurse involvement with the design or redesign of work environment.

Problem

Overview: Clinical nurses at Phelps Hospital (Phelps) are committed to fall prevention. A fall prevention committee meets monthly to review fall data, identify trends and utilize best strategies for fall prevention. Fall prevention strategies include the use of bed and/or chair alarms and frequent rounding. Additionally, clinical nurses assess patients every shift to determine if 1:1 supervision is needed.

Background: In early 2018, on 5 North, 5 South, 3 North (formerly known as 2 North), 2 Center and ICU, approximately eight inpatients per day required 1:1 supervision by med-surg technicians, totaling close to 200 hours. The financial costs of supervision were much higher than budgeted. The existing work environment of providing 1:1 supervision for patient safety needed redesign to reduce the financial impact.

Challenge: In April and May 2018, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged $48,480/month.

Goal Statement

Goal: Reduce incurred cost for 1:1 patient supervision for 5 North, 5 South, 3 North, 2 Center and the ICU.

Measure of Effectiveness: Incurred average monthly cost for 1:1 patient supervision for 5 North, 5 South, 3 North, 2 Center and the ICU (in dollars)

Participation

NK7EO – Table 1 – Telesitter Implementation Team

Name	Credentials	Discipline	Dept/Unit	Job Title
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	Senior Vice President, Patient Care Services & CNO
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	VP, Clinical Operations & Patient Safety Officer
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Nancy Fox	MS, RN, NEA-BC, CNML, NPD-BC	Education	Organizational Development	Director
Barbara Vetoulis	BSN, RN, CNML	Nursing	5 North	Nurse Manager
Danielle Medina	BSN, RN-BC	Nursing	3 North (formerly 2 North)	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	5 North	Nurse Educator
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	2 Center	Clinical Nurse Specialist
Tahler Cambriello	AAS, RN	Nursing	5 North	Clinical Nurse
George Gattullo		Capital Project	Engineering	Director
Michele Prisco		Regional Client Services	IT	Regional CIO
Robert Fitzsimmons		Capital Projects	IT	Program Director

Interventions

Learning About Alternative Practices: In June 2018, Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer, Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations and patient safety officer, and Eileen Egan, JD, BSN, RN, vice president, Administration, attended a Phelps board of directors meeting at Northern Westchester Hospital Northwell Health. As they toured the hospital, they learned about the AvaSys® ® TeleSitter program. This program enables the monitoring of multiple patients at one time via remote video monitoring, reducing the need for 1:1 patient supervision. Mary, Helen and Eileen believed that this type of work environment redesign could prove beneficial in reducing 1:1 patient supervision costs at Phelps.

Seeking Funds and Approval: In October 2018, at the annual Phelps Ball, a "Fund-A-Cause" event was held to raise money to institute the AvaSys® TeleSitter program at Phelps.

In January 2019, Helen submitted a requisition to Northwell Health's Procurement and Legal Departments for the purchase of TeleSitter technology for 5 North, 5 South, 3 North (formerly

2 North), 2 Center and ICU. In May 2019, the AvaSys® TeleSitter program was approved for implementation at Phelps.

Forming a Planning Team: In June 2019, Helen, Eileen, Michelle Prisco, regional chief information officer, Information Technology (IT), Robert Fitzsimmons, program director, IT, and representatives from AvaSys® participated in weekly program planning meetings. They discussed the impact of implementing the Telesitter Program on work flow and work environment redesign.

In July 2019, Helen, Eileen, Paula Keenan, MSN, MPH, RN, director, Medical–Surgical Services, Nancy Fox, MS, RN, NEA-BC, CNML, NPD-BC, director, Organizational Development, Danielle Medina, BSN, RN-BC, clinical nurse, 3 North (formerly 2 North), Tahler Cambriello, AAS, RN, clinical nurse, 5 North, Barbara Vetoulis, BSN, RN, CNML, nurse manager, 5 North, Cheryl Burke, MSN, MBA, RN-BC, WCC, nurse educator, 5 North, and Carolynn Young, MSN, RN-BC, ONC, clinical nurse specialist, 2 Center, formed the Nursing Telesitter Committee which met weekly to address the stages of implementation, which included the development of policies and required competencies.

Designing New Work Environment: In July 2019, the team visited Northern Westchester Hospital Northwell Health (NWH) to observe how the AvaSys® TeleSitter program worked at their facility. The Phelps team concurred that distractions needed to be minimized and finding a dedicated room for the AvaSys® TeleSitter monitoring program was the best approach.

In August 2019, the TeleSitter implementation team discussed their findings and what they learned after seeing the Telesitter program in use and speaking with the Northern Westchester staff. The nurses decided that staff members who were going to be remotely observing the patients should be in a separate area, away from the activity of a nursing unit to avoid distractions. This decision was not as easy as the team had anticipated. Additional space was needed to accommodate the equipment. Helen and Mary assessed all unit areas, looked for a private space, and decided to redesign a large storeroom, located within the vicinity of 5 North, 5 South and the ICU. The ICU staff were responsible for this storeroom, so they had to remove the storeroom’s contents first. After the ICU staff cleared the storeroom, Helen contacted Robert Fitzsimmons, director, IT and George Gattullo, director, Engineering, and asked them to come to the room and evaluate the space.

The storeroom was then redesigned and transformed into a private office of ample space for the installation of a monitor, large enough to accommodate the observation of fourteen (14) patients simultaneously. The monitor had both video and two-way audio capability. The workstation was redesigned so that the assigned TeleSitter could adjust the height of the monitor, specific to their preference and needs. Air conditioning, improved lighting, ventilation, aesthetics and tools such as a desk with an adjustable height, ergonomic seating, fax machine, file cabinetry, dedicated Vocera and phone line were all incorporated into the work environment. Mary and Helen made the decision to purchase both portable room

monitors that were on poles and wall mounted room monitors in brackets specifically designed to hold the cameras. Helen, Paula and Barbara then met with engineering to determine the exact location for the brackets to be mounted in each patient room.

Developing New Procedures: By early August 2019, the Nursing Telesitter Committee completed the new policies regarding the TeleSitter program. The TeleSitter program enabled the med surg technicians to return to their regular nursing care duties on the units rather than be reassigned as 1:1 sitters. Each day Barbara assigns a med surg technician as the primary TeleSitter. Assignment sheets on the unit and in the nursing office are updated with the same information. Based on policy, documentation is maintained, from initiation of the TeleSitter monitoring until the monitoring is discontinued.

Educating Nurses on New Work Environment: From August 8 to August 15, 2019, the med-surg technicians and nurse of 5 North, 5 South, 3 North, 2 Center and the ICU were educated by the AvaSys® representative on the use of the TeleSitter program equipment and the redesigned workflow and environment. Phelps nurses completed education through i-Learn, a Northwell Health online learning system, and demonstrated competency.

Implementing the New Work Environment: By the end of August 2019, the new AvaSys® TeleSitter program was tested and went live on 5 North, 5 South, 3 North, 2 Center and the ICU.

Outcome

Pre-Intervention Timeframe: April – May 2018

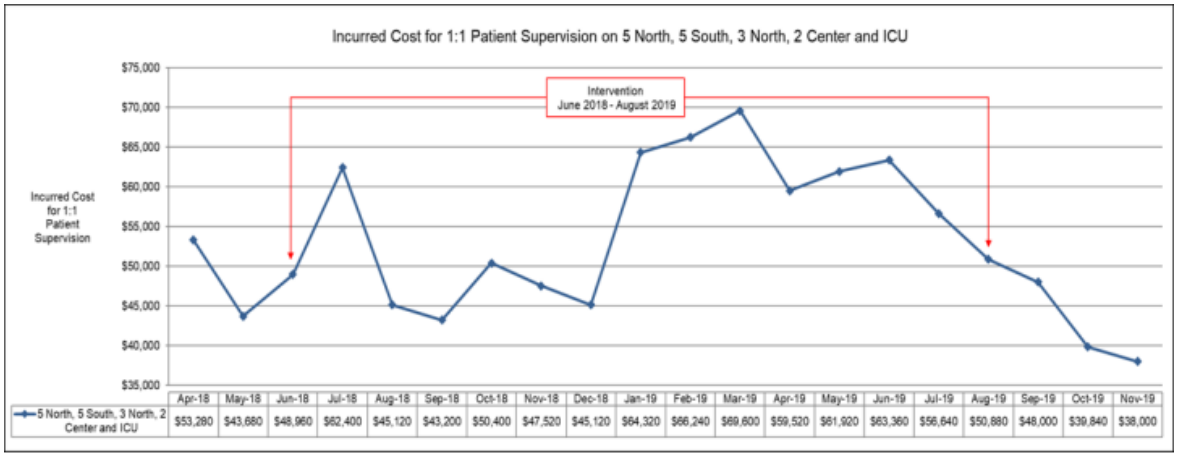
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged $48,480/monthly.

Intervention Timeframe: June 2018 – August 2019

Post-Intervention Timeframe: September – November 2019

Post-Intervention Data: During the post-intervention timeframe, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged $41,947. This represents a 13% reduction of incurred cost.

NK7EO – Graph 1 – Incurred Cost for 1:1 Patient Supervision on 5 North, 5 South, 3 North, 2 Center and ICU



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
5 North, 5 South, 3 North, 2 Center and ICU	$53,280	$43,680	$48,960	$62,400	$45,120	$43,200	$50,400	$47,520	$45,120	$64,320	$66,240	$69,600	$59,520	$61,920	$63,360	$56,640	$50,880	$48,000	$39,840	$38,000

EXAMPLE 2: REDESIGNING ED WORK FLOW TO IMPROVE PATIENT SATISFACTION

Provide one example, with supporting evidence, of an improved outcome associated with clinical nurse involvement with the design or redesign of work flow in an ambulatory setting.

Problem

Overview: United States Emergency Departments (EDs) typically monitor work flow metrics, including efficiency in patient throughput. Inadequately managed patient flow processes tend to negatively impact patient wait times, patient satisfaction scores, and more importantly, the overall quality of care in the ED. The need for hospitals to report throughput quality data in a pay-for-performance healthcare model has prompted organizations to closely review their throughput processes.

Background: Most patients who use the Phelps Hospital (Phelps) ED arrive by private transportation. Upon arrival in the triage area, a Hospital Unit Clerk (HUC) enters patient information with arrival time and demographic information into the Meditech electronic medical record. An RN then triages the patient. During triage, the RN conducts a brief interview, obtains vital signs and completes a triage assessment using the Emergency Severity Index (ESI) algorithm (AHRQ, 2018). Patients are assigned an ED bed based on the presenting chief complaint and acuity level. Patients classified as mostly urgent were assigned to the acute area, or the “main ED,” and those classified as less urgent (with minor ailments) were assigned to the less-acute area, adjacent to the Main ED.

In early 2017, using the average door-to-room time as one of the ED quality measures, the ED Interdisciplinary Team determined that delays in ED room placement were multifactorial. One of the delays was related to the time from triage to the room. This delay impacted patient satisfaction in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) domain related to the question “care within 30 minutes of getting to the ER.” As a result, ED leadership and clinical staff participated in an interprofessional brainstorming

event using Lean methodology to address ED throughput. This event resulted in establishment of a workgroup which included ED clinical nurses.

Challenge: In 1Q17, ED CAHPS "top box" patient satisfaction survey scores for the question "care within 30 minutes of getting to the ER" averaged 88%.

Goal Statement

Goal: Increase % "top box" scores for the ED CAHPS patient satisfaction survey question "care within 30 minutes of getting to the ER"

Measure of Effectiveness: % "top box" scores for the ED CAHPS patient satisfaction survey question "care within 30 minutes of getting to the ER"

Participation

NK7EO – Table 2 – ED Throughput Workgroup

Name	Credentials	Discipline	Dept/Unit	Job Title
Sherin Ninan	BSN, RN	Nursing	ED	Clinical Nurse
Maryanne Portoro	RN	Nursing	ED	Clinical Nurse
Kyle Irish	BSN, RN, CEN	Nursing	ED	Clinical Nurse
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	ED	Assistant Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	ED, Critical Care, Inpatient Behavioral Health	Nursing Director
Ann Hay	MSN, RN	Nursing	ED	Nurse Manager (at the time)
Peter Lawrence	MD	Emergency Medicine	ED	Physician
F Madori	MD	Emergency Medicine	ED	Physician
P Nowak	MD	Emergency Medicine	ED	Physician

Interventions

Evaluating Current Work Flow: In April 2017, the ED Throughput Workgroup met to evaluate the current throughput process. The workgroup included Maryanne Portoro, RN, clinical nurse, ED, Sherin Ninan, BSN, RN, clinical nurse, ED and Kyle Irish, BSN, RN, CEN, clinical nurse, ED, Peter Lawrence, MD, physician, ED; F Madori, physician, ED; P Nowak, physician, ED; and Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director, ED and management sponsor. The workgroup was tasked with instituting a "direct bedding" work flow to improve patient satisfaction. The workgroup identified the following impediments to implementing "direct bedding":

- Triage assessment was lengthy

- Triage process had no flexibility and was required before patient was assigned to room
- Rooms were never assigned for walk-in patients unless the patient was triaged, except in extremis
- Triage was always done on a desktop computer; a Workstation on Wheels (WOW) was not available for a triage nurse
- Concern with lack of language translation devices and increased time to translate
- There was a need to create an electronic status event that marked the time when the room was assigned
- There was a need to create reports measuring the time from arrival to bed assignment.

After evaluating the current process, Kyle, Maryann and Candace worked on the triage assessment with Dr. Lawrence. Sherin, Maryann and Ann worked with Drs. Madori and Nowak to determine the flow process of patients from the ED to the patient room.

Identifying Alternative Practices: In May 2017, the ED workgroup shared the plan to refine patient flow and the triage process with the ED staff. Kyle felt triage could be documented on-the-go with a portable electronic device (tablet). Suzanne facilitated procurement of a tablet from the Department of Patient Access Services. Candace coordinated the setup with Information Technology, and Kyle evaluated the use of the tablet. While this process worked well for Kyle, other ED nurses were not as facile. Collectively, the team chose not to adopt this idea. Suzanne and Candace developed a proposal to obtain funding for upgraded WOWs for the ED clinical nurses. The goal was to reduce the incidence of power failures and slowness of the existing WOWs and free up existing WOWs for occasional triage by the triage nurse at the bedside.

Performing a Site Visit to Review Direct Bedding Processes: In May 2017, Maryanne, Sherin and Ann visited ED team members at Glen Cove Hospital Northwell Health on Long Island to review its “direct bedding” process. Glen Cove was chosen because its ED is similar in size to the Phelps ED and had excellent patient satisfaction scores with the best door-to-room times. Maryanne, Sherin and Ann learned that every ED nurse at Glen Cove was able to triage patients as needed. The assigned triage nurse was often mobile. There was only one tracker that displayed all ED patients more clearly. There was no separate area for low-acuity patients. Maryanne, Sherin and Ann returned to Phelps informed and shared this information with the ED team.

Designing New Work Flow to Improve Patient Satisfaction: In June 2017, Maryanne, Sherin and Kyle in collaboration with the ED workgroup redesigned the ED work flow based on the best practices learned at Glen Cove Hospital. The workgroup’s new flow plan included these steps:

- The HUC enters patient name and date of birth information (quick reg) and notifies the triage nurse
- The triage nurse completes a brief triage assessment and assigns an ED room to the

patient according to ESI level
- The patient is escorted to the room by the HUC or triage nurse depending on acuity
- If there is a surge of patients and many ED rooms available, the patient is assigned a room with a quick verbal triage. The triage assessment and vital signs are performed at the bedside by either the primary nurse, charge nurse or flow facilitator.

The new work flow streamlined triage assessment and contributed data to the medical-surgical history nursing assessment for completion by the primary nurse. The ED workgroup developed an electronic tracker which provides bed status information in a single line for easy viewing of each patient's status. The workgroup also decided to use Vocera communication technology as a language translation device.

Educating Nurses on New Work Flow: In June 2017, Maryanne, Sherin and Kyle continued to inform the ED staff of ED workgroup's progress during staff meetings and small group communications in the ED. As the ED clinical nurses trialed each intervention (e.g. assessments, charge tracker and use of Vocera), they provided feedback on the new workflow.

Refining the New Work Flow: In June 2017, Northwell Health's emergency medicine service line provided data support with reports of door-to-room times to monitor progress. The workgroup concurrently reviewed ED CAHPS patient satisfaction data to inform the staff of the impact of the workflow changes. A follow-up meeting in June 2017 resulted in an additional computer monitor screen being added to the triage desk for an uninterrupted view of the charge tracker. In September 2017, the workgroup deactivated the separate "Prompt Care" area. ED staffing and geographical zoning was redesigned for patients to have access to the entire ED at all hours.

Finalizing the New Work Flow to Improve Patient Satisfaction: At the end of September 2017, the new direct bedding workflow process was implemented. As a result of the new direct bedding workflow, patients are placed in a room and seen by a nurse and provider in the ED more quickly, thereby improving the patients' perception of "care within 30 minutes of getting to the ER".

Outcome

Pre-Intervention Timeframe: 1Q17

Pre-Intervention Baseline Data: During the pre-intervention timeframe, ED CAHPS "top box" patient satisfaction survey scores for the question "care within 30 minutes of getting to the ER" averaged 88%.

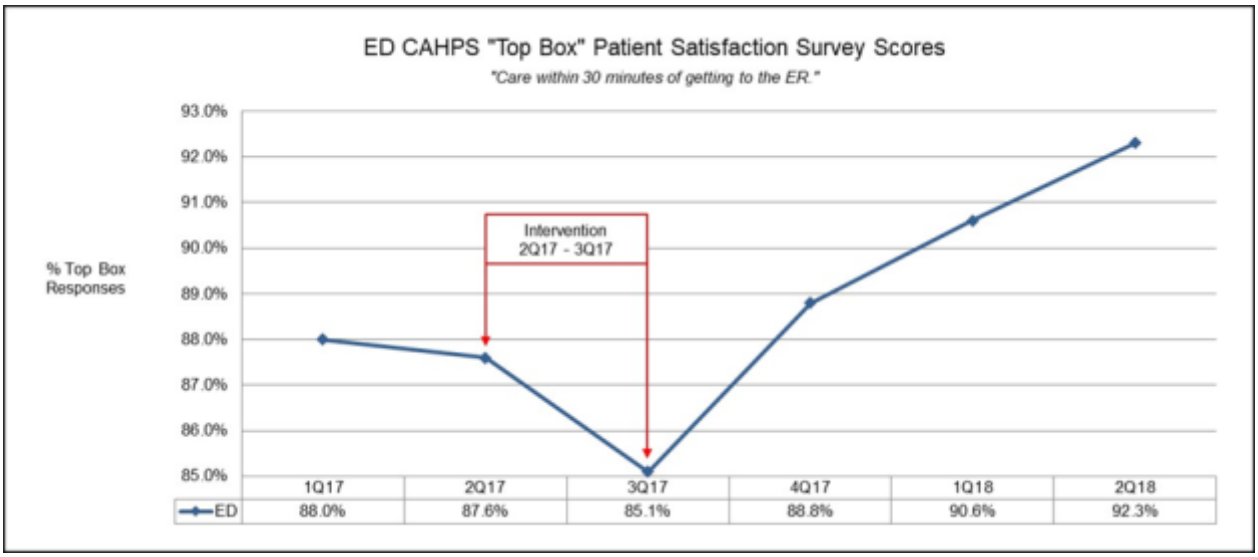
Intervention Timeframe: 2Q17 – 3Q17

Post-Intervention Timeframe: 4Q17 – 2Q18

Post-Intervention Data: During the post-intervention timeframe, the ED CAHPS "top box"

patient satisfaction survey scores for the question “care within 30 minutes of getting to the ER” averaged 90.6%. This represents a 3% increase.

NK7EO – Graph 2 – ED CAHPS “Top Box” Patient Satisfaction Survey Scores



10 pages