

# 2020 MAGNET® SITE VISIT GUIDE



**Phelps Hospital**  
Northwell Health®



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

## 2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

### BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

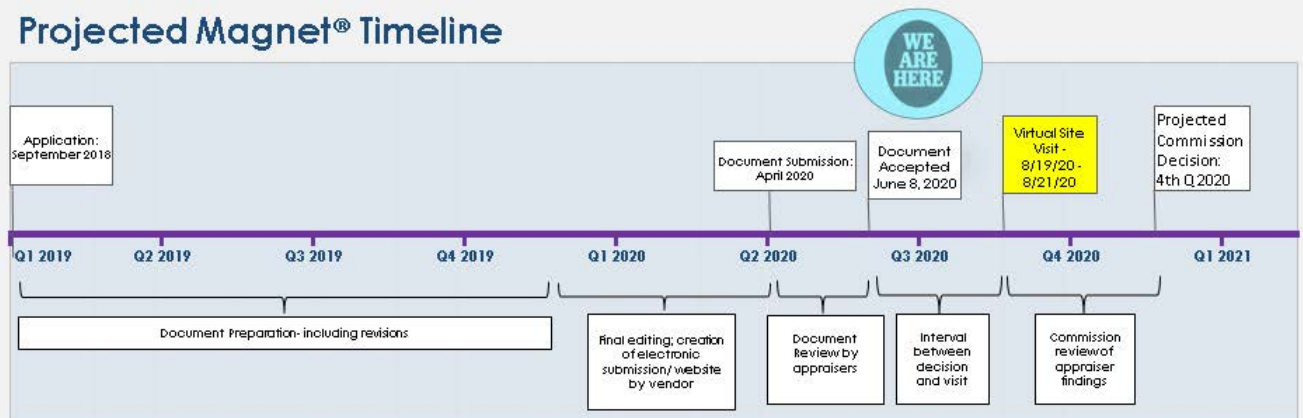
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

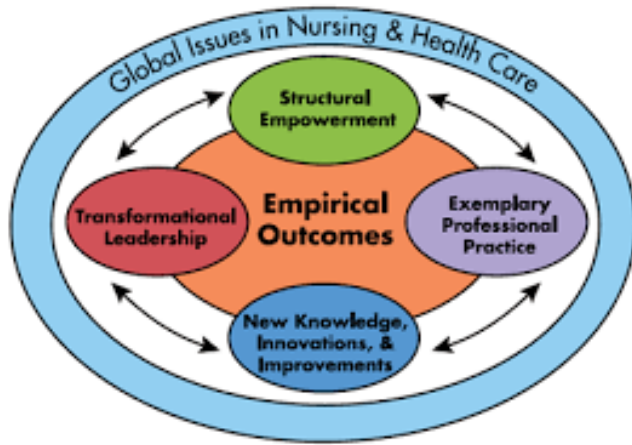
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

### Projected Magnet® Timeline



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



*Magnet® Model*

### WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

### BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success<sup>1</sup>

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

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

<sup>3</sup> [http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at\\_the\\_core\\_of\\_magne-Xfs8.html](http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at_the_core_of_magne-Xfs8.html)

### TRANSFORMATIONAL LEADERSHIP (TL)

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

- ❖ 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.<sup>3</sup>

### 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.<sup>1</sup>

### 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.<sup>1</sup>

### EMPIRICAL OUTCOMES (EO)

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

## Phelps Hospital Mission

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

### NURSING DEPARTMENT'S MISSION

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

### Nursing Strategic Plan

## TRANSFORMATIONAL LEADERSHIP

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

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

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



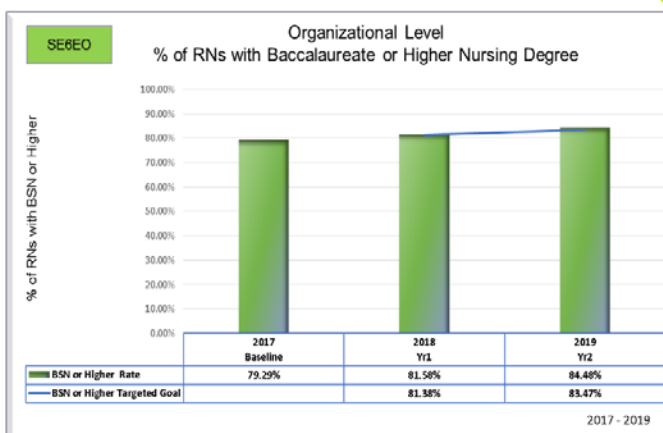
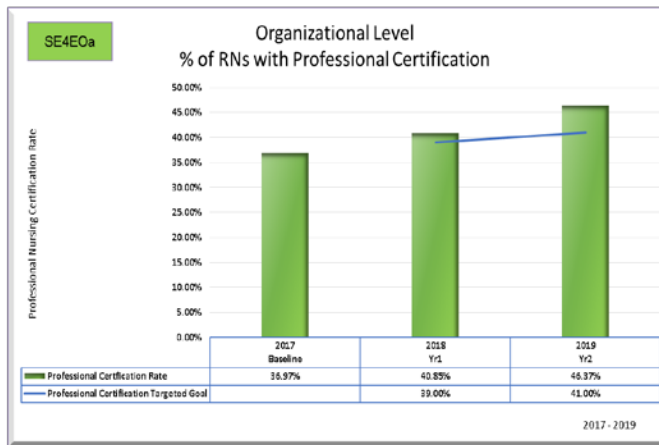
## STRUCTURAL EMPOWERMENT

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

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

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

**Graphs highlighted at Professional Practice that we take pride in:**



Has the hospital supported you in your volunteer efforts?

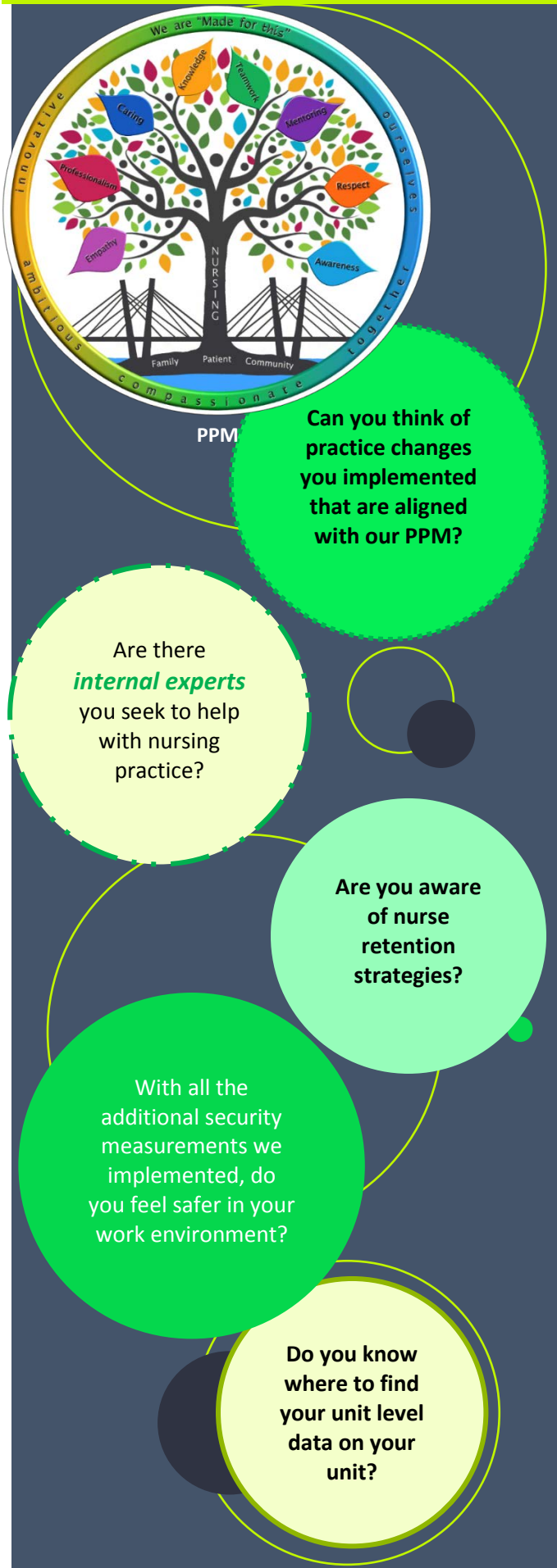
Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

How has the hospital supported your professional growth?

### Opportunities and support for continuing education:

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





## Magnet "Fab 5"

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



## Successful Measurement:

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

## NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

### INNOVATION!

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

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

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

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

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

### PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

### BASED ON COVID-19 RESPONSE

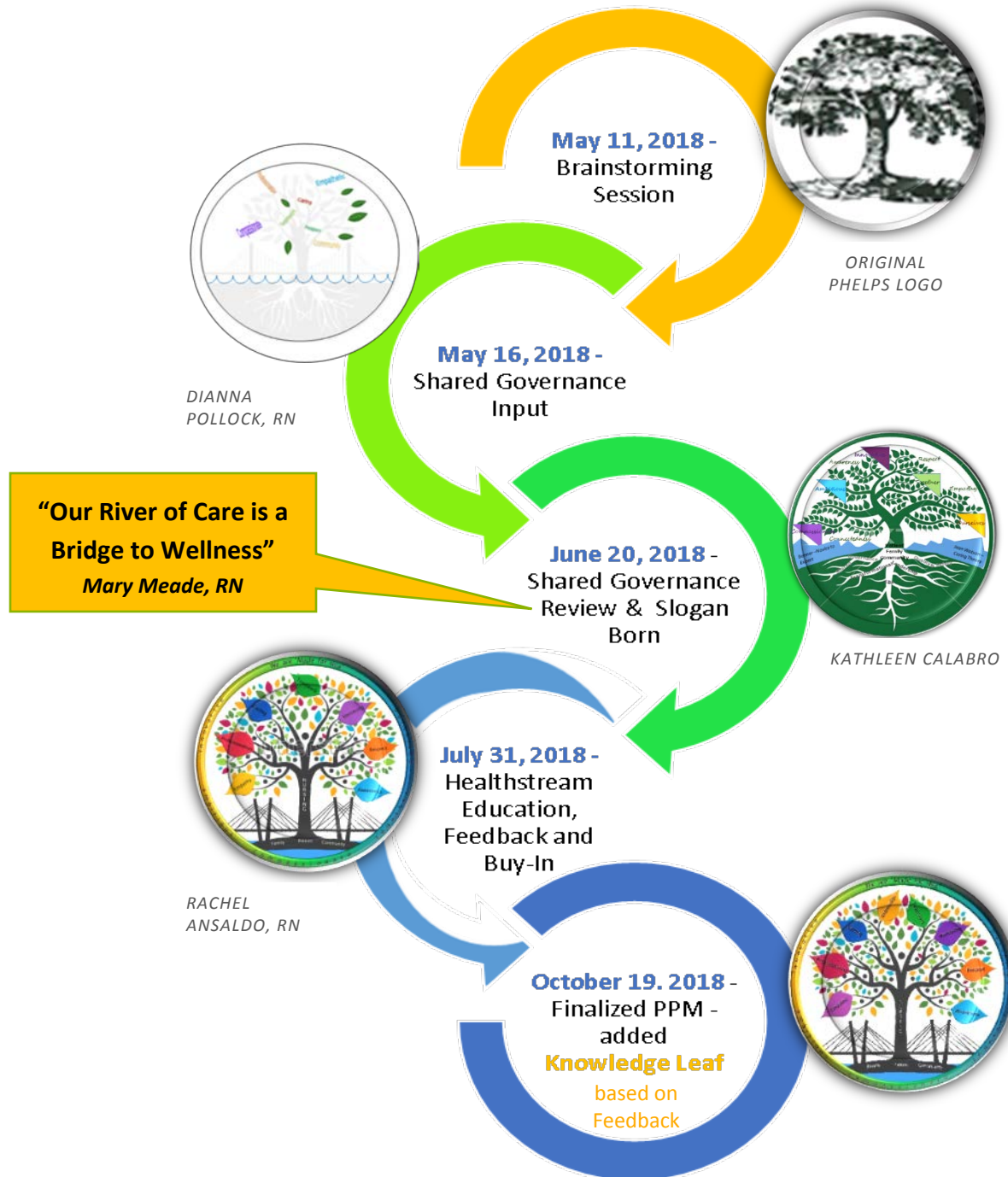
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

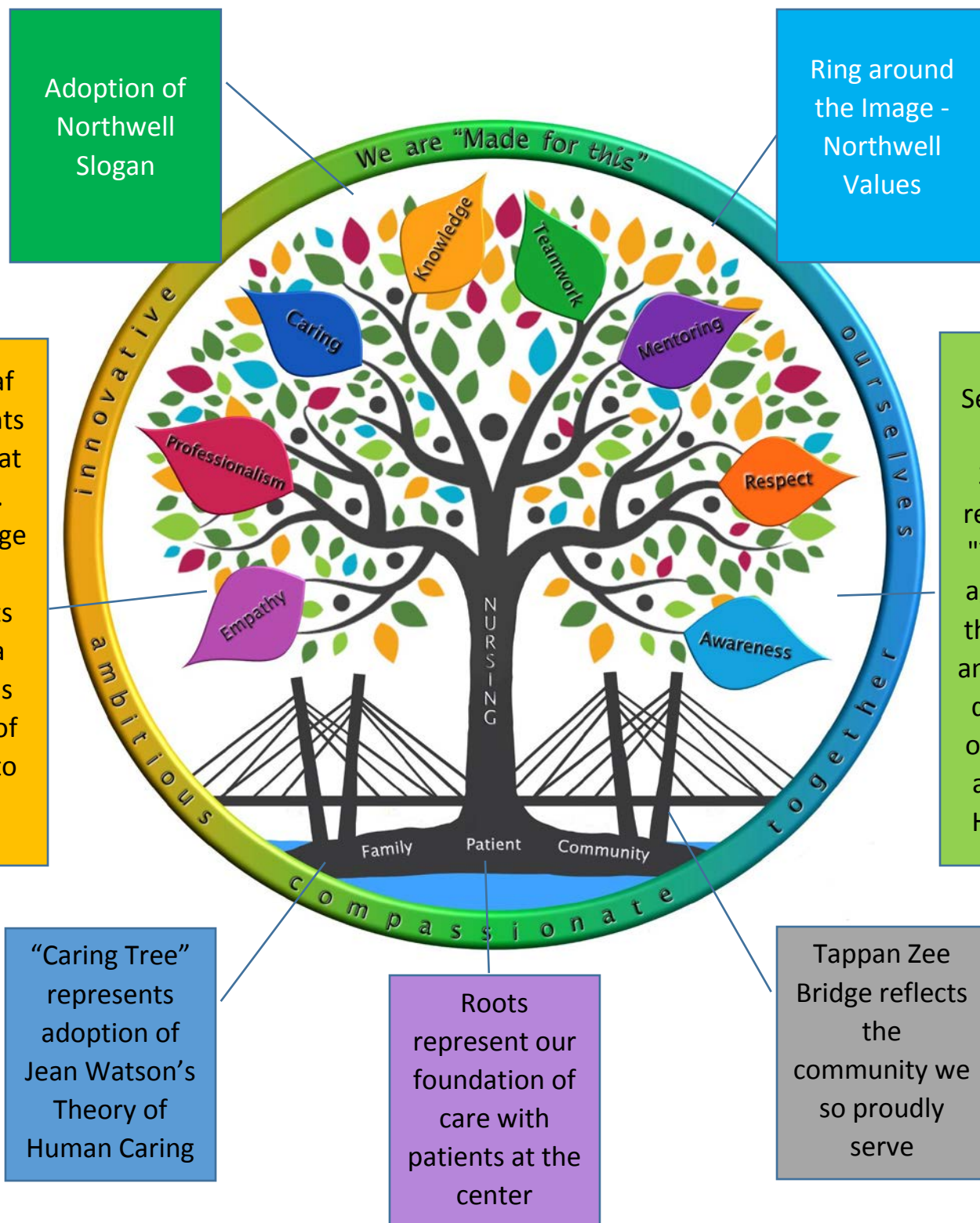
## EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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



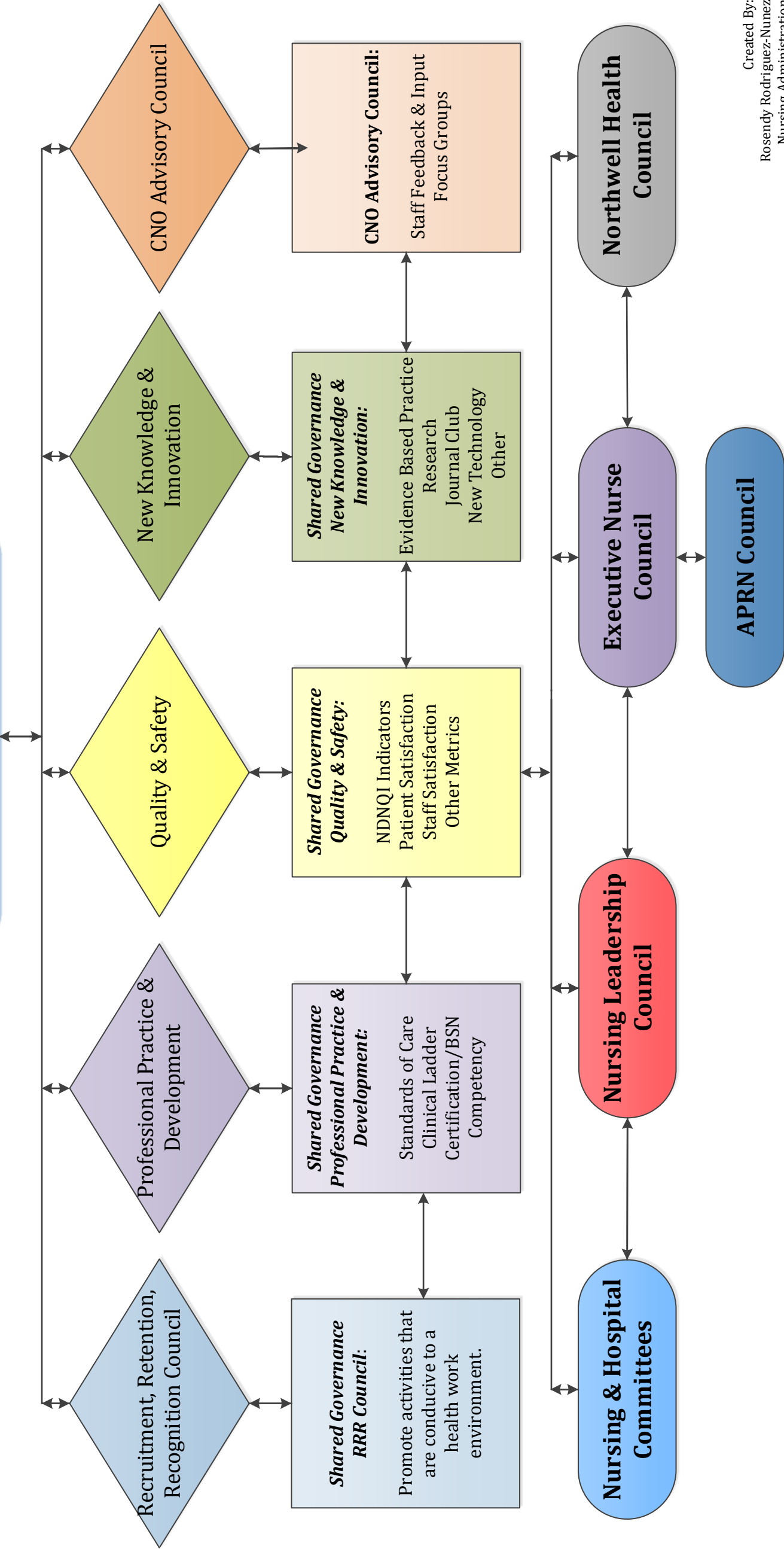


# Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based  
Nursing Shared Governance**



# NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

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





# PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

**2019**

## ACCOMPLISHMENTS:

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



# QUALITY AND SAFETY 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

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



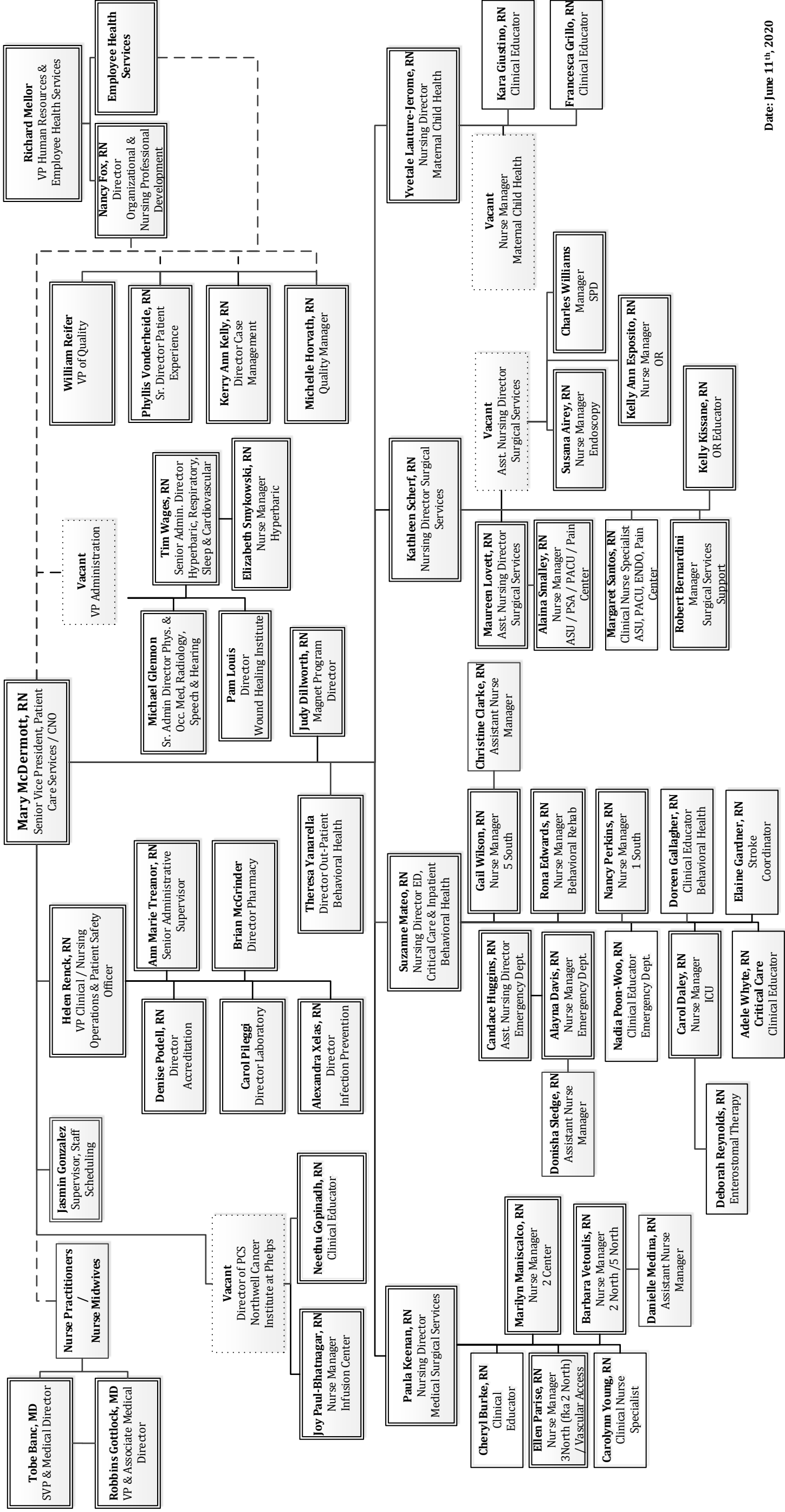


# CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

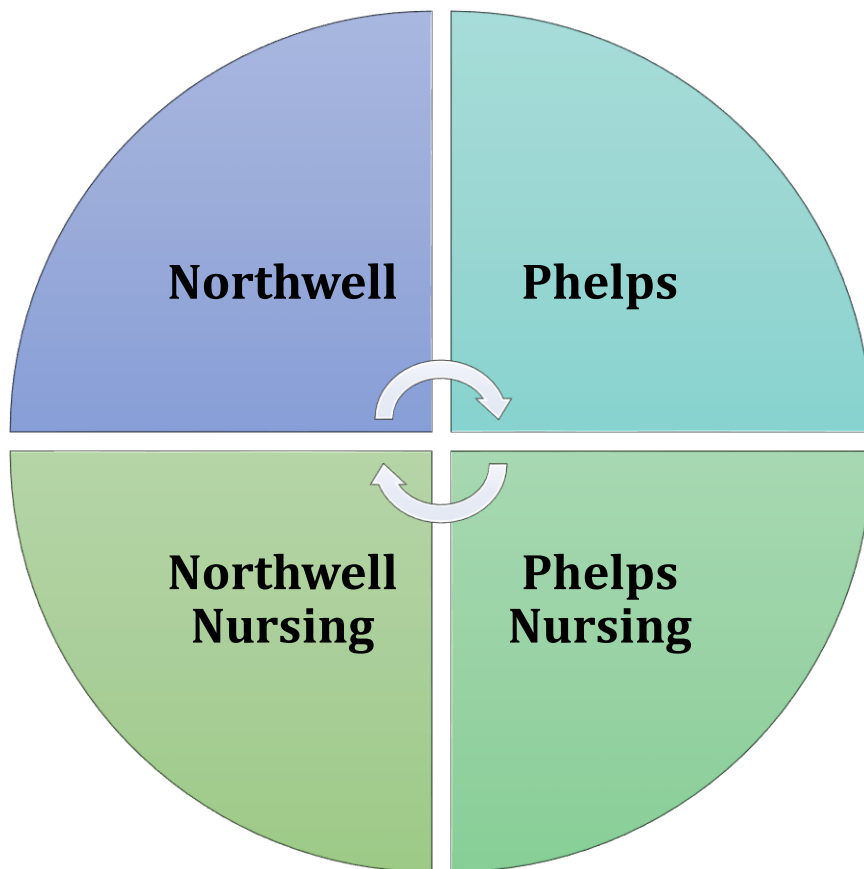
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





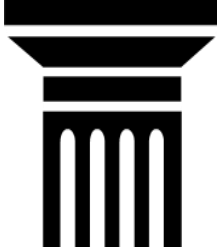
## Nursing Strategic Plan

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



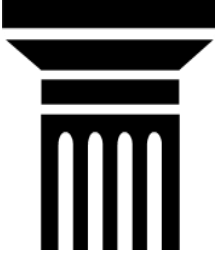
# Goals

## Quality



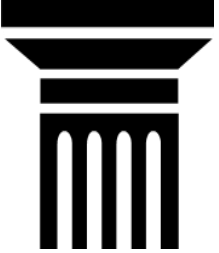
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

## People



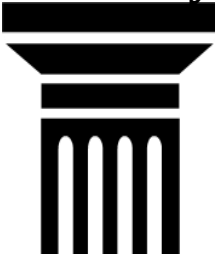
Create an empowering environment for RNs to function at the highest level of their licensure.

## Service



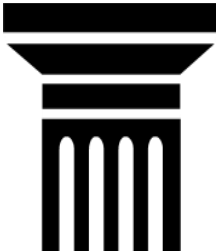
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

## Efficiency



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

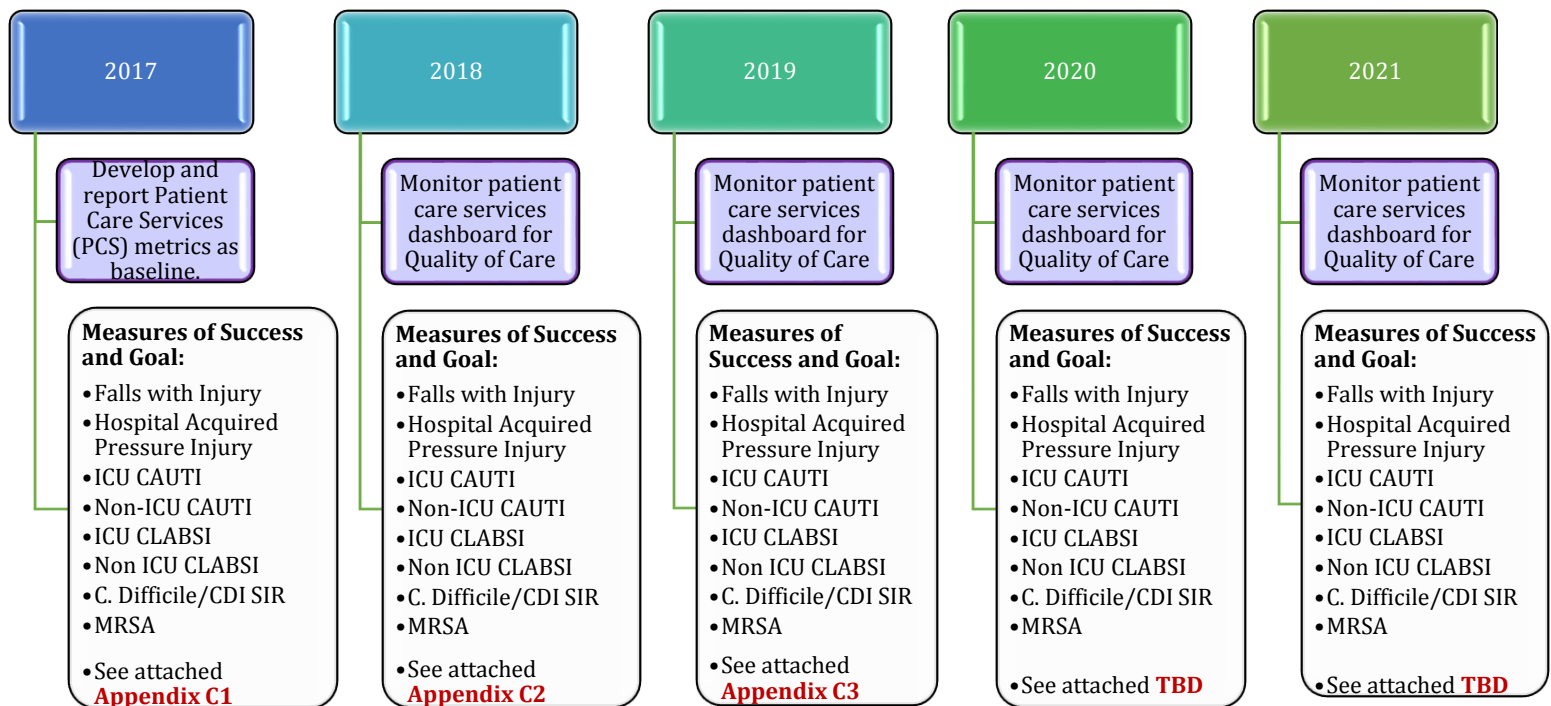
## Finance



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

# Quality

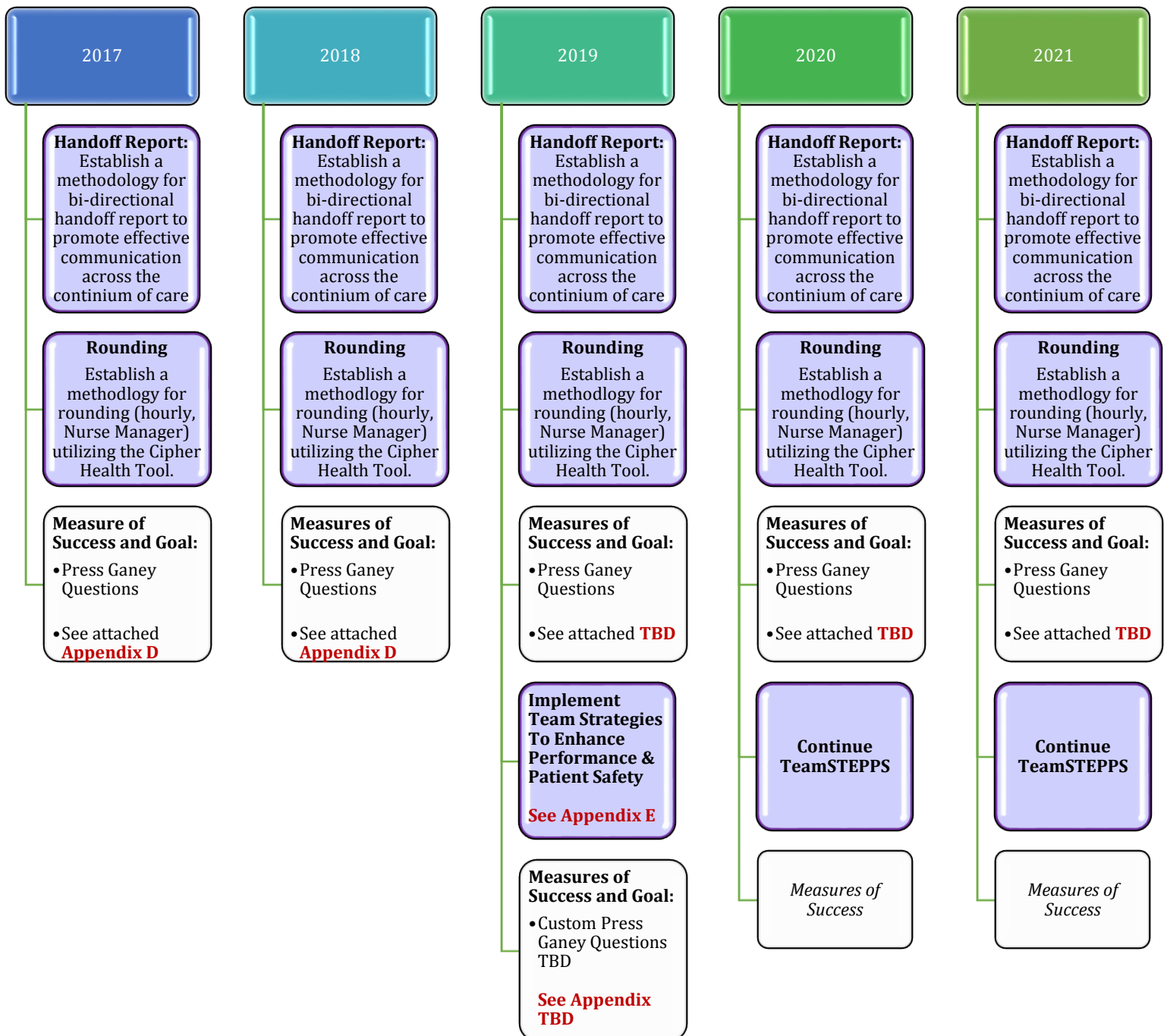
**GOAL:** Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.





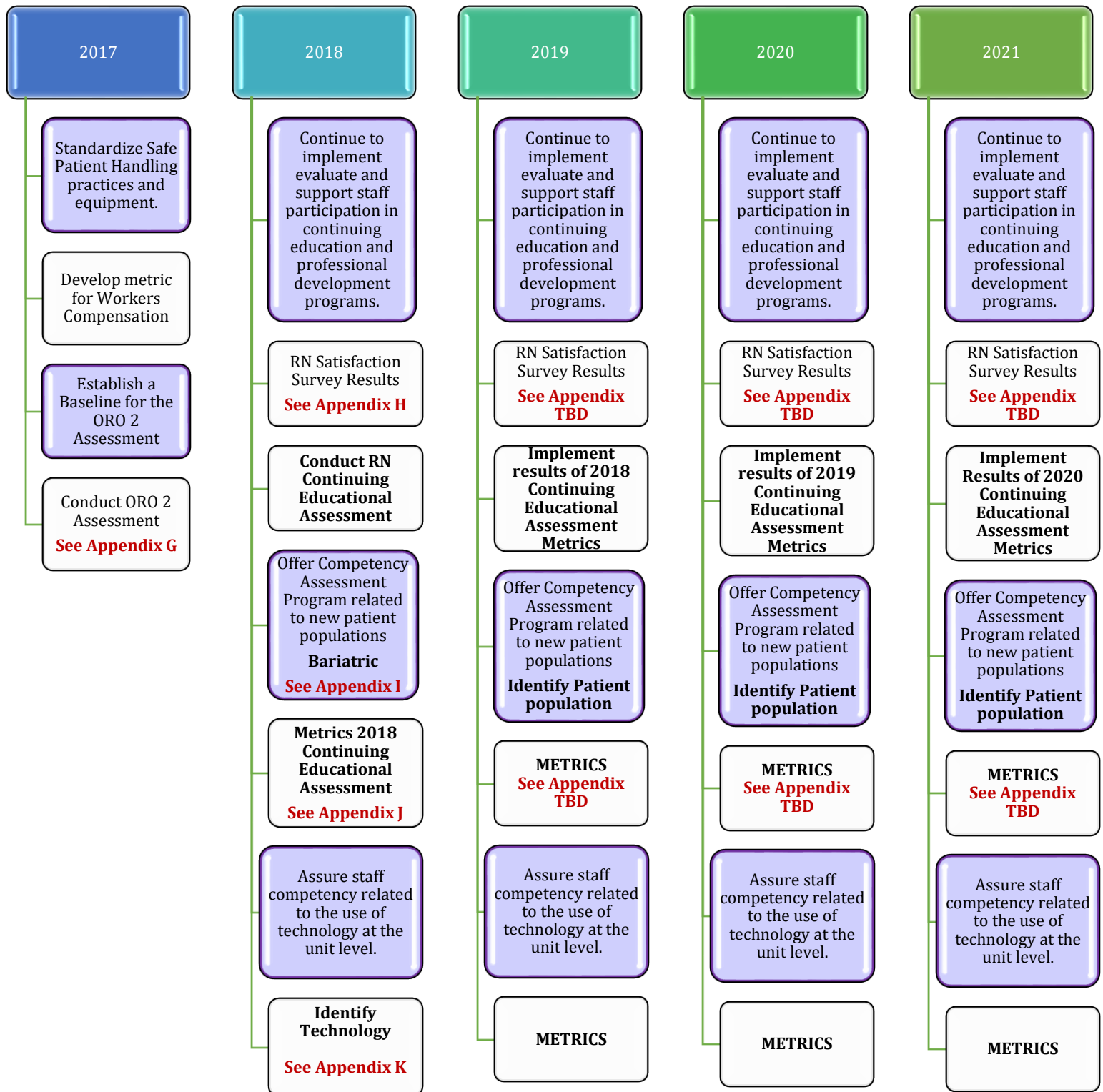
# Quality

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



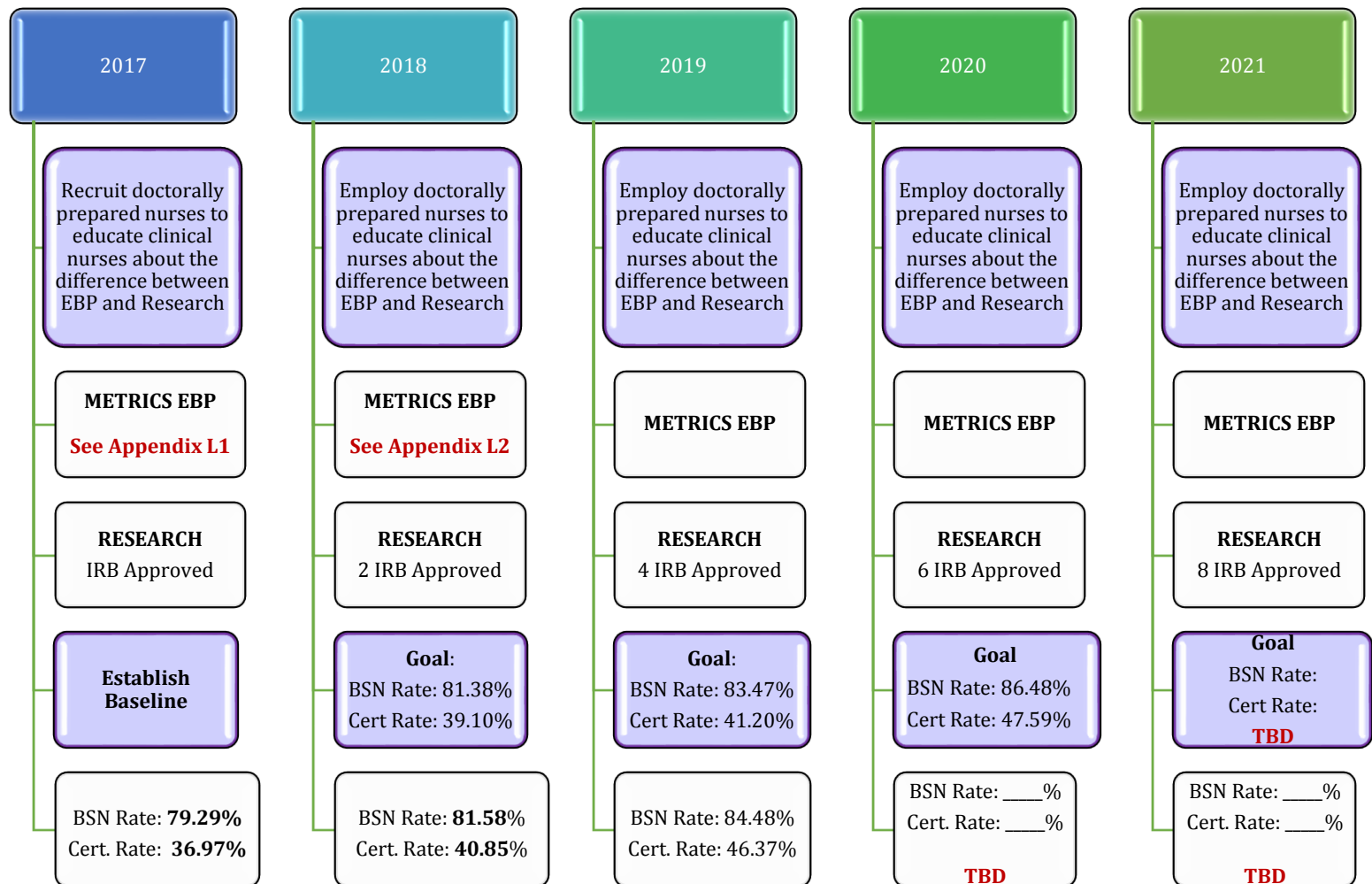
# People

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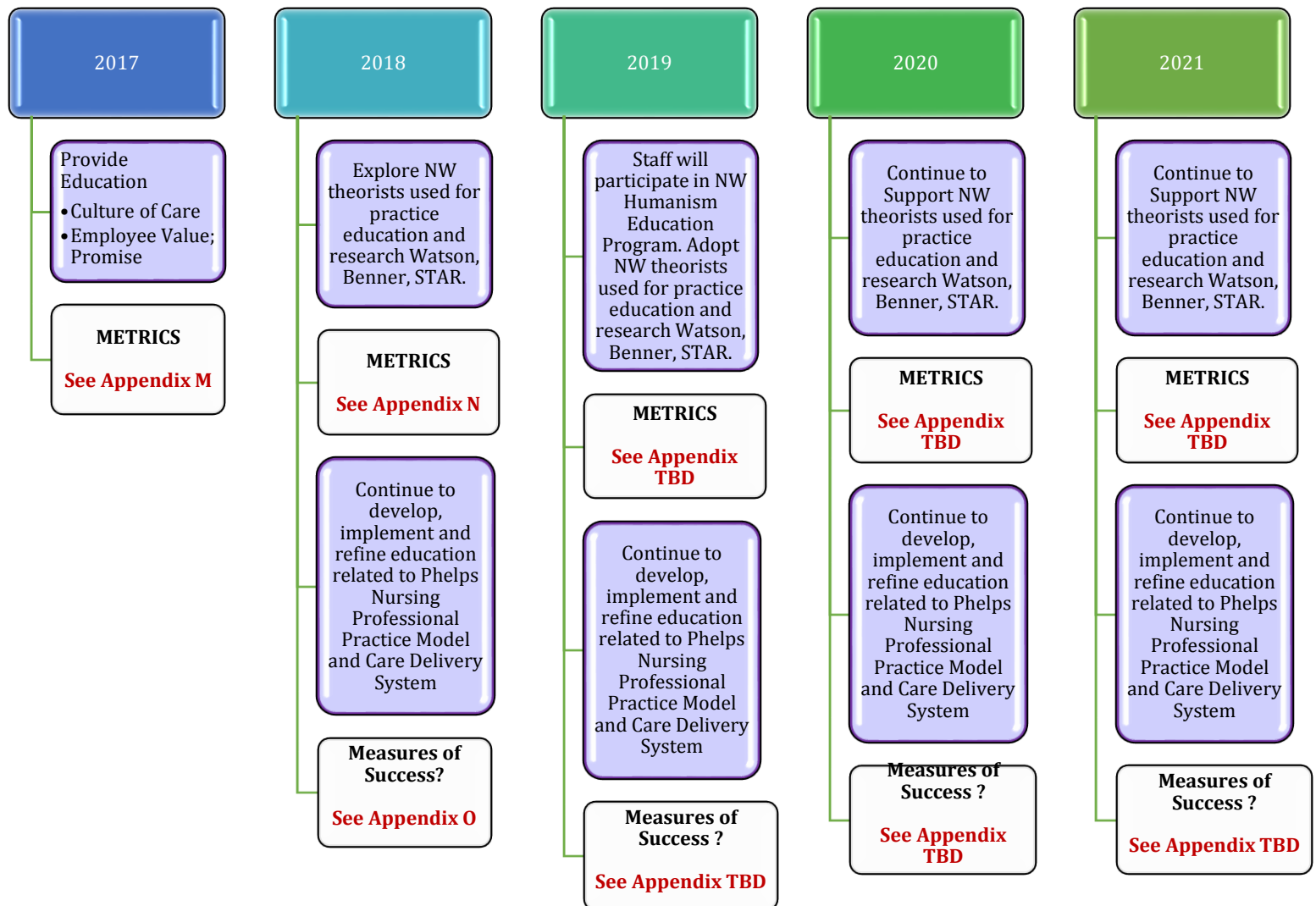
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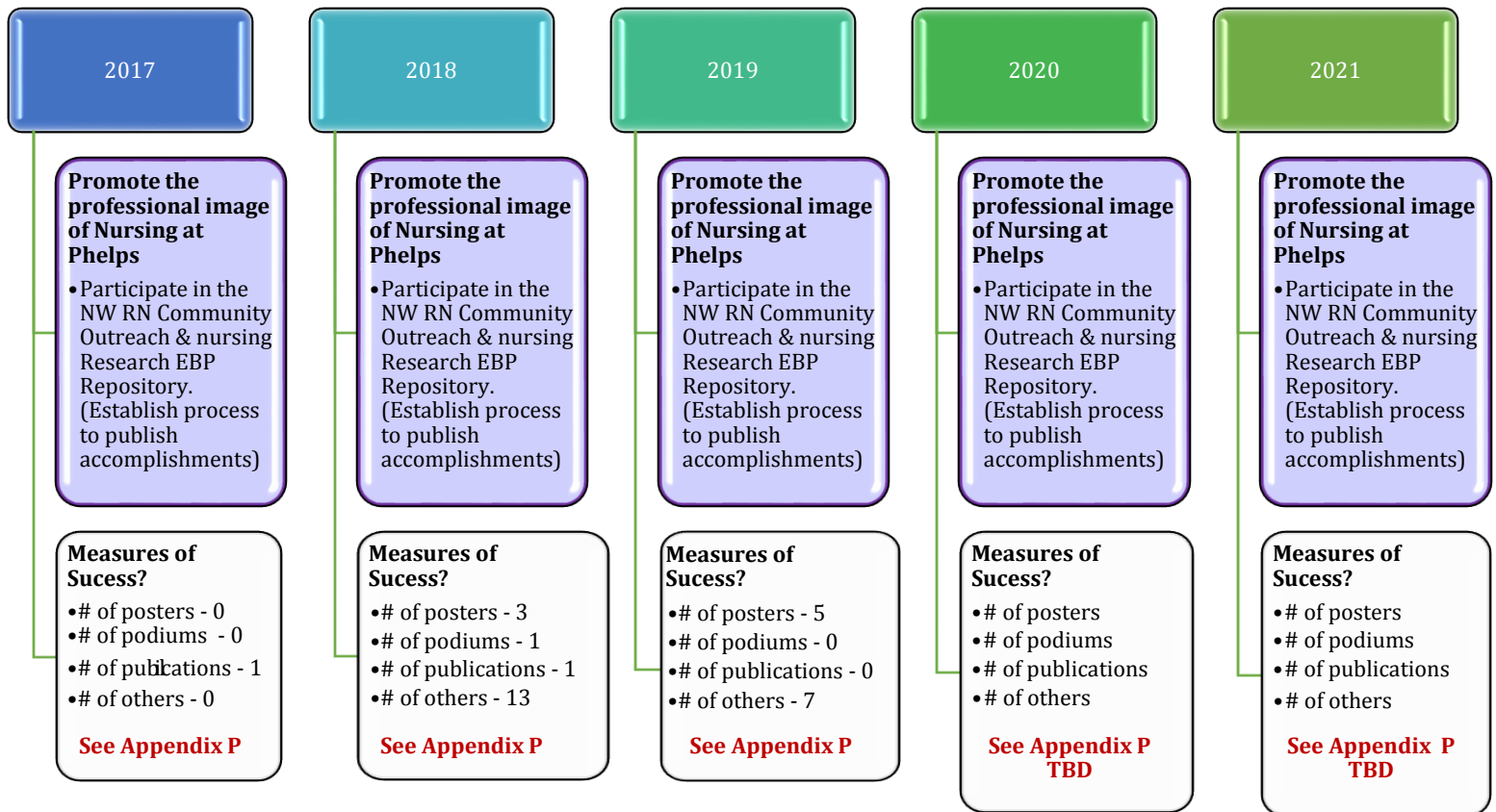
# Service

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



# Service

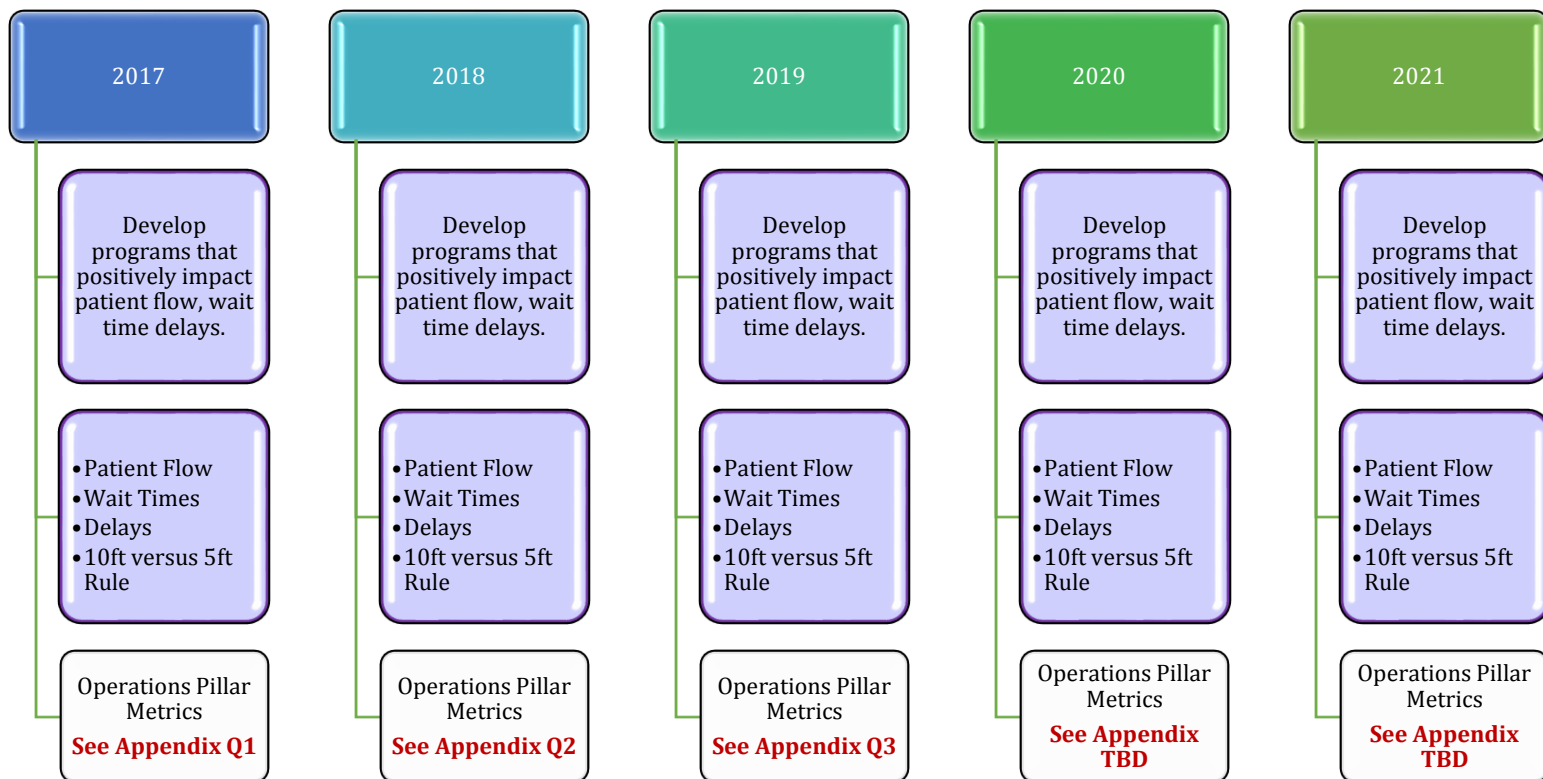
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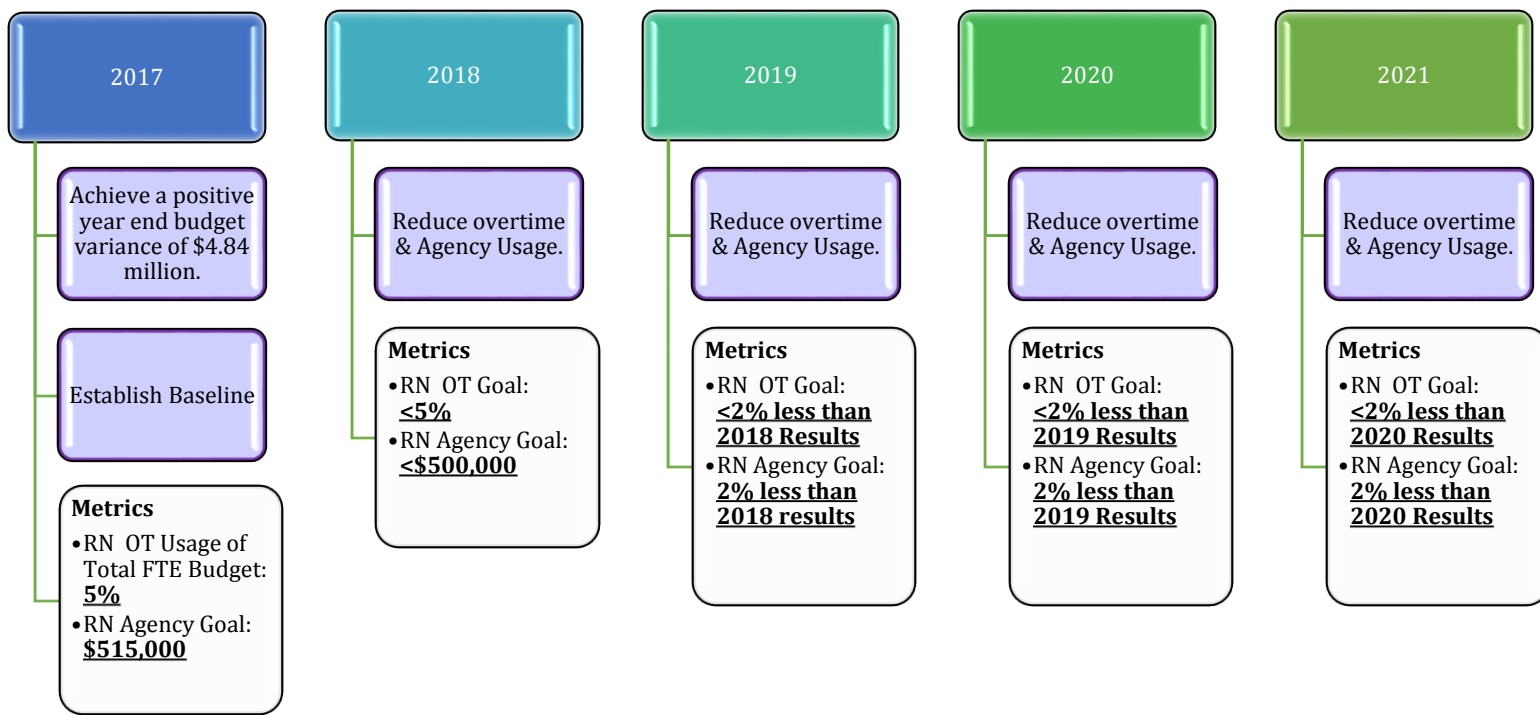
# Efficiency

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



# Finance

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



## STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

### *The Site Visit*

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

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

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

### \* Two ways to access the Magnet® Documents

#### 1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

#### 2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



## 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<sup>®</sup> 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<sup>®</sup> company presented policies and procedures that Phelps modified and adopted with minor changes. The Xenex<sup>®</sup> 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<sup>®</sup> 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

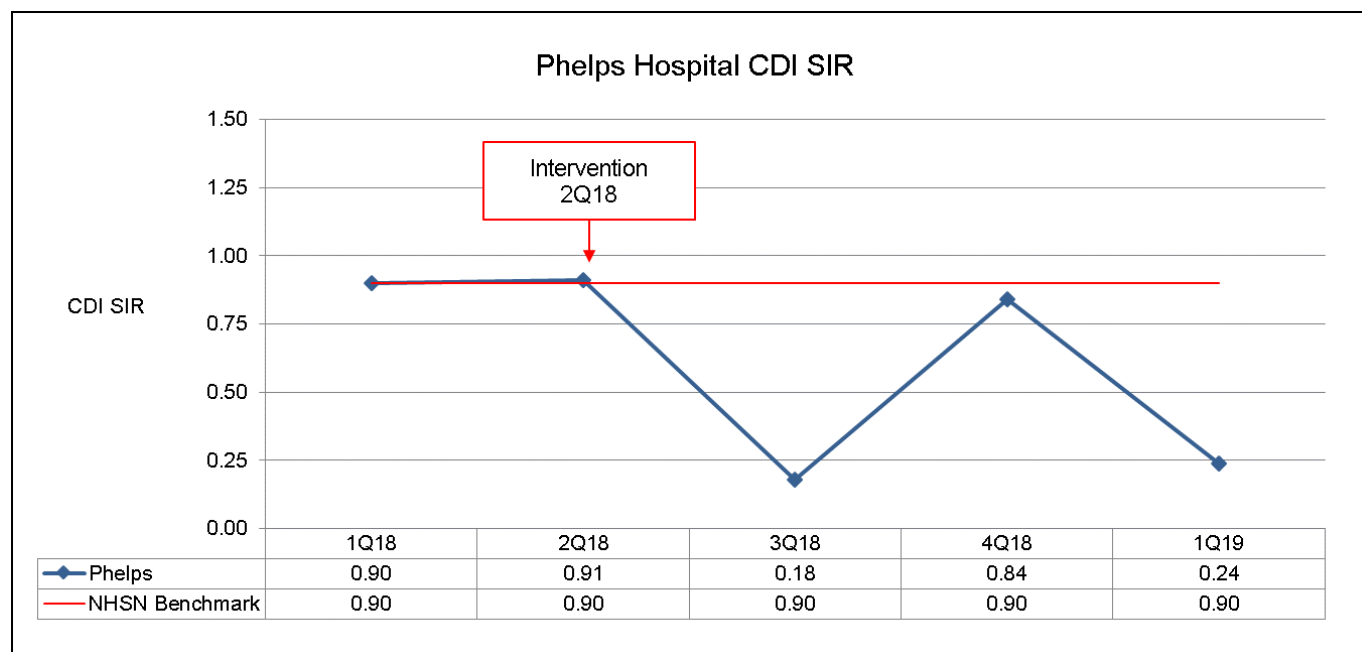
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the Phelps CDI SIR was 0.90.

**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**





## TL3 - ADVOCATING FOR RESOURCES

### EXAMPLE 1: ASSISTANT VICE PRESIDENT ADVOCATES FOR RESOURCES TO SUPPORT ORGANIZATIONAL GOAL

*Provide one example, with supporting evidence, of an assistant vice president (AVP) or nurse director's advocacy for resources to support an organizational goal.*

#### Background

**Overview:** Historically, the role of bed assignment at Phelps Hospital (Phelps) was the responsibility of the Admitting department. However, the Admitting department staff members lacked knowledge of the receiving unit's procedures and environmental factors that could affect the patient's admission. Because of this, members of the Admitting department often assigned patients to the first available room without considering the appropriateness of the assignment based on the patient's individual needs. When Admitting made an inappropriate bed assignment, the receiving unit had to hastily change the assignment, and sometimes change the assigned level of care. This created significant delays for patients waiting in the Emergency Department (ED) for an inpatient bed, often up to 12 hours. In addition, the multiple handoffs that sometimes occurred during a single admission because of incorrect bed assignments were creating a potential safety concern.

**AVP:** Helen Renck, MSN, RN, CJCP, CPPS, assistant vice president, Clinical Operations, and patient safety officer (at the time), provided strategic leadership of the clinical operations for Laboratory Medicine, Radiology and Pharmacy. In addition, she oversaw the organization's administrative supervisors and was responsible for determining the strategic direction of the Phelps' Patient Safety program.

**Organizational Goal:** In 2016, the leaders of Phelps set an organizational goal of improving patient throughput and optimizing patient flow. Two important components of this were: 1) shortening the wait time in the ED for patients requiring admission to an inpatient bed; and 2) matching the inpatient bed assignment more closely to the patient's needs. Helen's advocacy for resources to improve patient throughput aligned with the Service pillar in the Strategic Plan, because patients with a more efficient wait time/patient assignment were

much more likely to recommend Phelps to others. [TL3-A Phelps Strategic Plan 2016](#)

## **How the AVP Advocated for Resources**

**Determining Appropriate Resources:** In April 2016, Helen began chairing the Bed Board Management (BBM) committee, an interprofessional subcommittee of the Patient Flow Executive Committee dedicated to researching and implementing a Meditech Bed Board Management System (BBMS) to automate Phelps' admission process. The committee hoped the BBMS would reduce delays in moving patients from the ED to inpatient beds, and facilitate more individualized bed assignments that better matched each patient's diagnosis, acuity and psychosocial needs. To prepare, Helen met informally with clinical nurses from Phelps' inpatient units to better understand the perspective of both the direct care staff and their patients to effectively lead the process change.

Throughout April 2016, Helen led the BBM committee in investigating the bed board management processes at other Northwell hospitals and identifying the necessary resources for implementing a BBMS. Helen collaborated with departmental leaders from Information Systems and Environmental Facilities to estimate hardware costs, research vendors for all associated equipment and determine appropriate locations to place the BBMS monitors throughout the hospital. [TL3-B Renck-Prisco Emails April 2016](#)

**Obtaining Initial Approval:** At the April 25, 2016, Patient Flow Executive Committee meeting, the BBM subcommittee presented their findings and their assessment of how implementing the Meditech BBMS could improve their current patient flow and reduce delays. In addition, they discussed the costs associated with implementing the new system, including the potential need for an additional RN full time equivalent (FTE) to manage the new system. The committee approved the BBM subcommittee's recommendations and authorized them to move forward with the initiative. [TL3-C Patient Flow Meeting Minutes 042516](#)

**Developing the Initiative:** From April to August 2016, Helen led her team in developing the initiative. They created an algorithm illustrating the new patient flow, beginning with arrival to the ED, that implemented electronic bed assignments by the BBMS and shifted the responsibility of bed assignments from the Admitting staff to the administrative supervisors. The goal with the new patient flow model was to move the patient from the ED to an inpatient bed within 30 minutes of the time the patient's physician placed the admitting orders. In September 2016, Helen coordinated the selection of the hardware and locations for installation with the systems coordinator and communications manager from IT. Helen then sent an organization-wide email introducing the BBMS to the nursing staff.

**Advocating for New Position:** In September 2016, Helen requested that Phelps create the new nursing position of administrative supervisor to manage the BBMS and use clinical judgment in assigning the appropriate bed to each patient. This position, which would report directly to Helen, combined an administrative supervisor's duties with the added responsibilities of patient flow and bed assignment. From September 2016 to January 2017,

Helen continued to advocate for the new nursing position, collaborating with Human Resources to develop the job description and better define the position's scope. In January 2017, the new position was approved and posted. Helen reported to the Patient Flow Executive Committee that Nursing was working on budgeting for a second position which would provide two 12-hour shifts for continuity. By March 2017, the second position had been approved, for a total of 2.0 additional RN FTEs. That month, Helen conducted interviews for the new positions, subsequently hiring Bernadette Hogan, MPA, BSN, RN, CNML, administrative supervisor, Nursing Administration and Rency Mathew, MSN, RN, CNML, administrative supervisor, Nursing Administration as the new patient flow coordinators. [TL3-D BBM Meeting Minutes Sept. 2016-March 2017](#)

### **Allocation of Resources**

By April 2017, the new Meditech BBMS was fully implemented. Bernadette and Rency officially began working as administrative supervisors at Phelps in May 2018. Rency postponed her hire date due to personal reasons and Bernadette, formerly the nurse manager, 5 South, deferred her start date until a suitable candidate was found to fill the nurse manager position. [TL3-E Hire of administrative supervisors and time cards](#)

### **Results**

As a result of Helen's advocacy for resources to support the new BBMS, patients waiting in the Phelps' ED now receive faster, more efficient and more appropriate inpatient bed assignments.

## **EXAMPLE 2: NURSE MANAGER ON 3 NORTH (FKA 2 NORTH) ADVOCATES FOR RESOURCES TO SUPPORT UNIT GOAL**

*Provide one example, with supporting evidence, of a nurse manager(s)' advocacy for resources to support a unit goal.*

### **Background**

On December 4, 2018 the doors opened to a beautiful state of the art, all private room, medical-surgical unit, 3 North. Ellen Parise, MSN, RN, CNML, Nurse Manager 3 North (FKA 2 North) and Vascular Access Team, and her nurses were involved in the design and development of the brand new unit – a huge undertaking which resulted in a smooth transition from 2 North to 3 North.

**Phelps Hospital 3 North Unit Goals:** At Phelps Hospital (Phelps), unit-level dashboards are posted on each unit. [TL3-F 3 North until level dashboard 2019](#). These unit-level dashboards contain current quarterly measurements for nurse-sensitive clinical indicators, process



metrics and patient satisfaction data. Where possible, quarterly results are compared to nationally benchmarked data. On 3 North, the dashboard is reviewed regularly at the unit-based shared governance council and the Quality and Safety Shared Governance Council. When the national benchmark or unit goal is outperformed, the unit staff celebrate the accomplishment (identified in green); when the benchmark or goal is not reached, an action plan for improvement is developed (identified in red). The staff of 3 North (formerly 2 North) were particularly alarmed with the patient fall rate.

**Nurse Manager Advocate:** Ellen Parise, MSN, RN, CNML, Nurse Manager, 3 North (FKA 2 North) and Vascular Access Team

**3 North Unit Level Goal:** Reduction of patient fall rate on 3 North

**3 North Unit Level Goal Measurement:** Outperform the NDNQI benchmark patient fall rate.

Patient fall rate formula = number of falls / patient days x 1000. NDNQI Benchmark = All hospitals mean.

**Clinical Nurse identifies a problem:** Katherine Urgiles, BSN, RN-BC, clinical nurse, 3 North (FKA 2 North) is a member of the CNO Advisory Shared Governance Council. At the CNO Advisory Council, clinical professional nurses are empowered to represent their peers by sharing pertinent topics specific to their unit and unit operations with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, patient care services and CNO. On February 20, 2019, Katherine shared her concern of the increased number of falls on 3 North. Katherine identified the saddle, a doorway transition between the patient room and the patient bathroom, as a contributing factor to the patient falls. As a follow-up to the discussion that evolved, Katherine said she would escalate this concern to her nurse manager, Ellen [TL3- G CNO Advisory Meeting Minutes and email-February 2019](#). After careful review and analysis of each of the falls on 3 North, Katherine found that at least one patient fall on 3 North was related to the bathroom saddle. On March 14, 2019, Katherine emailed her concern about the bathroom saddle and its relationship to patient falls on 3 North (page 9).

**Nurse Manager Advocates for Resource:** Ellen contacted George Gattullo, Director of Facilities Management and Plant Maintenance-Leadership to advocate for a new resource – replacement of the saddles on 3 North. Ellen sent a follow-up email to George on April 16, 2019 [TL3-H Follow-up email 041619](#).

**“Lessons Learned” with New Unit:** On June 18, 2019, Ellen compiled a list of “Lessons learned” with punch list items regarding 3 North for Paula Keenan, MPH, RN, nursing director, medical surgical services to bring to a post- construction meeting. Ellen knew that by escalating her concern regarding patient safety, Paula would support and reinforce Ellen’s request for replacement saddles on 3 North. Ellen highlighted the safety issues with the saddle in her email to Paula. [TL3-I Ellen email to director 061819](#)

**Nurse Manager Advocated for Resource to Achieve Unit Level Goal:** The saddles on 3 North were replaced at the end of June, 2019. The replacement of the saddles demonstrated the nurse managers' advocacy for resources to support a unit level goal – reduction of the inpatient fall rate. The 3 North patient fall rate began to trend down after the 2<sup>nd</sup> Quarter 2019. After the replacement of the saddle, there were no falls after the installation of the bathroom saddle. 3 North was a safer environment for our patients and staff. We had zero falls related to new replacement saddle. By 4<sup>th</sup> quarter 2019, 3 North met its unit goal – the patient fall rate outperformed the NDNQI national benchmark. [TL3-J Invoice for new resource.](#)

6 Pages



## TL5EO - ORGANIZATIONAL DECISION-MAKING

### REDUCING DEVICE-RELATED PRESSURE INJURIES

*Provide one example, with supporting evidence, of an improved patient outcome associated with an AVP/nurse director or nurse manager's membership in an organization-level, decision-making group. (Patient outcome data may be presented at the organizational, division, or unit level.)*

#### **Problem**

**Overview:** According to the National Pressure Ulcer Advisory Panel (NPUAP), medical device-related pressure injuries (MDRPI) “result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device” (NPUAP, 2016). Any hospitalized patient with a medical device is at risk for developing a MDRPI, which account for more than 30% of all hospital-acquired pressure injuries (HAPI) (Joint Commission, 2018). Most MDRPIs occur on the face, head and ears and most commonly occur with devices such as oxygen tubing, masks, nasal cannulas and various catheters (Kayser, VanGilder, Ayello, Lachenbruch, 2018).

**Background:** In 2018, all units including the 5 North Medical Unit (5 North) at Phelps Hospital (Phelps) used a rigid nasal cannula device for patients requiring supplemental oxygen or increased airflow. On January 12, 2018, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, enterostomal therapy. Inpatient Nursing assessed a patient on 5 North to have a Stage 3 MDRPI related to a nasal cannula. Debi tracks the incidence of HAPI and further investigates HAPIs, including MDRPIs with clinical nurses and medical surgical technicians of the Pressure Injury Reduction (PIR) team. After reviewing and analyzing the clinical data, the PIR team determined that evidence-based practices and prophylactic measures were in place for this particular patient which included: dietary consultation (included the addition of a protein supplement), frequent turning and positioning, the use of pertinent skin care products and purposeful hourly rounding. However, despite the use of evidence-based practices, 5 North continued to experience MDRPIs related to nasal cannulas.

**Organization-Level Decision-Making Group:** The Phelps Value Analysis Committee is an

organization-level, decision making group which provides the venue for representatives from multiple disciplines to propose, evaluate and make decisions regarding introduction of new products. Suzanne Mateo, MA, RN, NEA-BC, director, Emergency Department, Critical Care and Inpatient Behavioral Health, is a member of the Value Analysis Committee. After consulting with Debi and the PIR team, Suzanne advocated for the replacement of the existing hard rigid nasal cannula with a softer, more flexible nasal cannula during Value Analysis Committee meetings.

**Challenge:** In January 2018, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%.**

### **Goal Statement**

**Goal:** Reduce the 5 North MDRPI rate related to the use of nasal cannula tubing

**Measure of Effectiveness:** 5 North MDRPI rate related to the use of nasal cannula tubing  

$$\text{(total \# 5 North MDRPIs related to nasal cannula tubing} \div \text{total \# 5 North patient days} \times 100)$$

### **Participation**

**TL5EO - Table 1 - Value Analysis Committee & Pressure Injury Reduction Team**

Name	Credentials	Discipline	Department/Unit	Job Title
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Esterostomal Therapy	Clinical Nurse
Maria Orozco	BSN, RN	Nursing	5 North	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Jenna Harris	BSN, RN-BC	Nursing	1 South	Clinical Nurse
Nadege Foggie	BSN, RN	Nursing	2 Center	Clinical Nurse
Sonia Sari	BSN, RN	Nursing	3 North	Clinical Nurse
Shijin Jose	BSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Deepa Thomas	BSN, RN	Nursing	5 South	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Lauren Martinez	BSN, RN	Nursing	ICU	Clinical Nurse
Alice Mulligan	BSN, RN	Nursing	ICU	Clinical Nurse
Maria Chaux		Allied Health	3 North (FKA 2 North)	Medical/Surgical Technician (MST)
Wilma Vasquez		Allied Health	3 North (FKA 2 North)	MST
Marie Johnson		Allied Health	2 Center	MST
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Carol Daley	MSN, RN, CNML	Nursing	ICU & General Services	Nurse Manager
Kathleen Calabro	BS	Nursing	Magnet	Data Analyst
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist

Name	Credentials	Discipline	Department/Unit	Job Title
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Timothy Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Glen Delau		Procurement	Materials Management	Director (at the time)
Giovanna Conti		Procurement	Materials Management	Manager

## **Intervention**

**Identifying Alternate Approaches to Reduce MDRPI:** In February 2018, Debi and other PIR Team members reviewed the literature and found that a softer nasal cannula tubing product existed. Since this more flexible nasal cannula was not currently available in the Northwell system and could not be obtained unless it was part of the unit par, the PIR team strongly recommended that this product be trialed. In February 2018, Debi shared the PIR recommendation with Suzanne, and discussed the team's concern that the rigidity of the current nasal cannula product could be a contributing factor for the nasal cannula-specific MDRPI acquired on 5 North.

**Recommending New Approach to Reduce MDRPI:** Suzanne requested that the softer nasal cannula be added to the agenda for the March 2018 Value Analysis Committee meeting. Suzanne's support and nurses' input were heard at the March Value Analysis meeting held on March 20, 2018, as evidenced by the meeting minutes which state:

*"MATOP (Materials Operations) met with Suzanne Mateo, MA, RN, NEA-BC, and Tim Wages, MSN, RN, NE-BC, senior administrative director, Hyperbaric, Respiratory, Sleep & Cardiovascular, to discuss this new type of nasal cannula that was requested by Phelps because our current use item is too firm on the patients... The committee voiced concerns over the new Northwell standard product as it was much too stiff and rigid behind the ears of patients. Nurses are concerned that this new item will hinder their ability to provide quality patient care. The nasal cannula product recommended by Debi and the clinical nurses would minimize medical device related pressure injuries for this population of patients."*

The Value Analysis Committee approved the change of the nasal cannula at the March 2018 meeting, based on Suzanne's recommendation for the softer nasal cannula, as a member of the Value Analysis committee, and the recommendations of the PIR team's clinical nurses.

**Adding New Resources:** In April 2018, the Value Analysis Committee led the purchase of a softer nasal cannula which was immediately made available on all Phelps' units, including 5 North. The nurse managers of all clinical areas were instructed to remove the old nasal cannula product from their respective units' inventory/par stock.

**Educating Nurses on New Resource:** On May 8, 2018, during the Pressure Injury



Resource (PIR) team meeting, Debi announced that Suzanne had obtained approval for the new soft nasal cannulas at the recent Value Analysis Committee meeting. Debi informed the PIR team members that the soft nasal cannulas had been placed on the floor PARs and to reinforce this information on their units. Since the procedure for applying the nasal cannula did not change, formal education was not required. However, Debi instructed the PIR team members how to differentiate the two nasal cannulas (by squeezing them and testing for softness) and to communicate this to their peers on the units. Debi ensured the transition from the rigid to the softer nasal cannula occurred by having one to one conversations with the nursing staff during her rounds and reinforcing the availability and use of the softer nasal cannula. Debi also communicated this change during respective Shared Governance Quality and Safety Council meetings with clinical nurses and reinforced the information during Nursing Leadership Council meetings.

**Implementing New Resource to Reduce MDRPI:** The new softer nasal cannulas were implemented across Phelps, including 5 North, by May 2018.

### Outcome

**Pre-Intervention Timeframe:** January 2018

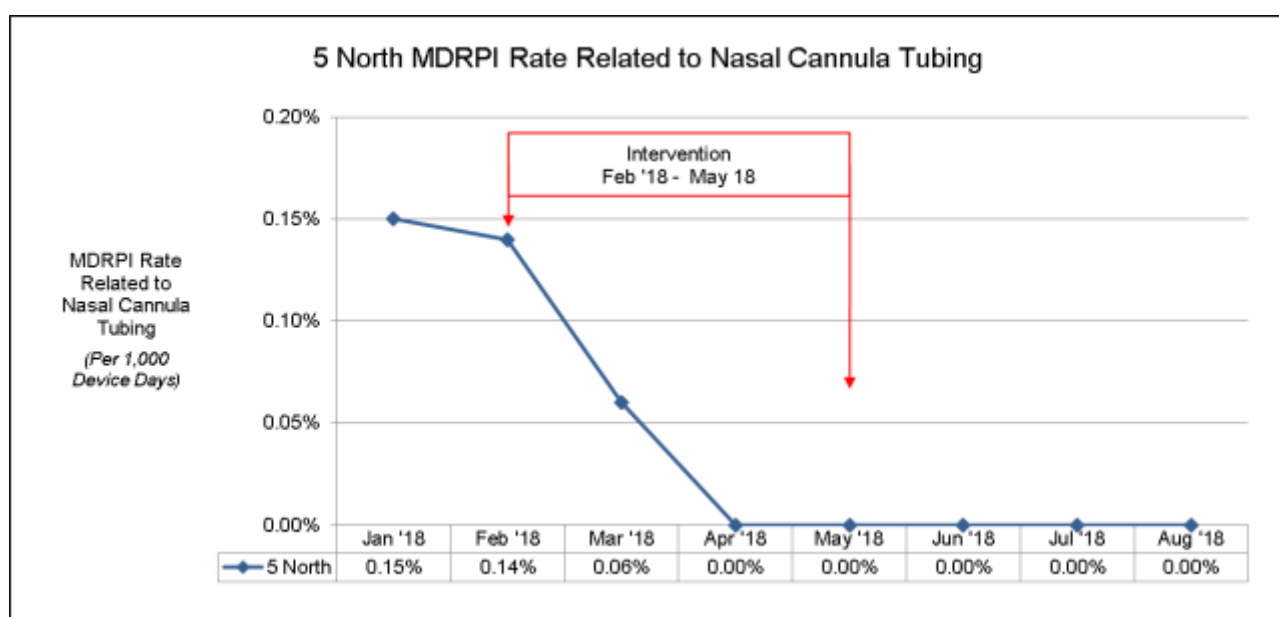
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

**Intervention Timeframe:** February 2018 – May 2018

**Post-Intervention Timeframe:** June 2018 – August 2018

**Post-Intervention Data:** During the post-intervention period, the 5 North MDRPI rate related to nasal cannula tubing was 0.00%. This represents a 100% reduction in the rate.

**TL5EO - Graph 1 - 5 North MDRPI Rate Related to Nasal Cannula Tubing**





## SE7EO - PROFESSIONAL DEVELOPMENT ACTIVITY

### IMPROVING PATIENT EXPERIENCE ON THE 3 NORTH (FORMERLY KNOWN AS [FKA] 2 NORTH) UNIT

*Provide one example, with supporting evidence, of an improved patient outcome associated with knowledge gained from a nurse's or nurses' participation in a professional development activity.*

#### **Problem**

**Overview:** For patients, high-quality medication education enhances medication adherence, which can reduce hospital 30-day readmissions. The quality of medication education is measured in part by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

**Background:** In 2016, Phelps Hospital formed a Six Sigma Team that included representatives from Nursing. The Six Sigma Team identified Communication (Medication Education) from the HCAHPS survey, as an area of opportunity to improve the patient experience. In the "Rate Hospital Score", patients reported dissatisfaction with care and services specifically, communication, responsiveness of staff and quietness of the hospital. 3 North (formerly 2 North) decided to focus their efforts on improving medication education.

**Challenge:** In 2Q16, 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects" was 42.9%.

#### **Goal Statement**

**Goal:** Increase 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects".

**Measure of Effectiveness:** 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects".

#### **Participation**

**SE7EO - Table 1 - Six Sigma Team & Extended Team Members (Med Education)**

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Karen Tordesillias	MSN, RN	Nursing	Nursing Administration	Nursing Supervisor
Gregory DeSantis		Administration	Hospital Administration	Sr. Project Manager
Neha Makhijani		Clinical Operations	CV Diagnostics Lab	Manager
Najwa Khamashta	BSN, RN	Nursing	ED	Nurse Coordinator
Phyllis Vonderheide	MS, RN-BC	Quality	Patient Experience	Senior Director
Laura Ryan		Quality	Patient Experience	PI & Data Analyst Specialist
Kathleen Rooms	MHA, BS-RRT	Respiratory	Respiratory Therapy	Respiratory Therapist
Ellen Parise	MSN, RN, CNML	Nursing	3 North (FKA 2 North) & Vascular Access Team	Nurse Manager
Haimley Tanis	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Nurse Coordinator
* Maria (Keirra) Jaca Gonzalez	MSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
* Katherine Urgiles	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
* Blessy Jacob	Pharm D	Pharmacy	Pharmacy	Clinical Pharmacist
* Brian McGrinder	RPh	Pharmacy	Pharmacy	Director of Pharmacy and Clinical Services
Elizabeth Casey	BS, RN	Support Services	IT	Senior Clinical Analyst
Carol Robinson		Quality	Patient Experience	Coordinator
Robert Jensen			Allen Technologies Systems Team	Representative
Austin Sanders			Allen Technologies Systems Team	Representative
Oskariane Rodriguez			Allen Technologies Systems Team	Representative
<b>* Key Participants in the Professional Development Activity on 3 North (FKA 2 North) Intervention</b>				

**Forming the team:** In July 2016, the Six Sigma Team defined the projects: goals, objectives, scope, assumptions, constraints, business case, and team member's roles and responsibilities. From July through October, team members attended Six Sigma Black Belt and Green Belt training classes offered at the Northwell facility. In November 2016, the Six Sigma Team enlisted additional key members to work on improving education about medications. Katherine Urgiles, BSN, RN-BC and Maria (Keirra) Jaca Gonzalez, MSN, RN-BC,

clinical nurses, 3 North (FKA 2 North) and Blessy Jacob, Pharm D, Pharmacy formed a subcommittee to focus on improving nurse communication specific to medication education for patients.

**Researching Best Practice:** In February 2017, Helen Renck, MSN, RN, CJCP, CPPS, vice-president, Clinical Operations and patient safety officer and Eileen Egan, JD, BSN, RN, vice-president, Risk Management and Quality Assurance collaborated with the Six Sigma Team and researched best practices for improving the patient experience specific to medication education, utilizing health information technology. Based on their findings, in April 2017, the Six Sigma Team recommended the Allen Technologies E3 Patient Engagement Solution for trial. The E3 Patient Engagement Solution, Allen Smart TV system (Allen TV), provides an interactive experience for patients to access information and education that improves health literacy, enhances their experience, and optimizes operation efficiency. This technology is used by the nurse as an additional educational aid by which the clinical nurse can teach the patient about their medications. First, the nurse informs the patient about the Allen TV, which the patient and/or family can access at any time. The nurse then shows the patient how to use the Allen TV. The nurse directs the patient and/or family member to turn the TV on, locate and select the medication education icon, wait for the menu to open and search the specific medication and its associated information.

**Trialing New Medication Education Technology:** From June to July 2017, the nurses on 3 North (FKA 2 North) trialed the Allen TV. Keirra and Katherine taught the clinical nurses on their unit about the Allen TV and its benefits, how to use this new technology and provided continued guidance as needed. Keirra and Katherine reviewed the use of teach-back methodology when providing medication education to patients, and reinforced the need to document medication education in the Meditech electronic medical record (EMR).

From August – September 2017, Helen and Eileen collected data from the trial and led the Six Sigma Team in its review and analysis. During the trial, the HCAHPS Scores for Communication about Medications improved across the entire domain.

**Gaining New Resources:** The Six Sigma team was pleased with the trial results and decided to move forward with the use of the Allen TV for medication education. From October through December 2017, purchase orders were approved and processed. However, during this time, the 3 North (FKA 2 North) HCAHPS scores dropped below 50%, which indicated the need for additional professional development to support nurses' medication education practices.

**Creating Medication Education Tool:** From October 2017 to January 2018, Blessy Jacob, clinical pharmacist, and Brian McGrinder, director, Pharmacy, worked with the 3 North (FKA 2 North) nurses to create a "Top 50 Prescribed Medications" education sheet, which would be programmed into the Allen TV. This program included the medications and the most common side effects. The clinical nurses were instructed to refer to the program to explain and reinforce the medications that the patient would be taking, their purpose, side effects that

may occur and what actions to take if the patient experiences them.

**Developing New Nursing Practices:** From December 2017 through January 2018, Keirra and Katherine developed new nursing practices regarding medication education that would incorporate the Allen TV. Nurses followed the subsequent steps, when each patient arrived on 3 North (FKA 2 North), to engage the patient and/or family in medication education:

1. Click on the Medication Education Icon on the Allen TV
2. Click on the Medication Name for information (in English or Spanish)
3. Invite patient to take Medication Education Survey
4. Document medication education in Meditech.

Nurses could also print out the same medication information from the Allen TV for review with patients and families, answer any questions they have and reinforce the education.

**Creating Patient Education:** In December 2017, Keirra created an educational poster with information available in both English and Spanish. Posters were placed in patient rooms that encouraged patients to ask the nurse or physician if they had questions about their medications. When responding to patient questions, nurses used the Allen TV as a tool to provide additional information about medication.

**Developing RN Professional Development Activity:** Keirra and Katherine reinforced and provided additional education for the clinical nurses on 3 North (FKA 2 North) regarding the use of the Allen TV, what is available and how to access specific information. In January of 2018, the clinical nurses were instructed that when teaching patients about medication, to refer to the Allen TV to explain and reinforce the medications that the patient would be taking, their purpose, side effects that may occur and what actions to take if the patient experiences them. Keirra and Katherine provided continued guidance as needed. They reviewed how the clinical nurse would show patients how to access the TV control, select the medication icon from the Allen TV, select the medication, and read the content in full. After the nurse reinforced the medication information, he or she would ask patients to use “teach-back” to identify what the patients learned about the medication. Keirra and Katherine reviewed the use of teach-back methodology when providing medication education to patients, and reinforced the need to document medication education in the Meditech EMR. The process and methodology for implementing medication education was finalized.

**Educating Nurses on New Medication Education Process:** From February to March 2018, Keirra and Katherine participated in the education of 3 North (FKA 2 North) clinical nurses. The education was supported and reinforced by Ellen Parise, MSN, RN, CNML, nurse manager, 3 North (FKA 2 North). The Six Sigma team provided the initial education by communicating the information verbally, while referring to the poster, created by Keirra. Katherine and Keirra followed-up with education at the central station of the unit. They used the method of gathering one to two clinical nurses for segments of time to describe the process. 100% of the clinical nurses were educated.



**Implementing New Medication Education Practices:** By April 2018, the new medication education practices were fully implemented on 3 North (FKA 2 North).

## **Outcome**

**Pre-Intervention Timeframe:** 2Q16

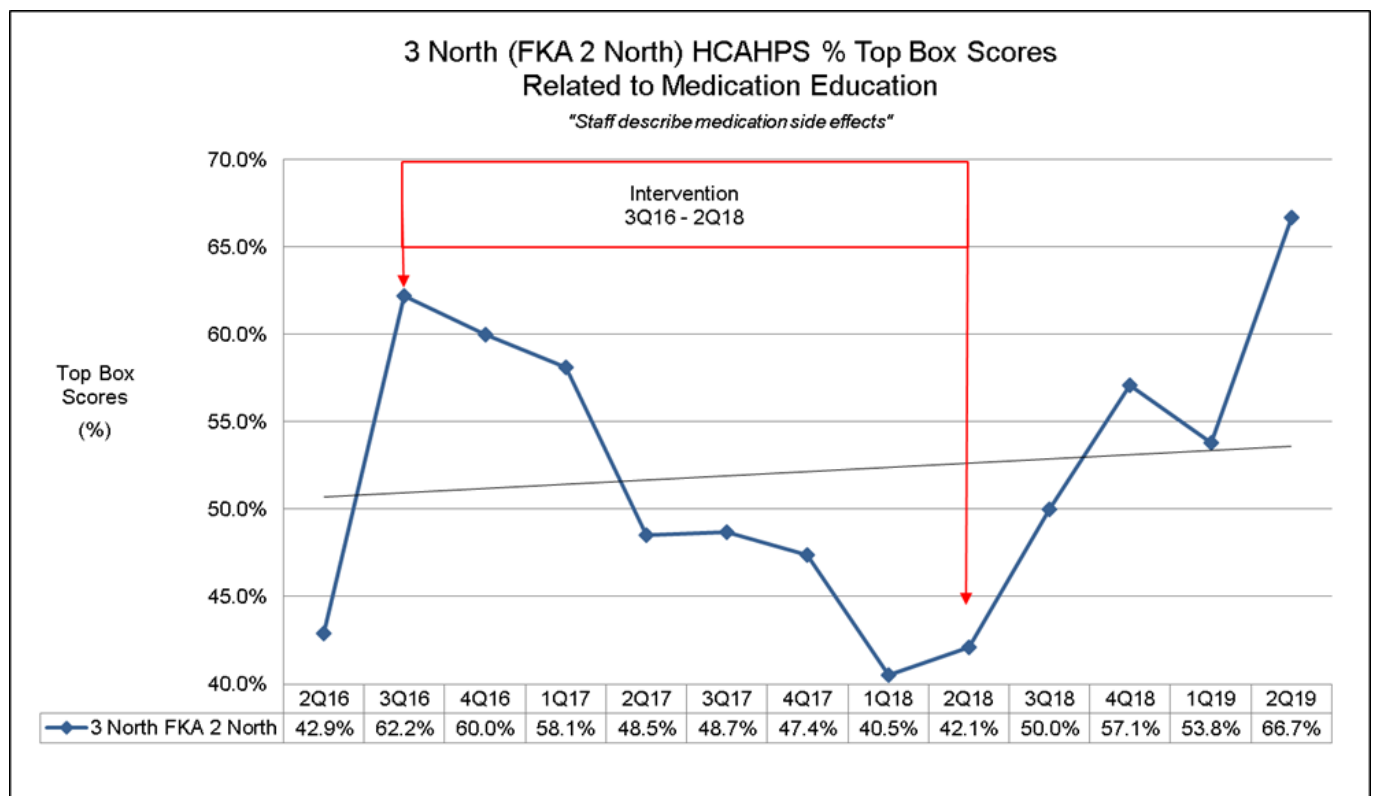
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” was 42.9%.

**Intervention Timeframe:** 3Q16 – 2Q18

**Post-Intervention Timeframe:** 3Q18 – 2Q19

**Post-Intervention Data:** During the post-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” averaged 56.9%. This represents a 33% increase.

**SE7EO - Graph 1 - 3 North (FKA 2 North) HCAHPS % Top Box Scores Related to Medication Education**





## SE11 - CULTURALLY AND/OR SOCIALLY SENSITIVE CARE

### NURSES DELIVER SOCIALLY SENSITIVE CARE TO ORTHODOX JEWISH PATIENT

*Provide one example, with supporting evidence, of a nurse or group of nurses delivering culturally and/or socially sensitive care.*

#### **Background**

**Overview:** Located in Westchester County, New York, Phelps Hospital (Phelps) has a culturally diverse patient population. We serve patients from around the globe who bring with them a wide variety of cultural mores and spiritual customs. Phelps celebrates these differences and strives to honor the unique preferences of patients and their family members by incorporating their religious traditions into their healthcare experience whenever possible—especially when a patient is nearing the end of his or her life. Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical nurse educator, provides nurses with a culturally sensitive educational handbook, *Patients' Spiritual and Cultural Values for Health Care Professionals*, published by the HealthCare Chaplaincy Network, so that they have a sensitivity to the beliefs and traditions of a number of religious faiths. In this story, the patient was Jewish (orthodox). [SE11-A Patients' Spiritual & Cultural Values Handbook - excerpt](#)

**Patient's Need:** On May 2, 2019, "John Doe" was admitted to 3 North, a medical-surgical unit at Phelps, with a diagnosis of end-stage terminal cancer.

**Nurses Involved:** Danielle Medina, BSN, RN, clinical nurse, 3 North; Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical nurse educator, 3 North; Jessica Banister, BSN, RN, clinical nurse, 3 North

#### **Nurses Deliver Culturally/Socially Sensitive Care**

On May 3, 2019, and again on May 7, Danielle Medina, BSN, RN, clinical nurse, 3 North, noted in the patient's medical record that John and his family, who had an Orthodox Jewish background, wished to keep kosher and observe the Sabbath during his stay. [SE11-B Medina](#)

## [Nursing Note 050319](#)

On May 9, 2019, knowing that the patient's life was close to an end, Danielle reminded her colleagues not to touch the patient after he was pronounced (deceased), to leave all tubes and IVs in place and to allow the family to notify the Chevra Kadisha (Jewish Burial Society) for disposition of the body. [SE11-C Medina Nursing Note 050919](#)

On May 10, 2019, the patient was nearing the end of life. Cheryl facilitated a discussion with the family to ascertain their beliefs and final wishes for the patient. She included information about the Jewish death and mourning ritual information for staff in the front of the chart and ensured staff had access to the *Spiritual and Cultural Values for Health Care Professionals* handbook so that all would understand and respect the family's wishes. The patient expired later that day. [SE11-D Burke Nursing Note 051019](#)

After the patient expired, Jessica Banister, RN, clinical nurse, 3 North, contacted the Eye Bank and LiveOnNY (New York organ donor network) to inform them that the family was opposed to organ donation due to religious and cultural beliefs. [SE11-E Bannister Nursing Note 051019](#)

## **Results**

During the 3 North staff meeting following the patient's death, Cheryl provided the nurses with a brief synopsis of the patient's hospital stay. Cheryl's review focused less on the clinical aspects of care and more on the cultural and social aspects of death and dying. Cheryl commended the nurses on their ability to truly demonstrate culturally sensitive care to our patients.



## EP1EO - RESULTS OF PRACTICE MODEL

### EXAMPLE 1: IMPROVING INPATIENT EXPERIENCE

*Provide two examples, with supporting evidence, of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization's professional practice model (PPM). Must provide a schematic of the PPM. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.*

#### **Problem**

**Overview:** Nurse Bedside Shift Report is an evidence-based strategy that can facilitate effective communication and teamwork between patients, families and nurses. The *Guide to Patient and Family Engagement in Hospital Quality and Safety*, is an Agency for Healthcare Research and Quality (AHRQ) resource which includes a Nurse Bedside Shift Report Implementation Handbook. In addition, TeamSTEPPS™ developed by AHRQ is an evidence-based framework to optimize team performance between patients and direct caregivers across the healthcare system. Team structure and communication are two of the five key principles of TeamSTEPPS™. The communication principles of TeamSTEPPS™ includes "SBAR" (situation, background, assessment, recommendation/request), "Call-out," "Check-back," and "I PASS the BATON" (Introduction, patient, assessment, situation, safety concerns, background, actions, timing, ownership, next).

**Background:** In December 2018, Phelps Hospital (Phelps) clinical nurses identified better communication and teamwork as a means to improve patient satisfaction, specifically patient perception of care as reflected by the patient satisfaction survey question "Staff worked together to care for you." Communication was also a priority for learning in the most recent educational needs assessment results shared in December 2018.

During this time, Phelps was undertaking full implementation of TeamSTEPPS™, with Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, leading the effort. Nancy attended the December 2018 meeting of the Professional Practice and

Development shared governance council and engaged the clinical nurses in a discussion on the best way to implement the principles of TeamSTEPPS™, namely I PASS the BATON, the standardized process for providing hand off communication. Concurrently nurse bedside shift report was explored as a means to engage and improve communication between patients, families and nurses. The team realized that improving nurse-to-nurse communication during bedside shift report in a way that is visible to the patient can directly influence patient perception of nurse teamwork; as well as scores on the patient satisfaction survey question “Staff worked together to care for you.”

The Professional Practice and Development Council consists of clinical nurses representing all areas of the hospital. This council had developed the Phelps Nursing Professional Practice Model (PPM). It made sense that these clinical nurses would help implement Nurse Bedside Shift Report incorporating the evidence-based TeamSTEPPS™ I PASS the BATON practice at Phelps.

**Connection to the Professional Practice Model:** The Phelps Nursing Professional Practice Model was designed by Professional Practice and Development Council clinical nurses in May 2018 to provide a schematic and narrative description of the mission, vision, and values of nursing practice within the organization. Clinical nurses were divided into two groups: one group wrote words used by patients, families, and colleagues to describe their Nursing practice and alignment with the Phelps’ mission, vision, and values; while the second group drew images to illustrate nursing at Phelps. The resulting words and images represent the attributes of empathy, professionalism, caring, knowledge, teamwork, mentoring, respect and awareness, which are located on the large leaves of the tree of the PPM. At Phelps, the clinical nurses’ intervention to implement Nurse Bedside Shift Report utilizing TeamSTEPPS™ I PASS the BATON as an evidence-based strategy for improving communication and teamwork was clearly aligned with the teamwork attribute of the Phelps’ nursing PPM and supported “patient-centeredness” and a positive patient experience.

### EP1EO - Exhibit 1 - Phelps Professional Practice Model





*“Our river of care is a bridge to wellness”*

**Challenge:** In December 2018, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 67.9%.

**Goal Statement**

**Goal:** Improve Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you”

**Measure of Effectiveness:** Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you.” The included inpatient units are: 2 Center; 3 North (formerly 2 North); 4 South; 5 South; and the Intensive Care Unit (ICU).

**Participation**

**EP1EO - Table 1 - TeamSTEPPS™ Implementation Team**

Name	Credentials	Discipline	Dept/Unit	Job Title
Maria (Keirra) Jaca-Gonzalez	MSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
Danielle Medina	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
Katherine Urgiles	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
Laizamma James Mundadan	BSN, RN	Nursing	3 North (FKA 2 North)	Clinical Nurse
Kristin Cutaia	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Aristotle Tolentino	MSN, RN-BC	Nursing	5 North	Clinical Nurse
Sarafina Alexandre	BSN, RN	Nursing	5 North	Clinical Nurse
Candice Johnson	BSN, RN	Nursing	5 North	Clinical Nurse
Diana Ferguson	BSN, RN	Nursing	5 South	Clinical Nurse
Kellie Mason	BSN, RN	Nursing	5 South	Clinical Nurse
Karen Barger	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Lauren Martinez	BSN, RN	Nursing	ICU	Clinical Nurse
Alice Mulligan	BSN, RN	Nursing	ICU	Clinical Nurse
Celeste Duncalf	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Ria Olipane Samson	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Mary D’Almeida	BSN, RN	Nursing	2 Center	Clinical Nurse
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director

**Interventions**

**Introducing I PASS the BATON Concept:** Beginning in January 2019, all Phelps’ leaders

and providers of direct patient care completed HealthStream™ education and were scheduled to attend live skill sessions. The education of incumbent staff focused on an overview and discussion of the concept of AHRQ's evidence-based I PASS the BATON. In addition, the clinical nurses championed the development of evidence-based, department specific I Pass the Baton tools that reflected the needs of the typical patient population on that unit. Education on the use of the tools took place at the unit level with clinical nurses leading the work in line with the PPM.

**Involving Clinical Nurses:** During January and February 2019, Nancy attended each inpatient unit's shared governance council to discuss integrating the TeamSTEPPS™ I PASS the BATON and bedside shift report. They specifically discussed what I PASS the BATON would look like for that specialty/unit or department. In her explanation of TeamSTEPPS™, Nancy highlighted how SBAR, which the nurses were already using, was actually embedded within I PASS the BATON. Nancy and clinical nurses, Maria (Keirra) Jaca Gonzalez, MSN, RN-BC, clinical nurse, 3 North (formerly 2 North), Candice Johnson, BSN, RN, clinical nurse, 5 North, Karen Barger, BSN, RN, CCRN, clinical nurse, ICU and Nancy agreed that since patient populations differed, the clinical nurses of the unit shared governance councils could customize tools and scenarios for the various care environments. Nancy requested clinical nurse assistance to foster engagement and adoption of TeamSTEPPS™ in their patient care areas.

**Developing New Evidence-Based Practices:** In February 2019, the unit-based shared governance council clinical nurses reviewed the TeamSTEPPS™ templates as a starting point for developing their own tools to use during bedside shift report to address the needs and goals of their patient population. For example, the orthopedic unit I Pass the Baton incorporated needs specific to the orthopedic patient to address during bedside shift report.

**Creating Nurse Education Plan:** In February 2019, the clinical nurses discussed the process for educating their colleagues using the modified TeamSTEPPS™ templates. Together with Nancy, the clinical nurses identified who would serve as unit coaches. Some nurses who were already TeamSTEPPS™ master trainers were also identified and designated as unit coaches. The clinical nurse unit coaches were involved in the creation of posters and provision of handouts for staff, patients, and families to reinforce TeamSTEPPS™ as the evidence-based change to improve teamwork.

**Educating Nurses on New Evidence-Based Practice:** In March 2019, the clinical nurse unit coaches educated their colleagues on the integration of nurse bedside shift report and I PASS the BATON. The clinical nurses decided which methodology they would prefer to use for training, poster presentation, discussion with slides, staff meeting presentation, etc. Interprofessional team members were introduced to the nurse bedside shift report concept during the centralized TeamSTEPPS™ training. 89% of the nurses and 93% of the support staff

(nurse technicians, hospital unit clerks (HUCs) and mental health workers) were educated.

**Implementing the New Process to Improve Patient Satisfaction:** By the end of March 2019, implementation of Nurse Bedside Shift Report and individualized unit-level TeamSTEPPS™ I PASS the BATON practices were implemented on the inpatient units.

## **Outcome**

**Pre-Intervention Timeframe:** December 2018

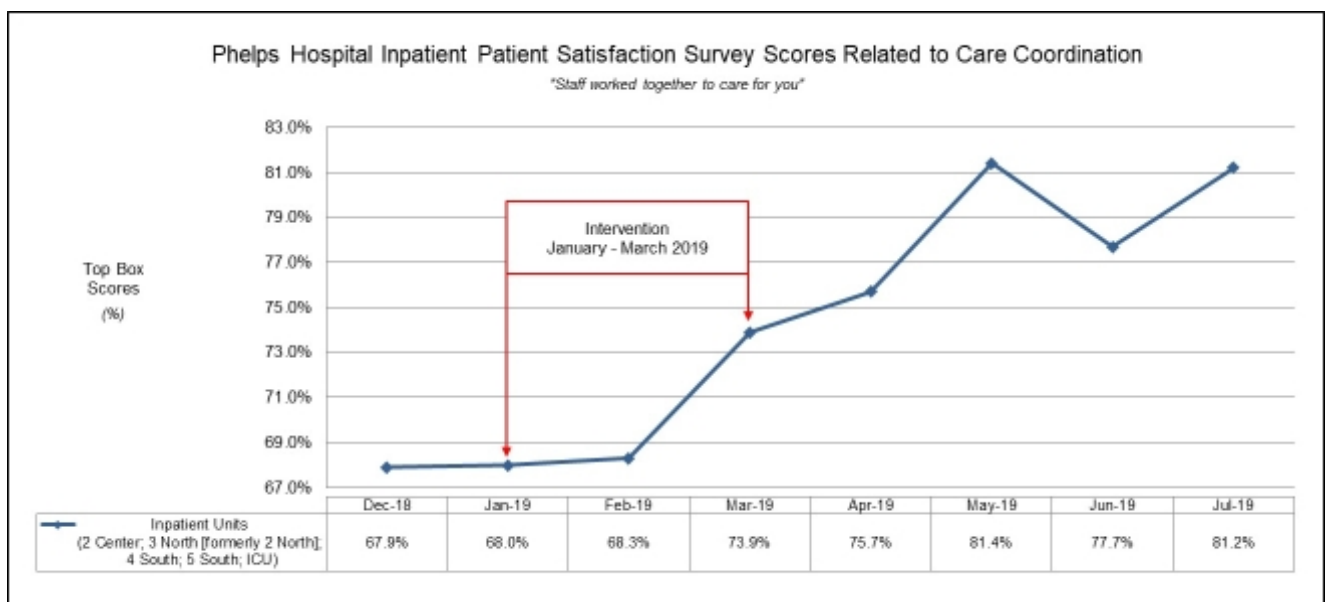
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 67.9%.

**Intervention Timeframe:** January – March 2019

**Post-Intervention Timeframe:** April – July 2019

**Post-Intervention Data:** During the post-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 79.0%. This represents a 16% increase in patient satisfaction for this question.

### **EP1EO - Graph 1 - Phelps Inpatient Patient Satisfaction Survey Scores Related to Care Coordination**



## **EXAMPLE 2: IMPROVING EMERGENCY DEPARTMENT PATIENT SATISFACTION WITH MEDICATION EDUCATION**

*Provide two examples, with supporting evidence, of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization's professional practice model (PPM). Must provide a schematic of the PPM. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.*

## **Problem**

**Overview:** The Agency for Healthcare Research and Quality (AHRQ, 2014) reviewed the literature for the mission, structures and work processes of Emergency Departments (ED) to identify improvement opportunities regarding discharge, care transitions and care coordination in the ED. Using an evidence-based conceptual framework, the AHRQ defined “a high-quality ED discharge”, as one where patients receive appropriate preparation for their return home and can properly manage their recovery. In contrast, ED discharge failure was described for situations when patients return to the ED within 72 hours or more, exhibit poor compliance or lack of comprehension, often contributing to unfinished treatments and progression of illness. Poor patient comprehension of discharge instructions and poor patient adherence to prescribed medications were some examples given by AHRQ for ED discharge failure.

**Background:** In September 2018, Veronica De La Rosa, MSN, FNP-BC, clinical nurse, ED, reviewed the Phelps Hospital (Phelps) ED Press Ganey scores for “Before you left the emergency room did a doctor or nurse tell you what the new medications were for?” Based on those scores, Veronica identified the need to better educate patients regarding new medications prescribed on discharge. Veronica then collaborated with the ED clinical nursing team, who were committed to patient education and safe patient care, to initiate a performance improvement process. The nurses first wanted to validate the Press Ganey scores. During discharge phone calls the week of September 24, 2018, the ED clinical nurses asked patients about the medication information they obtained from the nurses at discharge; the ED RNs learned that an average of 79% of the patients were very satisfied. This validated the Press Ganey data which averaged 80%, reinforcing the need for a performance improvement initiative.

**Connection to the Professional Practice Model:** The professional practice model (PPM) incorporates Jean Watson's theory of human caring and describes how Phelps' nurses practice, collaborate, communicate and respond to every patient's needs. The professional practice model embodies the attributes (empathy, professionalism, caring, knowledge, teamwork, mentoring, respect and awareness) of the nursing team in their care of the patient, family and community.

## **EP1EO - Exhibit 2 - Phelps Professional Practice Model**



*"Our river of care is a bridge to wellness"*

Phelps' nurses reviewed the literature and utilized evidence-based practices to ensure that patients were informed and educated regarding their self-care, particularly as they transition from the hospital to the community. Improving patient education for new medications upon discharge is aligned with the knowledge attribute of the Phelps PPM.

**Challenge:** In September 2018, ED (ambulatory) patient satisfaction survey top box scores for the question, "Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?" averaged 80.0%.

### **Goal Statement**

**Goal:** Increase ED (ambulatory) patient satisfaction survey top box scores for the patient education question, "Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?"

**Measure of Effectiveness:** Percentage of ED (ambulatory) patients providing top box response for the patient education question, "Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?"

### **Participation**

**EP1EO - Table 2 - ED Clinical Nurse Participants**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Veronica De La Rosa	MSN, FNP-BC	Nursing	ED	Clinical Nurse
Jose Azurpardo	MSN, RN	Nursing	ED	Clinical Nurse
Pat Bonano	BSN, RN, CEN	Nursing	ED	Clinical Nurse
Erin Brady	RN, CEN	Nursing	ED	Clinical Nurse
Leticia Campo	RN	Nursing	ED	Clinical Nurse
Philip Dinkler	RN	Nursing	ED	Clinical Nurse
Jessica Facenda	BSN, RN	Nursing	ED	Clinical Nurse

Malik Gurav	BSN, RN	Nursing	ED	Clinical Nurse
O'Neill Goulbourne	BSN, RN	Nursing	ED	Clinical Nurse
Satydra Jackson	BSN, RN	Nursing	ED	Clinical Nurse
Kyle Irish	BSN, RN, CEN	Nursing	ED	Clinical Nurse
Milagros Lopez	BSN, RN	Nursing	ED	Clinical Nurse
Janet Monetta	RN, CEN, CCRN, CPRN	Nursing	ED	Clinical Nurse
Sherin Ninan	BSN, RN	Nursing	ED	Clinical Nurse
Nadia Poon-Woo	MSN, RN	Nursing	ED	Clinical Nurse
Maryann Portoro	RN	Nursing	ED	Clinical Nurse
Wahid Remart	BSN, RN	Nursing	ED	Clinical Nurse
Lauren Renda	BSN, RN	Nursing	ED	Clinical Nurse
Donisha Sledge	BSN, RN	Nursing	ED	Clinical Nurse
Marilisa St. Fleur	BSN, RN	Nursing	ED	Clinical Nurse
Marilyn Storch	RN	Nursing	ED	Clinical Nurse
Bigem Tural	BSN, RN	Nursing	ED	Clinical Nurse
Nina Valentin	MSN, RN	Nursing	ED	Clinical Nurse
William Thorpe	RN	Nursing	ED	Clinical Nurse
Carlene Martinez	MSN, RN	Nursing	ED	Clinical Nurse
Lynette Johnson	BSN, RN	Nursing	ED	Clinical Nurse
Ritzel Boer	MBA, BSN, RN	Nursing	ED	Clinical Nurse
Elba Marquez	RN	Nursing	ED	Clinical Nurse

## **Interventions**

**Gaining Clinical Nurse Input:** In the beginning of October 2018, Veronica queried the ED clinical nurses regarding their perspective on patient education regarding medications. To do this, Veronica created a written nursing survey to identify the barriers nurses faced in providing education to the ED patient. She also asked about the most helpful methods for teaching patients. Later in October 2018, Veronica reviewed the nursing survey results which showed that most nurses preferred computer-linked discharge instructions, although some nurses requested a handout that was readily available. Nurses had been taught to use the Lexicomp medication instructions, which could be accessed on the Phelps intranet. However, these instructions are accessed through a different computer program, which is not linked to the Meditech electronic health record (EHR).

**Identifying Evidence-Based Practices:** In October 2018, after reviewing the nurse survey results, Veronica recognized the need to use the evidence-based practice interventions. Veronica had previously reviewed the literature and chose the Emergency Department Discharge Process Environmental Scan Report (AHRQ, 2014) and "A Guide for Delivering Evidence-Based Discharge Instructions for Emergency Departments Patients" (Walker, 2015) as references. The AHRQ scan report included a review of published literature, searches of clinical trials, and queries directed to emergency medicine professionals regarding the ED



discharge process. In both articles, verbal or written discharge instructions and follow-up phone calls were identified to be effective ways of teaching patients discharged from the ED. Because the ED nurses were already calling patients post-discharge, Veronica decided to focus on clarifying the methodology for retrieving medication information to ensure better patient education. The literature indicated that half of the barriers that hinder effective ED discharge are related to the ability of the ED staff (provider, nurses) to educate/communicate with patients and support post-ED discharge care. Reasons for suboptimal patient education identified by AHRQ include: the information is inadequate, the time with the patient is short and communicating and coordinating post discharge care is difficult in the ED environment, which is noisy and chaotic. Veronica queried some clinical nurses, shared ideas using the literature review and validated that it would be helpful to obtain better discharge instructions for patients in a shorter period of time. The clinical nurses identified a need to improve access to information, retrieval of discharge medication instructions and better communication with patients and/or family.

**Developing New Patient Education Approach:** In October 2018, Veronica met with Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director, ED, to review the findings from the clinical nursing survey. They also reviewed the existing patient instruction methods used in the ED. Veronica and Candace then identified simple medication instructions in the Meditech electronic health record (EHR) system's discharge menu that would address the teaching and learning needs identified by the ED clinical nurses in the survey. The care notes discharge instructions available via a click in the depart routine in Meditech is generated by Truven analytics of IBM – Watson. These instructions are the industry standard from database information systems that supply comprehensive drug information and include health literacy best practices such as being easy to understand (6<sup>th</sup> grade), and uses large font. Since the medication instructions print out together with the discharge instructions, the ED nurse can easily provide them to the patients and review them at the time of discharge.

**Creating Nurse Education:** In October 2018, Veronica developed an educational activity for nurses on how to access and print out medication instructions using Meditech at discharge. Veronica and Candace agreed that since the clinical nurses identified a preference for using computer resources, this education activity might result in better compliance with discharge teaching.

**Educating Nurses on New Discharge Education Process:** During November and December 2018, Veronica provided education to the ED clinical nurses on how to print out medication instructions using Meditech. She also shared her knowledge regarding evidence-based practices and raised an awareness of the need for clinical nurses to consistently provide education on new medications prescribed at discharge.

**Implementing New Process to Improve Patient Satisfaction:** The new discharge education processes were implemented in the ED in December 2018.

## **Outcome**

**Pre-Intervention Timeframe:** September 2018

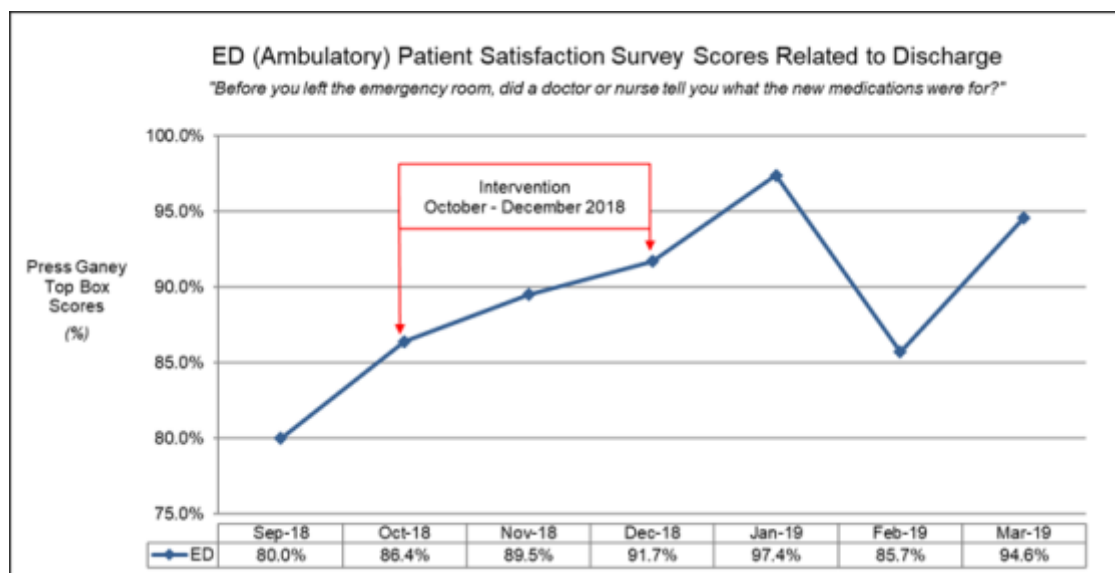
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 80.0%.

**Intervention Timeframe:** October – December 2018

**Post-Intervention Timeframe:** January – March 2019

**Post-Intervention Data:** During the post-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 92.6%. This represents a 16% increase in the score.

### **EP1EO - Graph 2 - ED (Ambulatory) Patient Satisfaction Survey Scores Related to Discharge**





## EP5 - PATIENT CARE COORDINATION

### NURSES ENSURE INTERPROFESSIONAL CARE COORDINATION

*Provide one example, with supporting evidence, of nurses' participation in interprofessional collaborative practice to ensure coordination of care across the spectrum of healthcare services.*

#### **Background**

The nurses of Phelps Hospital (Phelps) Northwell Health, play a critical role in fostering interprofessional collaboration and the navigation of our patients through their care process to ensure safe patient care and an excellent patient experience. Nurses participate in hourly rounding, and daily briefs and interdisciplinary team (IDT) rounding, which includes nurse managers, hospitalists, clinical nurses, dietitians, pharmacists, case managers and social workers. Beginning with the patient's admission, nurses involve the case managers and social workers for assistance with the patient's discharge planning to avoid unnecessary delays or interruptions in care. Nurses have a crucial function of planning and coordinating care amongst disciplines within the unit, connecting patients to resources and information related to their diagnosis, treatment, and follow-up, and ensuring a smooth transition from one level of care to another.

**Patient Background:** On January 5, 2019, "Jane Doe," presented to the Phelps Hospital (Phelps) Emergency Department (ED) from home complaining of pain and swelling in her right great toe. The patient was assessed at triage by Nadia Poon-Woo, MSN, RN, CEN, clinical nurse, ED, and was found to have a blood pressure of 181/117, redness extending up her right foot with dorsal surface demarcation apparent and a pain level of 10/10. Jane's elevated blood pressure and pain were treated with medications and once both normalized, she was discharged home with the recommendation to follow up with a rheumatologist as an outpatient. However, on January 7, 2019 Jane returned to the ED, presenting with an open, fluid-filled wound on her foot where the redness and demarcation had been, as well as an elevated blood pressure. After an MRI confirmed a diagnosis of osteomyelitis, Jane was admitted to inpatient medical unit 3 North (formerly known as 2 North) for observation and

additional diagnostic testing.

## **Participation**

**EP5 - Table 1- Interprofessional Care Team**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Department/Unit</b>	<b>Job Title</b>
Nadia Poon-Woo	MSN, RN, CEN	Nursing	Emergency Department	Clinical Educator
Erin Brady	MSN, RN, CEN	Nursing	Emergency Department	Clinical Nurse
Peter Lawrence	MD	Medicine	Emergency Department	Attending Physician
Frank Foto	MD		Rheumatology	Attending Physician
John Cappa	DPM	Medicine	Podiatry	Podiatrist
Gaurav Malik	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Donnie Jun Managog	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Vincent Conklin		Nursing	Emergency Department	ED Technician
Patrick Sheehan	PA		Emergency Department	Physician Assistant
Frank Madori	MD	Medicine	Emergency Department	Attending Physician
Sonia Kohli	MD	Medicine	Hospitalist	Attending Physician
Sonia Sari	BSN, RN-BC	Nursing	3 North (formerly 2 North)	Clinical Nurse
Michael Miller	MD	Medicine	Infectious Disease	Attending Physician
Debi Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Owen O'Neill	MD, MPH	Medicine	Hyperbaric Medicine	Attending Physician
Kerry O'Neill	BSN, RN	Nursing	Case Management	Case Manager
Susan Juechter	RD	Nutrition	Nutrition and Food Services	Registered Dietitian
Matthew Landfield		Physical Therapy	Rehabilitation Services	Physical Therapist
Eileen O'Leary	BSN, RN-BC	Nursing	3 North (formerly 2 North)	Nurse Coordinator (at the time)
Malgorzata (Margaret) Potocka	BSN, RN	Nursing	Wound Healing Institute	Clinical Nurse
Bethany Baldwin	BSN, RN, WCC	Nursing	Wound Healing Institute	Clinical Nurse

Elizabeth Smykowski	BSN, RN, CNML, ACHRN, CHT	Nursing	Hyperbaric	Nurse Manager
Irma Tertulien	MSN, RN, C-EFM	Nursing	Infusion Center	Clinical Nurse

### **Nurses Collaborate with Other Disciplines to Coordinate Patient's Care**

**Consult with Dietary:** On January 7, 2019, Jennifer Douglas, BSN, RN documented in the electronic medical record's (EMR) Nursing History and Database Interview, under the topic of Nutrition, that Jane had a non-healing wound (this entry automatically triggers an alert to Dietary). This note was then viewed by the dietician who subsequently visited Jane to provide a dietary consult, with the goal to promote wound healing. On January 9, 2019 Susan Juechter, RD, met with Jane to discuss how to maximize dietary opportunities to promote her recovery. [EP5-A Dietary Consult](#)

**Wound Care Consult:** On January 7, 2019, Jennifer Douglas, RN PMA, after completing her initial interview and wound assessment, sent a message through the EMR, to Debi Reynolds AAS, RN, CWOCN, notifying her of Jane's wound, which was present on admission. On January 9, Debi assessed Jane's wound and with John Cappa, MD, changed Jane's dressing. Upon Debi's recommendation, the care team initiated negative pressure wound therapy (NPWT), also known as a vacuum assisted closure (VAC). On January 10, 2019, Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, placed the wound VAC on Jane. Debi and Cheryl coordinated Jane's wound care with the 3 North clinical nurses throughout Jane's stay. [EP5-B Wound Care Consult 010719 with application of the wound VAC](#)

**Consult with Physical Therapy:** On January 10, 2019, Sonia Sari, BSN, RN-C, clinical nurse, 3 North, called Matt Landfield, physical therapist, Rehabilitation Services, to assess Jane's ability to move with the newly placed VAC. Matt met with Jane that day and made suggestions for increasing her mobility with the VAC in place, such as using a Roll-A-Bout<sup>®</sup> knee walker. He gave her a knee walker, for her to use while she was non-weight bearing. [EP5-C Physical Therapy Consult 011019](#)

**Consult with Case Management:** When Jane began discharge planning with her primary case manager, Kerry O'Neill, BSN, RN, case manager, Case Management, she had requested assistance with setting up her post-discharge transportation and a home VAC unit through her insurance plan. On January 13, 2019, Jane asked Nicole Arvidson, BSN, RN, clinical nurse, 3 North, for an update on these matters. Nicole requested that Jane's assigned weekend case manager, Christina Ciliberto, BSN, RN CCM case manager, Case Management, meet with Jane to provide her with any new information. Christina met with Jane that day to explain her transportation options and inform her that the VAC unit had been delivered to her home.

Detailed care coordination was required between inpatient case management and outpatient providers due to complex nature of the patient's treatment. Kerry worked closely with Jane

and the interdisciplinary team throughout the admission to put in place most appropriate services. Since Jane lived in a condo with stairs, Kerry requested Matt Landfield return to assess Jane's ability to navigate stairs safely with the VAC and while unable to bear weight on the lower extremity. Kerry obtained an outpatient wound VAC through KCI, a durable medical equipment (DME) company and referred Jane to the Visiting Nurse Association (VNA) of Hudson Valley (HV) to perform dressing changes in the home setting. However, Jane preferred to have her wound assessed and dressings changed at Phelps Wound Healing Institute, which Kerry then coordinated with the other services to avoid overlapping of appointments and allow enough time for travel in-between treatments on each day. Kerry arranged for Jane to receive daily IV antibiotics through Phelps Infusion Center and continue hyperbaric oxygen therapy as an outpatient, with the patient's sister agreeing to provide transportation. On January 15, 2019, Eileen O'Leary, BSN, RN, nurse coordinator, 3 North, called Jane at home to see how she was doing and ask if she had any questions including her plan of care and/or appointments scheduled. [EP5-D Case Management Consult and follow-up 011319](#)

### **Care Coordination across the Spectrum of Healthcare**

On January 14, 2019, Jane was successfully discharged home. She continued to receive treatment on an outpatient basis in Phelps' Infusion Center, Hyperbaric Therapy Center and Wound Healing Institute (WHI) for two months after her inpatient discharge. During this time period, our nurses continued to diligently monitor and coordinate Jane's care across the spectrum of healthcare services.

### **Hyperbaric Oxygen Therapy**

Jane continued to receive hyperbaric oxygen therapy (for a total of 40 hyperbaric oxygen treatments) on an out-patient basis. On January 21, 2019, Liz assessed Jane to have a macular rash on her trunk and extremities. Since Jane was receiving antibiotics at the Infusion Center, Liz called Irma Tertulien, MSN, RN-C, EFM, clinical nurse, Infusion Center, to alert her to a possible medication allergy. Liz informed Irma of her observations, the appearance and nature of the rash, that Jane was receiving Ceftriaxone and that she self-medicated with Benadryl and Sudafed. Liz and Irma concurred that Irma would assess the PICC dressing further, as the skin beneath the occlusive dressing was reddened and follow-up with Dr. Miller before starting Jane's infusion.

### **Infusion Center**

Irma promptly contacted Dr. Miller to have the Ceftriaxone discontinued. To expedite the care for Jane, Irma took a telephone order to discontinue the patient's current IV medication and the change of the antibiotic to Daptomycin. Irma also notified pharmacy to be alerted to the new order. Jane continued to receive intravenous antibiotics until February 28, 2019, when the PICC line was discontinued. [EP5-E Antibiotic telephone order](#)



### **Wound Healing Institute (WHI)**

At the Phelps Wound Healing Institute (WHI), Malgorzata (Margaret) Potocka, BSN, RN, clinical nurse, WHI and Bethany Baldwin, BSN, RN, WCC, clinical nurse, WHI cared for Jane in coordination with the Hyperbaric Department and the Infusion Center nurses. Margaret and Bethany provided assessment and wound care including management of the VAC. They discontinued the VAC on February 1, 2019. Bethany made a referral and requested a follow-up appointment with podiatry.

### **Hyperbaric Oxygen Therapy**

As Jane's wound healed, the various treatment modalities were discontinued. Jane's final destination was the Hyperbaric Department. Jane received her 40<sup>th</sup> hyperbaric oxygen treatment on March 13, 2019.

### **Coordination of Care between Ambulatory Services**

Immediately following her hospitalization, Jane was scheduled to continue antibiotic therapy for a minimum of one month with hyperbaric oxygen therapy and wound care. Great communication and coordination of appointments with the three departments (the Infusion Center, Hyperbaric Therapy and Wound Healing Institute (WHI)) was required to ensure that Jane received these treatments daily. Clinical nurses across departments notified each other of any concerns or changes in patient condition, changes in schedule or anticipated delays.



## 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<sup>®</sup> 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<sup>®</sup> 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 completed 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<sup>®</sup> 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<sup>®</sup> Program Guidance" ANCC course, which Judy attended on June 24-25, 2019. Judy also attended the 2019 ANCC

National Magnet<sup>®</sup> 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 completed 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 3<sup>rd</sup> 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](#)

3 Pages



## EP15EO - WORKPLACE SAFETY

### REDUCING WORKPLACE VIOLENCE TOWARD NURSES

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

#### **Problem**

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

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

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

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

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

### **Goal Statement**

**Goal:** Reduce % Phelps nurses experiencing a WPV event

**Measure of Effectiveness:** % Phelps nurses experiencing a WPV event

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

### **Participation**

**EP15EO - Table 1 - Safety Committee**

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

**EP15EO - Table 2 - Workplace Violence Nursing Task Force**

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



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

## **Interventions**

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

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

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

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** July 2018

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

**Intervention Timeframe:** August 2018 – May 2019

**Post-Intervention Timeframe:** June – August 2019

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

### **EP15EO - Graph 1 - Phelps Nurses Experiencing WPV Events**



5 Pages



## 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 in 1942 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**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
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