

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



IN THIS ISSUE

PG. 1

Guide objective and Magnet Projected TimeLine

PG. 2-6

Understanding the American Nurses Credentialing Committee (ANCC) Magnet Recognition Program®

PG. 7-8

Evolution of our Professional Practice Model

PG. 9-13

Shared governance model / Council's 2019 Annual Reports

PG. 14

Nursing Organization Chart

PG. 15-24

Highlights from the Nursing Strategic Plan

PG. 25-End

Stories in the Magnet Document Highlighting your Unit or Division or Hospital

MATERNAL CHILD HEALTH

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

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

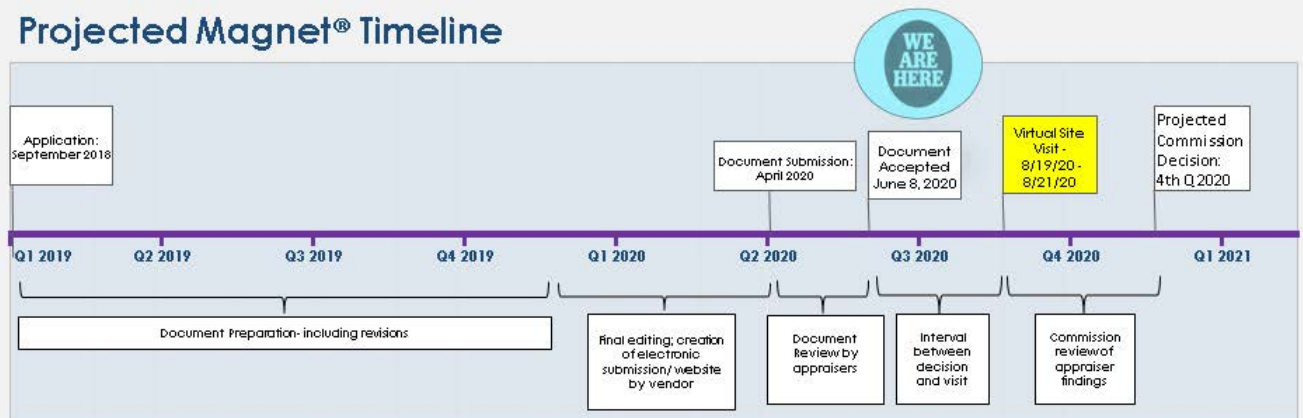
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

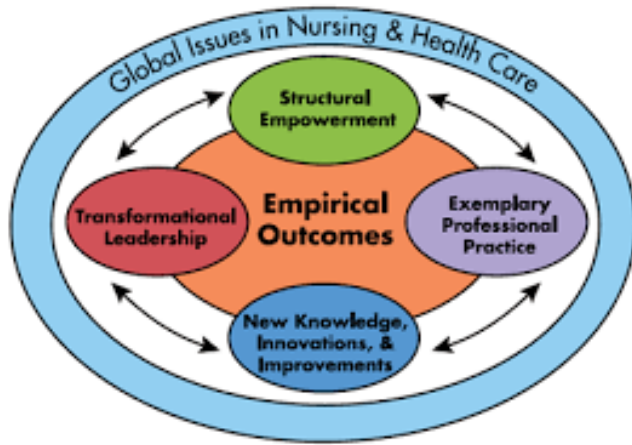
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



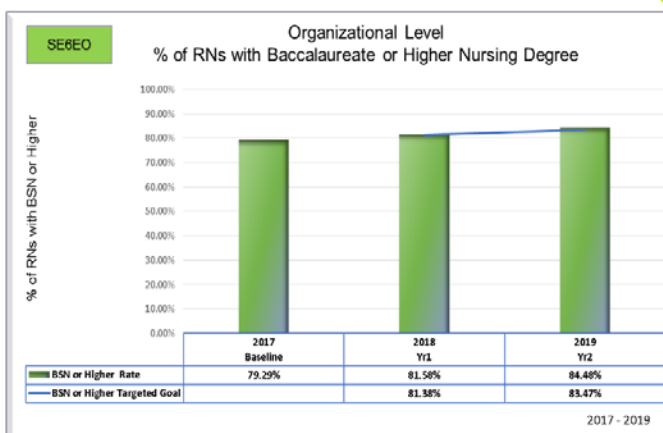
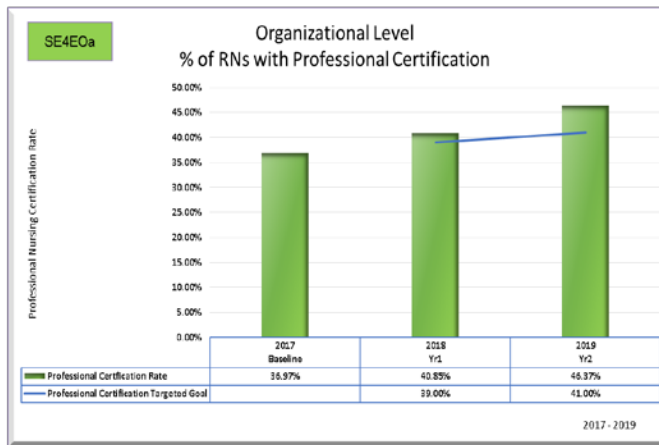
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

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



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

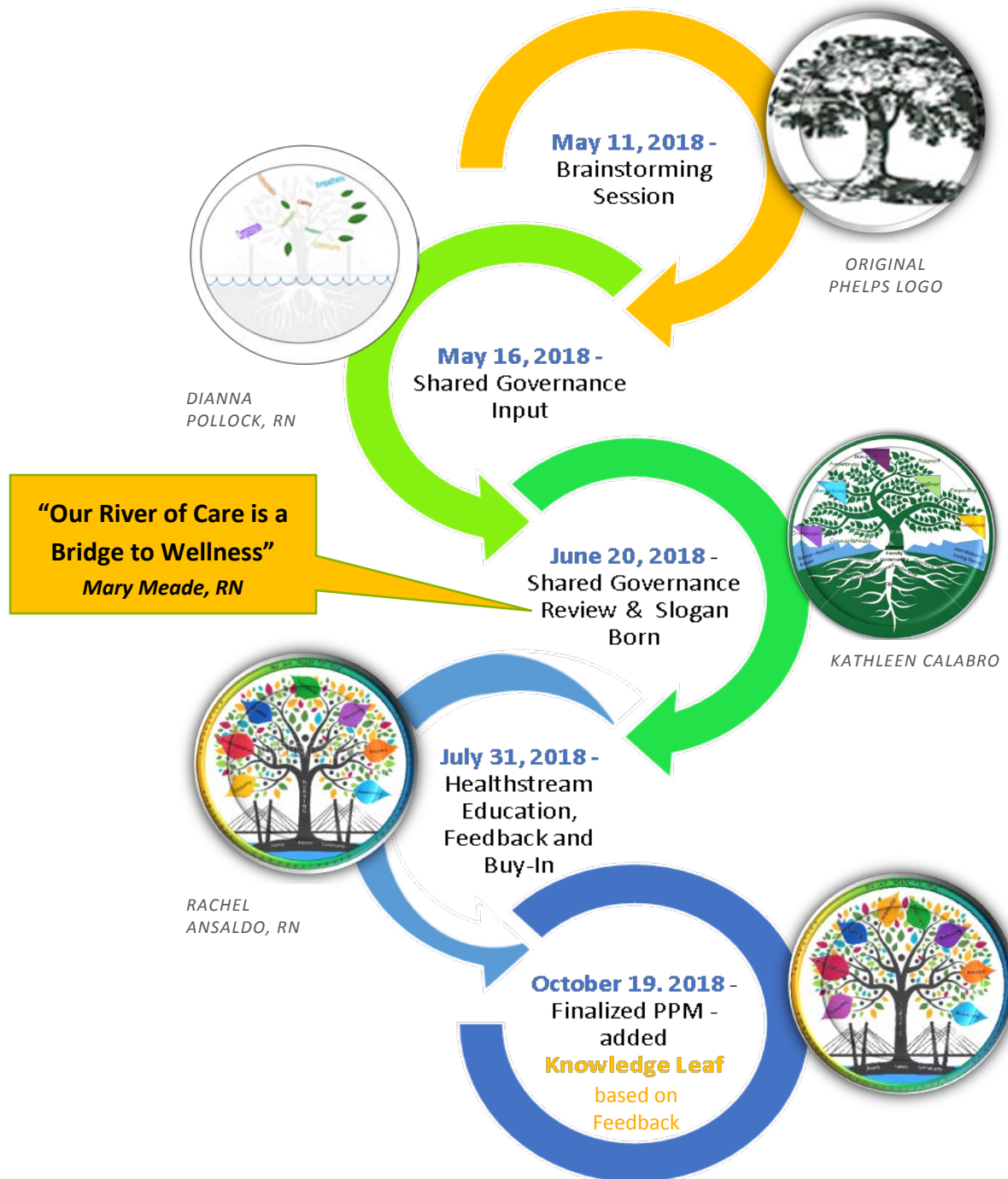
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

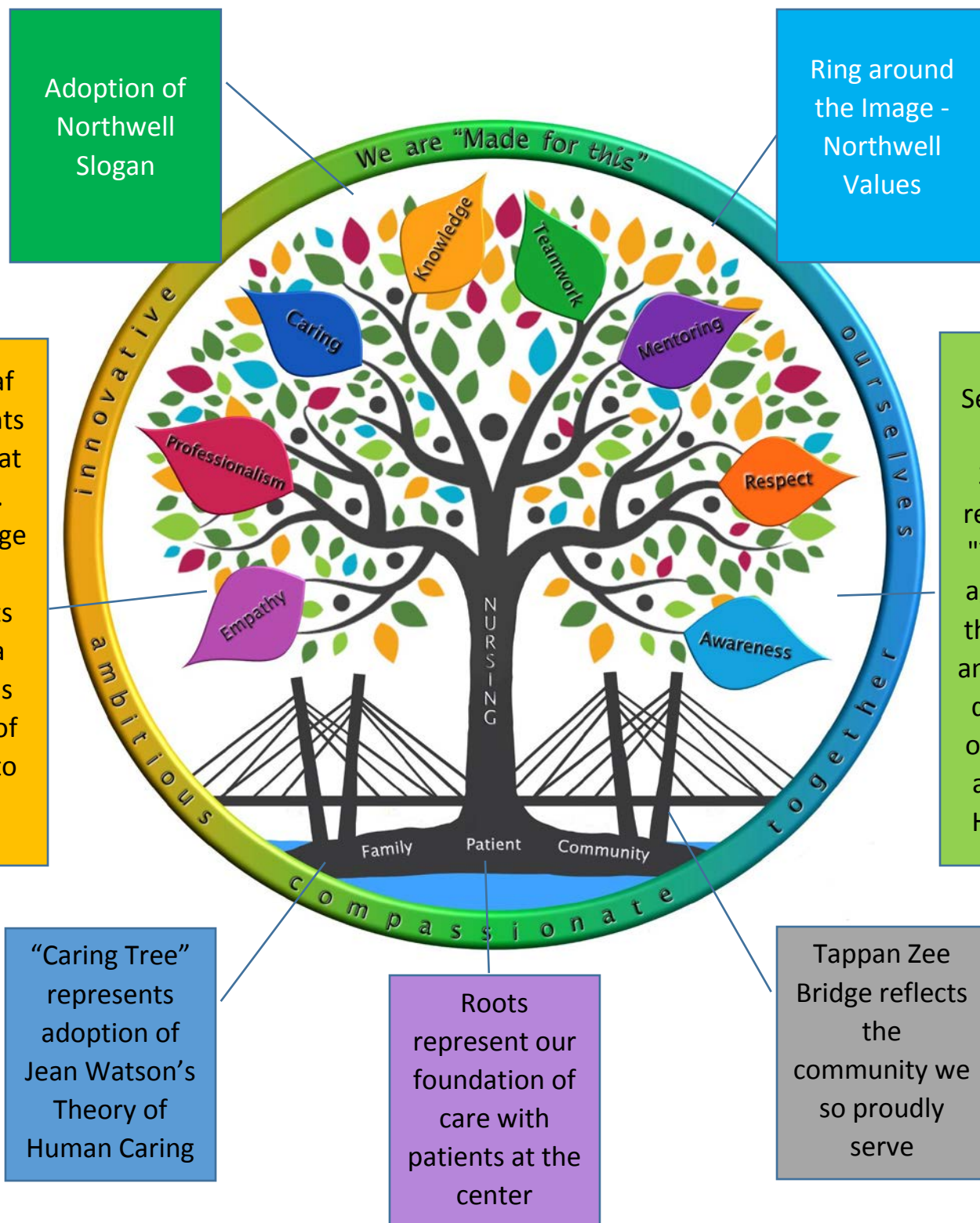
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

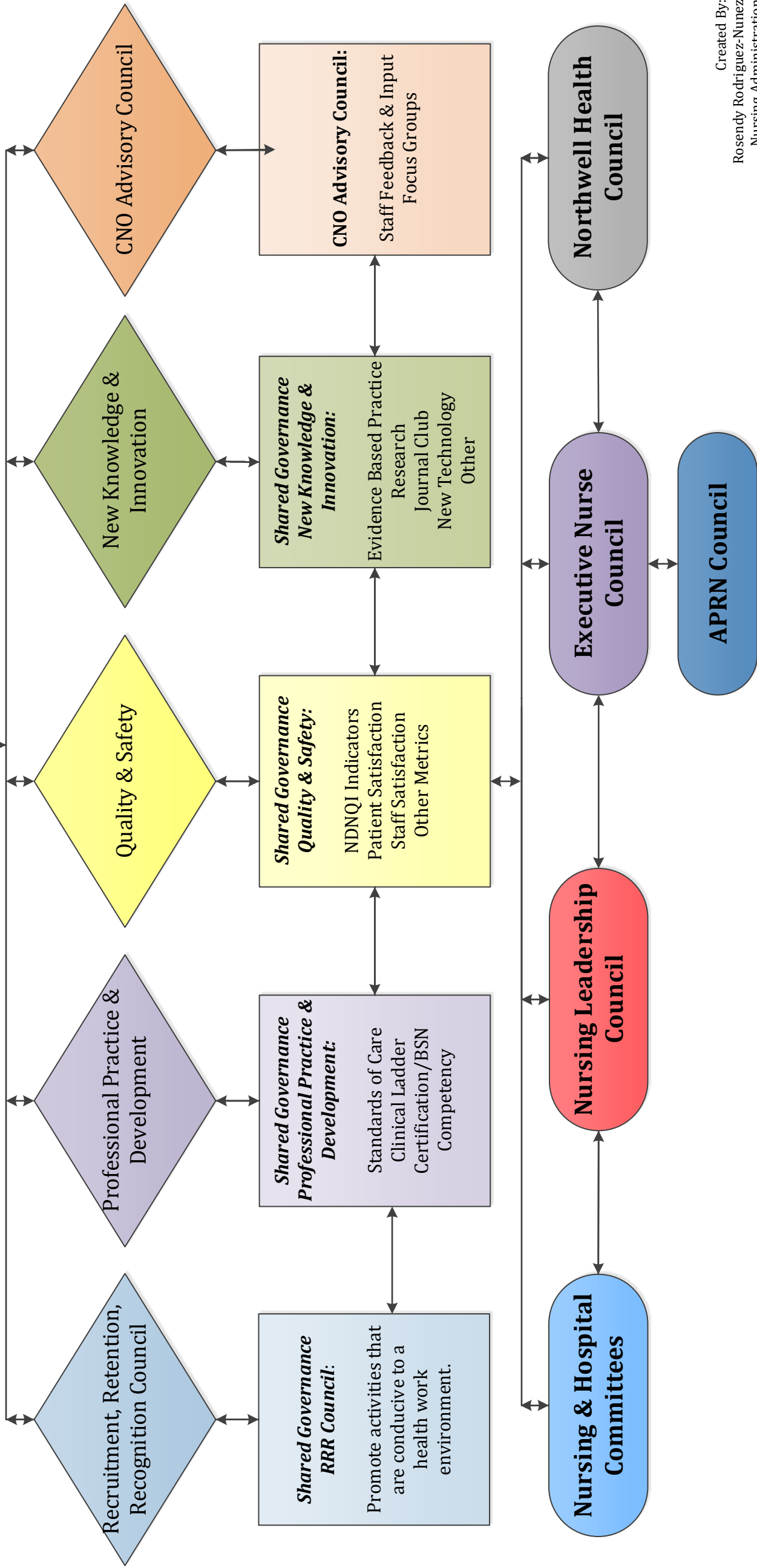


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

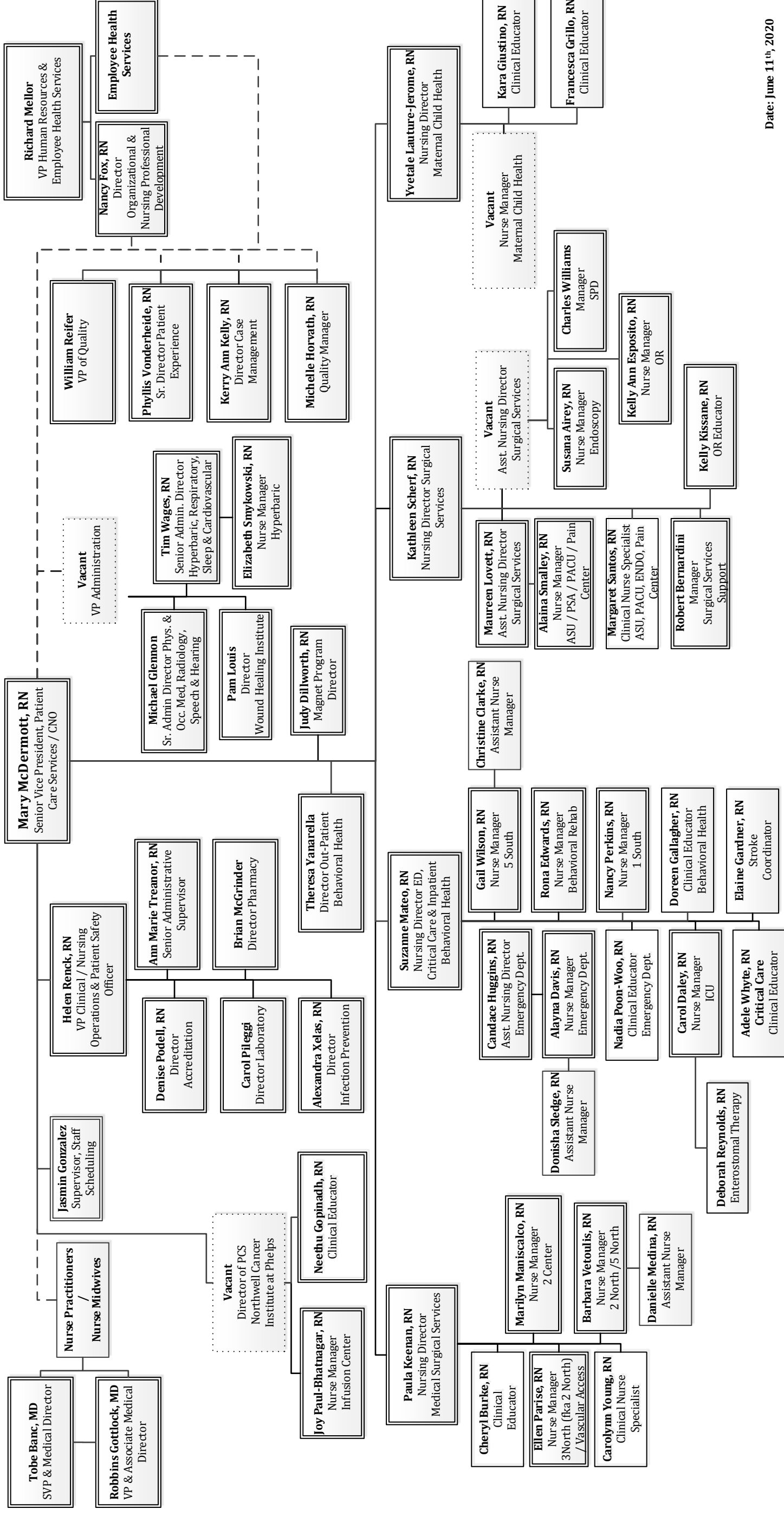


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

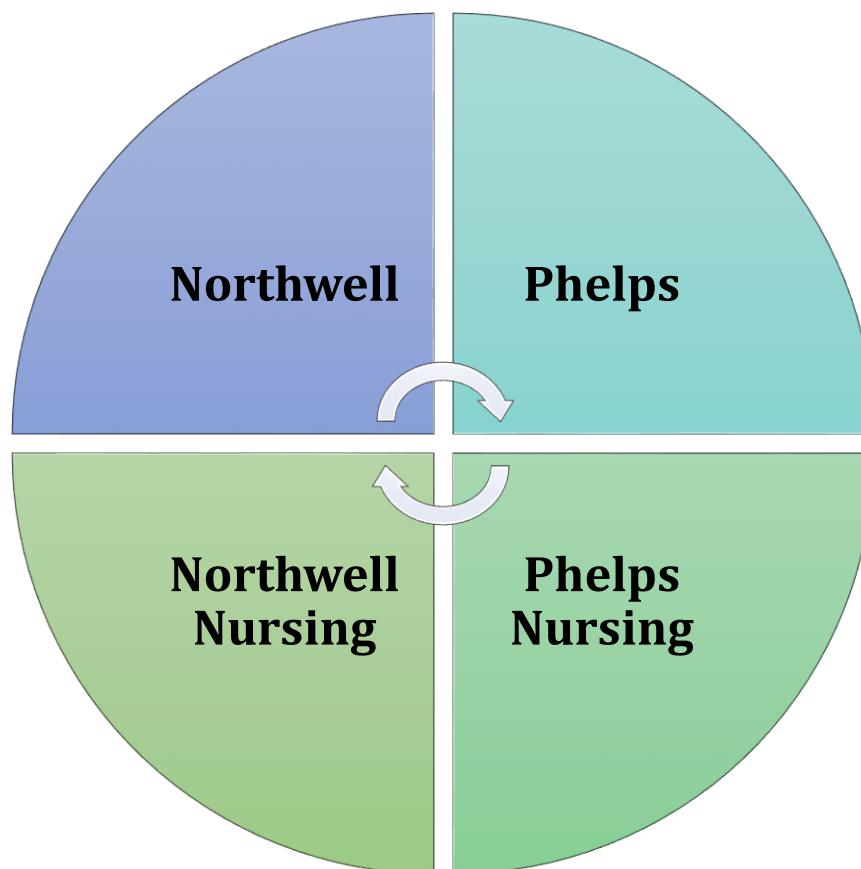
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





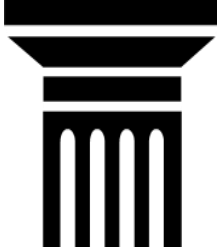
Nursing Strategic Plan

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



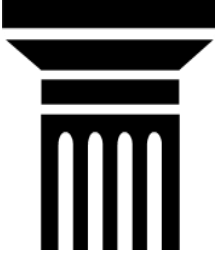
Goals

Quality



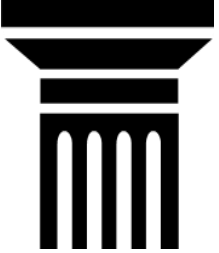
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



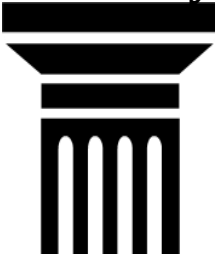
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



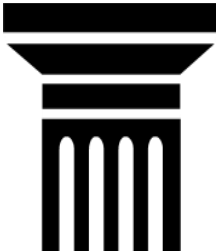
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

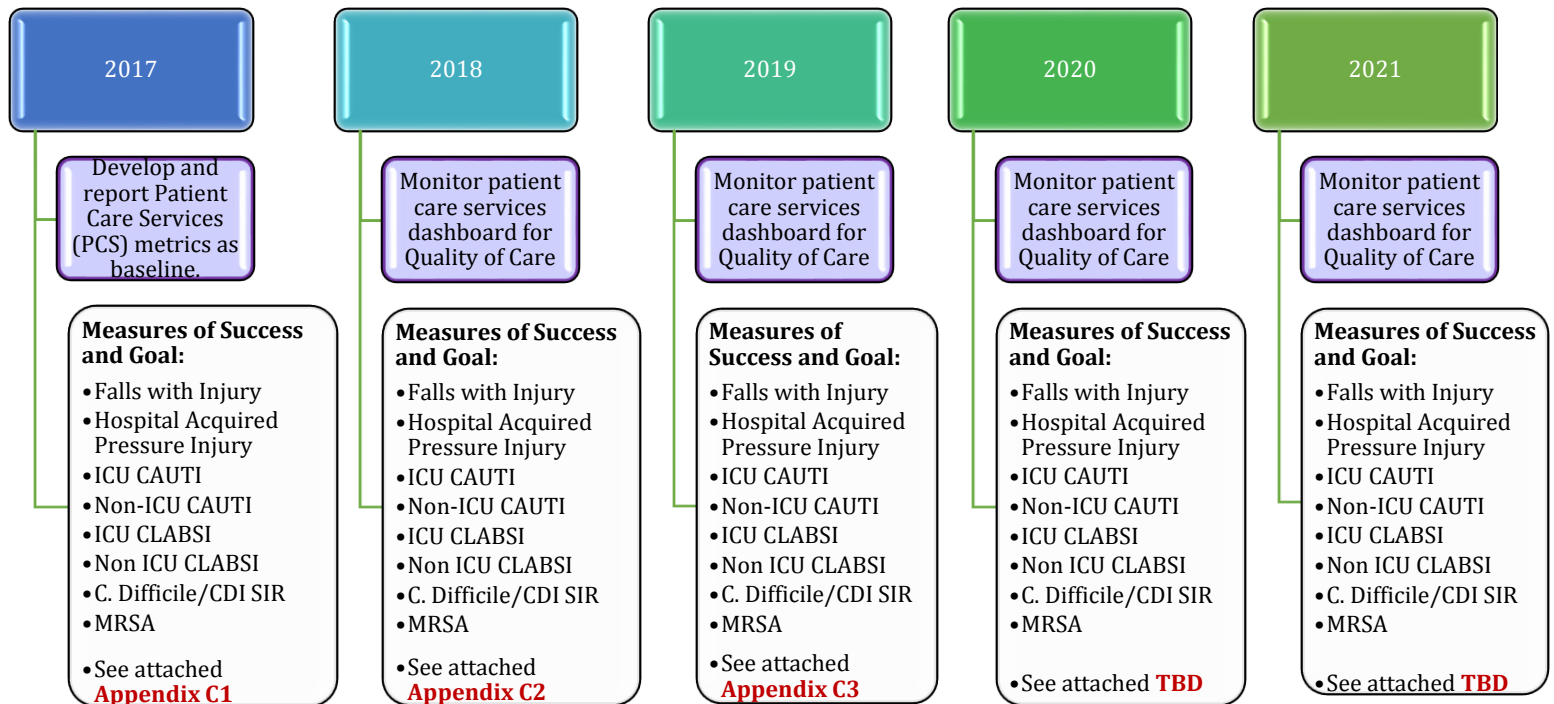
Finance



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

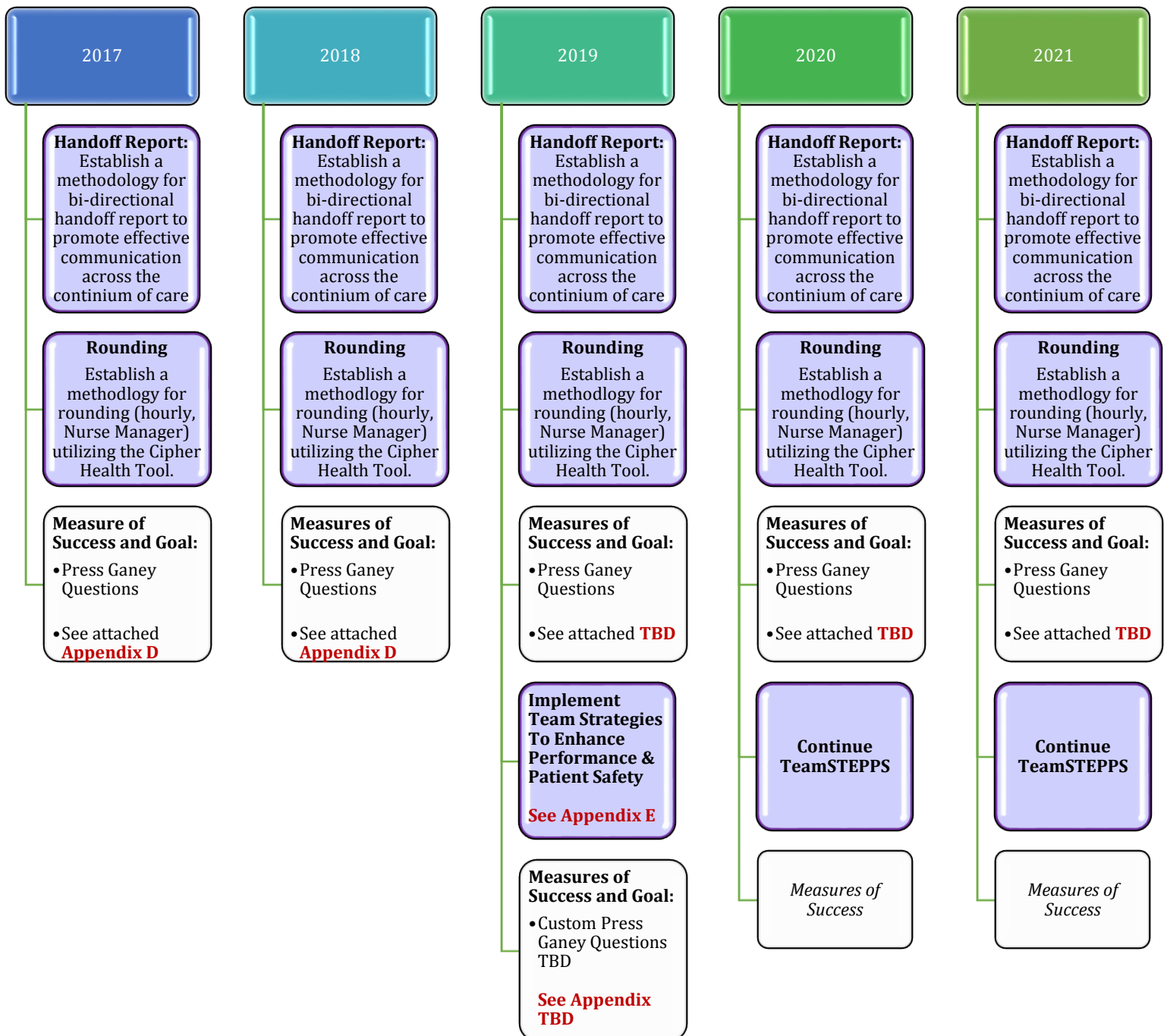
Quality

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



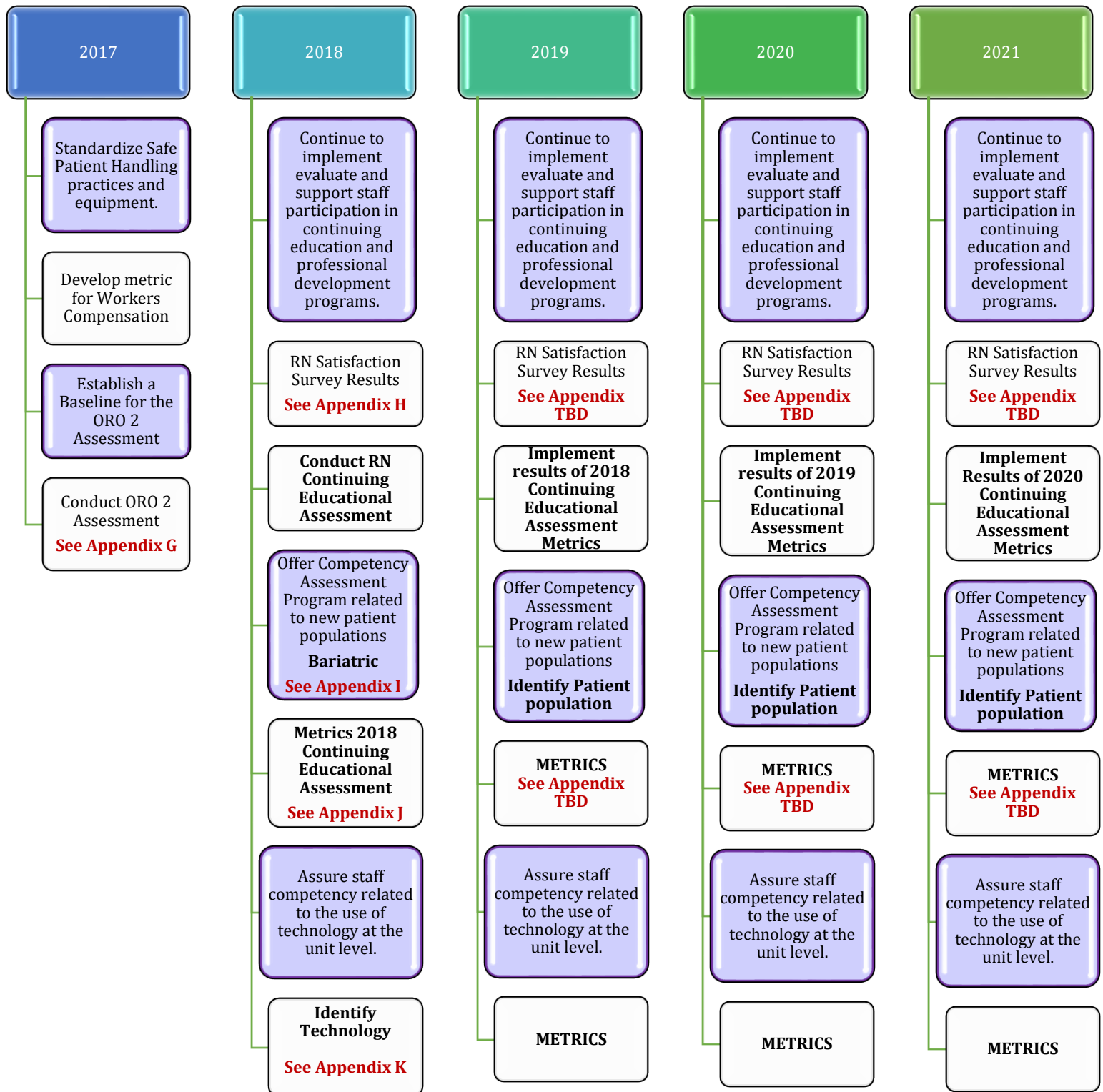
Quality

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



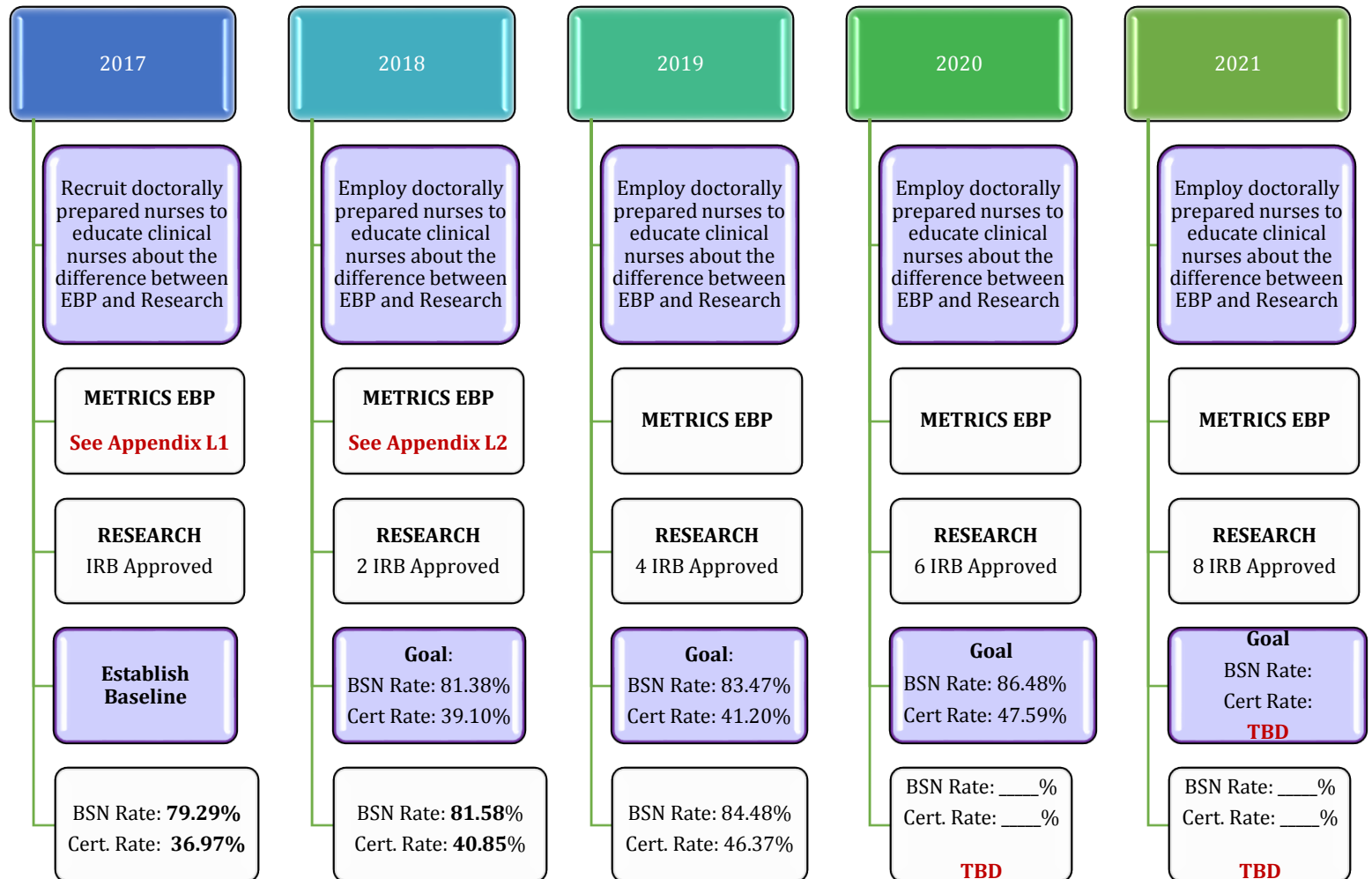
People

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



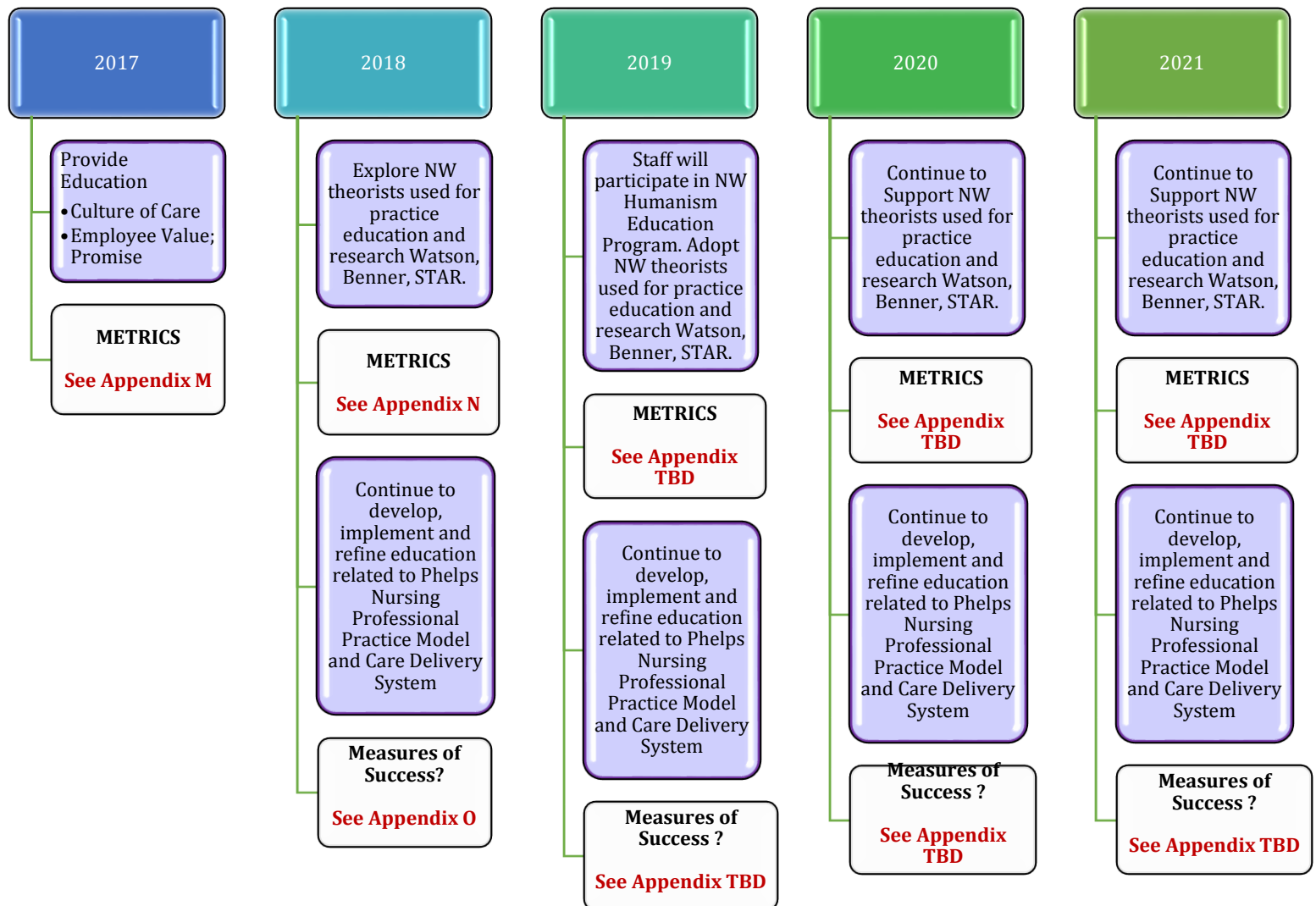
People

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



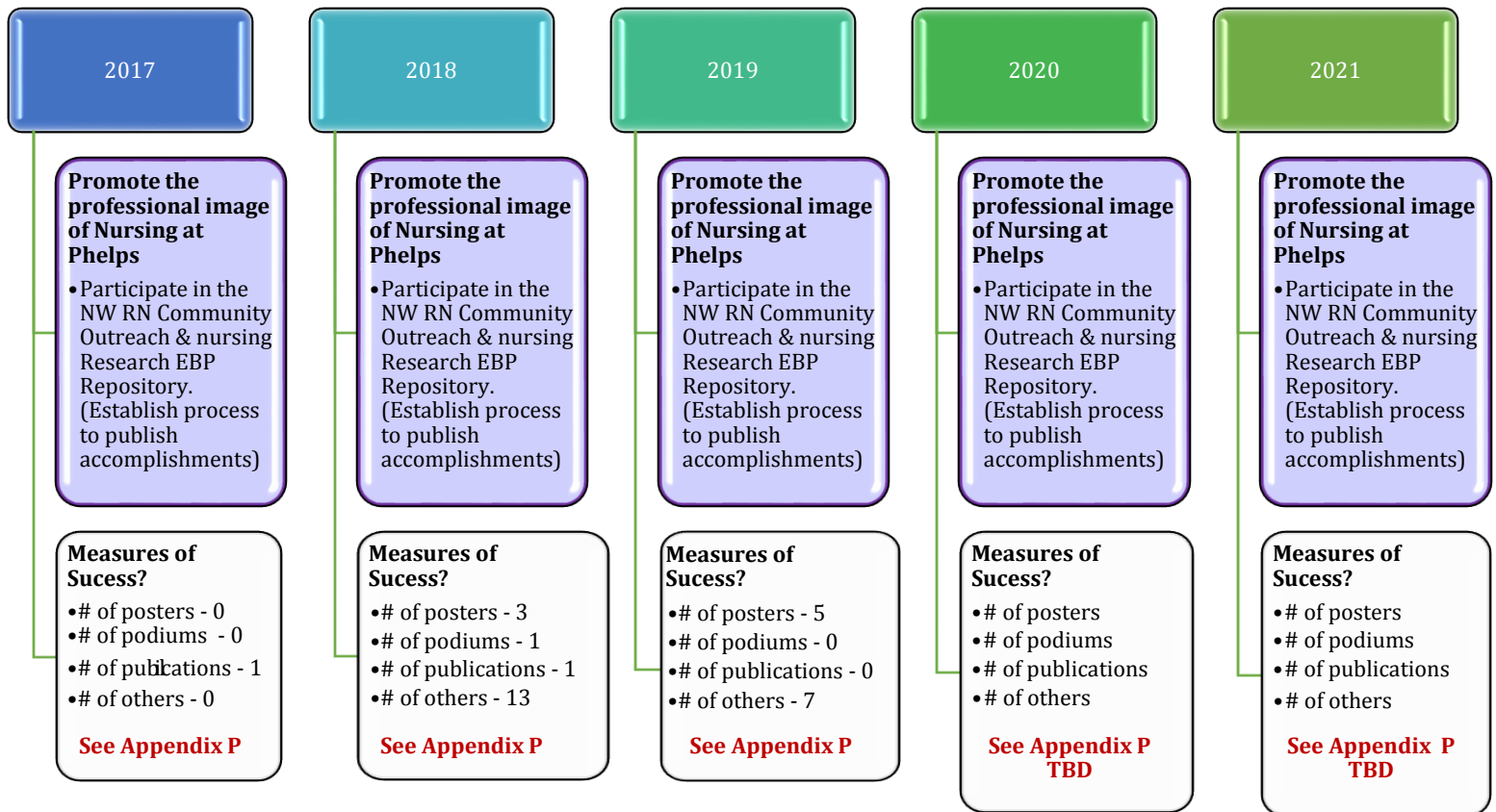
Service

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



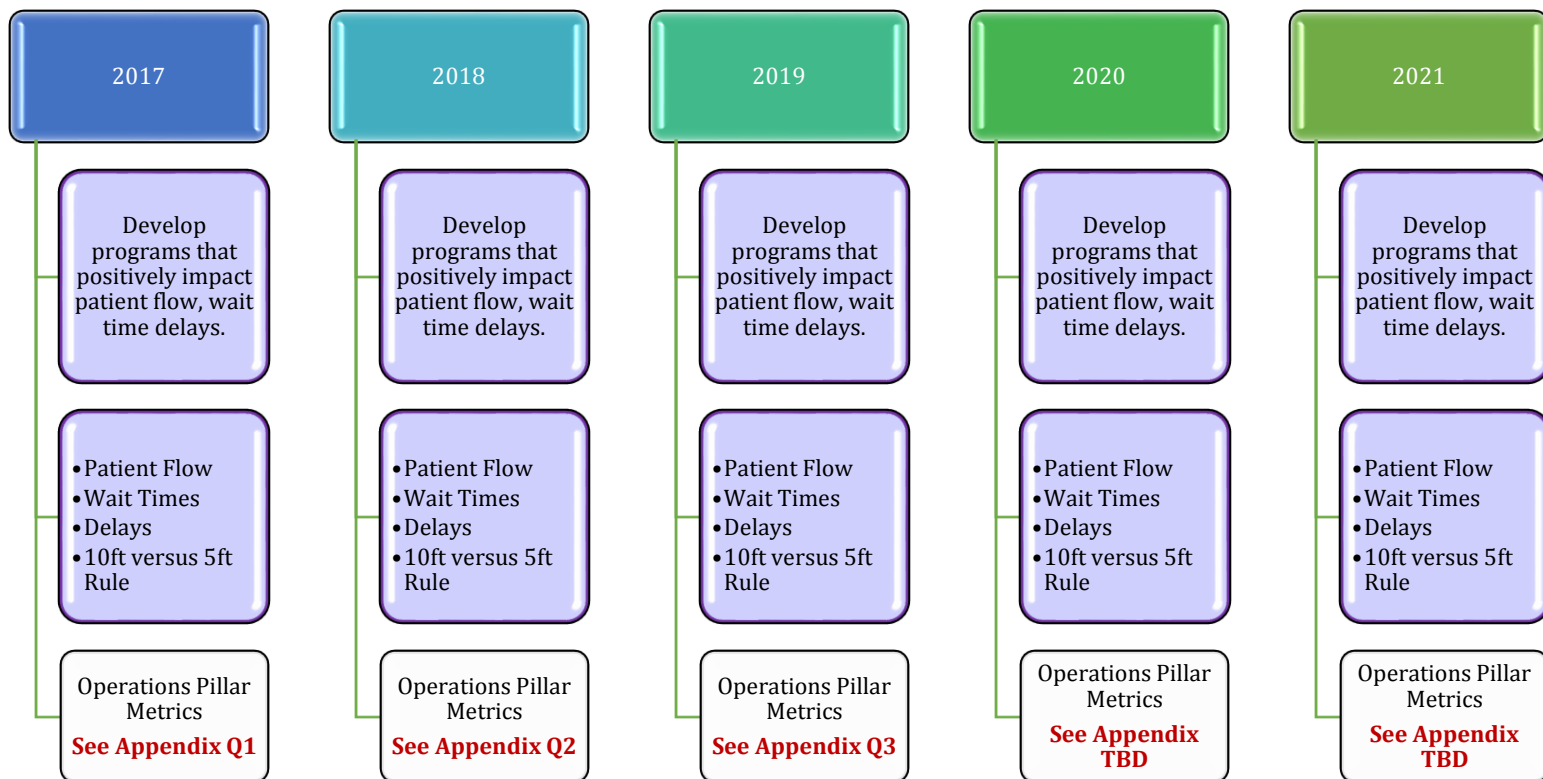
Service

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



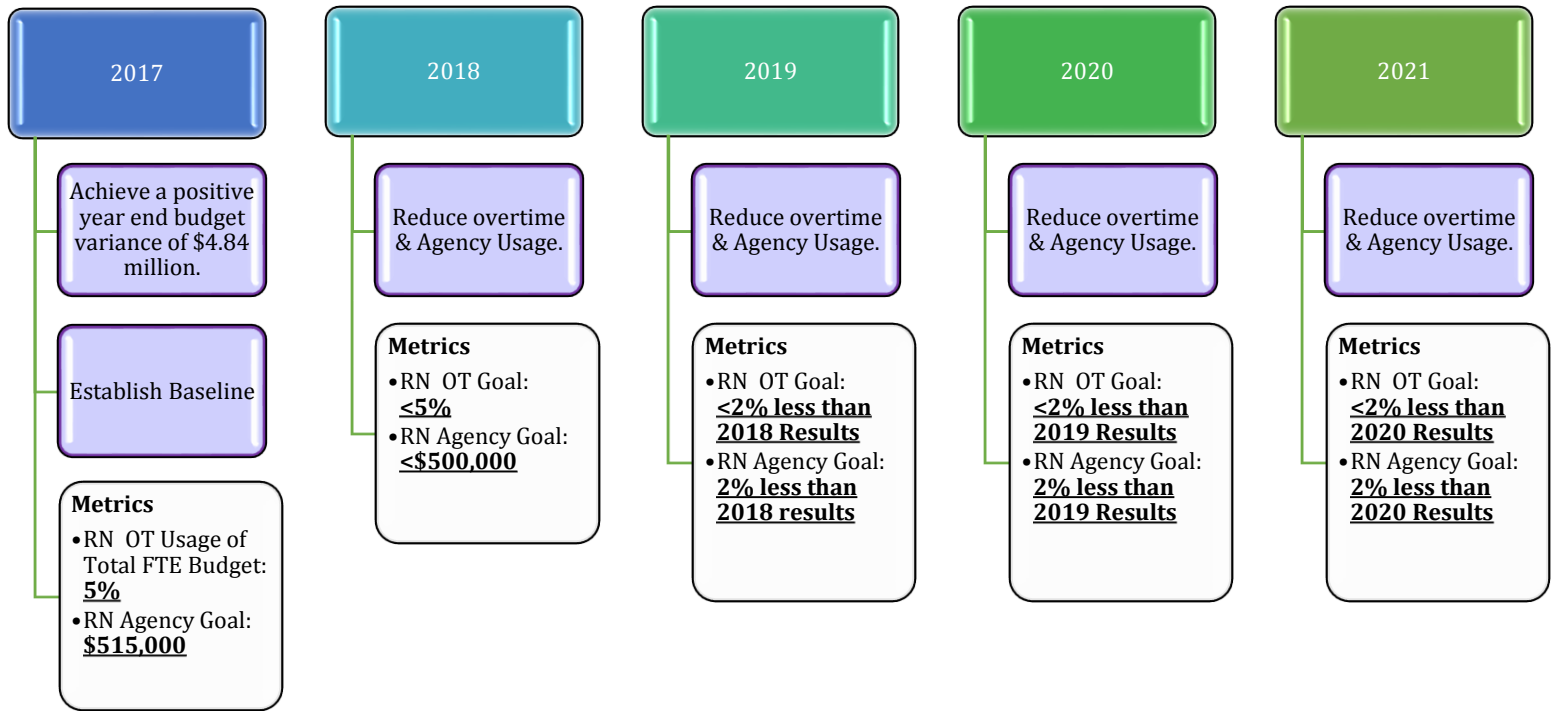
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



TL6 - MENTORING

EXAMPLE 1: MENTORING PLAN FOR A CLINICAL NURSE

Provide one example, with supporting evidence, of a mentoring plan or program for clinical nurse(s).

Background

Nurse: Jessi Colletti, BSN, RN, clinical nurse, 5 South

Mentor: Samantha Weldon, BSN, RN-BC, clinical nurse, 5 North

New Graduate Nurse Peer Mentoring Program: In February 2017, Cherry Lyn Fuentes, MS, RN-BC, NPD-BC, education specialist and coordinator, Mentoring Program, implemented the first iteration of the Phelps Hospital New Graduate Nurse Peer Mentoring Program to support novice clinical nurses beyond their 90-day orientation period. During orientation, new graduate nurses are invited to apply to be paired with a mentor as a means of ongoing support. Subsequently, he or she is matched by Cherry with an experienced clinical nurse whose skillset aligns with the new nurse's interests and goals. The program requires a minimum commitment of one year and allows new clinical nurses to develop relationships with experienced clinical nurses who can help guide their professional growth.

Mentoring Activities Provided for a Clinical Nurse

Establishing the Mentoring Relationship: In February 2019, Samantha Weldon, BSN, RN, clinical nurse, 5 North (medical unit), applied to be considered as a mentor. Cherry paired Samantha with Jessi Colletti, BSN, RN, clinical nurse, 5 South (step-down unit), a new graduate nurse who had just completed her 90-day orientation.

On February 27, 2019, Cherry facilitated an introductory session with Samantha and Jessi to explain the purpose of the program and the roles and responsibilities of both mentor and mentee. Samantha and Jessi signed a Mentoring Partnership Agreement and scheduled their subsequent sessions which would occur in person at least every other month. [TL6-A Weldon-Colletti Mentoring Agreement 022719](#)

Meeting One-on-One: Beginning in March 2019, Samantha and Jessi met in person every other month and communicated by phone and text regularly. Their sessions have focused on goals for professional development and strategies for handling challenging situations that occur.

On March 8, 2019, the two met to discuss the challenges Jessi was having adjusting to working the night shift, as well as her fear of code situations that could occur. Samantha reassured Jessi and encouraged her to reach out to her coworkers more frequently when she feels uncertain about something. They agreed to discuss Jessi's fear of codes more during their next session. [TL6-B Weldon-Colletti Meeting Notes 030819](#)

On April 24, 2019, Jessi and Samantha met to continue their discussion about anxiety related to codes. Samantha told Jessi about a recent code and how she handled it. She explained how she mentally prepares herself to be confident and relaxed when such situations occur. [TL6-C Weldon-Colletti Meeting Notes 042419](#)

On June 26, 2019, Both Jessi and Samantha had experienced a code white (reponse to patient behavioral event) in the past month and compared their experiences to identify strategies which would be more effective in the future. Jessi and Samanta discussed the importance of good communication skills when interacting with patients and with their colleagues. They discussed the importance of having a healthy work-personal life balance to be able to manage difficult situations as they occur. [TL6-D Weldon-Colletti Meeting Notes 062619](#)

Over the next several months, Jessi and Samantha continued to discuss the importance of a healthy work environment and how to have healthy lifestyle while working nights. [TL6-E Weldon-Colletti Meeting Notes 121419](#)

EXAMPLE 2: MENTORING PLAN FOR A NURSE MANAGER

Provide one example, with supporting evidence, of a mentoring plan or program for nurse manager(s).

Background

Nurse: Alayna Davis, BSN, RN, PCCN, nurse manager, Emergency Department (ED)

Mentor: Carol Daley, MSN, RN, CNML, nurse manager, ICU

Mentorship Program: In 2018, in an effort to streamline the nurse manager mentoring process at Phelps Hospital (Phelps), Suzanne Mateo, MA, RN, NEA-BC, nursing director, Emergency Department, Critical Care, and Inpatient Behavioral Health, created a standardized nurse leader mentoring plan template. The mentoring plan, individualized by

the mentor and mentee, provides a roadmap that assists emerging nurse leaders in integrating with the organization and fosters both professional and personal growth.

Mentoring Activities Provided for Nurse Manager

Establishing the Mentoring Relationship: In January 2019, Alayna Davis, BSN, RN, began working in her new role as nurse manager, ED. After Alayna completed Northwell Health's formal orientation program, Suzanne introduced Alayna to Carol Daley, MSN, RN, CNML, nurse manager, ICU. As Carol had spent her entire nursing career at Phelps and had many years of experience in the nurse manager role, Suzanne felt that Carol would be an ideal mentor for Alayna. Subsequently, Suzanne facilitated Alayna and Carol being matched as mentor-mentee.

Developing a Mentoring Plan: In February 2019, Carol and Alayna met to initiate the mentor-mentee relationship. They discussed Alayna's goals regarding nursing and Alayna's professional development to create her mentoring plan. This mentoring plan was tailored to Alayna, as a new nurse manager, which included goals related to leadership development, effective networking and budgeting. In addition, Alayna and Carol committed to meeting in person on a monthly basis, with impromptu phone calls, texts and emails in the interim time between meetings on an ad hoc basis. [TL6-F Davis Mentoring Plan 021219](#)

Meeting One-on-One: In February 2019, Carol and Alayna began meeting monthly. During their mentoring meetings, Carol offered Alayna feedback as they discussed Alayna's progress and evaluated the goals for continuation, modification or completion. The nurses both agreed to be flexible with their monthly meeting schedule, depending on the needs of their respective units, and Carol agreed to be available whenever Alayna needed encouragement or support. Carol often used the mentoring meetings to share her 20+ years' experience at Phelps to guide and coach Alayna. [TL6-G Daley-Davis Emails 050119](#)

Carol had served as the chair of Phelps' Quality and Safety Shared Governance Council (formerly known as the Patient Outcome Improvement Council) for five years. In May 2019, using her experience as council chair, Carol supported Alayna as she identified and invited clinical nurses to participate in the various shared governance council meetings and the ED's unit-based council. Under Carol's guidance, Alayna also incorporated TeamSTEPPS[®] to change the ED's unit culture and enhance team communication. In addition, Carol supported Alayna as Alayna and the ED team identified quality indicators for the ED. Carol guided Alayna in developing a comprehensive sepsis prevention protocol for the ED's nurses, allowing Alayna to use the ICU's sepsis-related processes as a model for the ED's protocol. As part of this initiative, Carol taught Alayna about the Centers for Medicare and Medicaid Services (CMS) and Department of Health sepsis requirements so she could incorporate them into her protocol. In October-November 2019, Carol supported Alayna as she worked with her team to ensure the American Heart Association (AHA) stroke guidelines were consistently being

followed in the ED. Carol addressed Alayna's leadership goals by helping her build connections among Phelps' leaders, create new experiences and foster effective communication. [TL6-H Daley-Davis Emails 110419](#)

In November 2019, Carol recommended that Alayna register for an ANA-sponsored WebEx program on leadership to hone her emerging management skills. Another goal of Alayna's was to obtain the Certified Nurse Manager and Leader (CNML) credential from the American Organization for Nursing Leadership (AONL), which is designed exclusively for nurse leaders in the nurse manager role. Carol shared the steps she had previously taken to prepare for and attain her own CNML certification. From Carol, Alayna appreciated the benefits of mentoring support with the navigation of the multistep process and commitment needed to obtain certification as a nurse leader. Alayna researched the ANCC-sponsored nurse executive certification and discussed both certifications with Carol. Carol followed up with Alayna to support her in her professional development. [TL6-I Daley-Davis Emails 022720](#)

EXAMPLE 3: MENTORING PLAN FOR NURSE DIRECTOR

Provide one example, with supporting evidence, of a mentoring plan or program for AVPs/nurse directors (exclusive of nurse managers).

Background

Nurse: Yvetale (Yve) Lauture-Jerome, MAS, BSN, RN, SANE-A, nursing director, Maternal Child Health (MCH)

Mentor: Suzanne Mateo, MA, RN, NEA-BC, nursing director, Emergency Department, Critical Care and Inpatient Behavioral Health

Overview: Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president Patient Care Services, and chief nursing officer, supports new nurse leaders with resources to ensure their success at Phelps Hospital (Phelps). To provide resources regarding work-related issues and concerns, encourage professional development and plan long-term career goals, Mary recognizes the benefits of a mentorship program. Mary advises nurse directors, either new to the organization or new to the role, to connect with another, more experienced nurse director, who has expressed interest and demonstrated commitment to mentoring his/her colleague(s). In 2018, an evolving informal mentor/mentee plan was adapted from a variety of sources, including the Organization of Nurse Executives (ONE) New Jersey mentorship tool kit. The individualized mentor/mentee plan, prepared by the mentor and mentee themselves, provides the roadmap in which the mentor assists the newly hired nurse leader in integrating with the organization, fosters an environment for personal and professional growth, provides feedback, expands organizational

understandings and creates an environment of open discussion which may provide early warning signs of cross-functional dissonance and avert potentially difficult situations. The personal experience shared between the mentor and mentee also fosters the new nurse director's retention.

Mentoring Activities Provided for a Nurse Director

Establishing the Mentoring Partnership: On January 8, 2018, Yve Lauture-Jerome, MAS, BSN, RN, SANE-A, nursing director, MCH service, was hired at Phelps Hospital. Yve completed Northwell Health's formal orientation program, with the courses provided by the Organizational Development department, and had the opportunity to become acclimated to the MCH department. Yve met with many of Phelps' leaders and other staff during orientation, including Suzanne Mateo, MA, RN, NEA-BC, nursing director, ED, Critical Care and Inpatient Behavioral Health. Suzanne was impressed with Suzanne's knowledge and experience. Yve expressed interest in having Suzanne as her mentor.

In May 2018, prior to beginning a formal mentorship partnership, Suzanne suggested that Yve take the American Nurse Credentialing Center's (ANCC) Nurse Executive-Advanced certification exam. Suzanne offered suggestions for test preparation. Suzanne also provided Yve with suggestions on how she could manage her time and maintain a positive work-life balance. [TL6-J Mateo Emails 050118](#)

Developing a Mentoring Plan: Mary recognized the connection between Yve and Suzanne and suggested that Suzanne formalize this partnership with a mentoring plan. In June and July 2018, Suzanne and Yve worked to develop a mentoring plan. The goal of the mentoring plan was to provide the best personal and professional support for Yve over the course of an agreed upon period of one year. Together, Suzanne and Yve designed a mentoring plan which would meet Yve's professional development objectives. This formalized mentoring plan was structured to track Yve's progress. The plan was to support Yve in a developing relationship with Suzanne, inspire Yve and build connections within Nursing and across disciplines. Yve used the plan to develop a personal roadmap. The mentoring plan provided direction and ignited change so that identified goals could be achieved. [TL6-K Jerome Mentoring Plan 070118](#)

Mentoring on Budget Process: In June 2018, Yve sought Suzanne's advice regarding her new experience of participating in the budget process at Phelps. Phelps was embarking on a new system of budgeting and Suzanne emphasized the importance of Yve participating in the available financial forums and meeting with the right financial mentors. On June 26, 2018, Suzanne guided Yve regarding budget preparation, including Budget Preparation Center form attainment, budget process flow and obtaining budget agreements. Suzanne identified members of Finance for Yve to connect with for budgetary support. During the budget process, which lasted through October 2018, Suzanne held impromptu discussions with Yve regarding their experiences with the budget processes. These discussions provided Yve with opportunities to share ideas, propose solutions and provide opportunities for questions which,

in turn, bolstered Yve's confidence in preparing a budget for her department. [TL6-L Jerome-Mateo Emails regarding Budget June-October 2018](#)

Meeting One-on-One: Suzanne and Yve continued to meet monthly. They initially built trust by developing goals that were important to Yve. Yve quickly felt comfortable reaching out to Suzanne for support, advice and counsel when she encountered an uncomfortable situation or was concerned about something. Suzanne shared her knowledge and identified resources to assist Yve in addressing these concerns or issues as they occurred. During their monthly meetings, Suzanne and Yve reviewed each goal area on the original mentoring plan and discussed progress, obstacles and current status. New goals and/or revised dates were added to the original plan, as necessary. The mentoring plan was a living, working document. Suzanne referred to the mentoring plan often and provide coaching and encouragement to Yve for her professional growth and development. [TL6-M Mentoring plan updated](#)

Supporting Professional Development: One of Yve's goals was to develop her nurses in preparation of creating a MCH center of excellence. This goal generated much discussion between Suzanne and Yve on the need for more education on change processes and program development. Suzanne helped Yve identify courses within the Northwell Health system to support and sharpen Yve's own professional awareness and equip her with the appropriate tools for the impending change. As a result, Yve enrolled in several courses during the year at the Northwell Health Center System Center for Learning and Innovation. Yve continues to bring clarity to her goals as her mentoring relationship with Suzanne continues to evolve. [TL6-N Yve Jerome's I-Learn transcript 2018-2020](#)



TL9EO - COMMUNICATION INFLUENCES CHANGE

EXAMPLE 1: MCH CLINICAL NURSES ESCALATE CONCERNS TO THE CNO

Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and the CNO.

Problem

Overview: The patient experience is increasingly important in people's choice of healthcare providers. Healthcare facilities need to couple clinical expertise with service that matches or exceeds that of hospitality industries. The importance of leadership in assuring a stellar patient experience cannot be overstated. Patients deserve the best, and their experience is a part of their care. Leadership creates, supports and gives direction to the organization which, in turn, drives staff engagement and improves the patient experience across the continuum. "Communication with nurses" is a main driver of patient experience metrics on patient satisfaction survey scores, and is one of the domains which has a significant impact on patients' perception of care.

Background: In July 2017, Theresa Hagenah, MSN, RN, NCC-EFM, CNML, assistant director, Maternal Child Health (MCH) stepped down from her leadership position to a clinical nurse role. At that time, the nursing leadership structure consisted of an assistant director and nurse manager position for the entire MCH service (Labor and Delivery, Post-partum, Nursery, Pediatrics and Lactation services). Shortly after Theresa assumed a staff position, Edna Glassman-Lackow, BSN, RNC, nurse manager, MCH, decided to transfer to the Phelps Hospital (Phelps) Employee Health Service, as an occupational health nurse with a proposed transfer date of October 2017. As a result, there were two vacant nursing leadership positions in the MCH Service. During this time, the MCH top box scores for Communication with Nurses had decreased and were lower than desired.

Clinical Nurses/CNO Communication: In October 2017, Theresa, now as clinical nurse, Labor and Delivery, emailed Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer, the concerns of the MCH clinical nurses

regarding the impact of the void in leadership and its potential effect on patient satisfaction. Theresa requested a meeting with Mary and the MCH clinical nurses to discuss these concerns. On October 25, 2017, Mary met with Theresa and the MCH clinical nurses to hear their concerns. The clinical nurses expressed major concern regarding the effect of this reduction in management support on excellent patient care and service in the MCH service. During this meeting with Mary, the clinical nurses shared how they valued the nurse leader's role in assuring patient rounding and eliciting patient feedback regarding their experience. The clinical nurses were concerned that by losing two nurse leaders, the perception of post-partum mothers regarding "communication with nurses" was affected.

Challenge: In October 2017, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain was 72.2%.

Goal Statement

Goal: Increase % MCH patient satisfaction top box scores for Communication with Nurses domain

Measure of Effectiveness: % MCH patient satisfaction top box scores for Communication with Nurses domain.

Participation

TL9EO - Table 1 - MCH Team

Name	Credentials	Discipline	Dept/Unit	Job Title
Theresa Hagenah	MSN, RN, EFM-C, CNML	Nursing	MCH	Clinical Nurse (at the time)
Ita Brennan	AAS, EFM-C	Nursing	MCH	Nurse Coordinator
Philis Chiao	BSN, RN, EFM-C	Nursing	MCH	Nurse Coordinator
Dorit Lubeck-Walsh	MSN, RN, FNP-BC, EFM-C	Nursing	MCH	Clinical Nurse
Karen Skinner	BSN, RN, EFM-C	Nursing	MCH	Clinical Nurse
Yeva Posner	BSN, RN, IBCLC, EFM-C	Nursing	MCH	Lactation Specialist
Kara Giustino	MSN, RN, CPN, IBCLC	Nursing	MCH	Clinical Educator
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Services	Administration	SVP Patient Care Services/ CNO
Michael Nimaroff		Medical	MCH	Physician
Lawrence Mendelowitz		Medical	MCH	Physician
Sarina Distefano		Medical	MCH	Physician
Patrizia Musilli		HR Operations	Human Resources	Director
Daniel Blum		Senior Leadership	Administration	President & CEO

Interventions

Identifying Immediate Actions: In November 2017, Mary and the clinical nurses discussed strategies to provide support to the MCH team with temporary leadership, while searching for permanent MCH leadership positions. As an immediate solution to the concerns of the clinical nurses, Mary negotiated with Patrizia Musilli, director, Human Resources, who was overseeing the Phelps' Employee Health Service, at the time, to delay Edna's transfer to an effective date in December 2017. Patrizia and Edna were both agreeable to this change as a short-term solution for MCH's staffing issues.

Developing New Staffing Plan: In November 2017, Mary contracted an external placement agency to urgently seek candidates for interim and permanent replacements for the MCH director and nurse manager leadership positions which Theresa and Edna had held. In November 2017, Mary also contacted Maureen White, MBA, RN, NEA-BC, FNAP, FAAN, chief nurse executive, Northwell Health system, for assistance with the identification of internal system candidates. As part of Northwell facilities' succession planning, certain individuals had been highlighted as having "strong leadership potential" for director or nurse manager positions throughout the Northwell System. Mary continued to interview candidates to fill these leadership positions as she received suitable resumes from the Phelps' Talent Acquisition team. Mary's plan was to support MCH with a full staffing capacity as soon as possible.

Relaying Progress Update Back to Clinical Nurses: In November 2017, Mary emailed the MCH clinical nurses and staff that she had taken the steps above to address the immediate need in response to the clinical nurses' concerns. Mary further explained that she had contacted B.E. Smith placement agency and hired Sue Selker, BSN, RN, as an interim MCH director; Sue's hire date in this interim role was November 16, 2017. Mary reiterated that Sue's hire was a temporary solution while she continued to seek and interview for a permanent director.

Implementing New MCH Leadership Plan: On January 8, 2018, Mary hired Yvetale (Yve) Lauture-Jerome, MAS, BNS, RN, SANE-A, as the nursing director, MCH. One of Yve's primary objectives was to fill the nurse manager position and select an appropriate replacement for Edna. Yve worked closely with Mary and the Phelps' Talent Acquisition team, recruited and hired Nicole Mincey, BSN, RNC-OB, IBCLC, as the new MCH nurse manager, effective April 30, 2018.

Outcome

Pre-Intervention Timeframe: October 2017

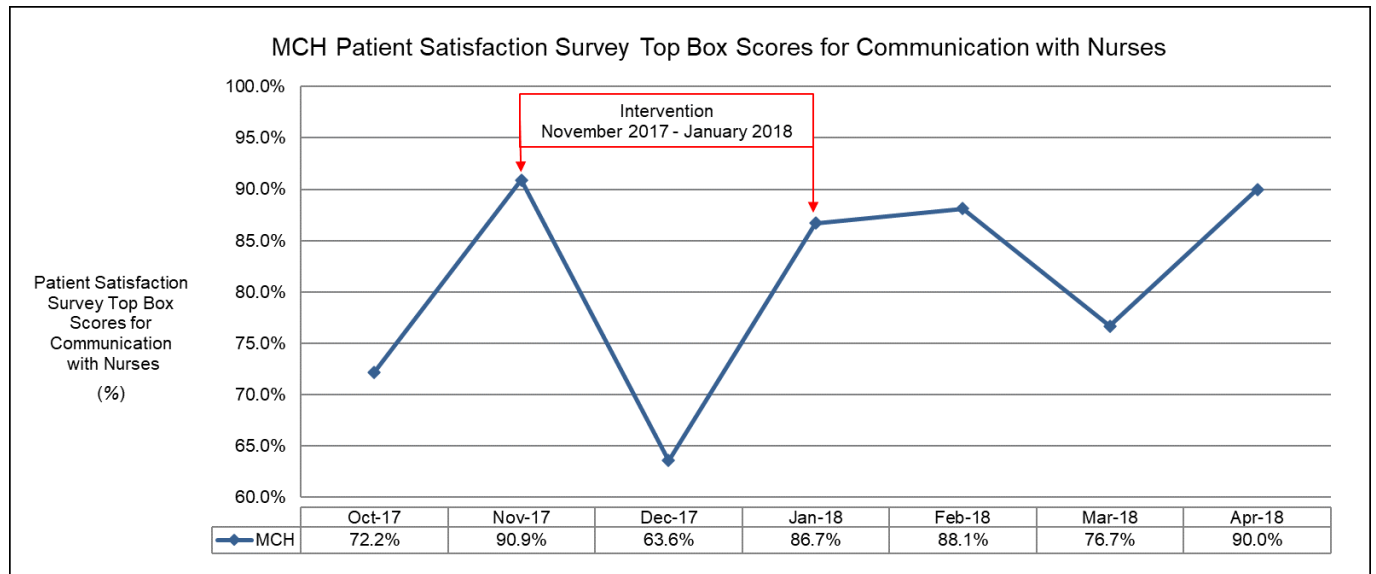
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain was 72.2%.

Intervention Timeframe: November 2017 – January 2018

Post-Intervention Timeframe: February – April 2018

Post-Intervention Data: During the post-intervention timeframe, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain averaged 84.9%. This represents an 18% improvement in scores.

TL9EO - Graph 1 - MCH Patient Satisfaction Survey Top Box Scores for Communication with Nurses



EXAMPLE 2: ENDOSCOPY CLINICAL NURSES ESCALATE CONCERNS TO NURSE MANAGER

Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and a nurse manager.

Problem

Overview: Providing clear instructions for patients regarding procedures performed in the ambulatory Endoscopy unit is crucial to the patient experience. When patients arrive for procedures without proper preparation, procedural delays or cancellations become necessary. This negatively impacts both patient experience and workflow on the unit.

Background: In the second quarter of 2018, Jacqueline (Jackie) Pisano, BSN, RN, CGRN, clinical nurse, Endoscopy, and Topsy James, BSN, RN, clinical nurse, Endoscopy, expressed concern regarding the effect of cancelled procedures on the patients' overall experience at Phelps Hospital (Phelps) and the organizational flow of the unit. Upon review and discussion with the Endoscopy clinical nurses, Jacqueline and Topsy found that the upper esophagogastroduodenoscopy (EGD) and colonoscopy procedures constituted a majority of

the procedures cancelled in the Endoscopy unit. These procedures were cancelled because patients were arriving to the Phelps' Endoscopy unit unprepared: they ate food or drank fluids which were not allowed pre-procedure (e.g. patients didn't understand the definition of "clear liquids") and/or they did not have the required ride home post-procedure. The Endoscopy clinical nurses appreciated the anxiety these patients had while anticipating the procedure and the detrimental effect that a cancellation had on the patient. During this time, patient satisfaction survey top box scores for "Provided needed information regarding procedure" had decreased below desired levels. Jacqueline and Topsy knew that in order to improve the patients' experience with better preparation for these procedures, modification of the educational materials was needed.

Challenge: In June 2018, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" was 88.0%.

Goal Statement

Goal: Increase % Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure"

Measure of Effectiveness: % Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure"

Participation

TL9EO - Table 1 - Patient Education Team Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Topsy James	BSN, RN	Nursing	Endoscopy	Clinical Nurse
Jacqueline (Jackie) Pisano	BSN, RN, CGRN	Nursing	Endoscopy	Clinical Nurse
Shirley Beauvais	MSN, RN, CCRN	Nursing	Endoscopy	Assistant Director (Nurse Manager function)
Jenee Richardson	BSN, RN, CGRN	Nursing	Endoscopy	Clinical Nurse
Lena Lulaj	MSN, RN, ONC,	Nursing	2 Center	Clinical Nurse
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Margaret Plofchan		Support Services	Marketing & Public Relations	Corporate Director

Interventions

Clinical Nurses/Nurse Manager Communication: In July 2018, Jackie emailed her immediate supervisor, Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, and carbon-copied Topsy and Jenee Richardson, BSN, RN, CGRN, clinical nurse, Endoscopy,

regarding the clinical nurses' concerns that several patients were unprepared for their upper EGD or colonoscopy procedure because they did not understand the pre-procedural instructions they received. Shirley functions in a nurse manager role for the Endoscopy unit with accountability and supervision responsibilities over all nurses and healthcare providers delivering care in the unit. After discussing this issue in their unit's Shared Governance Council meeting, Jackie and Topsy reviewed the educational materials that were given to patients pre-procedure and developed an educational brochure which specified the pre-procedure preparation requirements and addressed the common reasons for cancellation. These included what could be ingested by mouth prior to the procedure and to ensure that the patient had someone to take him/her home post-procedure. Jackie attached the first draft of the educational brochure for patients preparing for upper EGD and colonoscopy procedures to her email. Shirley was impressed with the brochure and immediately responded to the email by speaking directly with Jackie, Topsy and Jenee Richardson, BSN, RN, CGRN, clinical nurse, Endoscopy. Together, they decided next steps to create the brochure.

Investigating New Approach: On July 24, 2018, Shirley reviewed the draft of the educational brochure again and emailed Cherry Lyn Fuentes, MS, RN-BC, NPD-BC, education specialist, Organizational Development, and co-chair of the Patient Education Committee, and Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, to understand the protocol for approving and implementing educational resources at Phelps. On July 26, 2018, Cherry responded that she would forward the educational brochures developed by Jackie and Topsy, to the interprofessional Patient Education Committee, which was also co-chaired by Lena Lulaj, MSN, RN, ONC, clinical nurse, 2 Center, for review. Cherry also requested that Jackie or one of the Endoscopy clinical nurses present the educational brochures at the next interprofessional Patient Education Committee meeting for peer feedback and approval.

Gaining Peer Feedback: On August 13, 2018, Topsy attended the Patient Education Committee meeting and presented the draft of the Endoscopy patient education brochure. The Patient Education Committee members provided feedback that certain language in the educational brochures required editing. One of the requirements discussed was the need for all educational materials to be at a 6th grade reading level.

Developing the Educational Brochure: From September to December 2018, after the initial review, either Topsy or Jackie attended several more Patient Education Committee meetings to obtain additional feedback regarding the successive revisions to the educational brochures. Shirley provided the needed support for the clinical nurses to dedicate the time needed to confer with their nurse colleagues, make the recommended changes to the educational brochure and attend the patient education committee during work hours. While modifying the educational brochures, Jenee, Topsy and Jackie learned that different physicians used varying preparation methods. To avoid confusion, the clinical nurses eliminated the section regarding the actual preparation and deferred that explanation to the

physician.

Requesting Final Approval: In January 2019, Jackie, Topsy and Jeneé made final revisions to the educational brochure and submitted it to the Patient Education Committee for approval. On February, 8, 2019, Cherry gave the green light to move forward with the brochures and recommended that the clinical nurses ask patients for feedback as a final step, before they created the official brochures; Jeneé and Topsy obtained this feedback.

Educating Associates on the New Educational Brochure: In February 2019, Jackie and Topsy contacted the office managers of Richard Findling, MD, associate director, Medicine-Gastroenterology and the Gastroenterology service, and discussed the need to replace the existing information with the new educational brochures. Jackie and Topsy answered the managers' questions and provided background information as needed.

In April 2019, Shirley submitted the final educational brochures to Margaret Plofchan, corporate director, Marketing and Public Relations. Margaret made minor modifications to the educational brochures to meet Phelps' branding and resolution needs.

Implementing New Educational Brochures: In May 2019, the final approved educational brochures were delivered to the Phelps Endoscopy Unit and then distributed to the Gastroenterology offices. Upon receipt, the office managers began to distribute the educational brochures to patients when their appointments were scheduled.

Outcome

Pre-Intervention Timeframe: June 2018

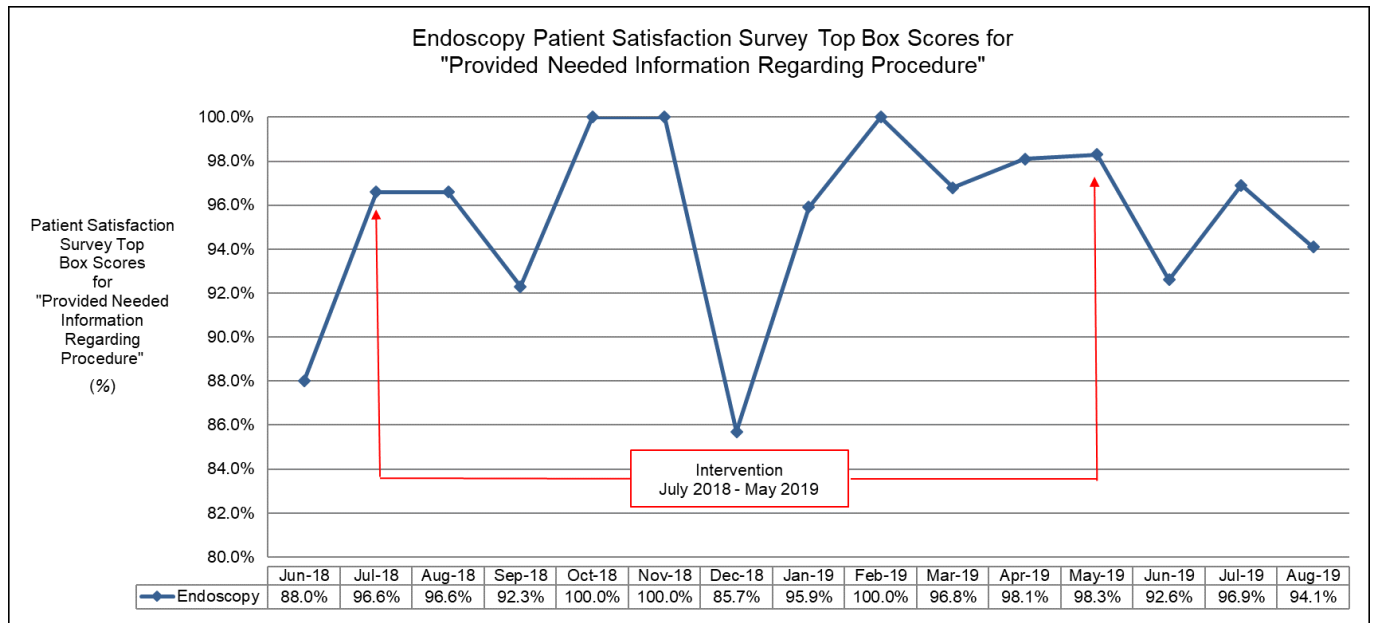
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" was 88.0%.

Intervention Timeframe: July 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

Post-Intervention Data: During the post-intervention timeframe, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" averaged 94.5%. This represents a 7% improvement in scores.

**TL9EO - Graph 1 - Endoscopy Patient Satisfaction Survey Top Box Scores for
"Provided Needed Information Regarding Procedure"**





SE9 - TRANSITION TO PRACTICE

EXAMPLE 1: TRANSITIONING NEW GRADUATE NURSE INTO PRACTICE

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program for new graduate nurse(s). Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Program Overview: Phelps Hospital's Transition to Practice Program, RN Residency Program (RRP), is designed for licensed, new graduate nurses from accredited nursing programs who have six or less months of experience. The overall objective is to facilitate effective transition to practice in select medical-surgical patient care settings. The comprehensive program, based on Benner's Novice to Expert framework (Benner, 1984), begins with the 90-day orientation period followed by the formal, eight-month RRP. Residency cohorts are scheduled twice each year, in March and August.

New Graduate Nurse: On August 14, 2017, following a clinical experience on 5 North during nursing school, Tahler Cambriello began working at Phelps on 5 North as a Medical-Surgical technician. Tahler graduated in May 2018 from Westchester Community College with an associate degree in Nursing. She obtained her New York State Registered Professional Nursing License on August 1, 2018. On August 20, 2018, Tahler Cambriello, ADN, RN, clinical nurse, 5 North, began orientation and the RRP at Phelps.

Transitioning New Graduate Nurse into Nursing Practice

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organization Development, and Paula Keenan, MSN, MPH, RN, director, Nursing, serve as administrators of Phelps RRP. The Human Resources, Organization Development and Nursing Departments collaboratively run and evaluate the program's success. Centralized orientation and RRP classes are planned by the Organization Development Department and specific schedules are coordinated by Kathleen Pappas, MS, BSN, RN, NPD-BC, education

specialist. Clinical orientation plans are coordinated by Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, Nursing Department., and the education specialists, clinical nurse specialists, and clinical educators provide support. Orientation team members develop, coordinate, deliver and evaluate the RRP. Team members work collaboratively with the nurse resident to facilitate the nurse resident's practice-based learning and continuous development of competencies (psychomotor, cognitive/new knowledge and interpersonal) as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. [SE9-A Cambriello Welcome Letter & Orientation Schedule August 2017](#)

As demonstrated in the agenda, all new hires' enculturation to the Northwell Health system begins with completion of online learning during on-boarding and attendance at *Beginnings* on their first day of employment and continues with Phelps Hospital site and role orientation. Tahler completed system and site orientation as a medical-surgical technician in 2017. She completed Nursing Department orientation both as a medical-surgical technician and again as a nurse resident.

- **System-level Orientation:** Northwell Health hosts a one-day *Beginnings* orientation program for all new system hires. Tahler participated in the Northwell Health *Beginnings* orientation program on September 11, 2017. Topics covered include *Leading the Way*, a history of Northwell Health, Northwell Values, and Culture of Care. Focusing on patient safety, service excellence, and employee engagement at these sessions, leaders provide a broad perspective of the mission, vision values, culture, practices and roles across the system and Phelps.
- **Hospital/Site Orientation:** This two-day hospital orientation program features interprofessional team members presenting an introduction to the culture, practices and roles across Northwell Health and Phelps. To facilitate a sense of belonging, managers welcome all new hires at a luncheon. Tahler completed the 2-day site orientation at Phelps on August 30, 2017 and October 3, 2017. Scheduling was modified to accommodate Tahler's school schedule.
- **Unit Orientation:** During phase three, centralized nursing department and unit orientation experiences are interwoven to facilitate early introduction to the unit's interprofessional team, culture and patient care. Tahler attended nursing department orientation as a medical-surgical technician on August 21, 2017 and as a nurse resident on August 22, 2018. From August 23 to August 31, 2018, Tahler participated in centralized and unit-based RN onboarding and orientation activities.

Development and Design: From August 2018 to July 2019, Tahler participated in the Phelps RRP program with the August 2018 cohort. Tahler's RRP program culminated in a presentation of her evidence-based practice project and a graduation breakfast on July 25, 2019. [SE9-B Cambriello RRP Schedule Aug 2018- July 2019](#)

The three phases of the RN Residency program (RRP) include orientation, RRP and the formal mentoring program:

- Phase one (orientation) begins with system and hospital orientation and continues through the 12-week comprehensive classroom and practice-based RN Orientation Program. Defined, structured opportunities to develop hospital-, department- and role-defined competencies guide the nurse resident. The competency framework, based on the Quality and Safety Education in Nursing Competencies, supports continuous development of cognitive, clinical-based and inter-professional skills demonstrated at the point of care. Progress is measured by acquisition and validation of each competency.
- During phase two, the RRP didactic, simulation and practice experiences promote ongoing professional development, commitment to lifelong learning, and advancement in practice from novice to advanced beginner. Residents meet on a monthly basis for the duration of the program. The focus during this phase is to support enhanced critical thinking skills and the ability to use data, quality improvement processes and evidence-based practice to promote safe patient care and to develop and support the demonstration of leadership skills at the point of care. Using The Basic Knowledge Assessment Tool for Medical-Surgical Nursing, MED-SURG BKAT2© (Version Two, 2018) (Toth, 2018) and orientation tools that delineate expectations for clinical practice at Phelps, each resident's skill set is assessed. The educators use BKAT results to define and provide needed education related to the management of the care of specific populations.
- Following successful orientation with a preceptor on the unit, phase three, a formal mentoring partnership begins. A mentor is paired with the nurse resident to provide additional support and resources to guide the nurse resident in his/her professional, personal, and interpersonal growth. Previous residents serve as mentors in this ongoing enculturation to the professional role. The focus during this phase is to facilitate the mentee's transition from an advanced beginner to a competent professional nurse. Unlike preceptors, mentors do not provide formal evaluation. Roles and responsibilities of a mentor include role modeling competent nursing practice and behavioral standards, demonstrating positive attitude, serving as a resource person, providing moral support, guidance, and advice, and encouraging the mentee to develop professional goals. The mentoring partnership lasts for a minimum of one year. In November 2018, upon successful orientation, Tahler was paired with clinical nurse mentor, Rachel Ansaldo, BSN, RN, clinical nurse, ASU.
- **Practice-Based Learning:** The opportunity for simulated and experiential learning in their unique practice setting enhances the effectiveness of the RRP for the residents. Clinical educators plan assignments and learning experiences based on progress toward competency attainment. Clinical educators and preceptors provide formative evaluation through ongoing discussion of goals and competencies. Collaboratively, the

clinical educator and manager are responsible for summative evaluation of each individual resident, validating safe and successful transition to practice.

In August 2018, Cheryl created a clinical orientation plan for Tahler. Additionally, she paired Tahler with three preceptors, Kristin Cutaia, BSN, RN-BC, clinical nurse, 5 North; Amanda Dayton, BSN, RN-BC, clinical nurse, 5 North; and Julie Yeager, BSN, RN-BC, clinical nurse, 5 North, to validate unit-based competencies and assist in Tahler's transition to independent practice. From September 1, 2018 through October 30, 2018, Tahler, Kristin, Amanda and Julie met on a weekly basis to set goals, review progress, and determine any additional resources or skills needed. [SE9-C Cambriello Orientation Plan & Checklists Aug-Nov 2018](#)

Nursing Professional Development Support: During orientation and the RRP, residents receive information on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder and peer mentoring for career development, access to resources and financial support to obtain and maintain certification. The RRP includes selected accredited continuing education segments. For example, Tahler earned continuing education credits for her attendance at the Conflict and the Evidence Based Practice Workshops held on September 21, 2018 and December 21, 2018 respectively. In addition, Tahler used tuition reimbursement to enroll at Excelsior College to begin working on her BSN with a targeted graduation date of August 2020. [SE9-D Cambriello HealthStream Transcript 2018-19](#)

Quality Outcomes: Program administrators, Nancy and Paula are responsible for evaluating the RRP on an annual basis. Program objectives are the metrics used to evaluate the effectiveness of the RN Residency Program. Achievement measures include program completion rates, rates of retention, completion of the residency program, participation satisfaction through the Casey Fink (CF) Survey and nursing professional development activities. Measurement of retention, program completion and feedback from the CF survey lead to improvements to the residency program. Phelps consistently maintains a 100% one-year retention rate of RN residents. The results of the CF Survey also indicate a high degree of satisfaction. [SE9-E RRP Outcomes Report Aug 2016-March 2019](#)

EXAMPLE 2: TRANSITIONING NEWLY HIRED EXPERIENCED NURSE INTO PRACTICE

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program for a newly hired experienced nurse into the nursing practice environment. Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Overview: The purpose of transition to practice for an experienced nurse hired into the Maternal Child Health (MCH) Department at Phelps Hospital (Phelps) is to provide orientation to support the acquisition of knowledge and skills needed to deliver safe care in that practice setting. Based on Benner's model (Benner, 1984), the program is customizable to serve a wide variety of participants with different learning styles and experience. At Phelps, newly hired experienced nurses receive a comprehensive orientation, have access to professional development activities advances and have support to advance their professional development.

Newly Hired Experienced Nurse: Cherry Lou Fuentes-Coyle, BSN, RN, clinical nurse, began working at Phelps in the Labor and Delivery Unit in the Maternal Child Health Department (MCH) on September 11, 2017. Upon hire Cherry had nine years of experience as a nurse; seven of those were in Labor and Delivery. Cherry worked in Labor and Delivery in the Philippines for two and a half years, in Saudi Arabia for three and a half years, and at Lawrence Hospital for a little over a year.

Transitioning Newly Hired Experienced Nurse into Nursing Practice

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML director, Organizational Development, served as organizational administrators and Theresa Hagenah, MSN, RN, nursing director, MCH (at the time) was the unit administrator for transition to practice of newly hired experienced nurses for the Labor and Delivery Unit in the MCH Department. The Human Resources, Organizational Development and Nursing Departments collaboratively run and evaluate the program's success. Centralized orientation classes were planned by the Organizational Development Department and schedules were coordinated by Kathleen Pappas, MS, BSN, RN, NPD-BC, education specialist. The clinical orientation plan was coordinated by Kara Giustino, MSN, RN, CPN, IBCLC, clinical educator, MCH. Orientation team members educate, coach and guide each newly hired nurse through orientation and transition to achieve competent practice as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. [SE9-F Fuentes-Coyle Welcome Letter and Orientation Schedule Sept. 2017](#)

All new hires attend Northwell Health's *Beginnings* and Phelps Hospital [site](#) orientation and continues with unit-based orientation. Enculturation to Northwell Health for all new hires begins with completion of online learning during on-boarding, attendance at *Beginnings* on their first day of employment, and continues with Phelps Hospital site and role orientation.

- **System-level Orientation:** Northwell Health hosts a one-day *Beginnings* orientation program for all new system hires on their first day of employment. Topics covered include *Leading the Way*, a history of Northwell Health, Northwell Values, and Culture of Care. Focusing on patient safety, service excellence, and employee engagement at these sessions, leaders provide a broad perspective of the mission, vision values,

culture, practices and roles across the system and Phelps. On September 11, 2017, Cherry participated in the Northwell Health *Beginnings* orientation program.

- **Hospital/Site Orientation:** On September 12 and 13, 2017, Cherry completed Phelps Hospital site orientation. This two-day hospital orientation program features interdisciplinary team members presenting an introduction to the culture, practices and roles across Northwell Health and Phelps. To facilitate a sense of belonging, managers welcome all new hires at a luncheon. Nursing department orientation begins on day 2 of site orientation.
- **Nursing Department and Unit Orientation:** Centralized nursing department and MCH unit orientation experiences are interwoven to facilitate early introduction to the unit's interdisciplinary team and culture. The interdisciplinary team facilitates ongoing enculturation. From September 13, 2017 to November 5, 2017, Cherry participated in unit-based MCH Labor and Delivery onboarding and orientation activities.

Development and Design: Orientation begins with system and hospital orientation and continues through the comprehensive classroom and practice-based RN Orientation. Defined, structured opportunities to develop hospital, department and role-defined competencies guide the nurse and preceptor. The competency framework, based on the Quality and Safety Education in Nursing Competencies (QSEN), supports continuous development of cognitive, clinical-based, and interprofessional skills demonstrated at the point of care, the Labor and Delivery Unit. Progress is measured by acquisition and validation of each competency. [SE9-G Fuentes-Coyle Orientation Plan](#)

Practice-Based Learning: Using the clinical orientation plan for RNs and the Labor and Delivery Checklist, the clinical educator, preceptors and experienced RN collaborate to assess and identify knowledge and competency gaps and actively plan individualized experiences to meet those needs. In September 2017, Kara, Clara Karas, BSN, RNC-OB, C-EFM, Clinical Nurse IV, MCH, and Philis Chiao, BSN, RN, C-EFM, clinical nurse IV, Labor and Delivery, created a clinical orientation plan for Cherry. Clara was the primary preceptor. The three nurses provided formative feedback regarding progress toward orientation goals, growth opportunities and successful demonstration of competencies. Edna Classman-Lackow, BSN, RN, CMNL, nurse manager, MCH, provided summative evaluation to validate safe practice. [SE9-H Fuentes-Coyle Orientation Checklist Sept-Oct 2017](#)

Nursing Professional Development Support: Ongoing access to professional development opportunities engages experienced nurses to further develop their career. The goal is to advance ongoing professional development and commitment to lifelong learning. During orientation, experienced RNs receive information on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder for clinical career advancement, access to resources and financial support to obtain and maintain certification, opportunities to participate in nursing shared governance councils, interprofessional committees, lifelong learning and professional

organizations. [SE9-I Fuentes-Coyle HealthStream Transcript 2017-19](#)

Quality Outcomes: Nancy and Theresa evaluated the effectiveness of the Transition to Practice program for the newly hired MCH experienced nurse against defined program objectives. The objectives and metrics include successful completion of the 90-day orientation, one year rate of retention, BSN rates, certification achievement, and nursing professional development. Phelps consistently maintains a 100% one-year retention rate of newly hired experienced nurses. [SE9-J MCH Program Outcomes Report 2017-2019](#)

EXAMPLE 3: TRANSITIONING NURSE INTO NEW PRACTICE ENVIRONMENT

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program of a nurse transferring within the organization to a new nurse practice environment. Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Overview: The purpose of transition to practice for an experienced telemetry Phelps Hospital (Phelps) nurse transferring into the Intensive Care Unit (ICU) is to build upon the nurse's knowledge and problem-solving and critical-thinking skills to promote and develop critical care competencies to deliver safe care in the ICU practice setting. Based on Benner's model (Benner, 1984), the program is customizable based on the career path previously taken and the unique needs of each nurse.

Transferring Nurse: Anne Moss, BSN, RN, clinical nurse, 5 South began working at Phelps on July 11, 2011, on the Stepdown unit as a new graduate nurse. On November 25, 2018, she transferred to a clinical nurse position in the ICU.

Transitioning Transferring Nurse into New Nursing Practice Environment

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources and Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, serve as organizational administrators. Suzanne Mateo, MA, RN, NEA-BC, director, Emergency Department (ED), Critical Care, Inpatient Behavioral Health, Carol Daley, MS, RN, CNML, nurse manager, Critical Care, and the critical care educator oversee and evaluate the internal clinical nurse's transition to practice. At the time of Anne's transition, there was no master's prepared educator assigned to critical care. Adele Whyte, BSN, RN, CCRN, WOCN, clinical nurse IV, a highly qualified experienced nurse was matriculating in a graduate program at the time and was fulfilling the educator role. Adele worked closely with members of Organizational Development to make sure that all aspects of

the orientation were covered. She served as the primary preceptor and coordinated the activities of the orientation team, the clinical nurse preceptors.

Adele guided the clinical preceptors, Rebecca O'Brien, BSN, RN, PCCN, clinical nurse IV, and Celeste Duncalf, BSN, RN, CCRN, clinical nurse IV, to develop, coordinate, deliver and evaluate the orientation. Team members worked collaboratively with the clinical nurse to facilitate the clinical nurse's practice-based learning and continuous development of competencies (psychomotor, cognitive/new knowledge and interpersonal) as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. [SE9-K Moss Welcome Letter & Orientation Schedule November 2018.](#)

At the October 26, 2018 ICU Staff Meeting, Carol announced that Anne Moss, BSN, RN, clinical nurse IV, 5 South, Stepdown, who has worked at Phelps since 2011, would begin orientation to the ICU on November 26, 2018. During the unit-based orientation, the nurse manager, clinical educator, preceptors and interprofessional team engage the transferring nurse and provide the framework for understanding the critical care environment. The interprofessional team members participate in the orientation with a focus on patient safety, service excellence and employee engagement. On November 26, 2018, Carol and Celeste Duncalf, BSN, RN, clinical nurse and preceptor, welcomed Anne as she began her 9-week orientation to the ICU.

Development and Design: The comprehensive, unit-based orientation plan and defined critical care competencies provide the structure to guide the nurse in achieving and demonstrating competencies. The competency framework, based on the Quality and Safety Education in Nursing (QSEN) Competencies, supports continuous development of cognitive, clinical-based, and inter-professional skills demonstrated at the point of care, the ICU. Progress is measured by acquisition and validation of each competency. Opportunity and demonstration of skills acquisition is dependent on the patient population, diagnoses, and required patient care on any given day. [SE9-L Moss Critical Care Competency](#)

Practice-Based Learning: In November 2018, Adele, Rebecca, and Celeste collaborated to assess and identify knowledge and competency gaps and actively plan individualized experiences to meet those needs. They provided formative feedback regarding progress toward orientation goals, growth opportunities and successful demonstration of competencies. Collaboratively, Carol and Adele provided a summative evaluation to validate safe practice. [SE9-M Moss ICU Orientation Plan Nov 2018-Jan 2019](#)

Nursing Professional Development Support: Transferring RNs such as Anne receive ongoing professional development support from the unit clinical educator and information via email, Nursing News, flyers and verbal communication on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder for clinical career advancement, access to resources and financial support to

obtain and maintain certification, opportunities to participate in nursing shared governance councils, interdisciplinary committees, community activities, lifelong learning and professional organizations. Demonstrating interest in the growing need for education about de-escalation and behavioral management, Anne attended training to become a Non-Violent Crisis Intervention (CPI) instructor. Anne used this instructor role as a clinical ladder leadership activity. [SE9-N Professional Development Brochure April 2019](#)

Quality Outcomes: Nancy Fox, and Suzanne evaluate the effectiveness of the transition to practice program for nurses transferring to the ICU against program and critical care patient outcomes. The expected outcomes include successful completion of ICU clinical orientation, one-year retention, recommend the hospital and communication with nurses patient satisfaction scores, nurse sensitive clinical indicators, and RN NDNQI satisfaction survey results. The ICU retains transferred nurses and has patient satisfaction scores that rank higher than the national benchmark especially for “Nurse Communication.” [SE9-O ICU Transfers Retention and Outcomes Report 2017-2019](#)

11 pages



EP8EO - RN-LED INTERPROFESSIONAL EDUCATION

REDUCING OB HEMORRHAGE PATIENT LENGTH OF STAY

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

Problem

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

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

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

Goal Statement

Goal: Reduce LOS for Phelps OB patients requiring MBTs.

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

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

Participation

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

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: April – May 2017

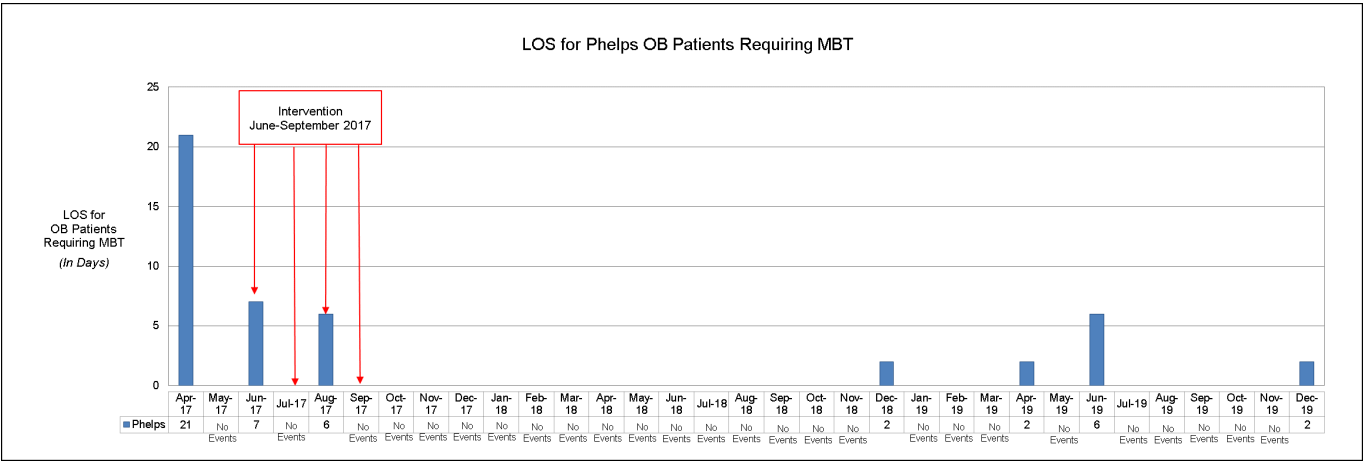
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the LOS for Phelps OB patients requiring MBT was 21 days.

Intervention Timeframe: June – September 2017

Post-Intervention Timeframe: October 2017 – December 2019

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

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





EP9 - EVALUATING UNIT RESOURCES

EXAMPLE 1: CLINICAL NURSES COLLABORATE WITH DIRECTOR TO ADDRESS UNIT-LEVEL STAFFING NEED

Provide an example, with supporting evidence, of a time when clinical nurses collaborated with an assistant vice president (AVP)/nurse director to evaluate data in order to address an identified unit-level staffing need.

Background

Overview: In October 2017, Phelps Hospital's clinical nurses participated in the National Database of Nursing Quality Indicators (NDNQI®) RN Satisfaction Survey using the Practice Environment Scale (PES). In March 2018, Yvetale (Yve) Lauture-Jerome, MAS, BSN, RN, SANE-A, director, Maternal Child Health (MCH), reviewed the survey data for the units in MCH, including Labor & Delivery (L&D), Well Baby and Postpartum. At that time, Yve noted that the MCH survey results were suboptimal in the category of Staffing and Resource Adequacy. She decided to include the clinical nurses from her units in determining the root cause of nurses' dissatisfaction with the current staffing model and creating an action plan to address the underlying issues they identified.

Identified Unit-Level Staffing Need: On March 22, 2018, at the monthly MCH unit staff meeting, Yve discussed the 2017 NDNQI RN Satisfaction Survey results with the MCH nursing staff. The clinical nurses at the meeting communicated that because MCH lacked sufficient support staff to perform non-skilled duties, nurses were unable to spend as much time with their patients as they felt was necessary. Yve agreed to coordinate collecting MCH's census and staffing data, which they would analyze together. If the data indicated the need for additional support staff, she would use their findings to justify and advocate for the new positions.

Nurse Director: Yve Lauture-Jerome, MAS, BSN, MA, RN, SANE-A, director, MCH

Clinical Nurses: Clinical nurses who *collaborated with the AVP/nurse director to evaluate the data in Table 1*

Name	Credentials	Discipline	Dept/Unit	Job Title
Susan Kuznicki	BSN,RN, CPN	Nursing	MCH	Clinical Nurse
Philis Chiao	BSN, RN, C-EFM	Nursing	MCH	Clinical Nurse
Clara Karas	BSN, RN, C-EFM, RNC-OB	Nursing	MCH	Clinical Nurse
Bernadette Coyne	BSN, RN, RNC-MNN	Nursing	MCH	Clinical Nurse
Suzanne Mullins	BSN, RN, C-EFM	Nursing	MCH	Clinical Nurse
Ita Brennan	AAS, RN, C-EFM,	Nursing	MCH	Clinical Nurse
Judy Kennedy	BSN, RNC-MNN	Nursing	MCH	Clinical Nurse
Karen Skinner	BSN, RN, C-EFM	Nursing	MCH	Clinical Nurse
Jie Xu	BSN, RN. RNC-LRN	Nursing	MCH	Clinical Nurse
Ann Turco	BSN, RN, C-EFM, PCCE	Nursing	MCH	Clinical Nurse
Terri Kilfoile	RN	Nursing	MCH	Clinical Nurse
Claudia Velez	BSN, RN, RNC-LRN	Nursing	MCH	Clinical Nurse
Shyla Kalappura	BSN, RN, RNC- LRN,RNC-MNN	Nursing	MCH	Clinical Nurse
Anne Joseph	AAS, RN	Nursing	MCH	Clinical Nurse
Karen Nieto	AAS, RN	Nursing	MCH	Clinical Nurse
Mary Meade	AAS, RN, NCC-EFM, RNC-OB	Nursing	MCH	Clinical Nurse
Susanne Neuendorf	BSN, RN, C-EFM	Nursing	MCH	Clinical Nurse
Theresa Hagenah	MSN, RN, C-EFM, RNC-OB	Nursing	MCH	Clinical Nurse
Molly Moran	BSN, RN	Nursing	MCH	Clinical Nurse
Caryn Lamattina	BSN, RN	Nursing	MCH	Clinical Nurse
Danielle Rush	BSN, RN, C-EFM,	Nursing	MCH	Clinical Nurse
Jennifer McShane	BSN, RN	Nursing	MCH	Clinical Nurse
Karen Whalen	AAS, RN	Nursing	MCH	Clinical Nurse
Kerry Waldron	BSN, RN, CPN	Nursing	MCH	Clinical Nurse
Maria Medlovsky	MSN, RN, CPN	Nursing	MCH	Clinical Nurse
Kathryn Galto	AAS, RN, C-EFM, RNC-OB	Nursing	MCH	Clinical Nurse
Menalyn Gacer	BSN, RN	Nursing	MCH	Clinical Nurse
Joanne Gould	BSN, RN, IBCLC, PCCE	Nursing	MCH	Nurse Midwife
Yeva Posner	BSN, RN, IBCLC	Nursing	MCH	Nurse Midwife
Nellybeth Segarra	BSN, RN, IBCLC, RNC-LRN	Nursing	MCH	Nurse Midwife

Data: MCH daily census and staffing from May 16-June 16, 2018

Clinical Nurses & Nurse Director Collaborate to Address Unit-Level Staffing Need

Gathering Data: On March 23, 2018, the day after the MCH staff meeting, Yve and the clinical nurses partnered with Kathy Calabro, data analyst, to create a data collection tool for tracking census and staffing information. The group agreed that MCH's healthcare unit coordinator (HUC), a nursing support staff role, would be the best person to consistently track this information. From May16, 2018 to June 16, 2018, MCH's HUCs collaboratively tracked the number of patients, nurses and nursing support staff by unit and shift. [EP9-A MCH Census](#)

[and Staff Tracking May-June 2018](#)

Evaluating Data/Determining What to Change: In June 2018, Yve shared the completed census and staffing tracker log with Kathy, who created a summary of her findings for the MCH staff to review. On June 26, 2018, Kathy Calabro met with Yve and Nicole to review the findings from the data analysis. On June 27, 2018, Yve discussed Kathy's findings with the clinical nurses at the June staff meeting. Based on the findings, the group determined that additional scrub technicians and Hospitality coverage were needed to adequately support the clinical nurses and allow them to spend sufficient time with their patients. [EP9-B MCH Staff Meeting Minutes 0618](#)

Looking for Approval: On July 13, 2018, Yve met with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer. Yve presented Mary with Kathy's report of the census and staffing data and shared the highlights of the discussion of her findings with the MCH clinical nurses. At that time, Yve requested Hospitality support for the 3-11pm shift, as well as three additional scrub technician positions. Mary reviewed the MCH budget with Yve and gave Yve approval to submit requisitions for the positions. [EP9-C Emails between Yve and Mary July 2018.](#)

Implementing Staffing Change: Due to the collaborative efforts of Yve and the clinical nurses, the unit-level staffing needs were addressed. In November, 2018, one new scrub technician was hired and the status of one scrub technician was changed from per-diem to full time. On November 19, 2018 Guadalupe Quinto started at Phelps. On November 25, 2018 Darlene Bastien status was adjusted from per-diem to full time. On January 8, 2019 Mariana Quiroz Serna started as a new scrub technician at Phelps. The following evidence reflects all 3 employees with their schedule sheet identifying their start date along with their time card previous to start date and after start date [EP9-D Time Sheets.](#)

EXAMPLE 2: NURSES COLLABORATES WITH DIRECTOR TO MEET OPERATIONAL NEED

Provide one example, with supporting evidence, when nurses collaborated with an AVP/nurse director to evaluate data in order to meet an operational need (not workforce related).

Background

Identified Operational Need: In Phelps Hospital's ED, clinical nurses routinely perform blood draws at the time of venipuncture for IV cannulation. A blood culture set consists of two bottles: one testing for presence of aerobic bacteria and the second for anaerobic bacteria. In order to achieve the most sensitive and accurate results, the manufacturer recommends blood culture fill volumes (BCFV) of 8 ml-10 ml, with a minimum volume of 3 ml. However, there was no clearly-defined fill point on the label of the blood culture bottle and fill volume

levels varied depending on the rate of blood flow from the patient. This often resulted in volumes between 3 ml and 8 ml, which are known as “short draws” and considered suboptimal.

Nurse Director: Suzanne Mateo, MA, RN, NEA-BC, CEN, director of nursing, ED, Critical Care and Inpatient Behavioral Health

Nurse Collaborators: Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director of nursing, ED; Alayna Davis, BSN, RN, PCCN, nurse manager, ED, PCCN; Nadia Poon-Woo, MSN, RN, FNP-BC, CEN, clinical educator, ED; and Susan Casey, AAS, RN, clinical nurse, ED

Data: ED BCFV levels from April to June 2019

Nurses and Director Collaborate to Meet Operational Need

Gathering Data: Nurses of the Phelps ED were monitoring ED BCFV volumes since 2017. Blood culture volumes began decreasing in the latter part of 2018. In June 2019, Susan Casey, AAS, RN, clinical nurse, ED and Nadia Poon-Woo, MSN, RN, FNP-BC, CEN, clinical educator, ED reviewed the Phelps ED’s BCFV data from July 2018 to May 2019 with the ED nurses using the Northwell Health System’s emergency medicine service line monthly reports. for staff to review. [EP9-E ED BCFV Levels July 2018-May 2019](#)

Evaluating Data/Determining what to Change: In June 2019, the ED nurses met with Suzanne Mateo, MA, RN, NEA-BC, director of nursing, ED, Critical Care, Inpatient Behavioral Health, reviewed and evaluated the BCFV levels from July 2018 to May 2019. The ED nurses discussed how the BCFV levels were still not consistently between 8-10 ml.

To improve and sustain BCFV levels, the nurses decided to implement marked blood culture bottles into their collection process, and obtain verification by Laboratory staff. The nurses suggested that the techs be included in this initiative and assigned the responsibility of marking the blood culture bottles. The nurses and techs present at the meeting agreed to support the initiative They discussed this idea and received approval from Suzanne. In addition, the ED nurses decided to incorporate the new blood culture collection process in the ED’s annual competency review for nurses. [EP9-F ED Staff meeting minutes 062019](#)

Implementing the New Process: The ED nurses reviewed the existing assignment sheet and modified it to include the new assignment for the ED techs to mark the blood culture bottles. The revised assignment sheet was implemented July 15,2019. The assignment sheet highlights the new tech role. [EP9-G ED Completed Assignment Sheet](#)

Reinforcing the Operational Change: At the July ED staff meeting, the changed practice of marking the blood culture bottles and delegating the assignment to the ED techs was reviewed for consistency. The new competency regarding the blood culture collection process and the inclusion of the ED techs was discussed and validated [EP9-H ED Staff meeting minutes 071819](#)

Results: The average blood culture fill volume levels increased to an average of 8.9 ml for the month of August 2019 and 9.0 ml in September, 2019. [EP9-I ED BCFV Levels July 2018-September 2019](#)

5 Pages



EP10EO - NURSE RETENTION

EXAMPLE 1: REDUCING PHELPS HOSPITAL'S NURSE TURNOVER RATE

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

Problem

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

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

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

Goal Statement

Goal: Reduce the Phelps' RN turnover rate.

Measure of Effectiveness: Phelps' RN turnover rate

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

Participation

EP10EO - Table 1 - Recruitment Retention and Recognition Council Members

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: October 2018

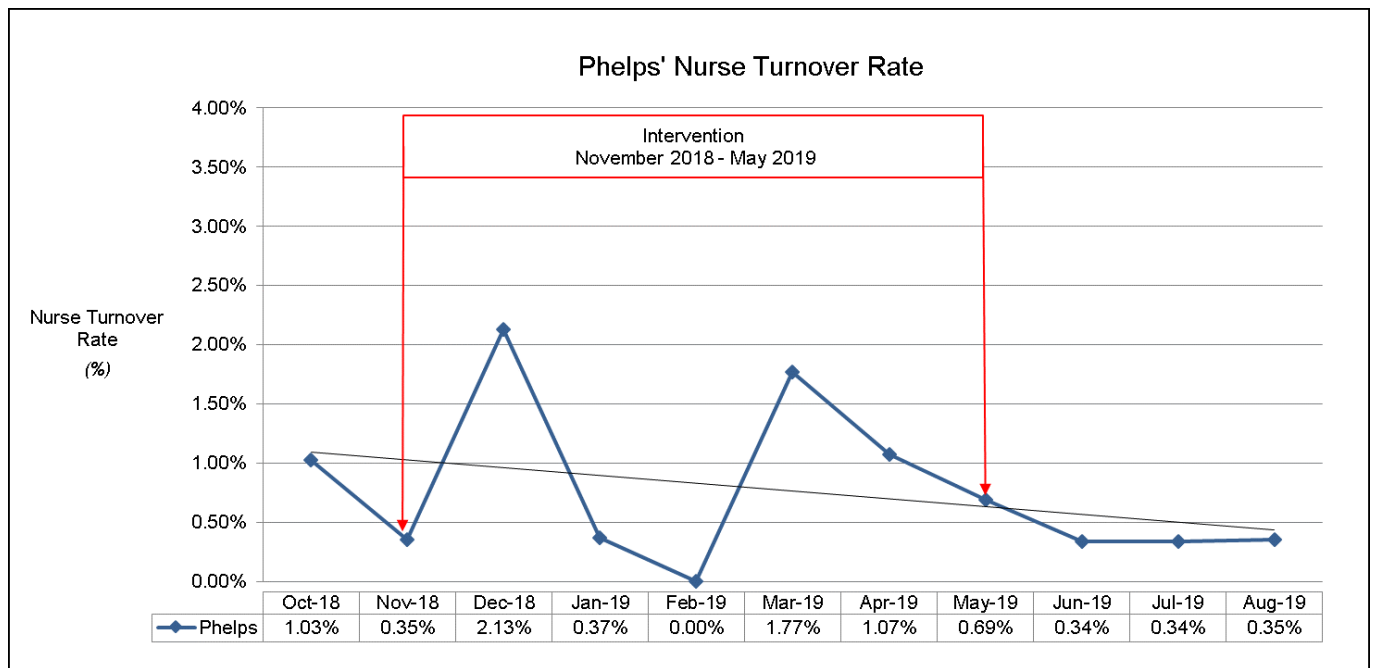
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps' RN turnover rate was 1.03%.

Intervention Timeframe: November 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

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

EP10EO - Graph 1 - Phelps' Nurse Turnover Rate



EXAMPLE 2: REDUCING ED NURSE TURNOVER

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

Problem

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

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

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

Goal Statement

Goal: Reduce the ED RN turnover rate

Measure of Effectiveness: ED RN turnover rate

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

Participation

EP10EO - Table 2 - ED Nurse Retention Activities Organizers

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 3Q17

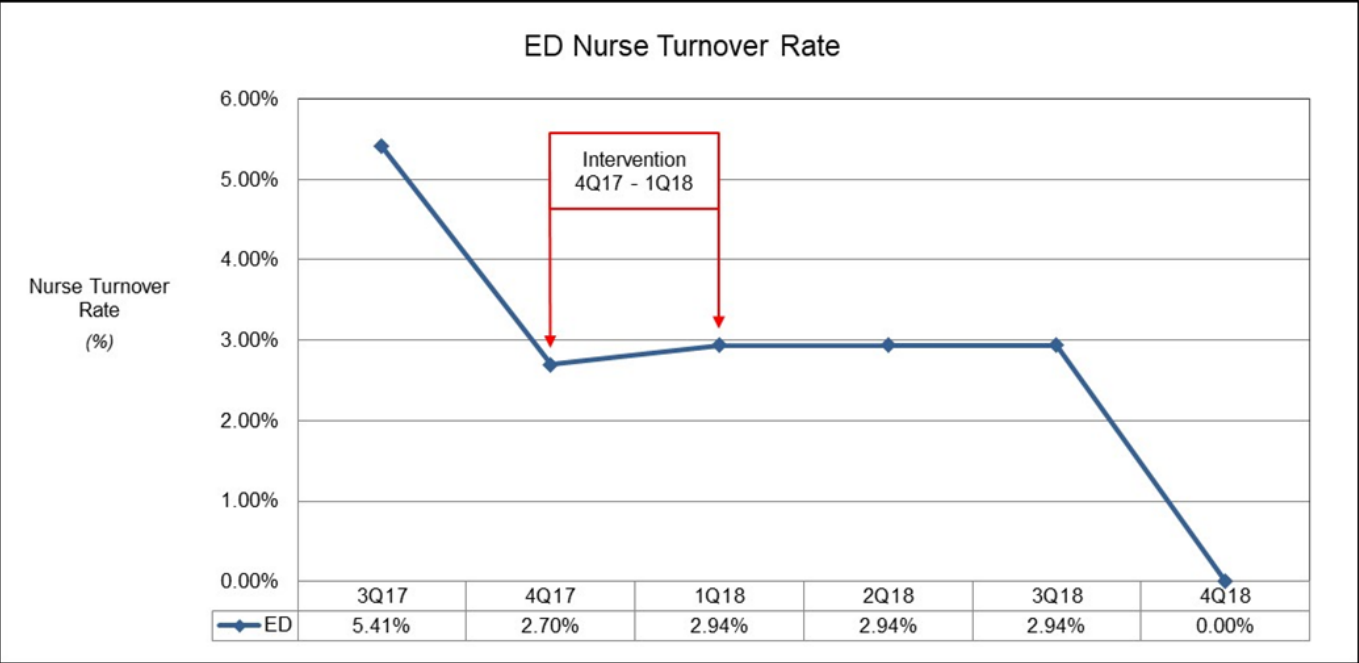
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ED RN turnover rate was 5.41%.

Intervention Timeframe: 4Q17 – 1Q18

Post-Intervention Timeframe: 2Q18 – 4Q18

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

EP10EO - Graph 2 - ED Nurse Turnover Rate





NK3 - EVIDENCE-BASED PRACTICE

EXAMPLE 1 CLINICAL NURSES IMPLEMENT EDINBURGH POSTPARTUM DEPRESSION SCALE

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

Background

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

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

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

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

Participation

NK3 - Table 1 - Clinical Nurses on PMAD Committee

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

Researching Evidence-Based Findings

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

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

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

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

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

Using Evidence-Based Findings to Implement a New Practice

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

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

EXAMPLE 2: CLINICAL NURSES REVISE PRACTICE TO MEASURE NEONATAL JAUNDICE

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

Background

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

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

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

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

Researching Evidence-Based Findings

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

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

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

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

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

Using Evidence-Based Findings to Change an Existing Practice

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

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

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

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

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

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

Results

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



NK6EO - ADOPTING TECHNOLOGY

EXAMPLE 1: ADOPTION OF NEONATAL SEPSIS CALCULATOR REDUCES UNNECESSARY PROPHYLACTIC ANTIBIOTIC USE IN NEWBORNS

Provide two examples, with supporting evidence, of an improved outcome in a care setting associated with a clinical nurse(s) involvement with adoption of technology. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.

Problem

Overview: Evaluating newborns for risk of sepsis is critical to their overall safety. Current algorithms for management of neonatal early-onset sepsis (EOS) result in medical intervention for large numbers of uninfected infants (*JAMA Pediatrics*, April 1, 2017). The percentage of infants being treated with antibiotics is approximately 200-fold higher than the incidence of EOS (*The Joint Commission Journal on Quality and Patient Safety*, May 2016). Many studies suggest that using antibiotics in newborns is associated with health problems such as asthma, obesity, and autoimmune disorders later in life, along with serious risks including an imbalance in the gut microbiome and risk of developing antibiotic-resistant microorganisms (*Medical News Bulletin*, June 16, 2018). Implementation of a neonatal sepsis risk calculator may result in the detection of newborns at high risk for sepsis, and earlier differentiation of those neonates who do not require prophylactic antibiotic therapy.

Background: Beginning in 2018, clinical nurses of the Maternal Child Health (MCH) department at Phelps Hospital (Phelps) became increasingly aware that there were multiple admissions of newborns with suspected sepsis into the Special Care Nursery (SCN). Phelps fosters the promotion of "Rooming In", allowing mothers and their newborns to bond together with little to no interruption. When these newborns, identified to be at risk for sepsis based upon their mother's vital signs, were admitted to the SCN, bonding with the mother and breastfeeding time were compromised. Hospital policy had required that any newborn of a mother with a temperature of 100.4° F or higher, be admitted to the SCN for prophylactic antibiotic treatment. The MCH clinical nurses perceived this process to be excessive, and,

many times, unnecessary. Parents were allowed into the SCN to feed and bond with their newborns, but it was insufficient. The clinical nurses then decided to investigate different means of risk assessment to promote better antibiotic stewardship and patient safety in their department.

Challenge: In September 2018, 100% of MCH newborns at risk for sepsis were administered prophylactic antibiotics unnecessarily.

Goal Statement

Goal: Reduce percentage of MCH newborns at risk for sepsis administered prophylactic antibiotics unnecessarily

Measure of Effectiveness: Percentage of MCH newborns administered prophylactic antibiotics unnecessarily ($\frac{\# \text{ MCH newborns who did not require prophylactic antibiotic therapy for sepsis}}{\text{total \# MCH newborns receiving prophylactic antibiotic therapy for sepsis}} \times 100$).

Participation

NK6EO - Table 1 - Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Susan Kuznicki	BSN, RN, CPN	Nursing	Maternal Child Health	Clinical Nurse
Judy Kennedy	BSN, RNC-MNN	Nursing	Maternal Child Health	Clinical Nurse
Yvetale (Yve) Lauture-Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Mazen Khalifeh	MD	Medicine	Neonatology & Pediatrics	Director

Interventions

Learning about New Technology: In October 2018, Susan Kuznicki, BSN, RN, CPN, clinical nurse, MCH, and Judith (Judy) Kennedy, BSN, RNC-MNN, clinical nurse, MCH, attended the annual Magnet[®] Conference in Denver, Colorado. At one of the conference sessions, Susan and Judy learned about the benefits of using neonatal sepsis calculator technology to reduce the percentage of unnecessary interventions such as antibiotic therapy, increased monitoring, separation from mother, and increased length of stay associated with admission to the SCN.

Forming a Team: In October 2018, upon return from the conference, Susan and Judy shared these findings with their MCH colleagues, and approached Yvetale (Yve) Lauture-Jerome, MAS, BSN, RN, SANE, nursing director, MCH, regarding the use of the neonatal sepsis calculator. The timing was perfect since Phelps had just hired and welcomed a new director of Neonatology, Mazen Khalifeh, MD, who was also interested in implementing a new neonatal sepsis risk calculator.

Evaluate the Current Process: In October 2018, Susan, Judy, Yve and Dr. Khalifeh met to review the MCH's current processes for screening neonates for potential sepsis risk. The existing Neonatal Sepsis Risk Policy stated that all newborns of mothers with fever of 100.4° F or higher should be admitted to the SCN for antibiotic treatment. Based upon what they learned at the conference, Susan and Judy believed that this practice was contributing to unnecessary use of antibiotics in these newborns.

Identifying Specific Technological Solution: In October 2018, Susan, Judy and Yve reviewed the literature on neonatal sepsis calculators with Dr. Khalifeh. Collaboratively, they decided to adopt the Kaiser Permanente Early-Onset Neonatal Sepsis Calculator. The Kaiser Permanente Early-Onset Neonatal Sepsis Calculator is a web-based tool that uses a set of six predictors: organizational incidence of EOS, gestational age, highest maternal antepartum temperature, duration of rupture of membranes, maternal Group B streptococcus (GBS) status and type of intrapartum antibiotics, which are entered by the MCH nurse. From these metrics, the calculator provides an EOS risk at birth (per 1,000 births) and EOS Risk after Clinical Exam (Well-appearing, Equivocal or Clinical Illness) along with accompanying clinical recommendations.

Developing New Policies/Protocols/Procedures: In October 2018, Phelps adopted the Northwell System policy, protocol and procedures for the web-based Kaiser Permanente Early-Onset Neonatal Sepsis Calculator tool, to determine the newborn's risk for sepsis. This information guides care and determines whether the newborn requires admission to the Special Care Nursery for prophylactic antibiotic therapy. The Kaiser Permanente Early-Onset Neonatal Sepsis Calculator tool was placed on the desktop of all MCH computers.

Educating Nurses on the New Technology: At the end of October 2018, Susan and Judy met with and educated all MCH clinical nurses regarding the adoption of the Kaiser Permanente Early-Onset Neonatal Sepsis Calculator. Susan and Judy provided one-on-one education on the use of this sepsis calculator to the other MCH clinical nurses and during the monthly staff meeting at the end of October. Yve also shared and reinforced the use of this technology with the nurses during the implementation month.

Integrating the Technological Solution into Practice: By the end of October 2018, the Kaiser Permanente Early-Onset Neonatal Sepsis Calculator tool was implemented in MCH.

Outcome

Pre-Intervention Timeframe: September 2018

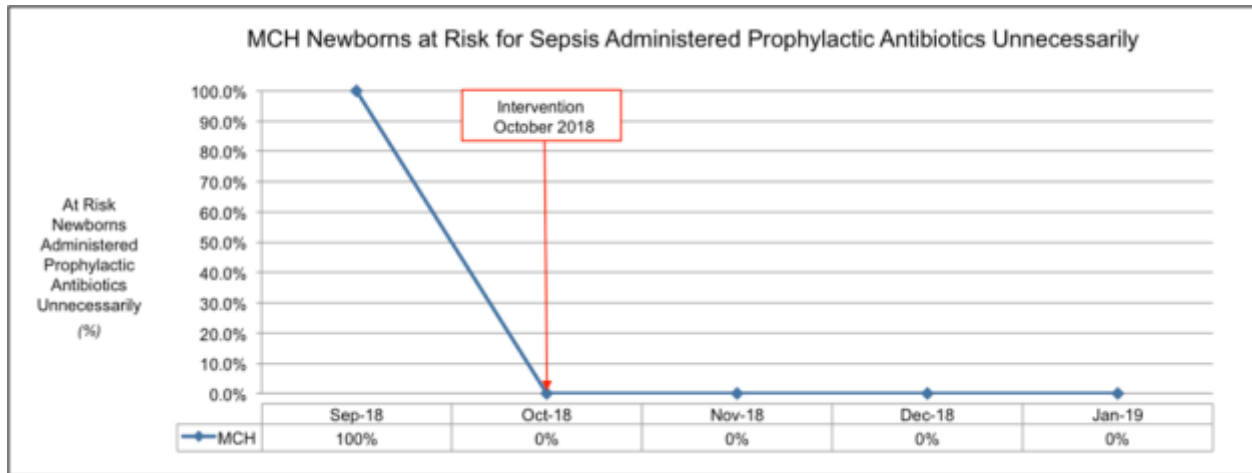
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 100% of MCH newborns were administered antibiotics unnecessarily.

Intervention Timeframe: October 2018

Post-Intervention Timeframe: November 2018 – January 2019

Post-Intervention Data: During the post-intervention timeframe, 0% of MCH newborns at risk for sepsis were administered prophylactic antibiotics unnecessarily. This represents a 100% reduction.

NK6EO - Graph 1 - MCH Newborns at Risk for Sepsis Administered Prophylactic Antibiotics Unnecessarily



EXAMPLE 2: CLINICAL NURSES IMPLEMENT BEDSIDE BARCODE SCANNERS IN THE EMERGENCY DEPARTMENT (AMBULATORY EXAMPLE)

Provide two examples, with supporting evidence, of an improved outcome in a care setting associated with a clinical nurse(s) involvement with adoption of technology. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.

Problem

Overview: Specimen labeling errors are serious and can significantly affect a patient's treatment plan. The errors can delay, impede and/or misdirect treatment options (deRin, 2010) since 60% to 70% of medical decision-making regarding treatments is informed by laboratory results (Green, 2013; Strobel, 2013). According to Green (2013), 26% of these errors can have detrimental effects on patient outcomes, resulting in increased length of patient stay, patient dissatisfaction, and increased costs.

Background: In 2017, there was an increase in patient safety incidents related to mislabeled lab specimens in the Phelps Hospital (Phelps) Emergency Department (ED).

Challenge: In 3Q17, Emergency Department patient safety incident rate related to mislabeled lab specimens was 3.13.

Goal Statement

Goal: Reduce Emergency Department patient safety incident rate related to mislabeled lab specimens.

Measure of Effectiveness: # Emergency Department patient safety incidents related to mislabeled lab specimens ÷ total # Emergency Department patient safety incidents x 100.

Participation

NK6EO - Table 2 - Specimen Barcoding Technology Team Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Amanda Yetman	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Philip Dinkler	AAS, RN	Nursing	Emergency Department	Clinical Nurse
Laura Nagy-Murphy	MA, BSN, RN	Nursing	Emergency Department	Nurse Educator (at the time)
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director of Nursing
Carol Stanley		Laboratory	Lab Operations and Lab Administration	Assistant Director
Robert Fitzsimmons		IT	IT	Director
Luis Montenegro		IT	IT	Desktop Support Technician
Michele Prisco		IT	IT	Regional CIO
Sandra Rocha		IT	IT	Coordinator, IT Systems
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care, Inpatient Behavioral Health	Nursing Director
Emil Nigro	MD, FACEP	Medicine	Administration	Physician Advisor

Interventions

Identifying Opportunity for Improvement: In December 2017, Carol Stanley, assistant director, Lab Operations and Lab Administration, identified an increase in specimen labeling errors in the Emergency Department. She met with Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director of nursing, Emergency Department, to share quality monitoring results and discuss the need for a corrective action plan to improve patient safety. Amanda Yetman, BSN, RN, clinical nurse, Emergency Department, and Laura Nagy-Murphy, MA, BSN, RN, nurse educator, Emergency Department (at the time) volunteered to join Carol and Candace on the unit team to evaluate and identify solutions to reduce patient safety incidents related to mislabeled lab specimens within the Emergency Department.

Gaining Clinical Nurse Input: In the December 2017 staff meetings, Candace shared

quality data with Emergency Department clinical nurses which showed an increase in specimen labeling errors. Candace asked the nurses to identify challenges regarding the current specimen labeling process and how patient safety events could be reduced. The Emergency Department clinical nurses offered several suggestions to reduce specimen labeling errors associated with the problem of a centrally located printer which automatically printed labels at the time of order entry. While the Emergency Department nurses tried these suggestions, they were unsuccessful.

Identifying Technological Solution: In January 2018, Candace observed the laboratory phlebotomist and the process for bedside specimen labeling in the Phelps lab. Candace thought about replicating the lab's process in the Emergency Department. Candace, Amanda, and Laura collaborated with Sandra Rocha, coordinator, Information Technology (IT) Systems, and Luis Montenegro, desktop support technician, IT, to identify the best solution for the Emergency Department. The team presented their ideal solution where the nurse would have access to barcode scanners and be able to print specimen labels on demand "at the bedside". These labels included the required patient identifiers for patient safety.

Proposing New Technology: In January 2018, with the help of Sandra and Luis, the Emergency Department clinical nurses proposed expanding the current bedside medication verification (BMV) barcode scanner functionality to incorporate bedside specimen labeling. In order to create the specimen labels, additional resources were needed for the BMV barcode scanners to communicate with the nurse's workstation on wheels (WOW):

- Sandra and Luis sought assistance and approval from Robert Fitzsimmons, director, IT, and Michelle Prisco, regional chief information officer (CIO), to purchase additional Citrix licenses that would enable printing specimen labels "on demand" at the bedside at every computer WOW in the Emergency Department.
- Amanda, Candace, and Laura assessed the Emergency Department equipment and identified the need for additional computer WOWs, barcode scanners, and specimen label printers to support this initiative. They communicated these needs to Suzanne Mateo, MA, RN, NEA-BC, nursing director, Emergency Department, Critical Care, and Inpatient Behavioral Health and Emil Nigro, MD, FACEP, physician advisor. The Emergency Department nurses also identified the need for and ordered custom-made specimen labels to alert laboratory staff that these specimens were originating from the Emergency Department, and to expedite processing and resulting of the labs.

Developing Education on New Technology: In January 2018, Amanda, Candace, and Laura engaged the assistance of Philip Dinkler, AAS, RN, clinical nurse, Emergency Department, to develop an educational program for the Emergency Department's new specimen labeling process. Amanda and Philip created a step-by-step written guide on this new process, which was referenced during the educational sessions for the Emergency Department staff. Prior to presenting the new specimen labeling process, the Emergency Department team reviewed and validated the written educational guide, using a computer test environment. Challenges related to having to log in to multiple screens were identified

during this phase of validation. Phil collaborated with Sandra to further streamline the specimen labeling process and enable login by several Emergency Department clinicians at the same time.

Educating Clinical Nurses: From January to March 2018, Amanda, Philip, and Candace in-serviced all clinical nurses in the Emergency Department. They held educational sessions on the day, evening, and night shifts. The process for log in, specimen ordering, and specimen label printing were reviewed with every Emergency Department nurse. Following didactic instruction, nurses provided return demonstration to ensure comprehension of the new specimen labeling process. Remediation was conducted as necessary.

Implementing New Technology to Reduce Misabeled Specimen Costs: By the end of March 2018, the Emergency Department RNs adopted the new bedside barcode scanner labeling technology for all ordered laboratory specimens.

Outcome

Pre-Intervention Timeframe: 3Q17

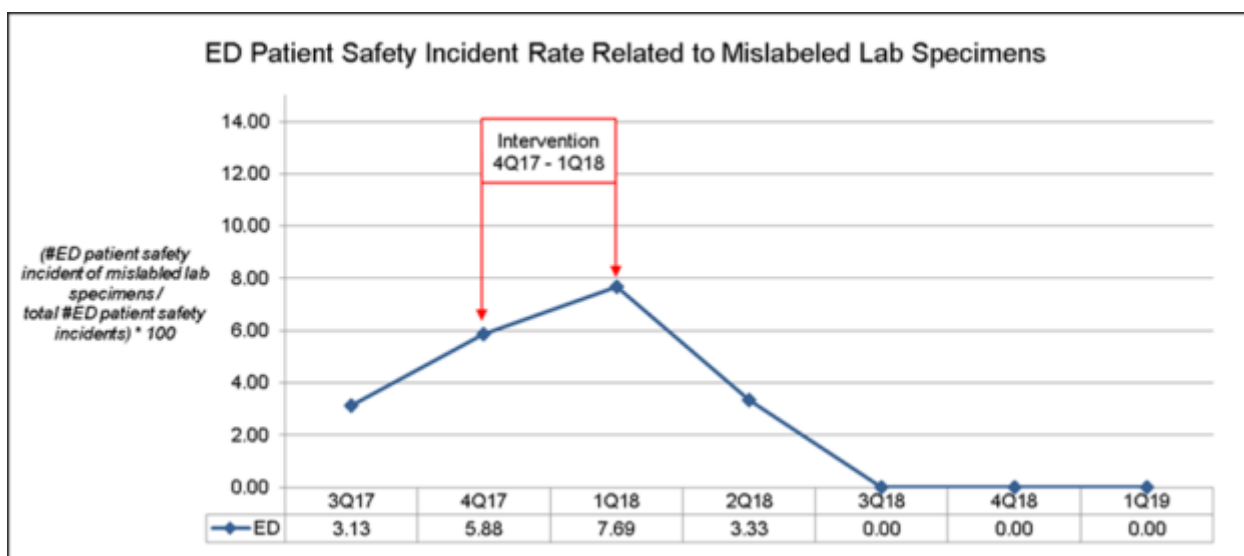
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Emergency Department patient safety incident rate related to mislabeled lab specimens was 3.13.

Intervention Timeframe: 4Q17 – 1Q18.

Post-Intervention Timeframe: 2Q18-1Q19.

Post-Intervention Data: During the post-intervention timeframe, the average Emergency Department patient safety incident rate related to mislabeled lab specimens averaged 0.83. This represents a 73% reduction.

NK6EO - Graph 2 - Emergency Department Patient Safety Incident Rate Related to Mislabeled Lab Specimens



10 pages