

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

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.

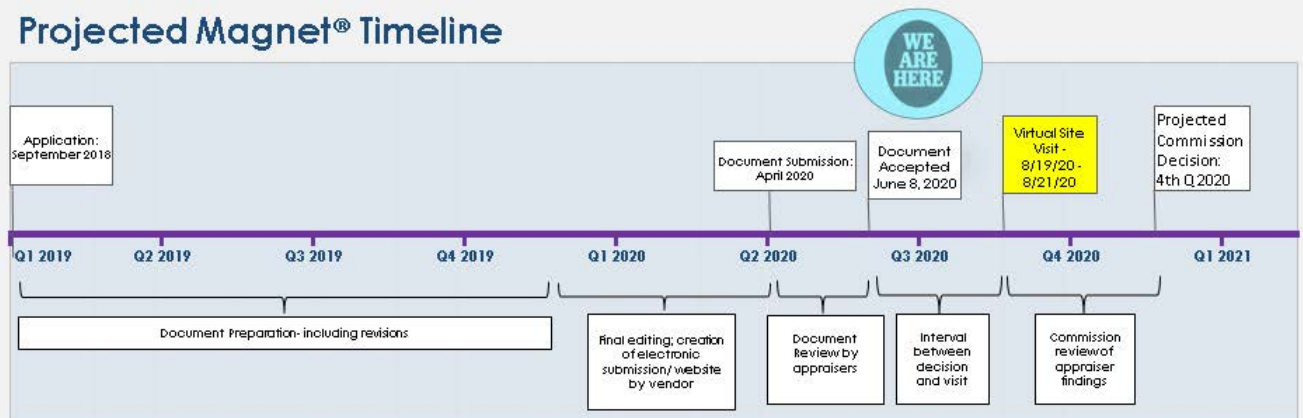
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

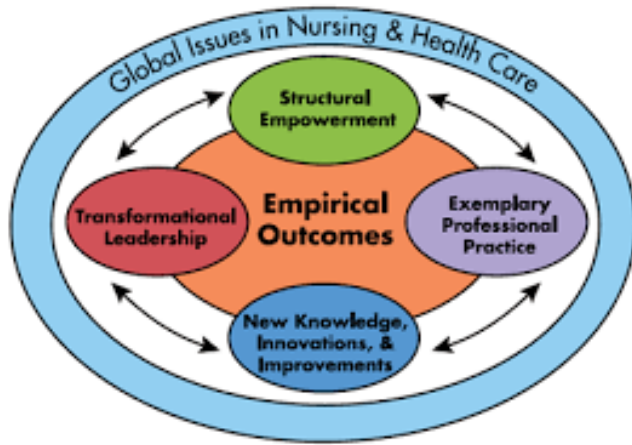
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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?



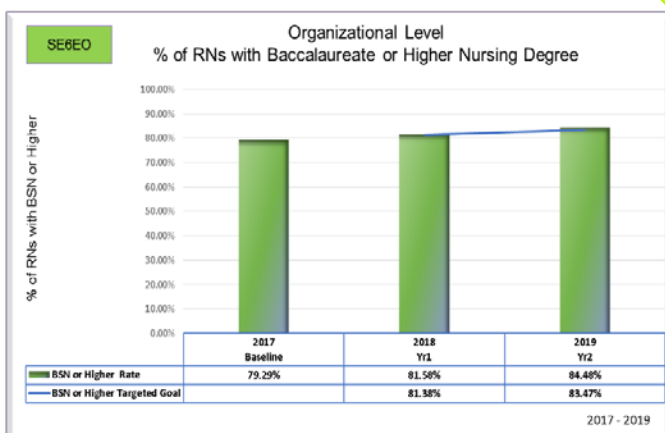
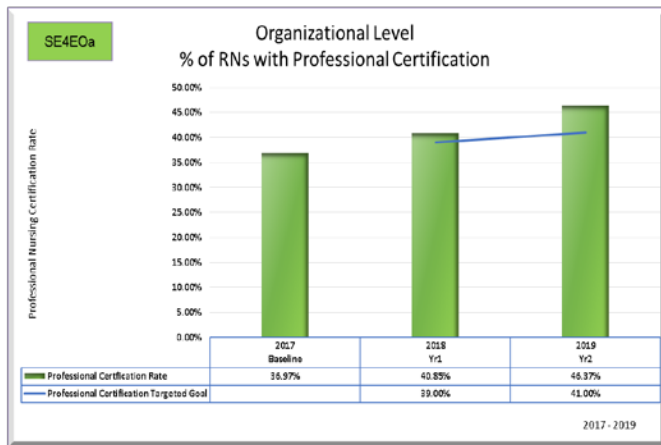
STRUCTURAL EMPOWERMENT

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:



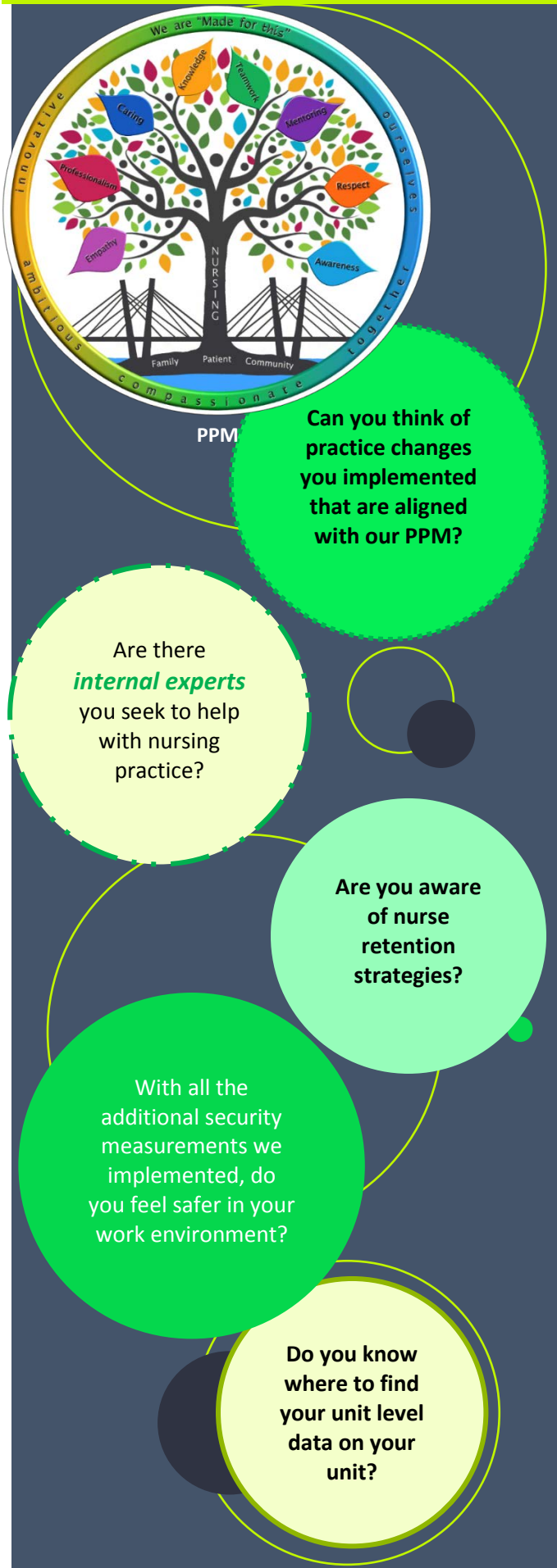
Has the hospital supported you in your volunteer efforts?

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

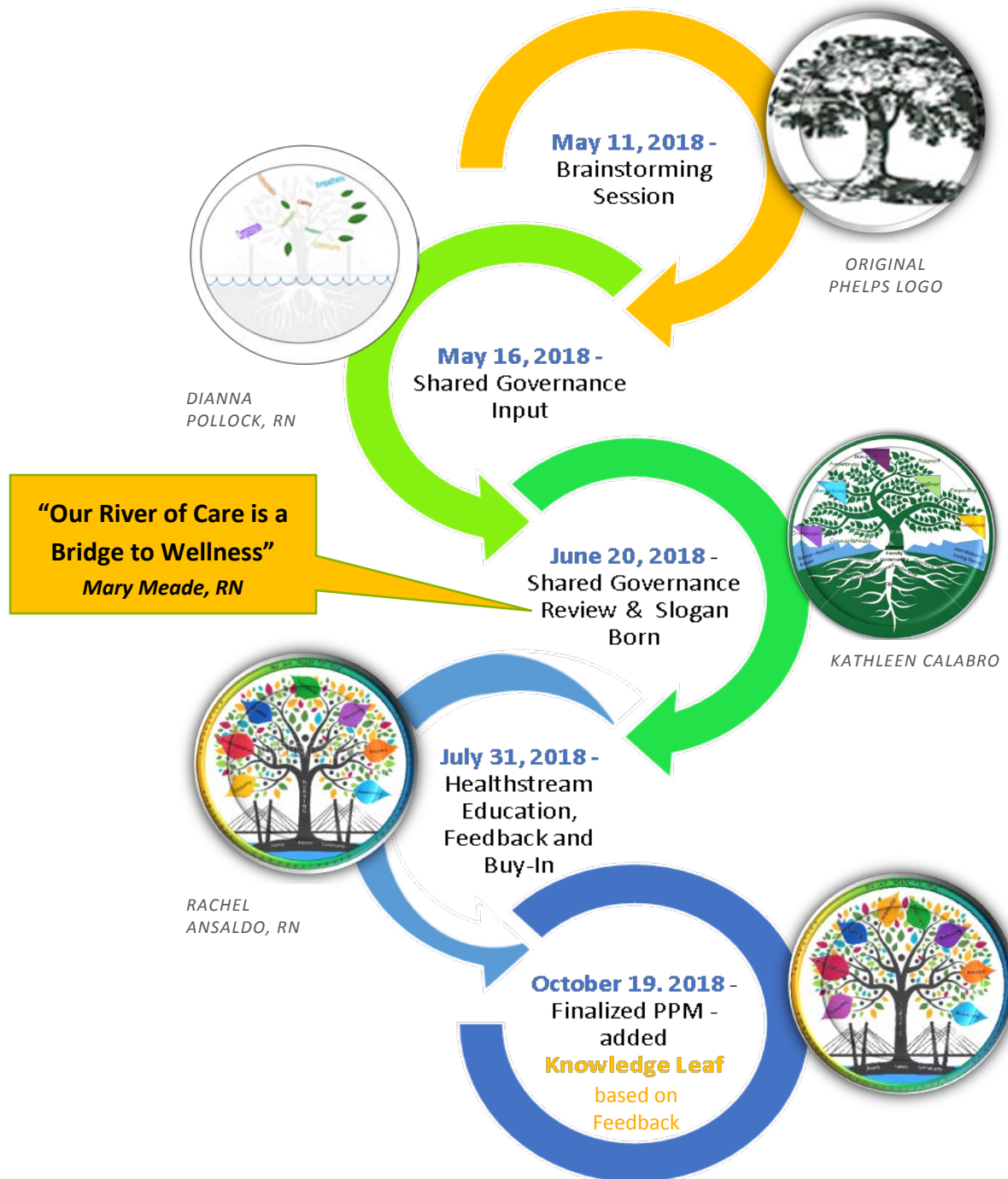
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

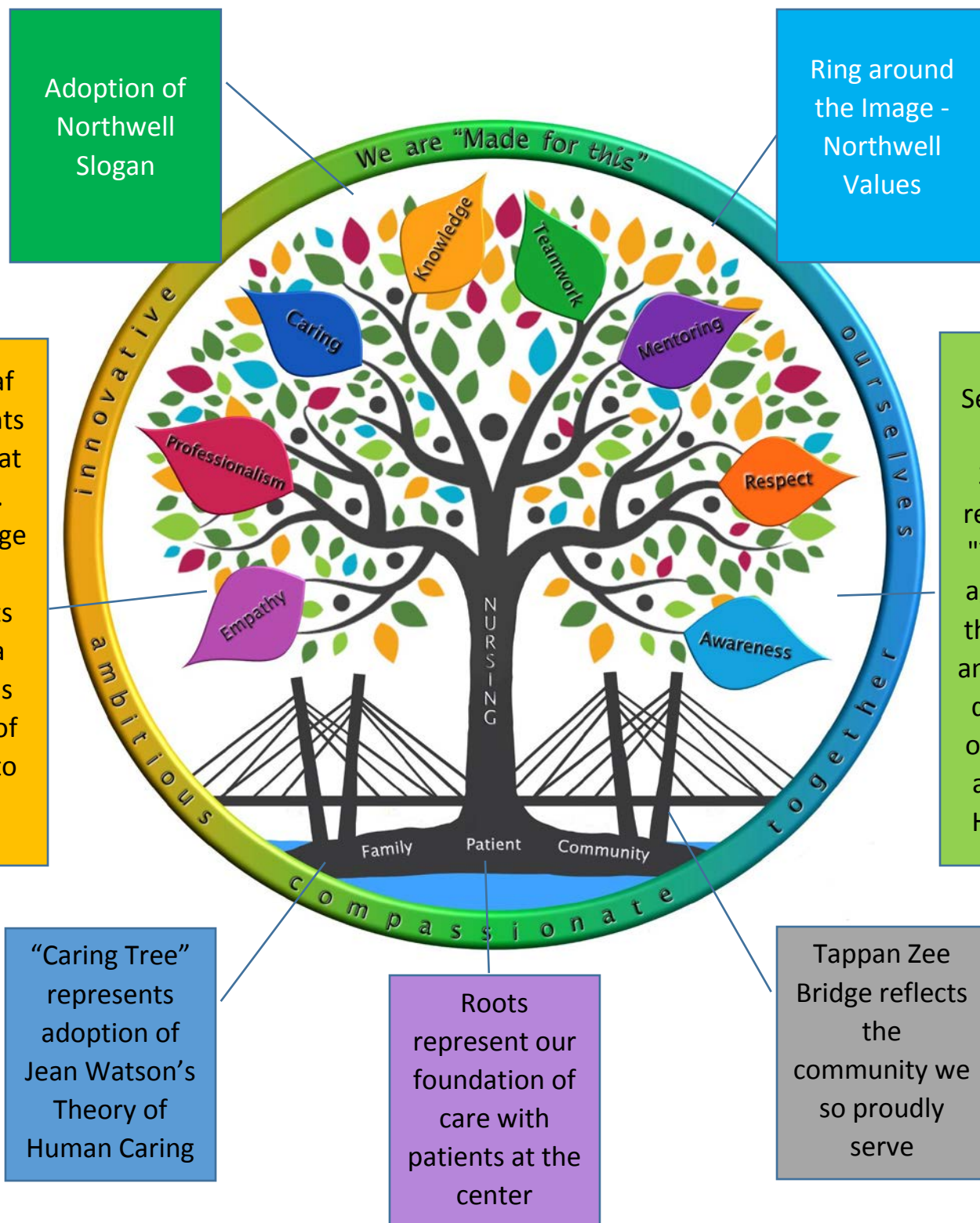
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

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

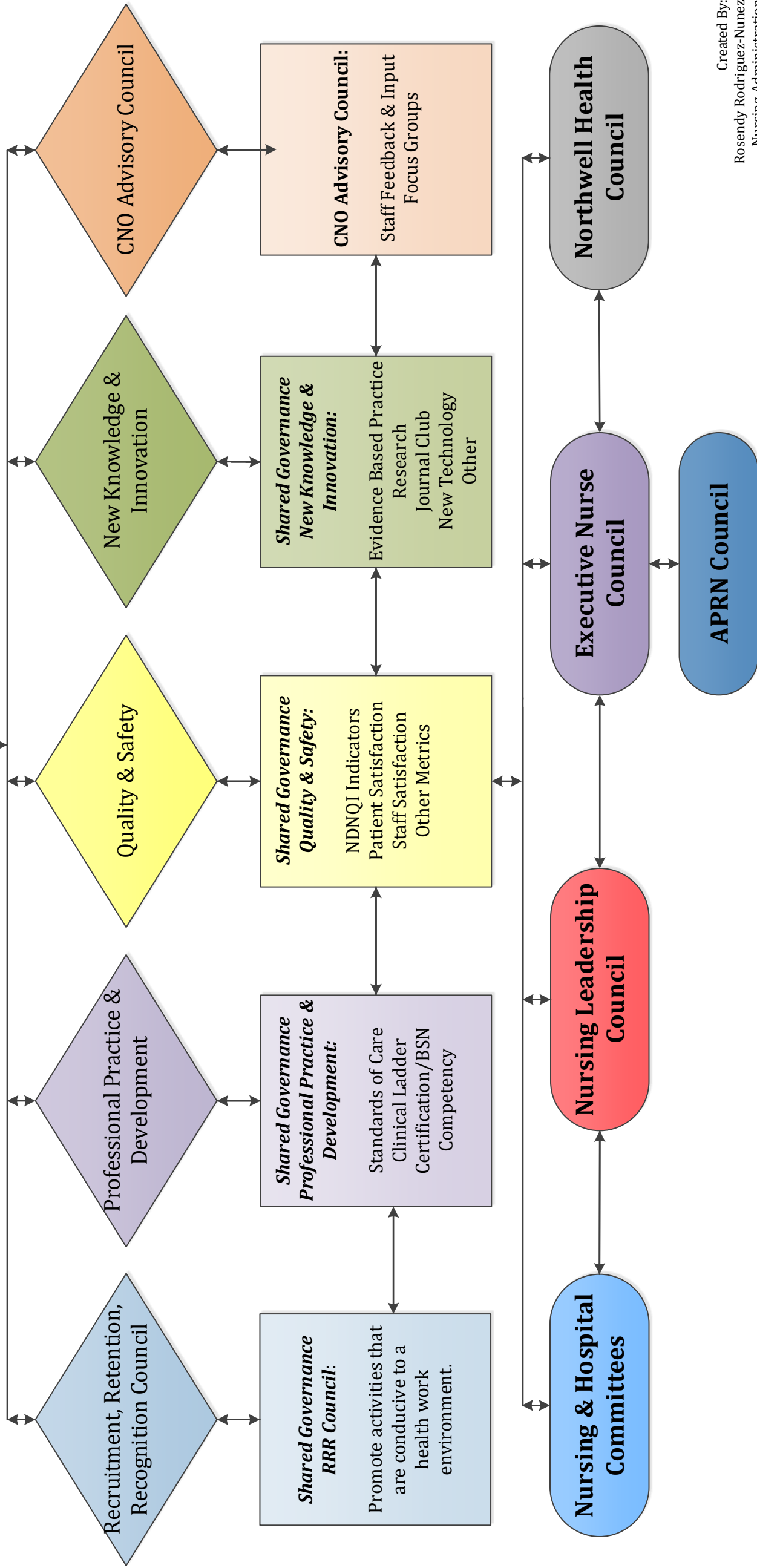


Understanding our Professional Practice Model



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.

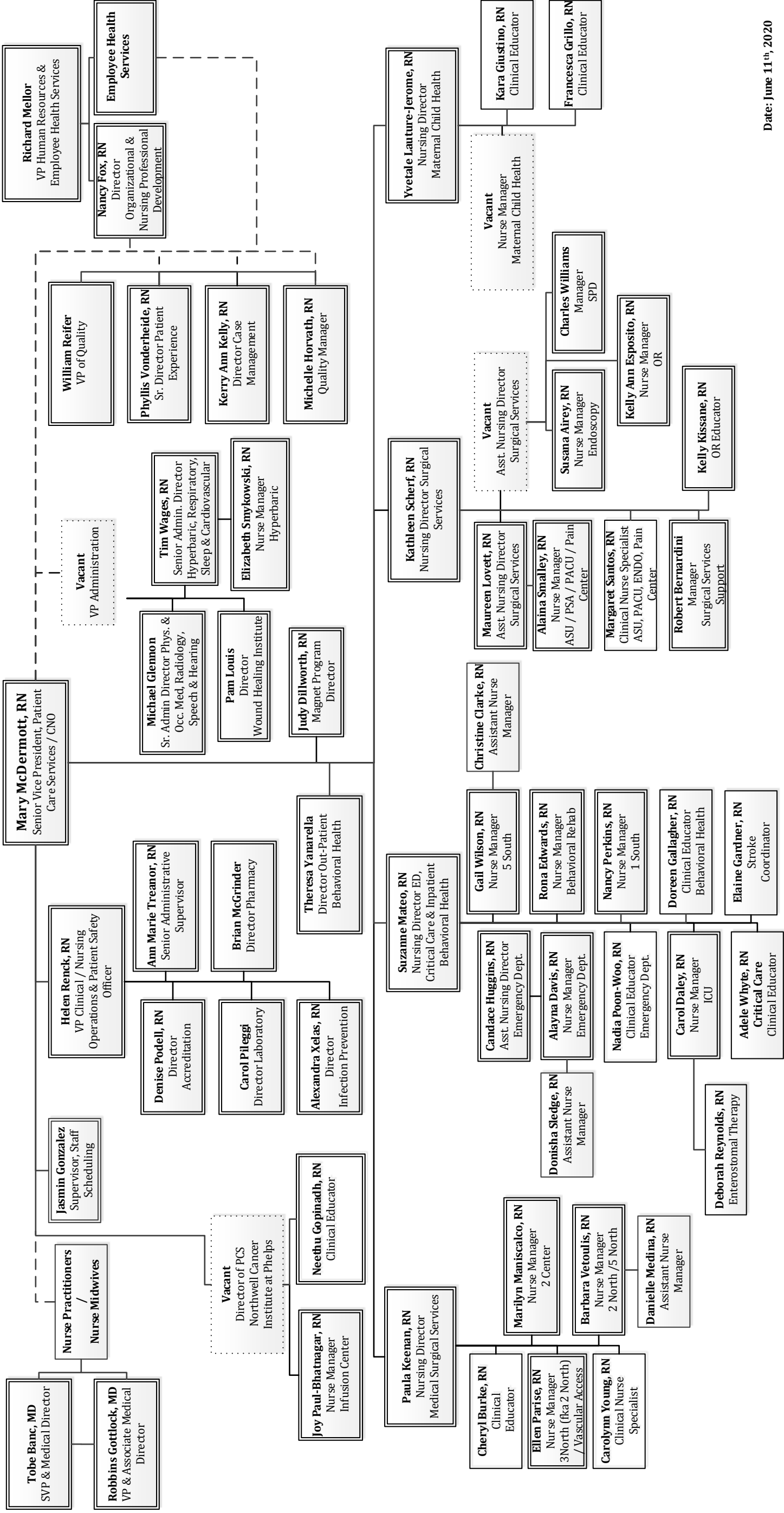


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

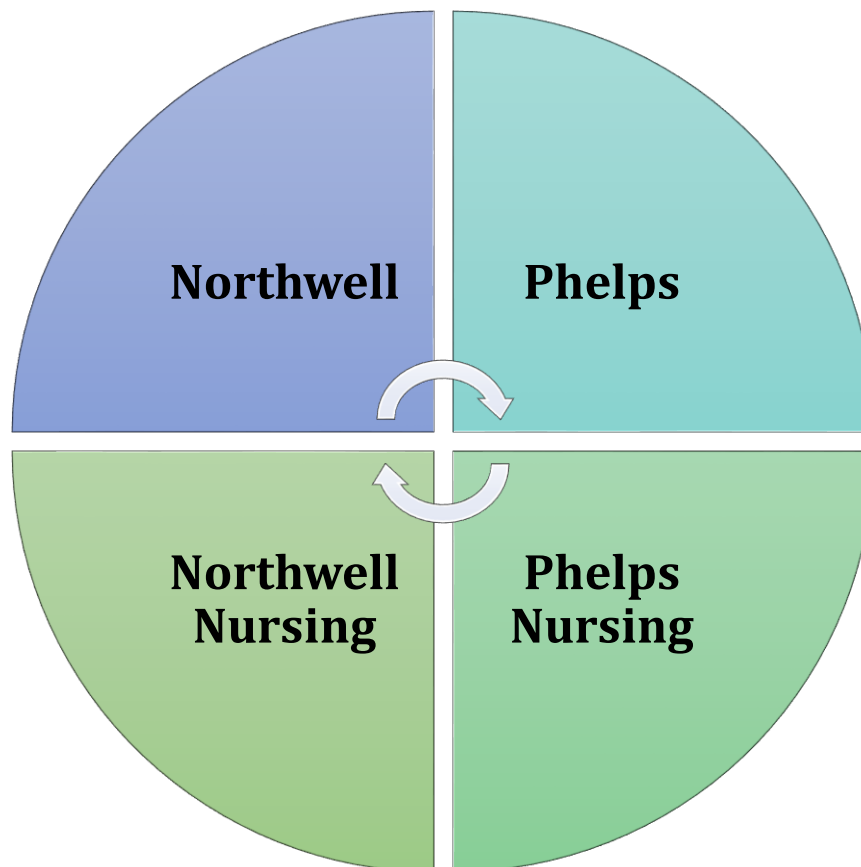
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.
- 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.





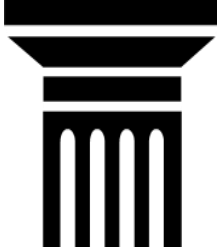
Nursing Strategic Plan

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.”



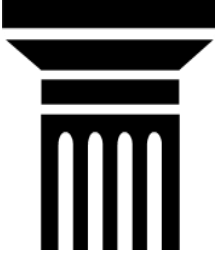
Goals

Quality



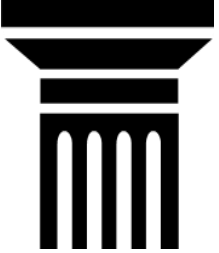
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



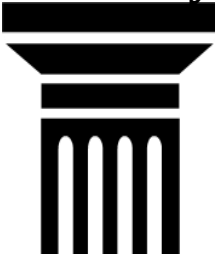
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



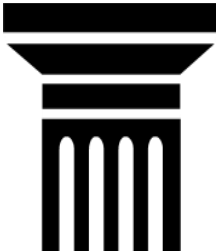
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

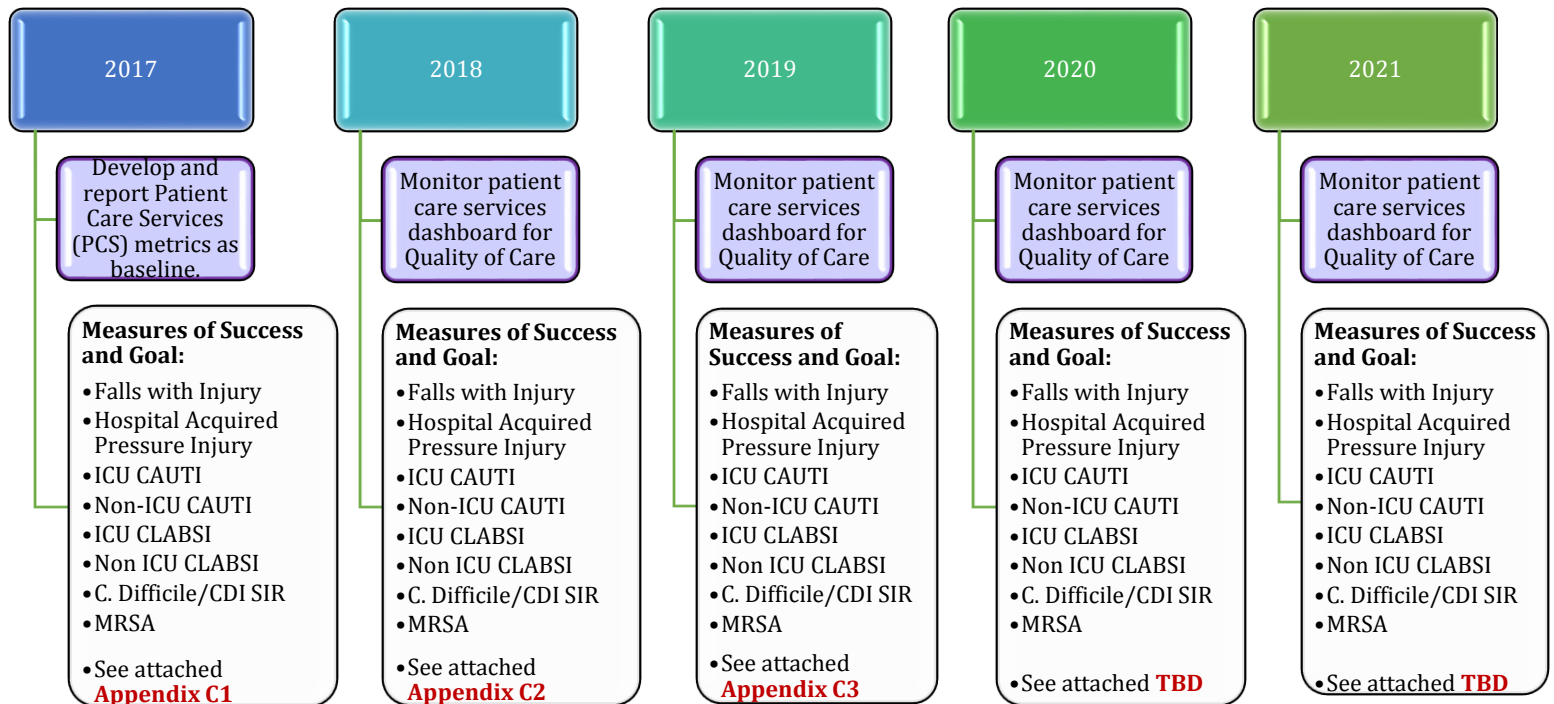
Finance



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

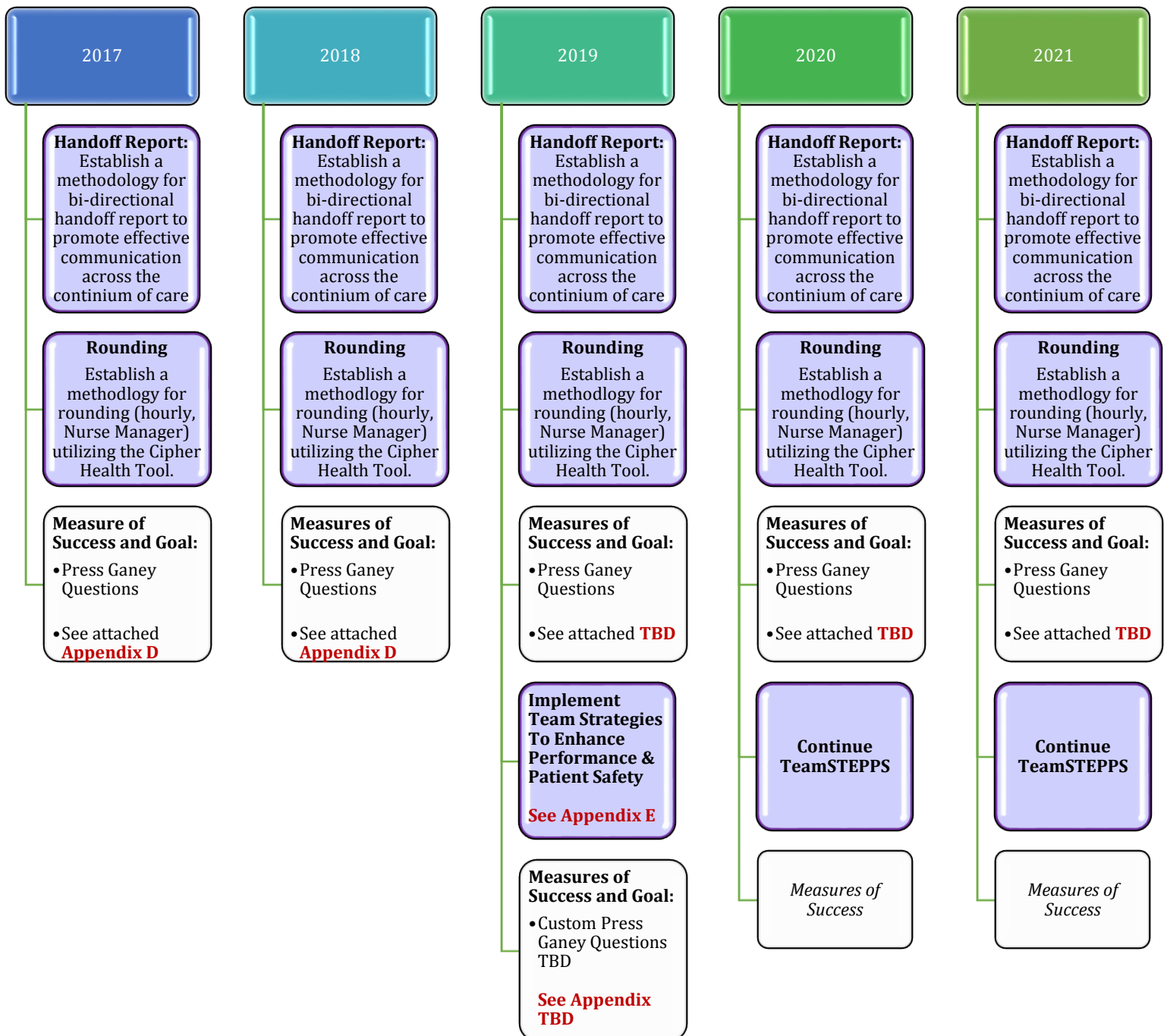
Quality

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



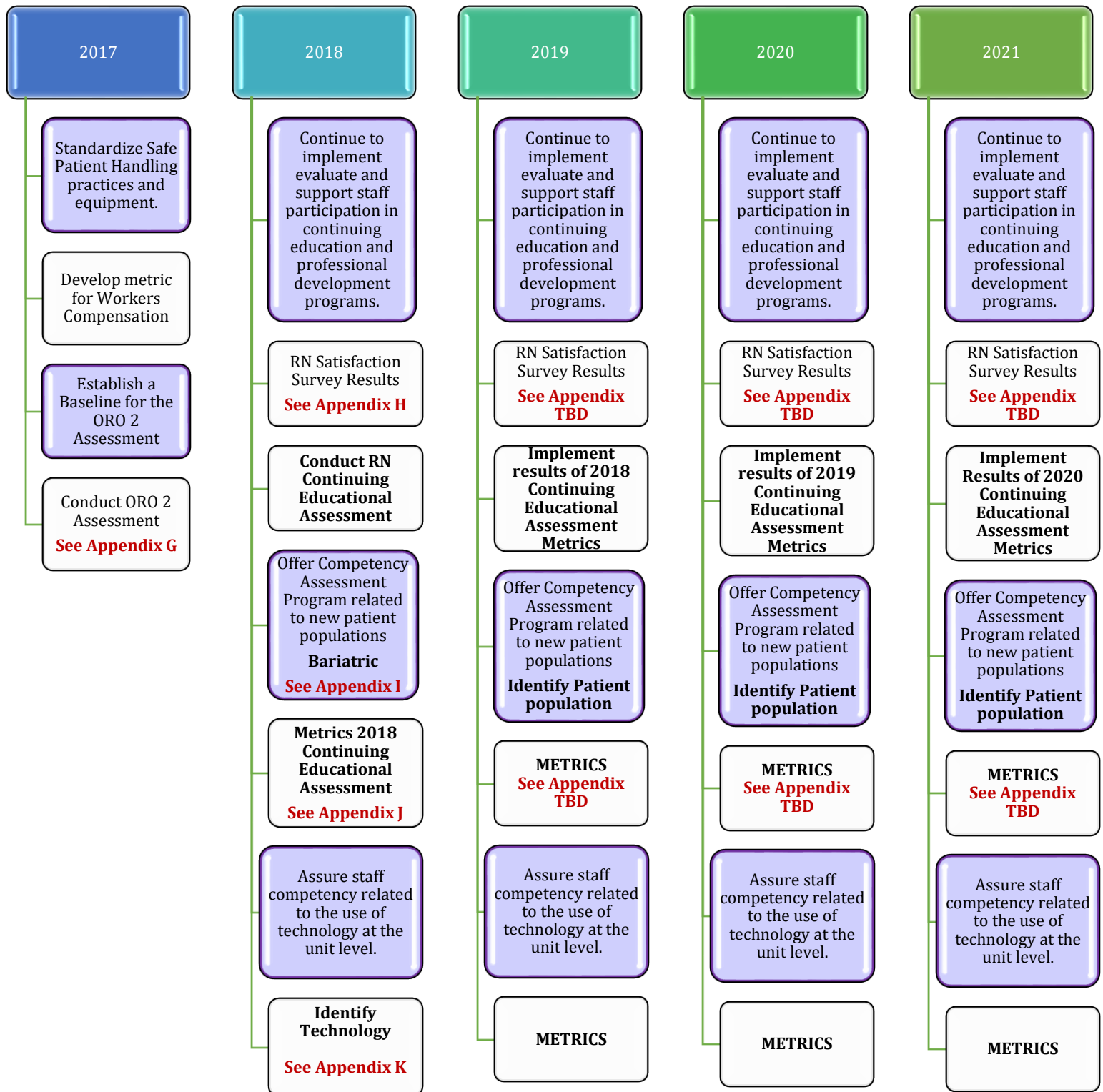
Quality

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.



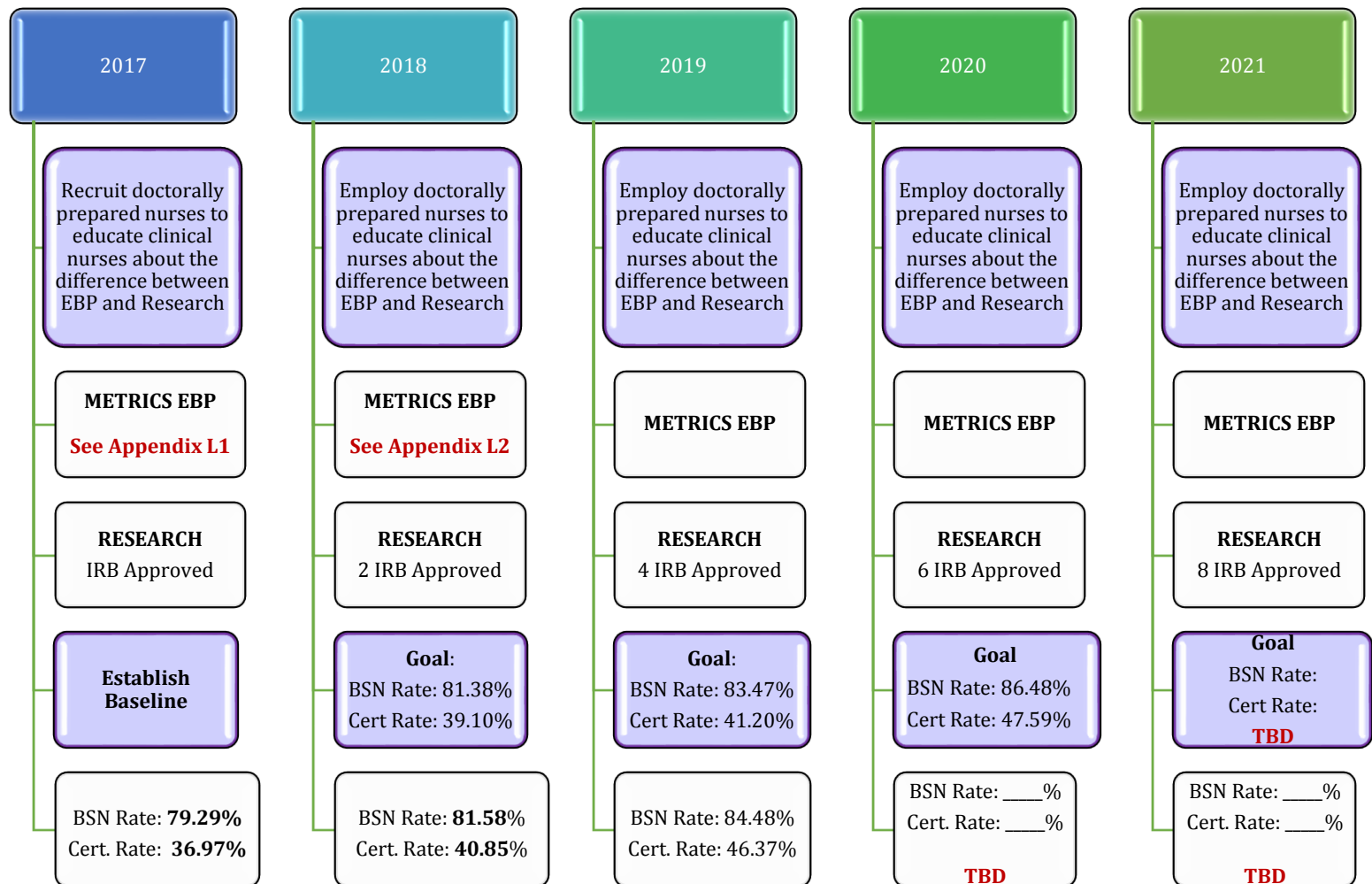
People

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



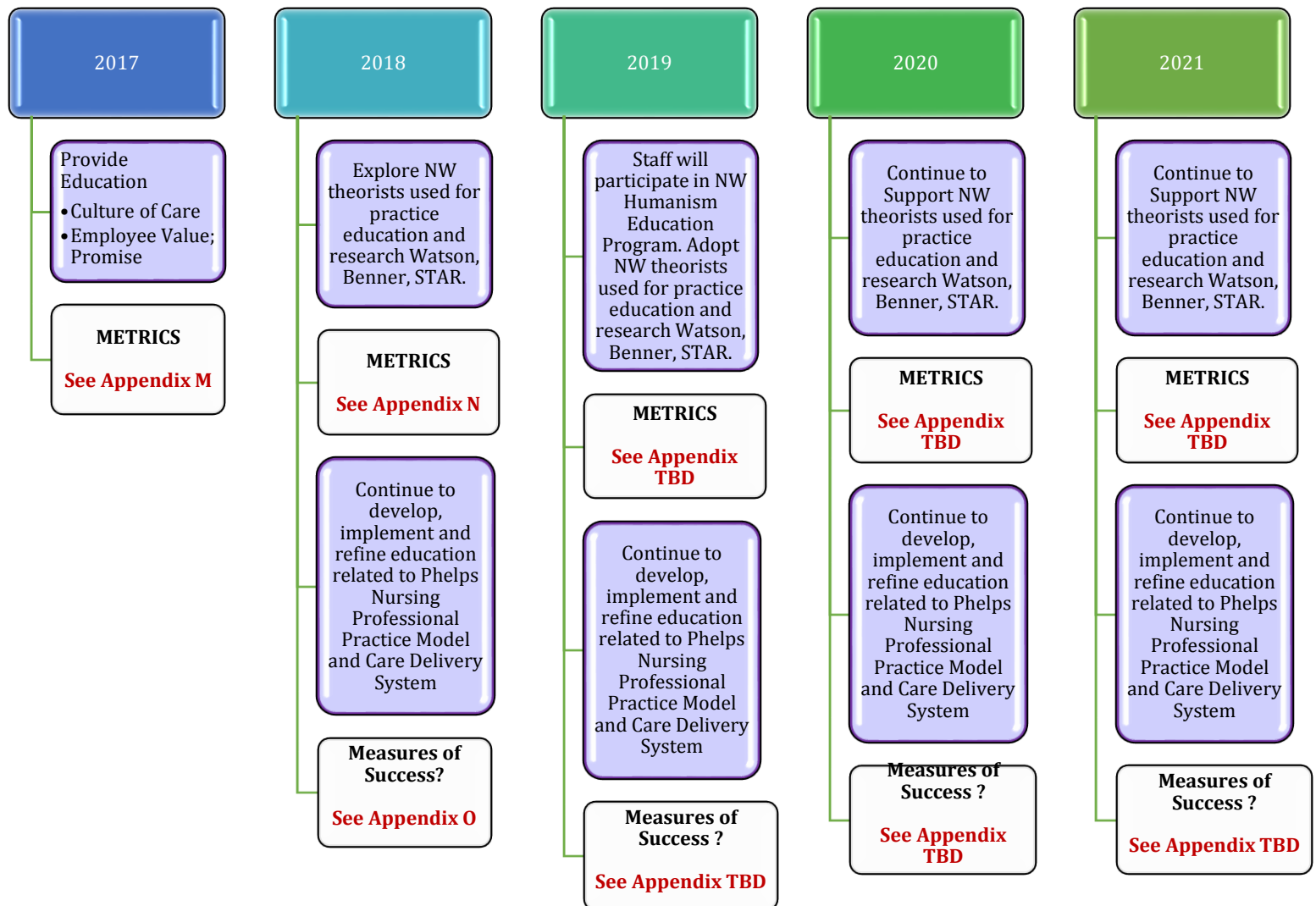
People

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



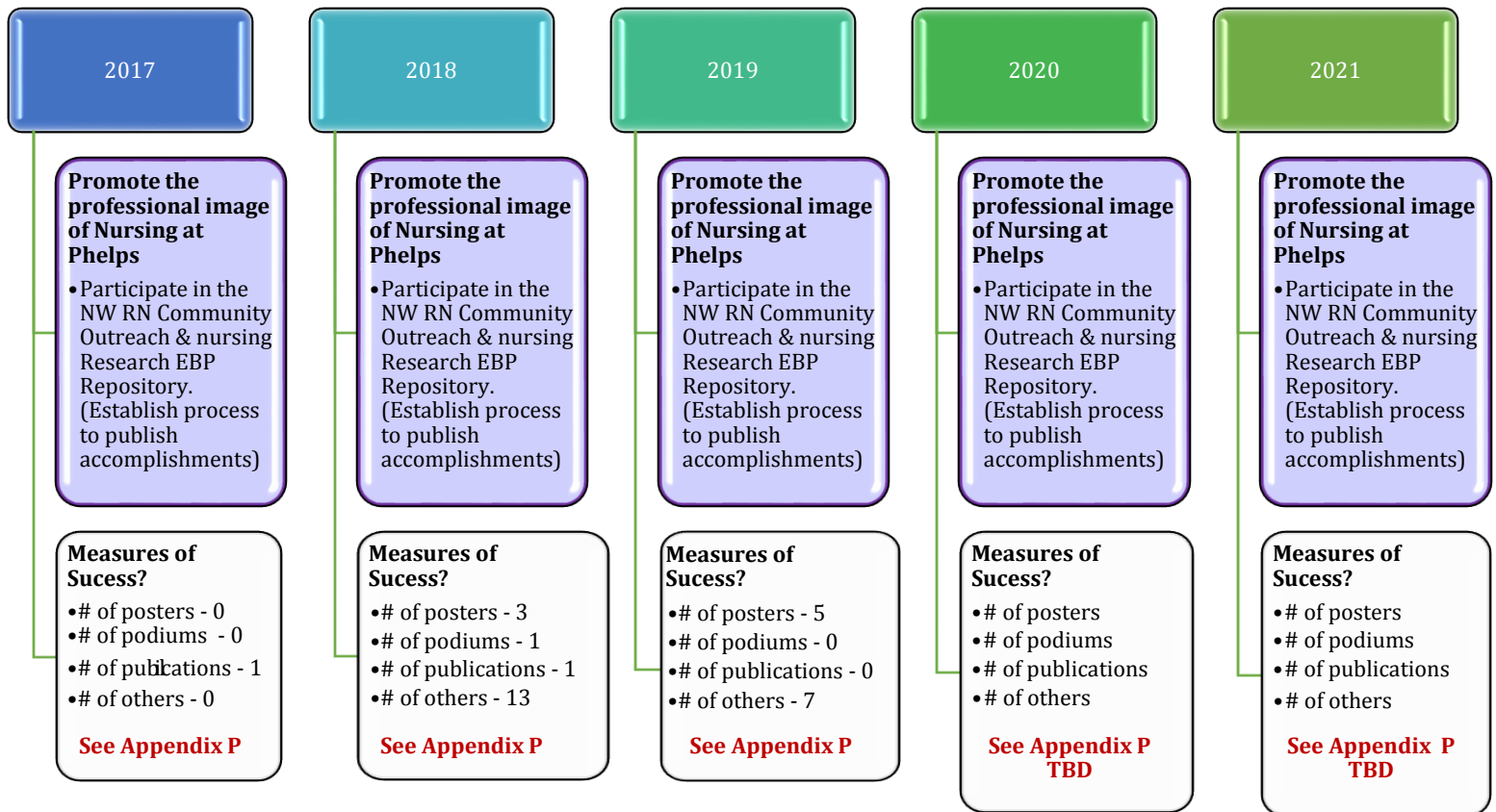
Service

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



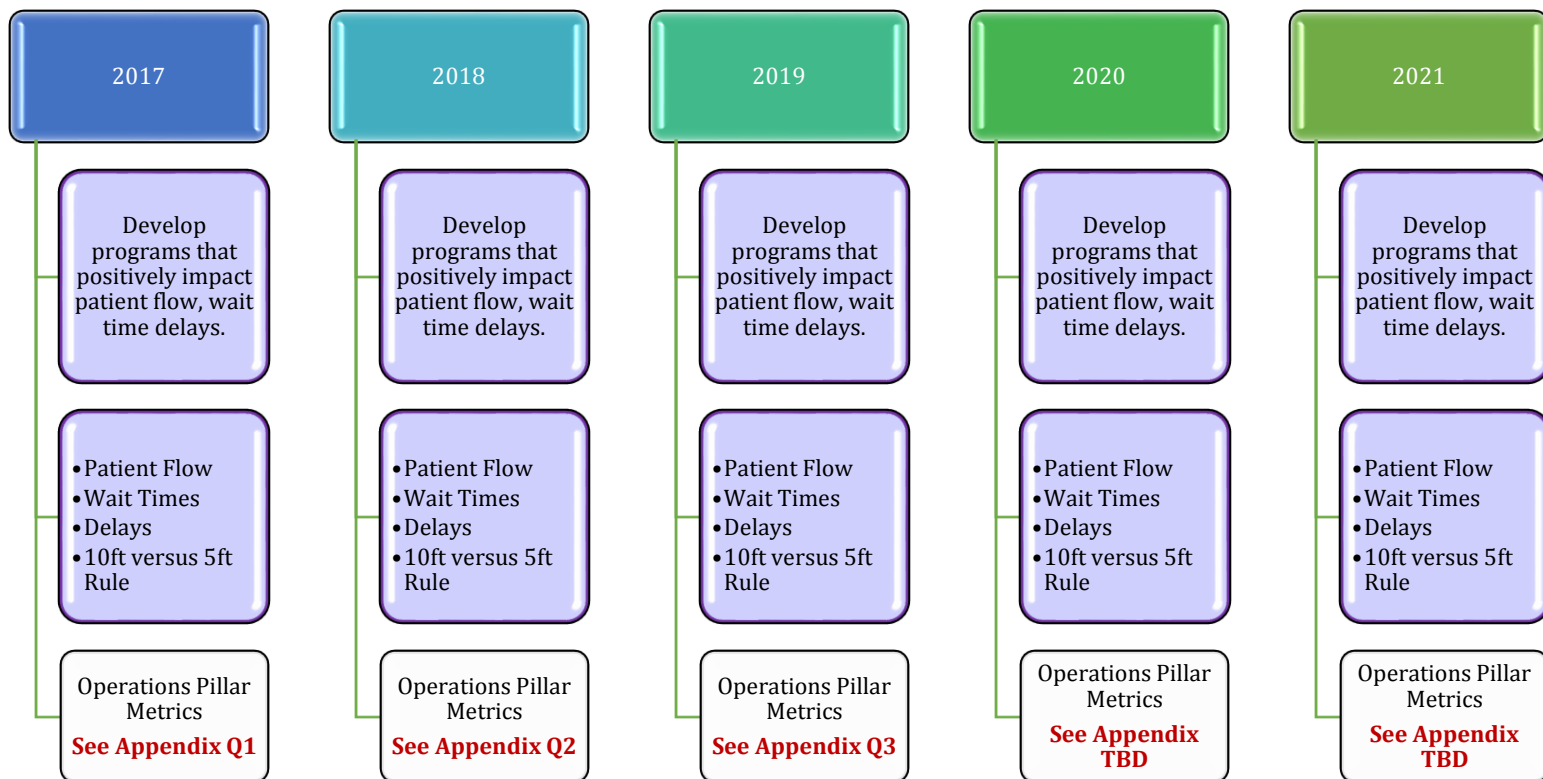
Service

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



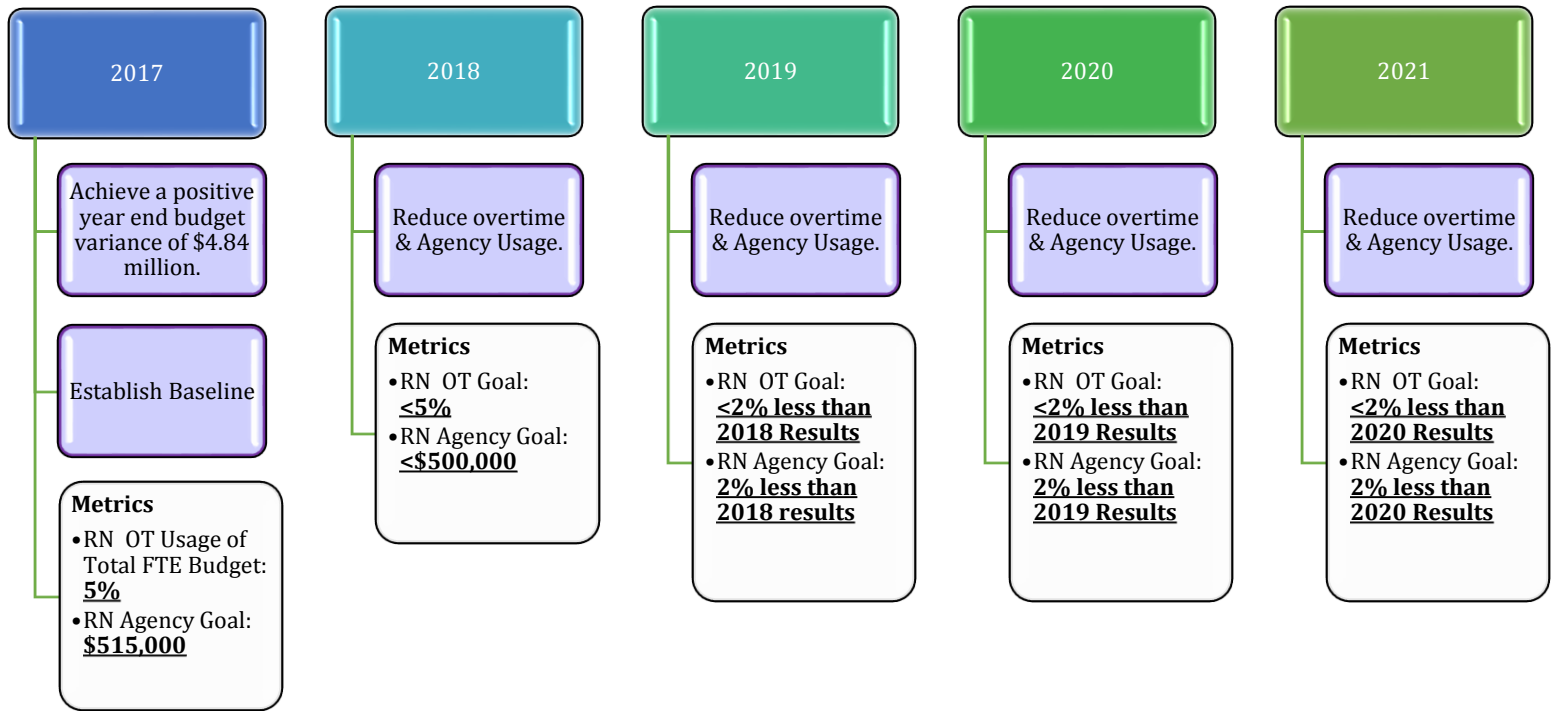
Efficiency

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!



TL5EO - ORGANIZATIONAL DECISION-MAKING

REDUCING DEVICE-RELATED PRESSURE INJURIES

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

Problem

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

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

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

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

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

Goal Statement

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

Measure of Effectiveness: 5 North MDRPI rate related to the use of nasal cannula tubing
 (total # 5 North MDRPIs related to nasal cannula tubing ÷ total # 5 North patient days x 100)

Participation

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

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

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

Intervention

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: January 2018

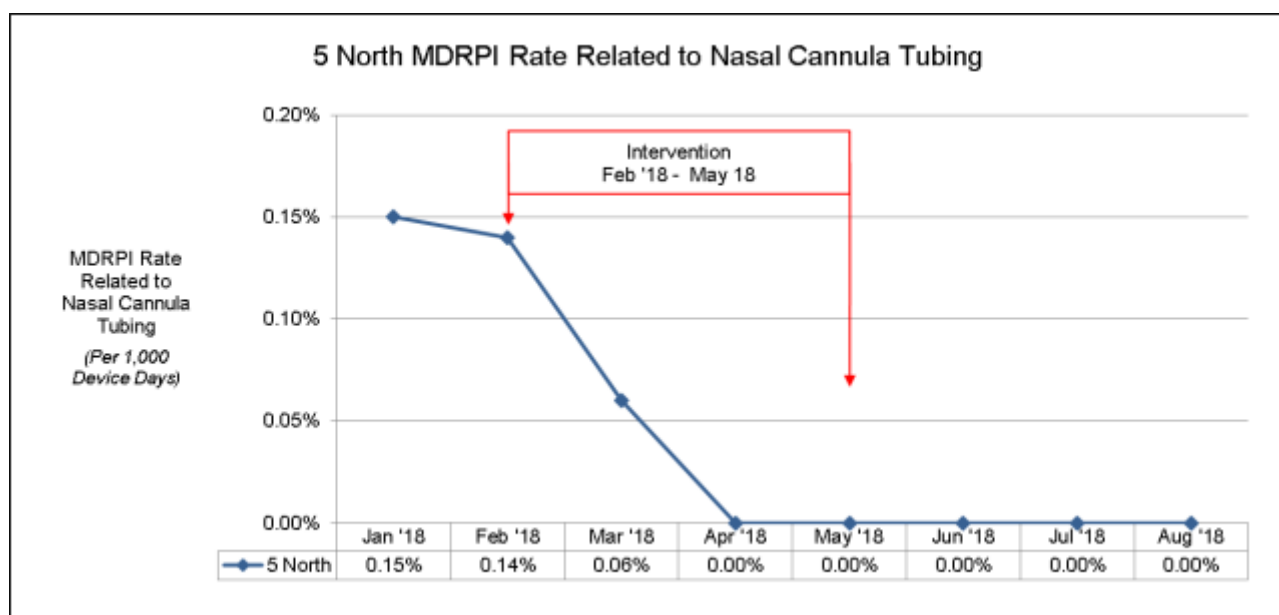
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

Intervention Timeframe: February 2018 – May 2018

Post-Intervention Timeframe: June 2018 – August 2018

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

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





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](#)



TL8 - DATA-DRIVEN RESOURCING

CLINICAL NURSES USE QUALITATIVE DATA TO ADVOCATE FOR AN AROMATHERAPY PROGRAM AT PHELPS

Provide one example, with supporting evidence, where a clinical nurse(s) utilized data to advocate for the acquisition of a resource, in support of the care delivery system(s).

Background

Overview: Non-medicinal approaches for pain management, emotional well-being and overall health are transforming the practice of medicine. Prescriptions for opioids are diminishing as care practitioners place greater emphasis on improving the quality of life for people living with pain through non-pharmaceutical methods. Aromatherapy, the therapeutic use of essential oils extracted from plants, is one non-medicinal approach that has shown some promise in mitigating anxiety and depression, alleviating pain for patients with chronic conditions, stabilizing blood pressure and improving sleep quality.

Clinical Nurses: In May 2017, Mariel Consagra, BSN, RN, clinical nurse, 5 South; Eileen Maher, BSN, RN-BC, clinical nurse, 5 North; Denise Morgan, BSN, RN, CGRN, clinical nurse, endoscopy; Nancy Turrone, BSN, RN, CPAN, clinical nurse, Post-Anesthesia Care Unit, and Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, attended a presentation on holistic medicine by Susan Raskin, MS, RN, CNS, AHN-BC, manager, Integrative Medicine Program, Northern Westchester Hospital Northwell Health (NWH). Susan highlighted some of the successes with aromatherapy used to support a healing environment for patients. She specifically focused on the benefits of aromatherapy to curb pain, relieve nausea and anxiety, reduce stress and promote relaxation.

Data Used: Susan Raskin presented qualitative data during her presentation and referenced a systematic review and meta-analysis, which identified, appraised and synthesized 12 quantitative and qualitative studies regarding aromatherapy and pain (Lakhan, Sheafer & Tepper, 2016)

Clinical Nurses Use Data to Advocate for Resources

Reviewing Research Data: During Susan's presentation on aromatherapy, she provided qualitative data supporting the value of aromatherapy in creating a calm and healing environment and achieving improved patient care outcomes. This qualitative data was derived from a systematic review and meta-analysis. [TL8-A SRaskin Slide with reference to Systematic Review and Meta-Analysis 2016 article included.](#)

Inspired by Susan's presentation, the clinical nurses spent June 2017 through December 2017 reviewing the literature, evaluating the data for patient outcomes, contacting other hospitals which use aromatherapy and identifying various scents to be used to achieve specific outcomes. As they collected this data, the clinical nurses became even more excited that they now had data which could be used to advocate for resources (e.g. essential oils) to implement aromatherapy.

Proposing a Solution: On January 18, 2018, Eileen and Denise attended a three-hour class on aromatherapy at Northern Westchester Hospital (NWH) to become further informed about aromatherapy and the implementation of the aromatherapy program at Northern Westchester Hospital.

On February 17, 2018, the clinical nurses shared the information they learned regarding Northern Westchester's aromatherapy program with Cheryl. They reviewed Northern Westchester Hospital's aromatherapy policy and made suggestions for changes that would make the policy applicable to patient care systems at Phelps. They also developed a preliminary plan for establishing an aromatherapy program at Phelps. Based on the data they obtained from the literature and their colleagues at NWH, the four nurses selected four essential oils: 1) lavender to minimize discomfort, 2) ginger to soothe an upset stomach, 3) mandarin to promote a sense of calm and well-being and 4) lemon to uplift and energize patients. The clinical nurses discussed the next steps to include a meeting with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer for approval. Cheryl, as Value Analysis Committee member, would serve as their liaison and request the procurement of four essential oils at Phelps. [TL8-B Meeting minutes with clinical nurses evaluation of data and plan for Aromatherapy 021718](#)

Advocating for Resources: On February 26, 2018, Eileen, Denise, Nancy, Mariel, Cheryl and Mary met to discuss their proposal to initiate aromatherapy at Phelps. During the meeting, the clinical nurses presented their projected aromatherapy plan to Mary. [TL8-C Meeting minutes with Mary regarding aromatherapy 022618](#) Mary gave her approval for the plan to start in 2019.

In early December 2018, Eileen, Denise, Nancy and Mariel met with Cheryl to create guidelines for establishing nurse competency in aromatherapy and documentation in the Phelps electronic medical record, Meditech. They decided to develop their competency standard based on the model used by Deborah McElligott, DNP, ANP-BC, HWNC-BC, CDE, nurse practitioner, Center for Wellness & Integrative Medicine, Northwell Health, an expert on

aromatherapy.

On January 17, 2019, Eileen, Denise, Nancy, Mariel and Cheryl began to develop the policy for aromatherapy, and the associated documentation for Meditech. They met several times over the next few weeks to finalize the policy. Mary provided them with support as they shared their progress during this time.

On February 19, 2019, Cheryl attended the Value Analysis Committee meeting and presented the evidence-based findings, a draft of the aromatherapy policy, justification and request for the essential oils needed to launch the aromatherapy program. Giovanna Conti-Robles, BS, manager, Materials Management then ordered the four essential oils, which were purchased and received May 20, 2019. [TL8-D Invoices 052019 and Email notification 070119](#)

On April 26, 2019, Mary presented the Clinical Aromatherapy Policy and received the final approval from the Phelps' Medical Board on May 1, 2019.

Acquiring the Resource: On June 1, 2019, the Aromatherapy program officially began at Phelps, with approximately 60 nurses educated and competent to provide aromatherapy to patients. [TL8-E Aromatherapy policy announced In Notebook 062719 p.1-2](#)

Results

Our professional practice model represents our commitment to our patients and our profession. We are dedicated to our patients encompassing mind, body and spirit. Our care delivery embodies the concepts of: compassion, culturally competent care, and respect for the uniqueness of each patient, innovation and vision. The use of aromatherapy supports our care delivery model as a safe, inexpensive non-pharmacological intervention which clinical nurses can independently provide for the immediate relief of pain, anxiety or nausea for those patients who do not have contraindications (e.g. allergies) and express interest. At Phelps, aromatherapy may be administered as an immediate intervention or in addition to medication.



SE2EO - PROFESSIONAL ORGANIZATION AFFILIATION

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

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

Problem

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

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

Clinical Nurse Affiliation with Professional Organization:

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

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

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

Goal Statement

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

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

SE2EO - Table 1 - NICHE Task Force

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

Interventions

Utilizing Resources from Professional Organization:

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

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

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

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

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

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

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

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

SE2EO - Figure 1 - Getting to Know Me

Phelps Hospital Northwell Health

Getting to Know Me

I am from

Primary Language

The names of my family members are

I worked at

My favorite foods are

I don't like

I have hearing/vision impairments I use glasses/hearing aids

My favorite TV Shows

My favorite music

I feel relaxed and calm when

Things that make me feel happy are

I like to be called

2Center - NICH Project Version 2.0

June 2018

Not a permanent part of the patient's record

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

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

Outcome

Pre-Intervention Timeframe: 3Q17

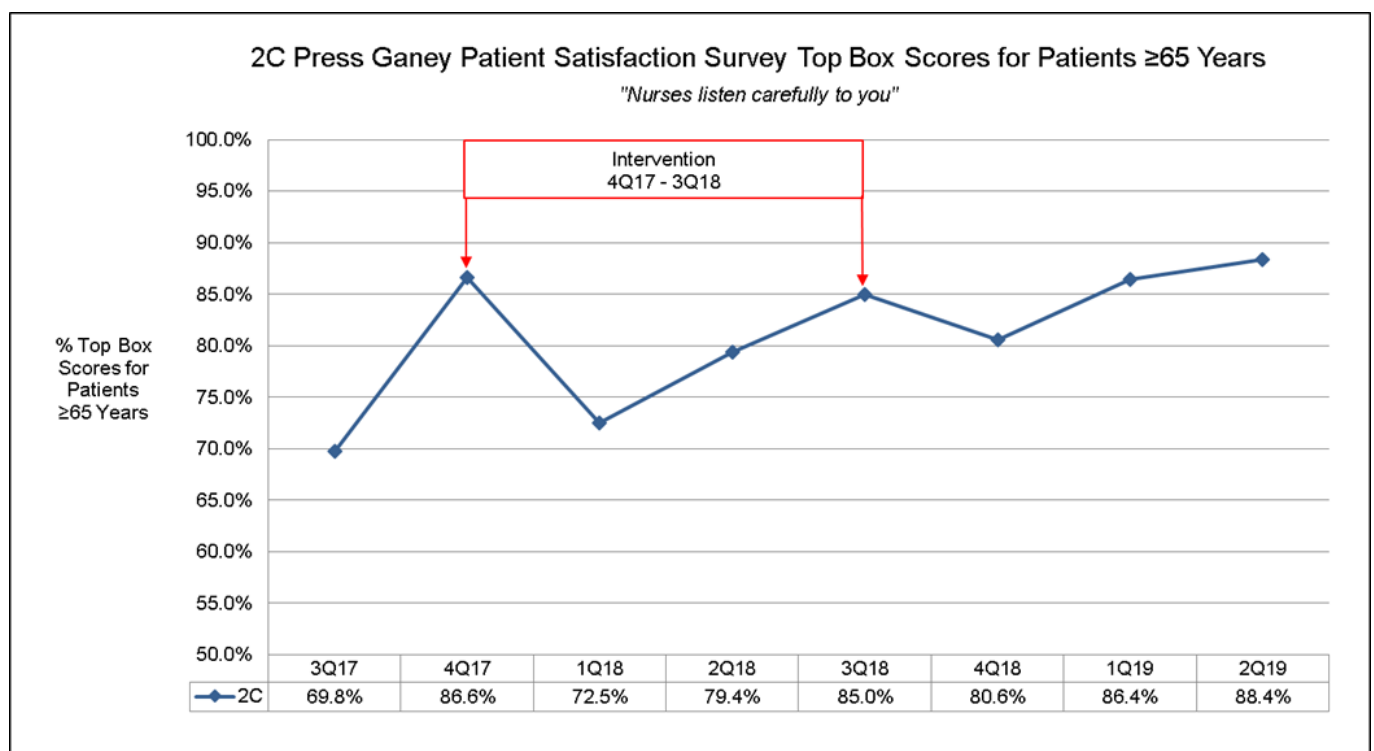
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question “Nurses listen carefully to you” was 69.8%

Intervention Timeframe: 4Q17- 3Q18

Post-Intervention Timeframe: 4Q18 - 2Q19

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

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



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

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

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

EXAMPLE 2: REDUCING BIPAP MEDICAL DEVICE-RELATED PRESSURE

INJURIES ≥STAGE 2 ON 5 SOUTH

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

Problem

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

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

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

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

Goal Statement

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

Measure of Effectiveness: 5 South BiPap-related MDRPI \geq Stage II rate

(total # 5 South BiPap-related MDRPI \geq Stage II incidents \div total # 5 South patient days x 100)

Participation

SE2EO - Table 2 - PIR Team

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 4Q17

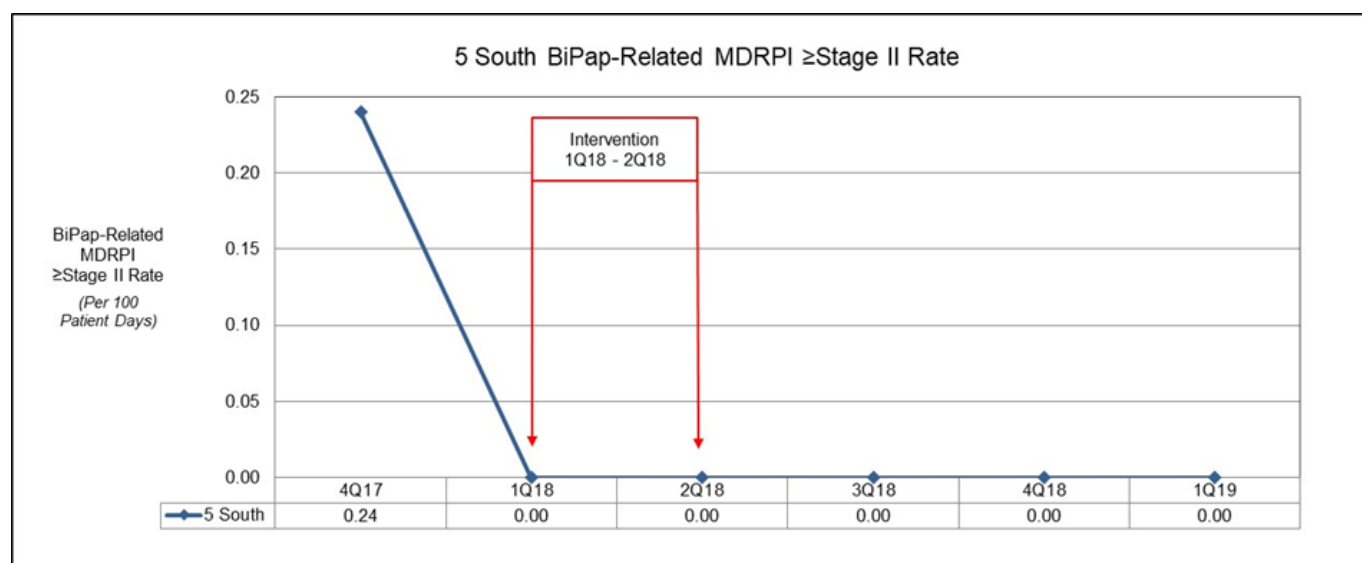
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 South BiPap-related MDRPI \geq Stage II rate was 0.24 per 100 patient days.

Intervention Timeframe: 1Q18 – 2Q18

Post-Intervention Timeframe: 3Q18 – 1Q19

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

SE2EO - Graph 2 - 5 South BiPap-Related MDRPI \geq Stage II Rate





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



EP1EO - RESULTS OF PRACTICE MODEL

EXAMPLE 1: IMPROVING INPATIENT EXPERIENCE

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

Problem

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

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

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

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

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

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

EP1EO - Exhibit 1 - Phelps Professional Practice Model



“Our river of care is a bridge to wellness”

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

Goal Statement

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

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

Participation

EP1EO - Table 1 - TeamSTEPPS™ Implementation Team

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: December 2018

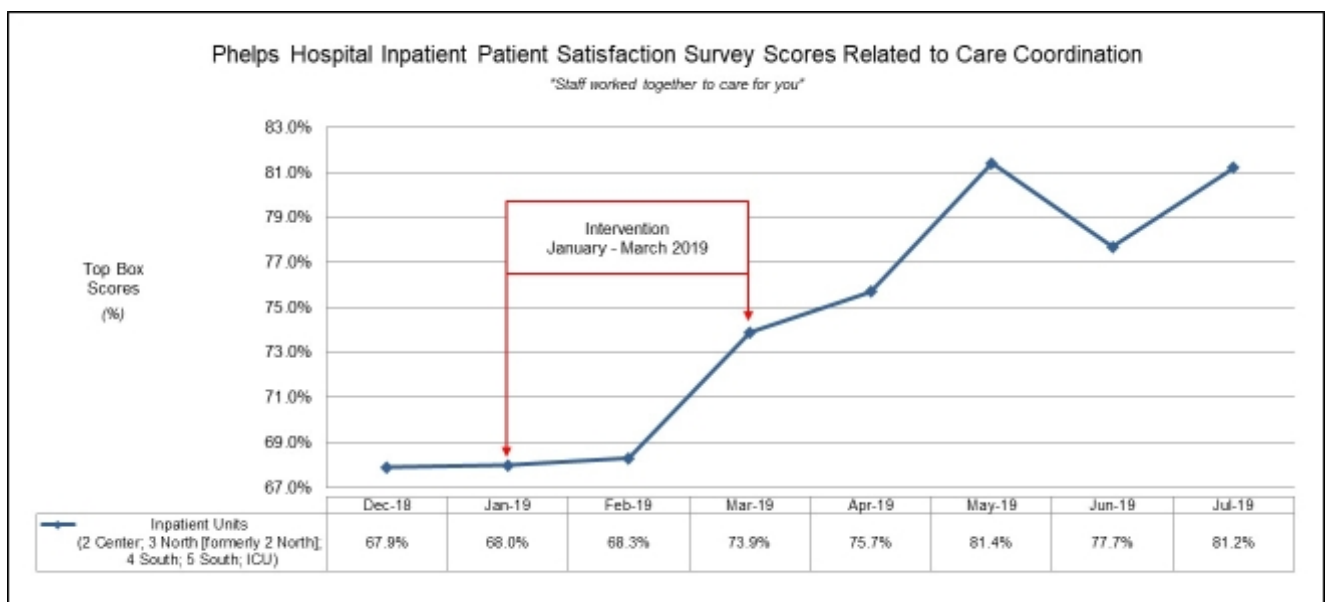
Pre-Intervention Baseline Data: During the pre-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 67.9%.

Intervention Timeframe: January – March 2019

Post-Intervention Timeframe: April – July 2019

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

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



EXAMPLE 2: IMPROVING EMERGENCY DEPARTMENT PATIENT SATISFACTION WITH MEDICATION EDUCATION

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

Problem

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

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

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

EP1EO - Exhibit 2 - Phelps Professional Practice Model



"Our river of care is a bridge to wellness"

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

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

Goal Statement

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

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

Participation

EP1EO - Table 2 - ED Clinical Nurse Participants

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

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

Interventions

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: September 2018

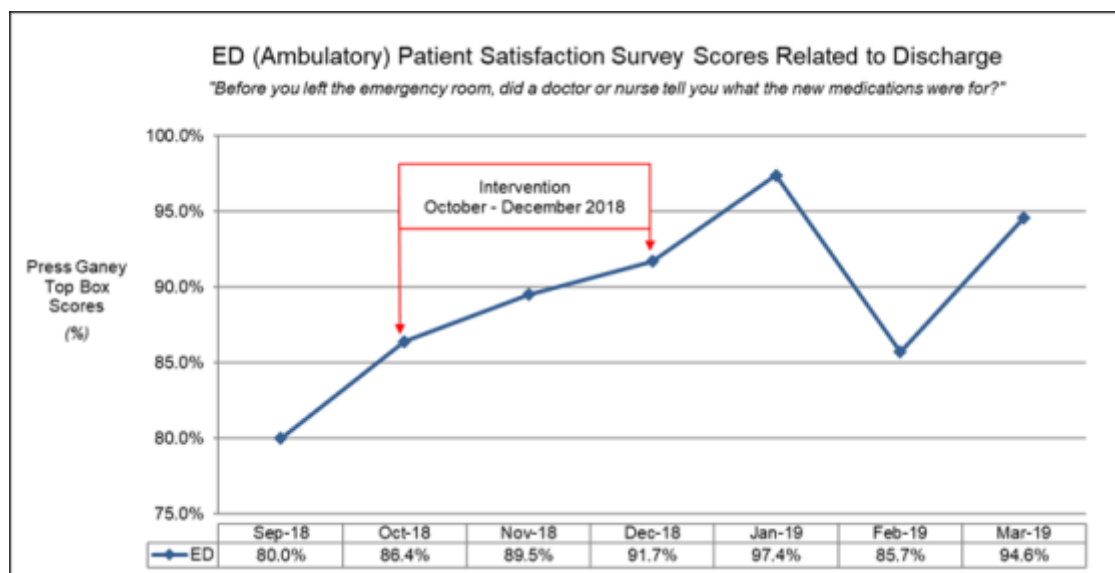
Pre-Intervention Baseline Data: During the pre-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 80.0%.

Intervention Timeframe: October – December 2018

Post-Intervention Timeframe: January – March 2019

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

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





EP7EO - RN-LED QUALITY IMPROVEMENT ACTIVITY

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

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

Problem

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

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

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

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

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

Goal Statement

Goal: Reduce 5 South patient falls with injury rate.

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

Participation

EP7EO - Table 1 - Interprofessional Falls Committee Members

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

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

* Organizational Development Member rotates attendance

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: February 2018

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

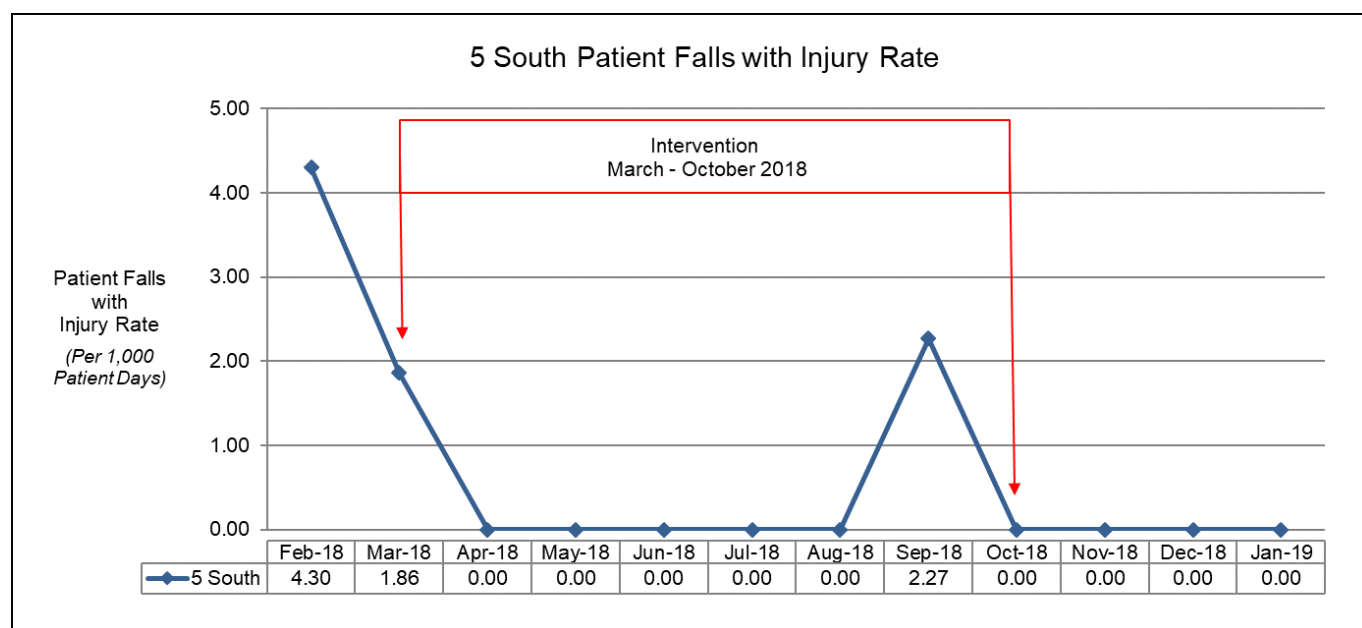
Intervention Timeframe: March – October 2018

Post-Intervention Timeframe: November 2018 – January 2019

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

the patient falls with injury rate.

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



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

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

Problem

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

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

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

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

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

Goal Statement

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

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

Participation

EP7EO - Table 2 - Safe Patient Handling Committee Members

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

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 2Q17

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

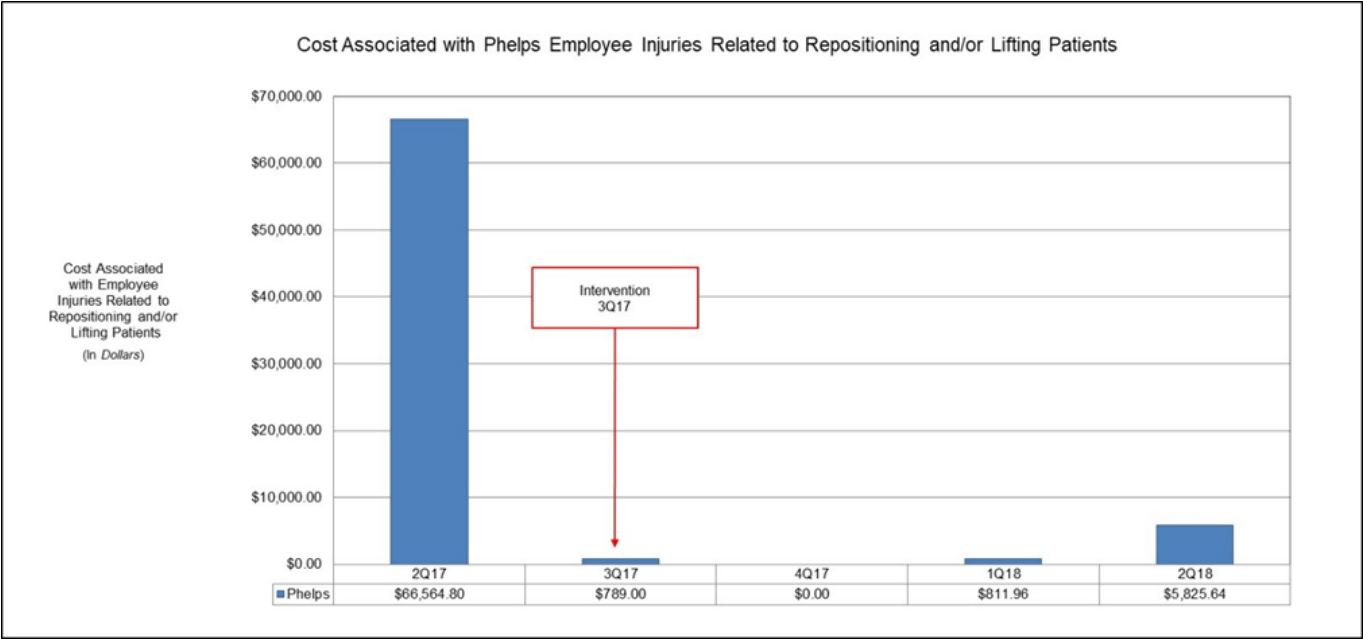
Intervention Timeframe: 3Q17

Post-Intervention Timeframe: 4Q17 - 2Q18

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

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

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





EP16EO - EVALUATING PATIENT SAFETY DATA

REDUCING 5 NORTH'S SURFACE-RELATED PRESSURE INJURIES

Provide one example, with supporting evidence, of an improved patient safety outcome associated with clinical nurses' involvement in the evaluation of patient safety data at the unit level.

Problem

Overview: The 5 North medical-surgical unit at Phelps Hospital (Phelps) serves a mostly medical geriatric patient population. These patients typically are 75+ years old, frail, have chronic conditions with multiple co-morbidities, and suffer from debilitation. As a result, patients on 5 North are at a higher risk for pressure injuries, falls, and other adverse events. Clinical nurses on 5 North were concerned because their patients were developing hospital-acquired pressure injuries (HAPIs) on bony prominences, particularly the heels.

Background: In early 2017, 5 North had a higher rate of heel-related HAPIs than other units at Phelps. During patient care rounds on 5 North, clinical nurses communicated concerns to Deborah (Debi) Reynolds, BA, AAS, RN, CWOCN, clinical nurse, enterostomal therapy, that patients were not wearing heel-protecting boots. The 5 North clinical nurses used posi block "Swiss Cheese" foam and Medline® heel floats (blue booties) for patients, but the heel floats didn't offload the heels and the posi block foam was bulky, prompting patient complaints and non-compliance.

Debi chaired the Pressure Injury Resource (PIR) team, which consisted of nurses and med-surg technicians. The PIR team suspected that a better solution for 5 North patients might be available. With further investigation, Debi learned that another item, the Mölnlycke® Z-flex™ fluidized heel protector, was available through the Northwell system. Debi was impressed that the Z-flex boot was less bulky, softer, moldable to the patients' feet and completely offloaded the heel. She shared information about this product with Maria Ghabour, BSN, RN, clinical nurse, 5 North, and Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, 5 North, who agreed to lead a trial of the Z-flex boot on 5 North.

Evaluating Patient Safety Data: Debi collected and shared monthly incidence data on HAPIs. Whenever HAPIs occurred, Debi disseminated variance reports (includes stage, location, date of detection, prophylactic interventions that were in place, Braden scores and patient information (co-morbidities) and most importantly, lessons learned) to the nurse managers who shared the information with the clinical nurses in their respective areas. Debi also shared this information at the Patient Outcome Improvement Council (POIC) meeting (at the time), which consisted of clinical nurse representatives of every unit.

The HAPI incidence data were also presented during monthly PIR team meetings. Maria, a member of the PIR team, attended the monthly PIR team meetings where individual case data were reviewed and discussed. Maria shared this information and lessons learned with her nurse colleagues on 5North.

In May 2017, Debi initiated the Partnership for Patients Tool, 'No Harm Across the Board' for pressure injuries, which included incidence data. She had a dry erase board installed in the 5 North staff lounge, for this data to be visible to all staff. Nurses could then review "the number of days without a hospital acquired pressure ulcer (HAPI)" on 5 North and celebrate when certain milestones were achieved. Clinical nurses became cognizant of the number of days since the last HAPI.

Challenge: In 2Q17, the 5 North heel-related HAPI rate averaged 0.12%.

Goal Statement

Goal: Reduce 5 North heel-related HAPI rate.

Measure of Effectiveness: 5 North heel-related HAPI rate
(total # 5 North heel-related HAPI ÷ total # 5 North patient days x 100).

Participation

EP16EO - Table 1 - 5 North Clinical Nurse Team/PIR Team Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Maria Ghabour	BSN, RN	Nursing	5 North	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Deborah "Debi" Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapist	Clinical Nurse
Kristen Miller	BSN, RN	Nursing	5 North	Clinical Nurse
Sandee Sy	BSN, RN	Nursing	5 North	Clinical Nurse

Interventions

In July, 2017, while viewing the 'No harm across the board' posting (which had incidence data attached at the time) on the unit, the clinical nurses of 5 North discussed the possible causes of the heel related HAPI's. They met with Debi, who reiterated that heel protectors were needed to offload the heel. The clinical nurses on 5N explained that they weren't using

the current 'swiss cheese' heel protectors because they were bulky and the patients didn't like them. The only preventative measures being used at the time were pillows to offload the heels. The clinical nurses were insistent that another device needed to be available for HAPI prevention.

Gaining Approval for Product Trial: In July 2017, Debi and Cheryl presented the Z-flex fluidized heel protector to the Phelps Value Analysis Committee (VAC), a multi-professional group which includes clinical nurses, and requested approval for the Z- flex boot to be trialed on 5 North. The Z-Flex boot was presented to the Value Analysis team by Debi and Cheryl.

Developing New Nursing Practices: In July 2017, Carolynn Young, clinical nurse specialist, MSN, RN-BC, CNS-BC, ONC, medical-surgical clinical nurse specialist and chair of the Phelps' Standards of Care Committee, reviewed the Skin Integrity Protocol to ensure that pressure prevention measures, including the use of the heel off-loading device were addressed. Debi reviewed this protocol and agreed that the protocol was still current as written.

Educating Nurses on New Product: In late July 2017, Debi and Cheryl facilitated around-the-clock staff education regarding the use and proper application of the Z-flex fluidized heel protector. They invited the Mölnlycke® representative, who provided education for the 5 North staff, in the nurses' lounge, using a foot model and the Z-flex boot. Cheryl continued to educate those staff who the Mölnlycke® representative was unable to reach. A total of 36 staff (18 RNs from 5 North and 18 Medical-Surgical technicians) were educated on the Z-Flex boot. Debi continues to review the Z-flex boot during yearly competency, the annual skin product fair and new staff orientation, generally held monthly.

Piloting New Product: The Z-flex fluidized heel protector pilot began on 5 North in late July 2017. By early August 2017, Cheryl had obtained eight evaluations of the Z-Flex fluidized heel protector from Debi, Sandy Sy, BSN, RN, and Kristen Miller, BSN, RN, clinical nurses, 5 North. The clinical nurses agreed that the Z-flex fluidized heel protector should be available on the 5 North unit and the other units in the hospital.

Adding New Resources: During the August 15, 2017, VAC meeting, Cheryl presented results of the Z-flex product trial on 5 North, with the clinical nurse feedback. Based on these trial results, the members of the VAC, which include clinical nurses, made the decision to replace the posi block "Swiss Cheese" foam and Medline heel floats with the Z-flex fluidized heel protectors. Debi and Cheryl provided on-unit, in-service education to all staff on the remaining units of Phelps.

Implementing New Product to Reduce HAPI: The new heel protectors and supporting nursing practices were permanently implemented on 5 North by the end of September 2017.

Outcome

Pre-Intervention Timeframe: 2Q17

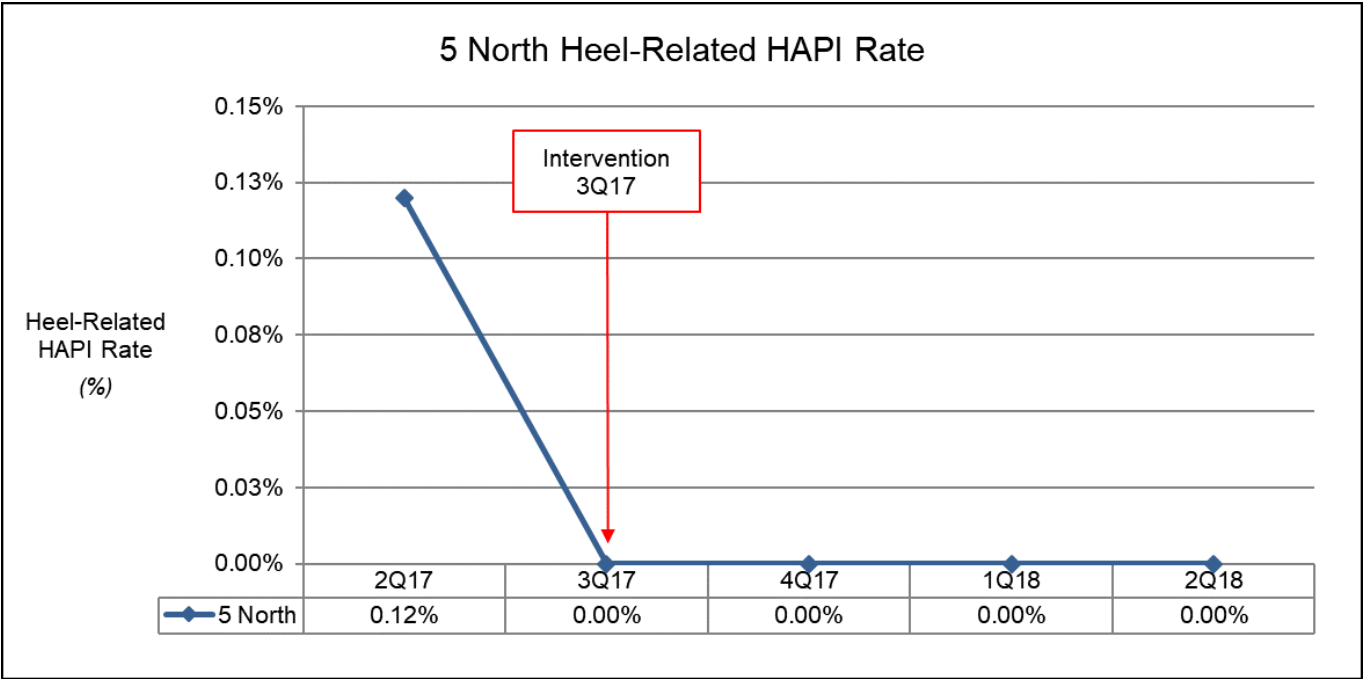
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 North heel-related HAPI rate averaged 0.12%.

Intervention Timeframe: 3Q17

Post-Intervention Timeframe: 4Q17 - 2Q18

Post-Intervention Data: During the post-intervention timeframe, the 5 North heel-related HAPI rate averaged 0.00%. This represents a 100% reduction in the rate.

EP16EO - Graph 1 - 5 North Heel-Related HAPI Rate





EP17 - SERVICE RECOVERY EFFORT

NURSES DRIVE NOISE-REDUCTION INITIATIVE BASED ON PATIENT FEEDBACK

Provide one example, with supporting evidence, of a nurse-driven initiative based on patient feedback that was received as a result of a service recovery effort.

Background

Overview: Patient satisfaction and improving the patient experience is one of the strategic priorities of Phelps Hospital (Phelps). Barbara Vetolulis, BSN, RN, CNML, nurse manager, 5 North, regularly reviews Phelps' Press Ganey scores and patient feedback comments.

5 North is a 29-bed medical/surgical unit consisting of acutely ill, medically compromised patients with co-morbid conditions including respiratory disease, oncological problems, diabetes, renal disease and skin integrity issues. These patients require highly skilled nursing care, frequent nursing assessments and interventions. Many of the patient rooms are double occupancy (13 semi-private, three private), making it challenging to maintain a quiet hospital environment.

Patient Feedback: In early April 2018, during a 5 North morning brief, Barbara shared the Press Ganey Top Box scores and comments gathered from 5 North's patients from October 1, 2017, through March 31, 2018. In their feedback, patients communicated that there was excess noise in the corridor at night. Some comments from patients included "removing the musical alarm for those given bathroom privileges", "answering call buttons faster" and eliminating night noise outside (patient) room". [EP17-A 5 North Patient Comments Oct 2017-March 2018](#)

Nurses Drive Resolution in Service-Recovery Effort

Recommending New Approaches: Beginning in April 2018, the 5 North unit-based Shared Governance Council focused on recovery efforts that would reduce noise on the unit during both day and night shifts. Night shift council chairperson Samantha Weldon, BSN, RN-BC, clinical nurse, 5 North, and day shift council chairperson, Kristin Cutaia, BSN, RN, clinical

nurse, 5 North, worked collaboratively with the council members to identify and develop meaningful and realistic strategies for this initiative. At their April 2018 meeting, Samantha and Candice Johnson, BSN, RN, clinical nurse, 5 North led the group in brainstorming and developing strategies for reducing noise on the unit, including:

- Initiating “Quiet Time” from 3:30 p.m.-4:30 p.m. each day, during which soothing music would be played throughout the unit
- Reducing infusion pump auditory tones to level ≤ 3 for alert/oriented patients each night
- Implementing a “no call bell pass zone” and a “no pump alarm pass zone” to encourage staff to stop and attend to the alarms—even if it was another staff member’s patient
- Dimming hall lights at 10:30 p.m. to promote quietness
- Providing additional education to patients regarding the purpose of pump and bed alarms to discourage indiscriminate use
- Consistently providing patients with Hospitality’s existing noise reduction tools, such as sleep masks and ear plugs
- Offering to close the doors of alert/oriented patients
- Using Vocera badges to communicate with each other during the night shift
- Placing tea bells at the nurses’ stations to ring gently if the noise level becomes excessive
- Closing unit entry doors from midnight to 5 a.m. to lessen the sounds coming from adjoining units
- Ensuring the Health Unit Coordinator (HUC) changes the call bell system setting to “nighttime mode”, which lowers the volume of all call bell tones, at 10 p.m. each night.

On April 10, 2018, the “Quiet Time” interventions identified above were discussed at 5 North’s Shared Governance unit council meeting. [EP17-B 5 North Shared Governance Council Meeting Minutes April 2018, p. 4](#)

Educating Staff on the Initiative: In June 2018, Candice and Samantha created a poster board highlighting the new measures, and posted it in the unit’s hallway and on both unit entry doors. Candice and Samantha also provided ongoing reminders to their colleagues on 5 North about “Quiet Time”. During the 5 North unit-based Shared Governance Council meeting in June, the nurses continued to discuss the factors which contribute to noise and how to support and educate staff, patients and families on the “Quiet Time” initiative. The 5 North nurses discussed the rationale for implementation and techniques for promoting “Quiet Time”. [EP17-C 5 North Shared Governance Council Meeting Minutes June 2018, p.2-3.](#)

Implementing New Approach: Barbara supported the “Quiet Time” initiative and included the topic during the morning briefs on 5 North. She conducted these briefs at 7:30 am to facilitate staff attendance from both day and night shifts. The “Quiet Time” initiative was officially launched August 1, 2018. [EP17-D 5 North Staff meeting Minutes 6-20-18.](#)

Results

Reminders regarding the “quiet” initiatives are shared during many of the unit briefs and huddles. 5 North’s “Quiet Time” initiative and other noise-reduction strategies have

enhanced healing for patients by reducing stress and promoting sleep. Since implementation, feedback from patients on 5 North regarding the level of noise on the unit has been positive. In May 2019, following the success of the unit-based “Quiet Time” initiative, Phelps adopted a modified version of the policy hospital wide. A soothing message is now played on the overhead speaker at 9 p.m. each night announcing that “Quiet Time” is in effect. Nurses from 5 North, and throughout the hospital, continue to identify and reinforce strategies to reduce noise and cultivate an optimal healing environment for our patients.

3 Pages



NK4 - PROFESSIONAL SPECIALTY STANDARDS

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

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

Background

Professional Specialty Standard: The American Geriatric Society (AGS) was founded in 1942 and provides leadership to healthcare professionals and advocates for elder care programs. The goal of AGS is to expand geriatric knowledge of practitioners through information dissemination, clinical and health service research. As per the AGS, the Confusion Assessment Method (CAM) tool has been used in multiple scientific studies for delirium assessment and found to be valid and reliable for numerous healthcare settings, including medical-surgical units. [NK4-A American Geriatric Society Geriatrics Evaluation and Management \(GEM\) Tool: Delirium](#)

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

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

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

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

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

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

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

Clinical Nurses: See Table 1.

Participation

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

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

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

Incorporating Professional Specialty Standard into Nursing Practice

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

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

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

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

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

Results

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

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

4 pages