

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

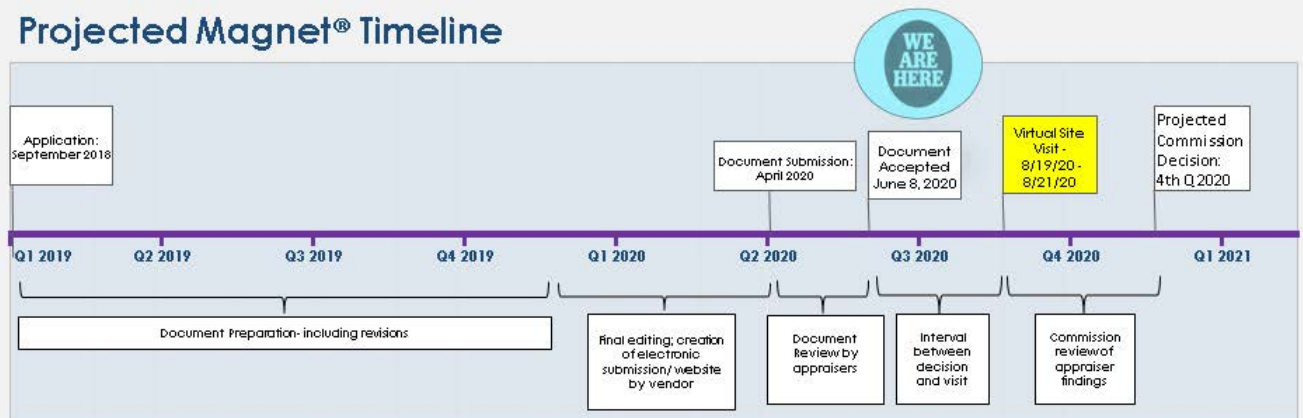
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

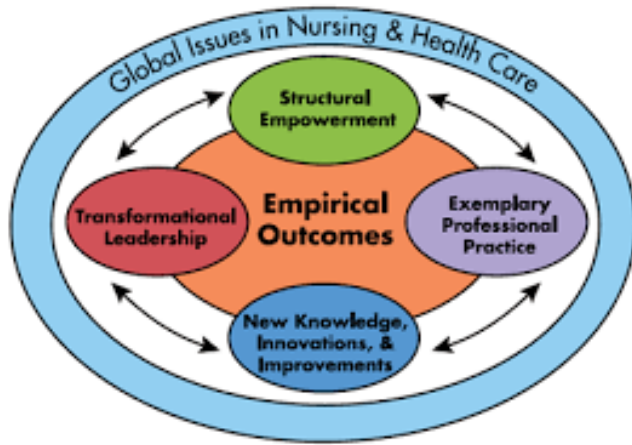
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



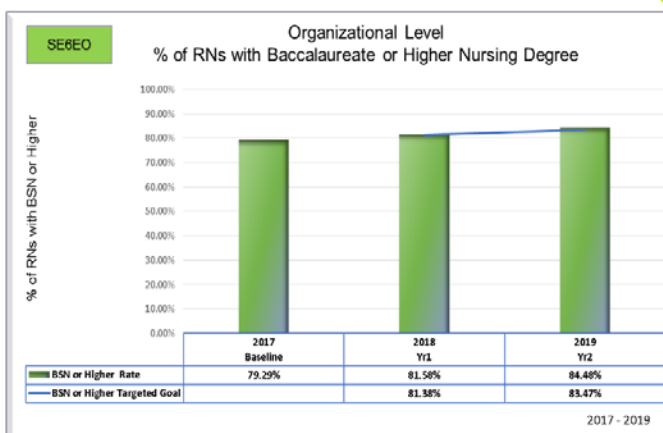
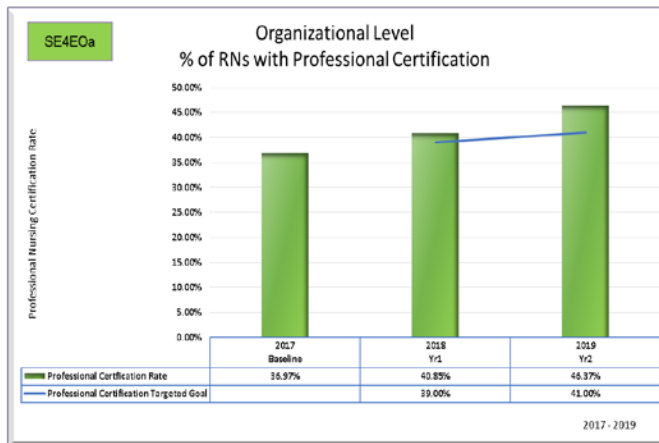
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



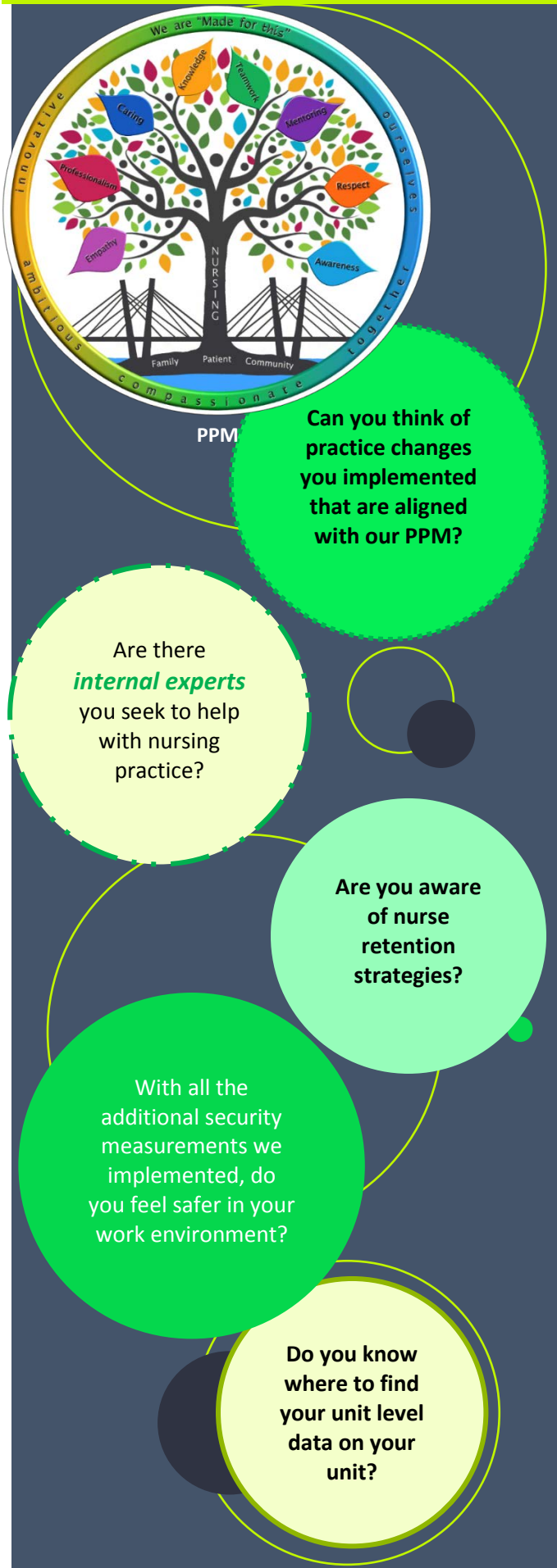
Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

- 1) RN Satisfaction - 2019 NDNQI RN Survey
please reference EP2EO in the magnet document

Selected
 - Adequacy of Resources & Staffing
 - Fundamentals of Quality Nursing Care
 - Autonomy
 - Professional Development - Access
- 2) Inpatient Clinical Indicators
please reference EP18EO in the magnet document
 - Falls with Injury
 - HAPI Stage 2 & Above
 - CAUTI
 - CLABSI
- 3) Ambulatory Clinical Indicators
please reference EP19EO in the magnet document
 - Falls with Injury
 - Patient Burns
- 4) Inpatient Patient Satisfaction
please reference EP20EO in the magnet document

Selected
 - Patient Engagement
 - Service Recovery
 - Courtesy & Respect
 - Responsiveness
- 5) Ambulatory Patient Satisfaction
please reference EP21EO in the magnet document

Selected
 - Patient Engagement
 - Patient Education
 - Safety
 - Courtesy & Respect



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

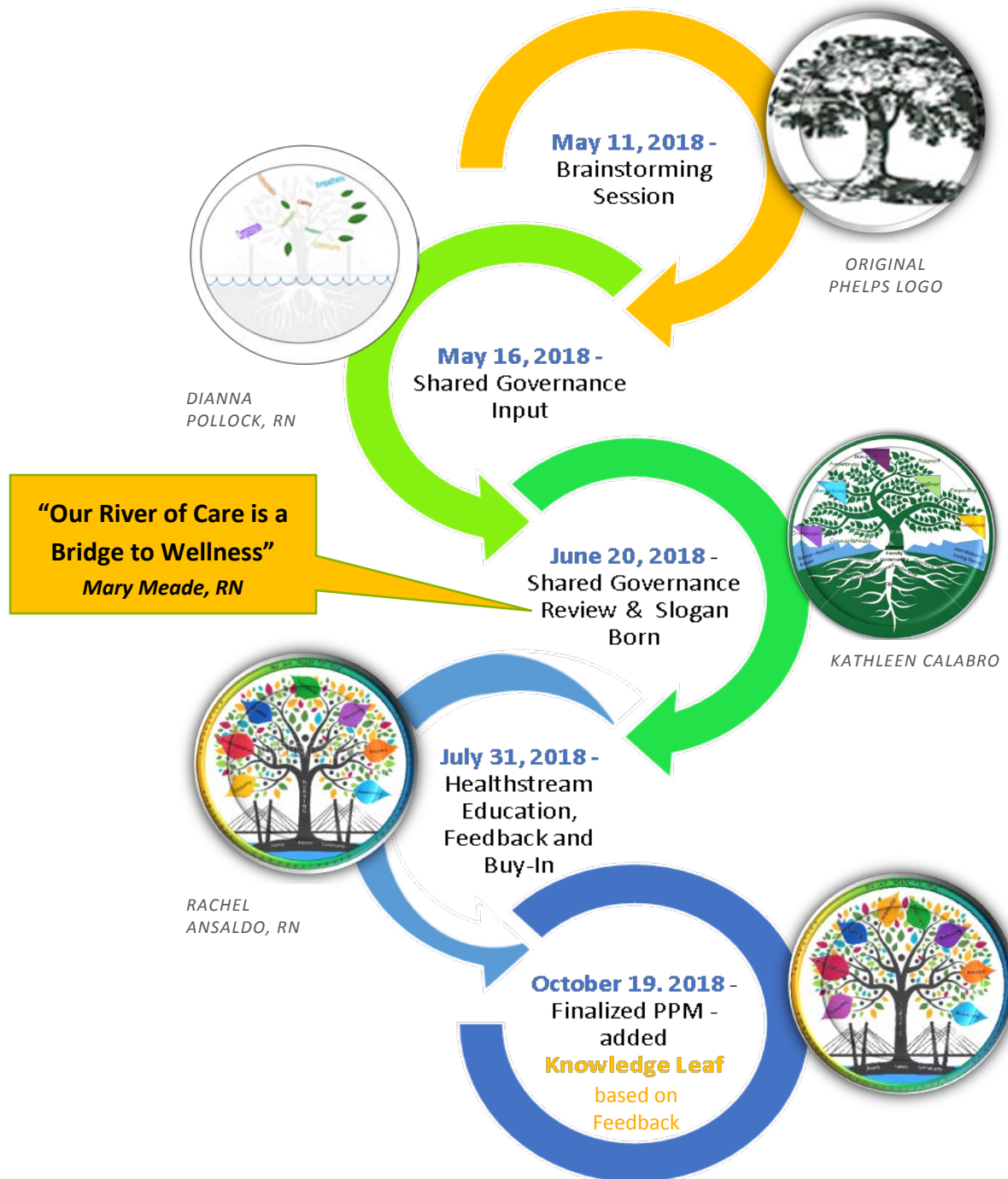
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

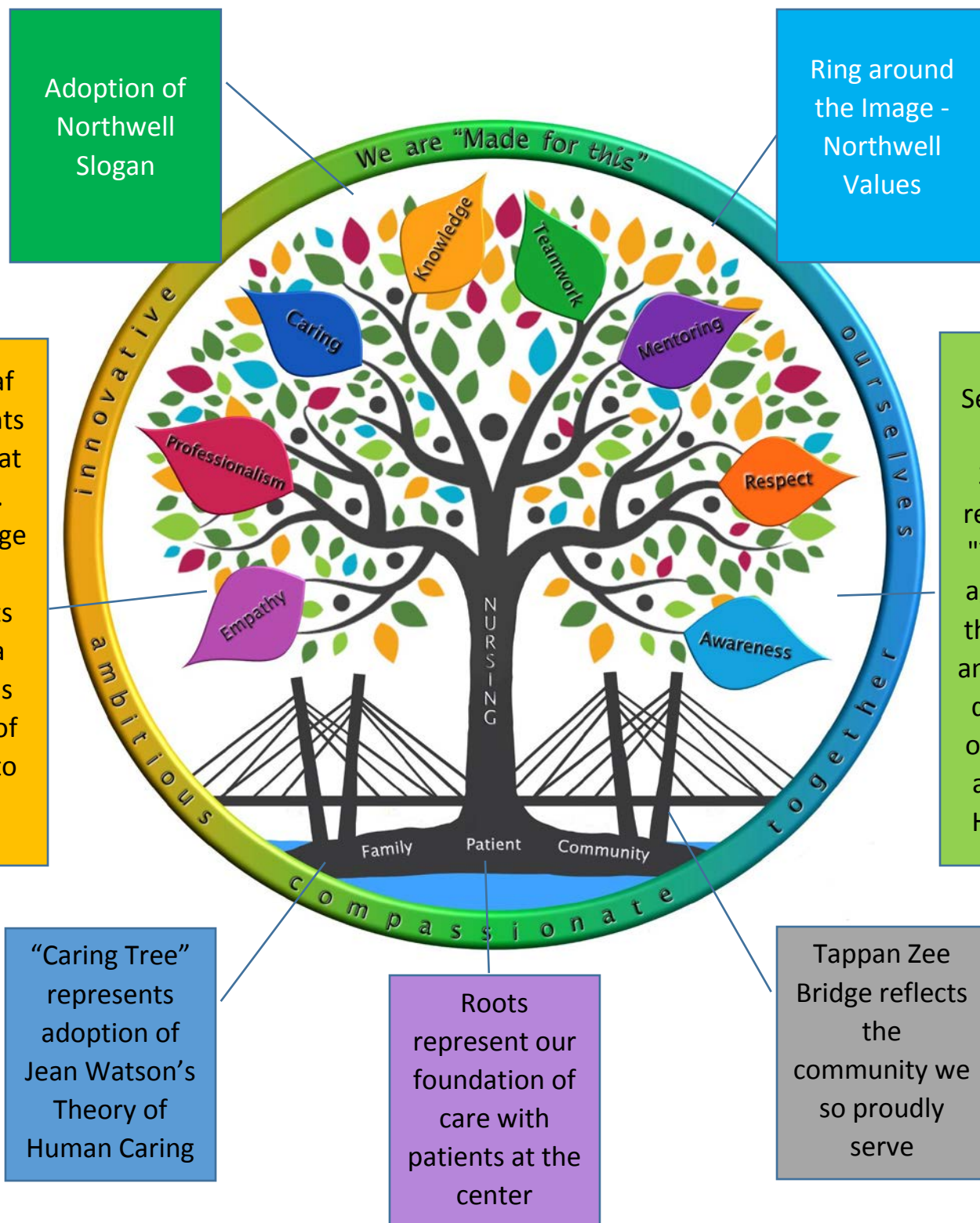
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

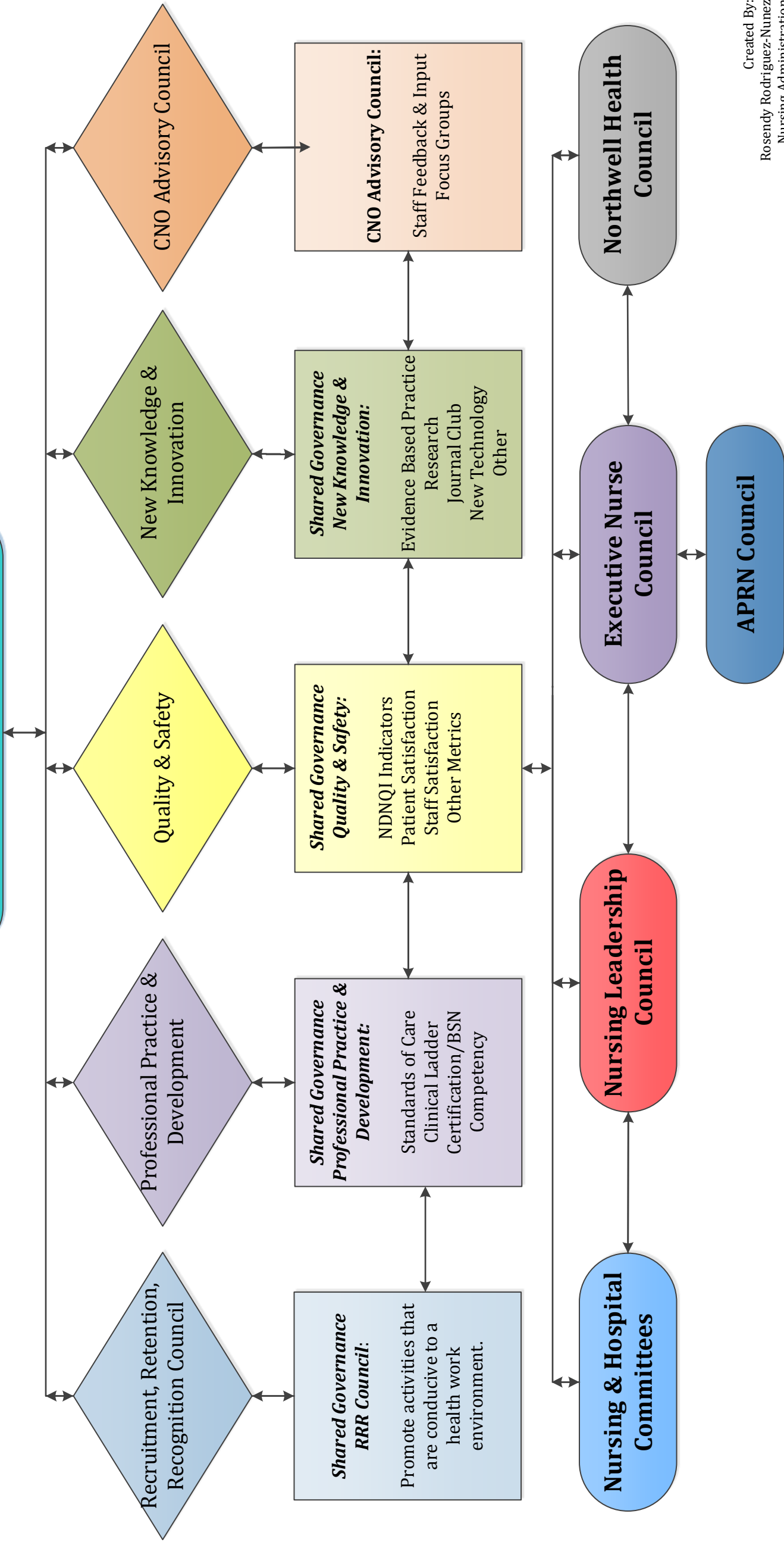


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

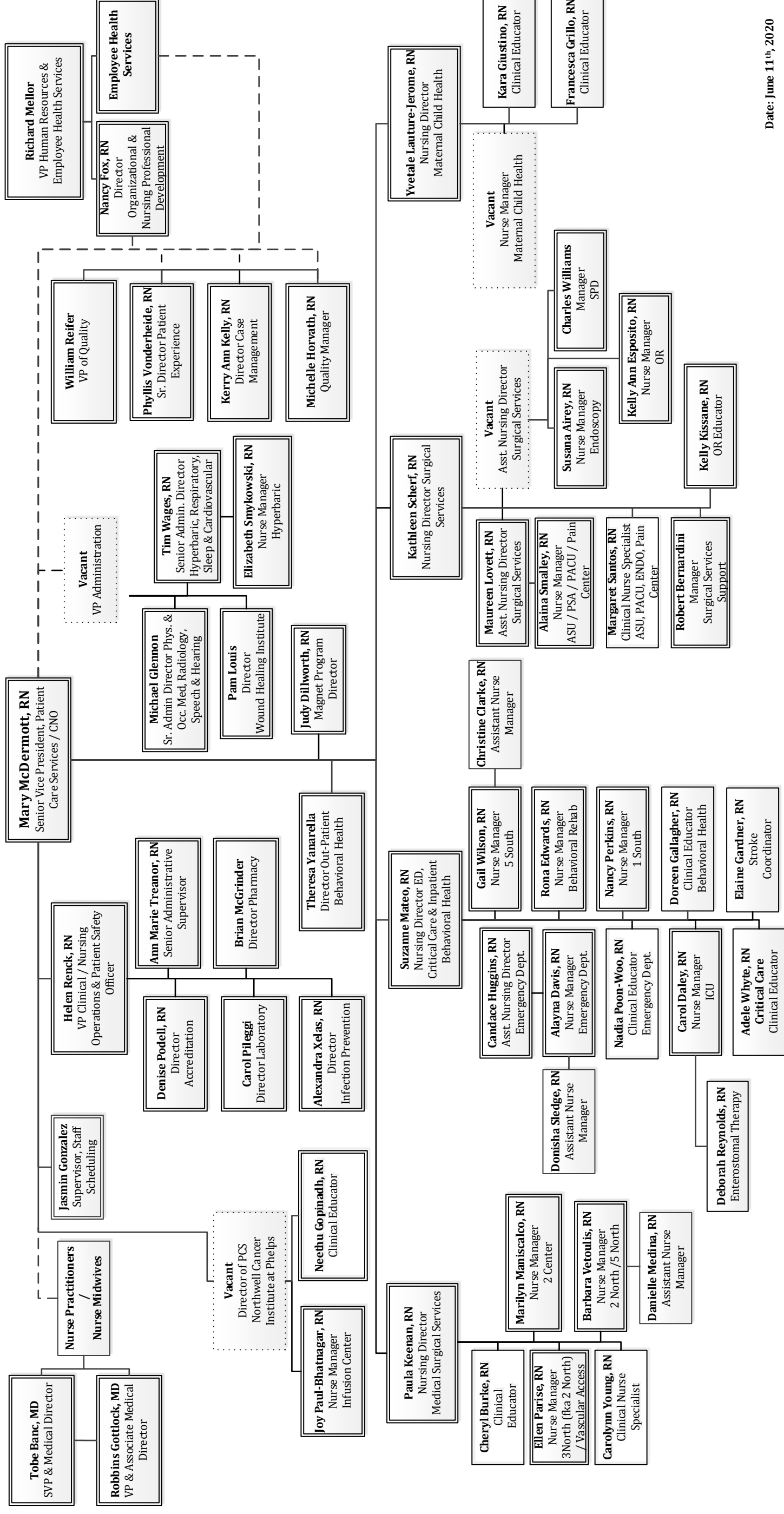
2019 ACCOMPLISHMENTS:

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



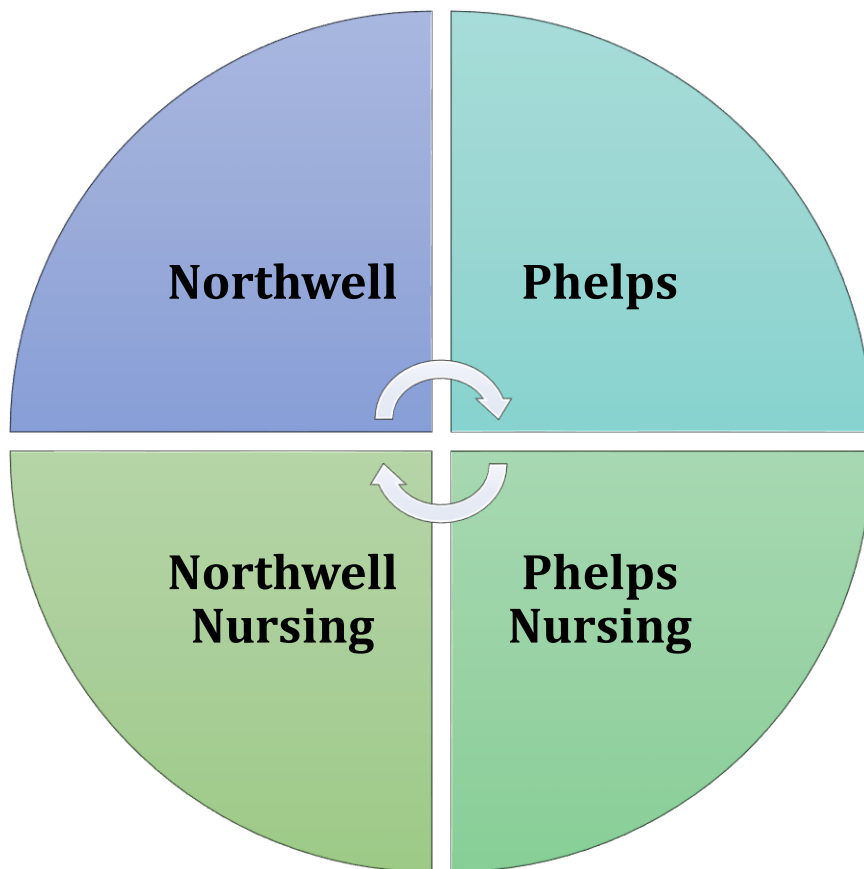
Phelps Hospital / Northwell Health

Patient Care Services



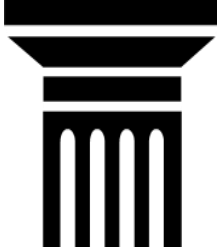
Nursing Strategic Plan

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



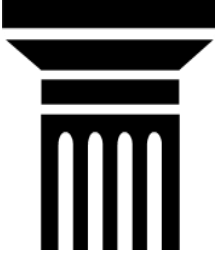
Goals

Quality



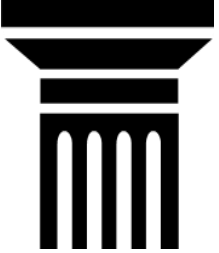
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



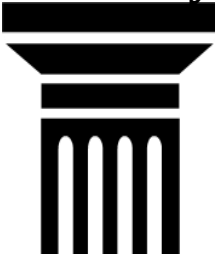
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



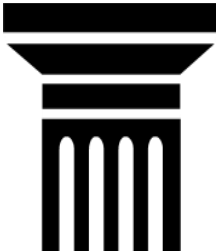
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

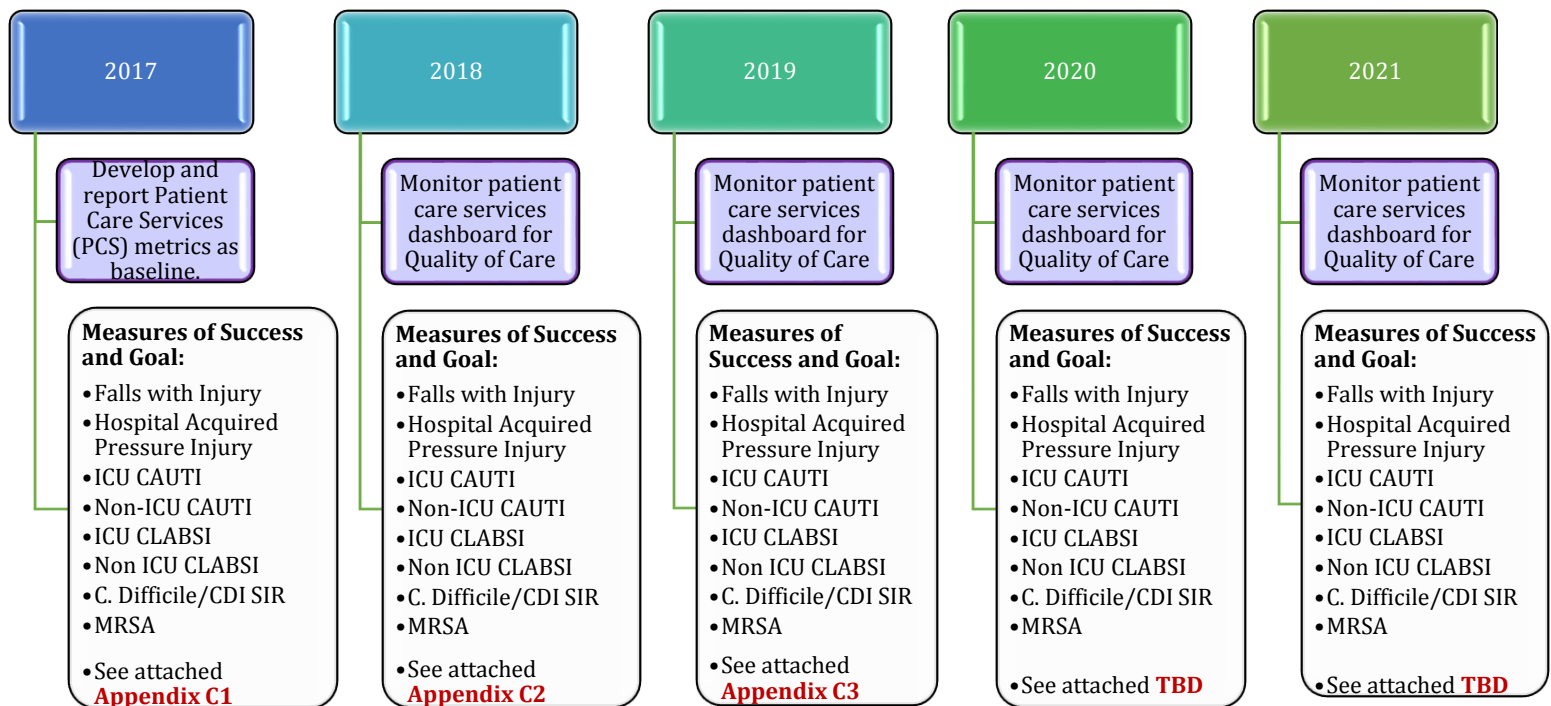
Finance



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

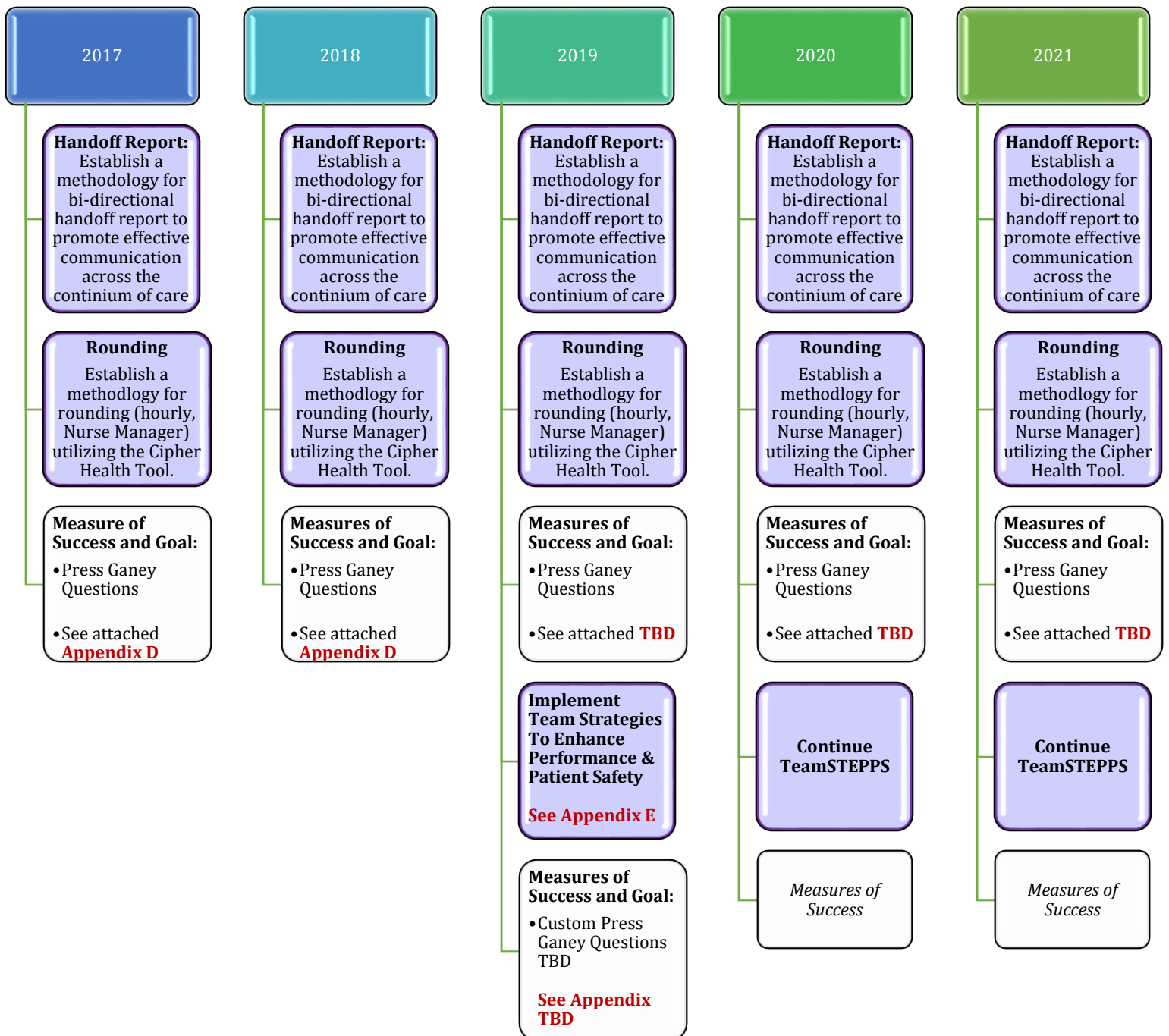
Quality

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



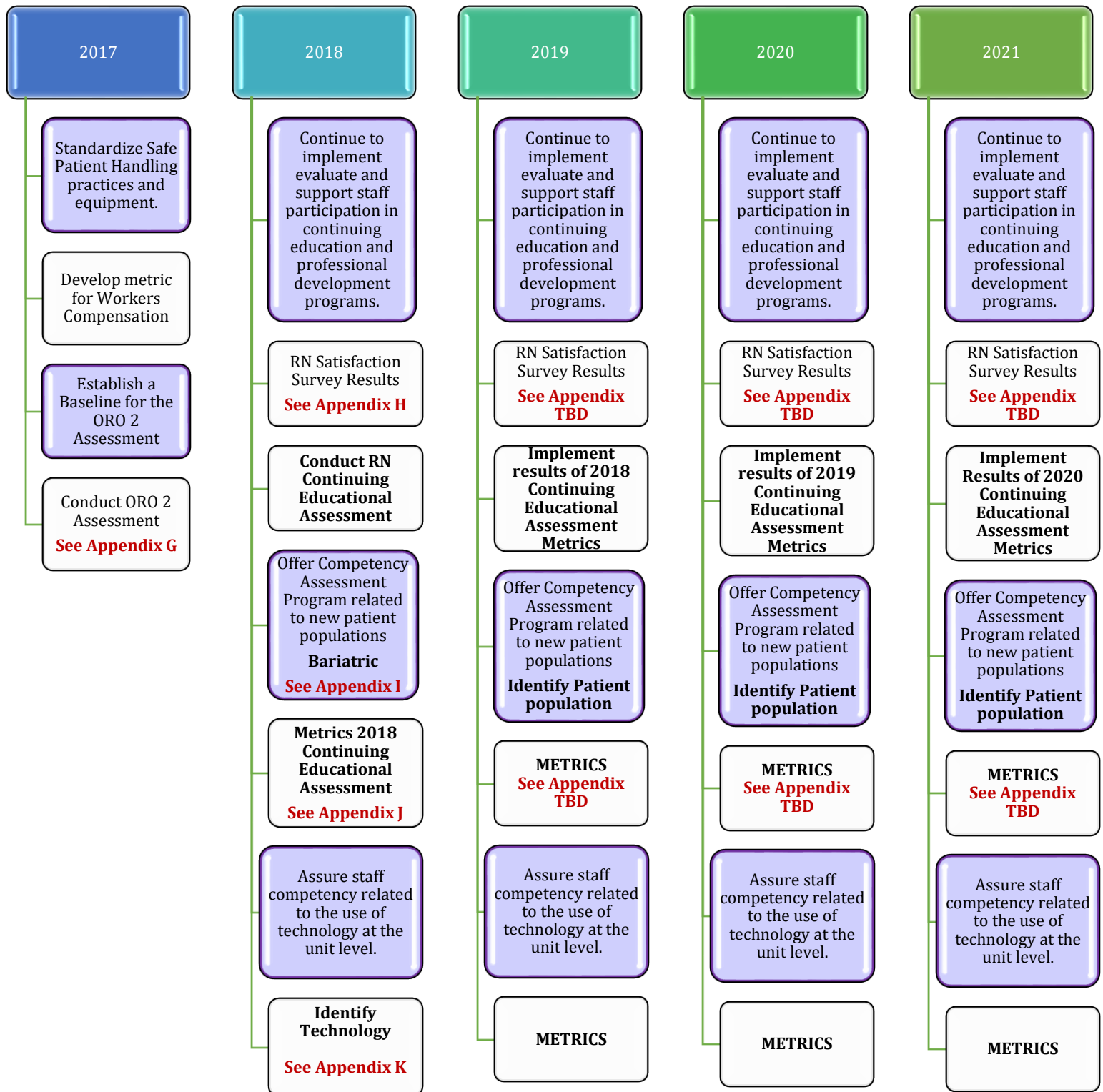
Quality

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



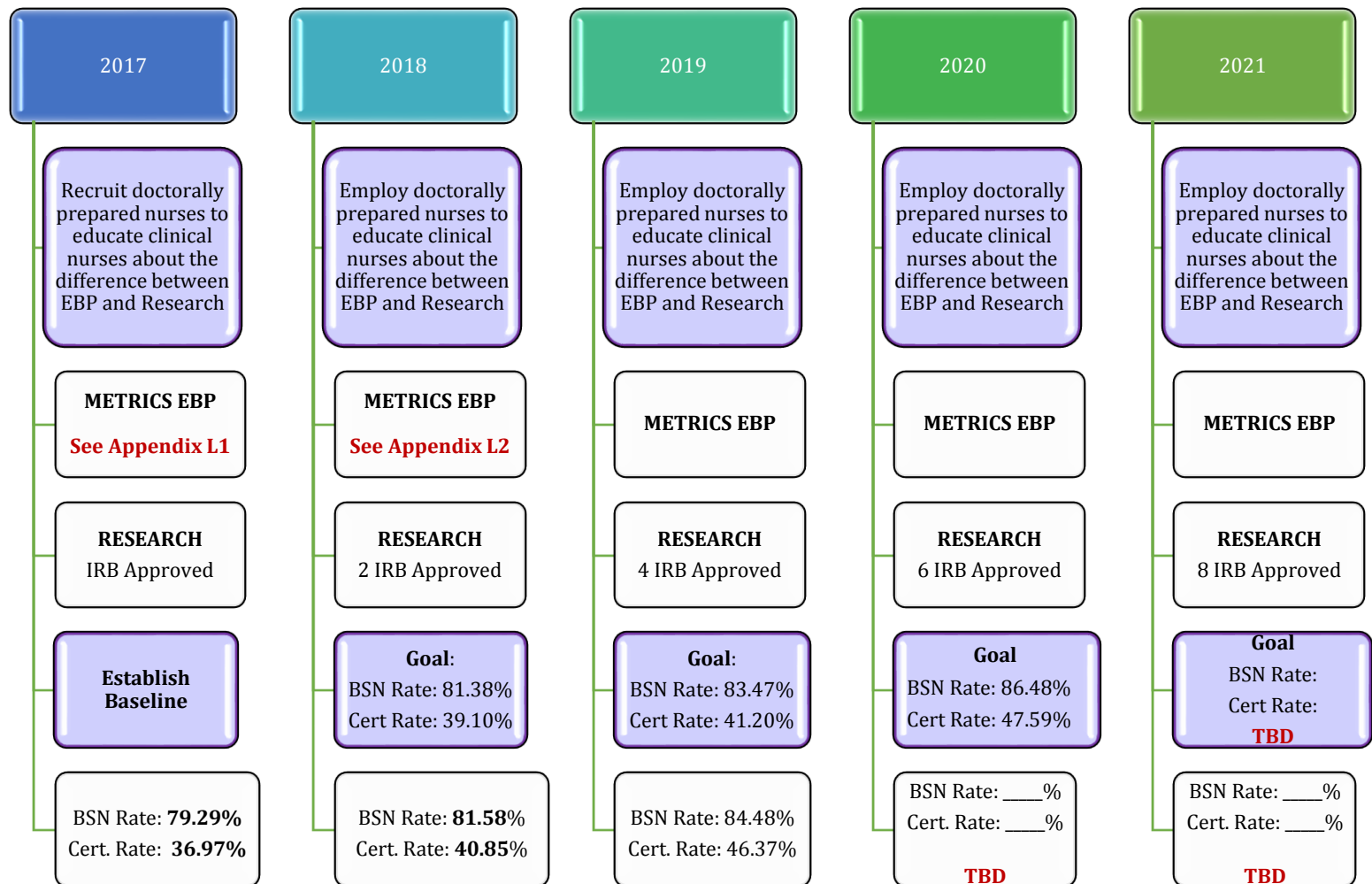
People

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



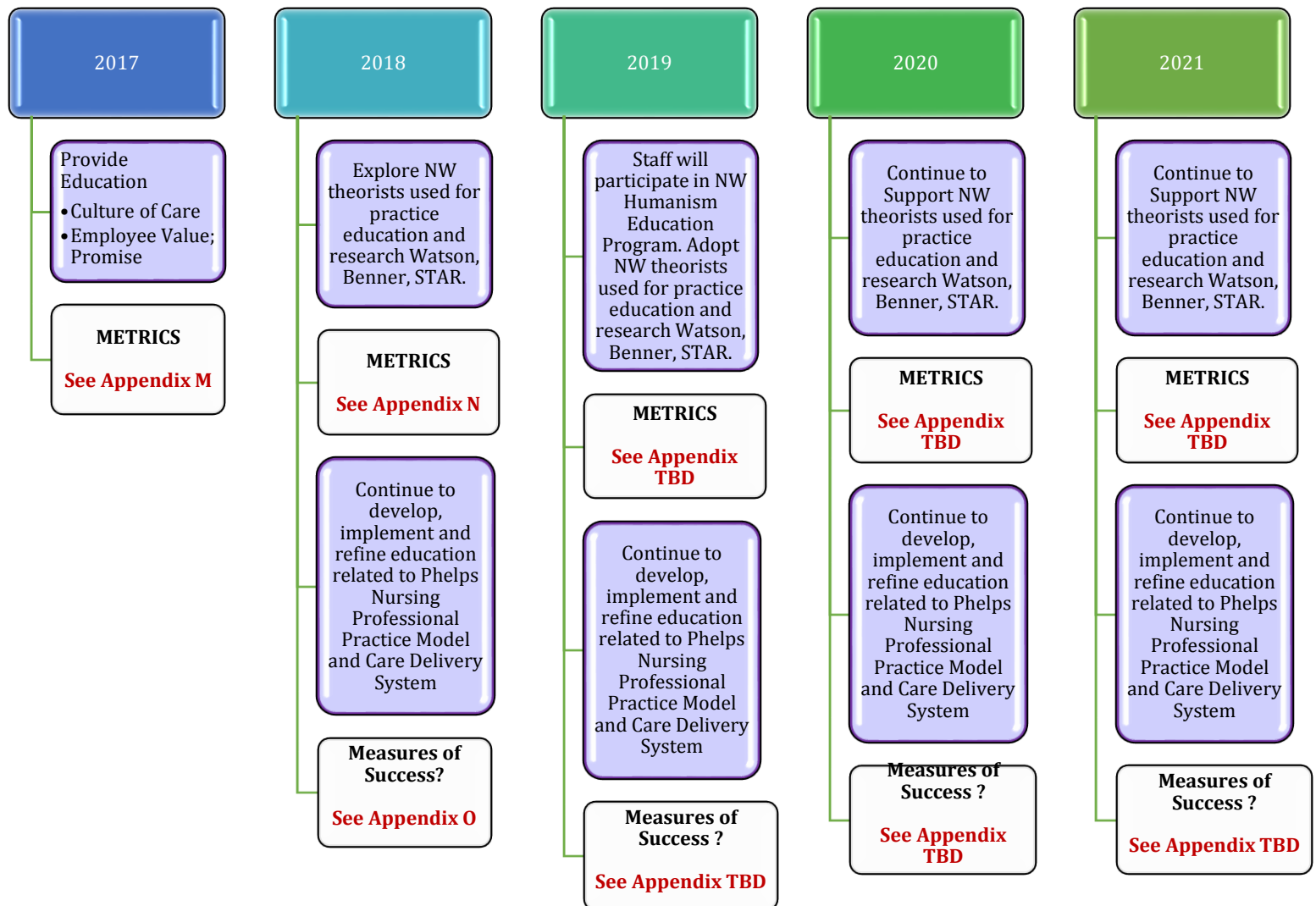
People

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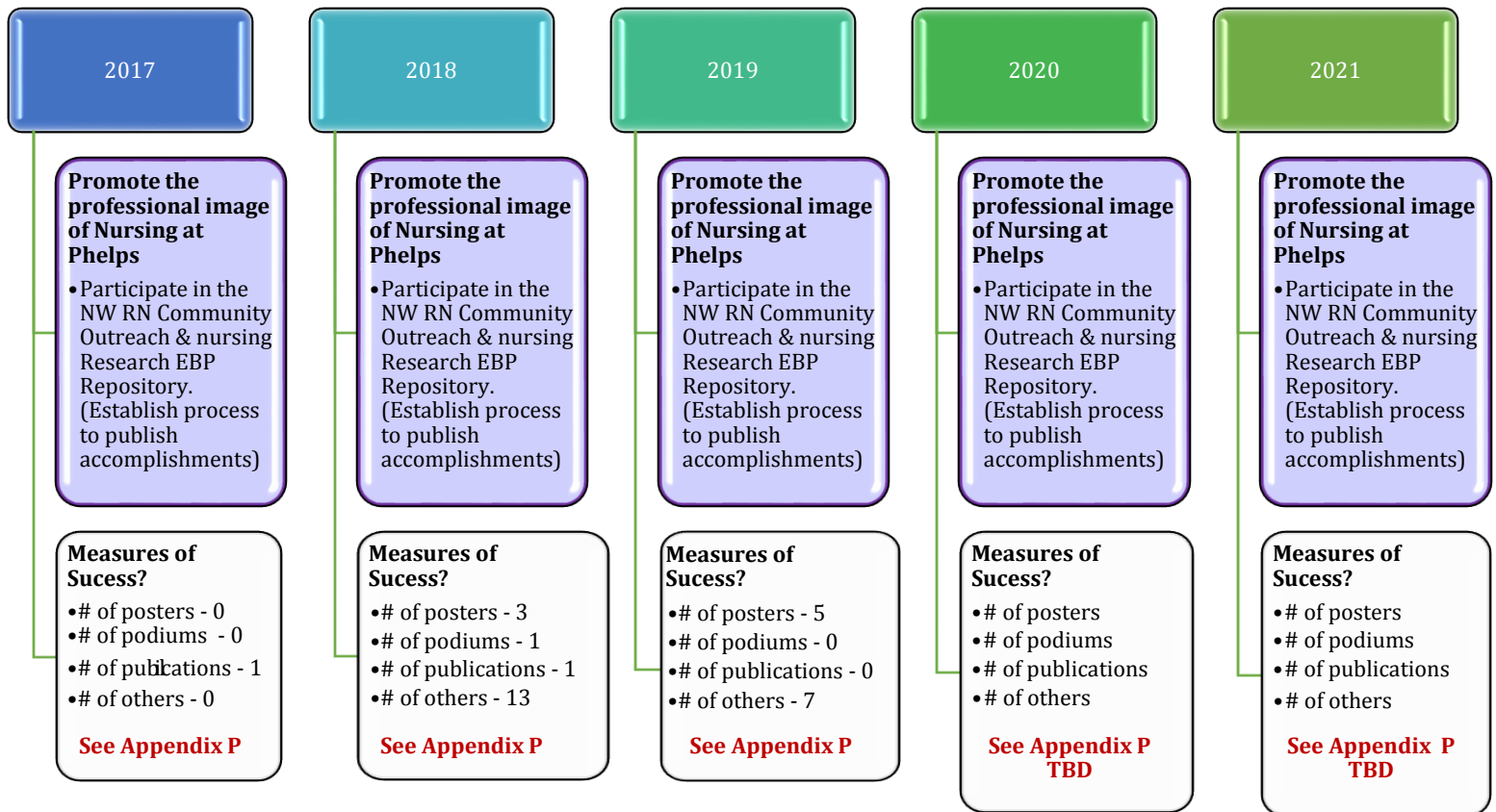
Service

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



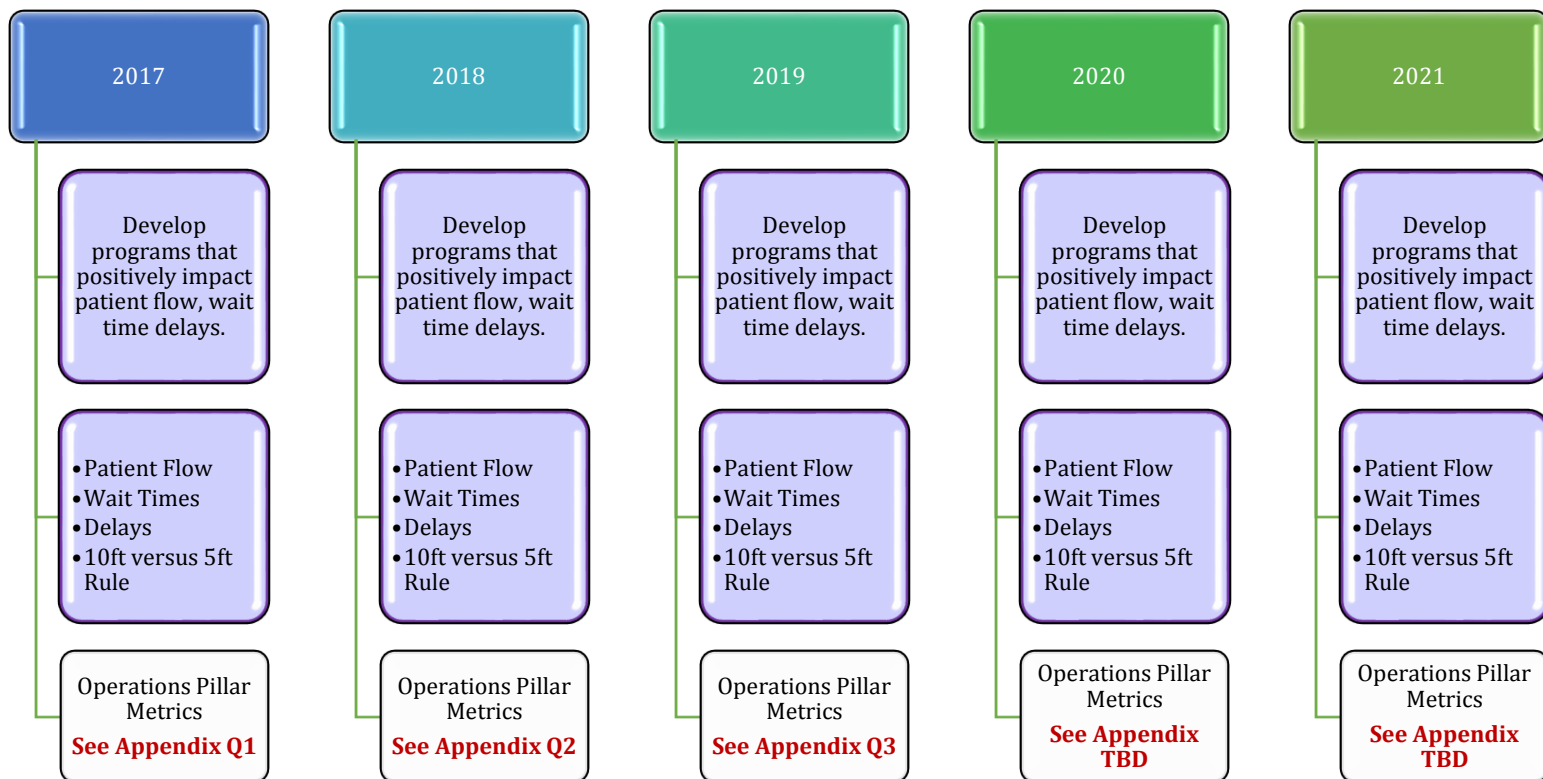
Service

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



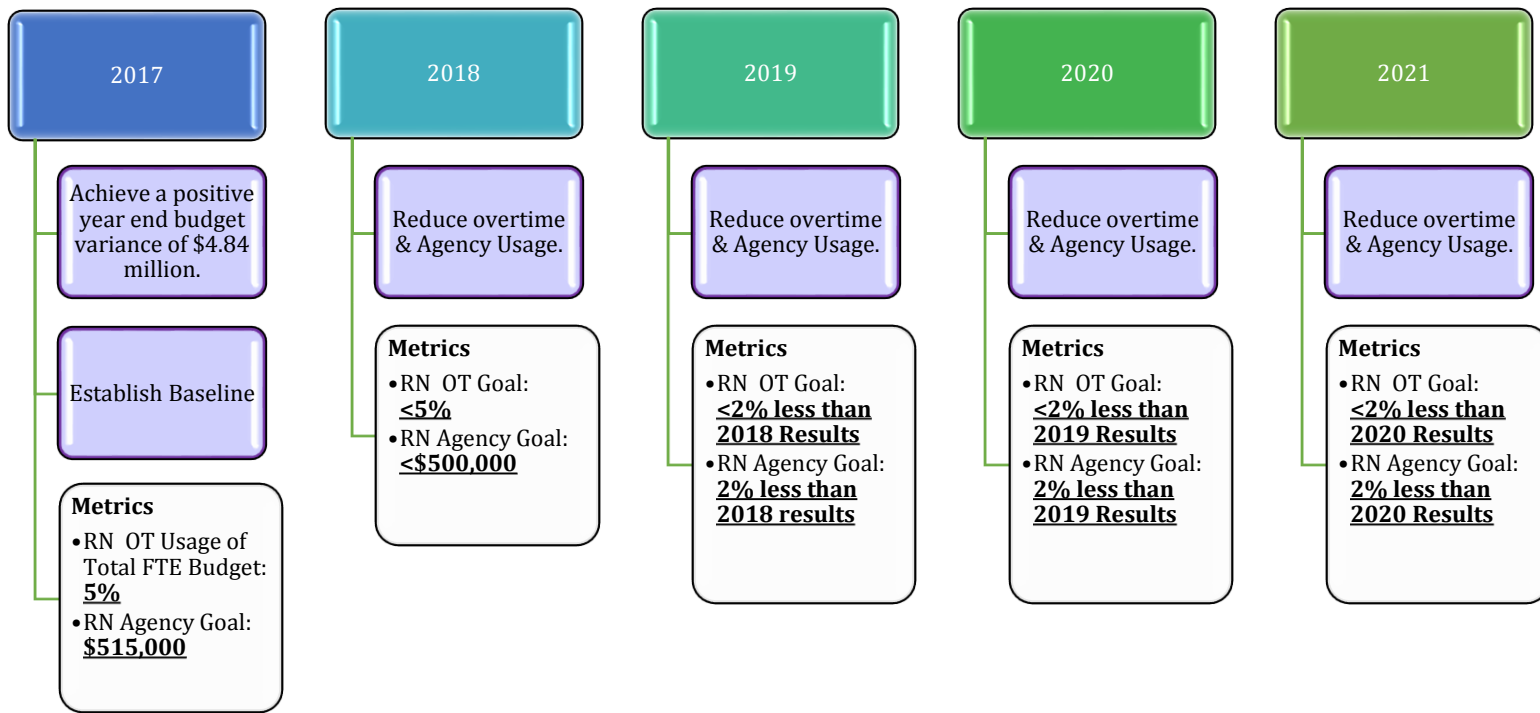
Efficiency

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!



TL2EO - NURSING STRATEGIC PLAN

REDUCING HOSPITAL-ACQUIRED C. DIFFICILE INFECTIONS

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

Problem

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

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

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

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

Goal Statement

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

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

Participation

TL2EO - Table 1 - C. Difficile Task Force

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

Interventions

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 1Q18

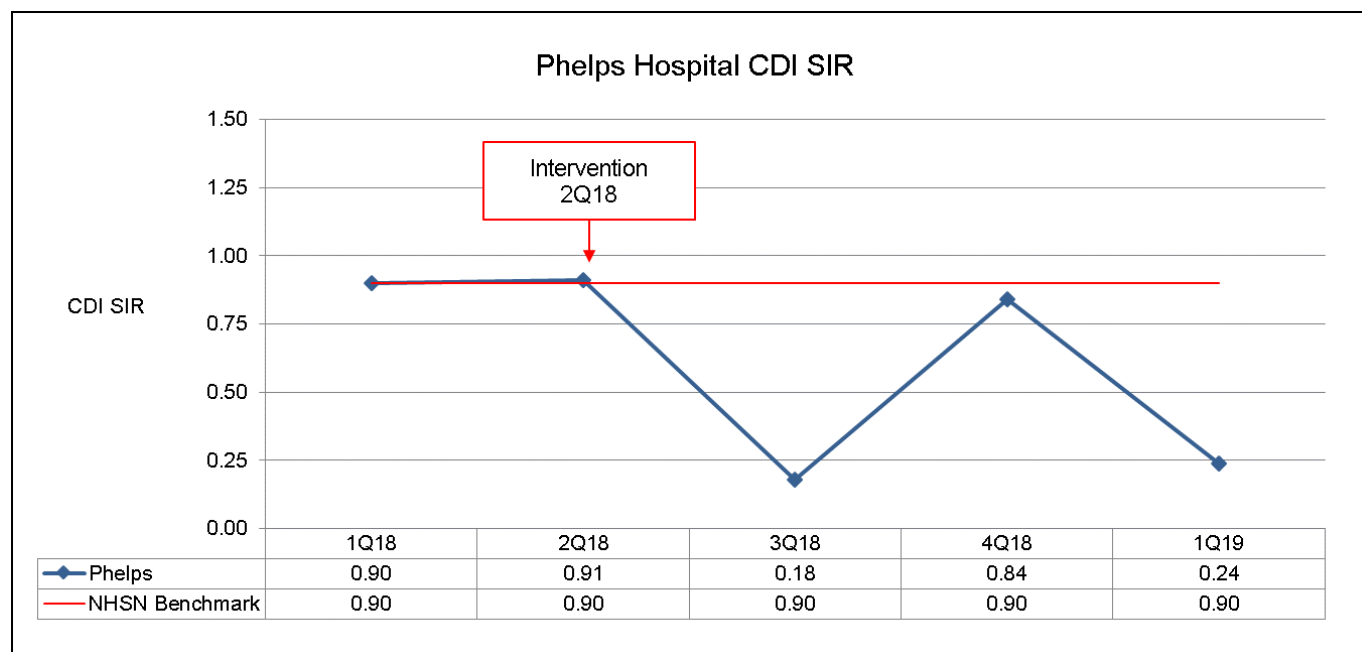
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps CDI SIR was 0.90.

Intervention Timeframe: 2Q18

Post-Intervention Timeframe: 3Q18 - 1Q19

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

TL2EO - Graph 1 - Phelps CDI SIR





TL5EO - ORGANIZATIONAL DECISION-MAKING

REDUCING DEVICE-RELATED PRESSURE INJURIES

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

Problem

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

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

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

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

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

Goal Statement

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

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

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

Participation

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

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

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

Intervention

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: January 2018

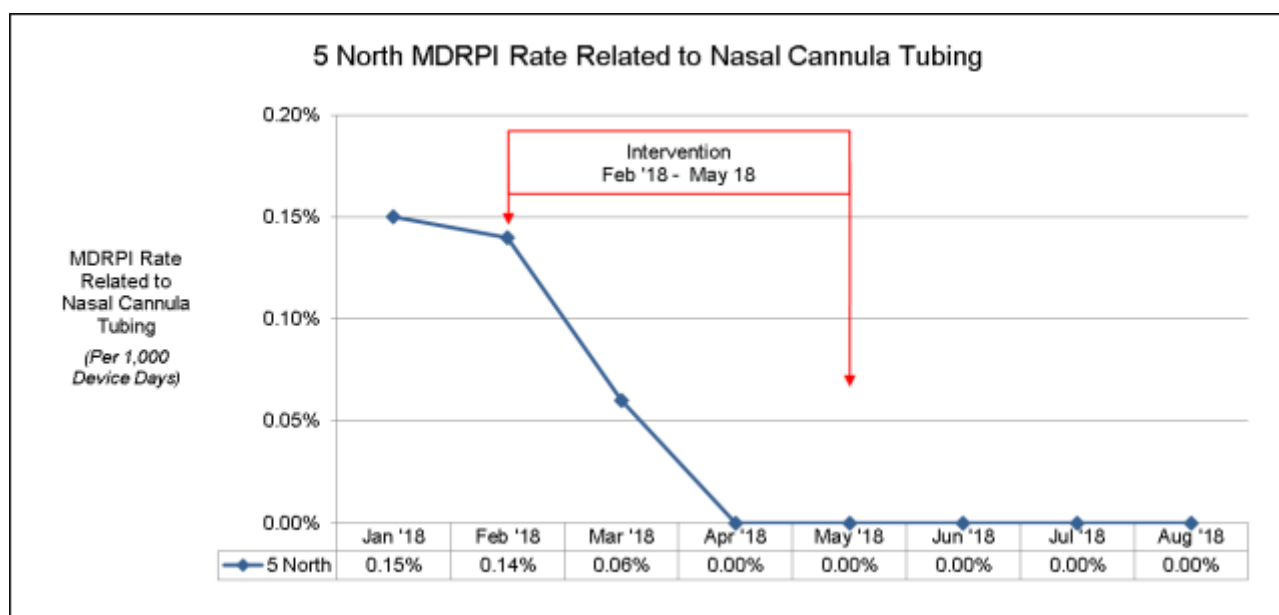
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

Intervention Timeframe: February 2018 – May 2018

Post-Intervention Timeframe: June 2018 – August 2018

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

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





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

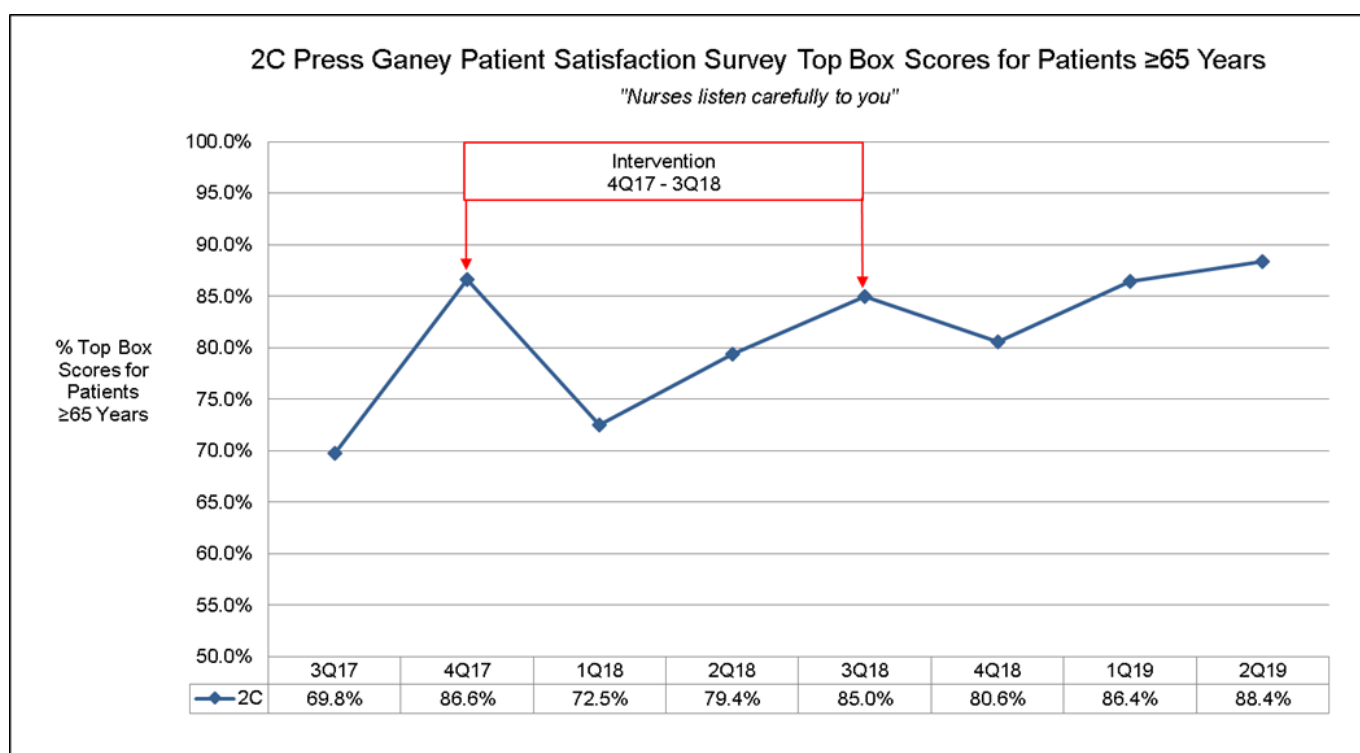
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients ≥ 65 years) for the question “Nurses listen carefully to you” was 69.8%

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

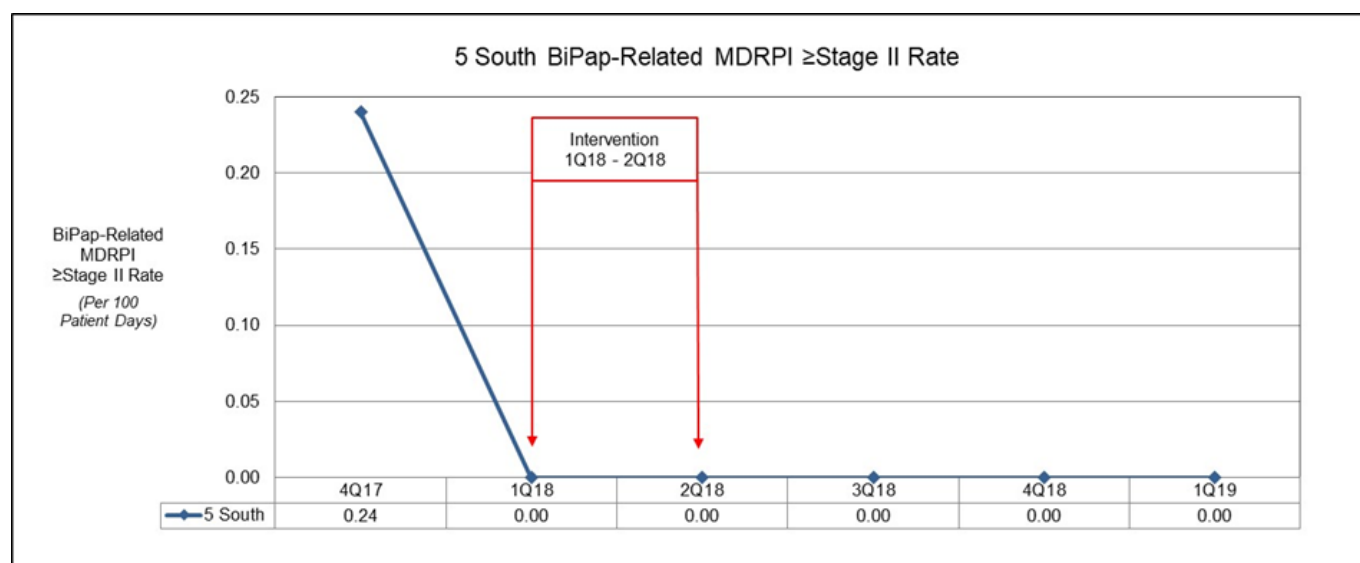
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 South BiPap-related MDRPI \geq Stage II rate was 0.24 per 100 patient days.

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





SE10 - COMMUNITY INVOLVEMENT

EXAMPLE 1: PHELPS SUPPORTS NURSES' VOLUNTEER EFFORTS

Provide one example, with supporting evidence, of the organization's support of a nurse or nurses who volunteer(s) in a local or regional community healthcare initiative which aligns with Healthy People 2020, Healthy People 2030, or the United Nations' Sustainable Development Goals.

Background

Overview: According to Feeding Westchester, a nonprofit hunger relief organization in Phelps Hospital's (Phelps) service area, 20% of the people in communities throughout Westchester are hungry. Although many people in Westchester are wealthy, wages remain low and unchanged for the working poor. These people tend to address fixed expenses, such as rent and childcare first, and sacrifice groceries, which often leads those in poverty to rely on low-cost, empty-calorie food that can lead to diet-related disease.

Community Healthcare Initiative: In 2017, Cherry Lyn Fuentes, MS, RN-BC, NPD-BC, education specialist, Organizational Development, and Philip (Phil) Dinkler, AAS, RN, clinical nurse, Emergency Department, members of Northwell's Aspiring Leaders Program, envisioned the establishment of a community garden at Phelps to address the Healthy People 2020 initiatives. Cherry, Phil and other stakeholders, including Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, and Michelle Lehmer Chiafulio, MS, CNM, RN, nurse midwife, Maternal Child Health established Phelps' on-campus Community Garden to grow fresh produce. Their vision was broad: the garden would offer activities for behavioral rehabilitation unit patients; provide a venue for gardening education and provide opportunities for outdoor and physical activities for patients and staff. Most important, the garden would enable nurses to offer fresh produce to patients in need when they are being discharged. By the summer of 2019, this vision became a reality.

Alignment with Healthy People 2020: One of the goals of Healthy People 2020, Food and Nutrient Consumption, is to increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (NWS-15). Specifically, this Healthy People 2020 goal

is to 1) increase the contribution of total vegetables to the diets of the population aged 2 years and older (NWS-15.1) and increase the contribution of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the population aged 2 years and older (NWS-15.2) [SE10-A Healthy People 2020-NWS-15](#)

Participation

SE10 - Table 1 - RN Volunteers: Community Garden

Name	Credentials	Discipline	Unit/Dept.	Job Title
Michelle Lehmer Chiafulio	MS, CNM, RN	Nursing	Maternal Child Health	Nurse midwife
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Philip (Phil) Dinkler	AAS, RN	Nursing	Emergency Department	Clinical nurse
Nancy Fox,	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director

Support for Nurse Involvement in Community Outreach

Interprofessional Support: To help the nurses succeed in this venture, several hospital executives provided their support. For example, Cherry met with and corresponded with Susan Juechter, senior dietitian and supervisor, Food and Nutrition Services, for information regarding the garden boxes and soil requirements, and assistance with the garden. [SE10-B Fuentes-Juechter Emails Sept-Oct 2017](#)

Cherry, Phil and Michelle volunteered their time with the help of several other hospital employees. When Michelle was selected for the Northwell's Aspiring Leader Program in 2018, she was interested in continuing the community garden project that Cherry and Phil began. Michelle scheduled a meeting with Dan Blum, MS, president and chief executive officer, Phelps, to elicit his support for this initiative. Dan supported Michelle and designated Rebecca Martin, JD, senior director, Dining Services, Northern Westchester and Phelps Hospitals, to partner with Michelle in the continuation of the project as the Phelps Farmacy Community Garden initiative. Michelle spent most of 2018 connecting with leaders in the community and recruiting volunteers from the hospital. Spencer Boutin, administrative support associate, Administration, helped Michelle promote the Farmacy garden initiative by posting an informational flyer to all employees of Phelps hospital. [SE10-C Phelps Garden Flyer 052418](#)

Supplies/Equipment Support: From May to October 2018, Phelps supported nurses' ability to create the community garden by paying for all supplies and equipment, including fencing, soil, compost and gardening tools. [SE10-D Garden Invoices May-Oct 2018](#)

Results

By 2019, Michelle had all the supplies needed at the beginning of the season. Michelle coordinated with Nutrition several times a week to identify patients in need, who were ready

to be discharged. These patients were given a big box of fresh vegetables upon discharge from the hospital. Michelle and her team, with organizational support, raised awareness concerning hunger and its impact on physical and mental wellness. [SE10-E Emails Regarding Distribution Aug-Sept 2019](#)

EXAMPLE 2: PHELPS SUPPORTS CLINICAL NURSES' VOLUNTEER EFFORTS

Provide one example, with supporting evidence, of the organization's support of a clinical nurse or clinical nurses who volunteer(s) in a population health outreach initiative, either local or global.

Background

Population Health Focus: In 2014, the Dr. Almanzar Foundation was founded with the aim of helping and changing the lifestyle of people in need in the Dominican Republic and Latin America. The Dr. Almanzar Foundation, a non-profit organization, is a population health initiative which aims to eliminate disparities and improve the health of all groups, create social and physical environments that promote good health for all, and promote quality of life, and healthy development and healthy behaviors across all life stages. The essential mission of the Dr. Almanzar Foundation is to provide low income individuals access to free medical surgeries, equipment and medicine to improve their health and quality of life.

The Family Medicine Department of the Hofstra Northwell School of Medicine has been involved in global health education for students, residents and faculty for many years. A few years ago, Northwell partnered with the Dr. Almanzar Foundation, which provides annual medical trips to the Dominican Republic. This collaboration incorporates into the school's curriculum longitudinal learning experiences in various countries, primarily in underserved regions, and the opportunity to work with multispecialty interdisciplinary teams.

Clinical Nurse Volunteer: Mariel Consagra, BSN, RN, clinical nurse, 5 South Stepdown Unit

Health Outreach Initiative: In September 2019, Mariel Consagra, BSN, RN, clinical nurse, 5 South Stepdown Unit, applied to participate in the Phelps Hospital (Phelps) Medical Mission trip to the Dominican Republic. Mariel's application was approved, and she volunteered with members of Phelps on the Medical Mission trip to the Dominican Republic from October 10-12, 2019. In just three days, Mariel collaborated with other volunteers from around the world to provide care to approximately 4,000 medically underserved patients at hospitals in the Dominican cities of La Vega, Bonao and Cotui. Of the many services provided, Mariel was assigned to be the coordinator for the orthopedic surgery and physical therapy services. In this role, Mariel was responsible for the initial assessment and triage of children and adults with orthopedic and/or physical therapy needs.

Since Mariel was fluent in both Spanish and English, she conducted interviews, took medical histories and assisted patients with the completion of forms necessary for consultation with the physicians so the appropriate treatment, such as casting for conditions like spina bifida, was provided. Mariel collaborated with physical therapists to treat patients' shoulder, neck or back pain resulting from old or new traumatic injuries like motor vehicle accidents. She also taught patients various physical therapy exercises that could be used to relieve their pain following their visit and beneficial for future use. In addition to organizing and providing direct patient care, Mariel administered medical supplies and equipment (e.g. canes and walkers) and helped maintain a clean and safe work environment. [SE10-F Consagra Medical Mission Application 091119](#)

Organizational Support for Clinical Nurse Participation

Financial Support/Reimbursement: Phelps established a grant program to support nurses and other Phelps employee volunteers who participate in Medical Missions, which support the health and well-being of the greater community. Volunteers complete an application and submit a request for scheduled time off to his or her immediate supervisor. In addition to standard holiday and vacation time, volunteers are eligible to earn up to two additional personal days (up to 15 hours) for the Medical Mission with rest days following the Mission. Volunteers can also receive up to \$500 to offset expenses incurred. [SE10-G Phelps Medical Mission Policy 2019](#)

Scheduling Support: On September 25, 2019, Mariel requested time to travel to the Dominican Republic for the Medical Mission with some respite time after the Mission. Mariel submitted the request in the Kronos scheduling system, for which there was no code at the time. To ensure that Mariel was granted the necessary days off for her trip, her manager, Gail Wilson, MHA, BSN, RN, nurse manager, 5 South, entered the leave as "mandatory education time" per the Northwell Grant program policy. [SE10-H Consagra-Wilson Emails 092519 & 5 South Schedule 100919-101419](#)

Recognizing and Promoting Volunteerism: Mariel was recognized for her volunteer efforts as part of the Dominican Republic Medical Mission trip in the October 2019 issue of the organization's monthly Nursing newsletter, *Nursing News*, which is distributed to all nursing departments at Phelps. Additionally, Mariel and the other Phelps volunteers were recognized in the October 31, 2019, issue of the hospital-wide biweekly newsletter, *Notebook*. [SE10-I Phelps Notebook 103119 p. 2-4](#)

Results

This was Mariel's second mission to the Dominican Republic. Both times, Mariel has shared with her Phelps' nursing colleagues how rewarding the initiative was and encouraged them to join her in the future. When she returned from her October 2019 trip Mariel stated, "I look forward to being involved with the (Dr. Almanzar) Foundation for many years to come."



SE12 - RECOGNIZING NURSES

EXAMPLE 1: RECOGNIZING A CLINICAL NURSE FOR ADDRESSING ORGANIZATIONAL GOAL OF SERVICE

Provide one example, with supporting evidence, of the organization's recognition of a clinical nurse for their contribution(s) in addressing the strategic priorities of the organization.

Background

Clinical Nurse: Christopher (Chris) Moon, BSN, RN, clinical nurse, 5 South Intermediate Care Unit (5S)

Recognition: The Zuckerberg Family Foundation Award for Nursing Service Excellence (2018)

Phelps' Strategic Priorities: The 2017 Phelps Hospital (Phelps) strategic plan's Service goal includes "inpatient likelihood to recommend" as measured by patient satisfaction surveys distributed upon discharge. Nursing service and inpatient satisfaction are key components in meeting the "inpatient likelihood to recommend" goal. [SE12-A Phelps Strategic Plan 2017](#)

Clinical Nurse Supports Hospital's Strategic Priorities

Clinical Nurse's Actions: Since Chris Moon, BSN, RN, started working as a clinical nurse on 5S, it was apparent to all that Chris had a special ability to develop an immediate rapport with his patients. Patients and their families were frequently observed hugging Chris as he left the hospital at the end of his shift or requesting Chris to be their nurse when they knew his work schedule. Chris excelled at creating frequent, brief moments of compassionate care, as well as longer, sustained connections that reassured his patients and their families. All of Chris' patients were dealing with highly stressful and anxiety-producing diagnoses, and this added comfort was especially meaningful. When Chris was asked to reflect on his gift for rapport, he merely stated, "It's pretty simple, really. I just try to treat the patients like my own family."

In October 2017, one particular example of Chris' gift for nursing service occurred when a patient who was admitted to 5S wanted to watch a particular baseball game that night. Unfortunately, Phelps' television service did not include the channel on which the game would be broadcast. Chris realized that simple acts of helpfulness can be reassuring nursing interventions with profound healing benefits. Chris solved the problem by streaming the game on his personal cell phone, giving the patient his own phone password and leaving his phone with the patient overnight to finish watching the game. Chris' colleagues noted that the previously anxious and upset patient was now glowing with pleasure. The patient had regained control of his life in the midst of a stressful hospital stay. In explanation, Chris simply stated, "I didn't need my phone that night." The next day, Chris came to the hospital, on an unscheduled work day, to visit with the patient.

Behavior Supports Phelps' Strategic Priorities: Chris' gift for nursing service—and even more profoundly, for humanism—was extraordinary in many situations. These special relationships ensured patient satisfaction and increased the likelihood to recommend Phelps. Patients often identify Chris by name in the comments section of the patient satisfaction surveys, and these comments are reviewed weekly during CARE leader rounds. Chris truly exemplifies the Service goal in the Phelps' strategic plan.

Recognition for Contributions to Strategic Priorities

Nomination Process: In March 2018, Bernadette Hogan, BSN, MPA, CNML, nurse manager (at the time), 5S, nominated Chris for the annual Zuckerberg Family Foundation Award for Nursing Service Excellence. This award recognizes a Phelps clinical nurse who demonstrates exemplary nursing service above and beyond mere competency or even excellence, thus positively impacting patient satisfaction and the likelihood to recommend Phelps. Bernadette nominated Chris based on the many examples of nursing service she described in her eloquent nomination application. In his nomination, she specifically described his devotion to patients, focus on patient safety and contributions as a team-builder. [SE12-B Moon Nomination Form March 2018](#)

Recognition Event: On May 9, 2018, during the National Nurses' Week awards ceremony at Phelps, Chris was announced as a nominee for both the Phelps Pride and the Zuckerberg Family Foundation awards. To Chris' surprise, he received the Zuckerberg Family Foundation Award for Nursing Service Excellence, which included a \$1,000 stipend and an award certificate. During the awards ceremony, Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer read Bernadette's nomination letter and presented the award to Chris. [SE12-C Moon Award Certificate 050918](#)

Newsletter Recognition: On May 17, 2018, Chris was recognized in the *Phelps Hospital Northwell Health Notebook*, a monthly newsletter that is sent by email to all Phelps staff. The newsletter was also printed and posted throughout Phelps and shared during unit staff meetings. [SE12-D Phelps Notebook 051718 pgs.10 -11](#)

EXAMPLE 2: PHELPS HOSPITAL NURSES RECOGNIZED FOR IMPROVING PATIENT OUTCOMES

Provide one example, with supporting evidence, of recognition of a group of nurses for their contributions in addressing the strategic priorities of the organization.

Background

Group of Nurses: Phelps Hospital (Phelps) Skin Champions, 2018-2019 (see Table 1)

Recognition: In early 2019, the Phelps Skin Champions were recognized during a Nursing Leadership Council (NLC) meeting with a certificate of appreciation and celebratory breakfast. They were also recognized in the hospital newsletter and nursing website.

Phelps' Strategic Priorities: The 2018 Phelps Hospital (Phelps) strategic plan's Quality goal includes hospital acquired illness and injury (examples given were CLABSI and CAUTI but also include HAIs, Falls and others). The actions of the skin champions had a direct impact on the hospital's success with no HAPI for 25 days. [SE12-E Phelps Strategic Plan 2018](#)

Participation

SE12 - Table 1 - Phelps Skin Champions 2018-2019

Name	Credentials	Discipline	Unit/Dept.	Job Title
Donisha Sledge	BSN, RN, CEN	Nursing	ED (days)	Clinical Nurse
Jenna Harris	BSN, RN, PMHN	Nursing	1 South (days)	Clinical Nurse
Carrie Klemens	BSN, RN	Nursing	2 Center (days)	Clinical Nurse
JoAnn DeNardo	BSN, RN	Nursing	5 North (days)	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North (days)	Clinical Nurse
Jisha Thomas	BSN, RN-BC	Nursing	5 North (days)	Clinical Nurse
Lauren Guardino	BSN, RN	Nursing	5 South (days)	Clinical Nurse
Kellie Mason	BSN, RN	Nursing	5 South (days)	Clinical Nurse
Allice Mulligan	BSN, RN	Nursing	ICU (days)	Clinical Nurse
Satydra Jackson	BSN, RN	Nursing	ED (nights)	Clinical Nurse
Claudette Nelson	BSN, RN, WCC	Nursing	1 South (nights)	Clinical Nurse
Danielle Medina	BSN, RN-BC	Nursing	2 North (nights)	Clinical Nurse
Rhonda Osborne-Haroon	MSN, RN-BC	Nursing	5 North (nights)	Nurse Coordinator
Tammy Wilson	BSN, RN-BC	Nursing	5 South Nights	Nurse Coordinator
Elizabeth Keogh	AAS, RN	Nursing	ICU Nights	Clinical Nurse
Coreen Palmero	BSN, RN	Nursing	ICU Nights	Clinical Nurse
Ria Olipane Samson	BSN, RN, CCRN	Nursing	ICU Nights	Clinical Nurse

Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal therapy	Clinical Nurse
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Nurses Support Hospital's Strategic Priorities

Nurses' Actions: In April 2018, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal therapy identified a need for additional clinical resources regarding wound assessment, care and hospital acquired (pressure) injury prevention. Phelps needed more nurses to support the organization's strategic safety priority by imparting advanced knowledge to all clinical staff on the identification, staging and management of pressure injuries and wound care. Debi suggested the idea of having "skin champions" and additional resources aligned with this strategic goal in discussions with Phelps' leadership, including Suzanne Mateo, MA, RN, NEA-BC, nursing director, Emergency department, Critical Care and Behavioral Health, and Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer. [SE12-F Skin champion proposal emailed by Debi 042518](#). Debi reinforced the need for the skin champion role at Phelps by describing the skin champion program in the July 2018 Phelps Hospital Nursing News, a monthly newsletter emailed to all Phelps' nurses.

In August 2018, 17 clinical nurses from various clinical units volunteered to join the skin champion program. In September 2018, these clinical nurses participated in 12 hours of educational sessions, approved for contact hours, to become skin champions. All skin champions made a one-year commitment to serve as clinical resources for nurses, available every day and night, regarding advanced pressure injury, wound assessment and care. By January 2019, 5 South, the ICU and 2 Center had achieved 25 consecutive days with no hospital-acquired pressure injuries (HAPI).

Behavior Supports Phelps' Strategic Priorities: As a result of the skin champion nurse program, skin champions have been available for consultation and "just in time" education regarding skin assessment and wound care for clinical nurses on virtually every nursing unit at Phelps, day and night. The skin champions strengthen Phelps' ability to address the 2018 strategic quality goal to reduce hospital acquired (pressure) injury, with wound care guidance available around the clock

Recognizing Nurses for Contributions to Phelps' Strategic Priorities

Website Recognition: In September 2018, following graduation from the skin champion educational program, Mary recognized the skin champion nurses and instructed Kathleen (Kathy) Calabro, data analyst, to post their names and pictures on the Phelps nursing website, to be acknowledged by all nurses. [SE12-G Phelps Nursing Website Posted September 2018](#)

Recognition Event: In January 2019, Phelps nursing leaders recognized the newly endorsed skin champion nurses during the NLC meeting. Mary, Suzanne, Debi and Carol Daley, MSN, RN, CNML, nurse manager, ICU, presented each skin champion with a certificate of

appreciation at the end of NLC with a celebratory breakfast. [SE12-H NLC Recognition Invitation January 2019](#)

Organization-Wide Recognition: The January 24, 2019, edition of the hospital newsletter, *Phelps Notebook*, which is distributed bi-weekly to all Phelps' employees each payday, highlighted the accomplishments of the skin champions, as well as the units that had celebrated 25 consecutive HAPI-free days. [SE12-I Phelps Notebook 012419 pg.3](#)

The April 2019 Phelps Hospital *Nursing News* urged staff to recognize and call on the advanced knowledge offered by the skin champions, whose names, titles, units and photos were also prominently displayed in a wound and ostomy resource book on each nursing unit.

6 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

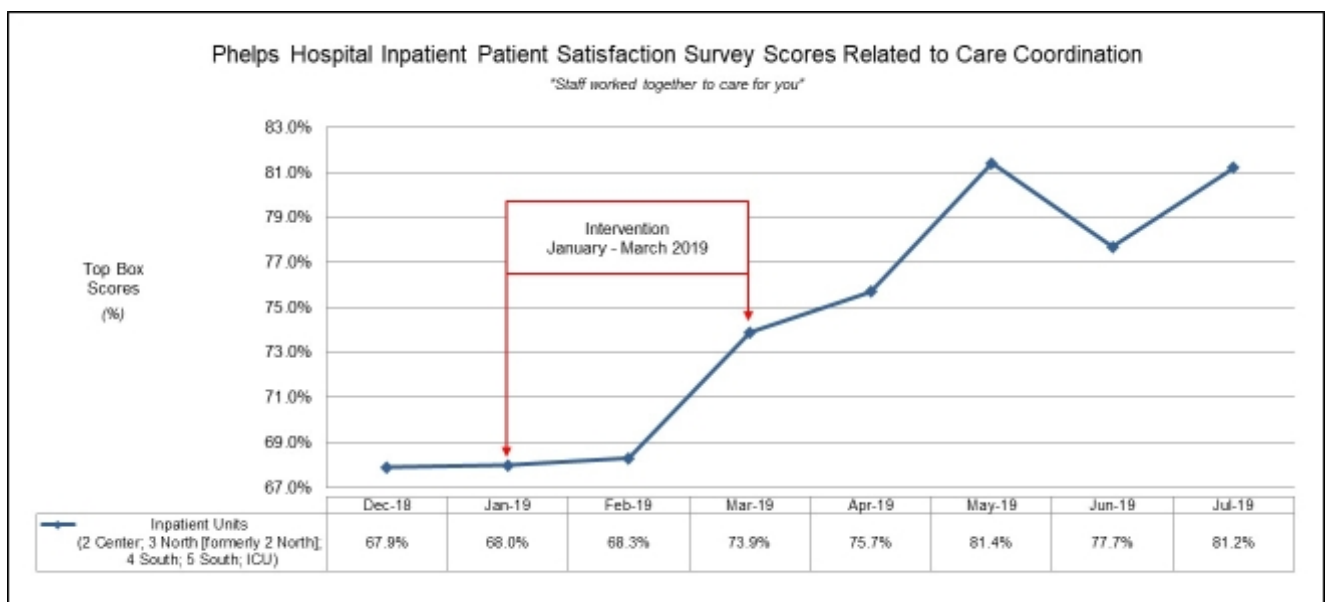
Pre-Intervention Baseline Data: During the pre-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 67.9%.

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

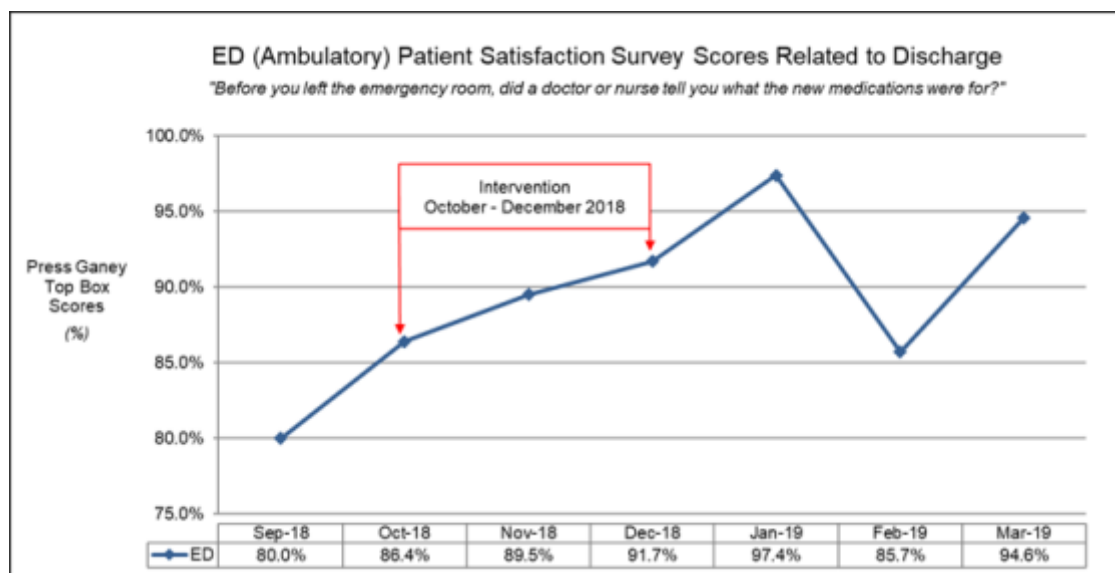
Pre-Intervention Baseline Data: During the pre-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 80.0%.

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.

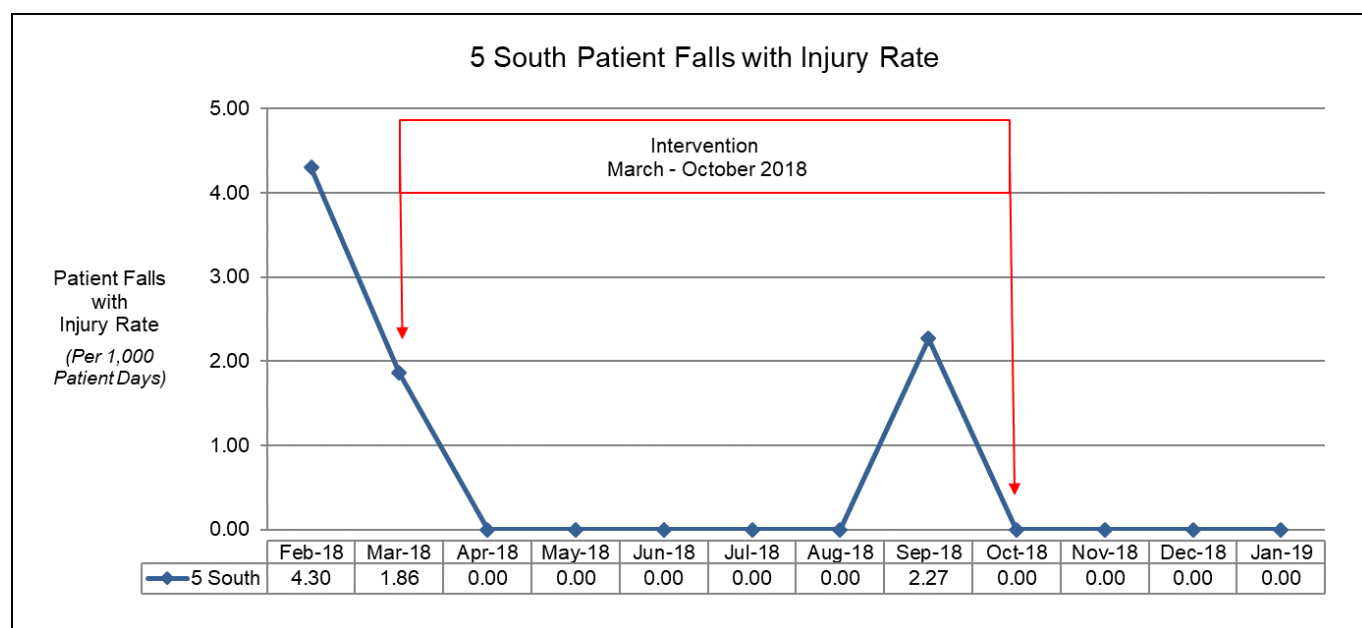
Intervention Timeframe: March – October 2018

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.

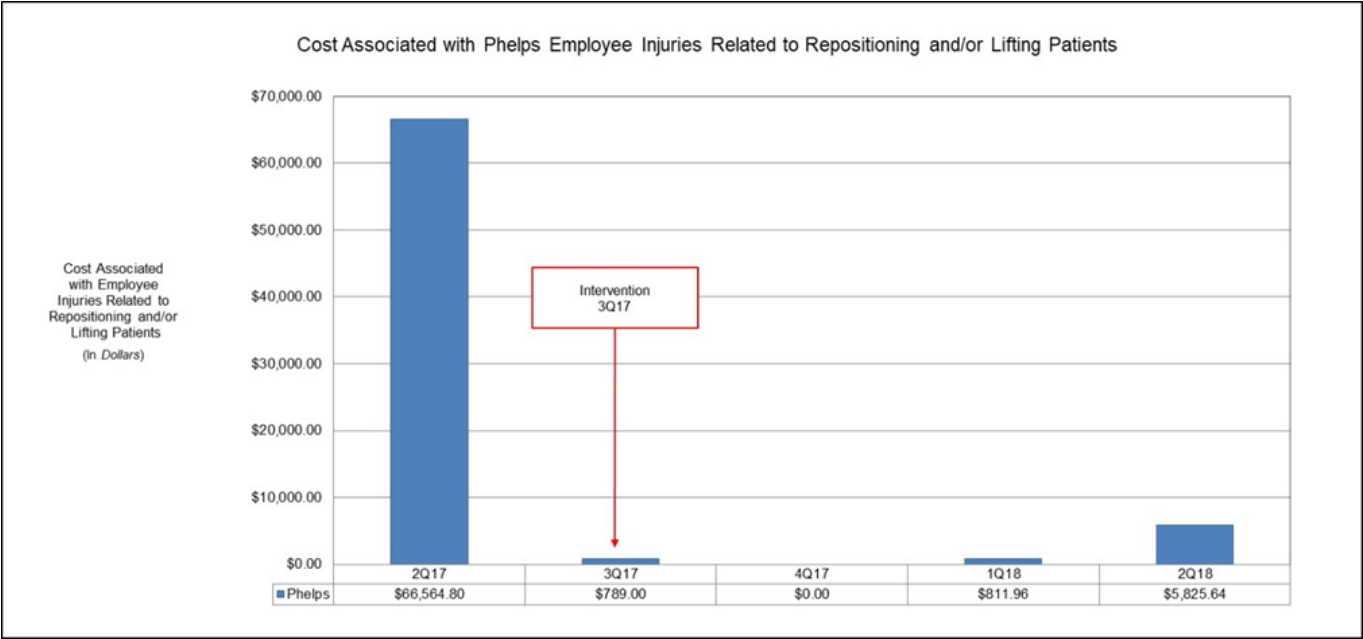
Intervention Timeframe: 3Q17

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





EP12 - NURSE AUTONOMY

CLINICAL NURSES PRACTICE AUTONOMY TO IMPLEMENT ENHANCED SUPERVISION

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

Background

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

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

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

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

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

Nurses Expand Autonomy in Patient Care Decisions

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

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

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

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

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

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

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

3 Pages



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



NK7EO - WORK ENVIRONMENT AND WORK FLOW

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

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

Problem

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

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

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

Goal Statement

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

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

Participation

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: April – May 2018

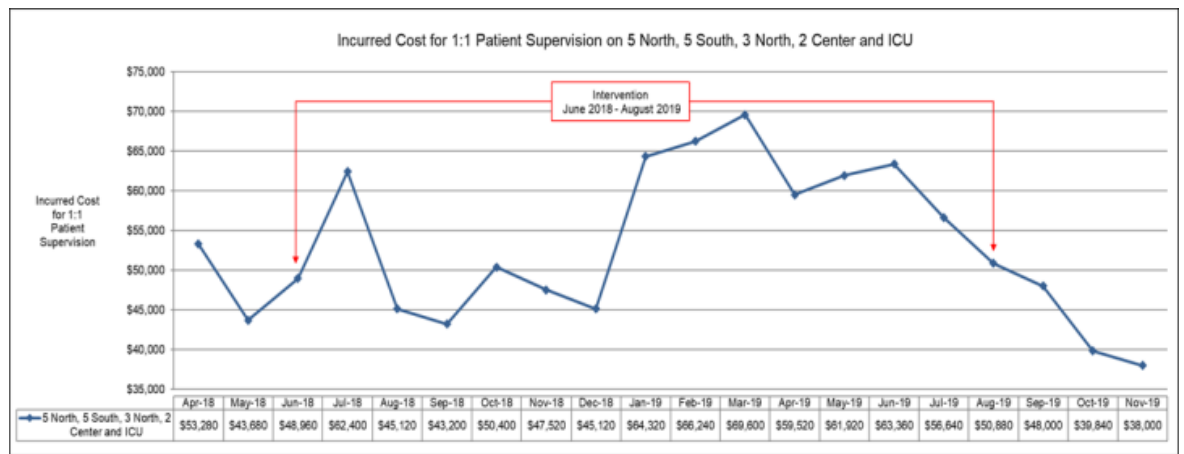
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged \$48,480/monthly.

Intervention Timeframe: June 2018 – August 2019

Post-Intervention Timeframe: September – November 2019

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

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



EXAMPLE 2: REDESIGNING ED WORK FLOW TO IMPROVE PATIENT SATISFACTION

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

Problem

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

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

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

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

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

Goal Statement

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

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

Participation

NK7EO - Table 2 - ED Throughput Workgroup

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

Interventions

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

- Triage assessment was lengthy

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

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

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

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

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

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

patient according to ESI level

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 1Q17

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

Intervention Timeframe: 2Q17 – 3Q17

Post-Intervention Timeframe: 4Q17 – 2Q18

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

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

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

