

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

Created by: Kathleen Calabro

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

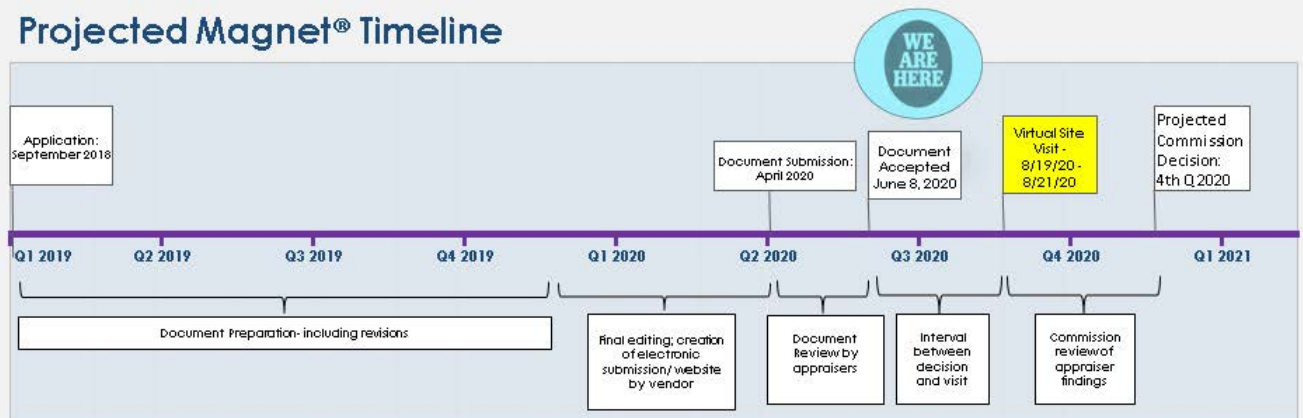
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

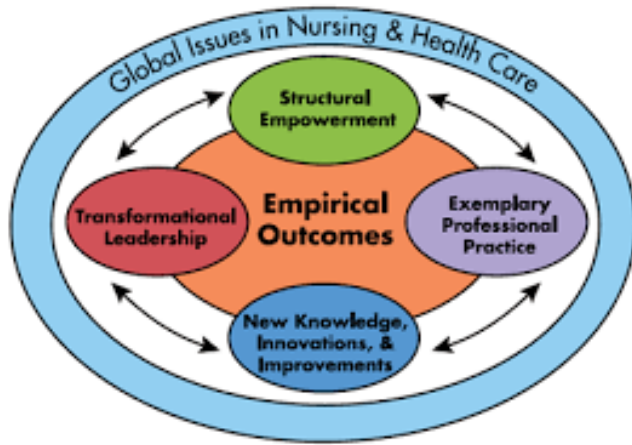
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



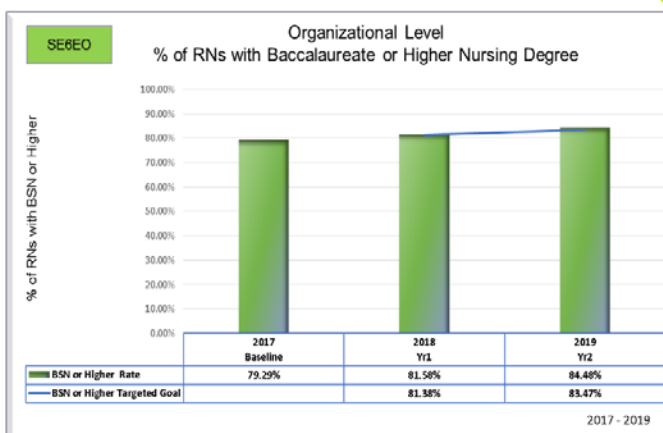
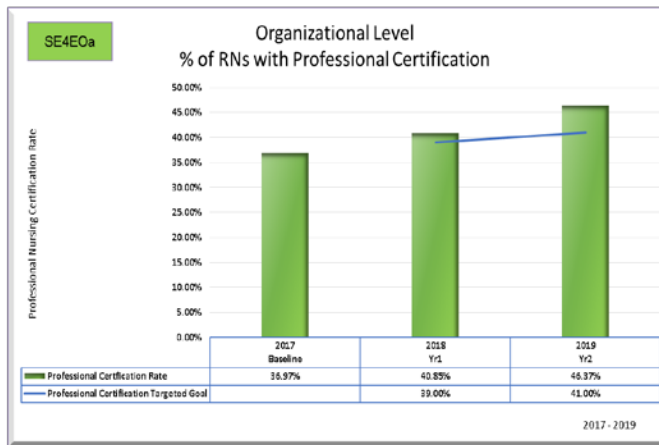
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



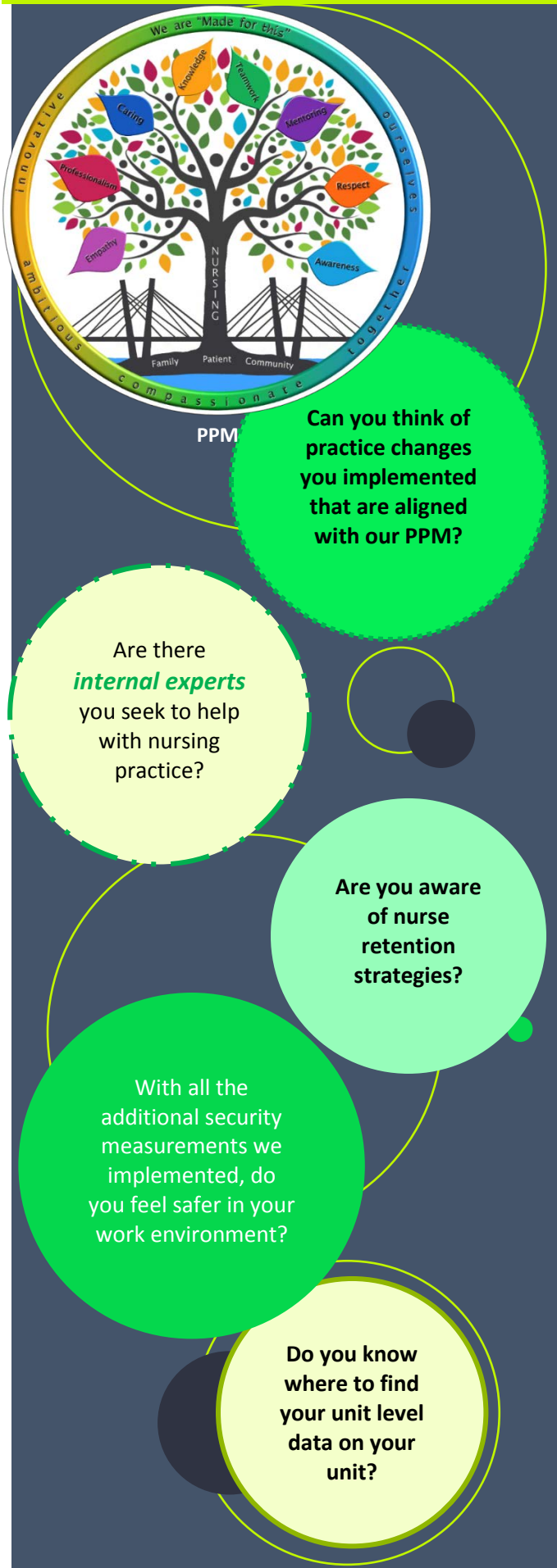
Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

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



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

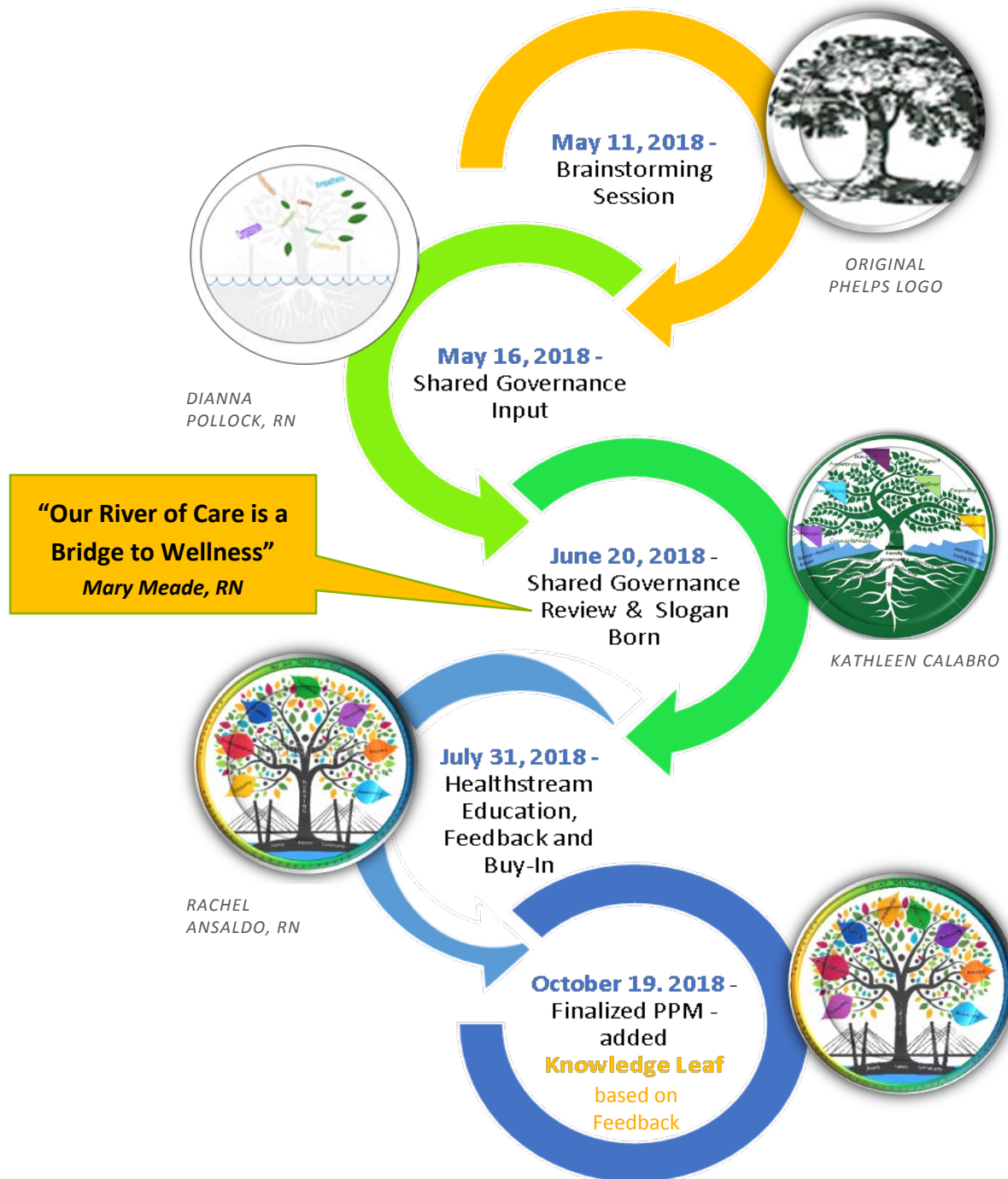
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

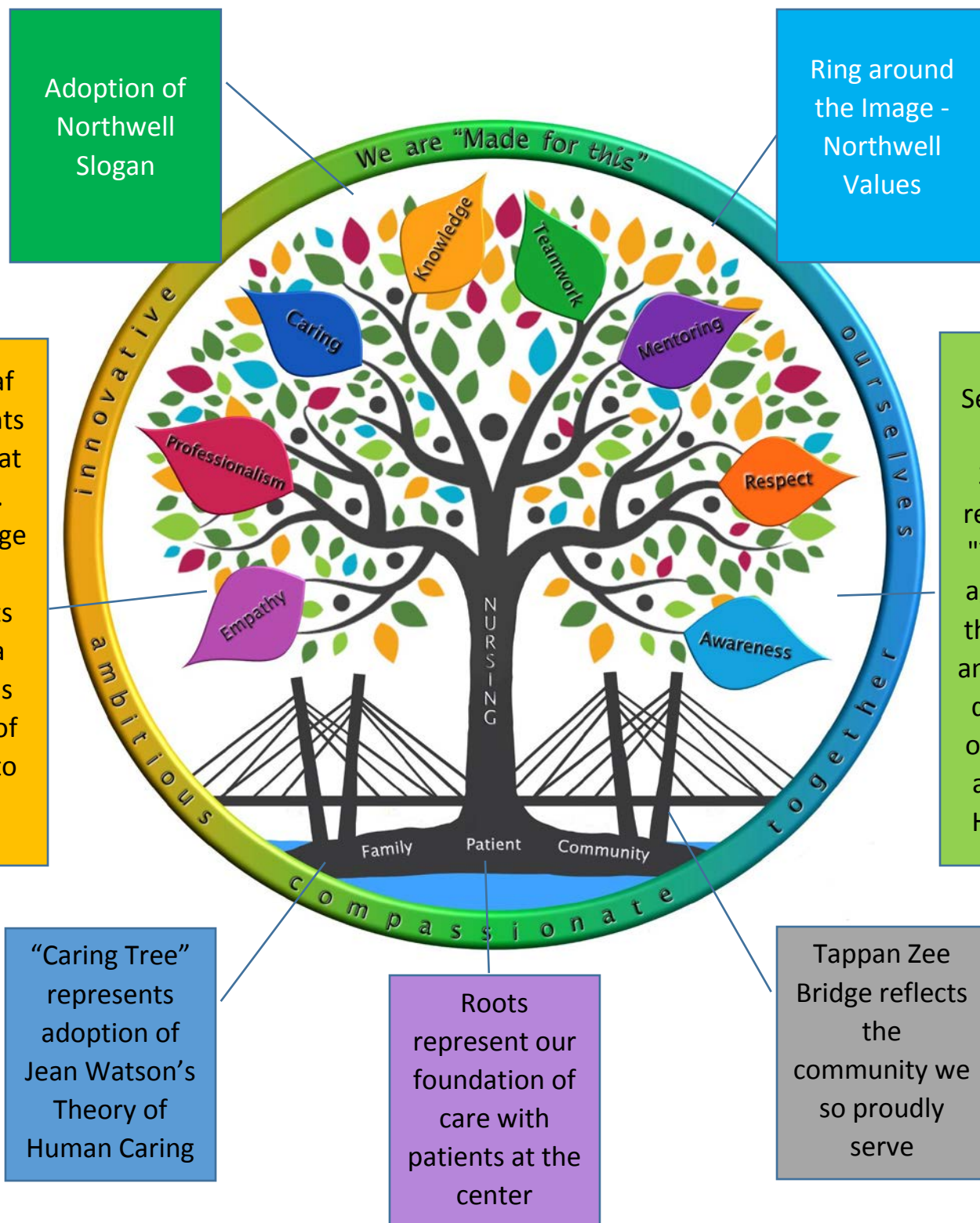
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

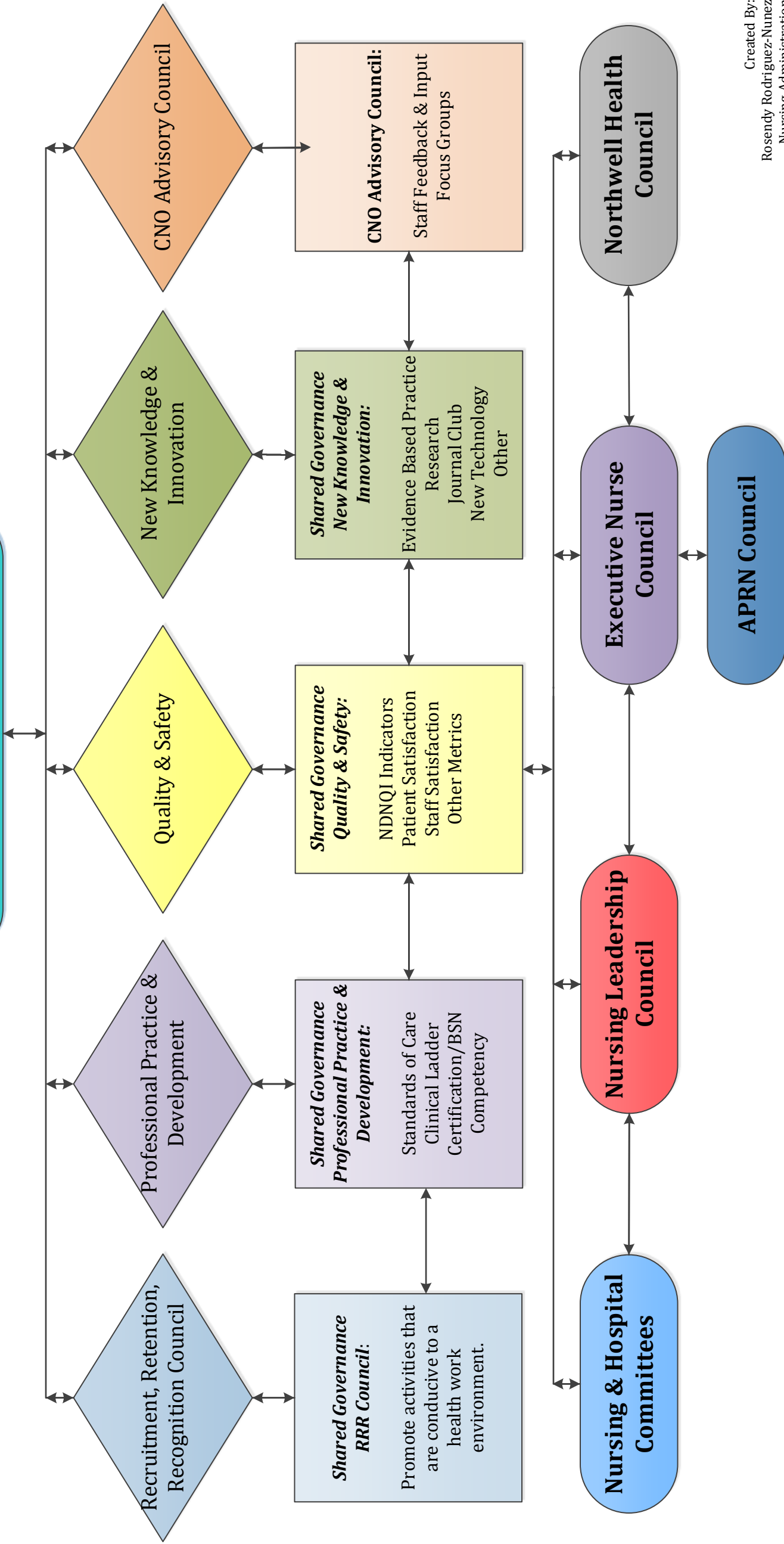


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

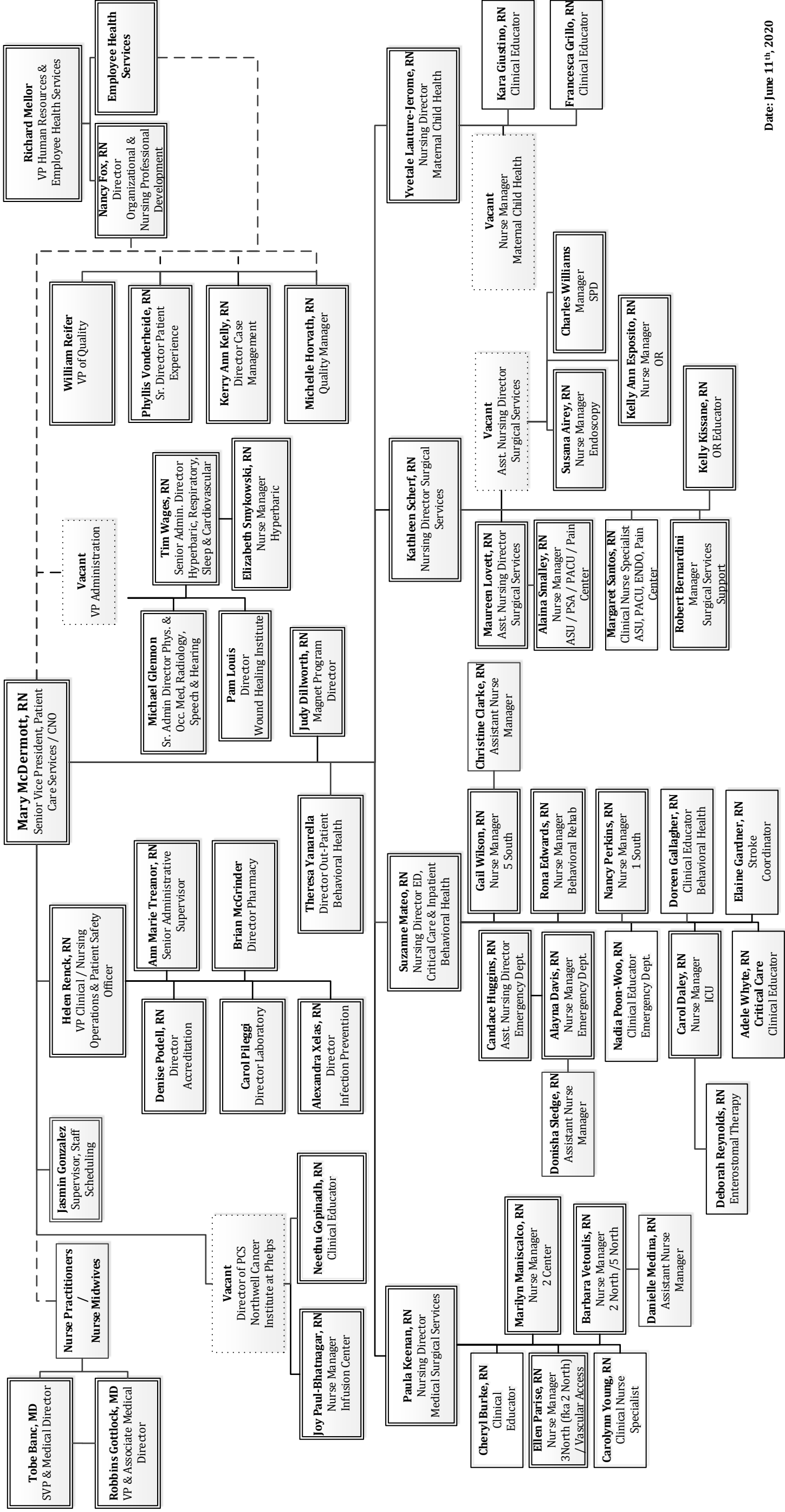


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

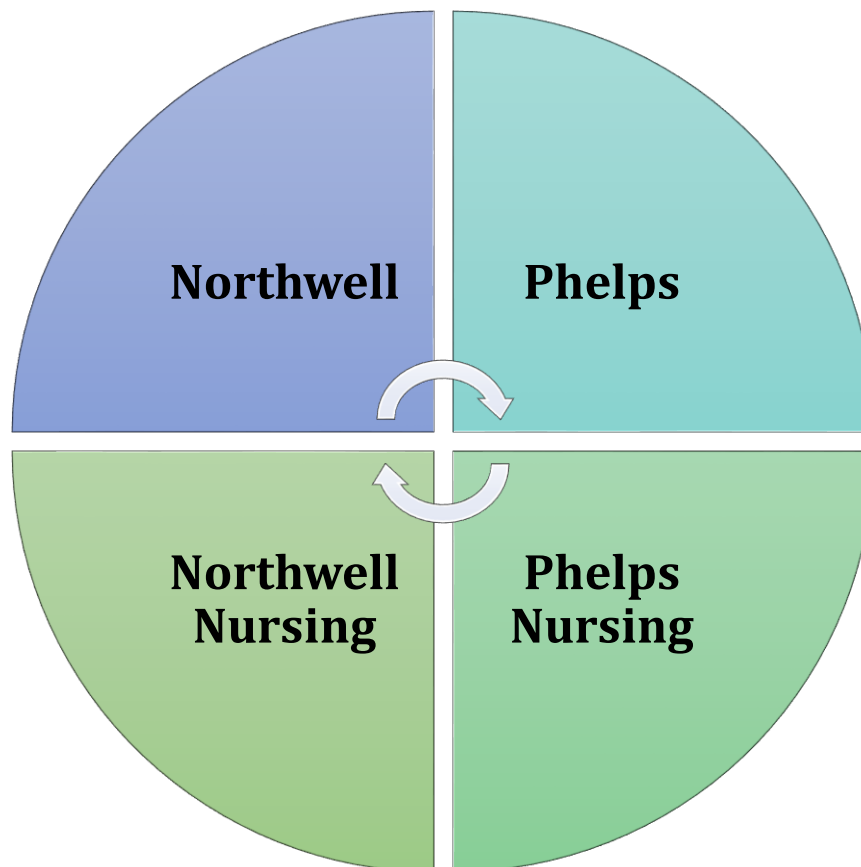
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





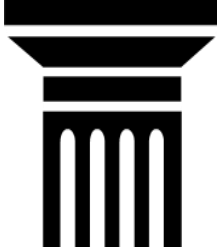
Nursing Strategic Plan

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



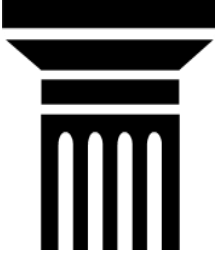
Goals

Quality



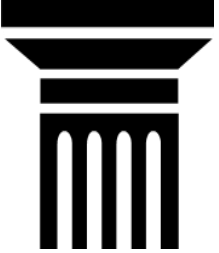
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



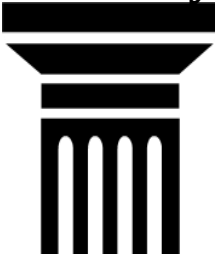
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



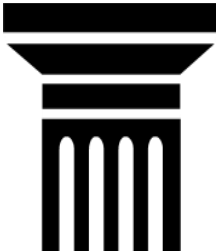
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

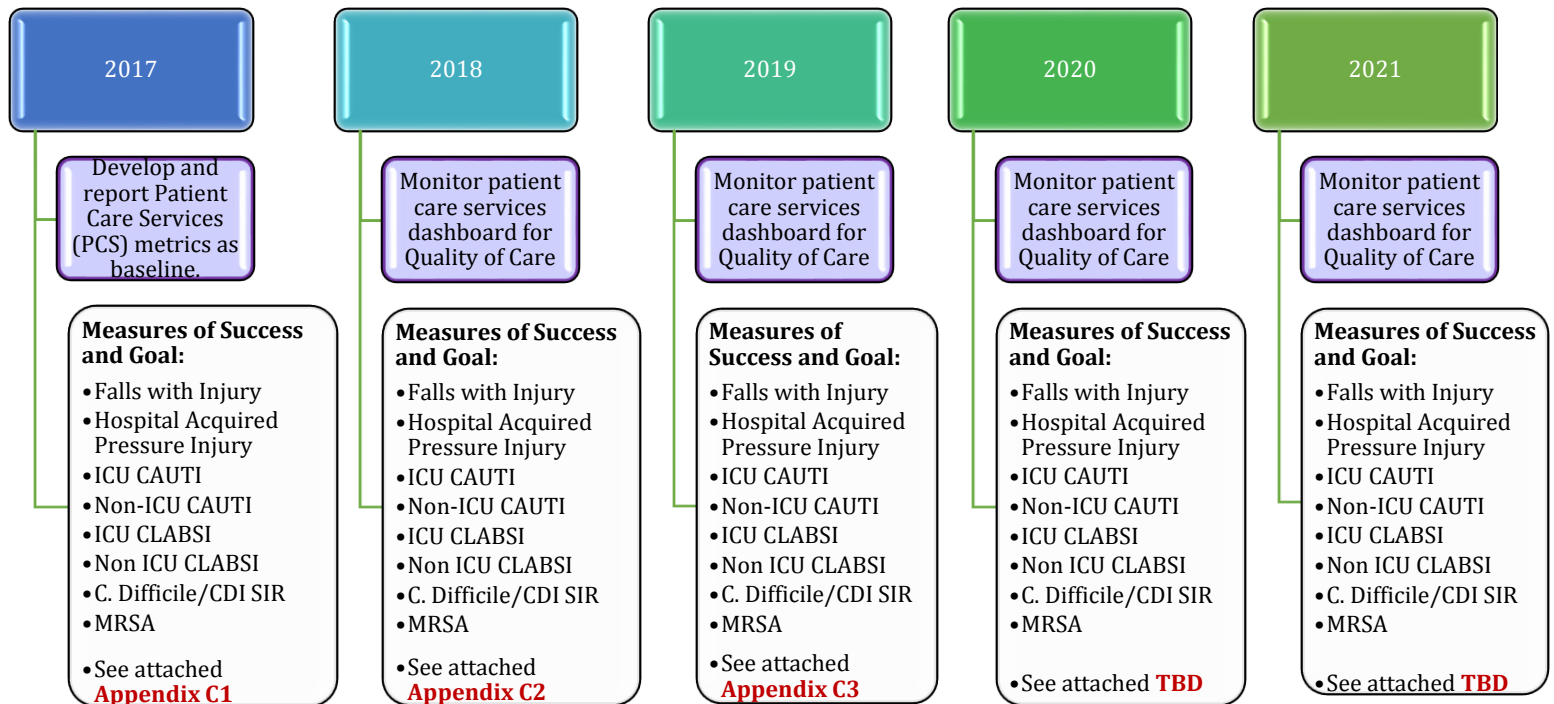
Finance



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

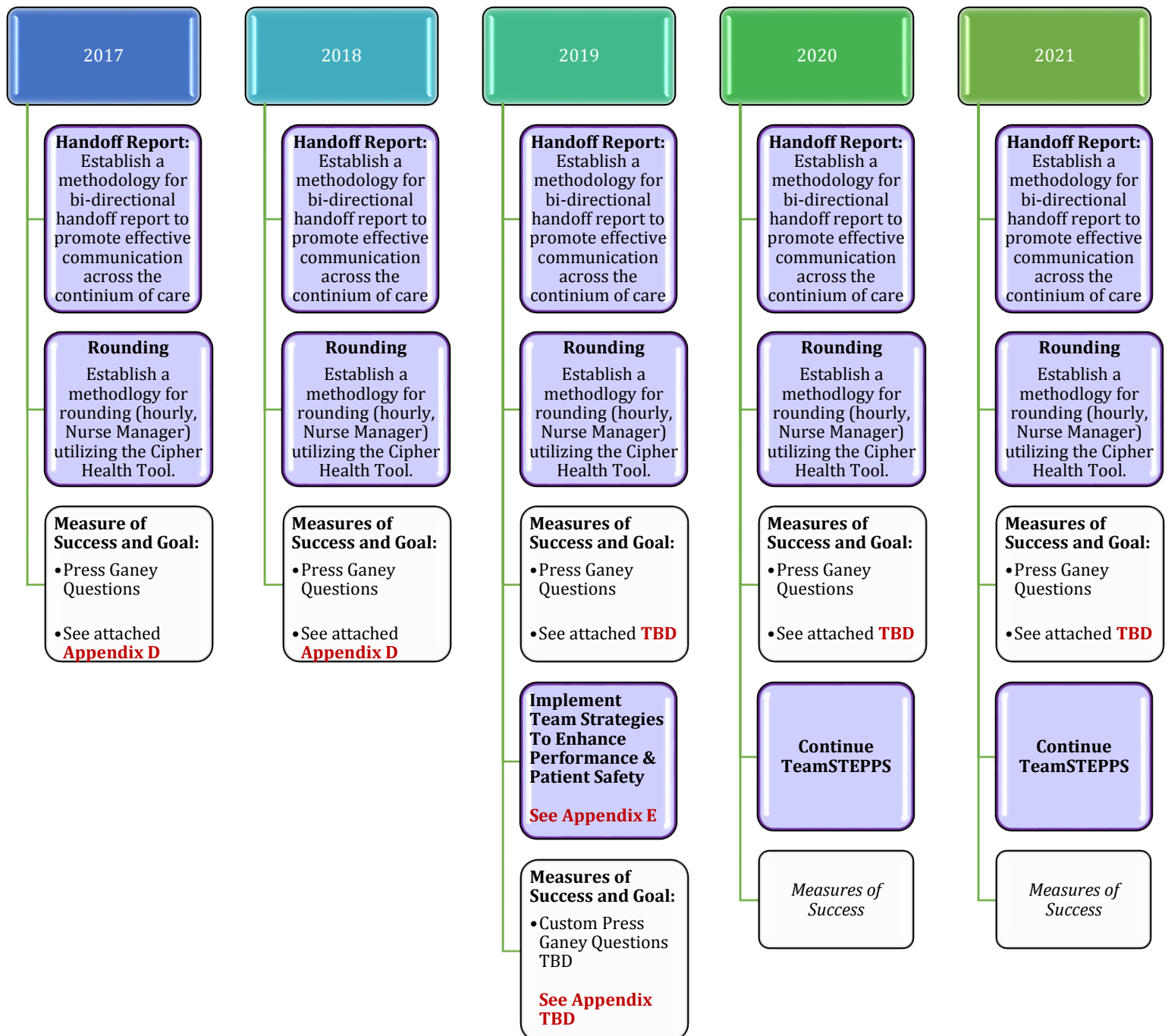
Quality

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



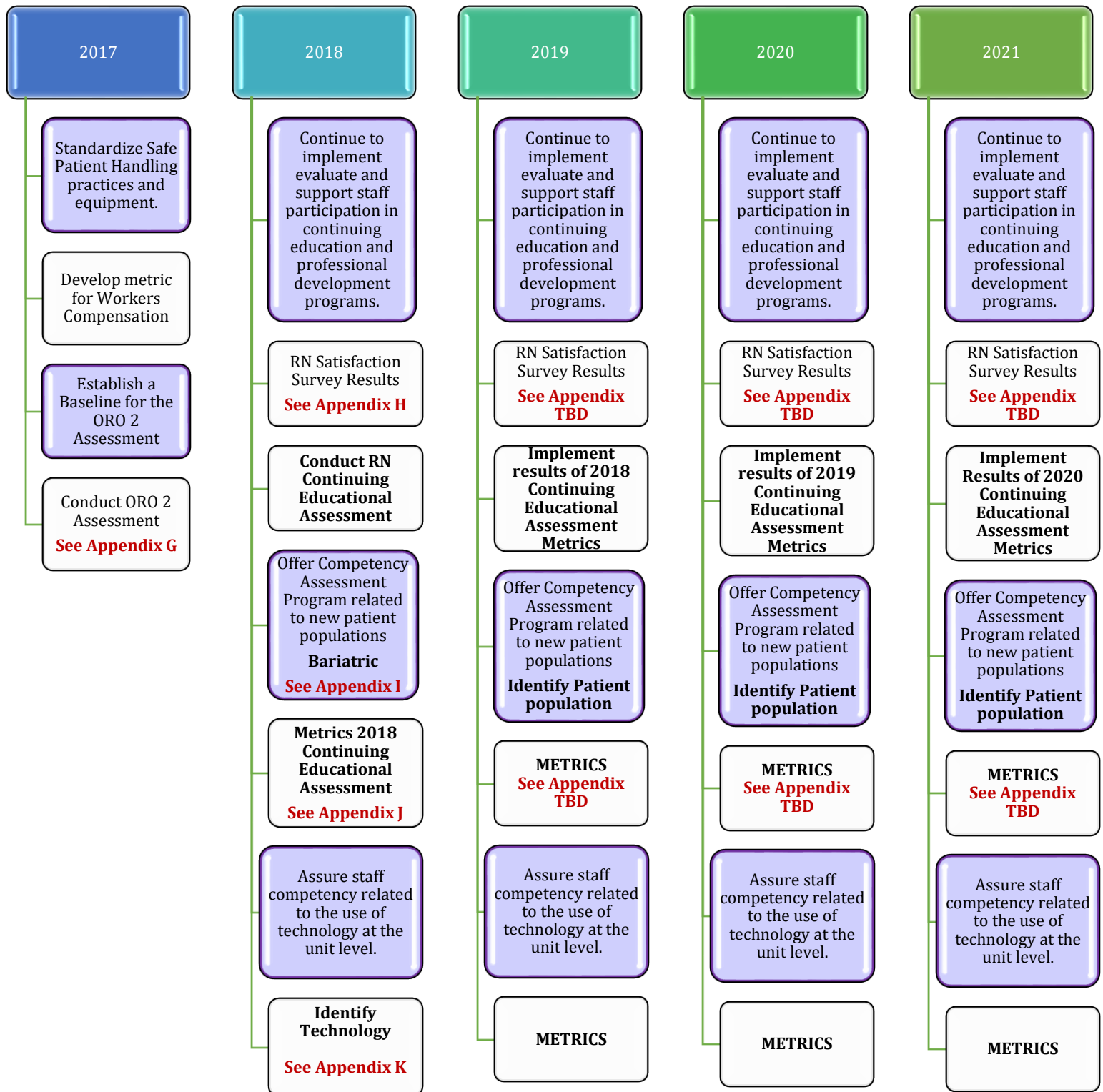
Quality

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



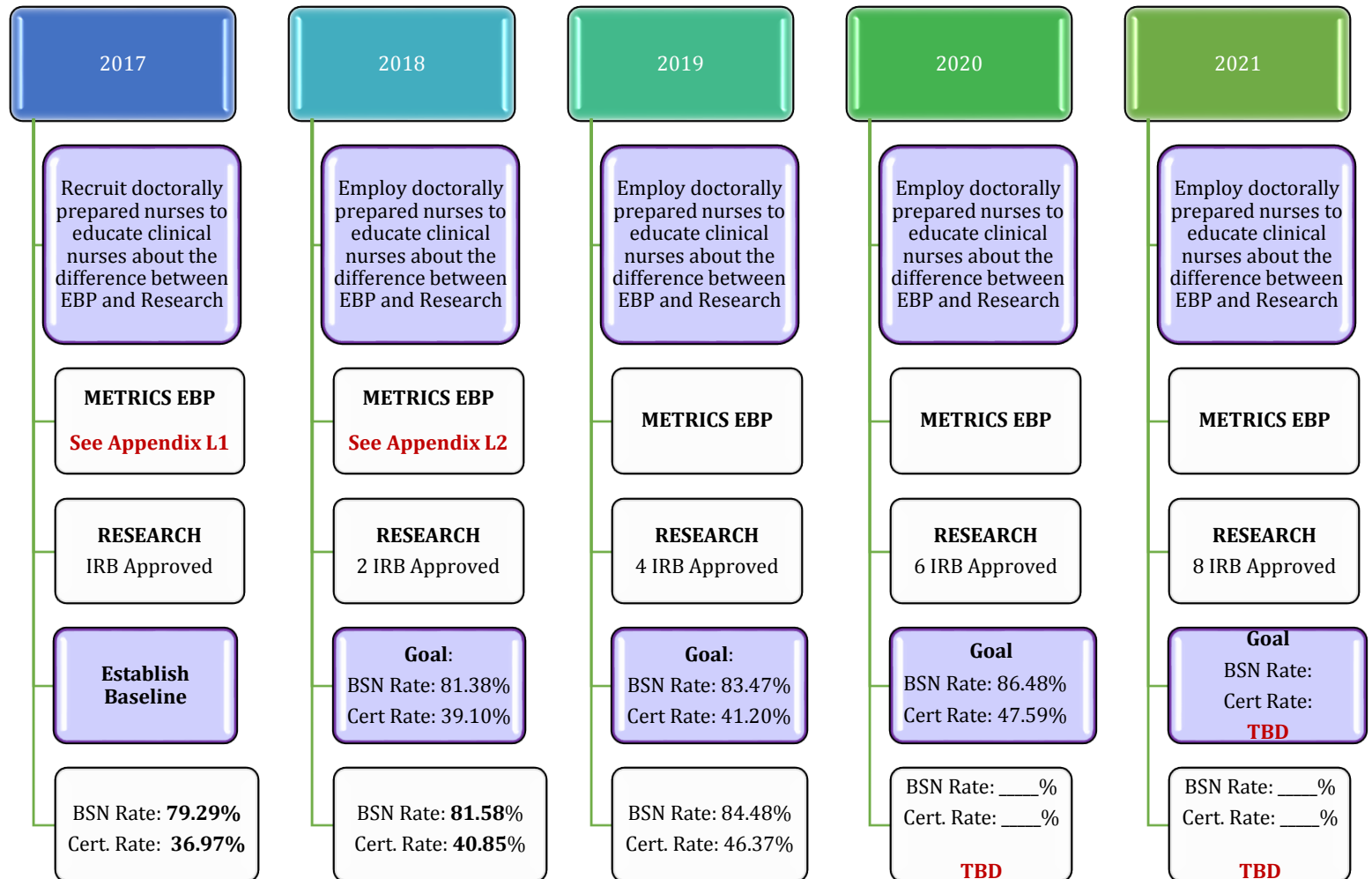
People

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



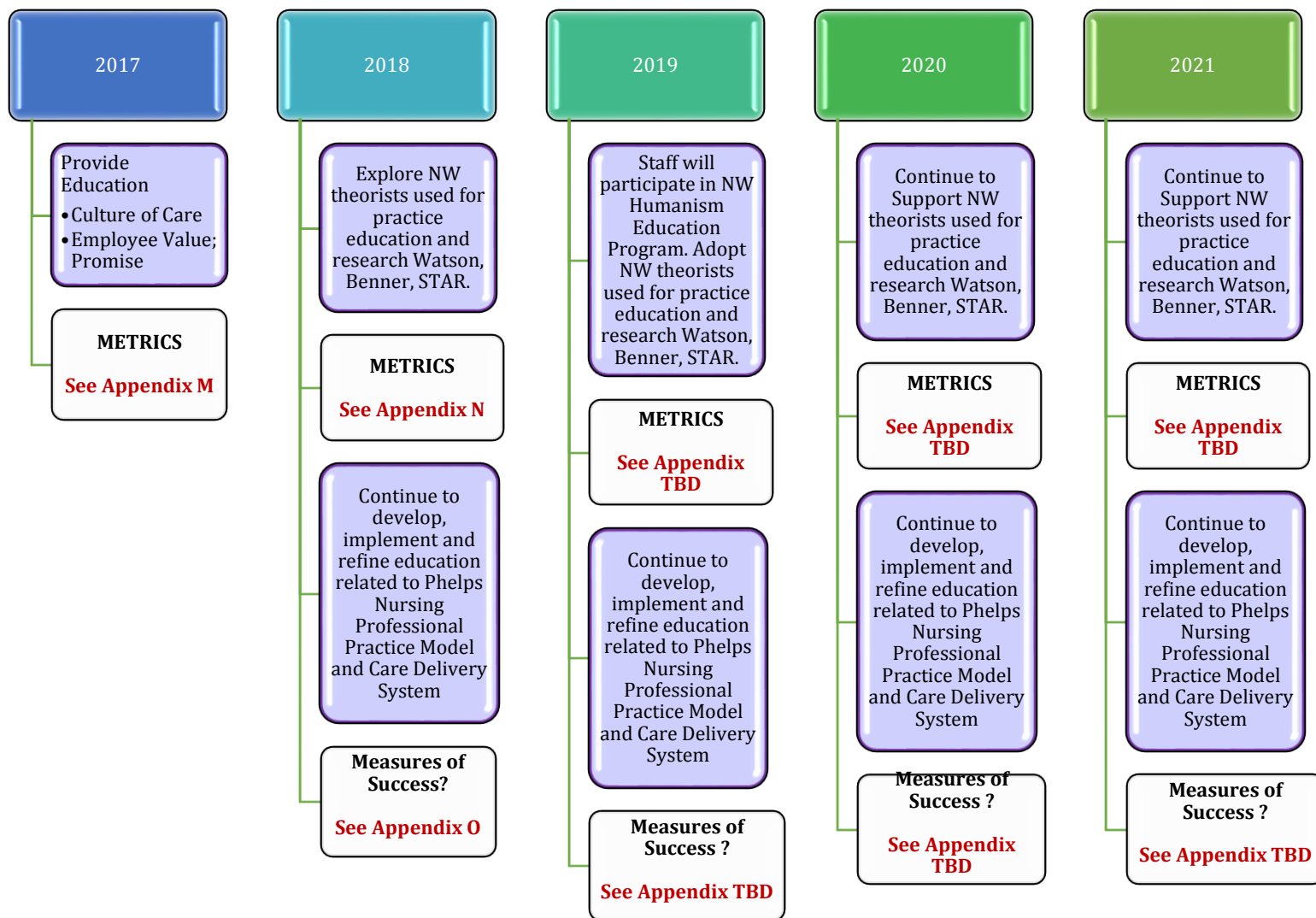
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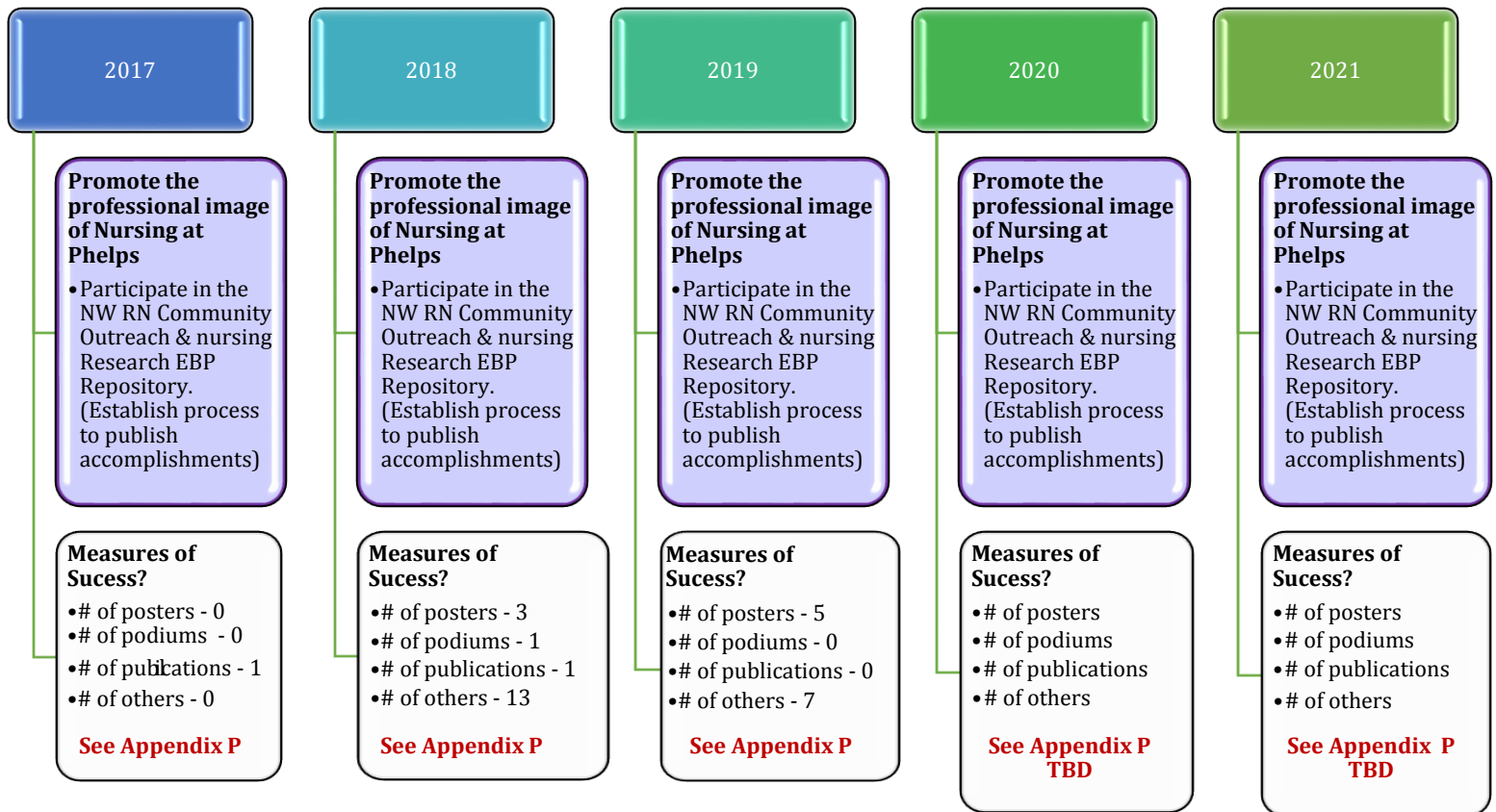
Service

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



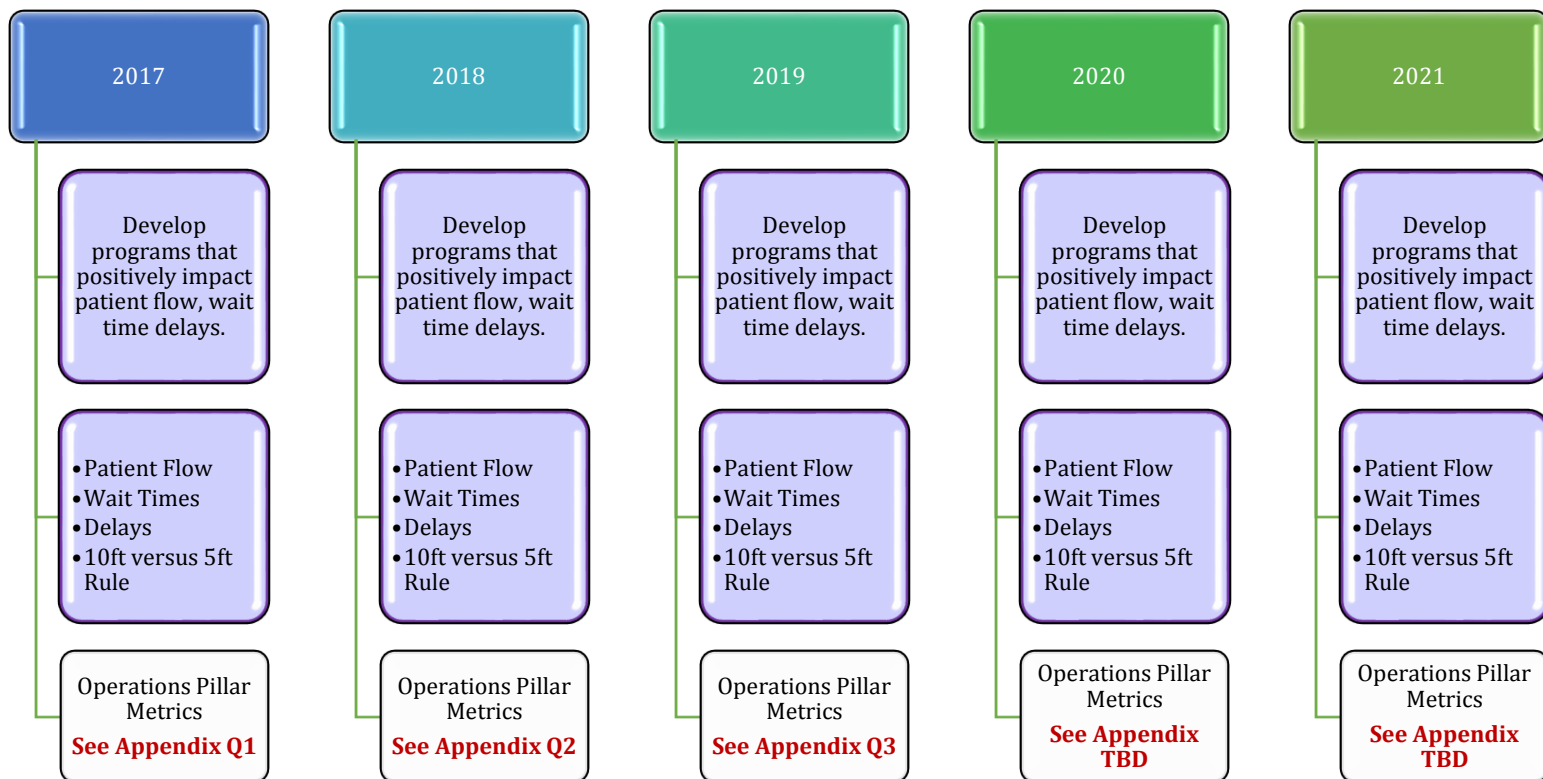
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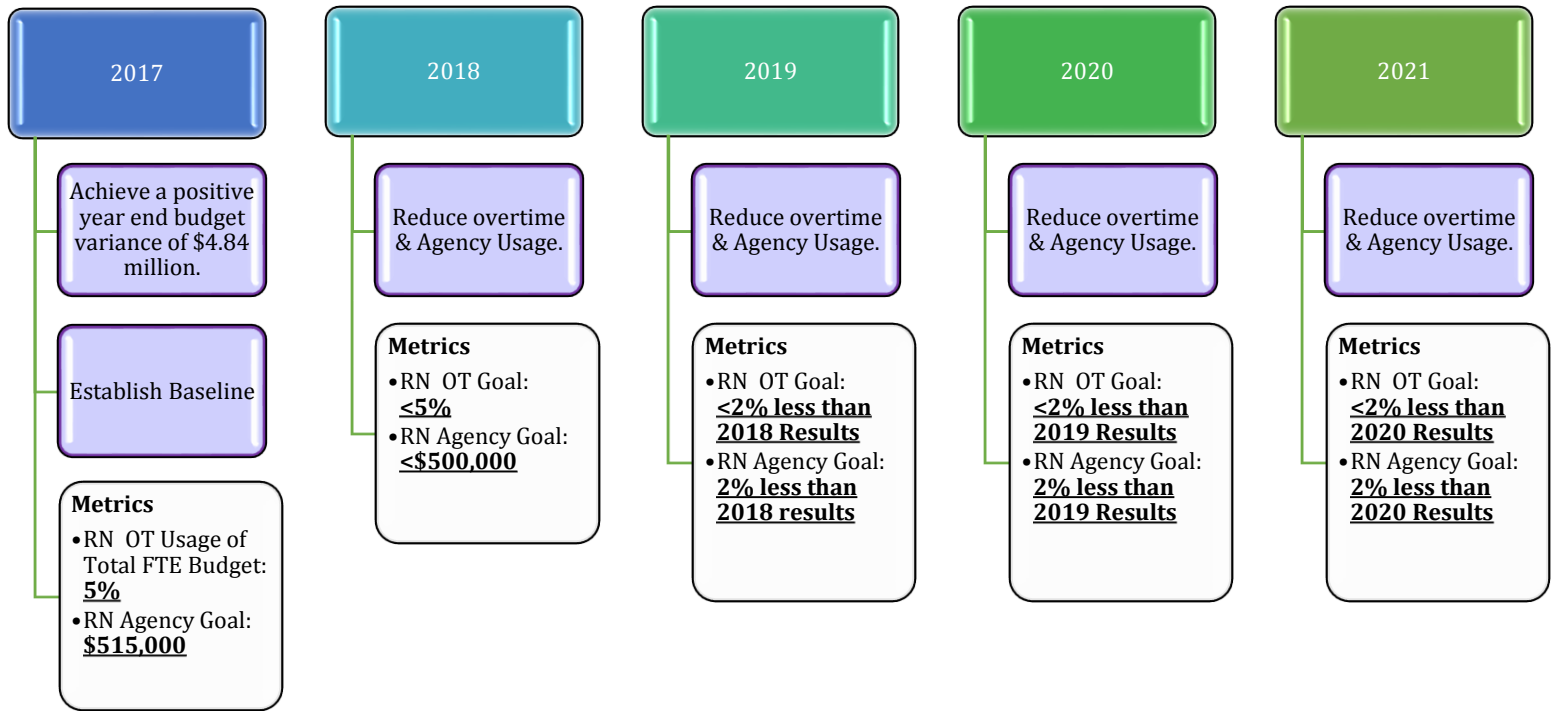
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

- ❖ Judy Dillworth, PhD, RN, CCRN-K, NEA-BC, FCCM, Magnet Program Director, at x3509 or jdillworth@northwell.edu
- ❖ 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!



SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

PHELPS HOSPITAL RECOGNIZES C.A.R.E. LEADER TEAM

Provide one example, with supporting evidence, of the organization's recognition of an interprofessional group (inclusive of nursing) for their contribution(s) in influencing the clinical care of patients.

Background

Overview: Healthcare facilities that incorporate interprofessional cooperation into practice and operations have fewer preventable medical errors, better patient outcomes, and reduced health care costs (Nester J. "The Importance of Interprofessional Practice and Education in the Era of Accountable Care." *North Carolina Medical Journal*, March-April 2016). Interprofessional collaboration also leads to improved working relationships among the different health care disciplines.

Recognition: C.A.R.E. Leader team meetings have been recognized through a variety of venues: 1) the Senior Leadership team recommended the Care Leader Team as a best practice at the "Every Moment Matters" patient experience conference hosted by Northwell Health (January 2019), 2) in the Phelps Hospital (Phelps) employee newsletter (May 2019), 3) at a Management Meeting conducted by Senior Leaders (September 2019), 4) at Phelps Town Hall meetings (October 2019), and 5) at a recognition breakfast (December 2019).

Interprofessional Team: In early 2016, Daniel (Dan) Blum, MS, president and chief executive officer, Phelps Hospital, established the C.A.R.E. Leader team, an interprofessional group of individuals focused on working together to optimize patient care outcomes and improve patients' experiences. C.A.R.E, an acronym for Connect, Awareness, Respect and Empathy, provides the central elements of communication at Phelps. The C.A.R.E team, co-chaired by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer and Dan, is composed of leaders from the departments of Nursing, Radiology, Finance, Administration, Admissions, Physician Practices, Respiratory Therapy, Outpatient Cardiovascular, Wound Healing, the Cancer Institute, Housekeeping, Food and Nutritional Services, Case Management, Patient Experience, Internal

Communications, Development, Security, Engineering, Safety, and Risk Management.

Interprofessional Team's Actions: Since 2016, C.A.R.E. Leaders from every inpatient and ambulatory unit and/or department have met weekly to review and collectively address patient experience issues identified from the patient comments reports from the Medicare Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey surveys, patient letters, written correspondence, one-on-one meetings and telephone calls from patients. Positive, negative and neutral comments are posted on a screen for C.A.R.E team members to read and provide feedback, while the responsible unit and/or department leaders share the response/intervention taken regarding the comment (e.g., acknowledge the people who were identified as positive, elicit suggestions for individual, unit or system improvement).

How Actions Influenced Clinical Care: C.A.R.E Leader team meetings have heightened the awareness of Phelps employees' understanding of the importance of working "cooperatively together" to optimize patient care. Through the responsiveness of the C.A.R.E. Leader team, patients recognize that Phelps is listening to their concerns, interested and serious about correcting issues. Improved patient care outcomes have been achieved as evidenced by the reduction in the number of complaints regarding inconsistency in breastfeeding information and the temperature of the ED, respectively.

Participation

SE13 - Table 1 - C.A.R.E. Leader Team

Name	Credentials	Discipline	Unit/Dept.	Job Title
Daniel Blum	MS	Administration	Administration	President, CEO
Tobe Banc	MD	Medicine	Administration	Medical Director
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Tracy Feiertag	MS, DHA	Administration	Service Lines, Physician Practices	VP, Service Lines and Physician Practices
Robbins Gottlock	MD, MBA	Physician Practices	Administration	VP, Associate Medical Director
William (Bill) Reifer	LCSW	Quality, Case Management	Quality, Case Management, Patient Experience, Internal Communications, Religious Services	VP, Quality and Case Management

Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Jill Scilibilia	CFRE	Development	Development	Vice president
Glen Taylor		Support Services	Administration	VP, Support Services
Tony Acosta		Environmental Services	Environmental Services	Assistant Director
Susanna Airey	BSN, RN, OCN	Nursing	Endoscopy	Nurse Manager
Brian Akers		Facilities	Plant Operations Management	Assistant Director, Facilities Management
Melanie Anderson		Administration	Administration	Senior Executive Assistant
Katrina Aronoff		Radiation Medicine	Northwell Health Cancer Institute	Chief Radiation Therapist
Ingrid Arzeno		Physician Practices	Physician Practices	Practice Administration Manager
Neal Browne		IT Communications	Information Services	Site Director
Manny Caixeiro		Support Services	Security	Director
Kimorine Campbell		Physician Practices	Physician Practices	Manager
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Alayna Davis	BSN, RN, PCCN	Nursing	ED	Nurse Manager
Rona Edwards	MSN, RN-BC	Nursing	Behavioral Rehab Units	Nurse Manager
Melissa Eisele-Kaplan	MSW, LCSW, CPXP	Social Work	Patient Experience	Program Coordinator
Patty Espinoza		Patient Access, Admissions	Admitting	Director, Revenue Cycle Management
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
George Gattullo		Plant Operations Management	Engineering	Director, Facilities Management
Barry Geller	MD	Emergency Medicine	Emergency Department	Director
Michael Glennon		Radiology Diagnostic	Radiology	Senior Administrative Director

JoAnn Greene		Surgical Services	Surgical Services – operating Room	Director
Carol Greiner	MSW, LCSW	Social Work	Northwell Health Cancer Institute	Social Worker
Francesca Grillo	MSN, RN, C-EFM	Nursing	Maternal Child Health	Clinical Educator
Jane Hearty	BSN, RN	Nursing	Infusion Center	Nurse Navigator
Andrea Hodges		Support Services	Food/Nutritional Services, Hospitality, Transport, Guest Services	Assistant Director
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Kerry Kelly	BSN, RN, CNM	Case Management	Case Management, Physician Services	Director
Michelle Kowack		Physician Practices	Physician Practices	Practice Administration Manager
Lauture-Jerome, Yve	MAS, BSN, RN, SANE- A	Nursing	Maternal Child Health	Nursing Director
James Lindey			ED	
Pam Lipperman	MSW	Social Work	Volunteers	Director
Amara Lynch	MSN, RN, FNP-BC	Nursing	Radiation Medicine	Nurse Practitioner
Pamela Louis	MSHP	Nursing	Wound Healing Institute	Director
Maureen Lovett	BSN, RN	Nursing	Surgical Services	Assistant Director
Neha Makhijani	RVI, MPA	Clinical Operations	Cardiovascular Diagnostics Lab	Manager
Maria Malacarne		Admitting	Financial Counseling	Supervisor
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Janice Marafioti	BSN, RN, ONC	Nursing	Infusion Center	Acting Nurse Manager
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
James McCullagh		Administration	Finance	Associate Director, Finance, Multi-Site

Brian McGrinder	RPh	Pharmacy	Pharmacy	Director, Pharmacy and Clinical Services
Megan McNutt	MBA, MHA	Emergency Department	ED	Administrative Director
Danielle Medina	BSN, RN-BC	Nursing	5 North	Assistant Nursing Manager
Jonathan Monsen		Physician Practices	Physician Practices	Practice Administration Manager
Patrizia Musilli		Human Resources	Human Resources	Director
Andrew Notaro		Northwell Health Cancer Institute	Oncology	Administrative Manager
Ellen Parise	MSN, RN, CNML	Nursing	3 North (FKA 2 North)/Vascular Access Team	Nurse Manager
Dominic Paruta		Physician Practices	Physician Practices	Senior Administrative Manager
Joy Paul- Bhatnager	MSN, RN, OCN, CCGRN	Nursing	Infusion Center	Nurse Manager
Mario Pensabene		Environmental Services	Environmental Services	Director, Environmental Services
Nancy Perkins	BSN, MS, MPA, RN	Nursing	1 South	Nurse Manager
Carol Pileggi	BS, MT(ASCP), SLS	Laboratory	Lab	Administrative Director
Debbie Pirchio		Medical Records	HIM	Director, Revenue Cycle Management
Margaret Plofchan	RD	Marketing and Public Relations	Marketing and Public Relations	Director
Elena Rivera		Physician Practices	Physician Practices	Practice Administration Manager
Carol Robinson	CDN	Internal Communications	Patient Experience	Coordinator, Internal Communications
Kathleen Scherf	MPA, BSN, RN, NEA-BC, CAPA	Nursing	Surgical Services	Nursing Director
Edwin Serrano		Physician Practices	Physician Practices	Practice Administration Manager
Biagio Siniscalchi	BS, RT, CU, MRSO	Radiology Diagnostics	Radiology	Assistant Director
Donisha Sledge	BSN, RN, CEN	Nursing	ED	Assistant Nurse Manager

Alaina Smalley	MSN, RN	Nursing	PACU/ASU	Nurse Manager
Carol Stanley		Laboratory	Lab	Assistant Director
Krista Tamny		Physician Practices	Physician Practices	Practice Administration Manager
Julissa Vargas		Physician Practices	Physician Practices	Senior Administrative Manager
Nelly Vega-Woo	DNP, RN, FNP-BC	Nursing	Infusion Center	Nurse Practitioner
Barbara Vetoulis	BSN, RN, CNML	Nursing	5 North	Nurse Manager
Phyllis Vonderheide	MS, RN-BC	Quality	Patient Experience	Senior Director
Tim Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Gail Wilson	MHA, BSN, RN	Nursing	5 South	Nurse Manager
Darron Woodley		Support Services	Food & Nutrition Services	Manager

Recognizing Interprofessional Team for Contributions to Clinical Care

C.A.R.E. Leader Team Informational Poster presented at *Every Moment Matters*, Northwell Health System Conference - April 9, 2019.

During a Phelps senior staff meeting, William (Bill) Reifer, LCSW, vice-president, Quality, and Phyllis Vonderheide, MS, RN-BC, senior director, Patient Experience, suggested that Phelps submit a poster entitled “*C.A.R.E. Leader Meeting – A Dynamic Team-oriented Approach to Patient Feedback*” as an exemplar for the Northwell Health System annual patient experience conference. The senior leaders approved the requested submission. The *C.A.R.E. Leader team* initiative was submitted to Northwell by Phyllis and Mary in December 2019. They reported on the progress of the submission at the Senior Staff meeting in January 2019.

[SE13- A Senior Leader Minutes 112818 – 011519.](#)

In March 2019, Phyllis prepared a final draft of the poster, highlighting the contributions of the C.A.R.E. leader team, which was accepted by Northwell Health. The poster included the C.A.R.E Leader team’s background, benefits, and two success stories. Phelps Hospital was added to Northwell Health’s list of hospitals that were presenting at the conference. On April 9, 2019, members of the Senior staff, Mary, Tobe Banc, MD, Senior Vice-President, Medical Director, Jill Scibilia, Vice-President, Development, and Bill attended the “*Every Moment Matters*” Conference, with approximately 650 attendees, to support Phyllis and recognize the C.A.R.E. leader team for their contributions in influencing the clinical care of patients at

Phelps.

During the C.A.R.E Leader team following the conference, Phyllis, Tobe, Jill and Bill recognized the C.A.R.E Leader team for their contribution to Phelps and Northwell Health. They provided feedback to the C.A.R.E Leader team that the poster was well received. They shared that numerous hospital members were inquiring about the methodology used to create this program because they wanted to replicate the program, with the interprofessional teams within their facilities to improve patient experience outcomes.

Recognition in Hospital Publication: In May 2019, Dan acknowledged some of the achievements of the C.A.R.E. Leader team in the Phelps employee newsletter, *Notebook*, in an article entitled, "The C.A.R.E. Leader Team – Enhancing Patient Care Excellence through Inter-Professional Cooperation." Dan recognized the C.A.R.E. Leader team's contributions successes including greater diversity in food selections, enhanced consistency in the presentation of breastfeeding information, a more collaborative approach to maintaining hospital cleanliness, and the systematization of blanket deliveries to patients in the ED. [SE13-B Phelps Hospital Notebook Article 041819](#).

Recognition in Management Meeting: On September 12, 2019, The C.A.R.E. Leader's Team was recognized by Senior Leaders for its contributions in influencing the clinical care of patients at the monthly Management Meeting. Phyllis presented the most recent Press Ganey data and acknowledged the efforts of the C.A.R.E. Leader team in improving and sustaining these outcomes. Some of the initiatives mentioned included the Breastfeeding Improvement Program and the Welcome Blanket Program. Following Phyllis' presentation, Dan reiterated the value of the Care Leader team and thanked them for their ongoing efforts. [SE13-C Management-Meeting-Minutes-091219](#).

Recognition at Town Hall Meetings: During the October 2019 Town Hall meetings, Dan recognized the C.A.R.E Leader team for providing oversight and influence on their respective staff to address patient concerns in a systematic way and, subsequently, contribute to improved patient outcomes. Town Hall meetings provide the venue for all Phelps employees to hear about recent accomplishments and future directions of the hospital. During the meetings, Dan and others presented data from the Press Ganey patient care survey comment reports. Dan highlighted the contributions of the C.A.R.E Leader team by providing two examples of initiatives recommended by the C.A.R.E Leader team to resolve patient concerns. [SE13-D-TownHall-Slide13-1019](#).

Recognition at Special Breakfast CARE Leader Meetings: In December 2019, C.A.R.E Leader team members were invited to a special breakfast recognition by the Phelps Hospital Administration recognized the C.A.R.E Leader team for their contributions to improving the patient experience over the past year. [SE13-E-CARELeader-BreakfastRecognition](#).



EP10EO - NURSE RETENTION

EXAMPLE 1: REDUCING PHELPS HOSPITAL'S NURSE TURNOVER RATE

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

Problem

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

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

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

Goal Statement

Goal: Reduce the Phelps' RN turnover rate.

Measure of Effectiveness: Phelps' RN turnover rate

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

Participation

EP10EO - Table 1 - Recruitment Retention and Recognition Council Members

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: October 2018

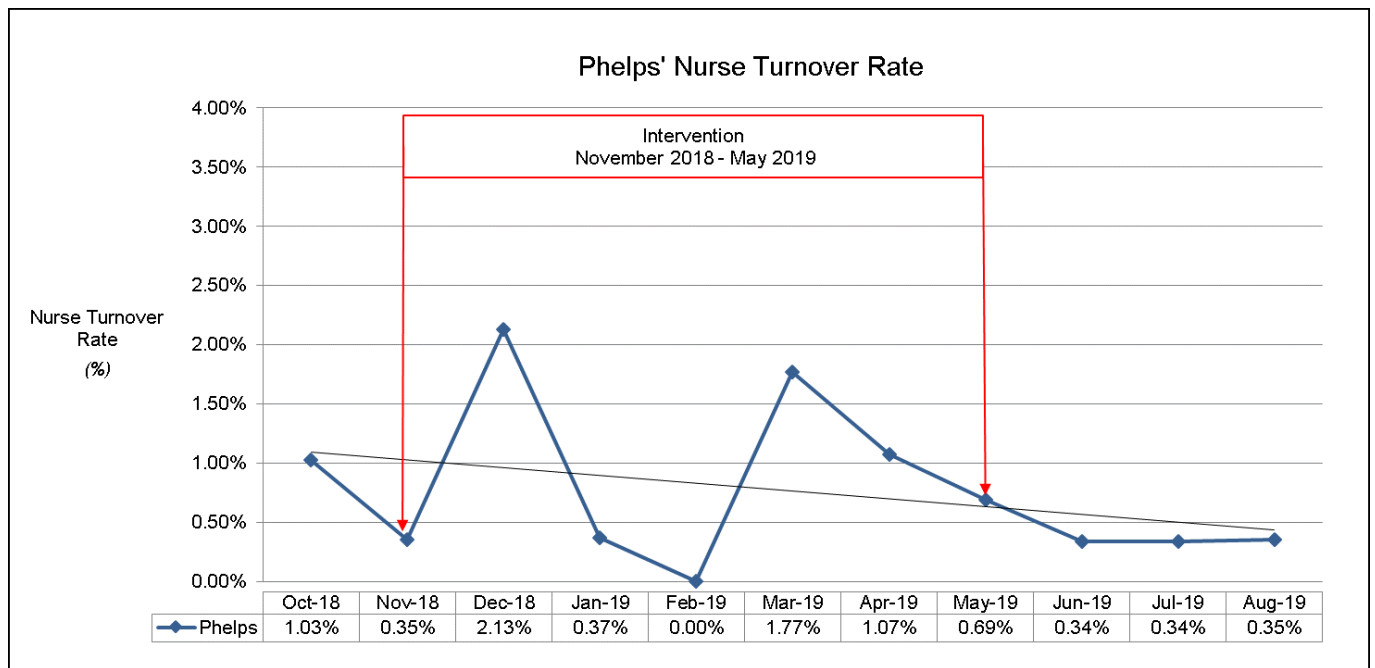
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps' RN turnover rate was 1.03%.

Intervention Timeframe: November 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

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

EP10EO - Graph 1 - Phelps' Nurse Turnover Rate



EXAMPLE 2: REDUCING ED NURSE TURNOVER

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

Problem

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

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

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

Goal Statement

Goal: Reduce the ED RN turnover rate

Measure of Effectiveness: ED RN turnover rate

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

Participation

EP10EO - Table 2 - ED Nurse Retention Activities Organizers

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 3Q17

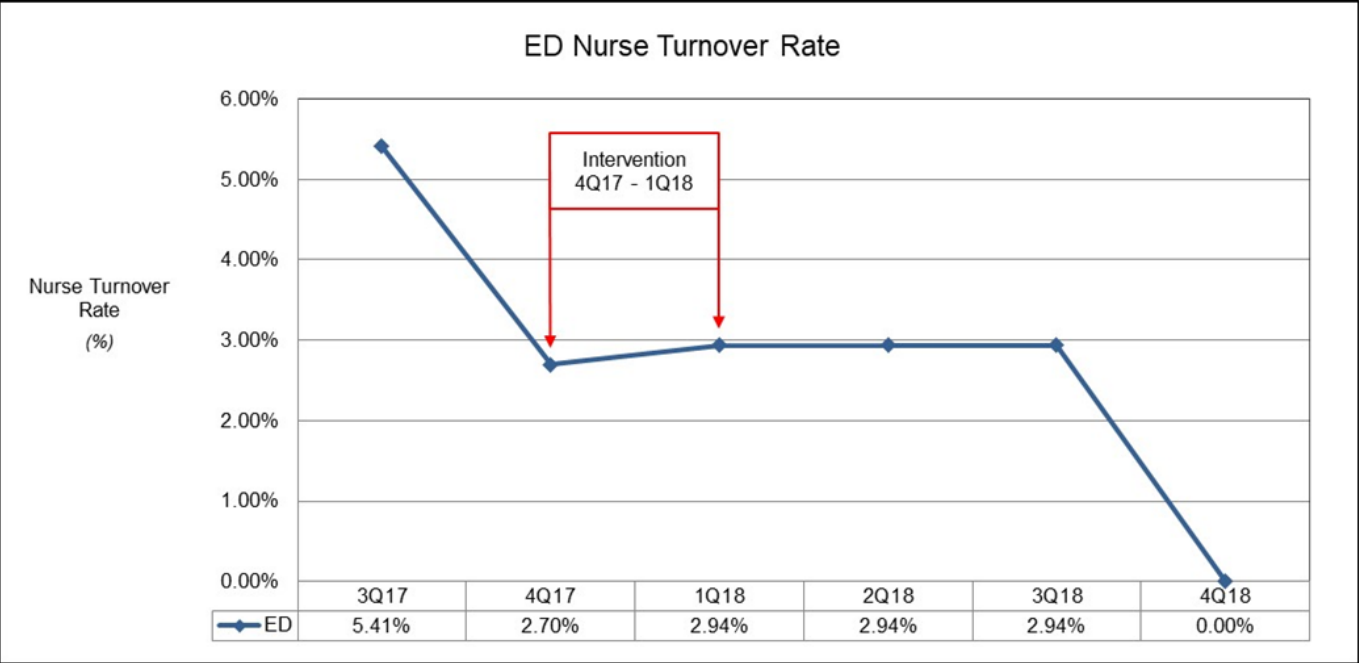
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ED RN turnover rate was 5.41%.

Intervention Timeframe: 4Q17 – 1Q18

Post-Intervention Timeframe: 2Q18 – 4Q18

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

EP10EO - Graph 2 - ED Nurse Turnover Rate





NK2 - DISSEMINATING RN RESEARCH

EXAMPLE 1: CLINICAL NURSE SHARES RESEARCH INTERNALLY

Provide one example, with supporting evidence, of how clinical nurses disseminated the organization's completed nursing research study to internal audiences.

Background

Research: "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety" (Northwell Health IRB Approval #18-0547, July 19, 2018)

Overview: Since July 2016, Doreen Wall, MSN, RN-BC, clinical educator, Behavioral Health, had been researching non-pharmacological therapies for the anxiety experienced by psychiatric inpatients. She had observed that the patients on the unit, 1 South seemed to enjoy coloring sessions led by the unit's recreational therapist, Jessica Khalaf, BA and hypothesized that coloring could be helpful for reducing anxiety in the inpatient setting. When Doreen conducted a review of the literature, she found some research on the effect of coloring mandalas on feelings of well-being, resilience and hope among psychiatric inpatients; however, there was little research specific to the practice's effect on anxiety.

Doreen consulted with Judy Dillworth, PhD, RN, NEA-BC, CCRN-K, FCCM, Magnet program director and Peggy Tallier, MPA, EdD, RN, dean and professor of nursing, Long Island University Harriet Rothkopf Heilbrunn School of Nursing and coordinator of research and evidence-based practice at Phelps, to write and submit her proposal. Doreen submitted the proposal to the Northwell Scientific Review Board followed by the Northwell Institutional Review Board (IRB) for approvals which were received in June 2018 and July 2018, respectively. Doreen and Judy also met with Myriam Kline, PhD, senior research statistician, Feinstein Institute for Medical Research, to assist with data analysis. Finally, Doreen purchased the Beck's Anxiety Inventory (BAI) tool (after obtaining permission to use) for the study. The study was approved to commence July 26, 2018 [NK2-A Northwell IRB Approval](#)

Doreen invited Jessica and Maura Maier, MEd, RN-BC, clinical nurse, 1 South, to join her research team. To prepare for the study, Maura and Jessica completed Northwell's

Collaborative Institutional Training Initiative (CITI) human subjects training and the Conflict of Interest (COI) disclosure questionnaire.

Using inclusion criteria and a convenience sample of 19 patients from Phelps' locked inpatient adult psychiatric unit (1 South), Doreen, Jessica and Maura examined the relationship between coloring mandalas and anxiety. Within 72 hours of admission, study participants completed a demographic survey and a BAI tool. During the next 7-10 days, participants completed three mandala-coloring sessions, each lasting at least 45 minutes. After three sessions, participants completed another BAI tool. The study was conducted from July 2018 through April 2019. Using a repeated measures analysis of variance design, the research team identified a statistically significant reduction in BAI scores from pre- to post-assessment.

Clinical Nurse: Maura Maier, MEd, RN-BC, clinical nurse, 1 South

Clinical Nurses Disseminate Research Findings Internally

Identifying Internal Audiences: Maura and Doreen discussed the study and shared the results with clinical nurses during the New Knowledge and Innovation Shared Governance Council and the Behavioral Health Unit Shared Governance Councils meetings. In October 2019, Maura and Doreen attended the American Psychiatric Nurses' Association's (APNA) 33rd Annual Conference in New Orleans, Louisiana, and presented a poster, "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety: a Pilot Study," in the conference's Research category. Following the conference, Kathy Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, invited Maura and Doreen to present this poster during Phelps' 2019 Trends in Nursing Practice conference later that month.

Sharing Research at Internal Conference: On October 22, 2019, Maura and Doreen presented "The Effect of Mandala Coloring on Psychiatric Inpatient's Anxiety" during a poster gallery session at the 2019 Phelps' Trends in Nursing Practice conference. During the conference's lunch break, Maura and Doreen were available to answer questions and discuss their findings with attendees. [NK2-B Trends in Nursing Practice Agenda 102219](#). Kathy sent a follow-up email to thank Maura, Doreen and other poster presenters for their participation in the event. [NK2-C Email of appreciation from KPappas](#); [NK2- D BH Unit Council Meeting minutes 111419 p2-3](#).

EXAMPLE 2: CLINICAL NURSE SHARES RESEARCH EXTERNALLY

Provide one example, with supporting evidence, of how clinical nurses disseminated the organization's completed nursing research study to external audiences.

Background

Research: “The Effect of Mandala Coloring on Psychiatric Inpatient’s Anxiety” (IRB Approval #18-0547, July 19, 2018)

Overview: Since July 2016, Doreen Wall, MSN, RN-BC, clinical educator, Psychiatry, had been researching non-pharmacological therapies for the anxiety experienced by psychiatric inpatients. She had observed that Psychiatry inpatients seemed to enjoy coloring sessions led by the unit’s recreational therapist, Jessica Khalaf, and hypothesized that coloring could be helpful for reducing anxiety in the inpatient setting. When Doreen conducted a review of the literature, she found considerable research on the effect of coloring mandalas on feelings of well-being, resilience and hope among psychiatric inpatients; however, there was little research specific to the practice’s effect on anxiety. Doreen invited Jessica and Maura Maier, MEd, RN-BC, clinical nurse, 1 South, to join her research team.

Beginning in July 2018, using a convenience sample of 19 patients from Phelps’ locked inpatient adult psychiatric unit, Doreen, Jessica and Maura examined the relationship between coloring mandalas and anxiety. Within 72 hours of admission, study participants completed a demographic survey and a Beck’s Anxiety Inventory (BAI) tool. Throughout the next 7-10 days, participants completed three mandala-coloring sessions, each lasting at least 45 minutes. After three sessions, participants completed another BAI tool. The study was conducted from July 2018 through April 2019. Using a repeated measures analysis of variance design, the research team identified a statistically significant reduction in BAI scores from pre- to post-assessment.

Clinical Nurse: Maura Maier, MEd, RN-BC, clinical nurse, 1 South

Clinical Nurse Disseminating Research Knowledge Externally

Identifying External Audiences: In February 2019, Doreen and Maura discussed potential forums for sharing their research findings. Doreen, who had been a member of the American Psychiatric Nurses Association (APNA) over 15 years, felt that the APNA’s upcoming annual conference would be an ideal venue. Together, they submitted an abstract proposal for presentation at the APNA’s conference that October. In April 2019, Maura and Doreen received notification that their abstract had been accepted for poster presentation in the Research category at the upcoming conference. [NK2-E APNA Abstract Approval 041019](#)

Presenting Research at Conferences: From October 2-5, 2019, Maura and Doreen attended the APNA 33rd Annual Conference in New Orleans, Louisiana. There, they presented their poster, entitled “The Effect of Mandala Coloring on Psychiatric Inpatient’s Anxiety: a Pilot Study,” in the conference’s Research category. [NK2-F APNA Conference Program October 2019](#) and [NK2-G APNA Poster October 2019](#)

Maura and Doreen were recognized in the October 31, 2019 edition of Notebook, a biweekly employee newsletter, which is emailed to members of the Phelps community. [NK2 H Notebook-10-31-19 page 7](#)



NK5 - INNOVATION

NURSES DRIVE INNOVATIVE SOLUTION TO COMMUNICATION

Provide one example, with supporting evidence, of an innovation within the organization involving nursing.

Background

Overview: Until 2018, nurses at Phelps Hospital (Phelps) communicated largely through emails, a monthly nursing newsletter (Nursing News) and messages posted on unit bulletin boards. Though useful, each of these methods had shortcomings that meant nurses did not always have access to timely, accurate and relevant information. Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer (CNO) recognized the limitations of Phelps' nursing communication methods and identified the need for a dynamic and centralized method for amassing and disseminating information to all nurses.

Innovation: Nurses spearheaded building an internal, nurse-specific website to foster enhanced communication, promote information sharing and celebrate the successes of clinical nurses.

Creating Innovative Solution in the Organization

Hiring a Developer: In March 2018, Mary hired Kathy Calabro, BS, a data analyst with experience designing websites, to build and manage a nursing database and to create a nursing website. Mary shared this vision with the clinical nurses during the Shared Governance CNO Advisory Council (AC) meeting that month. [NK5-A CNO AC Meeting Minutes 032118 pg. 5](#)

Developing the Innovation: In April 2018, Kathy projected the first draft of the nursing website (located on the Phelps intranet) on a screen at the CNO Advisory Council meeting so the clinical nurses could view the page headings and provide feedback. The initial prototype included Shared Governance and Contact pages. The clinical nurses were enthusiastic and supported Mary's idea of having this nursing website as a means to facilitate communication.

Eden Simms, BSN, RN, CPAN, clinical nurse, PACU, suggested that an “In the Spotlight” section be created to recognize nurses who became certified. After further discussion with other nurses and Mary, Kathy added the section and expanded on Eden’s idea to include recognition for nurses who earned an advanced degree, received an award or advanced on the clinical ladder. [NK5-B CNO AC Meeting Minutes 041818 pg.6](#)

From April to June 2018, Mary and Kathy continued to review the evolving website and discuss how to use it to improve communication with nurses. At Mary’s request, Kathy created two additional sections: the Events page and the Topics page. The Events page would offer nurses weekly updates, with information about upcoming workshops, seminars, classes, conferences and designated days of recognition, such as Certified Nurses Day. The Topics page would be updated monthly and provide links to the monthly Nursing News and any new information regarding evidence-based practices, nursing standards or protocols.

Implementing the Innovative Practice: In June 2018, Mary officially launched the website and enabled access for all nurses at Phelps. [NK5-C Notebook Newsletter 072618 pg.7](#)

Updating the Innovative Practice: After the website’s initial rollout, Kathy added other pages based on nurse input. In September 2018, she added a Pressure Injury Resource (PIR) page after PIR team members said they were looking for a place where skin champions could easily be identified. The page evolved to include other key information, such as incidence and prevalence rates of hospital-acquired pressure injury at Phelps.

In October 2018, a virtual Journal Club was introduced to the site based on suggestions from Paulo Poyaoan, BSN, RN, clinical nurse, Wound Care Institute; Nicole Corrao, BSN, RN, clinical nurse, Endoscopy; and Doreen Wall, MSN, RN-BC, clinical educator, Behavioral Health. The section, which includes articles and discussion, provides a way for nurses to engage, learn and support each other in evidence-based practice regardless of their shifts or level of responsibility. [NK5-D Nursing News October 2018 pg.4](#)

In January 2019, Mary agreed to include a page on infection prevention after Alex Xelas, MSN, RN, director, Infection Prevention, and Rachel Valdez-Vargas, BSN, RN, Infection Prevention, requested one to inform nurses of infection control issues to safeguard the health of patients and Phelps’ employees. The infection prevention page contains monthly reports and statistics. [NK5-E Calabro-McDermott Emails January 2019](#)

Results

Available on the Phelps intranet 24/7, the Nursing Website is a dynamic, readily-accessible communication tool that has evolved over time in response to nurses’ needs and interests. Constantly growing and expanding, the site now provides:

- Current nursing information from the Shared Governance Councils
- Educational and professional resources
- Interactive access to nursing leadership, especially the CNO

- A means for interactive dialogue
- A place to recognize nurses' accomplishments and professional achievements.

3 pages