

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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Cardiovascular

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.

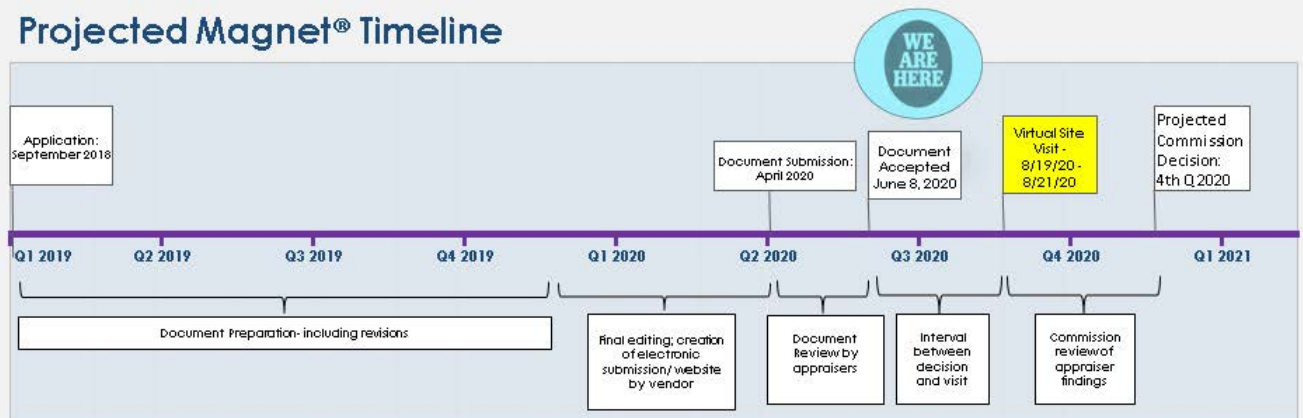
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

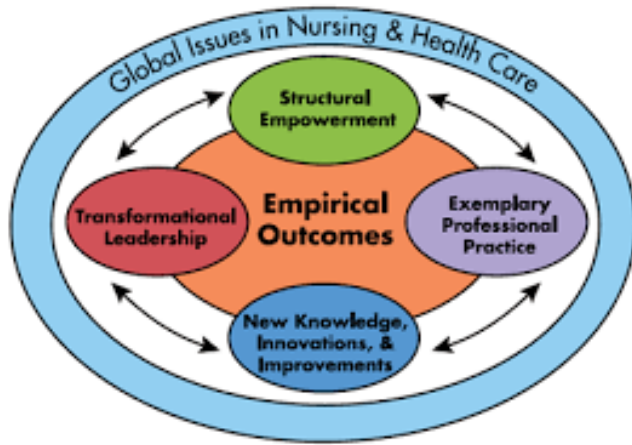
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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?



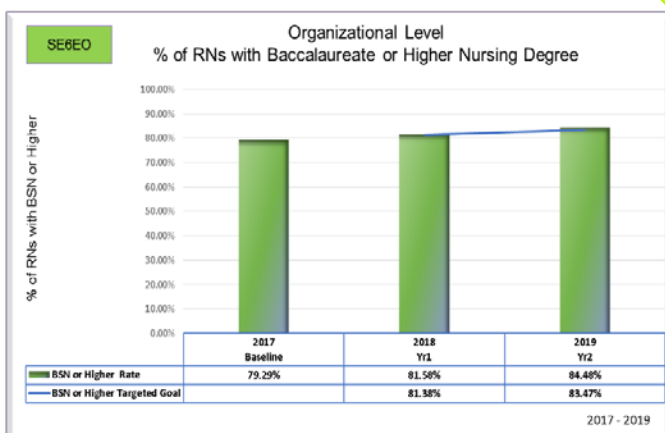
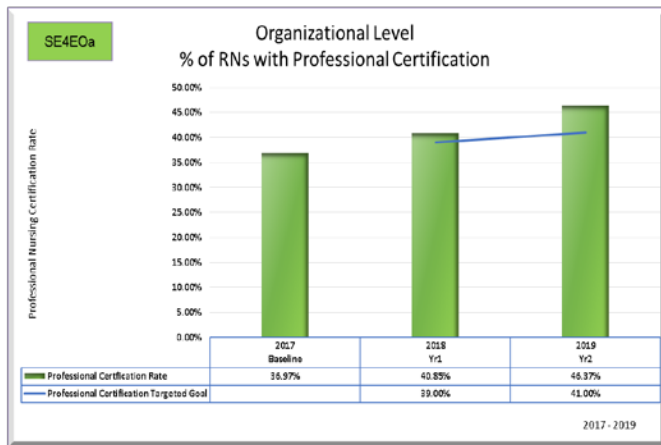
STRUCTURAL EMPOWERMENT

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:



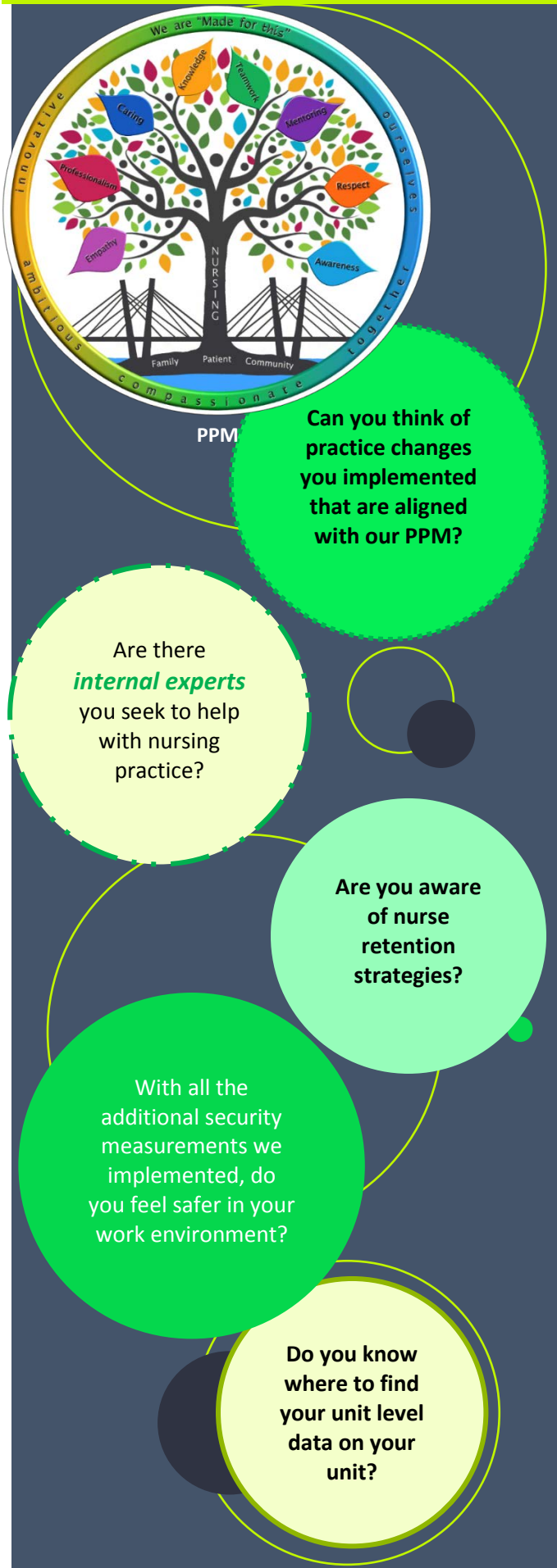
Has the hospital supported you in your volunteer efforts?

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

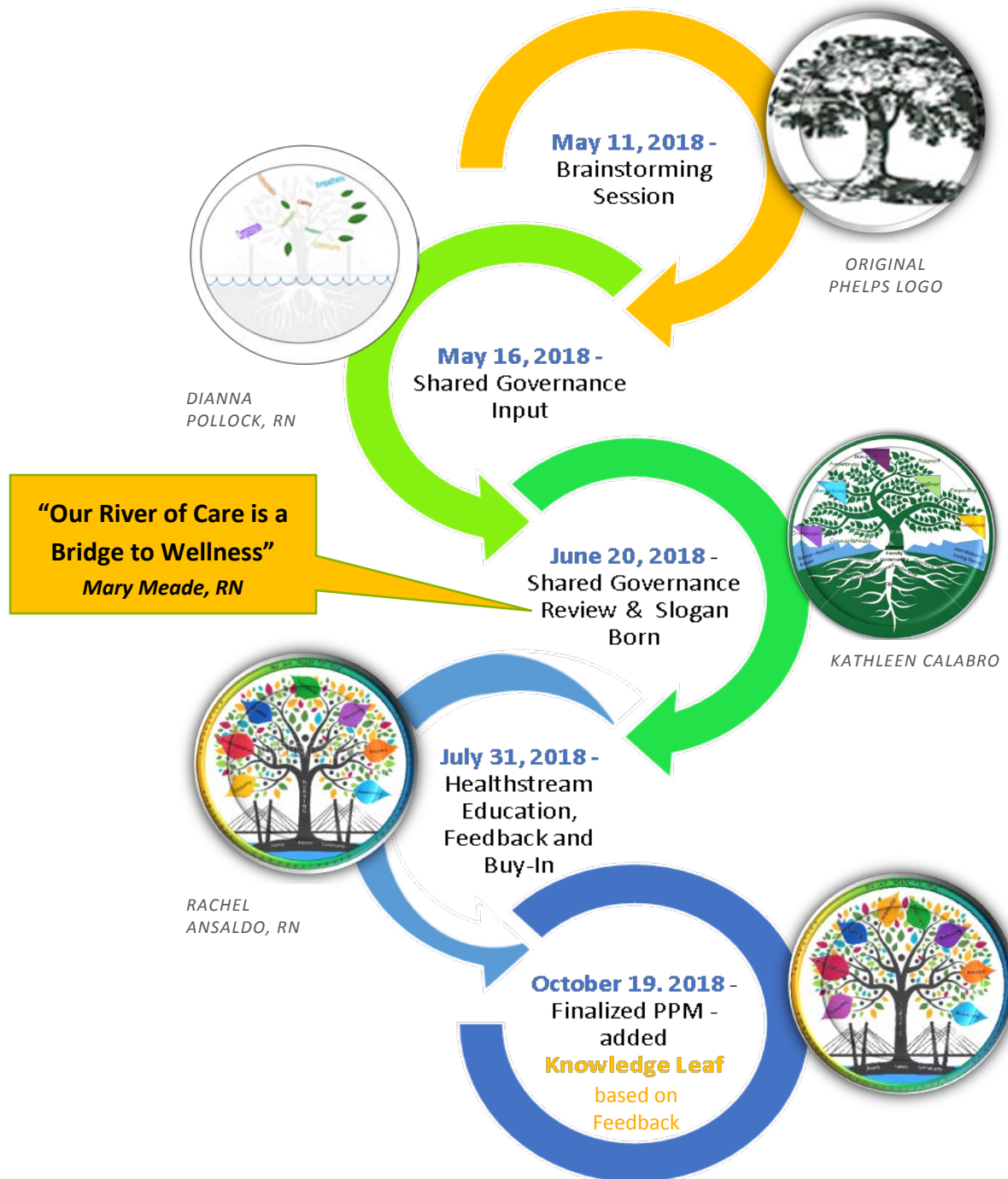
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

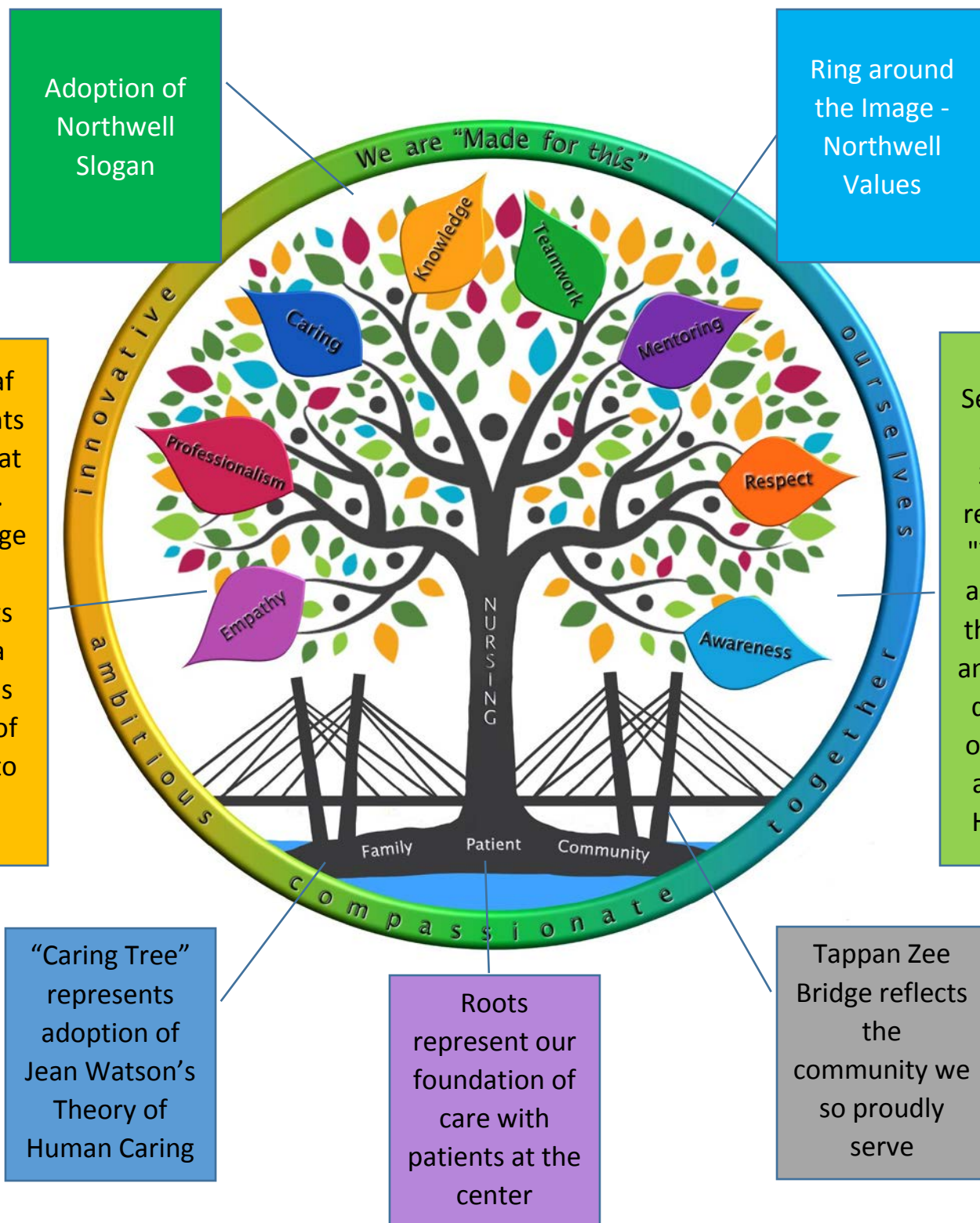
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

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

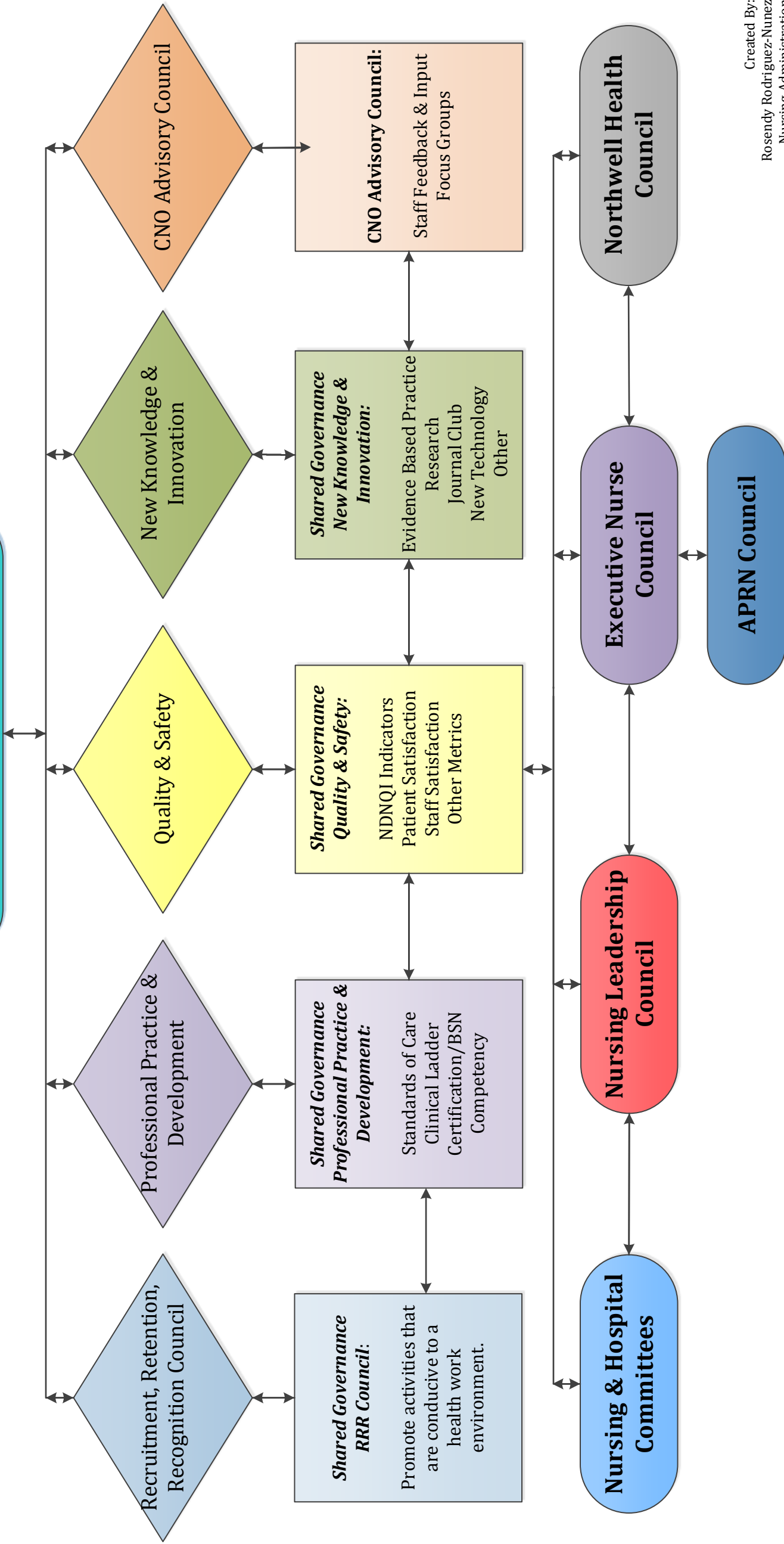


Understanding our Professional Practice Model



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.

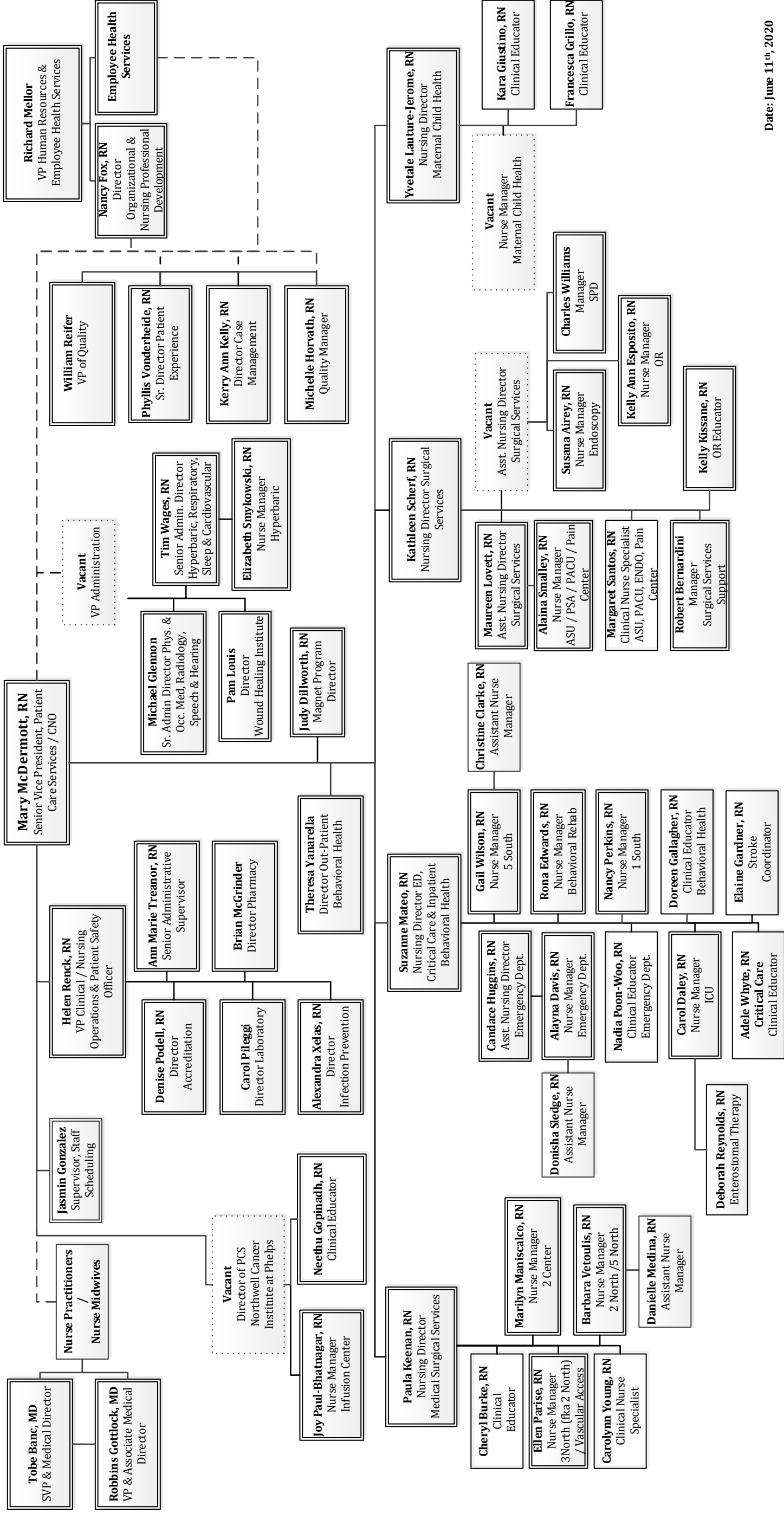


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

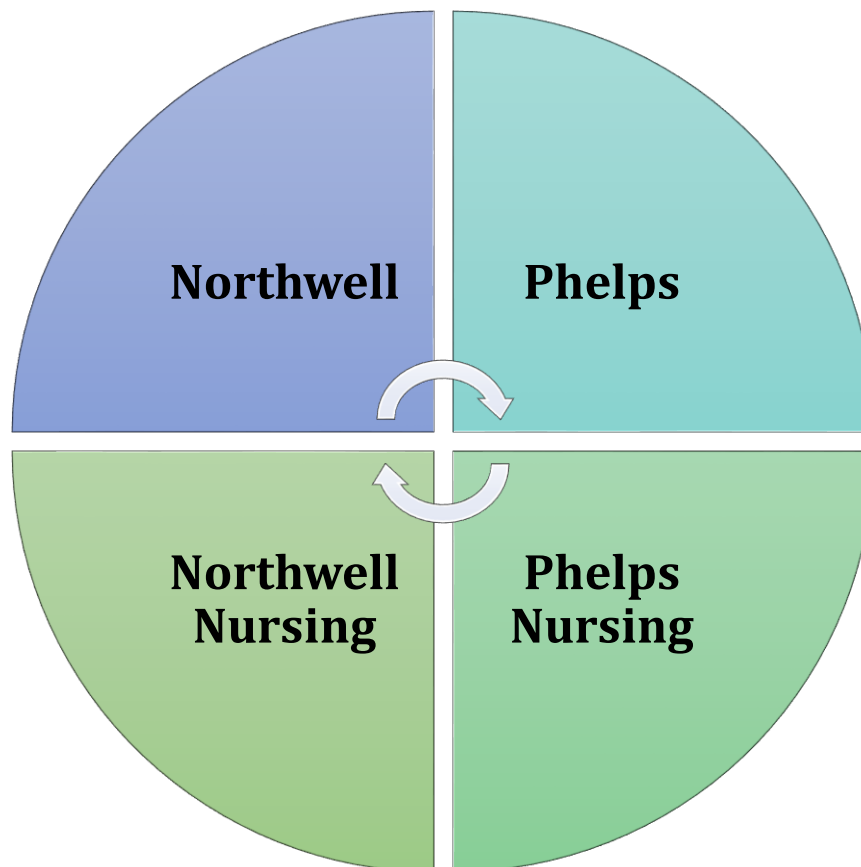
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





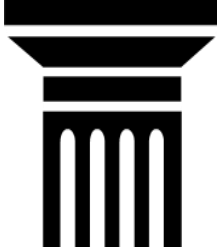
Nursing Strategic Plan

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.”



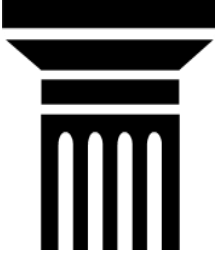
Goals

Quality



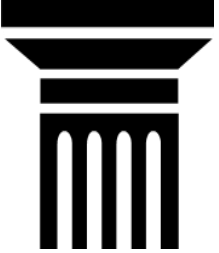
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



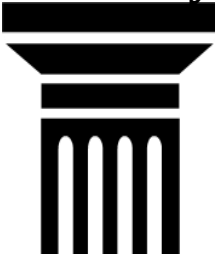
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



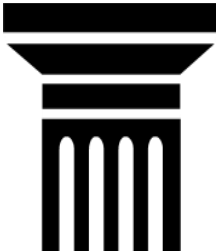
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

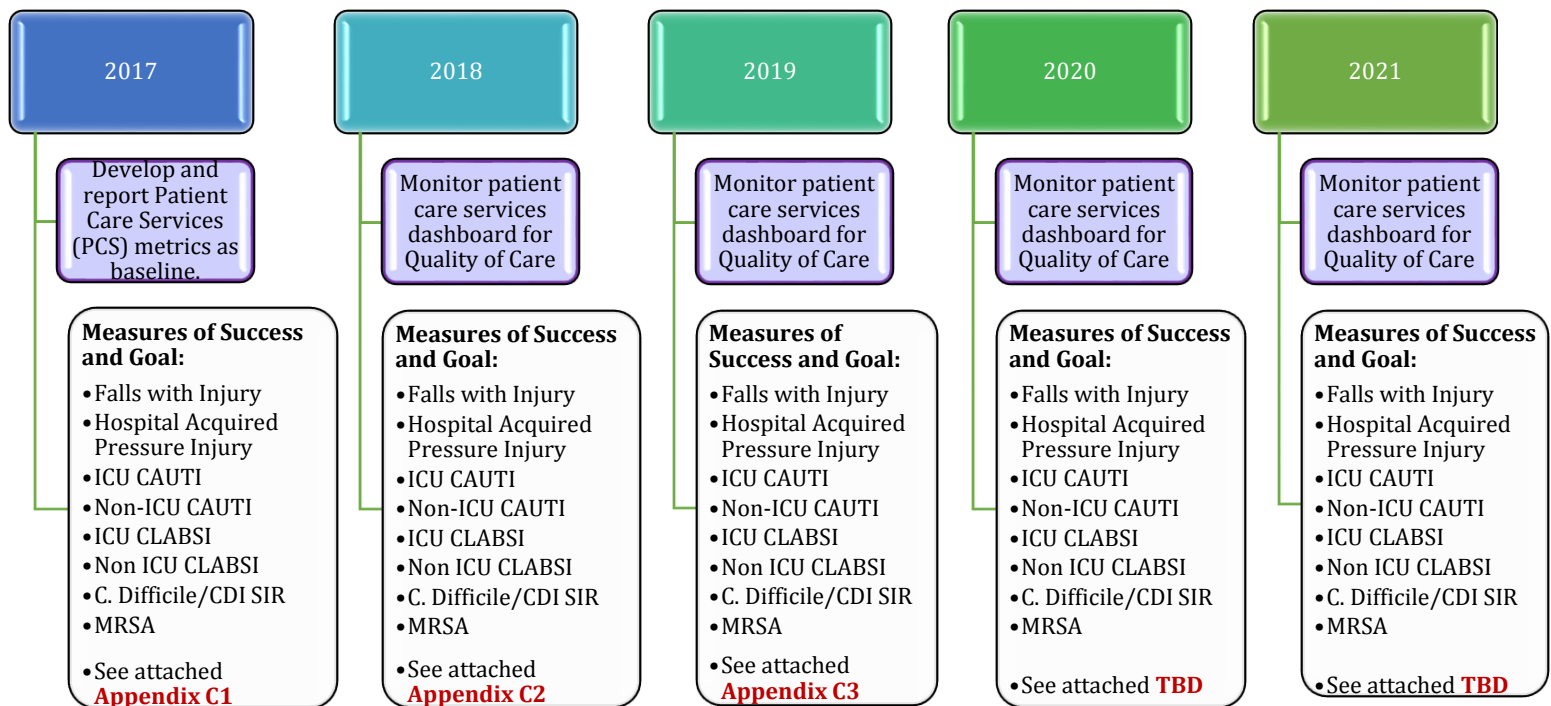
Finance



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

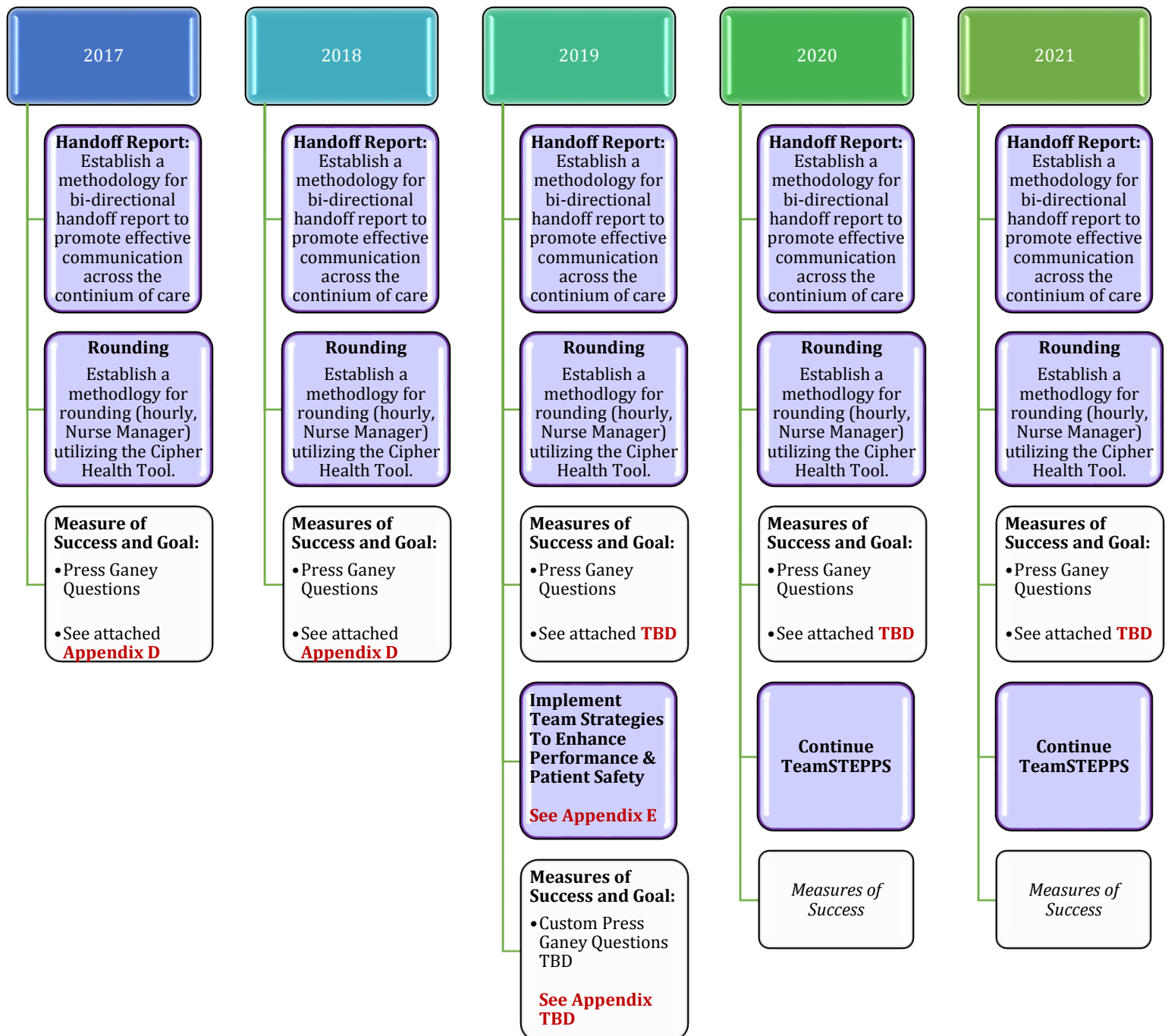
Quality

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



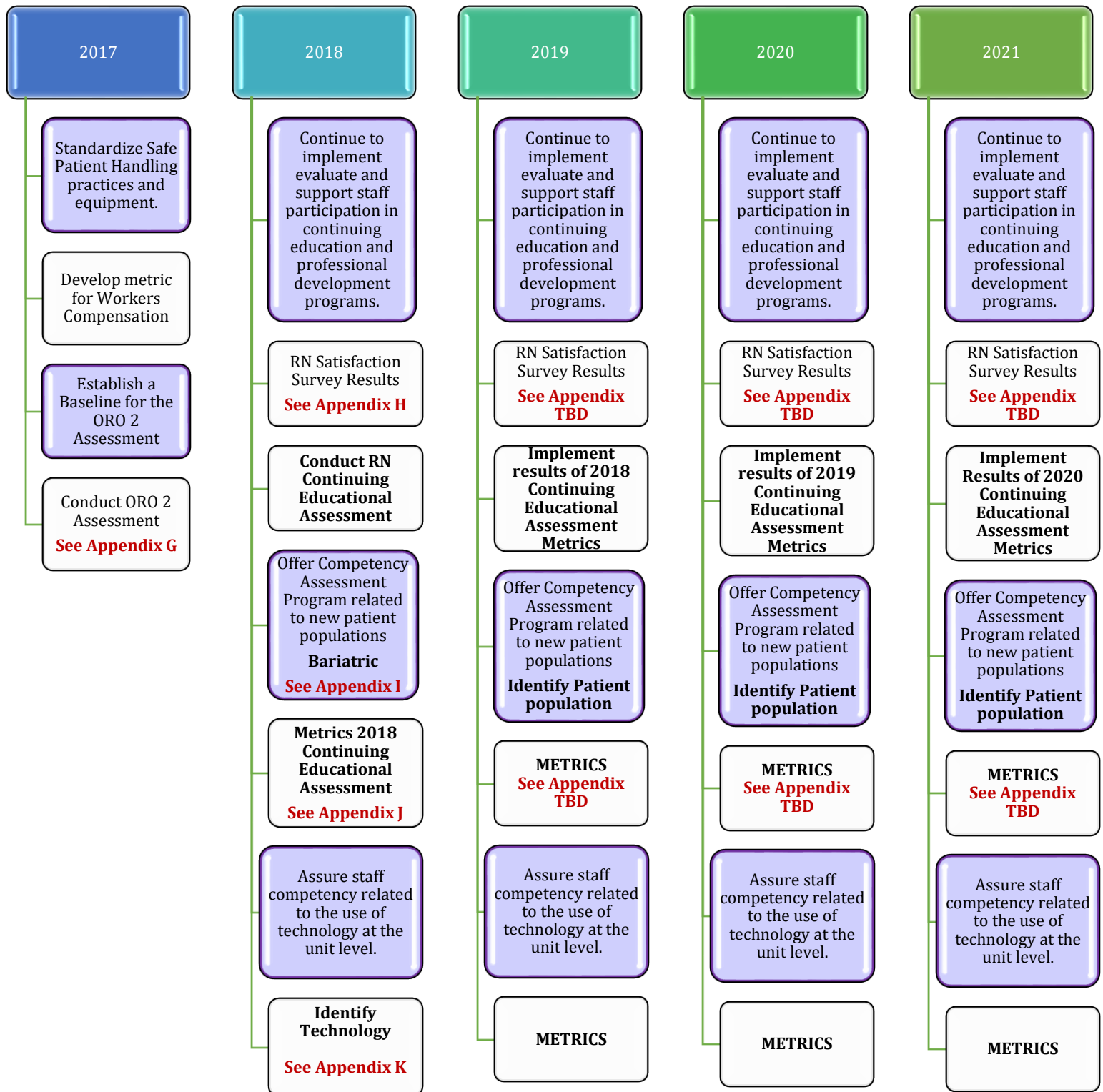
Quality

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.



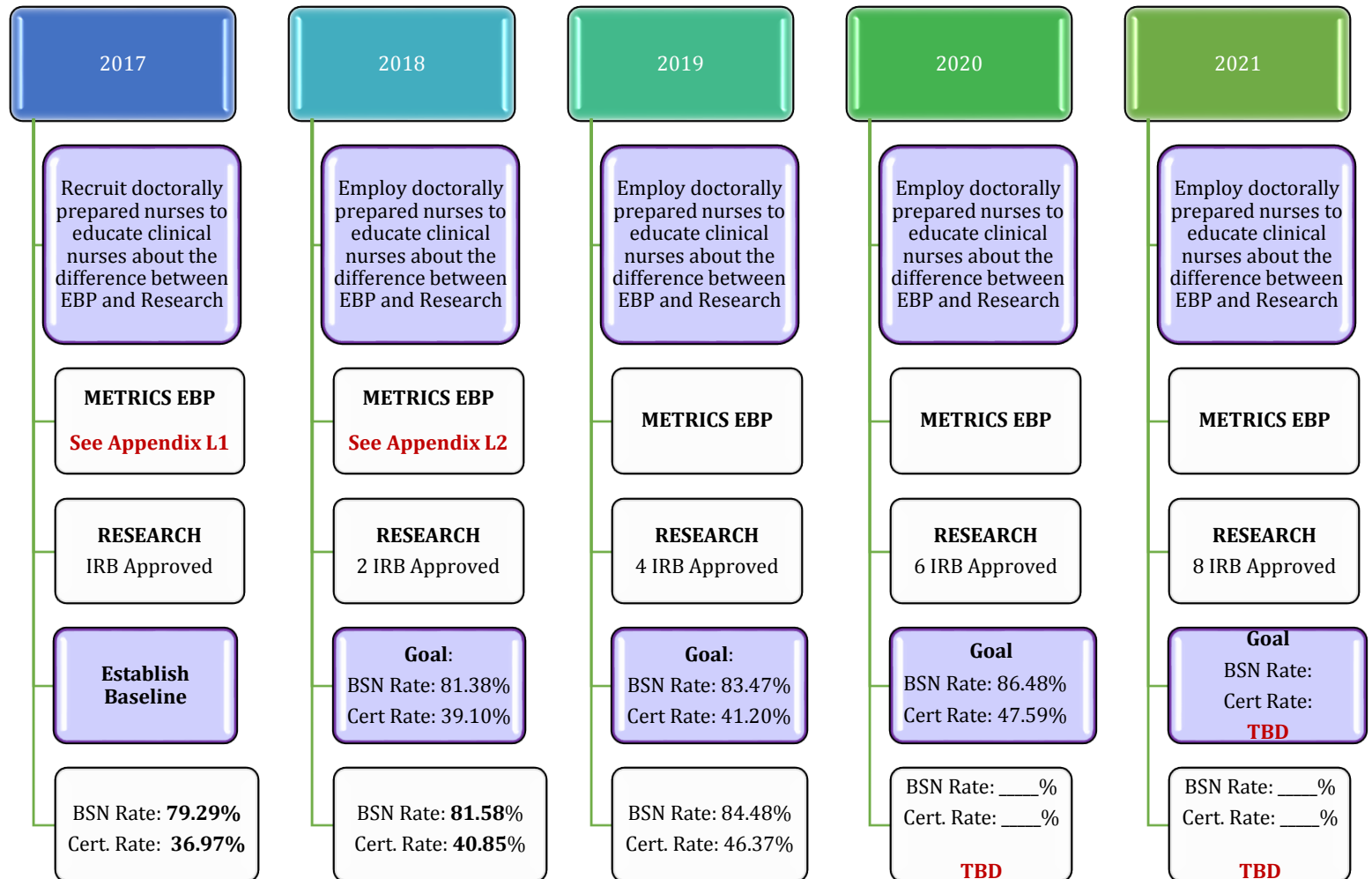
People

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



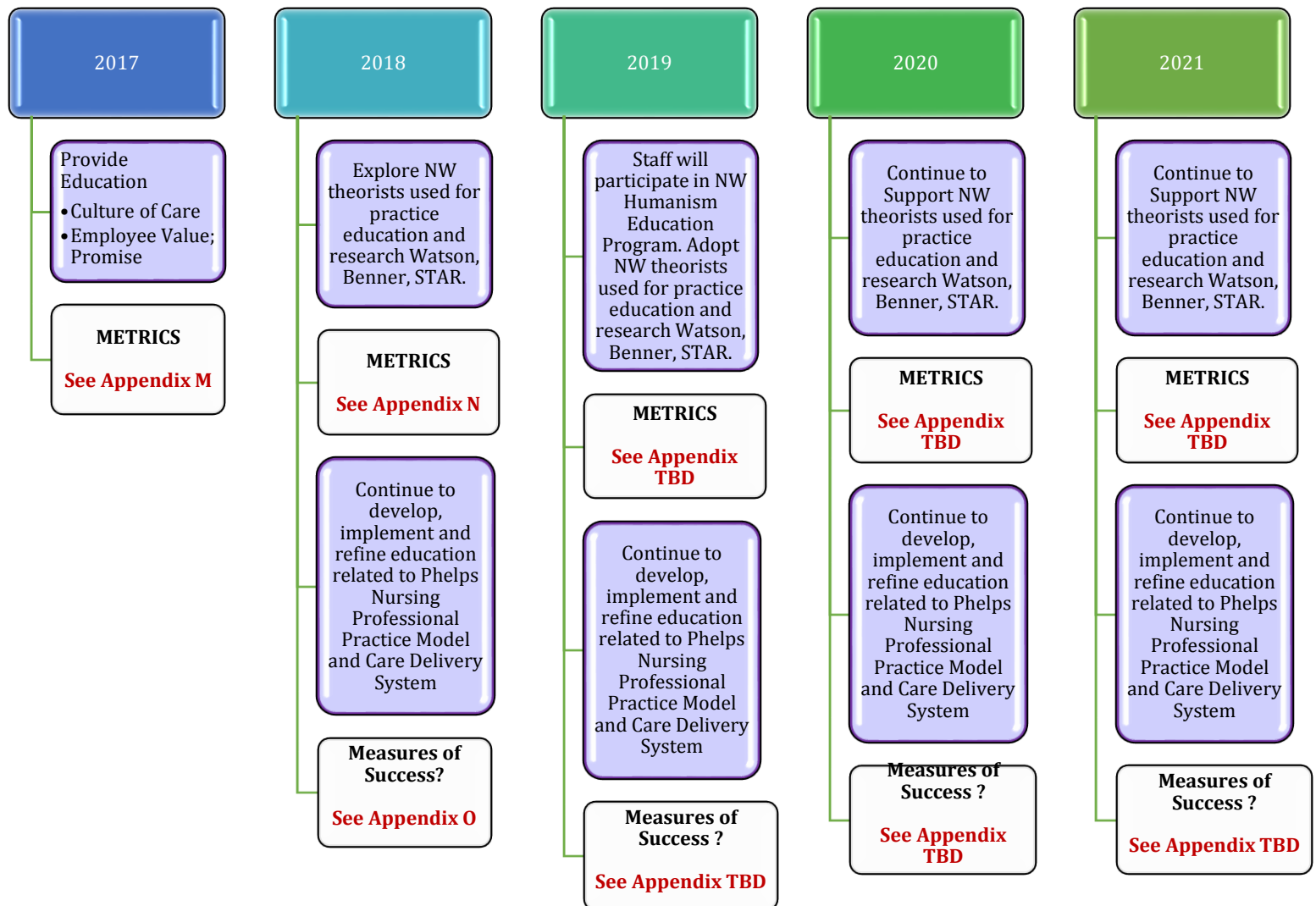
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GOAL: Create an empowering environment for RNs to function add the highest level to their licensure.



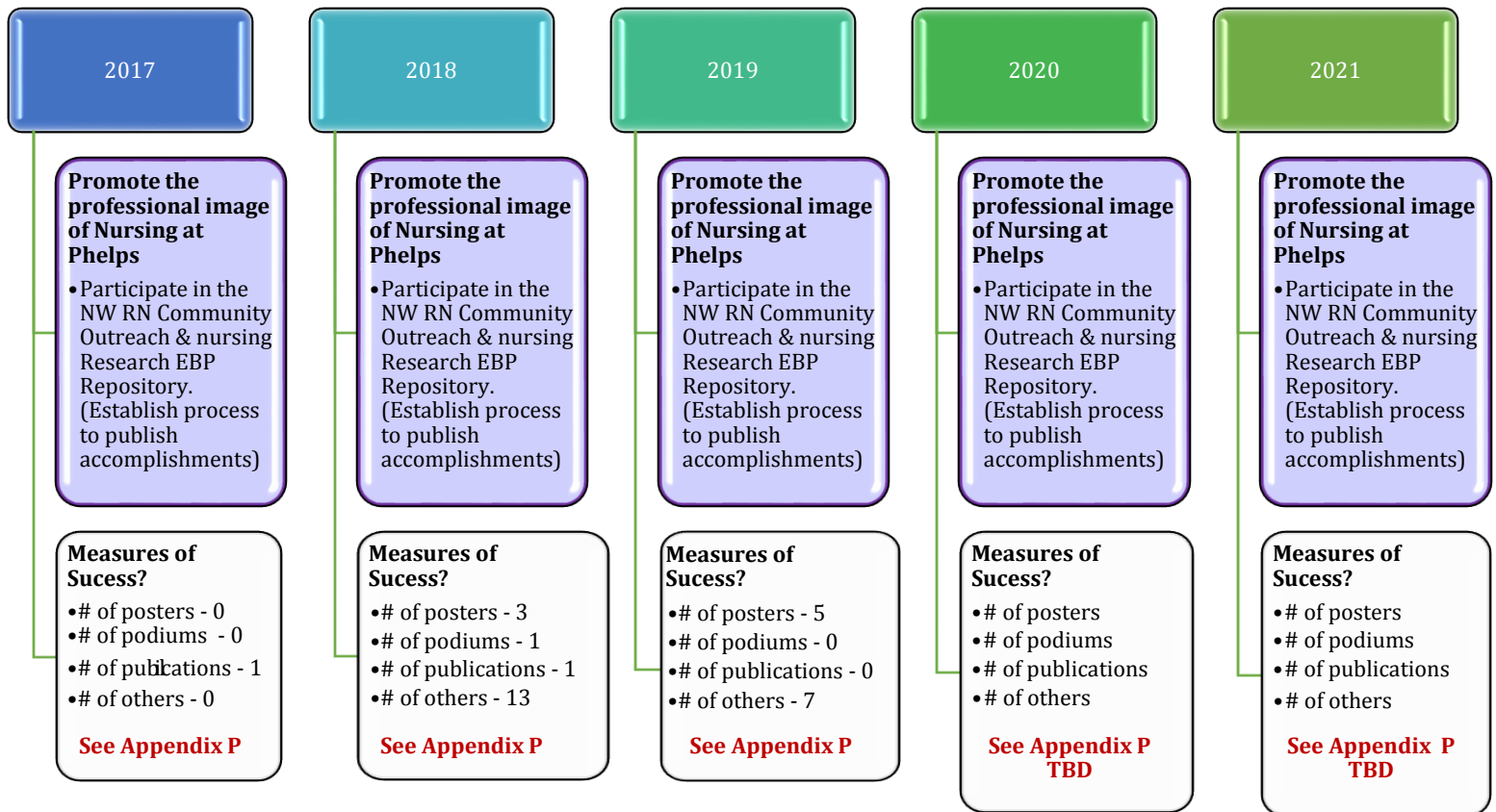
Service

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



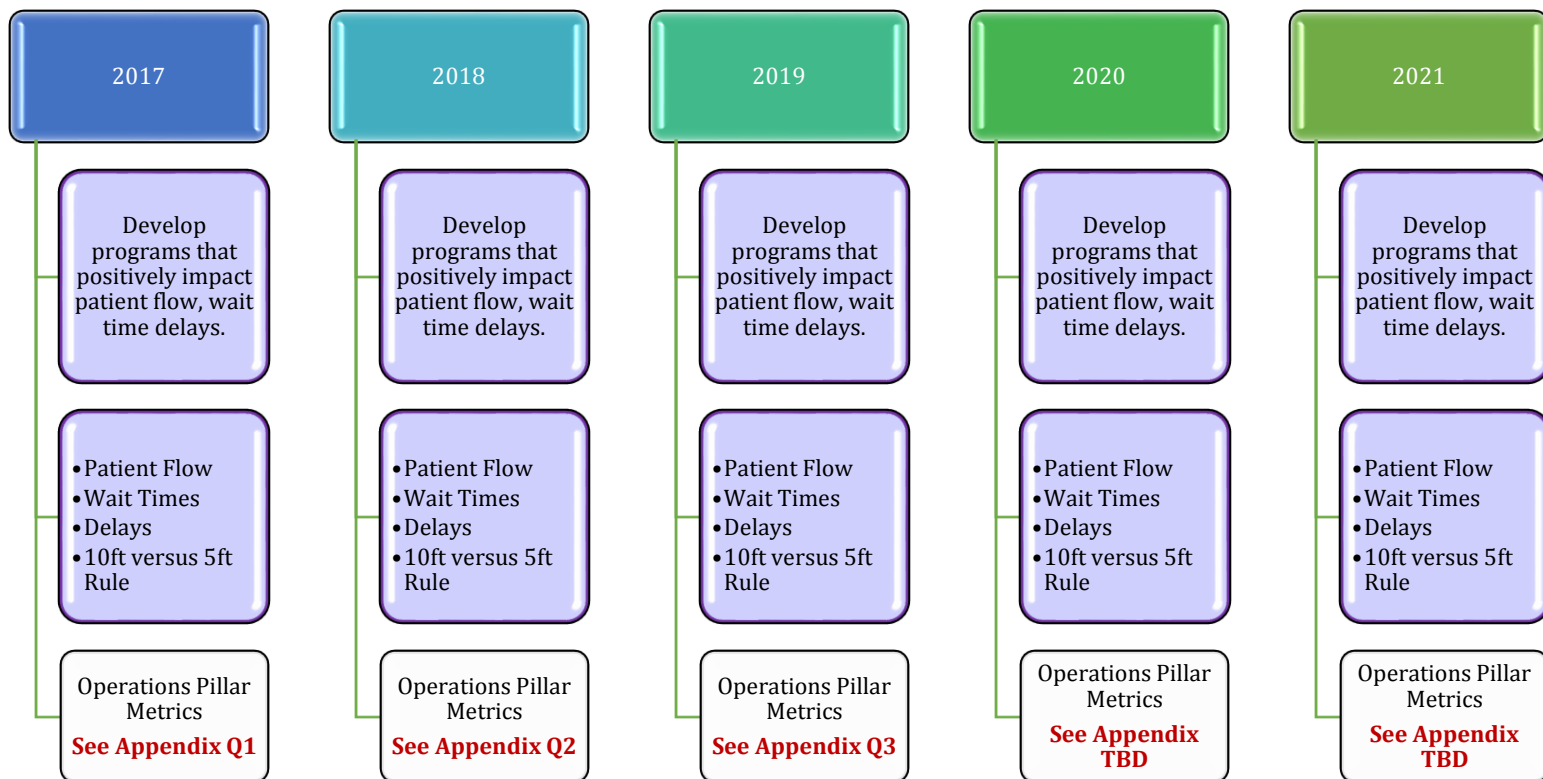
Service

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



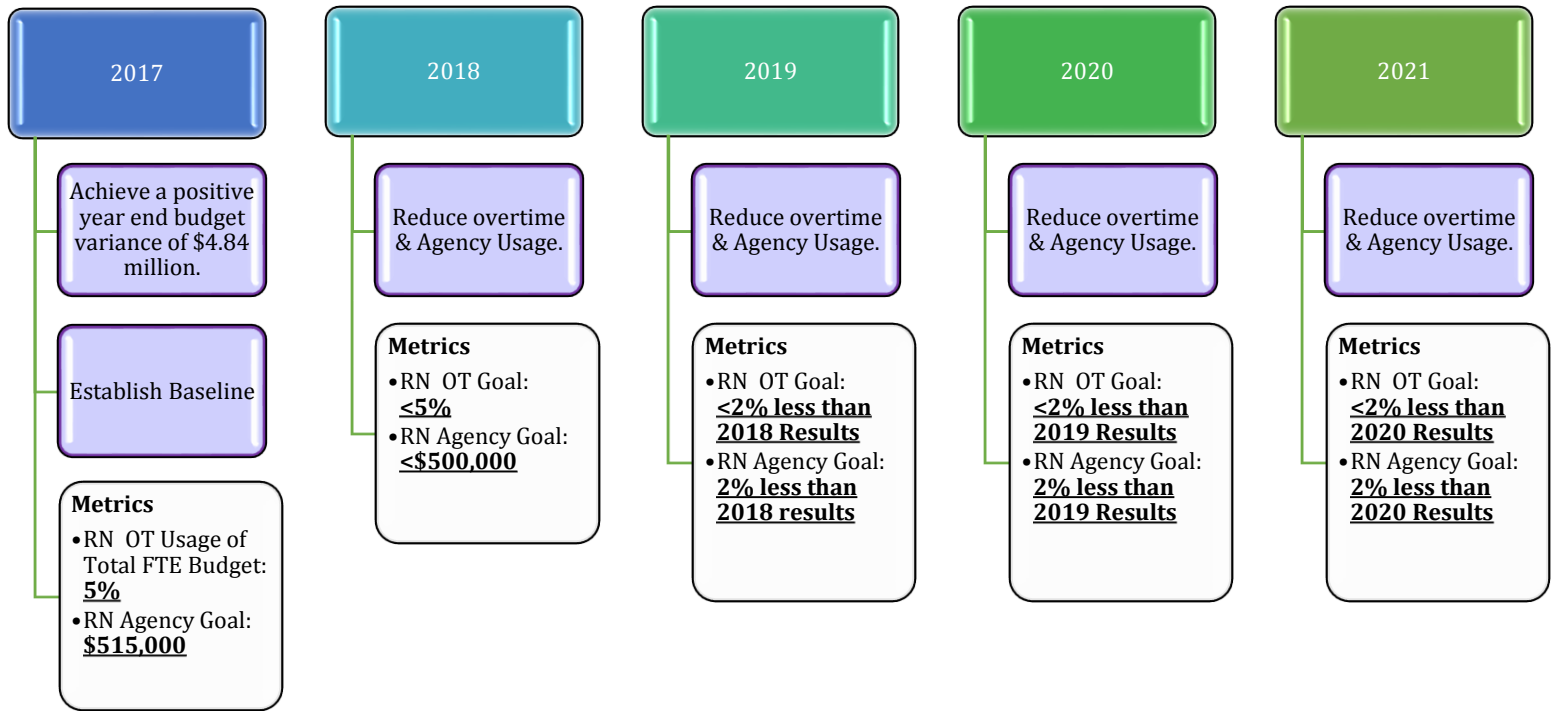
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



TL5EO - ORGANIZATIONAL DECISION-MAKING

REDUCING DEVICE-RELATED PRESSURE INJURIES

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

Problem

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

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

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

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

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

Goal Statement

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

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

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

Participation

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

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

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

Intervention

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: January 2018

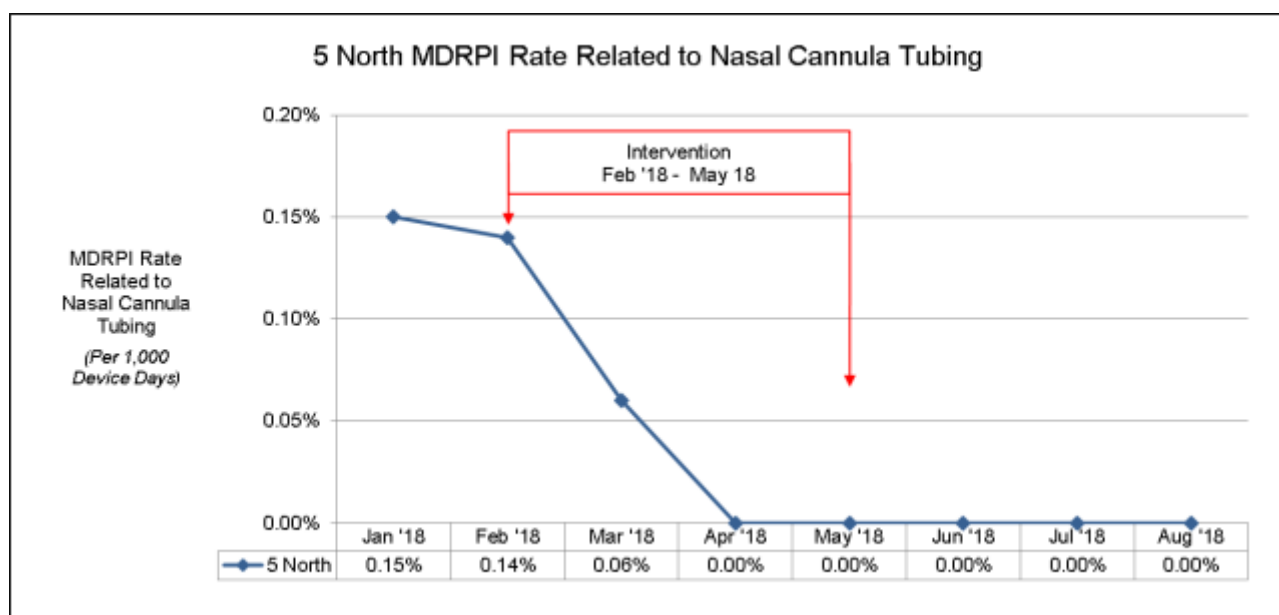
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

Intervention Timeframe: February 2018 – May 2018

Post-Intervention Timeframe: June 2018 – August 2018

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

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





SE7EO - PROFESSIONAL DEVELOPMENT ACTIVITY

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

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

Problem

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

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

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

Goal Statement

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

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

Participation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 2Q16

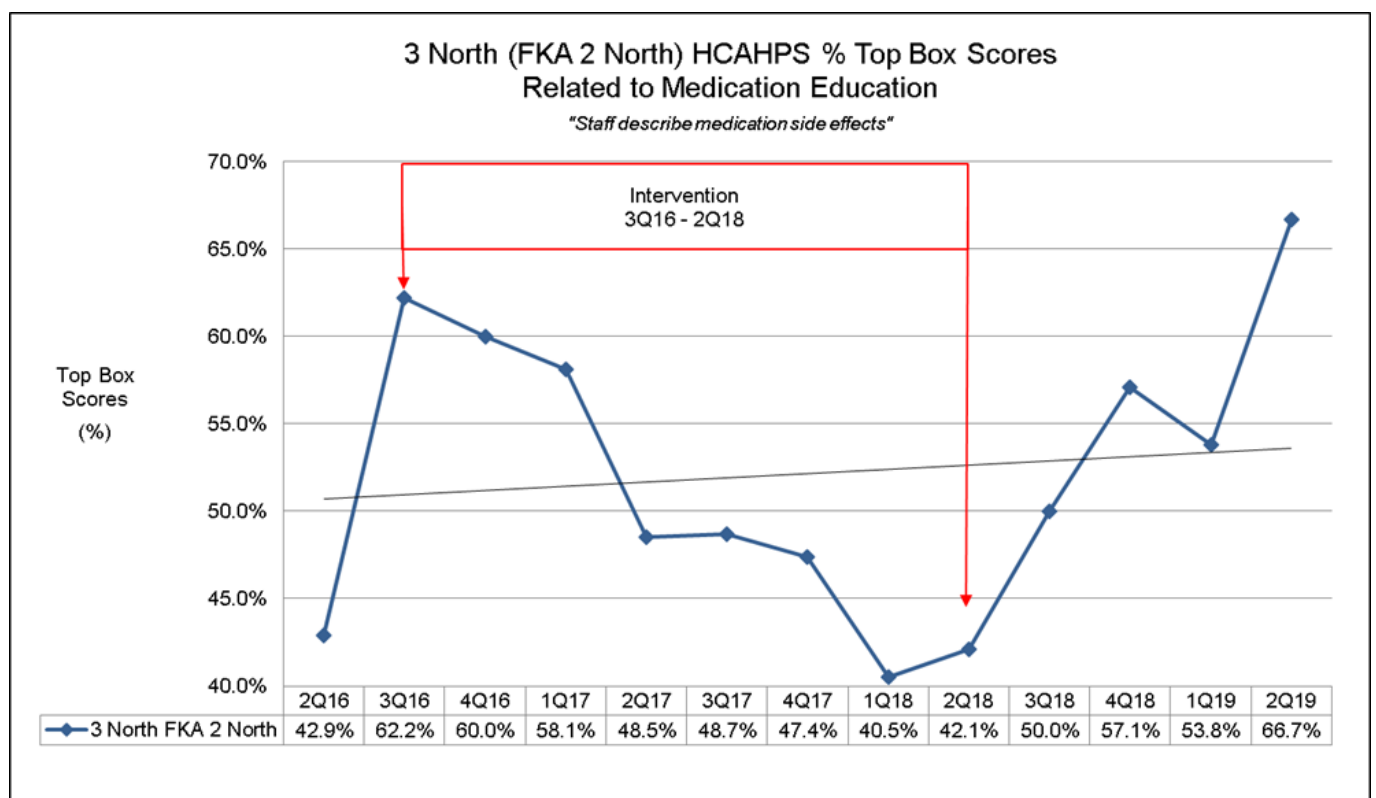
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” was 42.9%.

Intervention Timeframe: 3Q16 – 2Q18

Post-Intervention Timeframe: 3Q18 – 2Q19

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

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





SE8EO - CONTINUING EDUCATION ASSESSMENT

EXAMPLE 1: IMPROVING AMBULATORY CARDIOLOGY AND HYPERBARIC PATIENT SATISFACTION WITH NURSE COMMUNICATION

Provide two examples, with supporting evidence, of an improved patient outcome associated with a nursing continuing education assessment and related implementation plan. The initiative and the data must be provided at the clinic, unit or division level. A copy of the assessment and the related implementation plan must be provided. All organizations with ambulatory care settings are required to provide a minimum of one ambulatory care example.

Problem

Overview: At Phelps Hospital (Phelps), nurses frequently review patient satisfaction data to identify areas of opportunity for improvement in their unit/department. After discussion between Phelps' leaders and the patient survey vendor, Press Ganey, the Cardiovascular Department, which comprises Cardiac Rehab (CR), Cardiovascular Lab and the EKG lab were combined with the Hyperbaric Department for the purpose of obtaining a comparative measure to Press Ganey's national database. These areas are represented as CardRhb, EKG HM, Vasc Lab and Hyperbaric on the Outpatient Ambulatory (OAS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, administered by Press Ganey.

Background: Phelps supports continuing education of nurses and ongoing improvements in patient care to ensure the highest quality standards are achieved and maintained. Each of these departments have earned prestigious accreditations in the specialty. With an increased patient volume in both the Cardiovascular and Hyperbaric Medicine departments in 2018, the nurses were collectively concerned about its impact on the daily plan for patients and the perceived response of the healthcare team. The increased volume, particularly when unexpected, led to a reduction in information sharing, poor coordination and conflict. Nurses were fatigued due to the increased workload. They often misinterpreted cues and felt rushed to set up appropriate equipment, and subsequently were challenged to ensure a positive patient experience. This was reflected in lower than desired patient satisfaction scores. As a

result, nurses in both departments sought to enhance communication between their team members, and to improve communication with patients.

Challenge: In October 2018, 77.4% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Goal Statement

Goal: Increase % ambulatory Cardiovascular and Hyperbaric patients responding “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Measure of Effectiveness: % ambulatory Cardiovascular and Hyperbaric patients responding “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.” Press Ganey units included in ambulatory measurement: Cardiovascular (CardRhb, EKG HM, Vasc Lab) and Hyperbaric.

Participation

SE8EO - Table 1 - Educational Program Development Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Sheila Coyle	MSN, RN	Nursing	Cardiovascular	Clinical Nurse
Patricia Dellojoio	AAS, RN	Nursing	Cardiovascular	Clinical Nurse
Mary Huvane	RN	Nursing	Cardiovascular	Clinical Nurse
Jennifer Iwai	BSN, RN	Nursing	Cardiovascular	Clinical Nurse
Lori Kendra	BSN, RN	Nursing	Cardiovascular	Clinical Nurse
Marie Claire Zane	RN	Nursing	Cardiovascular	Clinical Nurse
James Geppert	BSN, RN	Nursing	Hyperbaric	Clinical Nurse
Ritzel Tuazon-Boer	BSN, RN-BC	Nursing	Hyperbaric	Clinical Nurse
Elizabeth (Liz) Smykowski	BSN, RN, CNML, ACHRN, CHT	Nursing	Hyperbaric	Nurse Manager
Neha Makhijani	MPA, RVT	Nursing	Cardiovascular	Manager
Timothy (Tim) Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Alicia Mulvena	MA, RN, NPD-BC	Nursing	Organizational Development	Education Specialist
Kathleen (Kathy) Calabro	BS	Nursing	Administration	Data Analyst
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

Interventions

Assessing Nurses' Educational Needs: In November 2018, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, and her team of nurse educators developed a plan to conduct a learning needs assessment (LNA) to identify gaps in nurse knowledge or skills. Phelps' conducts this assessment on an annual basis to assess all nurses' continuing education needs. The goal of the LNA is to identify gaps between what is known and what should be known for staff education. The goal of continuing education is to improve patient care by maintaining or improving the knowledge, skills and attitudes of healthcare professionals who deliver care and those receiving the care.

In November 2018, Nancy and the nurse educators decided to create specific LNAs for each RN category, specifically, clinical nurses, nurse managers, directors, advanced practice registered nurses (APRNs) and CNO/assistant vice-presidents. Together, nurse educators created a list of topics, based on nurse suggestions, new and anticipated new programs, professional organizations' standards and prior experience. The LNA was distributed by the Healthstream™ learning management system (LMS) with a required completion of Phelps' nurses from mid-November to mid-December 2018. The Cardiovascular and Hyperbaric clinical nurse response rate was 100%, with six clinical nurses from these departments completing the survey. [SE8EO-A Cardiovascular & Hyperbaric RN LNA and Survey Results 120618](#)

Analyzing LNA Results: In December 2018, Nancy reviewed the LNA results from all nurses using the Healthstream™ LMS. Nancy then asked Kathleen (Kathy) Calabro, BS, data analyst, Nursing Administration, to graph the results by unit and title, so that Nancy and the nurse leaders could review and analyze them. The clinical nurses tended to identify gaps in their specialty of practice. However, nurses also had the opportunity to select choices for professional development. Some nurses from the Cardiovascular and Hyperbaric departments identified the need for learning communication strategies and managing challenging patient and family situations. Addressing these knowledge gaps would also help improve their response to concerns and complaints from patients, resulting in improved patient satisfaction.

Developing and Presenting the Educational Plan: In December 2018, based on both the LNA results as well as organizational strategic priorities, Nancy developed an aggressive plan to incorporate TeamSTEPPS™ (**T**eam **S**trategies and **T**ools to **E**nhance **P**erformance and **P**atient **S**afety) into daily practice at Phelps. TeamSTEPPS™ was developed by the Agency for Healthcare Research and Quality (AHRQ). It provides an evidence-based framework to optimize team performance between patients and direct caregivers across the healthcare system, using the templated tools.

Nancy's plan included TeamSTEPPS™ education, phased implementation, unit-based coaching and sustainment for the Cardiovascular and Hyperbaric departments. Nancy

presented the plan for implementation of TeamSTEPPS™ with a timeline, in multiple venues (Nurse Executive Council, Nurse Leadership Council, Shared Governance Council and Management meetings) to convey the importance of TeamSTEPPS™ and need for everyone's commitment to ensure its success. [SE8EO-B TeamSTEPPS™ Education Implementation Plan Jan-Apr 2019](#)

Designating Master Trainers: During the December 2018 meetings, Nancy invited interested participants to become TeamSTEPPS™ master trainers and provided educational sessions for them. Neha Makhijani, MPA, RVT, senior manager, Cardiovascular Department, had become a TeamSTEPPS™ master trainer and was excited to use some of the tools as part of the daily work flow.

Creating RN Education Activity: In December 2018, Neha and Elizabeth (Liz) Smykowski, BSN, RN, CNML, ACHRN, CHT, nurse manager, Hyperbaric Department led development of education activities for the Cardiovascular and Hyperbaric departments. The education included the use of the TeamSTEPPS™ principles: 1) brief, huddle, debrief, 2) SBAR, call-out, check-back, 3) handoff, IPASstheBATON, 4) situation monitoring and 5) mutual support. Nurse managers and directors were educated first and then used a phased approach to implement TeamSTEPPS™ in their departments. They reinforced the education with ongoing coaching.

Educating Nurses using TeamSTEPPS™: In January 2019, TeamSTEPPS™ was officially launched at Phelps, including the ambulatory Cardiovascular and Hyperbaric departments. Multiple house-wide sessions were conducted at different hours of the day and night, every day of the week. As the staff were attending the TeamSTEPPS™ educational sessions in January 2019, Neha implemented the briefs, huddles, handoffs and other strategies to improve teamwork and clinical nurse communication, with ambulatory patients in the Cardiovascular Department. Five Cardiovascular clinical nurses completed the education.

Liz and the Hyperbaric Department team members attended the TeamSTEPPS™ educational sessions according to the Organizational Development schedule by February 2019. Liz also attended the training and subsequent coaching TeamSTEPPS™ sessions. The Hyperbaric Department team used the education to guide development of their own strategic tool, the "Daily Roll Call" briefing sheet, a written plan that specifies the day's staffing plan, patient treatment information, patient specific needs and medical concerns. They also addressed patient concerns and complaints during the "Daily Roll Call". Two Hyperbaric clinical nurses completed the education.

Reinforcing and Coaching TeamSTEPPS™ at Phelps: From January to April 2019, during the daily house-wide brief, led each morning by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, patient care services and chief nursing officer (CNO), Administration, and/or Helen Renck, MSN, RN, CJCP, CPPS, vice-president, clinical operations & patient safety officer, Administration, Nancy reminded all the nurse managers and directors to encourage their clinical nurses to attend the TeamSTEPPS™ educational sessions. Timothy (Tim) Wages,

MSN, RN, NE-BC, senior administrative director, Hyperbaric, Respiratory, Sleep and Cardiovascular Services, shared pertinent information from these daily briefs with his team, to reinforce the principles of TeamSTEPPS™.

Implementing New Knowledge: By April, 2019, TeamSTEPPS™ education was complete, and the Cardiovascular and Hyperbaric clinical nurses applied their new knowledge to daily practice.

Outcome

Pre-Intervention Timeframe: October 2018

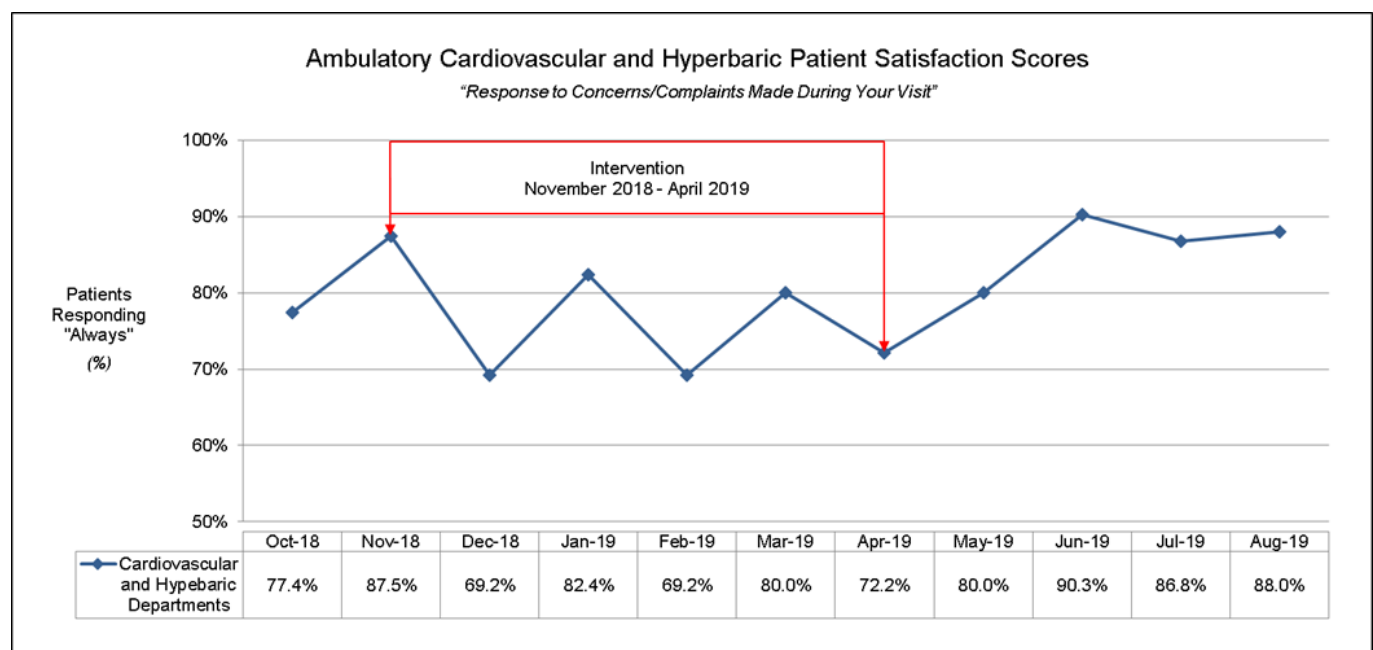
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 77.4% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

Intervention Timeframe: November 2018 – April 2019.

Post-Intervention Timeframe: May –August 2019.

Post-Intervention Data: During the post-intervention timeframe, an average of 86.3% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.” This represents an 11% improvement.

SE8EO - Graph 1 - Ambulatory Cardiovascular and Hyperbaric Patient Satisfaction Scores



EXAMPLE 2: IMPROVING 2 CENTER PATIENT SATISFACTION

Problem

Overview: As part of a Northwell Health collaborative, Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist, Organizational Development, helped to develop the “Expressions in Humanism Program” to strengthen nurses’ ability to connect with patients, build trusting relationships, foster transpersonal caring and engage in therapeutic communication, which would ultimately improve patient experience. The program was based on Jean Watson’s Theory of Human Caring, which was one of the theories that provided the foundation for the Phelps Professional Practice Model. Watson incorporated ten specific caritas factors in her theory, which evolved to include transpersonal caring and the “caring moment” to create a formal connection between caring and healing.

Background: In late 2018, nurses at Phelps initiated a continuing education needs assessment that eventually led to the implementation of the Expressions in Humanism Program at Phelps and an increase in Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient satisfaction survey scores on 2 Center, a medical-surgical, orthopedic and rehabilitation unit.

Challenge: In September 2018, 83.3% of 2 Center patients responded “Definitely, yes” to the patient satisfaction survey question, “Would you recommend this hospital to your friends and family?”

Goal Statement

Goal: Increase % 2 Center patients responding “Definitely, yes” to the patient satisfaction survey question, “Would you recommend this hospital to your friends and family?”

Measure of Effectiveness: % 2 Center patients responding “Definitely, yes” to the patient satisfaction survey question, “Would you recommend this hospital to your friends and family?”

Participation

SE8EO - Table 2 - Participants/Facilitators in Humanism Educational Program

Name	Credentials	Discipline	Dept/Unit	Job Title
Kathleen Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Kathleen (Kathy) Calabro	BS	Nursing	Nursing Administration	Data Analyst
Myrta Rabinowitz	PhD, RN-BC, NC-BC	Nursing	Institute of Nursing, Northwell Health	Manager, Nursing Initiatives
Denise Mazzapica	MSN, RN-BC	Nursing	Institute of Nursing (IFN), Northwell Health	Manager, System Clinical Transformation
Nina Valentin	MSN, RN	Nursing	ED	Clinical Nurse

Name	Credentials	Discipline	Dept/Unit	Job Title
Nicole Mincey	BSN, RNC-OB, IBCLC	Nursing	Maternal Child Health	Nurse Manager
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Erin Brady	AAS, RN, CEN	Nursing	ED	Clinical Nurse
Nektaria Xynidakis	BSN, RN, CPAN	Nursing	PACU	Clinical Nurse
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Joy Bhatnagar	MSN, RN, OCN, CCGRN	Nursing	Infusion Center	Nurse Manager
Alaina Smalley	MSN, RN	Nursing	Infusion Center	Nurse Manager
Pam Lipperman		Support Services	Volunteers	Director, Volunteer Services
Melissa Eisele-Kaplan		Support Services	Patient Experience	Coordinator, Patient Relation Services
Kathleen Scherf	MPA, BSN, RN, NEA-BC, CAPA	Nursing	Surgical Services	Nursing Director
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Maria Keirra Jaca Gonzalez	MSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Yvetale Lauture-Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Gail Wilson	BSN, MHA, RN	Nursing	5 South	Nurse Manager
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Margaret Santos	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Paula Dinu		Support Services	Speech Therapy	Director of Clinical Services – Hearing and Speech

Interventions

Assessing Nurse Educational Needs: In October 2018, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, emailed all Phelps nurses to explain that they had been assigned a multiple-choice survey in Healthstream™ asking for information related to their learning interests. In December 2018, Kathleen (Kathy) Calabro, BS, data analyst, Nursing Administration, summarized the results of the needs assessment for all units, individually and collectively. In the end of December, Nancy emailed the needs assessment summary to the nurse leaders and delivered a hard copy of the unit level analysis to each nurse manager. Kathy also presented the results at the January 23, 2019 Nursing Leadership Council Meeting. Eighty-three percent of 2 Center clinical nurses completed the survey, and 20% of 2 Center clinical nurses identified emotional intelligence/interpersonal relationships as a topic that would enhance their professional practice. Opportunely, one of Northwell Health system's strategic goals was to implement the Expressions in Humanism Program and research study system-wide, which was an appropriate and timely intervention to address the learning needs of improving emotional

intelligence and interpersonal relationships. [SE8EO-C Phelps RN Learning Needs Assessment 120618.](#)

On Site Master Training: On April 5, 2019, Myrta Rabinowitz, PhD, RN-BC, NC-BC, manager, Nursing Initiatives, and Denise Mazzapica, MSN, RN-BC, manager, System Clinical Transformation, both from the Institute for Nursing (IFN) at Northwell Health, conducted two onsite master training sessions at Phelps for nurse leaders, clinical nurses and interprofessional staff who were invited by Nancy to become “trainers”. The purpose was twofold:

- To provide a better understanding of how nurses could better connect with patients and their families and lead by example;
- To identify and invite additional nurse leaders, clinical nurses and interprofessional team members to become program facilitators of future sessions and follow-up coaching.

Developing Educational Implementation Plan: Following the training, Myrta and Denise provided the Northwell Health Expression in Humanism Implementation and Sustainment Plan (pages 1-7). Nancy and Kathy developed Phelps’ Expression in Humanism Implementation Plan (page 8). The timeline was established with consideration of other strategic initiatives. [SE8EO-D Phelps Expressions in Humanism Implementation Plan 052019](#)

Educating Nurses: From April 29 – May 18, 2019, the Phelps’ program facilitators taught the standardized program content, including concepts and exercises designed to raise one’s awareness of the impact of self and others to improve emotional intelligence and interprofessional relationships. These concepts were identified by the 2 Center clinical nurses in their needs assessment as a topic that would enhance their professional practice. The basic premise of this education was to create a “caring moment,” or heart-centered encounter, with every personal interaction. The theory’s caritas processes support and enhance interprofessional relationships. The specific processes that enhance interprofessional relationships include practicing loving kindness and calmness with self and others, being authentically present and developing helping-trusting relationships, and being open to positive and negative feelings. The education methodology was multi modal including: lecture, role-playing, case studies, group discussion, and storytelling. Eleven 2 Center clinical nurses took part in the educational sessions.

Implementing New Knowledge: In May 2019, all education in the Expressions in Humanism program was complete.

Outcome

Pre-Intervention Timeframe: September 2018.

Pre-Intervention Baseline Data: During the pre-intervention timeframe, **83.3%** of patients on 2 Center responded “Definitely, yes” to the patient satisfaction survey question,

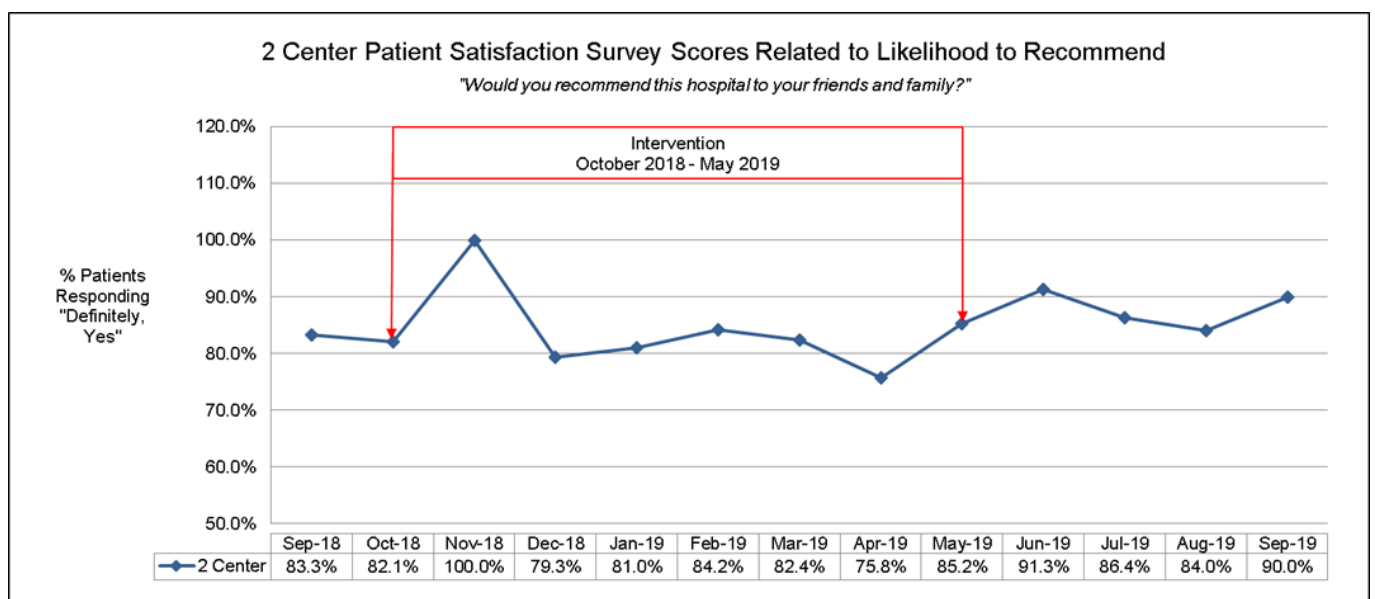
“Would you recommend this hospital to your friends and family?”

Intervention Timeframe: October 2018 – May 2019.

Post-Intervention Timeframe: June – September 2019

Post-Intervention Data: During the post-intervention timeframe, an average of 87.9% patients on 2 Center responded “Definitely, yes” to the patient satisfaction survey question, “Would you recommend this hospital to your friends and family?” This represents a 6% increase.

SE8EO - Graph 2 - 2 Center Patient Satisfaction Survey Scores Related to Likelihood to Recommend





EP5 - PATIENT CARE COORDINATION

NURSES ENSURE INTERPROFESSIONAL CARE COORDINATION

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

Background

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

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

additional diagnostic testing.

Participation

EP5 - Table 1- Interprofessional Care Team

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

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

Nurses Collaborate with Other Disciplines to Coordinate Patient's Care

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

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

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

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

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

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

Care Coordination across the Spectrum of Healthcare

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

Hyperbaric Oxygen Therapy

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

Infusion Center

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

Wound Healing Institute (WHI)

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

Hyperbaric Oxygen Therapy

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

Coordination of Care between Ambulatory Services

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



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