

# 2020 MAGNET® SITE VISIT GUIDE



**Phelps Hospital**  
Northwell Health®



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**Emergency Dept.**

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.

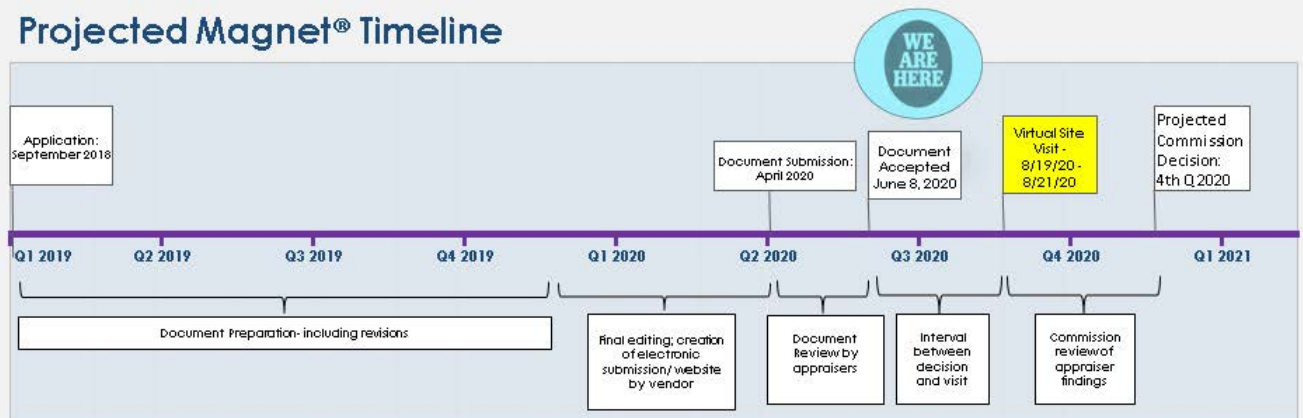
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

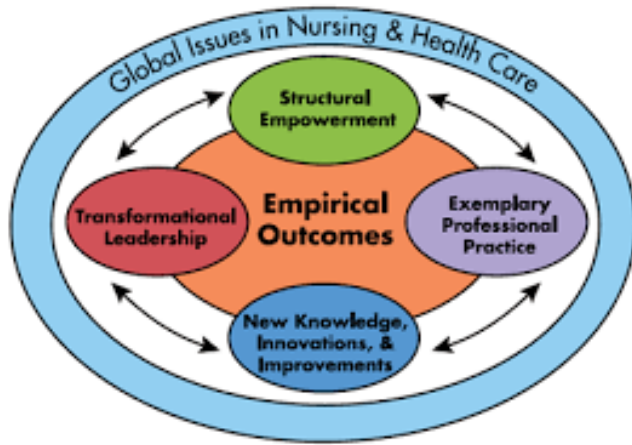
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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.<sup>1</sup>

### BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success<sup>1</sup>

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

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

<sup>3</sup> [http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at\\_the\\_core\\_of\\_magne-Xfs8.html](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:<sup>2</sup>

- ❖ 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.<sup>3</sup>

### 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.<sup>1</sup>

### 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.<sup>1</sup>

### 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?



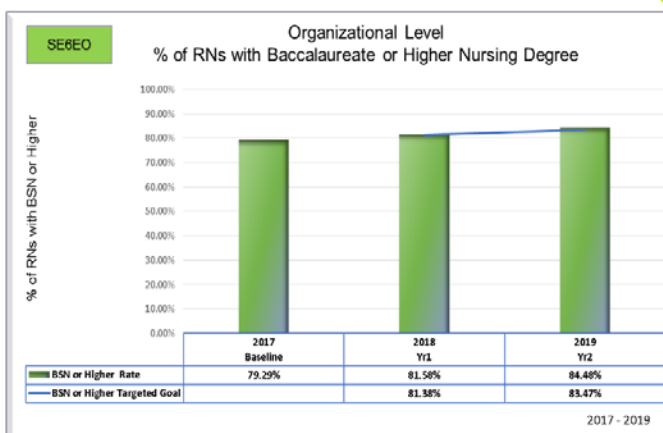
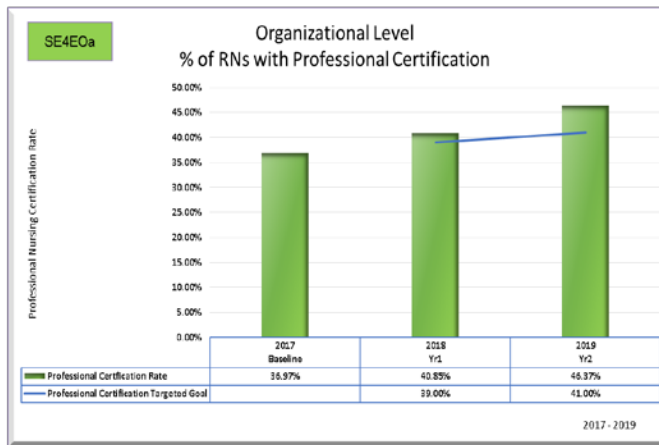
## STRUCTURAL EMPOWERMENT

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?

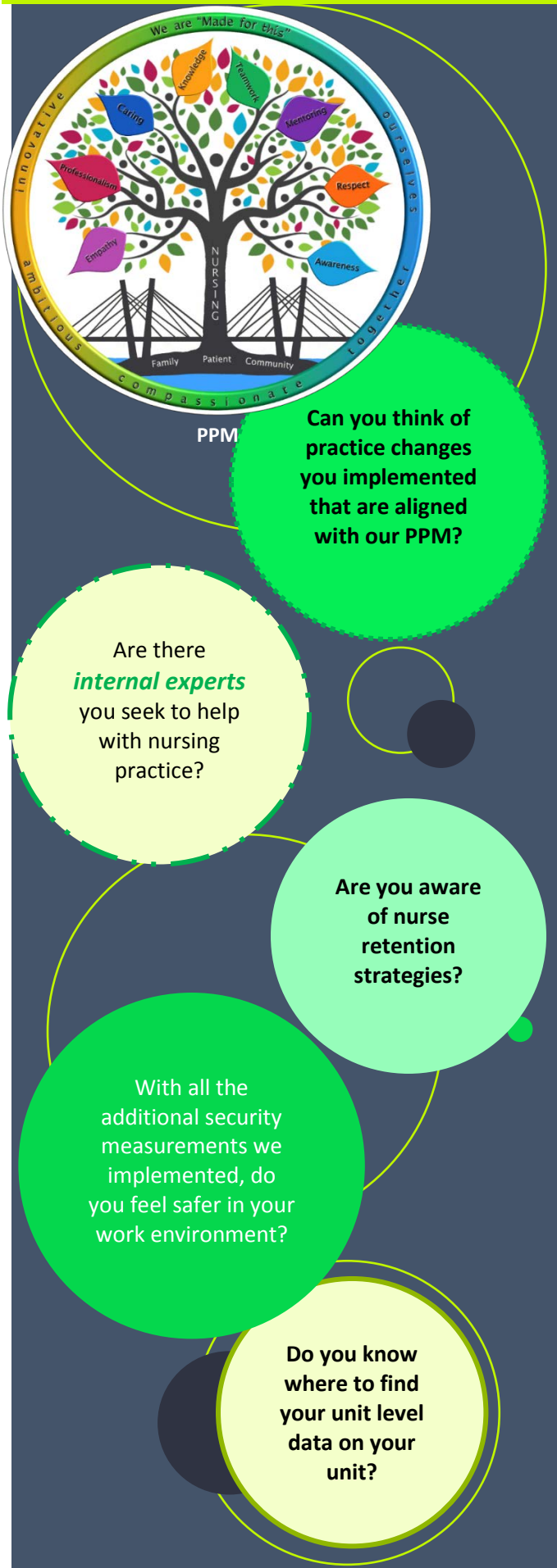
Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

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

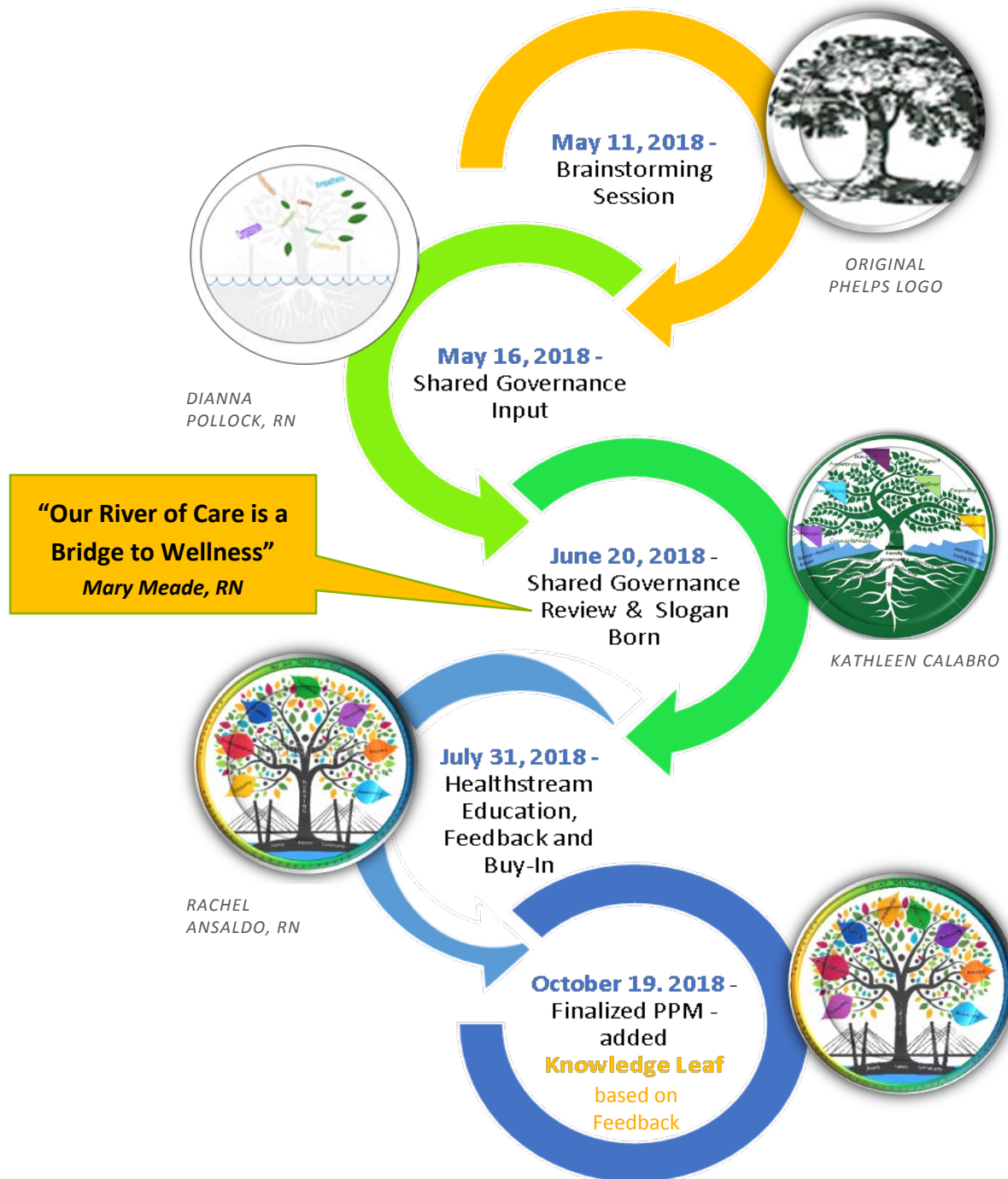
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

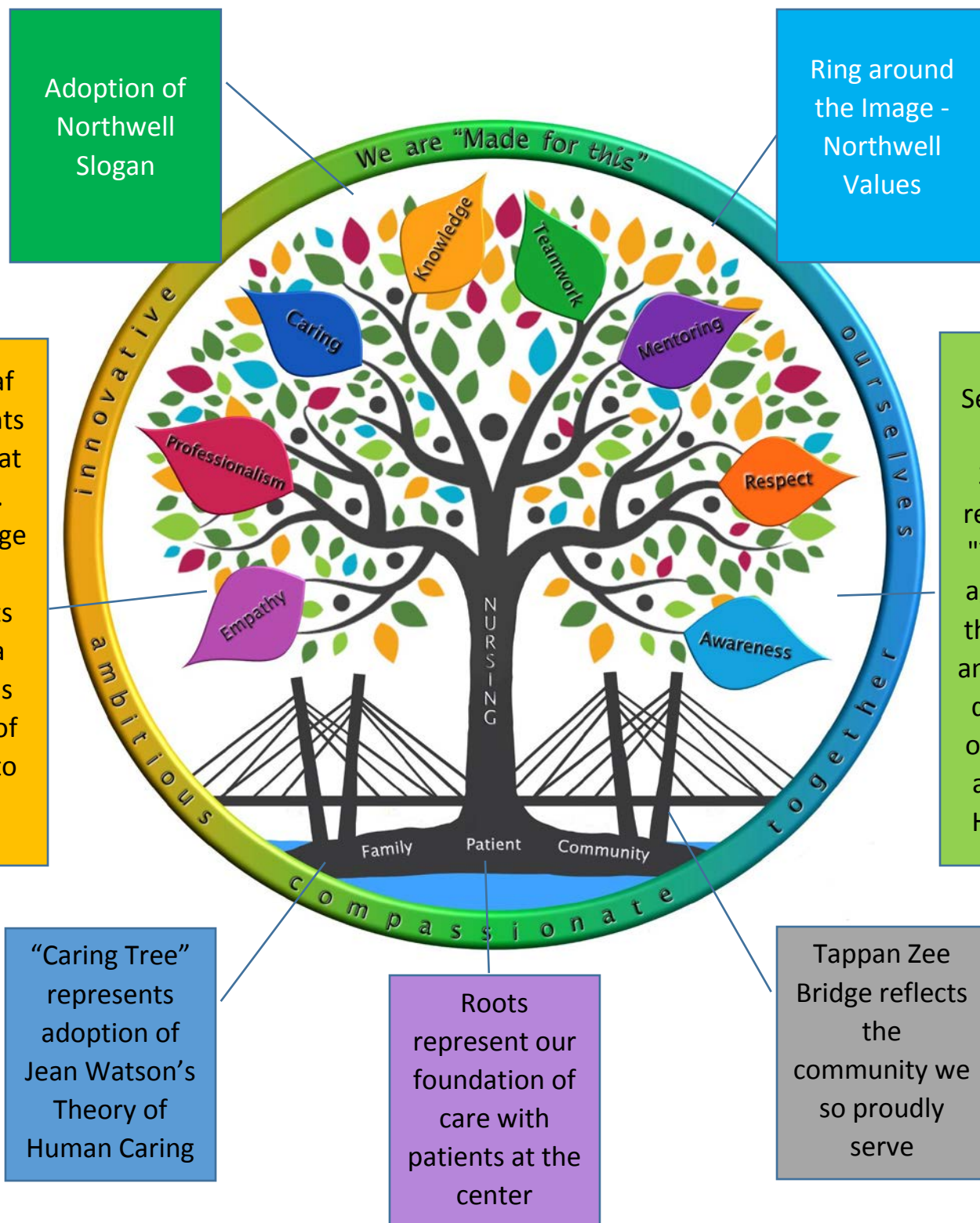
## EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

**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”<sup>1</sup>



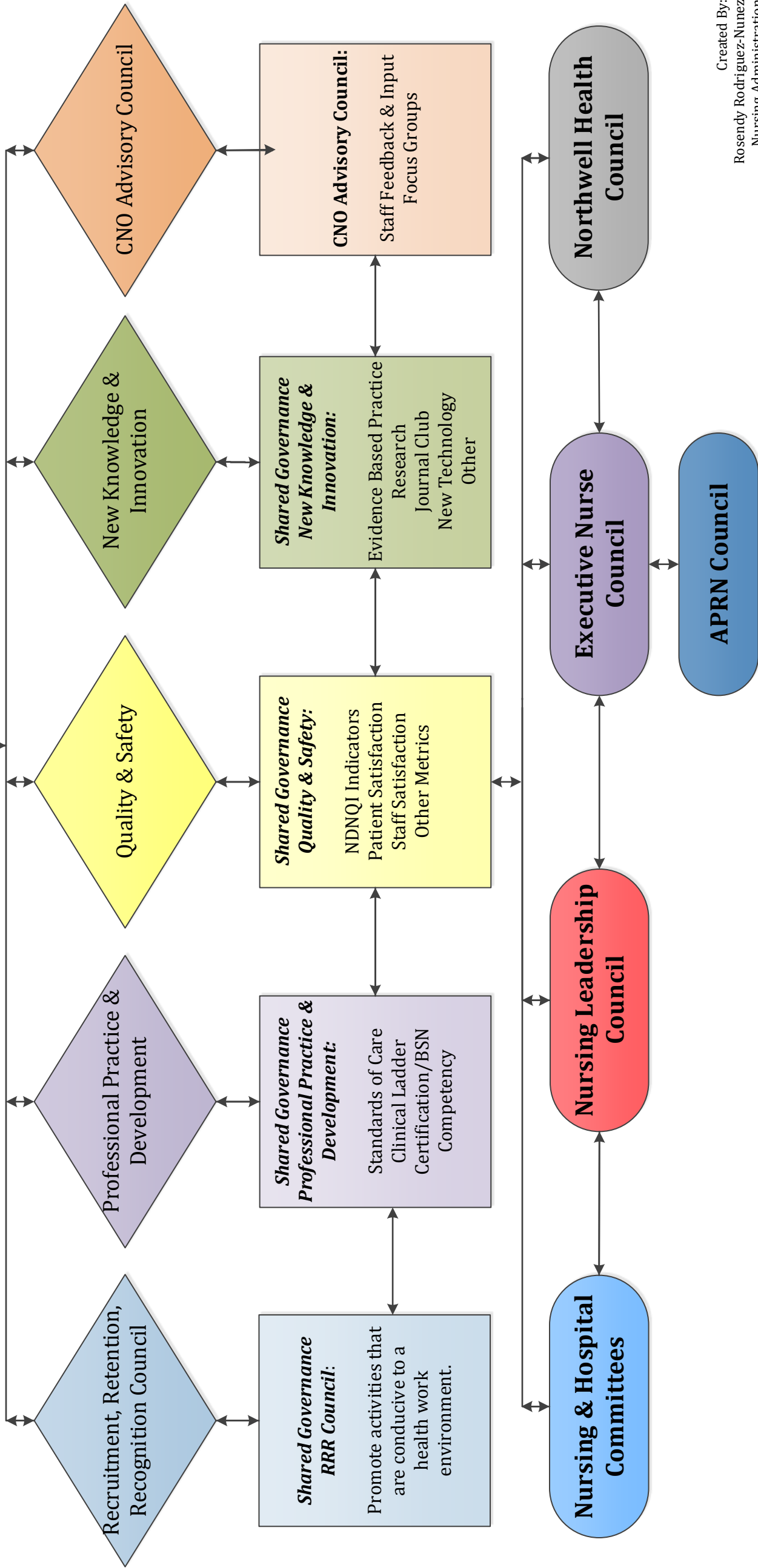


# Understanding our Professional Practice Model



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.



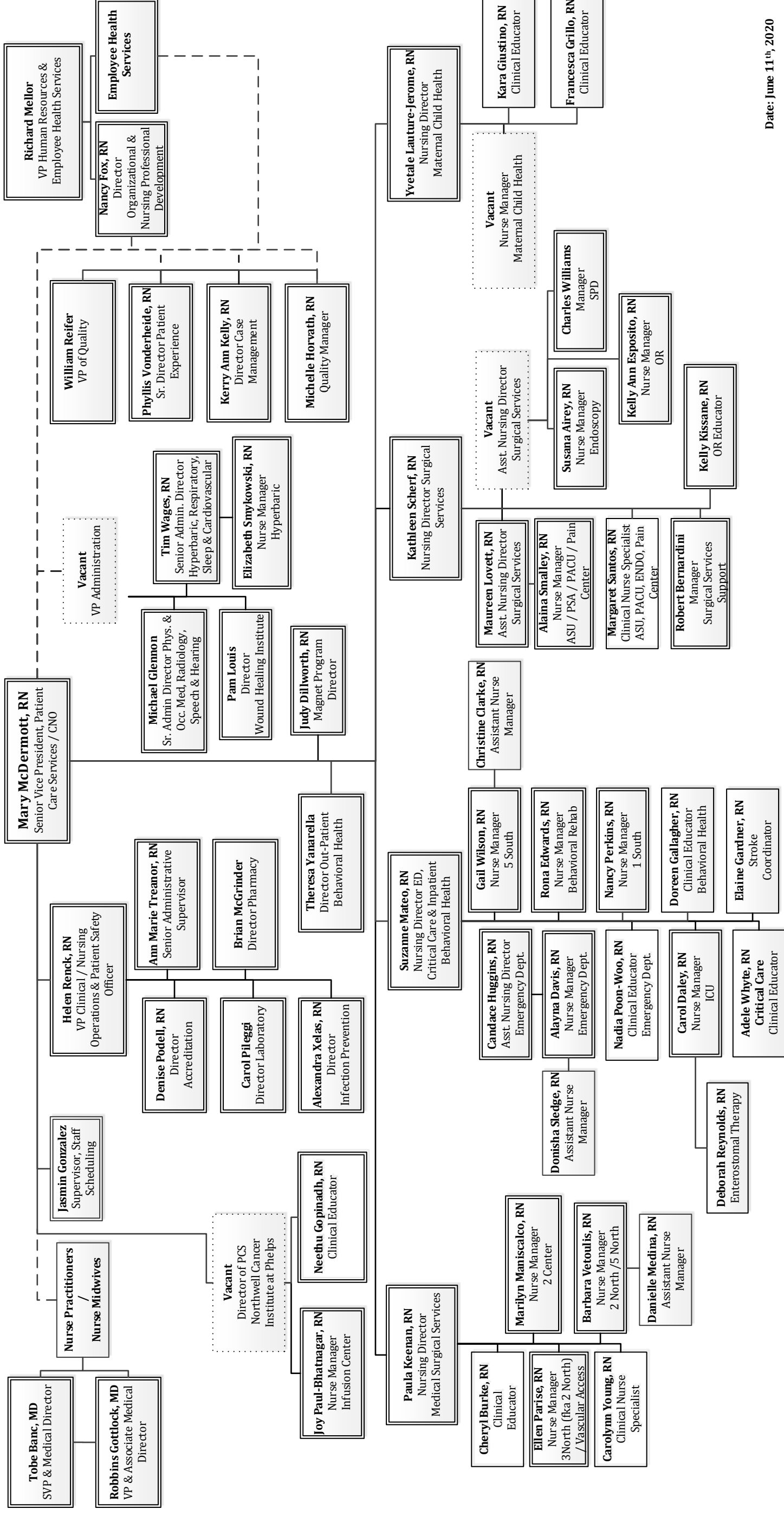


# CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

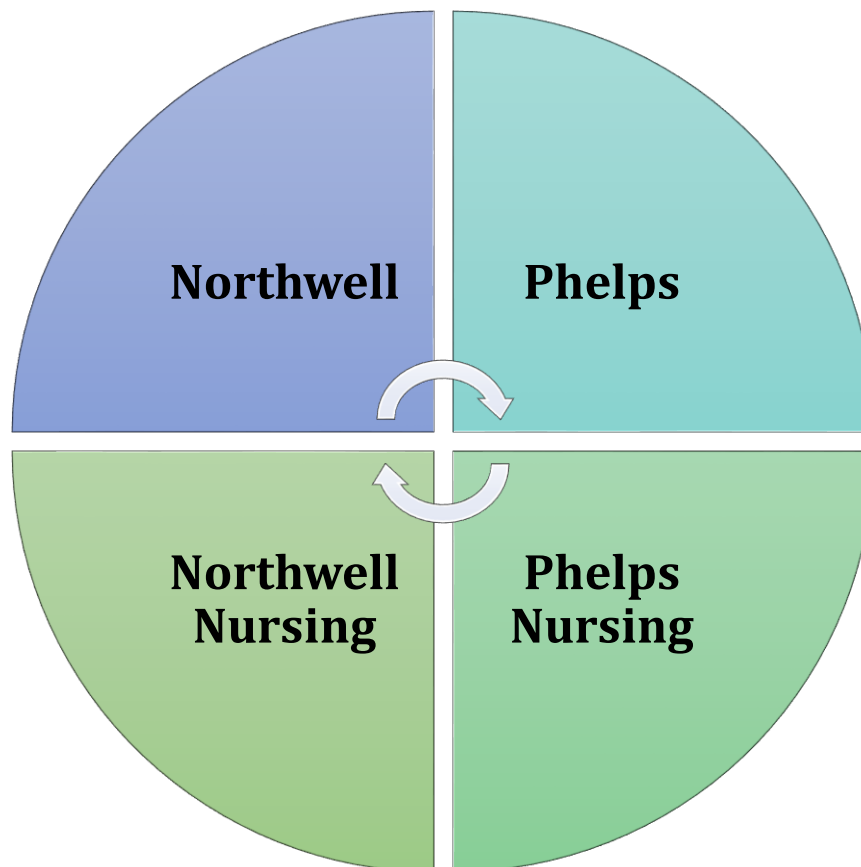
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





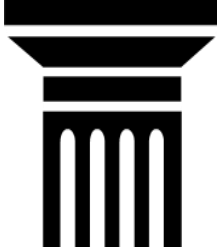
## Nursing Strategic Plan

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.”



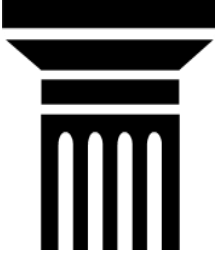
# Goals

## Quality



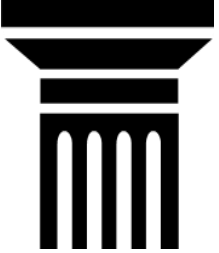
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

## People



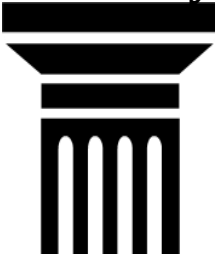
Create an empowering environment for RNs to function at the highest level of their licensure.

## Service



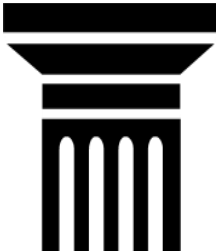
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

## Efficiency



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

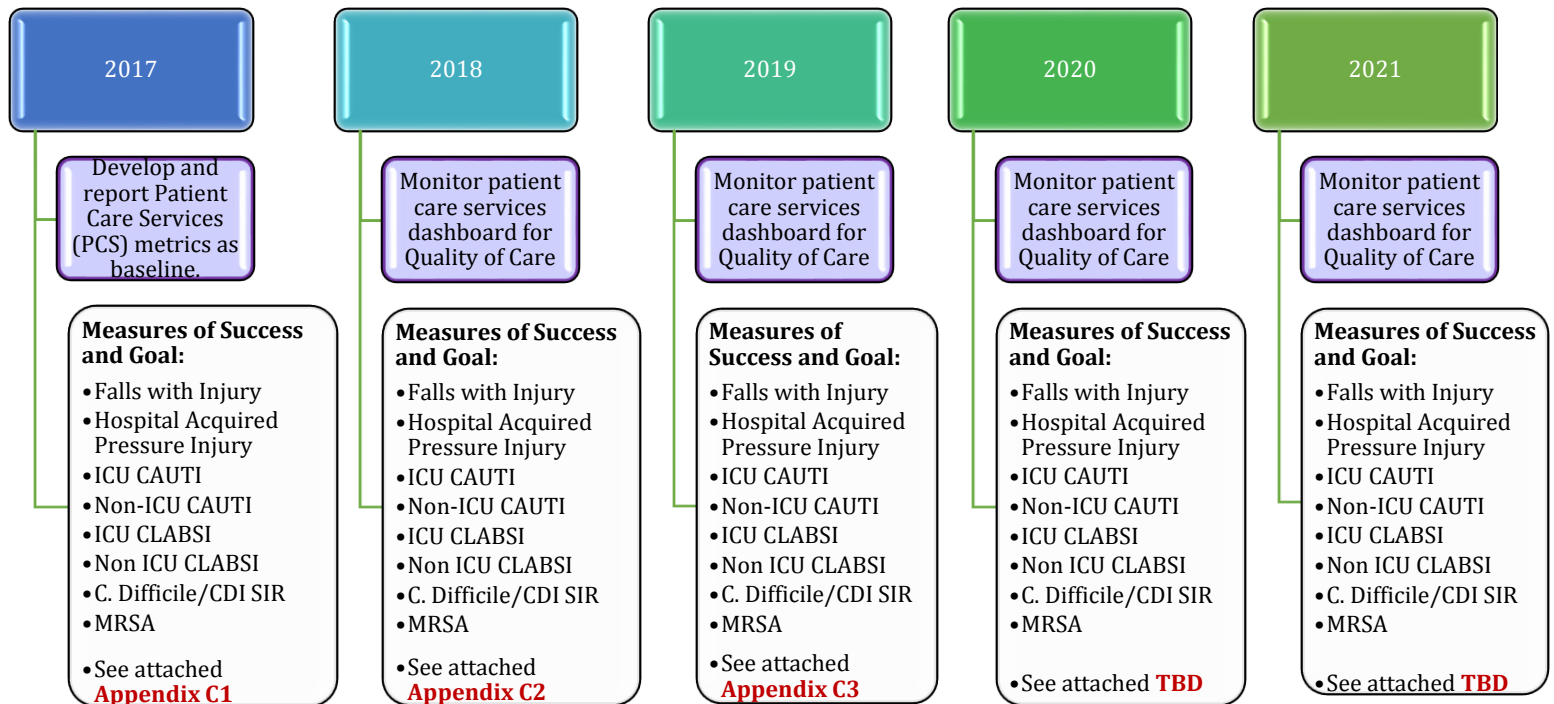
## Finance



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

# Quality

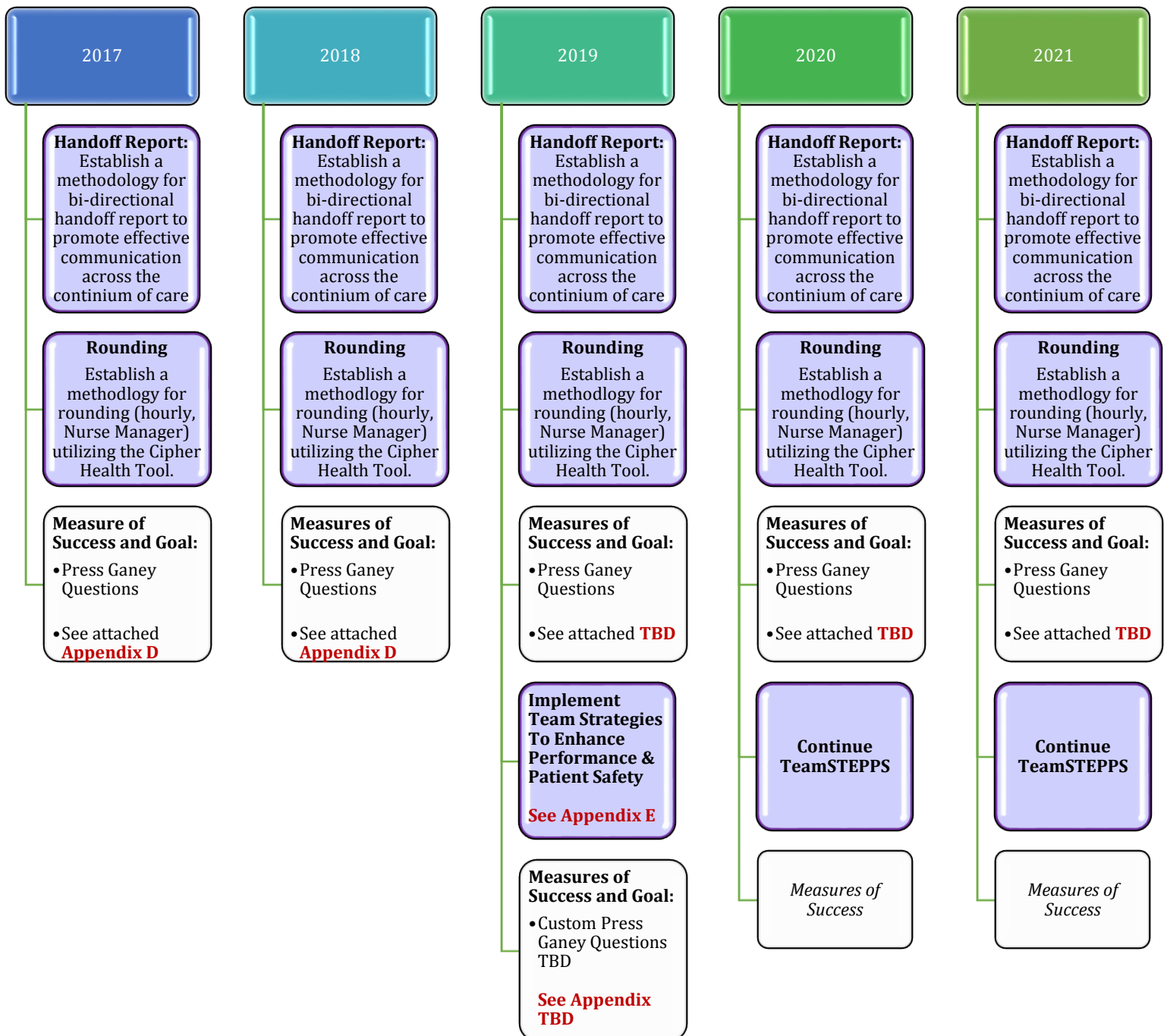
**GOAL:** Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.





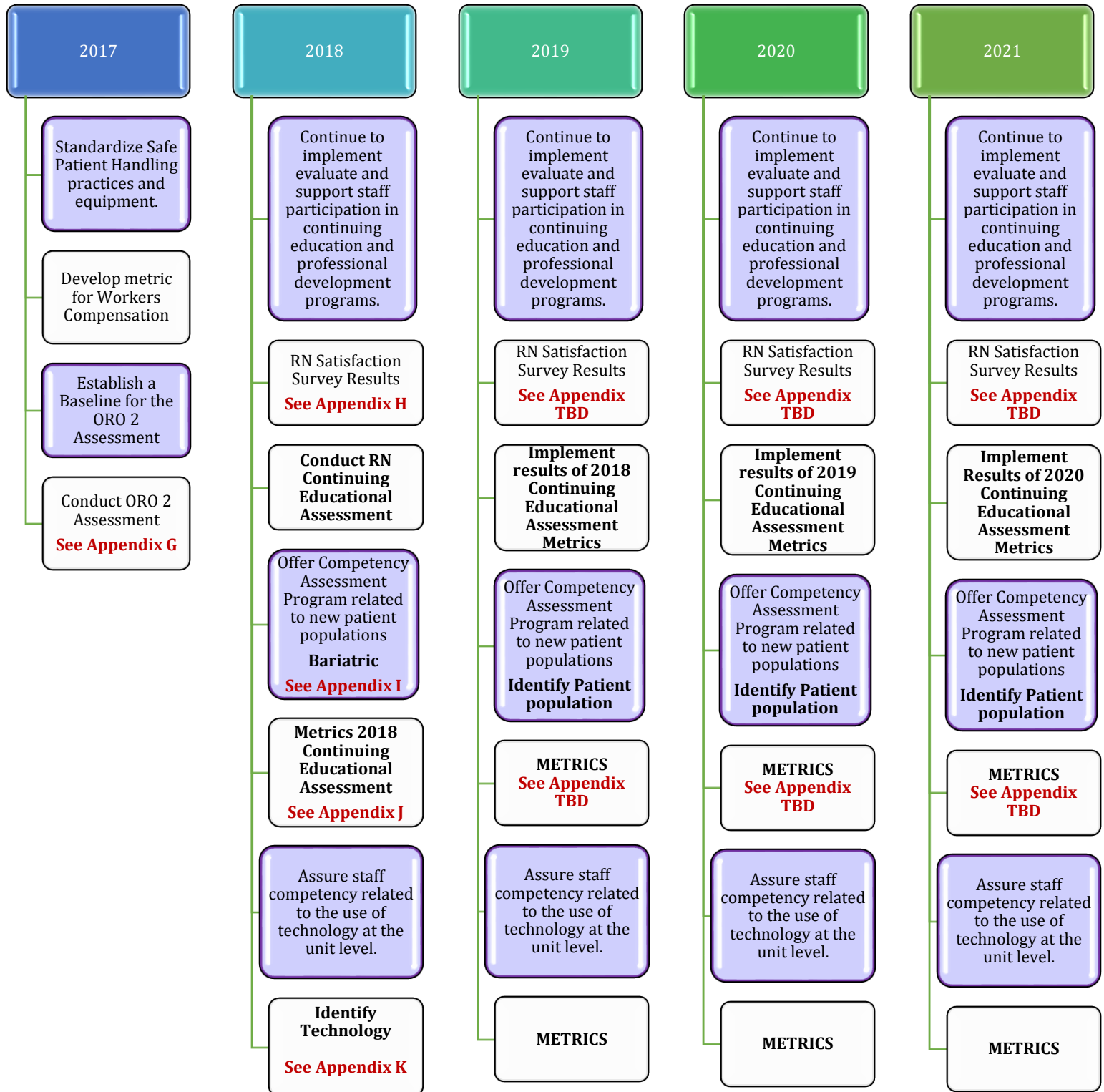
# Quality

**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.



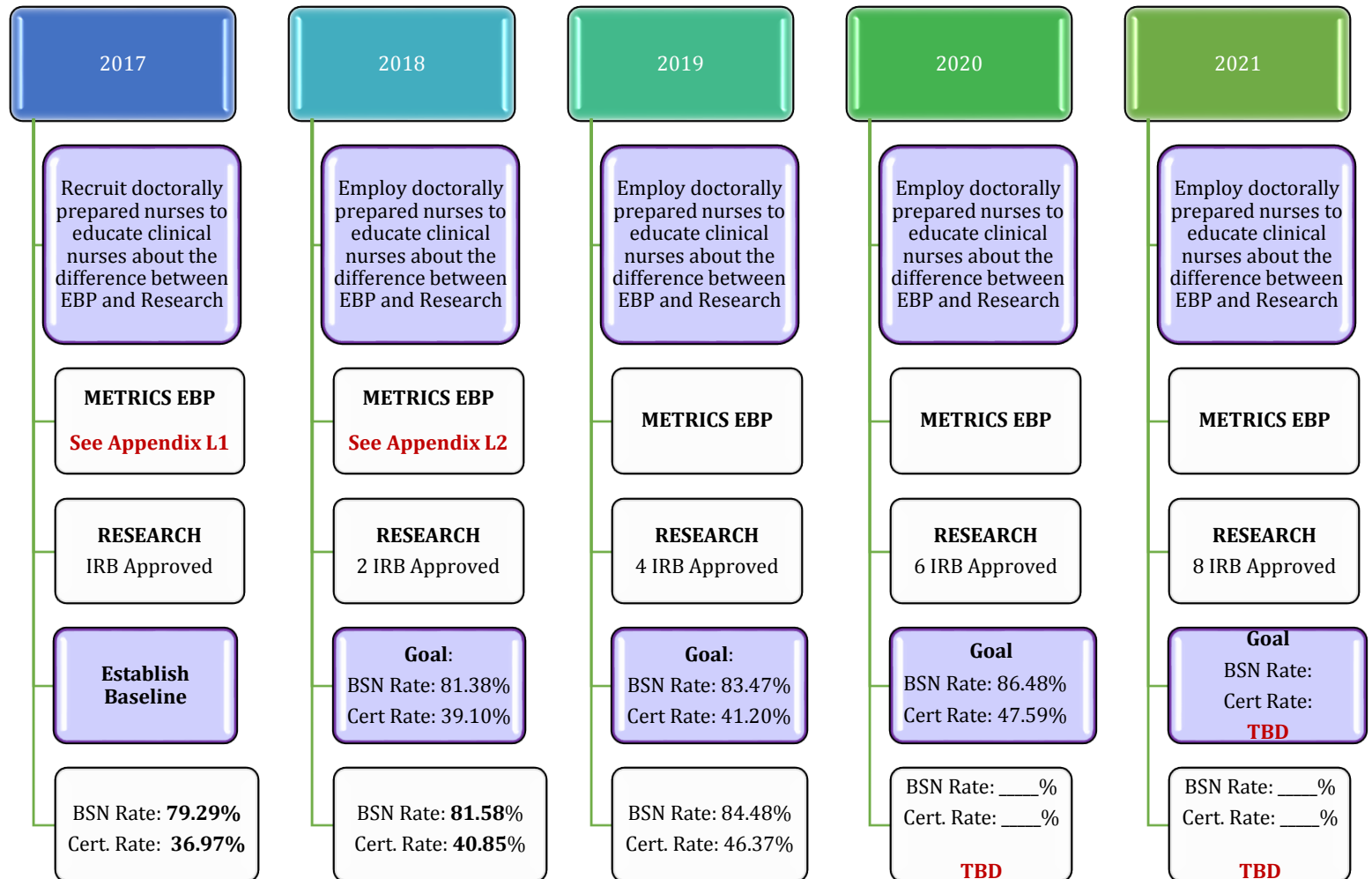
# People

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



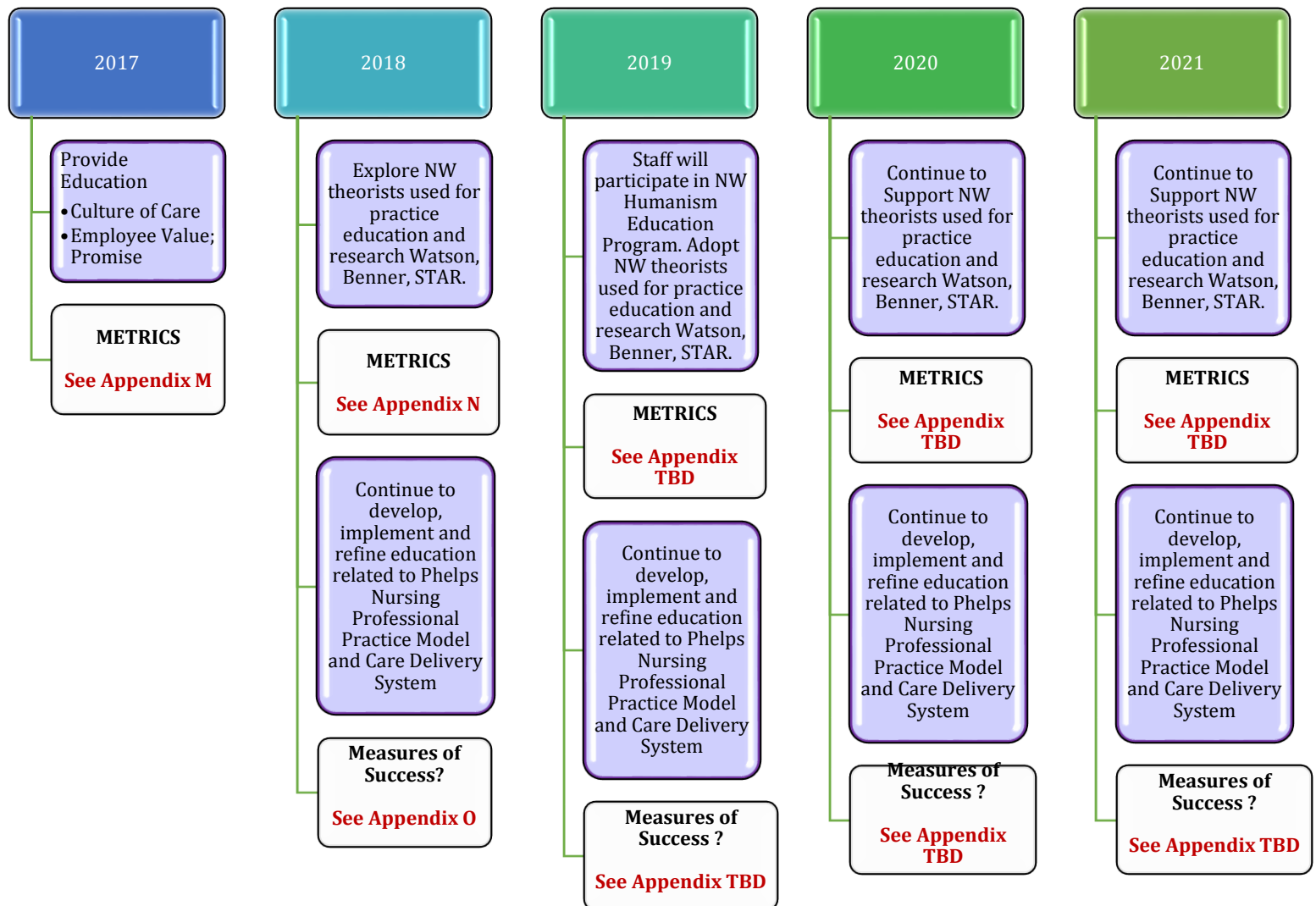
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**GOAL:** Create an empowering environment for RNs to function add the highest level to their licensure.



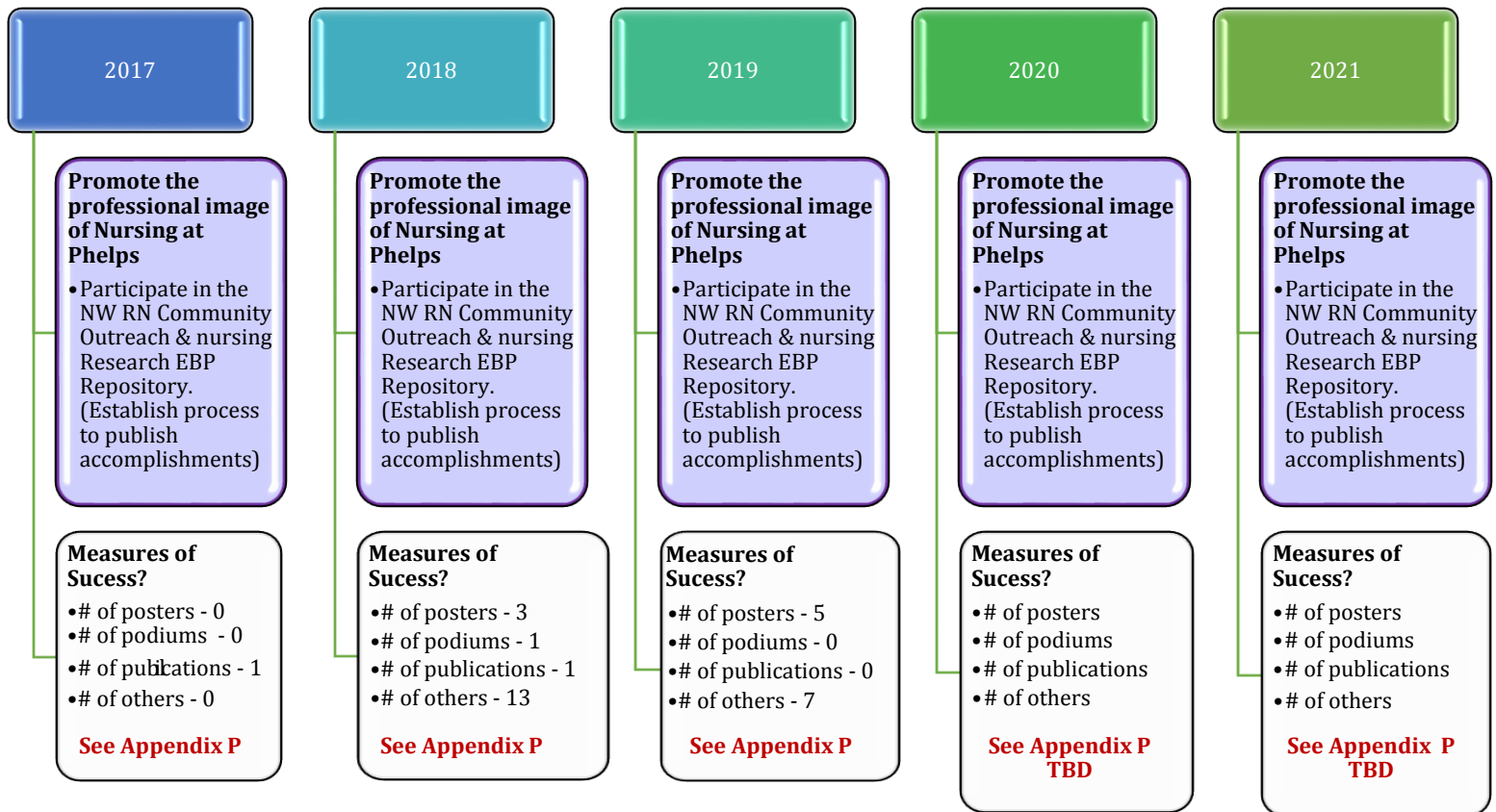
# Service

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



# Service

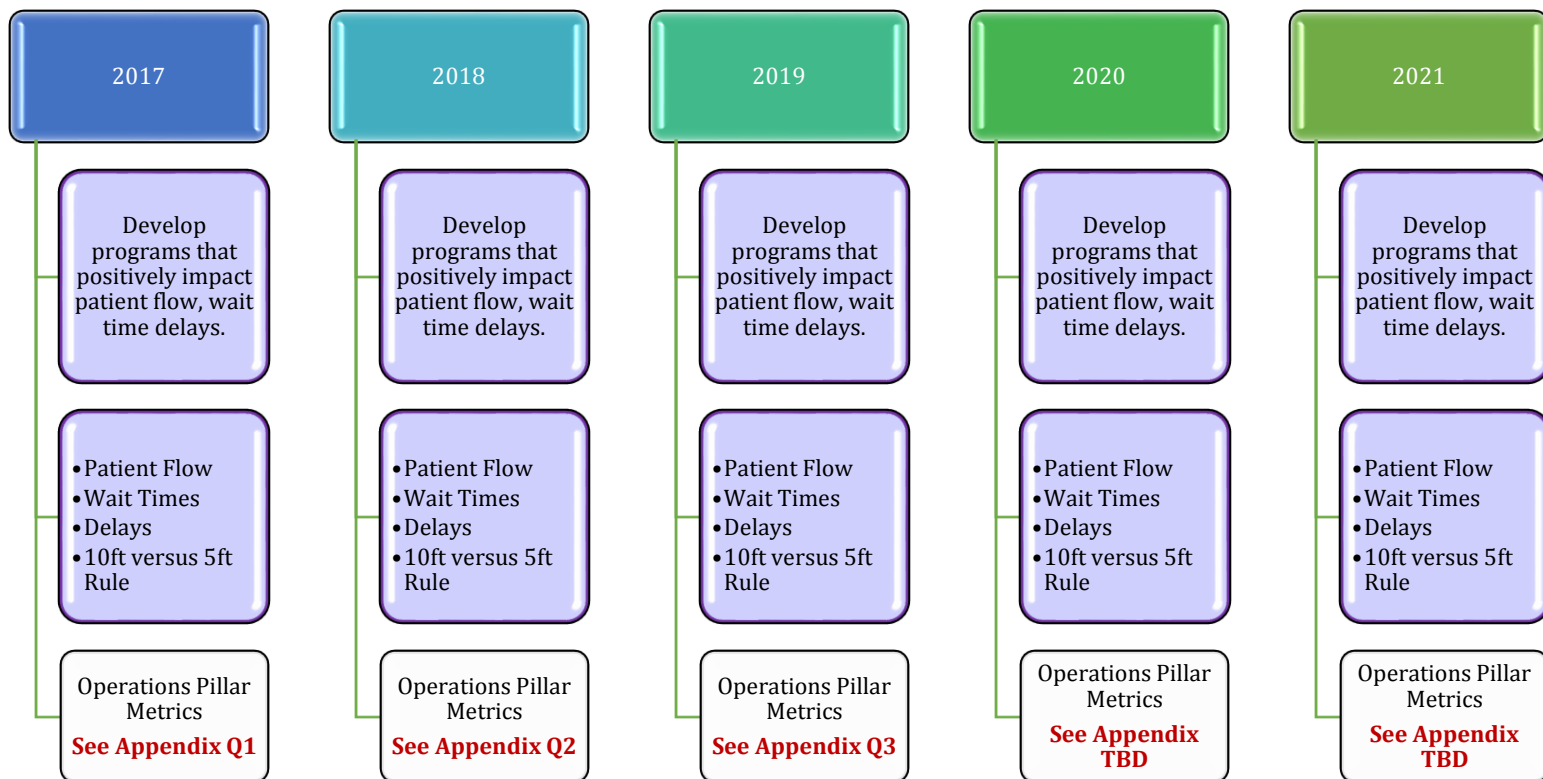
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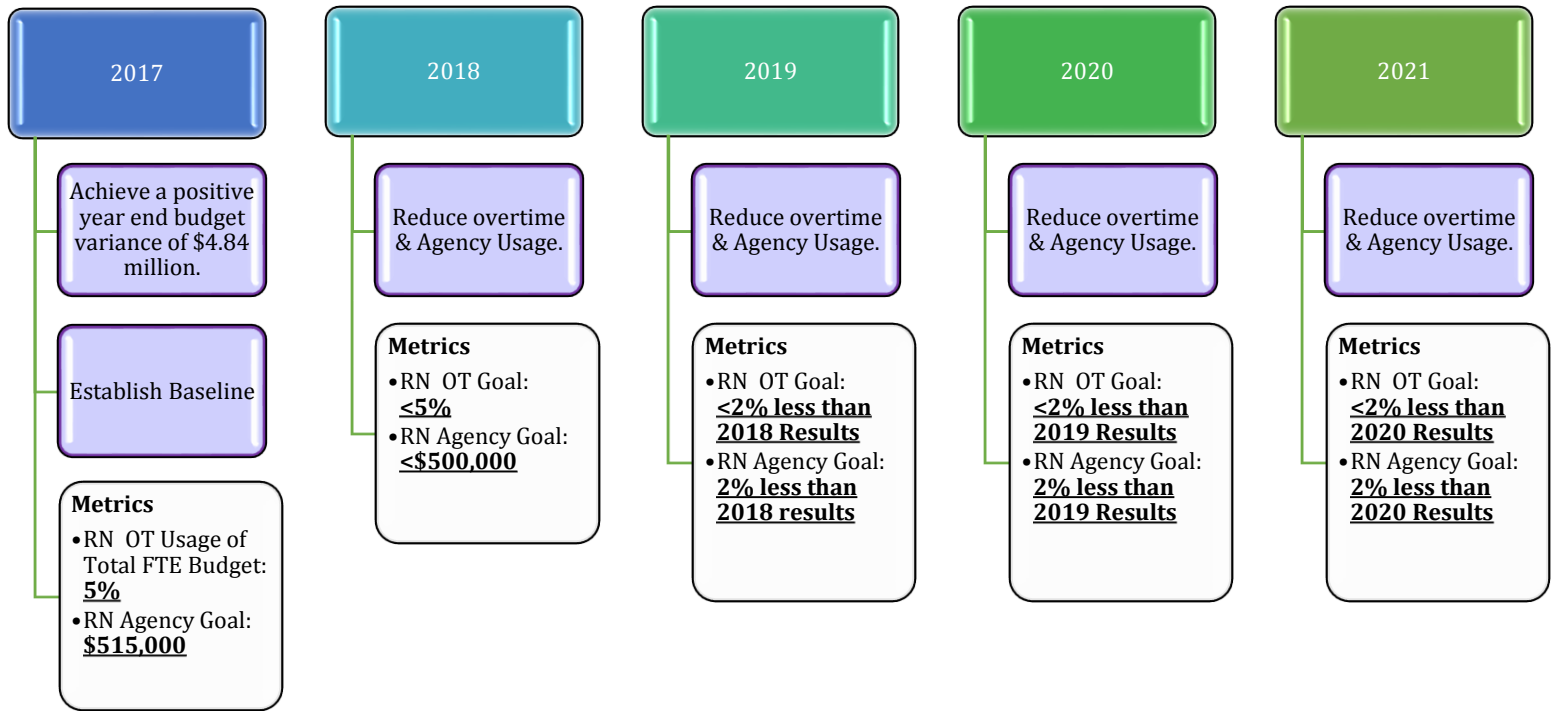
# Efficiency

**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](mailto:jdillworth@northwell.edu)
- ❖ Kathy Calabro, Magnet Data Analyst, at x3508 or [kcalabro@northwell.edu](mailto: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!



## TL3 - ADVOCATING FOR RESOURCES

### EXAMPLE 1: ASSISTANT VICE PRESIDENT ADVOCATES FOR RESOURCES TO SUPPORT ORGANIZATIONAL GOAL

*Provide one example, with supporting evidence, of an assistant vice president (AVP) or nurse director's advocacy for resources to support an organizational goal.*

#### Background

**Overview:** Historically, the role of bed assignment at Phelps Hospital (Phelps) was the responsibility of the Admitting department. However, the Admitting department staff members lacked knowledge of the receiving unit's procedures and environmental factors that could affect the patient's admission. Because of this, members of the Admitting department often assigned patients to the first available room without considering the appropriateness of the assignment based on the patient's individual needs. When Admitting made an inappropriate bed assignment, the receiving unit had to hastily change the assignment, and sometimes change the assigned level of care. This created significant delays for patients waiting in the Emergency Department (ED) for an inpatient bed, often up to 12 hours. In addition, the multiple handoffs that sometimes occurred during a single admission because of incorrect bed assignments were creating a potential safety concern.

**AVP:** Helen Renck, MSN, RN, CJCP, CPPS, assistant vice president, Clinical Operations, and patient safety officer (at the time), provided strategic leadership of the clinical operations for Laboratory Medicine, Radiology and Pharmacy. In addition, she oversaw the organization's administrative supervisors and was responsible for determining the strategic direction of the Phelps' Patient Safety program.

**Organizational Goal:** In 2016, the leaders of Phelps set an organizational goal of improving patient throughput and optimizing patient flow. Two important components of this were: 1) shortening the wait time in the ED for patients requiring admission to an inpatient bed; and 2) matching the inpatient bed assignment more closely to the patient's needs. Helen's advocacy for resources to improve patient throughput aligned with the Service pillar in the Strategic Plan, because patients with a more efficient wait time/patient assignment were

much more likely to recommend Phelps to others. [TL3-A Phelps Strategic Plan 2016](#)

## **How the AVP Advocated for Resources**

**Determining Appropriate Resources:** In April 2016, Helen began chairing the Bed Board Management (BBM) committee, an interprofessional subcommittee of the Patient Flow Executive Committee dedicated to researching and implementing a Meditech Bed Board Management System (BBMS) to automate Phelps' admission process. The committee hoped the BBMS would reduce delays in moving patients from the ED to inpatient beds, and facilitate more individualized bed assignments that better matched each patient's diagnosis, acuity and psychosocial needs. To prepare, Helen met informally with clinical nurses from Phelps' inpatient units to better understand the perspective of both the direct care staff and their patients to effectively lead the process change.

Throughout April 2016, Helen led the BBM committee in investigating the bed board management processes at other Northwell hospitals and identifying the necessary resources for implementing a BBMS. Helen collaborated with departmental leaders from Information Systems and Environmental Facilities to estimate hardware costs, research vendors for all associated equipment and determine appropriate locations to place the BBMS monitors throughout the hospital. [TL3-B Renck-Prisco Emails April 2016](#)

**Obtaining Initial Approval:** At the April 25, 2016, Patient Flow Executive Committee meeting, the BBM subcommittee presented their findings and their assessment of how implementing the Meditech BBMS could improve their current patient flow and reduce delays. In addition, they discussed the costs associated with implementing the new system, including the potential need for an additional RN full time equivalent (FTE) to manage the new system. The committee approved the BBM subcommittee's recommendations and authorized them to move forward with the initiative. [TL3-C Patient Flow Meeting Minutes 042516](#)

**Developing the Initiative:** From April to August 2016, Helen led her team in developing the initiative. They created an algorithm illustrating the new patient flow, beginning with arrival to the ED, that implemented electronic bed assignments by the BBMS and shifted the responsibility of bed assignments from the Admitting staff to the administrative supervisors. The goal with the new patient flow model was to move the patient from the ED to an inpatient bed within 30 minutes of the time the patient's physician placed the admitting orders. In September 2016, Helen coordinated the selection of the hardware and locations for installation with the systems coordinator and communications manager from IT. Helen then sent an organization-wide email introducing the BBMS to the nursing staff.

**Advocating for New Position:** In September 2016, Helen requested that Phelps create the new nursing position of administrative supervisor to manage the BBMS and use clinical judgment in assigning the appropriate bed to each patient. This position, which would report directly to Helen, combined an administrative supervisor's duties with the added responsibilities of patient flow and bed assignment. From September 2016 to January 2017,



Helen continued to advocate for the new nursing position, collaborating with Human Resources to develop the job description and better define the position's scope. In January 2017, the new position was approved and posted. Helen reported to the Patient Flow Executive Committee that Nursing was working on budgeting for a second position which would provide two 12-hour shifts for continuity. By March 2017, the second position had been approved, for a total of 2.0 additional RN FTEs. That month, Helen conducted interviews for the new positions, subsequently hiring Bernadette Hogan, MPA, BSN, RN, CNML, administrative supervisor, Nursing Administration and Rency Mathew, MSN, RN, CNML, administrative supervisor, Nursing Administration as the new patient flow coordinators. [TL3-D BBM Meeting Minutes Sept. 2016-March 2017](#)

### **Allocation of Resources**

By April 2017, the new Meditech BBMS was fully implemented. Bernadette and Rency officially began working as administrative supervisors at Phelps in May 2018. Rency postponed her hire date due to personal reasons and Bernadette, formerly the nurse manager, 5 South, deferred her start date until a suitable candidate was found to fill the nurse manager position. [TL3-E Hire of administrative supervisors and time cards](#)

### **Results**

As a result of Helen's advocacy for resources to support the new BBMS, patients waiting in the Phelps' ED now receive faster, more efficient and more appropriate inpatient bed assignments.

## **EXAMPLE 2: NURSE MANAGER ON 3 NORTH (FKA 2 NORTH) ADVOCATES FOR RESOURCES TO SUPPORT UNIT GOAL**

*Provide one example, with supporting evidence, of a nurse manager(s)' advocacy for resources to support a unit goal.*

### **Background**

On December 4, 2018 the doors opened to a beautiful state of the art, all private room, medical-surgical unit, 3 North. Ellen Parise, MSN, RN, CNML, Nurse Manager 3 North (FKA 2 North) and Vascular Access Team, and her nurses were involved in the design and development of the brand new unit – a huge undertaking which resulted in a smooth transition from 2 North to 3 North.

**Phelps Hospital 3 North Unit Goals:** At Phelps Hospital (Phelps), unit-level dashboards are posted on each unit. [TL3-F 3 North until level dashboard 2019](#). These unit-level dashboards contain current quarterly measurements for nurse-sensitive clinical indicators, process

metrics and patient satisfaction data. Where possible, quarterly results are compared to nationally benchmarked data. On 3 North, the dashboard is reviewed regularly at the unit-based shared governance council and the Quality and Safety Shared Governance Council. When the national benchmark or unit goal is outperformed, the unit staff celebrate the accomplishment (identified in green); when the benchmark or goal is not reached, an action plan for improvement is developed (identified in red). The staff of 3 North (formerly 2 North) were particularly alarmed with the patient fall rate.

**Nurse Manager Advocate:** Ellen Parise, MSN, RN, CNML, Nurse Manager, 3 North (FKA 2 North) and Vascular Access Team

**3 North Unit Level Goal:** Reduction of patient fall rate on 3 North

**3 North Unit Level Goal Measurement:** Outperform the NDNQI benchmark patient fall rate.

Patient fall rate formula = number of falls / patient days x 1000. NDNQI Benchmark = All hospitals mean.

**Clinical Nurse identifies a problem:** Katherine Urgiles, BSN, RN-BC, clinical nurse, 3 North (FKA 2 North) is a member of the CNO Advisory Shared Governance Council. At the CNO Advisory Council, clinical professional nurses are empowered to represent their peers by sharing pertinent topics specific to their unit and unit operations with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, patient care services and CNO. On February 20, 2019, Katherine shared her concern of the increased number of falls on 3 North. Katherine identified the saddle, a doorway transition between the patient room and the patient bathroom, as a contributing factor to the patient falls. As a follow-up to the discussion that evolved, Katherine said she would escalate this concern to her nurse manager, Ellen [TL3- G CNO Advisory Meeting Minutes and email-February 2019](#). After careful review and analysis of each of the falls on 3 North, Katherine found that at least one patient fall on 3 North was related to the bathroom saddle. On March 14, 2019, Katherine emailed her concern about the bathroom saddle and its relationship to patient falls on 3 North (page 9).

**Nurse Manager Advocates for Resource:** Ellen contacted George Gattullo, Director of Facilities Management and Plant Maintenance-Leadership to advocate for a new resource – replacement of the saddles on 3 North. Ellen sent a follow-up email to George on April 16, 2019 [TL3-H Follow-up email 041619](#).

**“Lessons Learned” with New Unit:** On June 18, 2019, Ellen compiled a list of “Lessons learned” with punch list items regarding 3 North for Paula Keenan, MPH, RN, nursing director, medical surgical services to bring to a post- construction meeting. Ellen knew that by escalating her concern regarding patient safety, Paula would support and reinforce Ellen’s request for replacement saddles on 3 North. Ellen highlighted the safety issues with the saddle in her email to Paula. [TL3-I Ellen email to director 061819](#)

**Nurse Manager Advocated for Resource to Achieve Unit Level Goal:** The saddles on 3 North were replaced at the end of June, 2019. The replacement of the saddles demonstrated the nurse managers' advocacy for resources to support a unit level goal – reduction of the inpatient fall rate. The 3 North patient fall rate began to trend down after the 2<sup>nd</sup> Quarter 2019. After the replacement of the saddle, there were no falls after the installation of the bathroom saddle. 3 North was a safer environment for our patients and staff. We had zero falls related to new replacement saddle. By 4<sup>th</sup> quarter 2019, 3 North met its unit goal – the patient fall rate outperformed the NDNQI national benchmark. [TL3-J Invoice for new resource.](#)

6 Pages



## TL6 - MENTORING

### EXAMPLE 1: MENTORING PLAN FOR A CLINICAL NURSE

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

#### **Background**

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

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

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

#### **Mentoring Activities Provided for a Clinical Nurse**

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

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

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

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

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

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

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

## **EXAMPLE 2: MENTORING PLAN FOR A NURSE MANAGER**

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

### **Background**

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

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

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



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

### **Mentoring Activities Provided for Nurse Manager**

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

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

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

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

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

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

### **EXAMPLE 3: MENTORING PLAN FOR NURSE DIRECTOR**

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

#### **Background**

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

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

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

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

### **Mentoring Activities Provided for a Nurse Director**

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

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

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

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

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

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

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



## SE1EO - INTERPROFESSIONAL DECISION-MAKING GROUP

### EXAMPLE 1: PATH TO ZERO HARM: CLINICAL NURSES REDUCE FALLS IN THE EMERGENCY DEPARTMENT (ED)

*Provide two examples, with supporting evidence, of an improved patient outcome associated with the participation of clinical nurse(s) serving as a member(s) of an organization-level interprofessional decision-making group. One example must be from an ambulatory care setting; if applicable:*

#### **Problem**

**Background:** In April 2018, the Emergency Department (ED) shared governance unit council looked into improving safety within the department. Reduction in fall risk was identified as a key nursing initiative. Ritzel Boer, BSN, RN-BC, clinical nurse, ED reviewed the fall data and discussed the results during the ED unit council meeting. Ritzel noted that in 2017, the ED reported 12 falls, two of these were with injury.

Janet Monetta, RN, CEN, CPEN, CCRN, clinical nurse, ED and member of the Fall Prevention Committee, brought the concerns of increased ED falls to the May 2018 Fall Prevention Committee meeting. Candace Huggins, MSN, RN, NEA-BC, CEN, assistant director of nursing, ED, presented Janet's findings to the ED management at the operations meeting in June, 2018. Dr. Barry Geller, Medical Director ED, Patrick Smith, ED Administrative Director, and Suzanne Mateo, MA, RN, NEA-BC, Director of ED, Critical Care & Inpatient Behavioral Health were present. Janet ensured that all levels of the ED were aware of the ED Falls and the need to implement creative solutions for fall prevention.

**Interprofessional, Organization-Level Decision-Making Group:** The Fall Prevention Committee is an organization-level interprofessional decision-making group that meets monthly. Members include representation from: multiple nursing units, risk management, nursing leadership, physical therapy and nursing education. The committee reviews fall occurrences to determine cause, appropriateness and efficacy of preventive interventions. They also work on promotion of preventative efforts. They approve new initiatives for fall prevention and are involved in education of care providers. Collaborative discussions



resulted in viable recommendations for fall prevention in the ED.

**Challenge:** In the second quarter of 2018, the ED fall rate was 0.50.

### **Goal Statement**

**Goal:** Decrease patient fall rate in the ED.

**Measure of Effectiveness:** ED fall rate (total # of patient falls / total ED visits x 1000)

### **Participation**

**SE1EO - Table 1 - ED Unit Council**

Name	Credentials	Discipline	Department / Unit	Job title
Janet Monetta	RN, CEN, CPEN, CCRN	Nursing	Emergency Department	Clinical Nurse
Ritzel Boer	BSN, RN-BC	Nursing	Emergency Department	Clinical Nurse
Sherin Ninan	MSN, RN	Nursing	Emergency Department	Clinical Nurse
Vincent Conklin		Nursing	Emergency Department	ED Tech
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Alayna Davis	BSN, RN, PCCN	Nursing	Emergency Department	Nurse Educator (at the time)
Patrick Smith		Emergency Medicine service line	Emergency Department	Administrator
Barry Geller	MD	Emergency Medicine	Emergency Department	Director of Emergency Medicine

**SE1EO - Table 2 - Fall Prevention Committee**

Name	Credentials	Discipline	Department / Unit	Job title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Julie Yeager	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Carrie Klemens	BSN, RN-BC	Nursing	2 Center	Clinical Nurse
Matthew Landfield		Rehabilitation Services	Physical Therapy	Manager

Janet Monetta	RN, CEN, CPEN, CCRN	Nursing	Emergency Department	Clinical Nurse
Chrissy Jewell	AAS, RN	Nursing	ICU	Clinical Nurse
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Sheetal Shanoy		Rehabilitation Services	Occupational Therapy	Senior Occupational Therapist
Anisha Jose	MSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Jenna Harris	BSN, RN-BC, SANE	Nursing	1 South	Clinical Nurse
Anne Moss	BSN, RN	Nursing	ICU	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Sixta James	BSN, RN	Nursing	2 South	Clinical Nurse

## **Intervention**

**Clinical nurse serving as a member(s) of an organization-level interprofessional decision-making group initiates change:** In July 2018, based on the Fall Prevention Committee suggestion, Janet reached out to Suzanne to ask the Northwell service line for help regarding utilizing Northwell's fall assessment tool.

**Identifying an Alternative Approach:** In August 2018, Janet continued to spread awareness of fall occurrences and prevention with ED staff. Janet discussed the status of patient falls in the department and proposed solutions. Janet also shared the request of Ritzel and Sherin Ninan, MSN, RN, clinical nurses, ED to trial a fall sensor (chair alarm) used on inpatient units. The chair alarm was tested in the ED but not adopted due to technological limitations.

**Integrating New System into Practice:** Janet worked closely with the unit based ED council, the Fall Prevention Committee and decided upon a three – pronged approach to fall reduction:

- Identify 'at risk' patients and place them in rooms closest to the nursing station
- Implement a post-fall huddle
- Increase falls awareness among ED staff

In September 2018, the Northwell ED service line responded to Suzanne's request, and shared their fall assessment tool. The tool was initially reviewed within the department by Janet, Candace and Alayna Davis, BSN, RN, PCCN, nurse educator (at the time), and with Sandra Rocha from IT. Janet shared the tool at the Fall Prevention Committee meeting September meeting. The tool involves a structured assessment with specified interventions, including identification of 'at risk' patients. Once 'at risk' patients were identified, they were moved closer to the nursing station to provide greater patient visibility.

At the suggestion of the Fall Prevention Committee, Janet brought the concept of a post-fall huddle to the ED management team. During the huddle, staff members would review the

events that led to the patient fall in real-time. Steps were then implemented to mitigate falls for the remainder of that shift and beyond. The post-fall huddle was implemented September 2018.

In October 2018, Janet also helped initiate another suggestion from the Fall Prevention Committee. An initiative existed to recognize clinical units for maintaining fall free days. Janet obtained a New York State Partnership for Patients poster, which was used to publicly display the ED's commitment to fall prevention. The poster contains seven steps staff should take to prevent patient falls (assess fall risk on admission, reassess fall risk if change in medical condition or status, incorporate risk-based prevention protocols into purposeful rounds, engage patients and families in prevention, use medical products and other safety tools as appropriate, review and manage patient's current medications, and create a safe hospital environment).

The poster is updated daily to display the number of days since the last fall. Janet chose a prominent space to display the poster. She also shared with the ED staff that there was hospital-wide recognition for departments that had 100 "fall free" days. The result was an increased awareness of fall prevention among the staff.

**Educating Nurses on New System:** By the end of November 2018, the ED put into practice three key initiatives aimed at fall reduction. The identification of 'at risk' patients were explained to staff and reiterated during staff meetings, briefings, and huddles. Implementation of a post-fall huddle was reinforced among ED nursing leadership and staff. It has become a standard of practice for the department. Fall prevention was made a standing agenda item of the ED unit based council and of ED staff meetings during the initiative rollout. As an agenda item, staff were kept aware of the fall prevention initiative and its progress. The Fall Prevention poster served to reinforce staff awareness and to encourage staff to remain vigilant regarding fall risks.

## **Outcome**

**Pre-Intervention Timeframe:** 2Q18

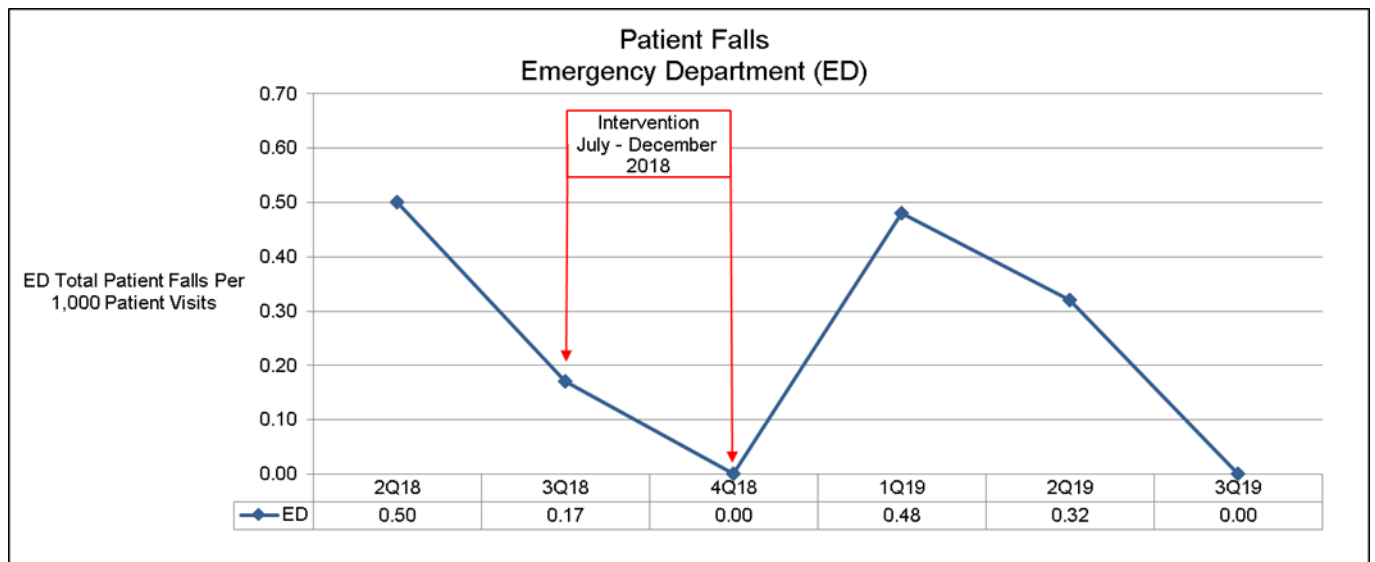
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the ED fall rate was 0.50.

**Intervention Timeframe:** 3Q18 - 4Q18

**Post-Intervention Timeframe:** 1Q19 - 3Q19

**Post-Intervention Data:** During the post-intervention period, the ED fall rate averaged 0.27. This represents a 46% reduction.

## **SE1EO - Graph 1 - ED Fall Rate**



## EXAMPLE 2: REDUCING HOSPITAL-ACQUIRED PRESSURE INJURIES

*Provide two examples, with supporting evidence, of an improved patient outcome associated with the participation of clinical nurse(s) serving as a member(s) of an organization-level interprofessional decision-making group. One example must be from an ambulatory care setting, if applicable.*

### **Problem**

**Background:** During the fall of 2016, the Intensive Care Unit (ICU) at Phelps Hospital (Phelps) trialed the Sundance Solutions Tortoise<sup>®</sup> a repositioning product. During the trial, ICU clinical nurses recognized an increase in the incidence of surface related hospital-acquired pressure injuries (HAPIs). The existing ICU beds were already pressure redistribution beds. Clinical nurses realized that they needed to find an additional intervention to reduce surface related HAPIs in ICU patients.

**Interprofessional, Organizational-Level Decision-Making Group:** The Value Analysis Committee (VAC) at Phelps Hospital is an organization-level interprofessional decision-making group. All of the hospital's clinical purchases must be reviewed, trialed and approved by the VAC. The VAC committee was chaired by Glen Delau, director, Materials Management (at the time), with help from Giovanna Conti, manager, Materials Management. The VAC is composed of members representing the following departments: Nursing, Materials Management, Respiratory Therapy, Pharmacy, Infection Prevention, Wound Care, Environmental Services, Surgical Services and Organizational Development. At the November 2016 VAC meeting, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, reported negative feedback from the ICU clinical nurses regarding use of the Sundance Solutions Tortoise and increase in HAPIs in the ICU.

**Challenge:** In the fourth quarter of 2016, the ICU surface related HAPI was 0.33%.

## **Goal Statement**

**Goal:** Reduce the ICU surface related HAPI rate.

**Measure of Effectiveness:** ICU surface related HAPI rate  
(total # surface related HAPI ÷ total # ICU patient days x 100)

## **Participation**

**SE1EO - Table 3 - Value Analysis Committee and Vendor Representative**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Kathleen Kenna	BSN, RN	Nursing	ICU	Clinical Nurse
Aimee Smith	BSN, RN, CCRN	Nursing	ICU	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Glen Delau		Procurement	Materials Management	Director, Committee Chair
Giovanna Conti		Procurement	Materials Management	Manager
Robert Marro		Vendor	SAGE Products	Sale Representative
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organization Development	Education Specialist
Anita Watson	MSN, RN	Nursing	Infection Prevention	Director (at the time)
Melissa Benedetto	BSN, RN, CIC	Nursing	Infection Prevention	Infection Prevention Nurse
Marilyn Maniscalco	BSN, RN, CNML	Nursing	Orthopedics and Acute Rehab	Nurse Manager
Carolyn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Arlene Kritzer	BSN, RN, PCCN	Nursing Nursing	5 South	RN Coordinator (at the time)
John Ruhl	RRT	Respiratory	Respiratory Care	Manager
Brian McGrinder	RPh	Pharmacy	Pharmacy and Clinical Services	Director



Mario Pensabene		Environmental Services	Environmental & Laundry services	Director
Lorraine (Lorrie) Presby	RN, CNOR	Nursing	Surgical Services	Clinical Educator

## **Intervention**

**Forming a Task Force:** Kathleen Kenna, BSN, RN, clinical nurse, ICU, Aimee Smith, BSN, RN, CCRN, clinical nurse, ICU, and Debi were concerned that ICU patients were experiencing an increase in the number of surface related pressure injuries. In January 2017, they formed a task force made up of VAC members. The task force also included Adele Whyte, BSN, RN, CCRN, WOCN, clinical nurse, ICU, Carol Daley, MSN, RN, CNML, nurse manager, ICU, Paula Keenan, MSN, MPH, RN, director, Medical Surgical Nursing, Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care & Inpatient Behavioral Health; and Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations and patient safety officer

**Identifying an Alternate Approach:** In January 2017, members of the task force discussed their concern with Robert Marro, the SAGE sales representative. Phelps uses many products from the SAGE vendor. The task force members asked Robert to demonstrate the Prevalon AirTAP® Patient Repositioning System (AirTAP®) for surface related HAPI prevention, as an alternative to the Sundance Tortoise that was being used in the ICU. Robert demonstrated the AirTAP® systems in the ICU in January 2017.

**Gaining Approval for Product Trial:** On January 17, 2017, Debi attended the VAC meeting and requested that the AirTAP® be trialed in the ICU. Approval for the trial was granted, and four AirTAP® systems were procured immediately for the trial. Glen and Giovanna were very helpful with all aspects of the product trial in the ICU.

**Trialing New System to Reduce Surface Related HAPI:** In February 2017, Giovanna worked closely with the vendor (SAGE) and with Kathleen (Kathy) Pappas, MS, BSN, RN, NPd-BC, education specialist, Organizational Development, to initiate the trial and coordinate the evaluation of the AirTAP®. The ICU clinical nurses trialed the AirTAP® from February 2017 to April 2017. Debi, Kathleen and Aimee sought ongoing feedback from the ICU clinical nurses, who found the AirTAP® to be superior to the previously trialed Sundance Solutions Tortoise.

**Adding New System to Reduce Surface Related HAPI:** During the April 2017 VAC meeting, the committee members reviewed the results of the trial and selected the AirTAP® as the preferred device for repositioning and HAPI prevention. As members of the VAC committee, the ICU clinical nurses were very instrumental in this decision. Immediately following the meeting, a purchase order for 12 AirTAPs® (one for each patient in the ICU) was generated. Glen and Giovanna acted as liaisons between the Northwell procurement team, the SAGE vendor, the ICU clinical nurses and the inpatient nursing units.

**Integrating New System into Practice:** In May 2017, Debi and Giovanna facilitated logistics for the AirTAP® systems, including storage of pumps and products. In addition, Anita Watson, MSN, RN, director Infection Prevention (at the time) and Melissa Benedetto, BSN, RN, CIC, infection prevention nurse, Infection Prevention, developed the cleaning policy for the AirTAP®. Debi also facilitated the development of new ICU nursing practices for use of the systems. Debi emphasized use of the Braden Scale to assess pressure injury risk, and identify patients who met criteria for the AirTAP® systems. Besides the Braden Scale, patient acuity, weight, mobility and the need for medical devices are taken into consideration during this assessment for the AirTAP® system.

**Educating Nurses on New System:** In May 2017, Kathy established the educational programs for ICU clinical nurses and related staff. Robert Marro, AirTAP® company representative, provided unit-based education with presentations and return demonstrations. The education focused on proper patient selection by assessment using the Braden Scale, and information about the AirTAP® system, including the use of positioning wedges, and repositioning features that support safe patient handling.

**Implementing New System to Reduce Surface Related HAPI:** By June 2017, the twelve AirTAP® units were available for use in the ICU.

### **Outcome**

**Pre-Intervention Timeframe:** 4Q16

**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the ICU surface related HAPI rate equaled 0.33%.

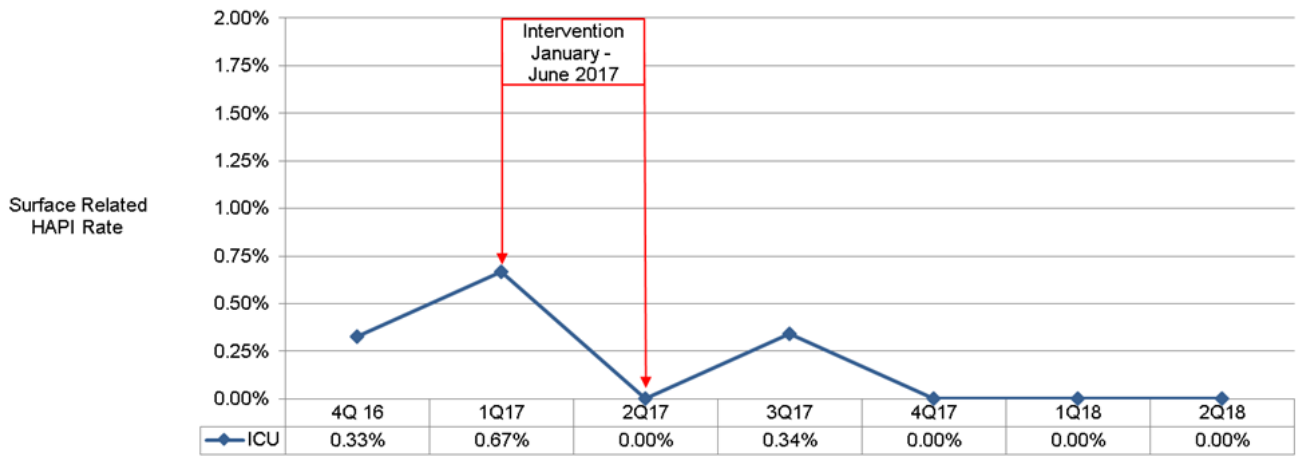
**Intervention Timeframe:** 1Q17 – 2Q17

**Post-Intervention Timeframe:** 3Q17-2Q18

**Post-Intervention Data:** During the post-intervention period, the ICU surface related HAPI rate averaged 0.09. This represents a 73% decrease.

### **SE1EO – Graph 2 – ICU Surface Related HAPI Rate**

ICU Surface Related HAPI Rate





## SE10 - COMMUNITY INVOLVEMENT

### EXAMPLE 1: PHELPS SUPPORTS NURSES' VOLUNTEER EFFORTS

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

#### **Background**

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

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

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

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

## **Participation**

**SE10 - Table 1 - RN Volunteers: Community Garden**

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

## **Support for Nurse Involvement in Community Outreach**

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

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

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

## **Results**

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



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

## **EXAMPLE 2: PHELPS SUPPORTS CLINICAL NURSES' VOLUNTEER EFFORTS**

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

### **Background**

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

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

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

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

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

### **Organizational Support for Clinical Nurse Participation**

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

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

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

### **Results**

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



## EP1EO - RESULTS OF PRACTICE MODEL

### EXAMPLE 1: IMPROVING INPATIENT EXPERIENCE

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

#### **Problem**

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

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

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

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

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

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

### EP1EO - Exhibit 1 - Phelps Professional Practice Model



*“Our river of care is a bridge to wellness”*

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

**Goal Statement**

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

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

**Participation**

**EP1EO - Table 1 - TeamSTEPPS™ Implementation Team**

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

**Interventions**

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

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

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

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

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

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



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

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

## **Outcome**

**Pre-Intervention Timeframe:** December 2018

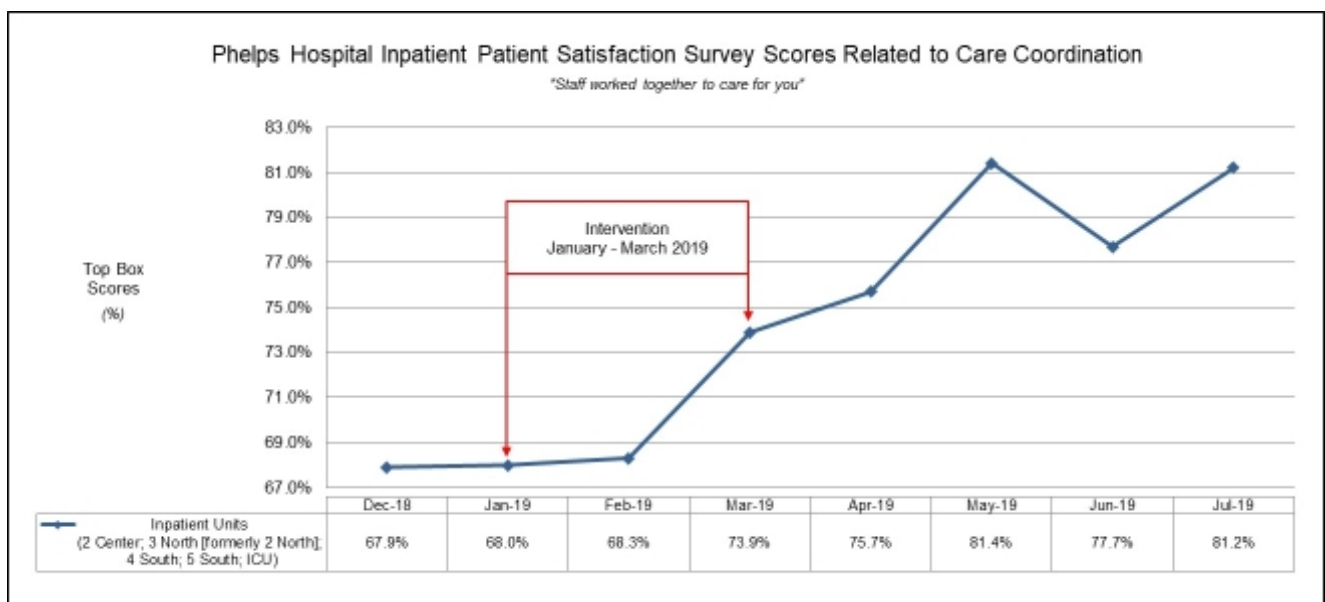
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, “Staff worked together to care for you,” averaged 67.9%.

**Intervention Timeframe:** January – March 2019

**Post-Intervention Timeframe:** April – July 2019

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

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



## **EXAMPLE 2: IMPROVING EMERGENCY DEPARTMENT PATIENT SATISFACTION WITH MEDICATION EDUCATION**

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

## **Problem**

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

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

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

## **EP1EO - Exhibit 2 - Phelps Professional Practice Model**



*"Our river of care is a bridge to wellness"*

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

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

### **Goal Statement**

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

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

### **Participation**

**EP1EO - Table 2 - ED Clinical Nurse Participants**

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

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

## **Interventions**

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

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

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** September 2018

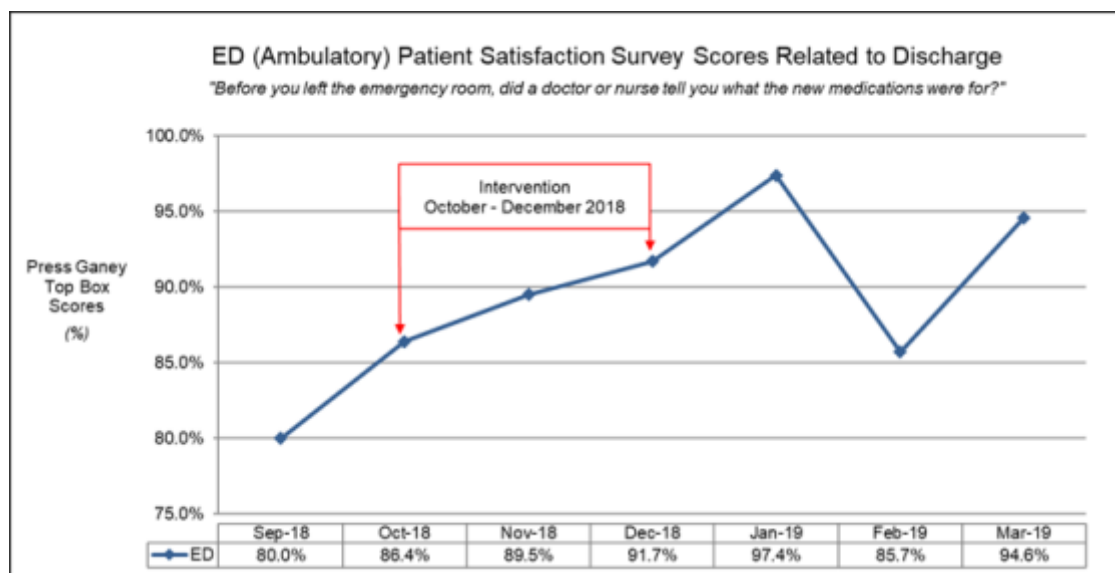
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 80.0%.

**Intervention Timeframe:** October – December 2018

**Post-Intervention Timeframe:** January – March 2019

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

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







## 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**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Department/Unit</b>	<b>Job Title</b>
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<sup>®</sup> 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 40<sup>th</sup> 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.



## EP6EO - INTERPROFESSIONAL PLAN OF CARE

### INTENSIVE CARE UNIT INTERPROFESSIONAL TEAM APPROACH REDUCES VENTILATOR ASSOCIATED EVENTS

*Provide one example, with supporting evidence, of an improvement in a defined patient population outcome associated with nurse participation in an interprofessional collaborative plan of care.*

#### **Problem**

**Overview:** Critically ill patients who are intubated and require mechanical ventilation are at high risk for ventilator-associated events (VAE) and increased mortality. In the ICU, the Centers for Disease Control (CDC) provides best practice standards for the management of patients on ventilators.

**Background:** In early 2019, the Phelps Hospital (Phelps) ICU interprofessional team was perplexed when five VAEs were identified. In January 2019, the Center for Disease Control (CDC) released a VAE (Ventilator Associated Event) Surveillance Algorithm. This algorithm had a direct focus on supporting a baseline period of stability or improvement on the ventilator to prevent mortality and optimize healing. An interprofessional team approach was used to achieve the adoption of this best practice.

**Defined Patient Population:** Intubated ICU patients.

**Challenge:** In March 2019, the VAE rate for intubated ICU patients was 16.39 per 1000 ventilator days.

#### **Goal Statement**

**Goal:** Reduce VAE rate for intubated ICU patients

**Measure of Effectiveness:** Reduce VAE rate for intubated ICU patients

(total # VAEs for Intubated ICU patients ÷ total # ICU ventilator days for the same timeframe)



x 1,000)

## **Participation**

**EP6EO - Table 1 - Specialty Care Interprofessional Team**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Carol Daley	MSN, RN, CNML	Nursing	ICU	Nurse Manager
Suzanne Mateo	MA, RN, NEA-BC	Nursing	ED, Critical Care & Inpatient Behavioral Health	Nursing Director
Susan Difabio	BS, RRT, CPFT	Respiratory	Respiratory Therapy	Manager
Adele Whyte	MSN, RN, CCRN, CWOCN	Nursing	ICU	Clinical Nurse
John Depetrillo	MD, FACP	Medicine	Critical Care	Intensivist
Emmanuel Rodriguez	BS, RRT	Respiratory	Respiratory Therapy	Respiratory Therapist
Alexandra (Alex) Xelas	MSN, RN, CIC	Nursing	Infection Prevention	Director
Rachel Valdez-Vargas	BSN, RN	Nursing	Infection Control	Clinical Nurse
Dr. Barry Geller	MD	Medicine	ED	Medical Director
Alayna Davis	BSN, RN, PCCN	Nursing	ED	Nurse Manager
Candice Huggins	MSN, RN, NEA-BC, CEN	Nursing	ED	Assistant Director
Anne Castioni			Emergency Medicine Education, Advanced Life Support	Coordinator

## **Interventions**

**Collaboration by the Specialty Care Interprofessional team:** In April 2019, Alexandra (Alex) Xelas, MSN, RN, director, Infection Prevention, reported the details of five ICU VAEs that occurred in early 2019 to the Specialty Care Interprofessional team. The specialty care interprofessional team consisted of nurses, nurse leaders, physicians, respiratory therapists, members of the Emergency Department and Anne Castioni, coordinator, Emergency Med Education, Advanced Life Support, participated in the meeting. This team meets monthly to discuss critical care, safety and quality issues in the ICU.

**Evaluating Current Practices:** In April 2019, Alex and the clinical nurses and other Specialty Care members conducted a Root Cause Analysis (RCA) on each ventilator associated event. The team identified that the oxygen and positive end-expiratory pressures (PEEP) requirements for certain patients can be higher than the daily minimum directed in the CDC algorithm for VAE. In patients on mechanical ventilation, PEEP is one of the key parameters that can be adjusted depending on a patient's oxygenation needs. Data suggests that higher standard PEEP levels at time of initiation of mechanical ventilation may help to reduce VAEs, without increasing harm

**Strategies for the Adoption of the AE Surveillance Algorithm:** In April 2019, Adele Whyte, MSN, RN, CCRN, CWOCN, clinical nurse, ICU, Carol Daley, MSN, RN, CNML, nurse manager, ICU and the interprofessional team members discussed the VAE Surveillance Algorithm endorsed by the CDC. A gap analysis was conducted comparing the current practice to the CDC VAE surveillance algorithm. The analysis identified that ICU nurses and associates weren't making the necessary ventilator changes for patients in oxygen and PEEP requirements, based on daily minimum values. As a result of the analysis, the interprofessional team met on a regular basis from April through June 2019. During these monthly meetings, the team determined alternative approaches and developed a collaborative plan of care for the ventilated ICU patients.

**New Collaborative Plan of Care for the Ventilated Patient in ICU:** In July 2019, a new collaborative plan of care for the ventilated ICU patients was established by the team and included the following:

- ICU Daily Rounds: During daily rounding in the ICU, the physician, nurse and respiratory therapist discuss each patient's status and refer to the ABCDEF (Awakening, Breathing, Coordination, Delirium assessment, Early mobility and Family) bundle which includes spontaneous awakening trials (SATs), spontaneous breathing trials (SBT), sedation vacation and mobility.
- Incorporate CDC VAE algorithm: Plans for ventilator changes include the CDC VAE algorithm components. Based on the patient's condition, the daily minimum FIO<sub>2</sub> and PEEP levels are determined. According to the CDC VAE algorithm, any changes to FIO<sub>2</sub> and PEEP must be incremental.
- Visual reference tool: The respiratory therapists laminated the new CDC VAE algorithm and attached it to all ventilators for quick and easy reference by providers and clinicians.

**Education on the New Collaborative Plan of Care for the Ventilated Patient in ICU:**

In August 2019, there was an increase in the VAE rate. Adele Whyte, MSN, RN, CCRN, clinical nurse, ICU educated nurses and other members of the interprofessional team with reinforcement of the application of the CDC VAE algorithm for all ventilated ICU patients. Adele met with critical care nurses and respiratory therapists at their respective staff meetings. The new collaborative plan of care for ventilated ICU patients was also reinforced at daily interdisciplinary patient rounds.

**Outcome**

**Pre-Intervention Timeframe:** March 2019

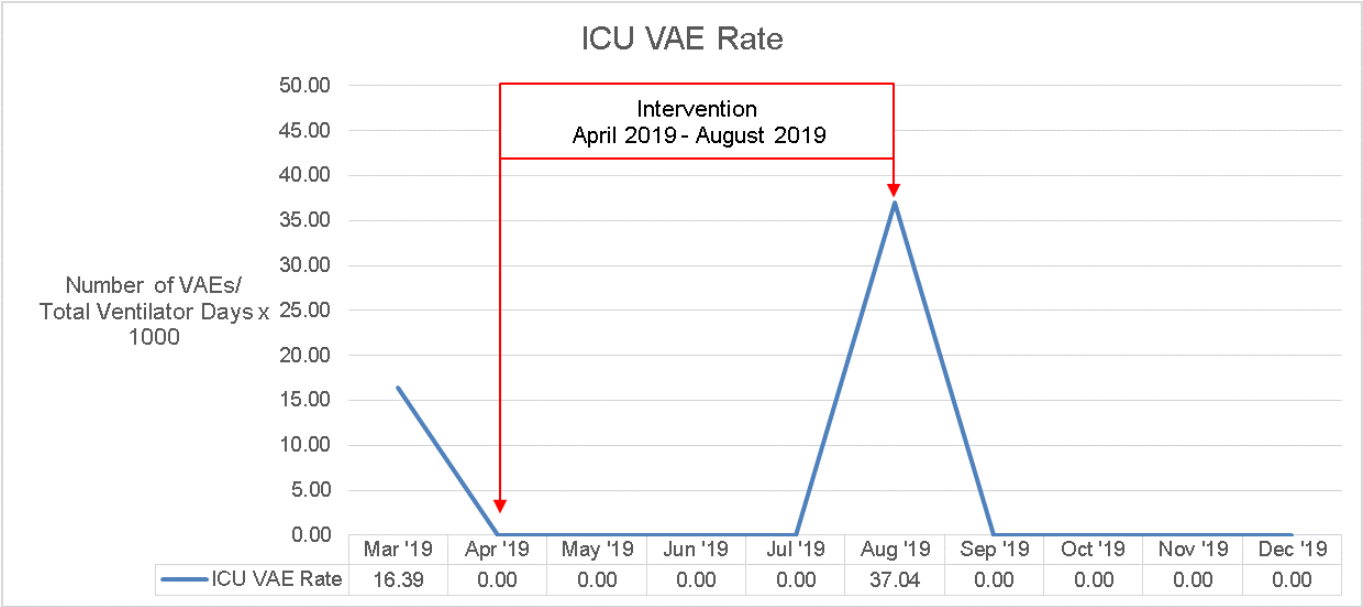
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the VAE Rate for intubated ICU patients was 16.39 per 1000 ventilator days.

**Intervention Timeframe:** April 2019 – August 2019

**Post-Intervention Timeframe:** September 2019 – December 2019

**Post-Intervention Data:** During the post-intervention timeframe, the VAE Rate for intubated ICU patients was 0.00. This represented a 100% reduction

**EP6EO - Graph 1 - ICU VAE RATE**





## EP9 - EVALUATING UNIT RESOURCES

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

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

#### **Background**

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

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

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

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

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

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

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

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

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

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

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

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

## **EXAMPLE 2: NURSES COLLABORATES WITH DIRECTOR TO MEET OPERATIONAL NEED**

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

### **Background**

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



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

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

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

**Data:** ED BCFV levels from April to June 2019

### **Nurses and Director Collaborate to Meet Operational Need**

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

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

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

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

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

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

5 Pages



## EP10EO - NURSE RETENTION

### EXAMPLE 1: REDUCING PHELPS HOSPITAL'S NURSE TURNOVER RATE

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

#### **Problem**

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

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

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

### **Goal Statement**

**Goal:** Reduce the Phelps' RN turnover rate.

**Measure of Effectiveness:** Phelps' RN turnover rate

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

### **Participation**

**EP10EO - Table 1 - Recruitment Retention and Recognition Council Members**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
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

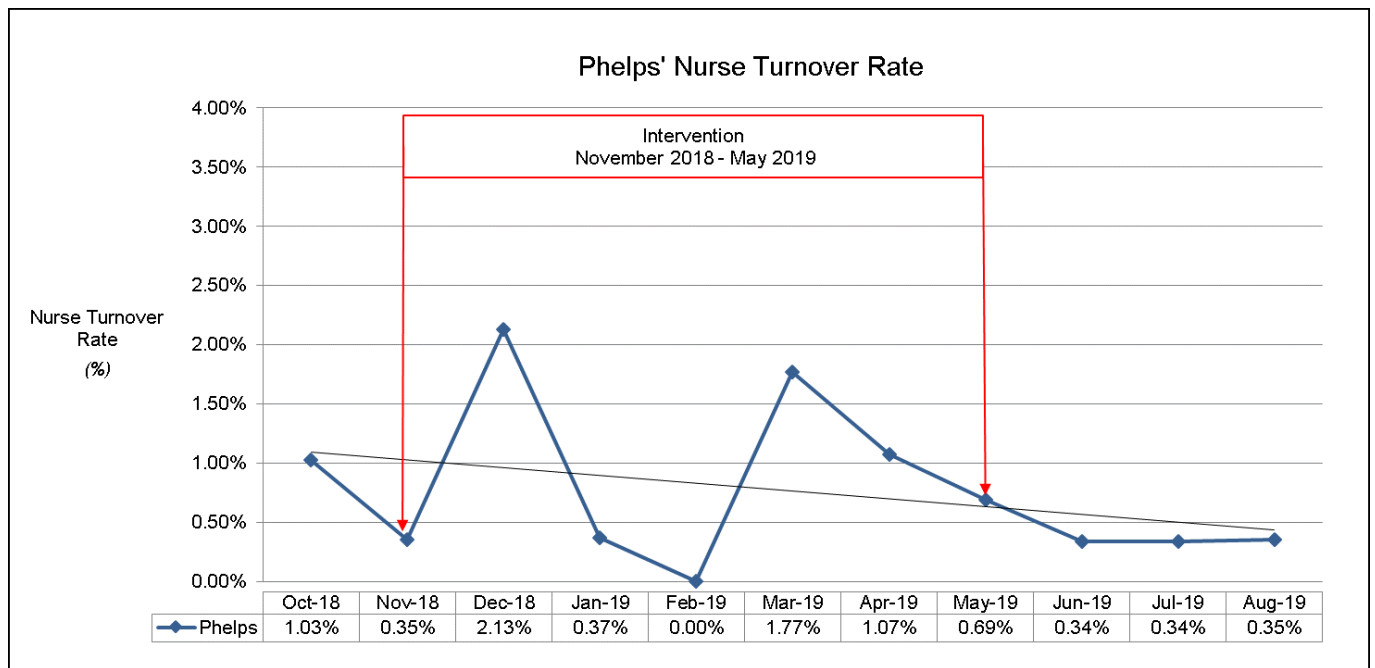
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the Phelps' RN turnover rate was 1.03%.

**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**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
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

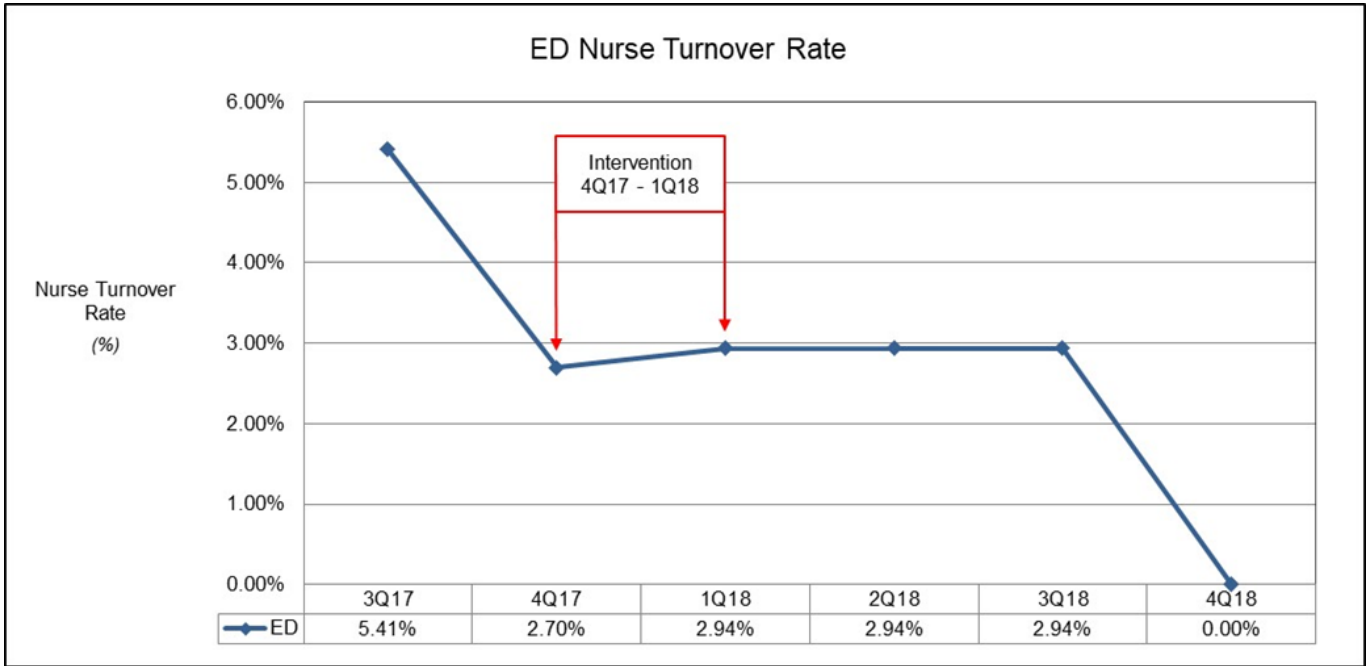
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the ED RN turnover rate was 5.41%.

**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**







## EP14 - SECURITY

### CLINICAL NURSES HELP INTERPROFESSIONAL TEAM RESOLVE SECURITY ISSUE

*Provide one example, with supporting evidence, of a security issue resolved with a clinical nurse's or clinical nurses' contributions to an interprofessional group.*

#### **Background**

**Overview:** "Providing quality, comprehensive care in a safe environment" is a component of the Phelps Hospital (Phelps) mission statement. Disruptive patient behavior is defined as "behaviors that interfere with the healthcare professional's ability to provide safe and effective care" according to the Phelps' policy. It is of paramount importance that the safety of all hospital staff is protected by instituting clear, effective disruptive patient behavior policies and procedures.

**Security Issue:** On July 19, 2018, the nurses on Phelps Hospital's (Phelps) medical-surgical units (2N and 2C) cared for a patient whose behavior (and family's behavior) created a prolonged and complex security issue for all levels of direct patient care providers, particularly clinical nurses. The patient left against medical advice and returned to the ED the same day, resulting in two separate, but continuous admissions. The patient's and family's behavior throughout the two consecutive admissions included:

- Cursing and using abusive language
- Exiting the hospital to smoke in violation of hospital policy
- Demanding inappropriate and unethical administration of opioid medications
- Threatening to call law enforcement to "report" Phelps staff
- Threatening to physically harm nursing staff [EP14-A Security Incident 071918](#)

**Clinical Nurses:** Maryanne Portoro, BSN, RN, clinical nurse, Emergency Department (ED), Catherine Couture, BSN, RN, clinical nurse, Behavioral Health, Crystal Moschiano, BSN, RN-BC, clinical nurse, 1 South, and Dorit Lubeck-Walsh, MSN, RNC, ANP-BC, nurse practitioner, Physician Practice (As a nurse practitioner, Dorit functions as a clinical nurse who spends the

majority of her time working directly with patients).

**Interprofessional Group:** The July 2018 incident served as a catalyst for Phelps' senior leadership team to address the security and safety concerns of the staff. Various security measures and information technology solutions were immediately implemented, with an initial focus on the emergency and psychiatric areas. It soon became apparent that an organization-wide initiative was needed. Subsequently, in February 2019, the Workplace Violence Task Force was officially formed. The task force consisted of clinical nurses from several different departments and nurse leaders of various levels, as well as staff from Security and Administration. Clinical nurses were instrumental in contributing to the interprofessional group and ensuring the group's achievements addressed the particular needs of direct-care nursing staff.

## **Participation**

**EP14 - Table 1 - Workplace Violence Task Force**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Unit/Dept.</b>	<b>Job Title</b>
Maryanne Portoro	BSN, RN	Nursing	ED	Clinical Nurse
Catherine Couture	BSN, RN	Nursing	4 North	Clinical Nurse
Crystal Moschiano	BSN, RN-BC	Nursing	1 South	Clinical Nurse
Dorit Lubeck-Walsh	MSN, RNC, ANP-BC	Nursing	Physician Practice	Nurse Practitioner
Doreen Wall	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Eileen Egan, Chair	JD, BSN, RN	Risk Management	Administration	Vice President
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Yvetale Lauture Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Ellen Parise	MSN, RN, CNML	Nursing	3 North/Venous Access Team	Nurse Manager
Gail Wilson	MHA, BSN, RN	Nursing	5 South	Nurse Manager
Candace Huggins	MSN, RN, NEA-BC, CEN	Nursing	Emergency Department	Assistant Director
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
George Coyle	-	Security	Security Desk	Supervisor
Mary Kovoor	-	Administration	Quality Assurance	Coordinator
Joseph Anzovino	-	Security	Security Operations	Manager

## **Clinical Nurse Contributions to Interprofessional Group**

**Assessing Current Situation:** On February 19, 2019, the Workplace Violence Task Force convened for the first time. During this first meeting, the team members reviewed the reasons for meeting, the expectations of the group and the incident that had inspired the group's formation. Participants identified potential reasons for the July 2018 security incident, as well as the various ways in which Security's presence on the units could be enhanced.

[EP14-B Task Force Meeting Minutes 021919](#)

**Identifying Solutions:** On March 5, 2019, the Workplace Violence Task Force met to identify potential ways to improve Phelps' response to disruptive patient behavior. At this meeting, the team members reviewed Northwell Health's (Phelps' parent organization) policy regarding patient behavior and compared it with Phelps' policy, finding that some aspects of the two policies did not align, such as the assignment of emergency codes and the corresponding protocols used for various security events. Subsequently, the team agreed to work with the department of Organizational Development, to ensure that Phelps' policy and codes corresponded with Northwell's. The task force also agreed to develop education modules to provide staff with additional tools and resources, which included the identification of and response to disruptive patient behavior with a process algorithm to follow. [EP14-C Task Force Meeting Minutes 030519](#)

**Developing a New Process:** From March to May 2019, Maryanne, Dorit, Catherine and Crystal worked with the other members of the Workplace Violence Task Force to design a program that would guide nurses in the effective management of disruptive patients and/or visitors on their units. As part of this effort, they adopted the Northwell Health policy regarding behavior by a patient/visitor not conducive in healthcare. They created a HealthStream™ Learning education module on managing and responding to violent or aggressive patients and visitors and developed an algorithm to guide staff in responding to violent and/or threatening patients. The algorithm includes escalation to Security staff, Nursing leaders and members of Administration, who will support clinical nurses at the point of disruption as needed. [EP14-D Disruptive Patient Algorithm 051719](#)

**Education on the New Process:** In May and June 2019, all Phelps Hospital staff, including all clinical nurses, received HealthStream™ Learning Center assignments regarding the revised emergency codes and new resources on how to resolve patient and visitor security issues.

**Implementing the New Process:** On May 23, 2018, the new process for responding to disruptive patient behavior went live hospital-wide. On June 3, 2019, a patient was aggressive to the staff on 1 South, an inpatient psychiatric unit. The clinical nurses used the disruptive behavior by patient/visitor algorithm and called a "code gray" (referred to as a "code green" prior to the process change) to notify the appropriate personnel and nurse manager. This security issue was then resolved. [EP14-E Security Incident resolved using Algorithm 060319](#)



## EP15EO - WORKPLACE SAFETY

### REDUCING WORKPLACE VIOLENCE TOWARD NURSES

*Provide one example, with supporting evidence, of an improved workplace safety outcome for nurses, specific to violence (physical, psychological violence, threats of incivility) toward nurses in the workplace. Provide a copy of the organization's safety strategy.*

#### **Problem**

**Overview:** Phelps Hospital (Phelps) utilizes the Northwell Health System's Krasnoff reporting system to enter and report on workplace violence (WPV), using the National Institute for Occupational Safety and Health (NIOSH) definition of workplace violence as "*violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty*". Northwell Health expanded the NIOSH definition of workplace violence to include any physical, patient aggression, psychological or verbal incidents occurring in the workplace by employees, patients, patients' family members, vendors or any other third party. This includes employee-to-employee workplace violence, patient-to-employee workplace violence, and visitor-to-employee workplace violence, but excludes violence that employees are not involved in, such as patient-to-patient violence or visitor-to-visitor violence. WPV is also based on intent. For example, if a patient recovering from anesthesia accidentally strikes a nurse, the incident would not be considered WPV but reported using a normal incident reporting protocol.

**Background:** In July 2018, Phelps had six WPV events reported, the highest number reported since 2016. In August 2018, the Phelps' Nursing Leadership Council (NLC), consisting of Nurse Directors, Nurse Managers, Assistant Nurse Managers, Clinical Educators and Clinical Nurse Specialists, discussed recent concerns raised by an Emergency Department (ED) nurse as reported by her director. Phelps' nurse leaders recognized the need to support nurses in their response to an increasing number of patients who were combative, disruptive, and actually or potentially violent/threatening. The members of the NLC council believed the existing process for managing this type of patient needed to be amended to provide nurses with tools and resources to safely care for patients who exhibit threatening behavior. Eileen Egan, JD, BSN, RN, vice president, Administration was a member of the Safety Committee and was present at the NLC meeting, where these concerns were discussed. Eileen communicated the nurses' concerns at the following Safety Committee meeting. Since the Safety Committee monitors all reported workplace violence issues and safety concerns of staff, the team recognized the additional concerns of Nursing.

**Organizational Safety Strategy:** Consistent with its mission, Phelps is "committed to

promoting a safe and secure environment for all patients, visitors and staff” according to Phelps’ Security Management Plan, which is aligned with the Northwell Health’s Workplace Violence Prevention (WPV) Program. The Northwell Health Safety Management Plan demonstrates the organization’s concern for employees’ emotional and psychological safety and health as well as a commitment to the maintenance of a safe and healthy, violence-free work environment. This program is available to all employees in the System’s Workforce Safety Manual. [EP15EO-A Workplace Violence Prevention Safety Implementation Guide p.3 and 7 and Phelps Safety Management Plan.](#)

**Challenge:** In July 2018, 1.60% of Phelps nurses experienced a WPV event.

### **Goal Statement**

**Goal:** Reduce % Phelps nurses experiencing a WPV event

**Measure of Effectiveness:** % Phelps nurses experiencing a WPV event

[total # WPV events against Phelps nurses ÷ total # Phelps employed nurses (excluding per-diem) x 100]

### **Participation**

**EP15EO - Table 1 - Safety Committee**

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	VP, Clinical Operations & Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	Senior Vice President, Patient Care Services & CNO
Daniel Blum	BS	Support Services	Administration	President & CEO
Glenn Taylor		Support Services	Administration	VP, Support Services
Jeffrey Meade		Support Services	Facility Services	Sr. Administrative Director
Manny Caixeiro		Support Services	Security	Director
Joseph Anzovino		Support Services	Security	Operations Manager
George Coyle		Support Services	Security	Desk Associate
Mindy Brugger		Support Services	Emergency Life Support	Projects Coordinator

**EP15EO - Table 2 - Workplace Violence Nursing Task Force**

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President

Name	Credentials	Discipline	Dept/Unit	Job Title
Nancy Fox	MS, RN, NEA-BC, NPD- BC, CNML	Education	Organizational Development	Director
Maryanne Portoro	RN	Nursing	ED	Clinical Nurse
Crystal Moschiano	BSN, RN, SANE	Nursing	1 South	Clinical Nurse
Doreen Wall	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Yvetale Lauture-Jerome	MAS, BSN, RN, SANE-A	Nursing	Maternal Child Health	Nursing Director
Gail Wilson	BSN, RN	Nursing	5 South	Nurse Manager
Marilyn Maniscalco	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Candace Huggins	MSN, RN, NE-BC, CEN	Nursing	ED	Assistant Nursing Director
Ellen Parise	MSN, RN, CNML	Nursing	3 North (formerly known as 2 North)	Nurse Manager
Dorit Lubeck Walsh	MSN, RNC	Medicine	Physician Practice	Nurse Practitioner
Manny Caixeiro		Support Services	Security	Director
Joseph Anzovino		Support Services	Security	Operations Manager

## **Interventions**

**Identifying Strategies to Improve Safety:** Beginning in September 2018, Eileen and Mary Koor, MBA, Coordinator, Risk and Quality Improvement, worked with members of the Information Technology (IT) department to determine a method of electronically flagging the medical record of aggressive/disruptive patients for each encounter. This notification was intended to warn staff so they could prepare to approach patients differently and provide safer treatment. However, this suggestion was not feasible for medico-legal reasons. While initiating a “code green” to control violent patients occurred, Eileen and nurse leaders agreed that there were situations which required a different approach. They decided to form a committee to standardize methods for managing the behavior of these disruptive patients.

**Creating New Patient Processes:** By January 2019, the Security department and Nursing were working in parallel on initiatives to reduce WPV risks. Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care and Inpatient Behavioral Health and Candace Huggins, MSN, RN, NEA-BC, CEN, assistant nursing director, ED worked together with Manny Caixeiro, director, security, to develop a new process for Phelps security to check high-risk patients requiring constant observation with a metal detector wand in the ED. It became an ED requirement for all patients to change into a gown while in the hospital. Nurses alerted Security of patients being admitted to an inpatient behavioral health unit; Security would subsequently search



the patient's belongings, place them in a clear plastic bag with a tag that indicated further inspection was needed by security.

**Forming a WPV Nursing Task Force:** In February 2019, nurses representing all Phelps' departments formed the Workplace Violence Nursing Task Force. The task force members evaluated the current practice by reviewing the existing documentation in the electronic medical record (EMR) and agreed to review the relevant Northwell policies, discuss alternatives for alerting Phelps' staff of violent/aggressive behavior and develop an algorithm to manage patients who are violent or threatening.

**Reviewing and Updating Patient Behavior Policies:** At the March 5, 2019, Workplace Violence Nursing Task Force meeting, Eileen led members in reviewing the Northwell related policies provided in the Workplace Violence Prevention Safety Implementation Guide p.14, including "Behavior by Patient/Visitor not Conducive to Healthcare". Members agreed the policy addressed the safety issue that prompted this Nursing task force. The nurses agreed to adopt the policy at Phelps and identify the best way to educate all staff and communicate a standardized process of caring for patients who become disruptive, violent, or threatening.

**Developing Education:** In March 2019, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML led the task force's development of online HealthStream® learning management system to educate all Phelps employees, including ancillary areas, on the implementation of the Northwell policy. On April 16, 2019, a smaller workgroup convened to finalize the HealthStream® module and determine an implementation date. This smaller workgroup, also consisting of nurses, decided to outline steps taken to address patients that become disruptive, violent, and/or threatening in a quick reference algorithm that would be distributed to all units in conjunction with the education. An algorithm, which instructed staff on the correct protocol when identifying disruptive behavior and indicating which code to call overhead, and whom to notify, was written, laminated and distributed to all areas of the hospital.

**Educating Nurses and Colleagues on New Safety Practices:** In May 2019, Nancy led implementation of the mandatory online HealthStream education throughout Phelps. The algorithm was distributed to all units in the hospital and the main lobby.

**Implementing New Practices to Improve Safety:** The new safety strategies were implemented by the end of May 2019.

## **Outcome**

**Pre-Intervention Timeframe:** July 2018

**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, 1.60% of Phelps' nurses experienced a WPV event.

**Intervention Timeframe:** August 2018 – May 2019

**Post-Intervention Timeframe:** June – August 2019

**Post-Intervention Data:** During the post-intervention timeframe, an average of 0.52% of Phelps' nurses experienced a WPV event. This represents a 66% reduction.

### **EP15EO - Graph 1 - Phelps Nurses Experiencing WPV Events**



5 Pages



## NK6EO - ADOPTING TECHNOLOGY

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

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

#### **Problem**

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

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

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

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

### **Goal Statement**

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

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

### **Participation**

**NK6EO - Table 1 - Participants**

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

### **Interventions**

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

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

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** September 2018

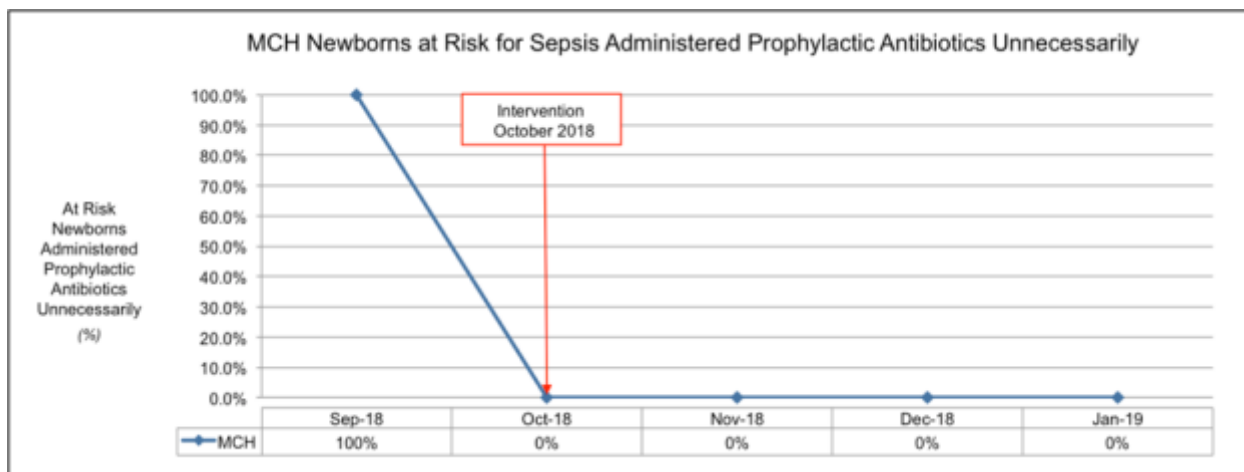
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, 100% of MCH newborns were administered antibiotics unnecessarily.

**Intervention Timeframe:** October 2018

**Post-Intervention Timeframe:** November 2018 – January 2019

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

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



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

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

#### **Problem**

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

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

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

#### **Goal Statement**



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

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

### **Participation**

**NK6EO - Table 2 - Specimen Barcoding Technology Team Participants**

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

### **Interventions**

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

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

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

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

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

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

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

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

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

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

## Outcome

**Pre-Intervention Timeframe:** 3Q17

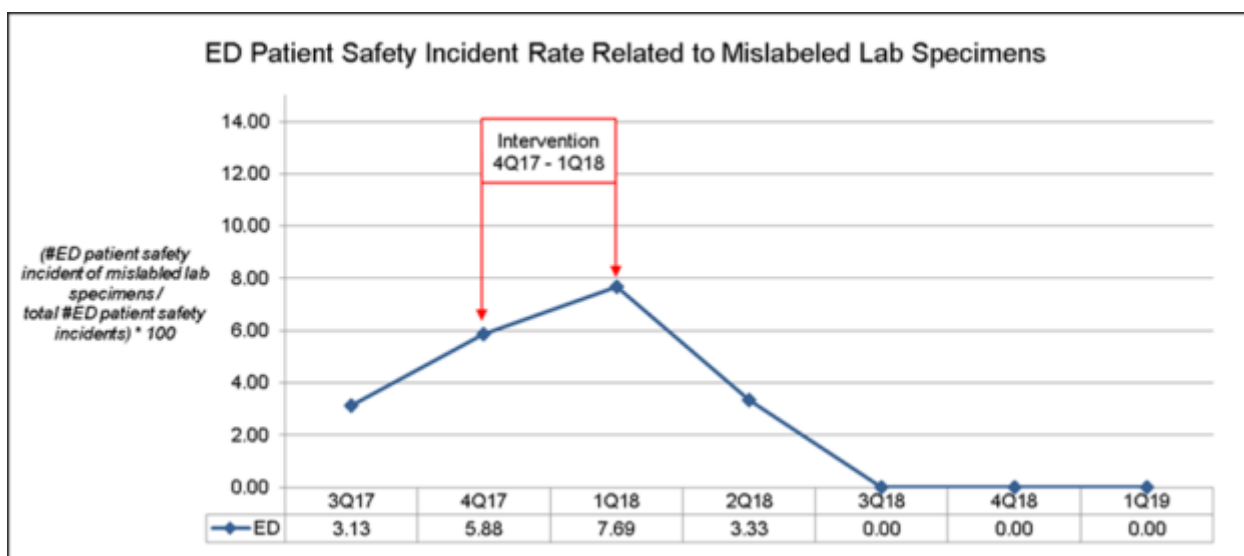
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the Emergency Department patient safety incident rate related to mislabeled lab specimens was 3.13.

**Intervention Timeframe:** 4Q17 – 1Q18.

**Post-Intervention Timeframe:** 2Q18-1Q19.

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

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





## NK7EO - WORK ENVIRONMENT AND WORK FLOW

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

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

#### **Problem**

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

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

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

#### **Goal Statement**

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

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

#### **Participation**

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

## **Interventions**

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

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

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

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

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

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

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

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

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



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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** April – May 2018

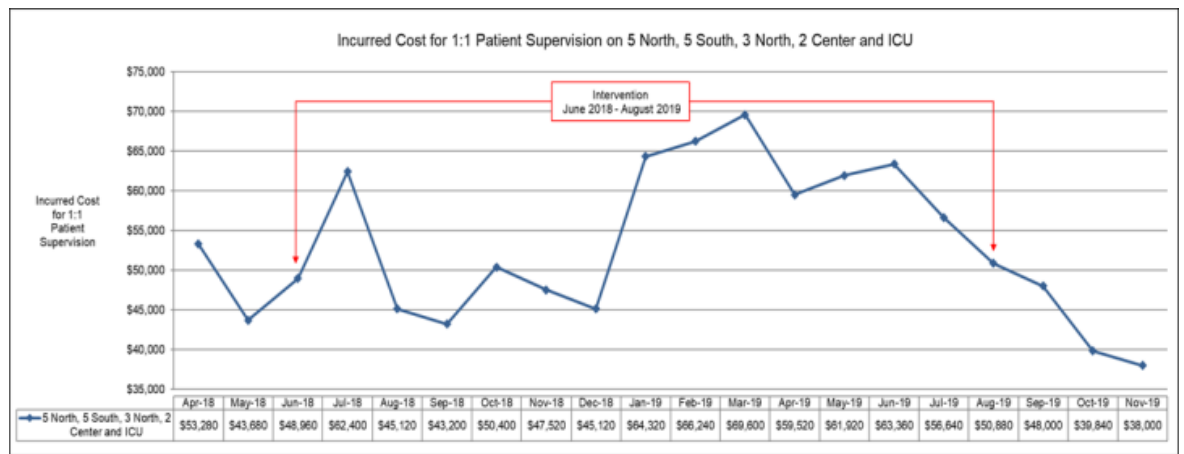
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged \$48,480/monthly.

**Intervention Timeframe:** June 2018 – August 2019

**Post-Intervention Timeframe:** September – November 2019

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

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



## EXAMPLE 2: REDESIGNING ED WORK FLOW TO IMPROVE PATIENT SATISFACTION

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

### **Problem**

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

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

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

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

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

### **Goal Statement**

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

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

### **Participation**

**NK7EO - Table 2 - ED Throughput Workgroup**

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

### **Interventions**

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

- Triage assessment was lengthy

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

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

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

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

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

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

patient according to ESI level

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** 1Q17

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

**Intervention Timeframe:** 2Q17 – 3Q17

**Post-Intervention Timeframe:** 4Q17 – 2Q18

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

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

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

