

# 2020 MAGNET® SITE VISIT GUIDE



**Phelps Hospital**  
Northwell Health®



## IN THIS ISSUE

### PG. 1

Guide objective and Magnet Projected TimeLine

### PG. 2-6

Understanding the American Nurses Credentialing Committee (ANCC) Magnet Recognition Program®

### PG. 7-8

Evolution of our Professional Practice Model

### PG. 9-13

Shared governance model / Council's 2019 Annual Reports

### PG. 14

Nursing Organization Chart

### PG. 15-24

Highlights from the Nursing Strategic Plan

### PG. 25-End

Stories in the Magnet Document Highlighting your Unit or Division or Hospital

**Hyperbaric**

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.

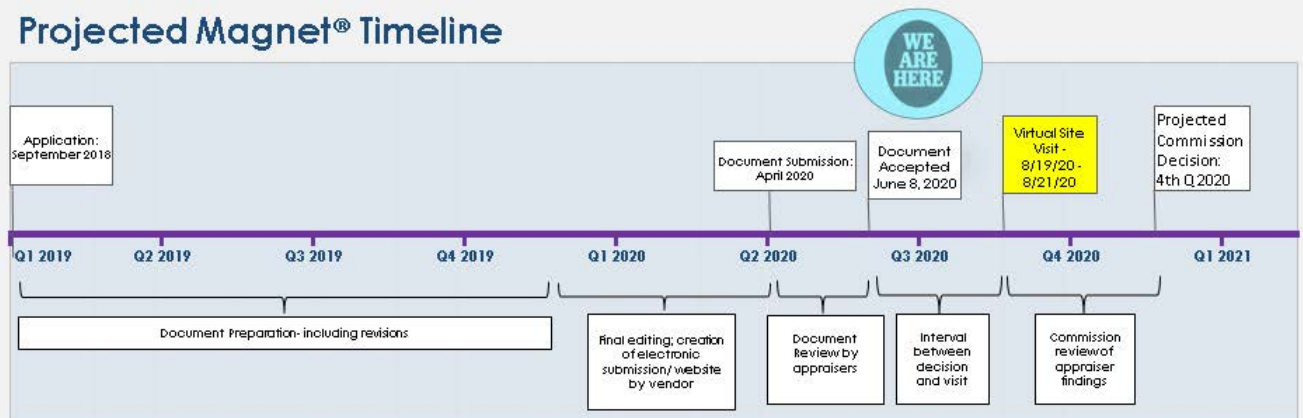
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

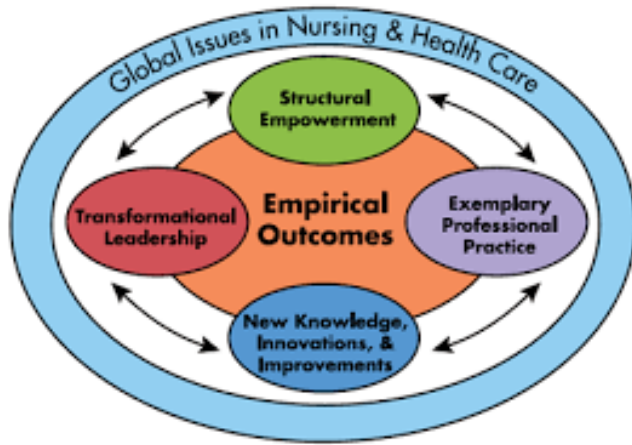
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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?



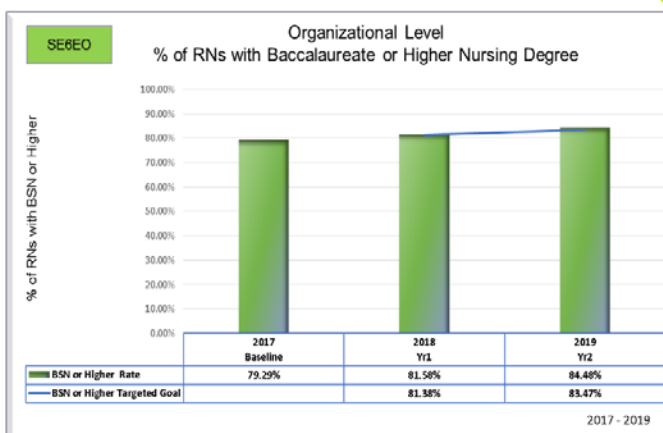
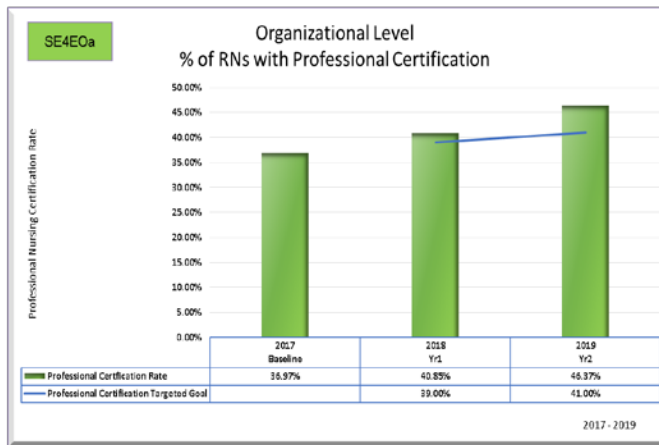
## STRUCTURAL EMPOWERMENT

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?

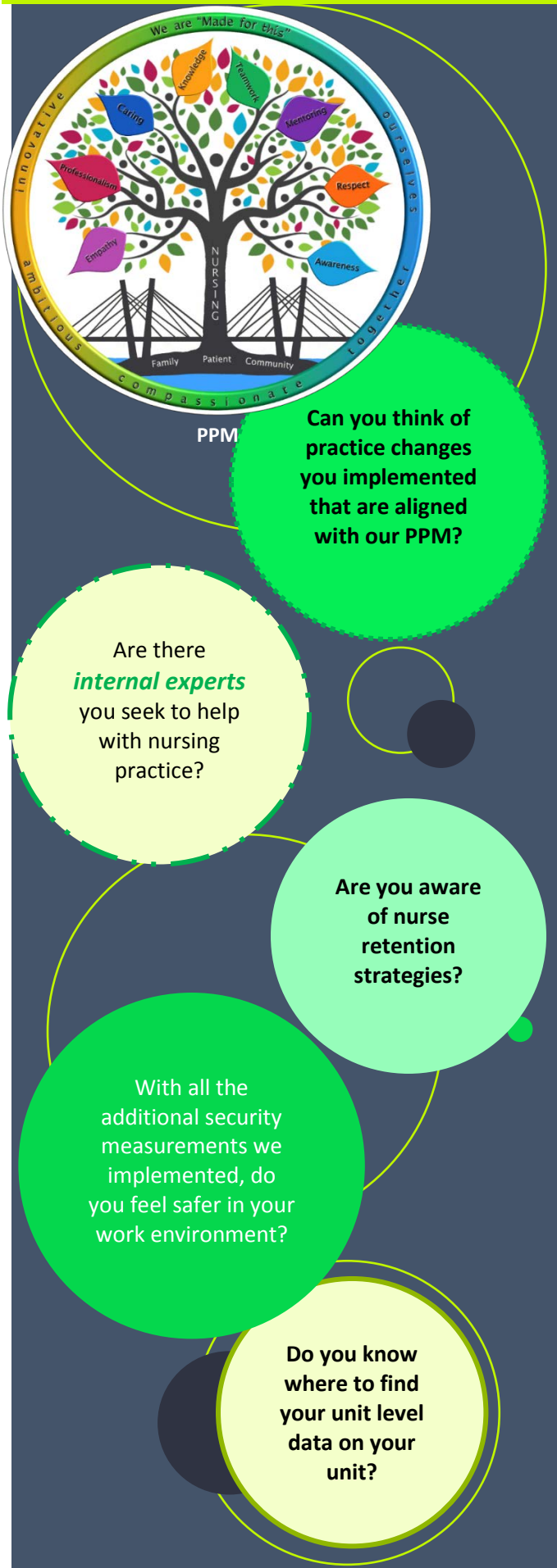
Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

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

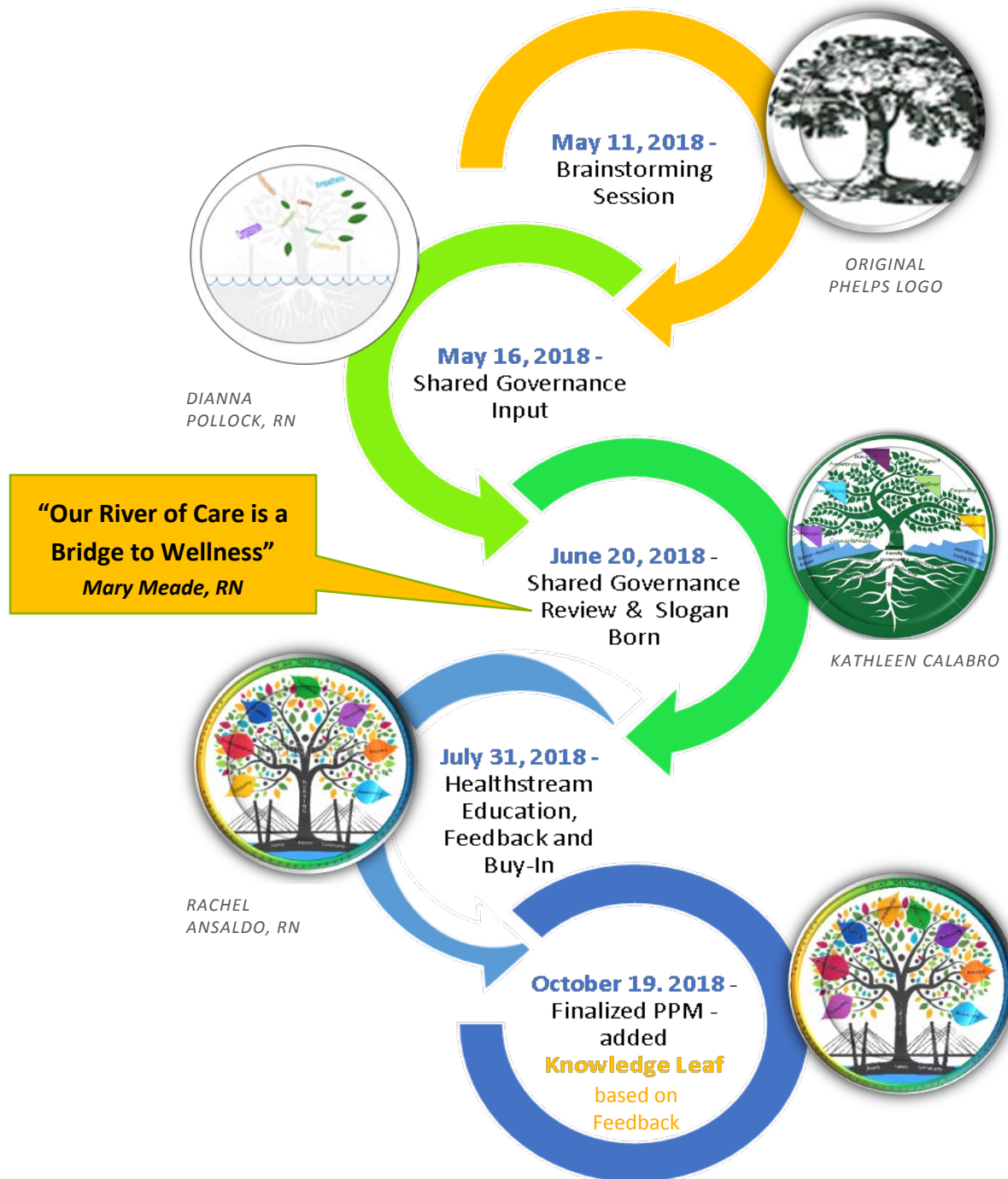
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

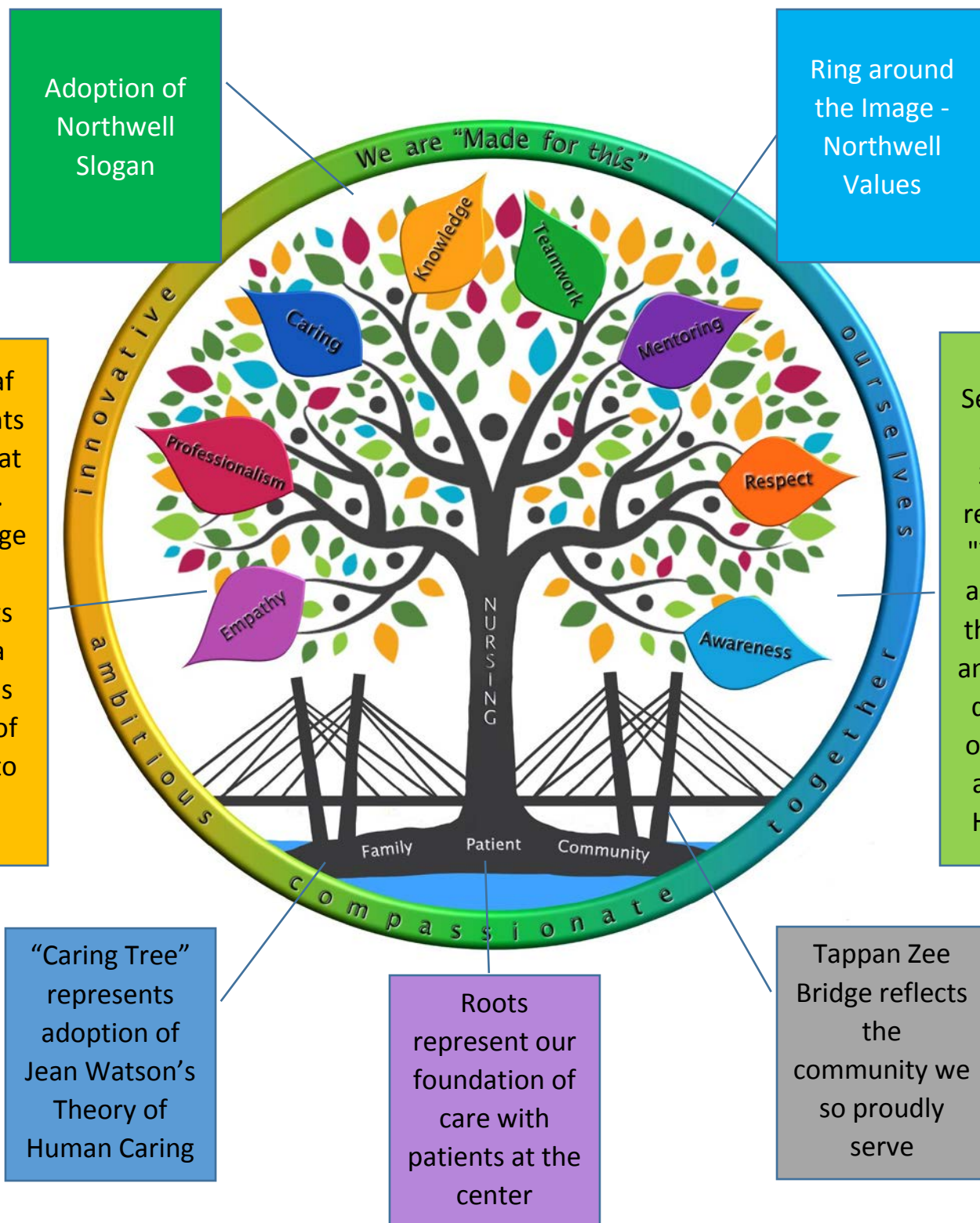
## EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

**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>



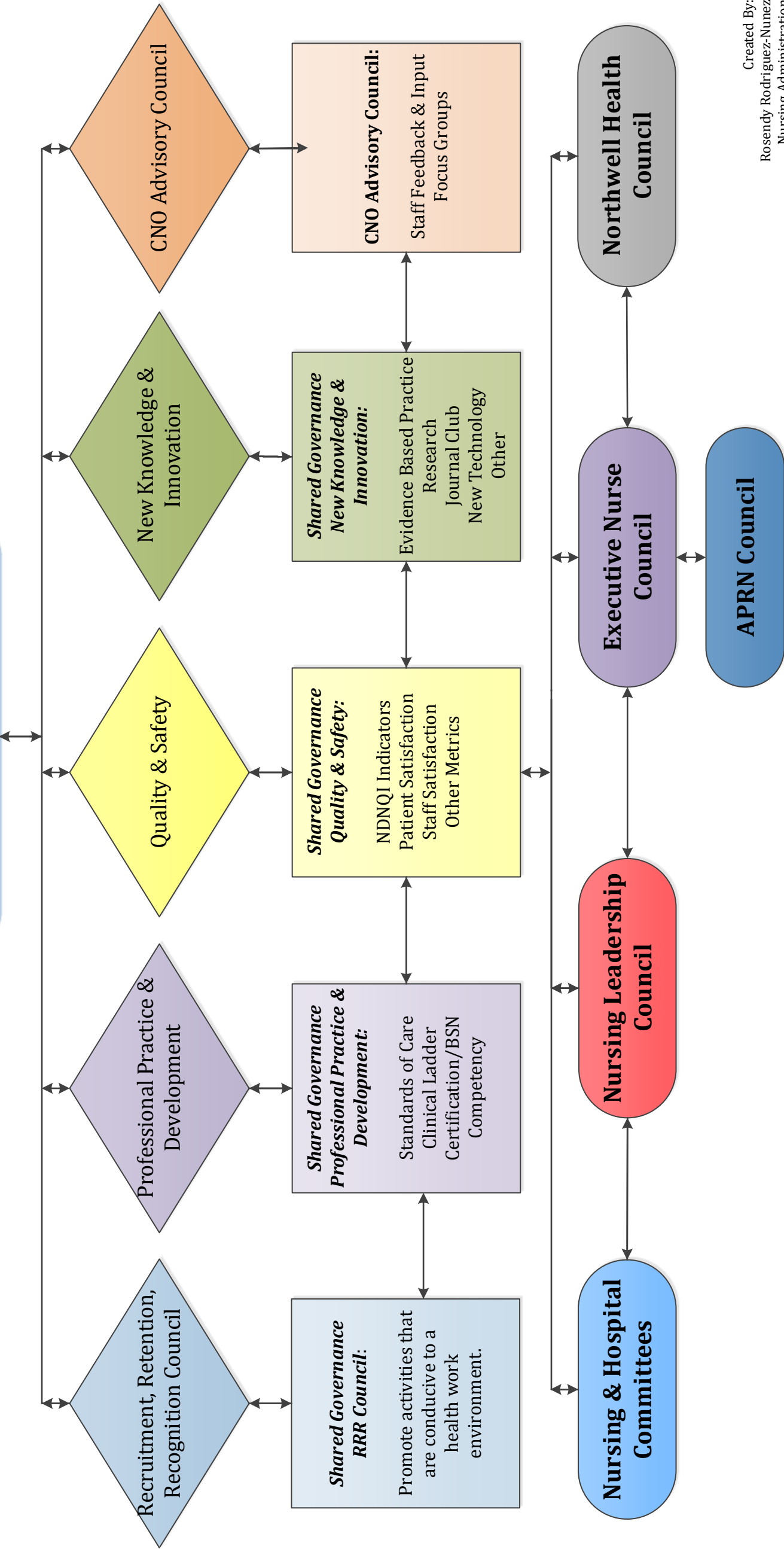


# Understanding our Professional Practice Model



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.



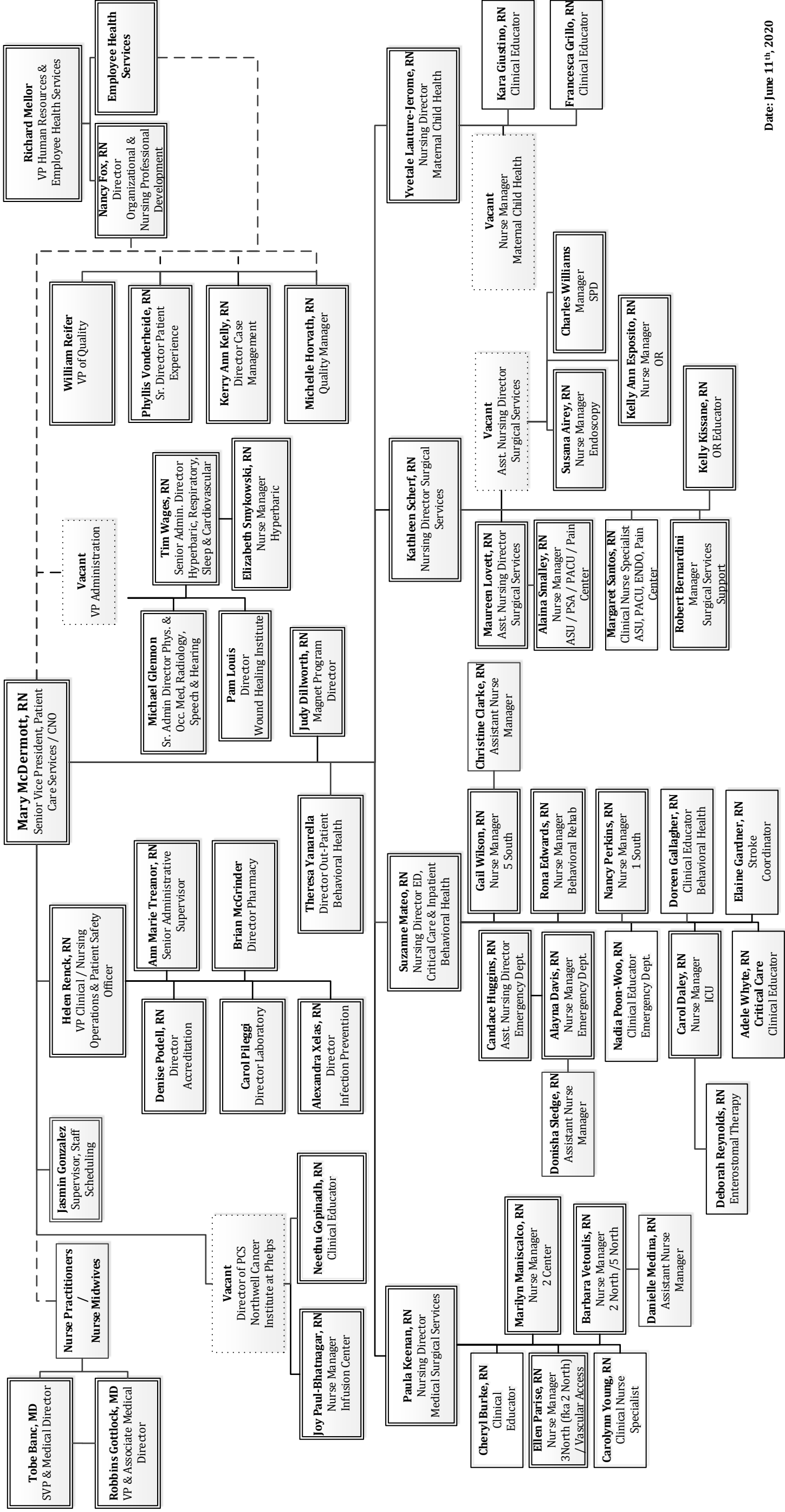


# CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

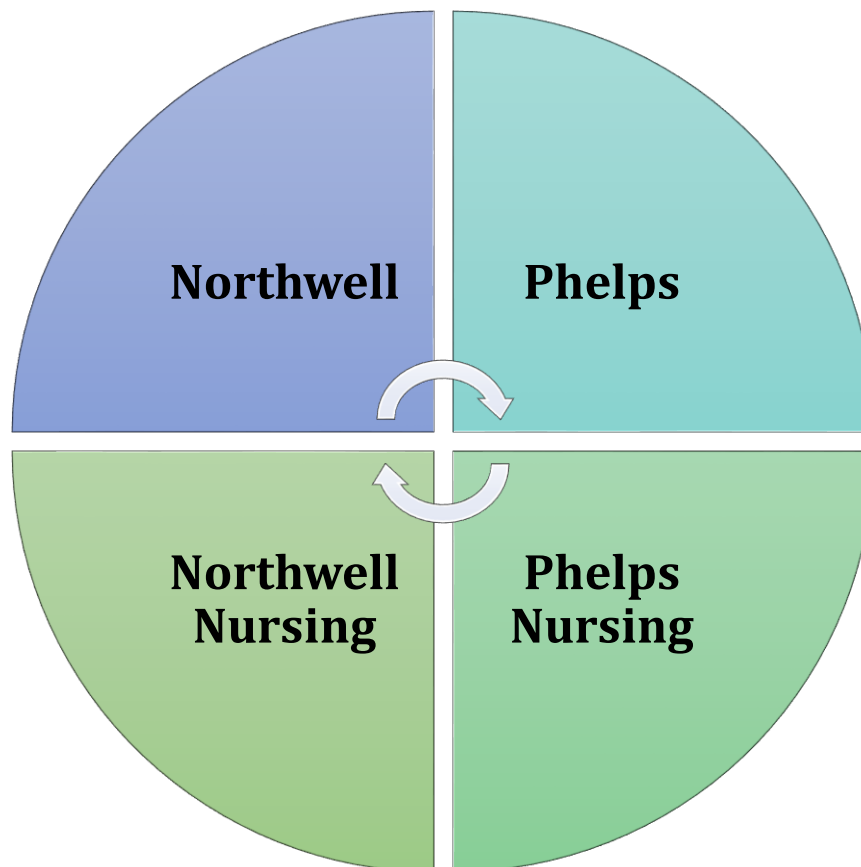
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





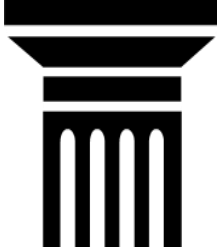
## Nursing Strategic Plan

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.”



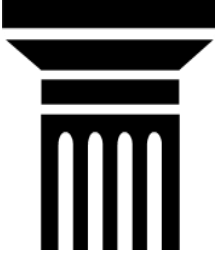
# Goals

## Quality



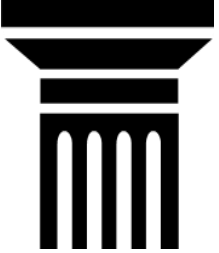
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

## People



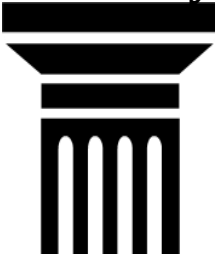
Create an empowering environment for RNs to function at the highest level of their licensure.

## Service



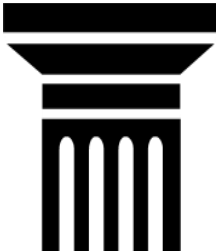
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

## Efficiency



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

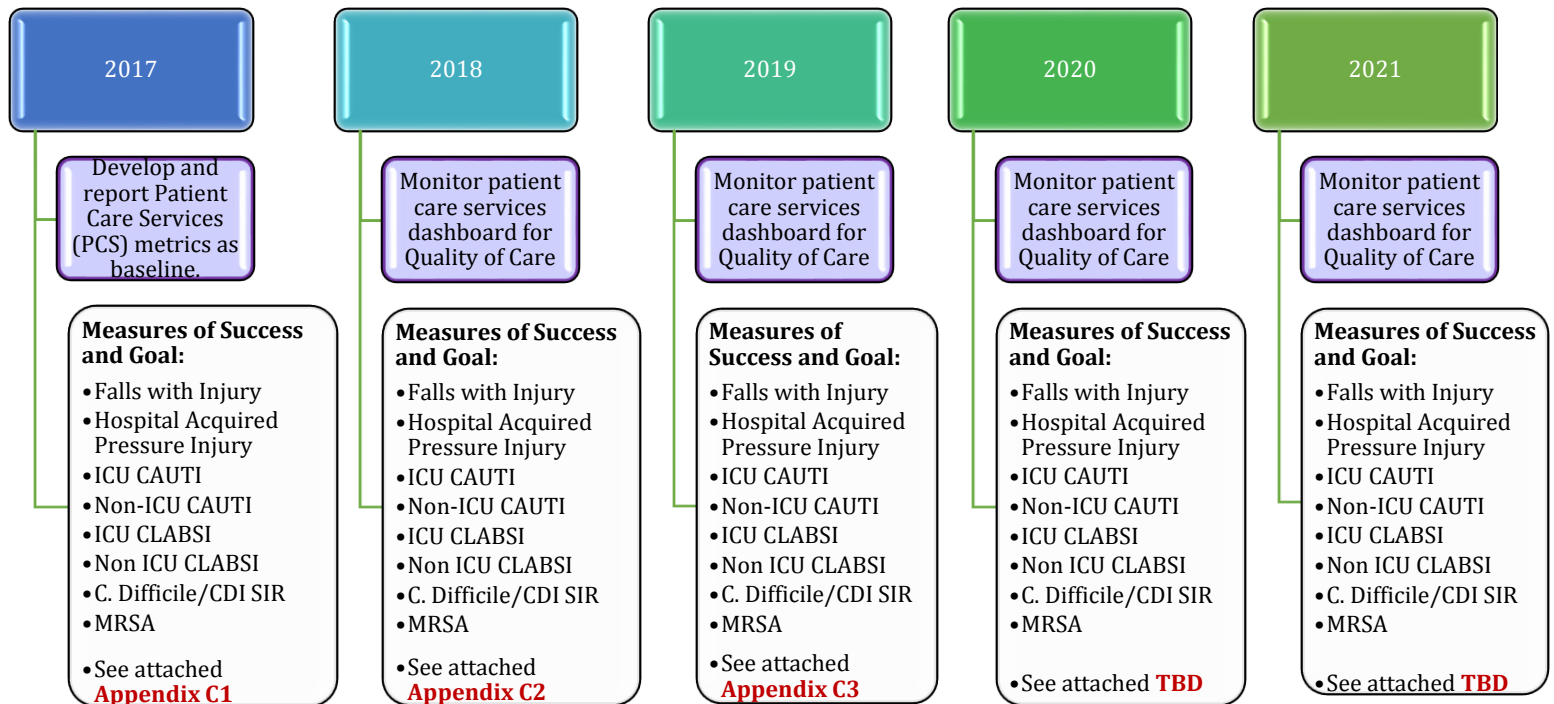
## Finance



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

# Quality

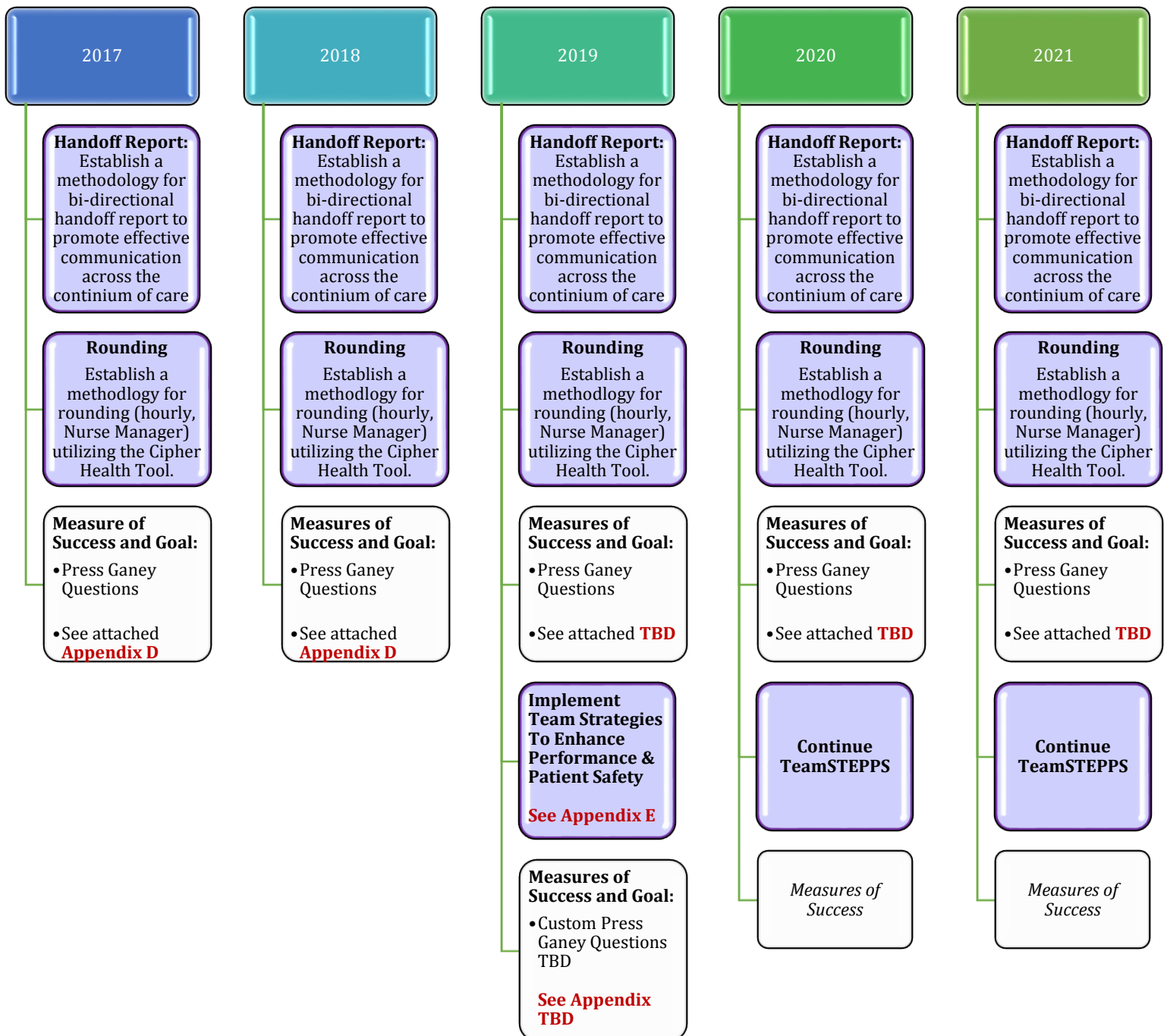
**GOAL:** Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.





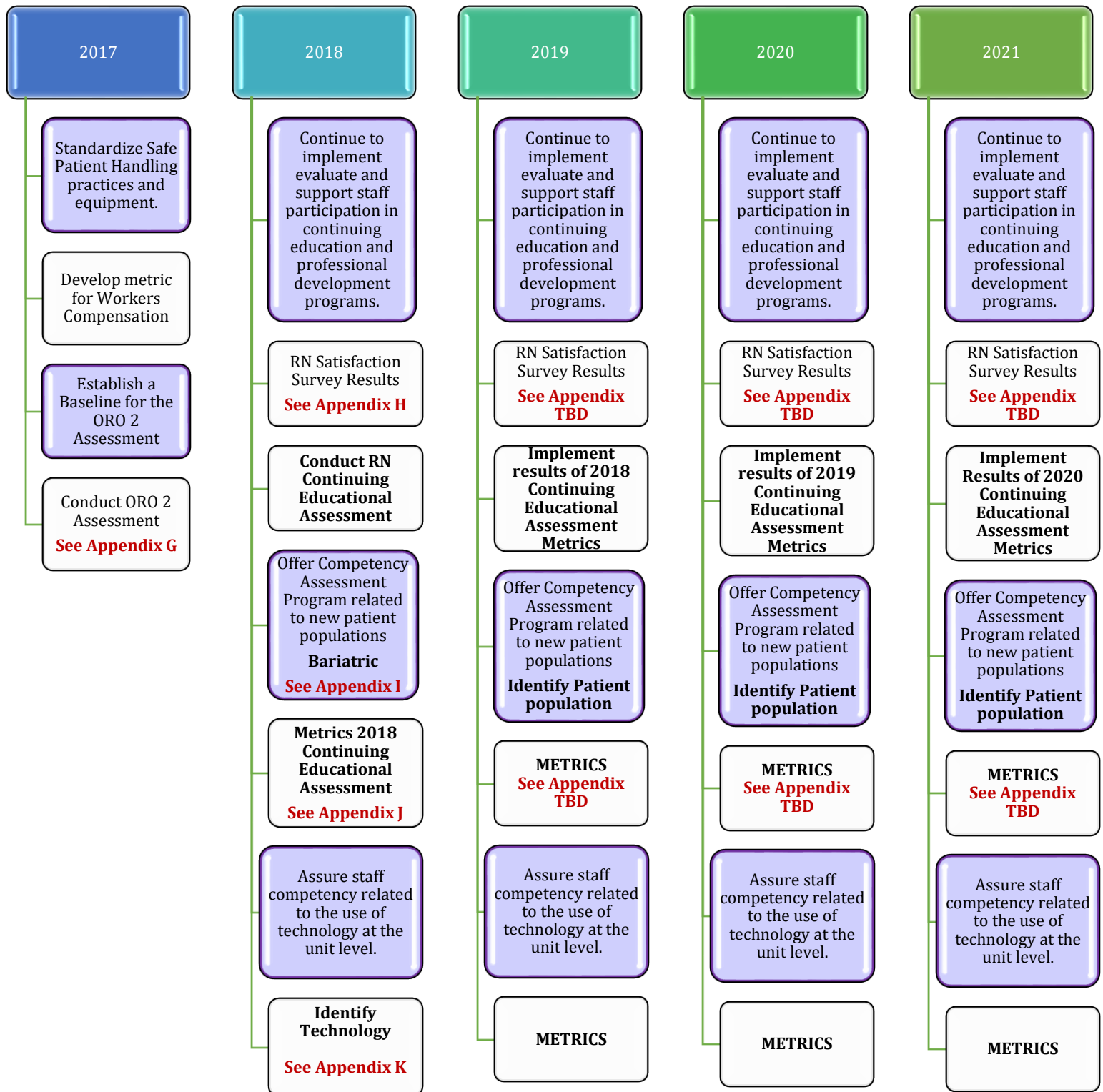
# Quality

**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.



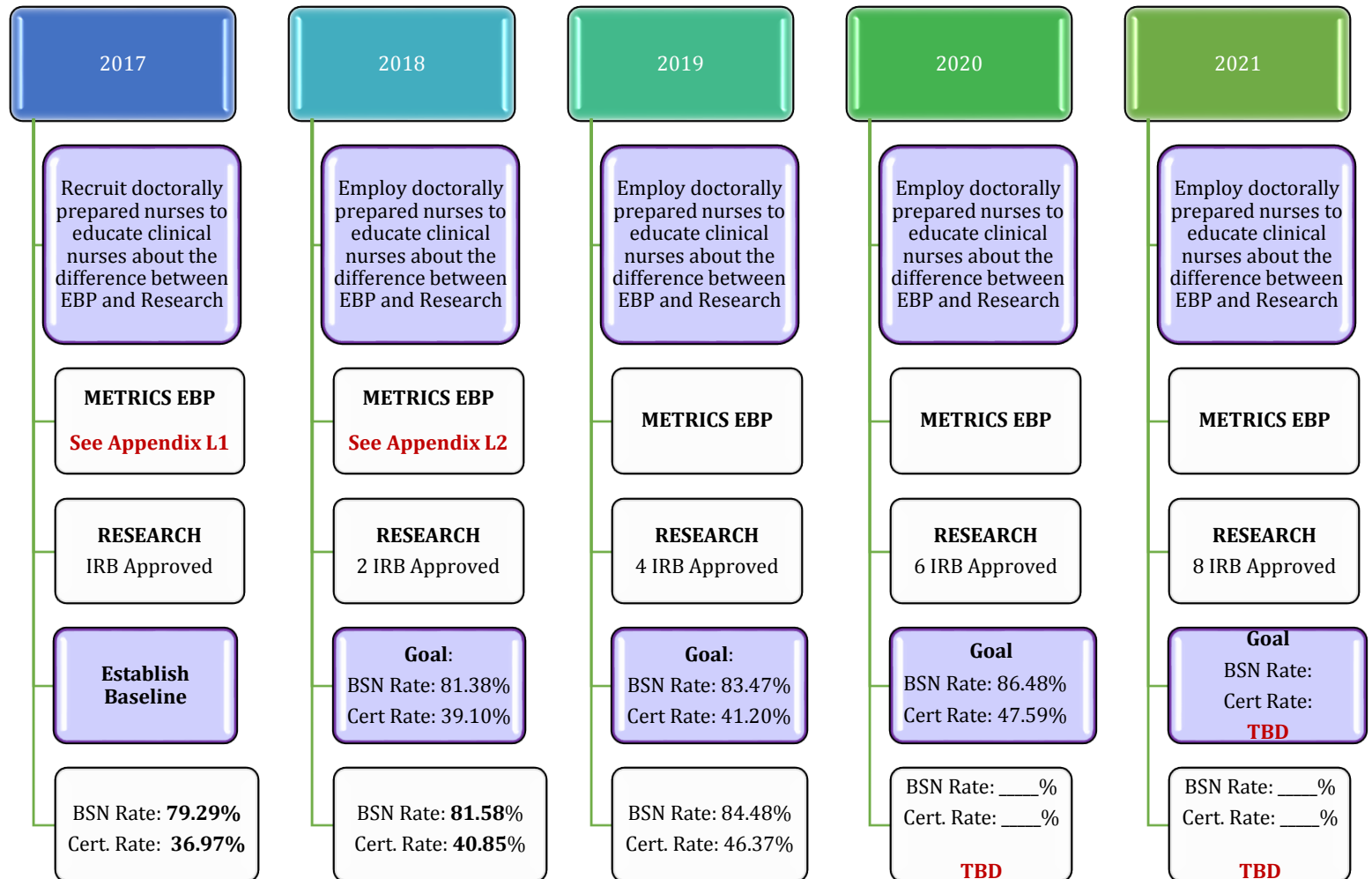
# People

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



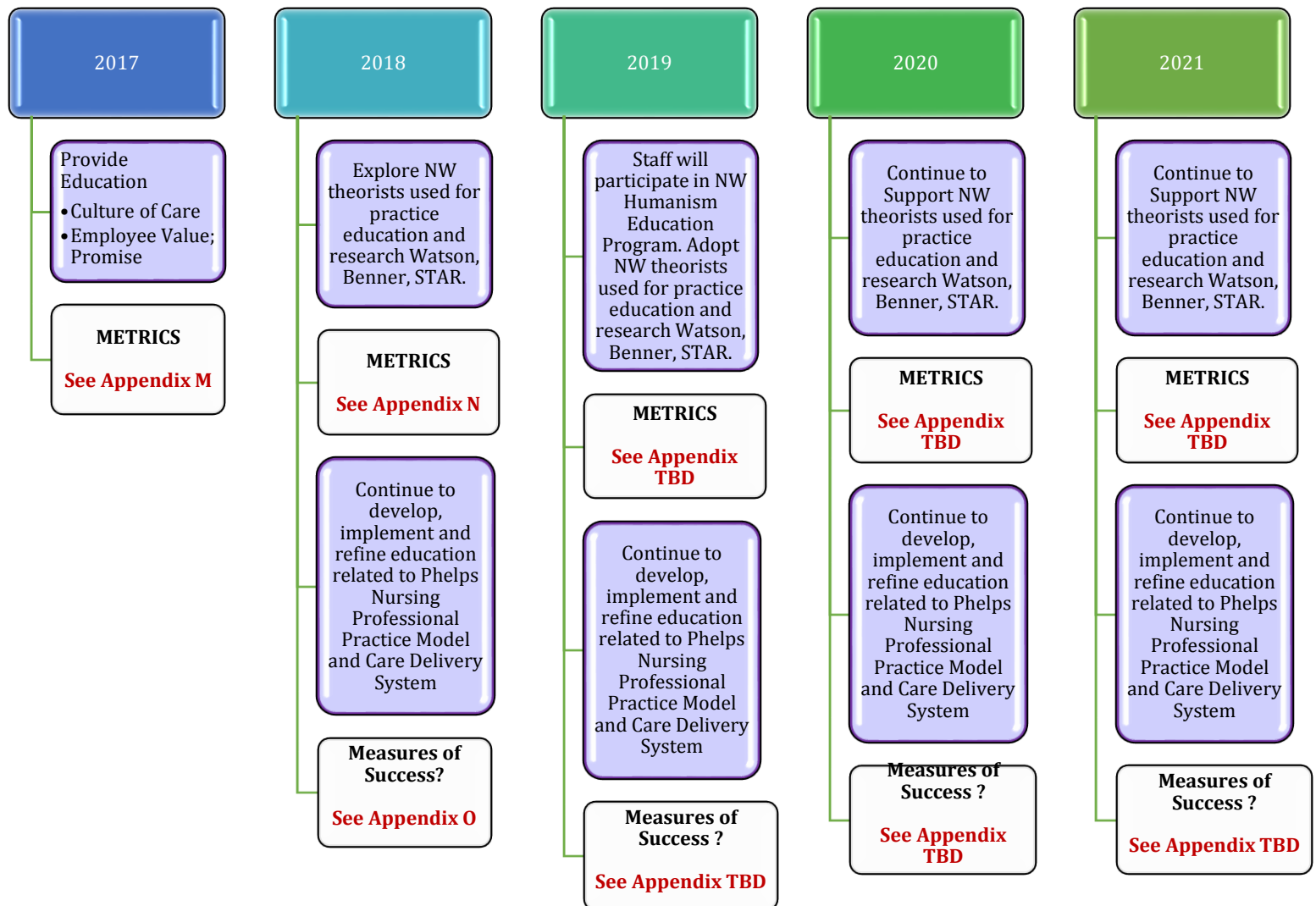
# People

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



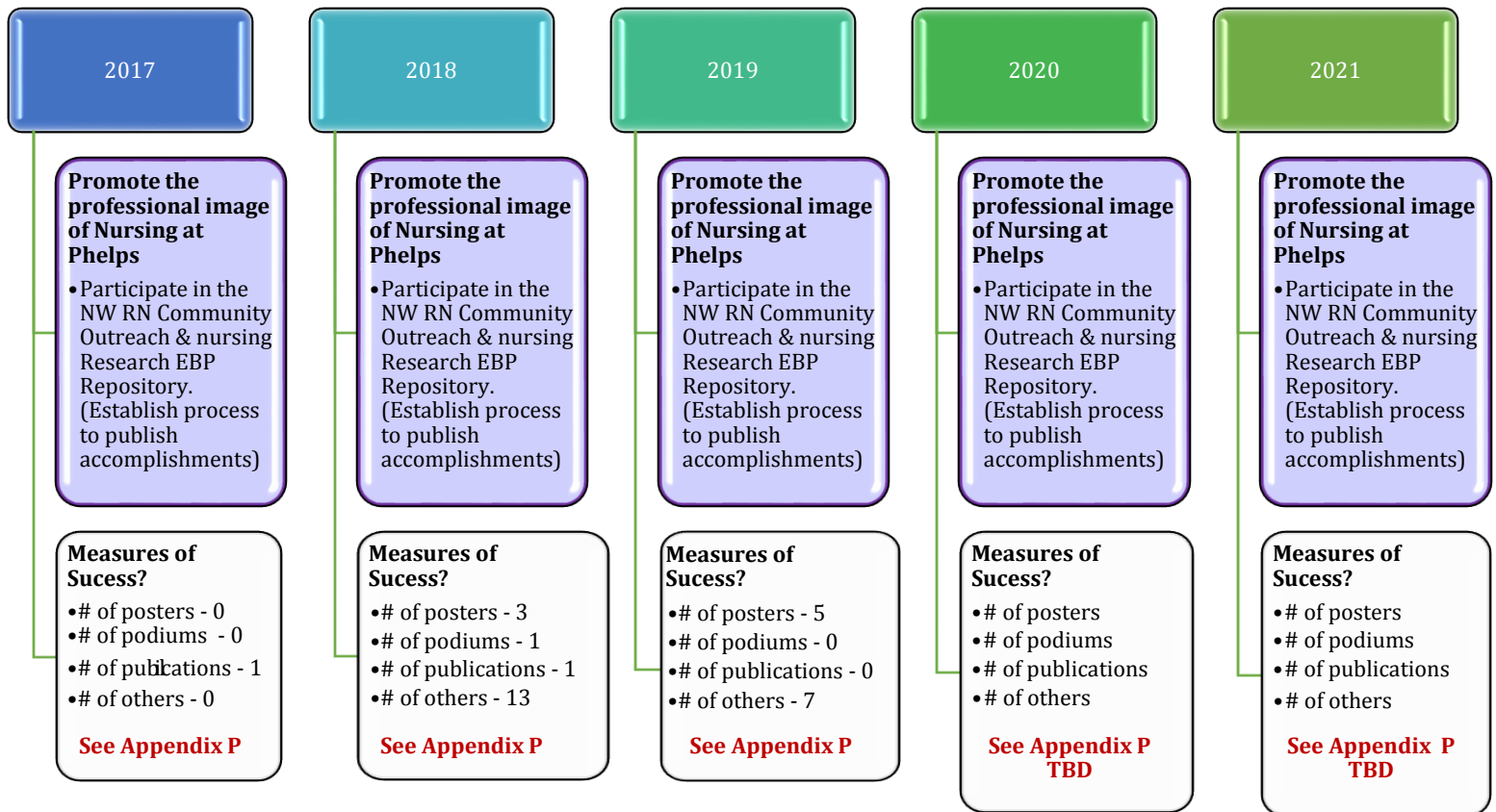
# Service

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



# Service

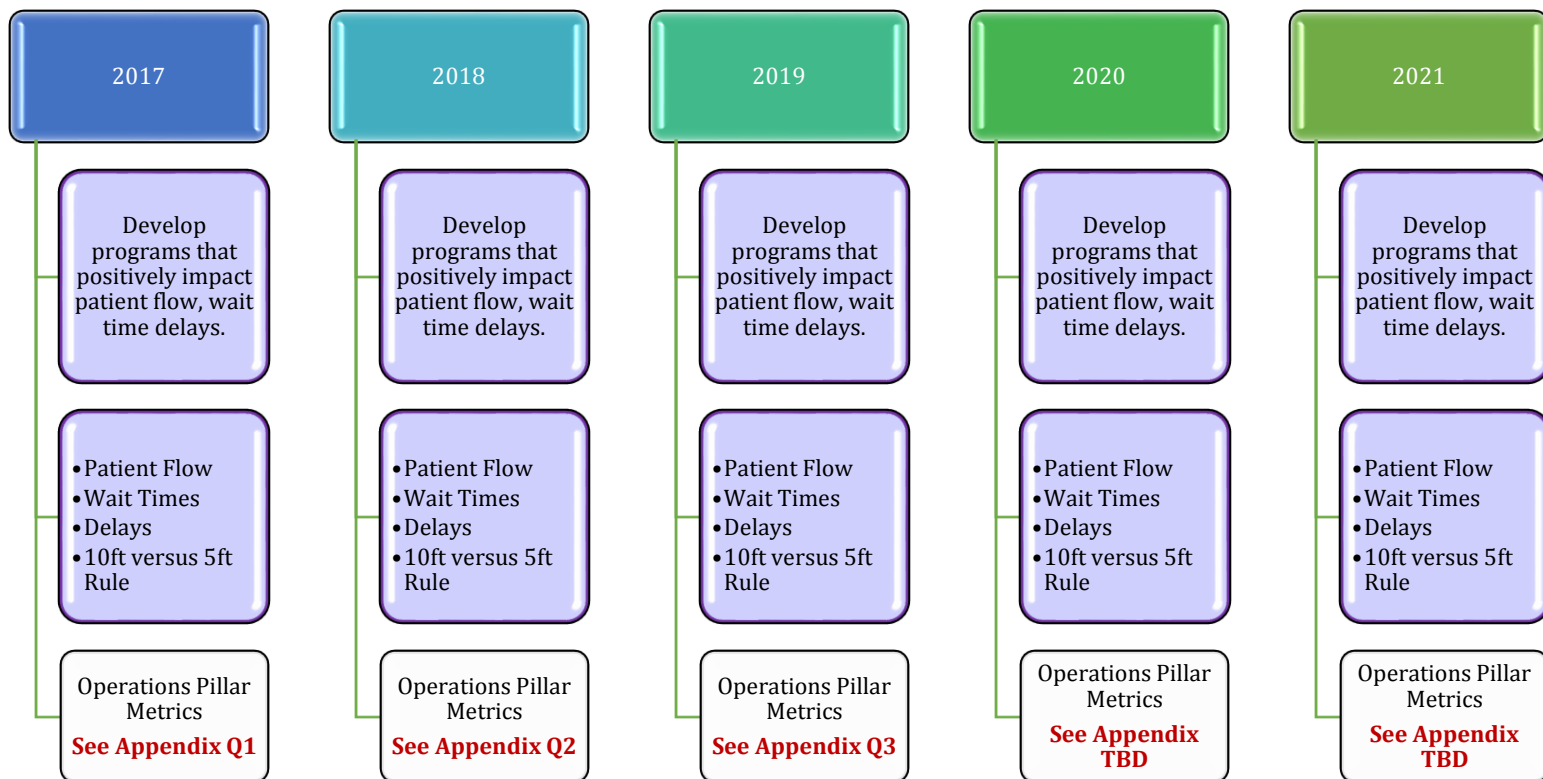
**GOAL:** Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.





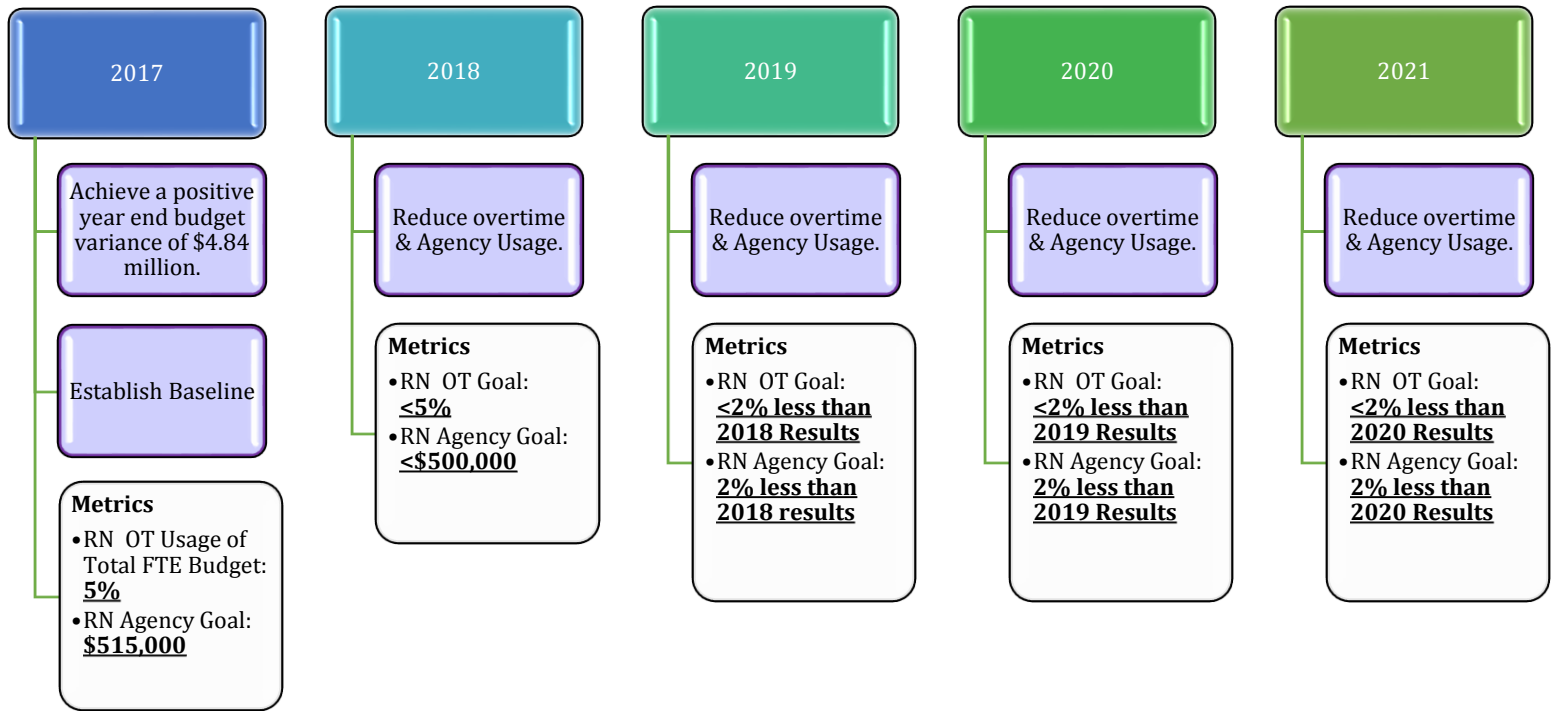
# Efficiency

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



# Finance

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



## STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

### *The Site Visit*

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

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

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

### \* Two ways to access the Magnet® Documents

#### 1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

#### 2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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



## TL5EO - ORGANIZATIONAL DECISION-MAKING

### REDUCING DEVICE-RELATED PRESSURE INJURIES

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

#### **Problem**

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

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

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

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

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

### **Goal Statement**

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

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

### **Participation**

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

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



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

## **Intervention**

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

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

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

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

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

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

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

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

### Outcome

**Pre-Intervention Timeframe:** January 2018

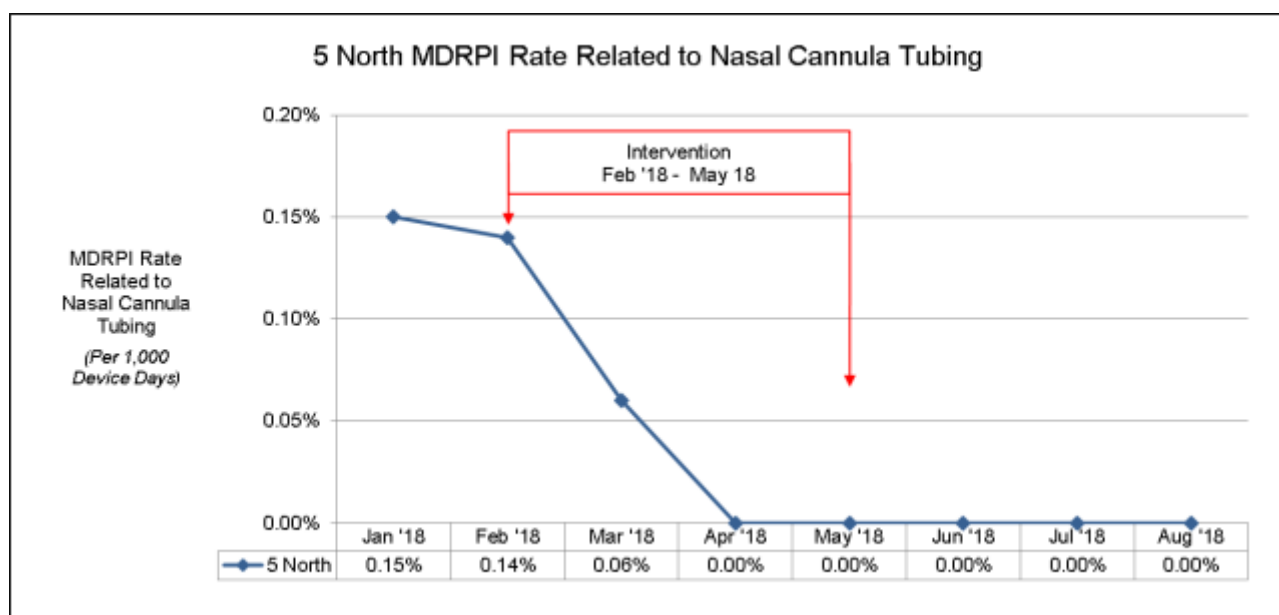
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

**Intervention Timeframe:** February 2018 – May 2018

**Post-Intervention Timeframe:** June 2018 – August 2018

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

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





## SE8EO - CONTINUING EDUCATION ASSESSMENT

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

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

#### **Problem**

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

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

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

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

### **Goal Statement**

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

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

### **Participation**

**SE8EO - Table 1 - Educational Program Development Participants**

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

## **Interventions**

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

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

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

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

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

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

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

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

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

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

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



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

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

## **Outcome**

**Pre-Intervention Timeframe:** October 2018

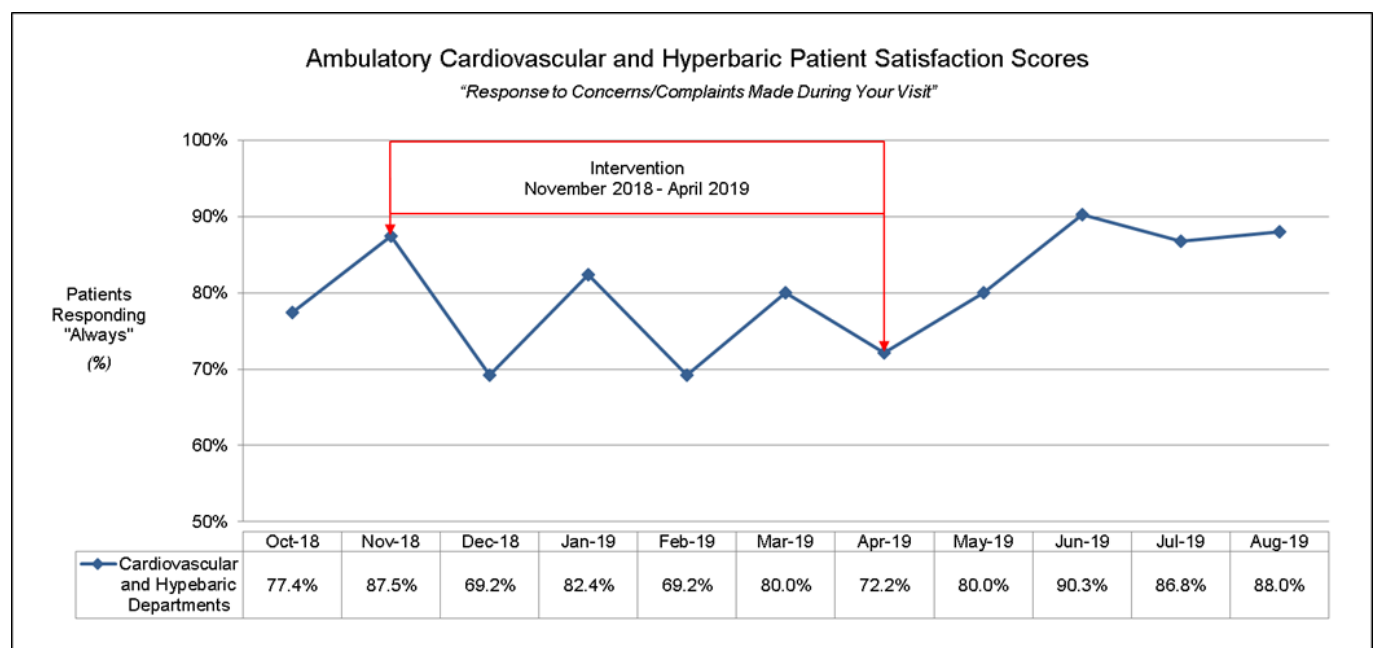
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, 77.4% of ambulatory Cardiovascular and Hyperbaric patients responded “Always” to the OAS CAHPS question, “Response to concerns/complaints made during your visit.”

**Intervention Timeframe:** November 2018 – April 2019.

**Post-Intervention Timeframe:** May –August 2019.

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

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



## **EXAMPLE 2: IMPROVING 2 CENTER PATIENT SATISFACTION**

## **Problem**

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

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

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

## **Goal Statement**

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

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

## **Participation**

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

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

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

## **Interventions**

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

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

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** September 2018.

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

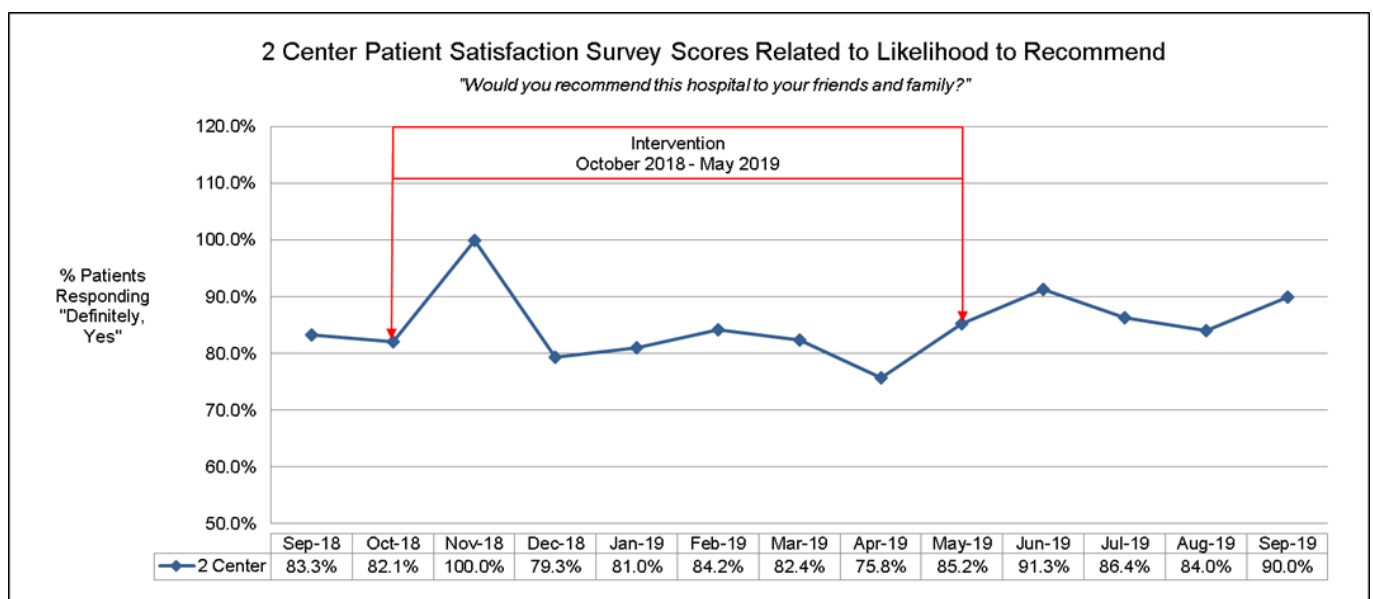
“Would you recommend this hospital to your friends and family?”

**Intervention Timeframe:** October 2018 – May 2019.

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

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

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







## SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

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

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

#### **Background**

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

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

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

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

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

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

### **Participation**

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

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

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

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

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



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

## **Recognizing Interprofessional Team for Contributions to Clinical Care**

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

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

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

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

Phelps.

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

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

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

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

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



## 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.



## NK5 - INNOVATION

### NURSES DRIVE INNOVATIVE SOLUTION TO COMMUNICATION

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

#### **Background**

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

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

#### **Creating Innovative Solution in the Organization**

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

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

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

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

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

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

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

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

## **Results**

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

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

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

3 pages