2020 MAGNET® SITE VISIT GUIDE

Phelps Hospital
Northwell Health®

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

IN THIS ISSUE

ICU

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

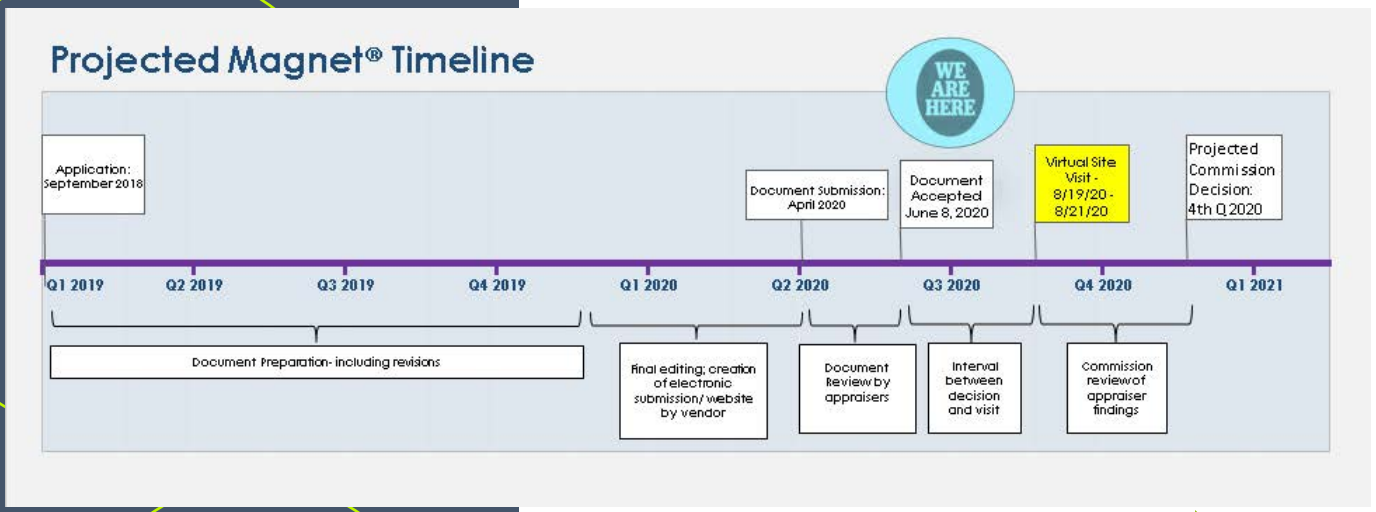
PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

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

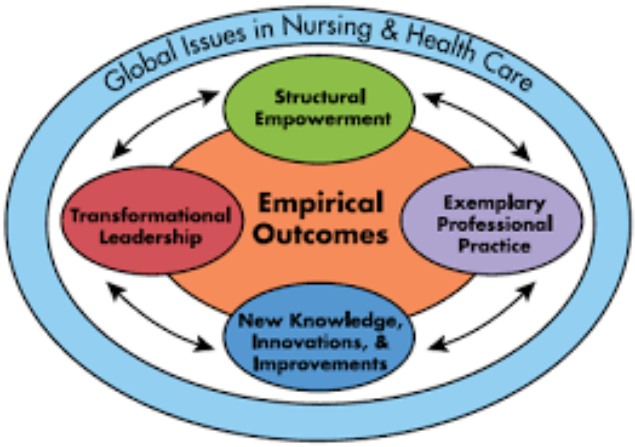
THUS OUR MAGNET® JOURNEY BEGAN.

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!



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success[1]

[1] https://www.nursingworld.org/organizational-programs/magnet
[2] https://www.indeed.com/career-advice/career-development/transformational-leadership
[3]http://lippincottsolutions.lww.com/blog.entry.html/2017/10/06/at_the_core_of_magne-Xfs8.html

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

Nursing Department's Mission

To provide quality care to our patients, families and community through excellence in culture, quality, practice, collaboration, innovation and education.

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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

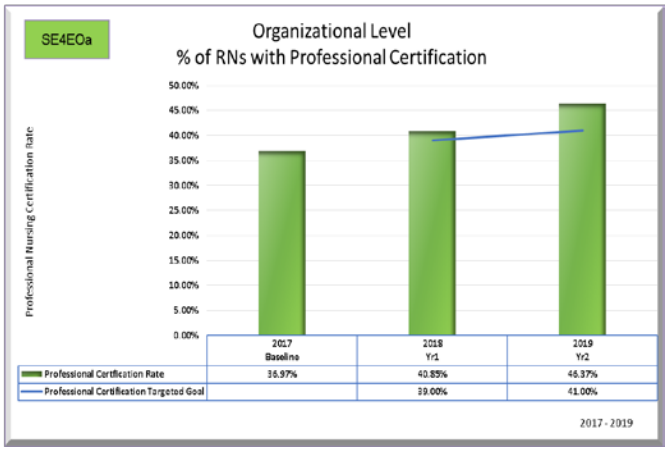
STRUCTURAL EMPOWERMENT

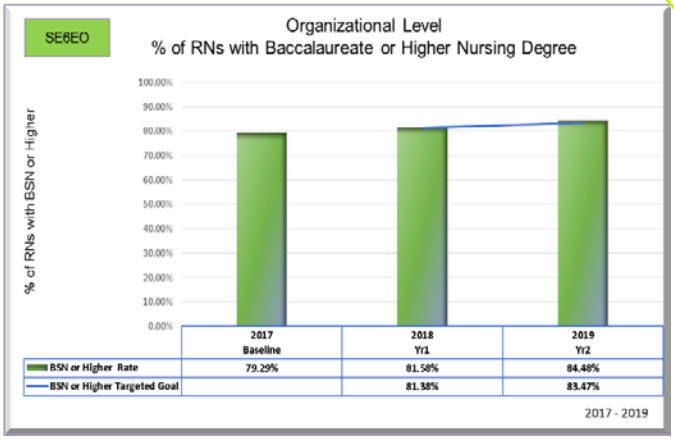
Shared governance day is the third Wednesday of every month. We attempt to have unit representation at every council. The following councils make up our shared governance structure:

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

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

Graphs highlighted at Professional Practice that we take pride in:





Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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

PPM

Can you think of practice changes you implemented that are aligned with our PPM?

Are there ***internal experts*** you seek to help with nursing practice?

Are you aware of nurse retention strategies?

With all the additional security measurements we implemented, do you feel safer in your work environment?

Do you know where to find your unit level data on your unit?

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.

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

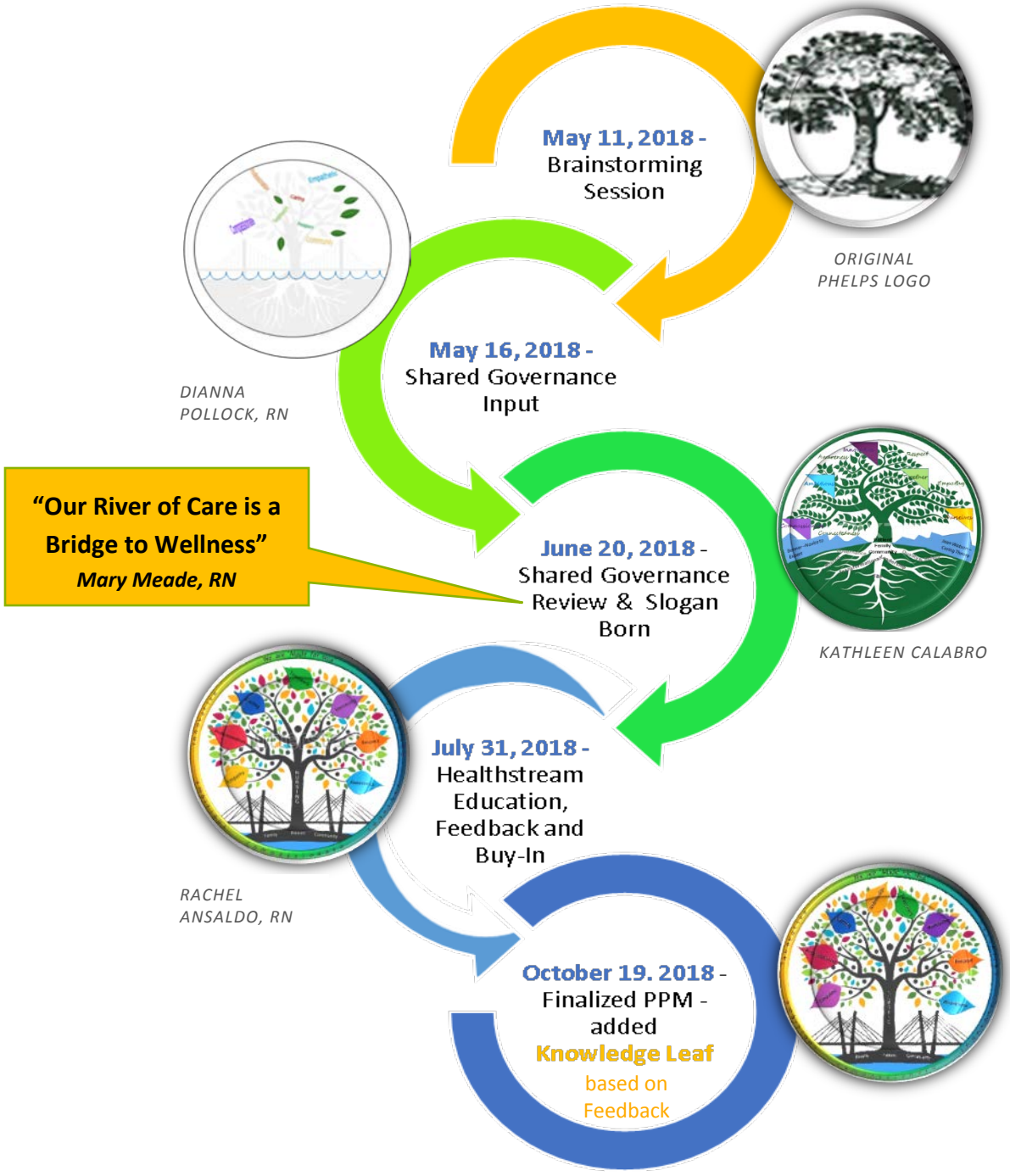
CONVALESCENT PLASMA FOT THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

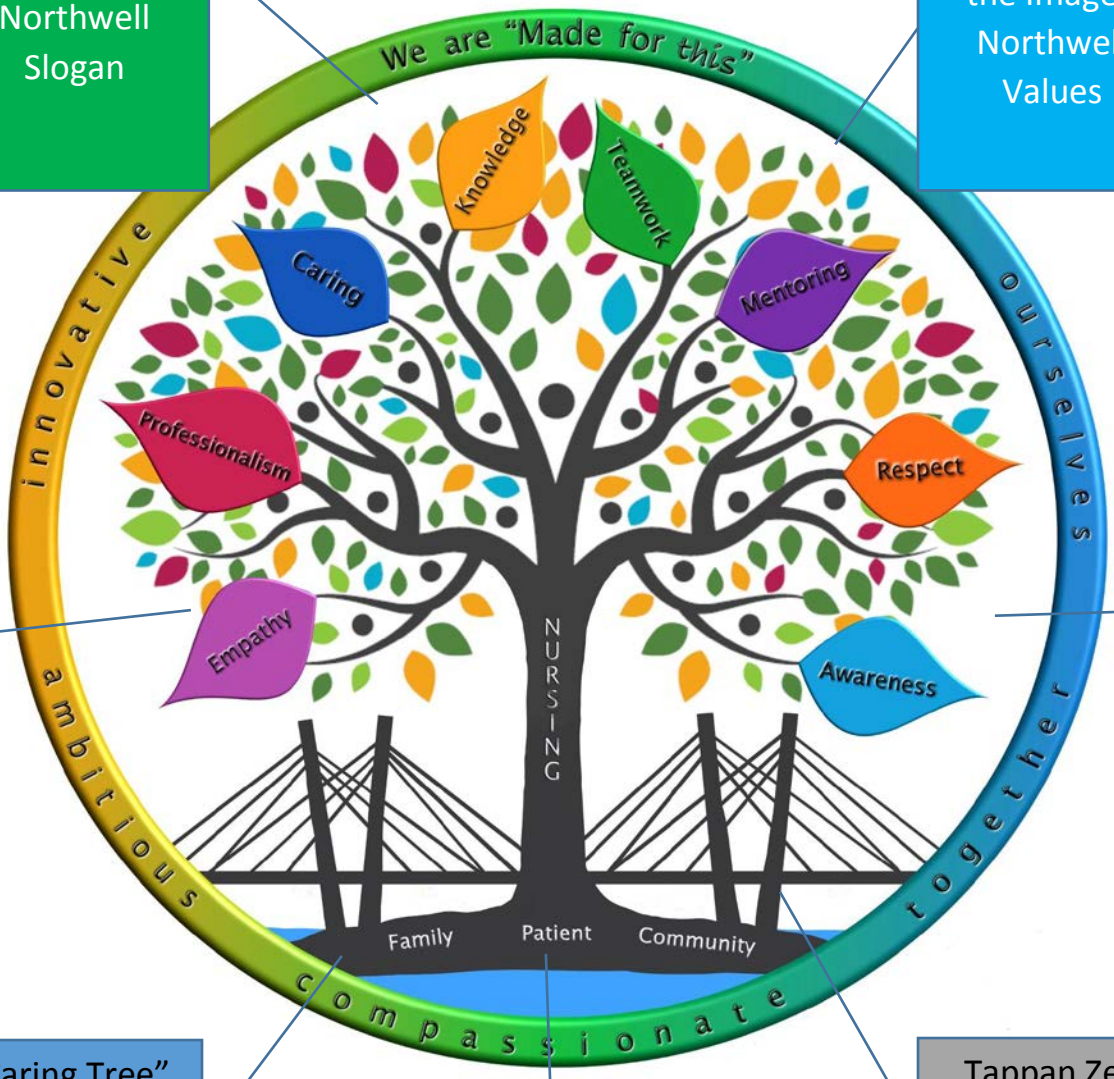


1-American Nurses Credentialing Center 2008,28

Understanding our Professional Practice Model

Adoption of Northwell Slogan

Ring around the Image - Northwell Values



Each leaf represents Nursing at Phelps. Knowledge leaf supports Patricia Benner's Theory of Novice to Expert

By September 2018, 300 RNs responded "Yes, they agree that the PPM is an accurate depiction of Nursing at Phelps Hospital"

"Caring Tree" represents adoption of Jean Watson's Theory of Human Caring

Roots represent our foundation of care with patients at the center

Tappan Zee Bridge reflects the community we so proudly serve

Designed by: Rachel Ansaldo, BSN, RN

Phelps Hospital
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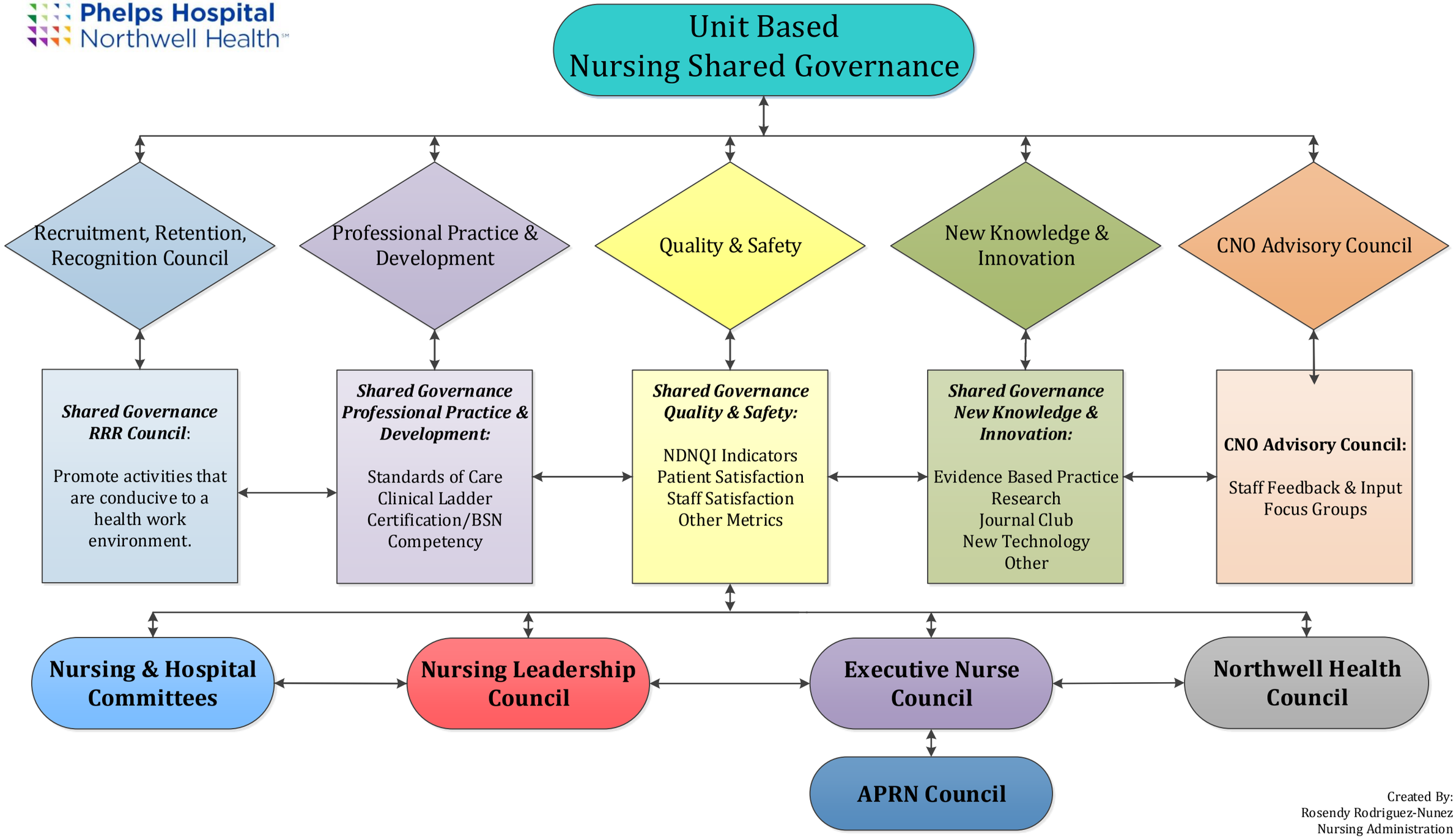
Unit Based Nursing Shared Governance



Created By:
Rosendy Rodriguez-Nunez
Nursing Administration
June 11, 2020 – v4

NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

Phelps Hospital
Northwell Health

Phelps Hospital / Northwell Health

Patient Care Services

Mary McDermott, RN
Senior Vice President, Patient Care Services / CNO

Tobe Banc, MD
SVP & Medical Director

Robbins Gottlock, MD
VP & Associate Medical Director

Nurse Practitioners / Nurse Midwives

Jasmin Gonzalez
Supervisor, Staff Scheduling

Helen Renck, RN
VP Clinical / Nursing Operations & Patient Safety Officer

Denise Podell, RN
Director Accreditation

Carol Pileggi
Director Laboratory

Alexandra Xelas, RN
Director Infection Prevention

Ann Marie Treanor, RN
Senior Administrative Supervisor

Brian McGrinder
Director Pharmacy

Theresa Yanarella
Director Out-Patient Behavioral Health

Vacant
Director of PCS
Northwell Cancer Institute at Phelps

Joy Paul-Bhatnagar, RN
Nurse Manager
Infusion Center

Neethu Gopinadh, RN
Clinical Educator

Vacant
VP Administration

Michael Glennon
Sr. Admin Director Phys. & Occ. Med, Radiology, Speech & Hearing

Pam Louis
Director
Wound Healing Institute

Judy Dillworth, RN
Magnet Program Director

Tim Wages, RN
Senior Admin. Director
Hyperbaric, Respiratory, Sleep & Cardiovascular

Elizabeth Smykowski, RN
Nurse Manager
Hyperbaric

William Reifer
VP of Quality

Phyllis Vonderheide, RN
Sr. Director Patient Experience

Kerry Ann Kelly, RN
Director Case Management

Michelle Horvath, RN
Quality Manager

Richard Mellor
VP Human Resources & Employee Health Services

Nancy Fox, RN
Director Organizational & Nursing Professional Development

Employee Health Services

Paula Keenan, RN
Nursing Director
Medical Surgical Services

Cheryl Burke, RN
Clinical Educator

Ellen Parise, RN
Nurse Manager
3North (fka 2 North) / Vascular Access

Carolynn Young, RN
Clinical Nurse Specialist

Marilyn Maniscalco, RN
Nurse Manager
2 Center

Barbara Vetoulis, RN
Nurse Manager
2 North /5 North

Danielle Medina, RN
Assistant Nurse Manager

Suzanne Mateo, RN
Nursing Director ED, Critical Care & Inpatient Behavioral Health

Candace Huggins, RN
Asst. Nursing Director
Emergency Dept.

Donisha Sledge, RN
Assistant Nurse Manager

Alayna Davis, RN
Nurse Manager
Emergency Dept.

Nadia Poon-Woo, RN
Clinical Educator
Emergency Dept.

Carol Daley, RN
Nurse Manager
ICU

Deborah Reynolds, RN
Enterostomal Therapy

Adele Whyte, RN
Critical Care
Clinical Educator

Gail Wilson, RN
Nurse Manager
5 South

Christine Clarke, RN
Assistant Nurse Manager

Rona Edwards, RN
Nurse Manager
Behavioral Rehab

Nancy Perkins, RN
Nurse Manager
1 South

Doreen Gallagher, RN
Clinical Educator
Behavioral Health

Elaine Gardner, RN
Stroke Coordinator

Kathleen Scherf, RN
Nursing Director Surgical Services

Maureen Lovett, RN
Asst. Nursing Director
Surgical Services

Alaina Smalley, RN
Nurse Manager
ASU / PSA / PACU / Pain Center

Margaret Santos, RN
Clinical Nurse Specialist
ASU, PACU, ENDO, Pain Center

Robert Bernardini
Manager
Surgical Services Support

Vacant
Asst. Nursing Director
Surgical Services

Susana Airey, RN
Nurse Manager
Endoscopy

Charles Williams
Manager
SPD

Kelly Ann Esposito, RN
Nurse Manager
OR

Kelly Kissane, RN
OR Educator

Yvetale Lauture-Jerome, RN
Nursing Director
Maternal Child Health

Vacant
Nurse Manager
Maternal Child Health

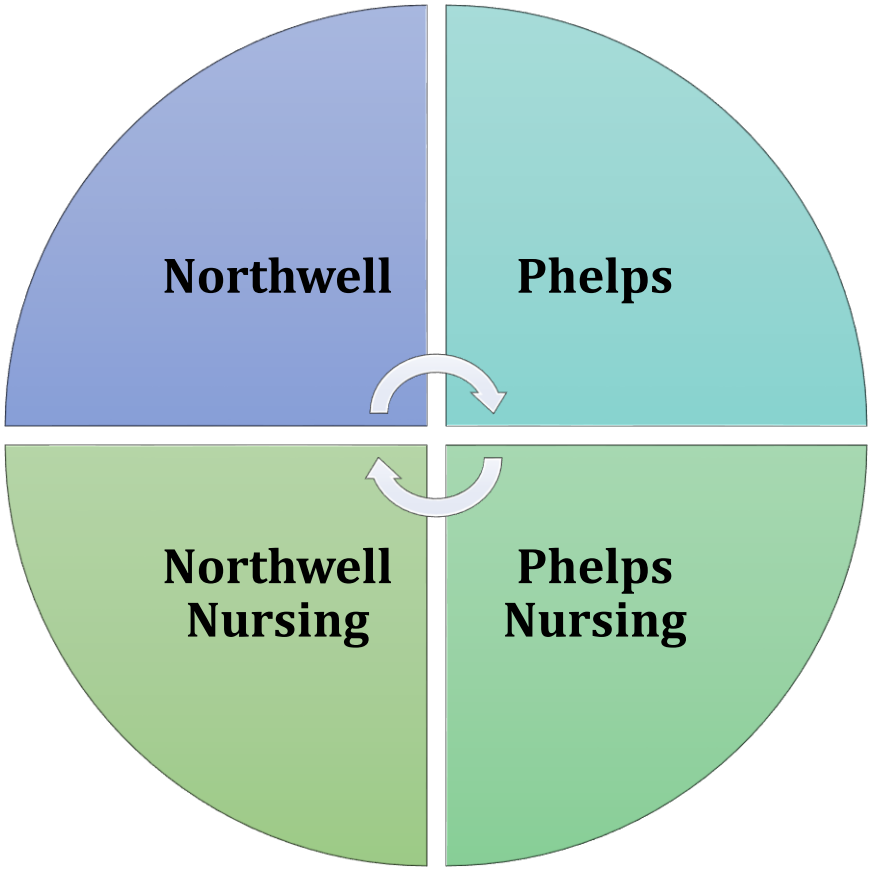
Kara Giustino, RN
Clinical Educator

Francesca Grillo, RN
Clinical Educator

Date: June 11th, 2020

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

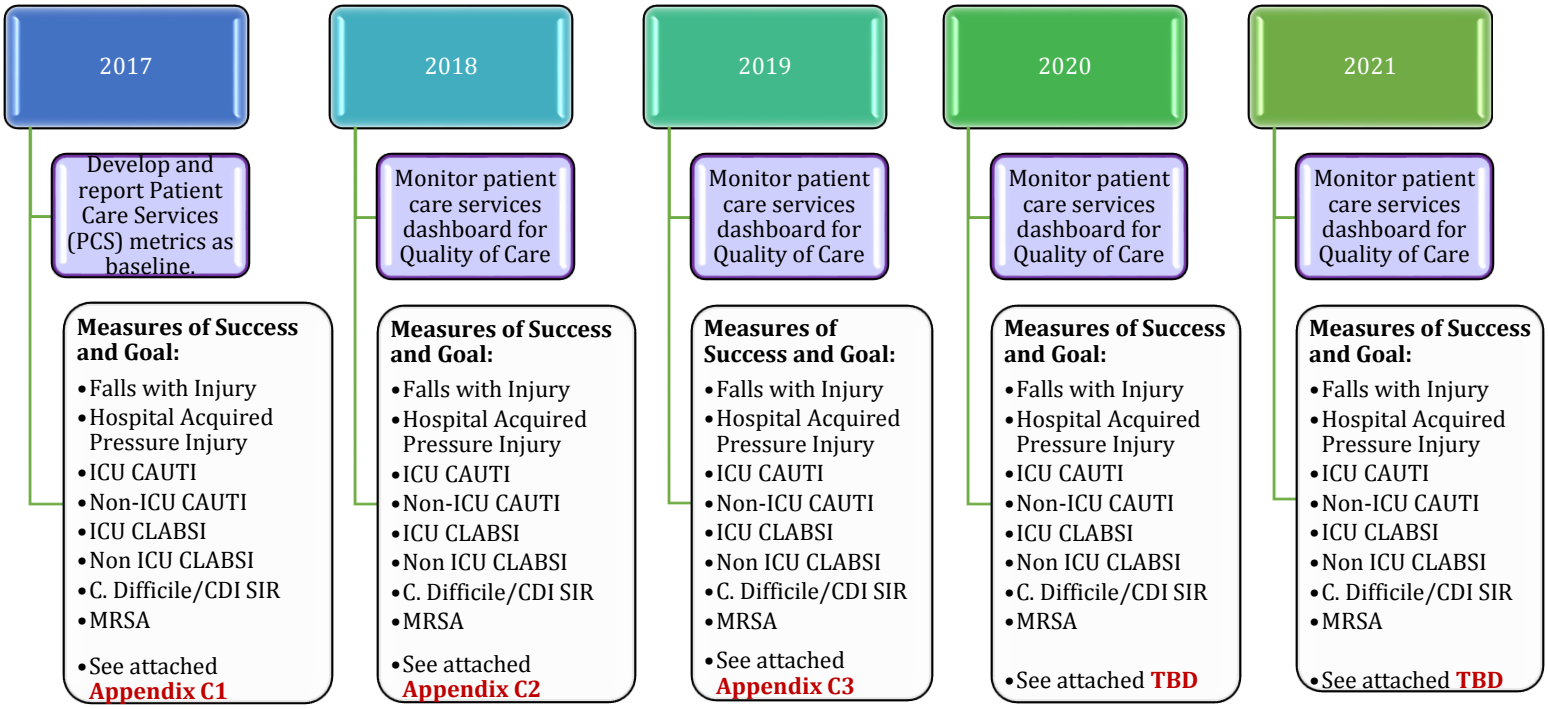
Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customers desire.

Finance

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

Quality

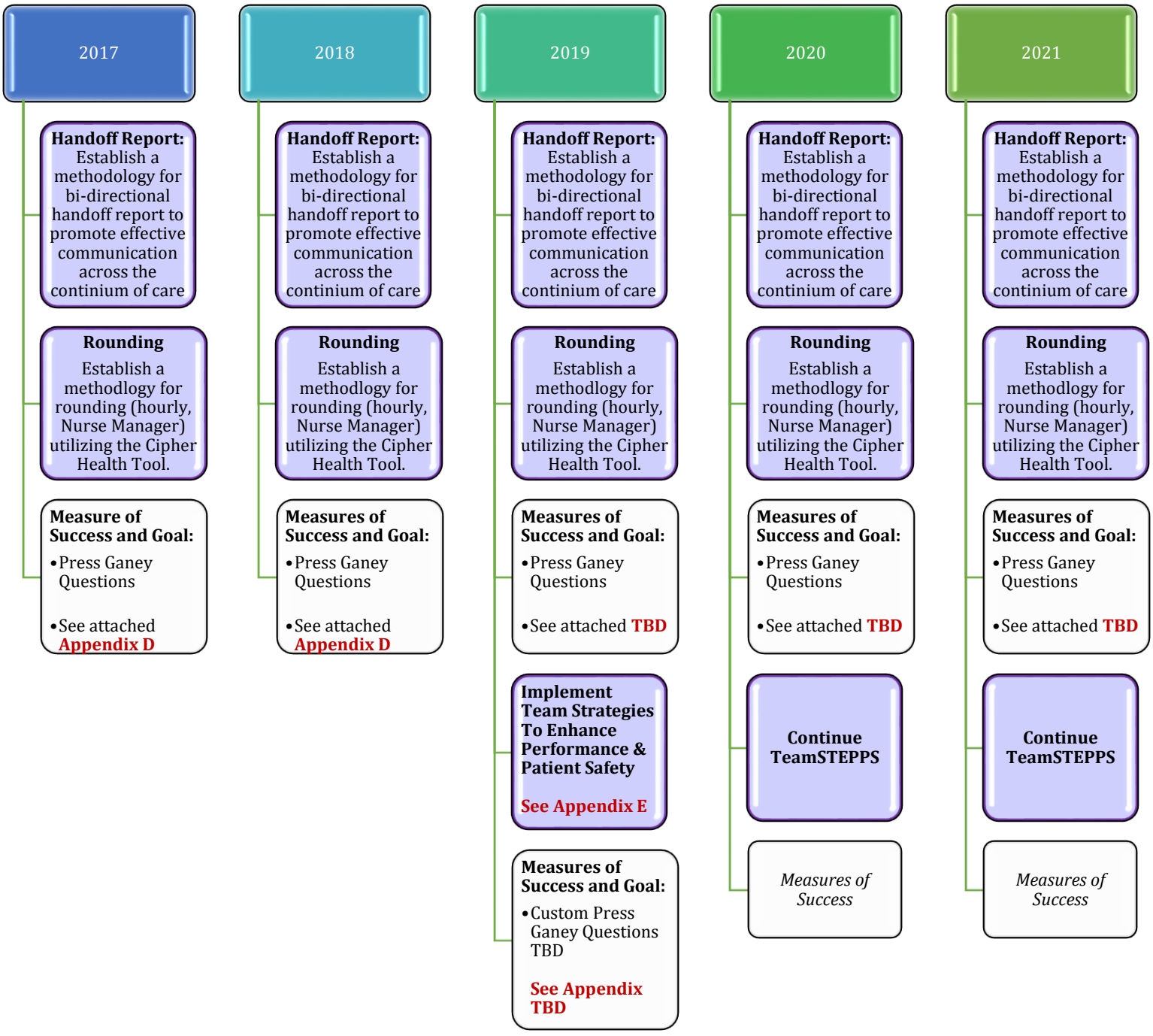
GOAL: Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.



Phelps Hospital Northwell Health℠

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

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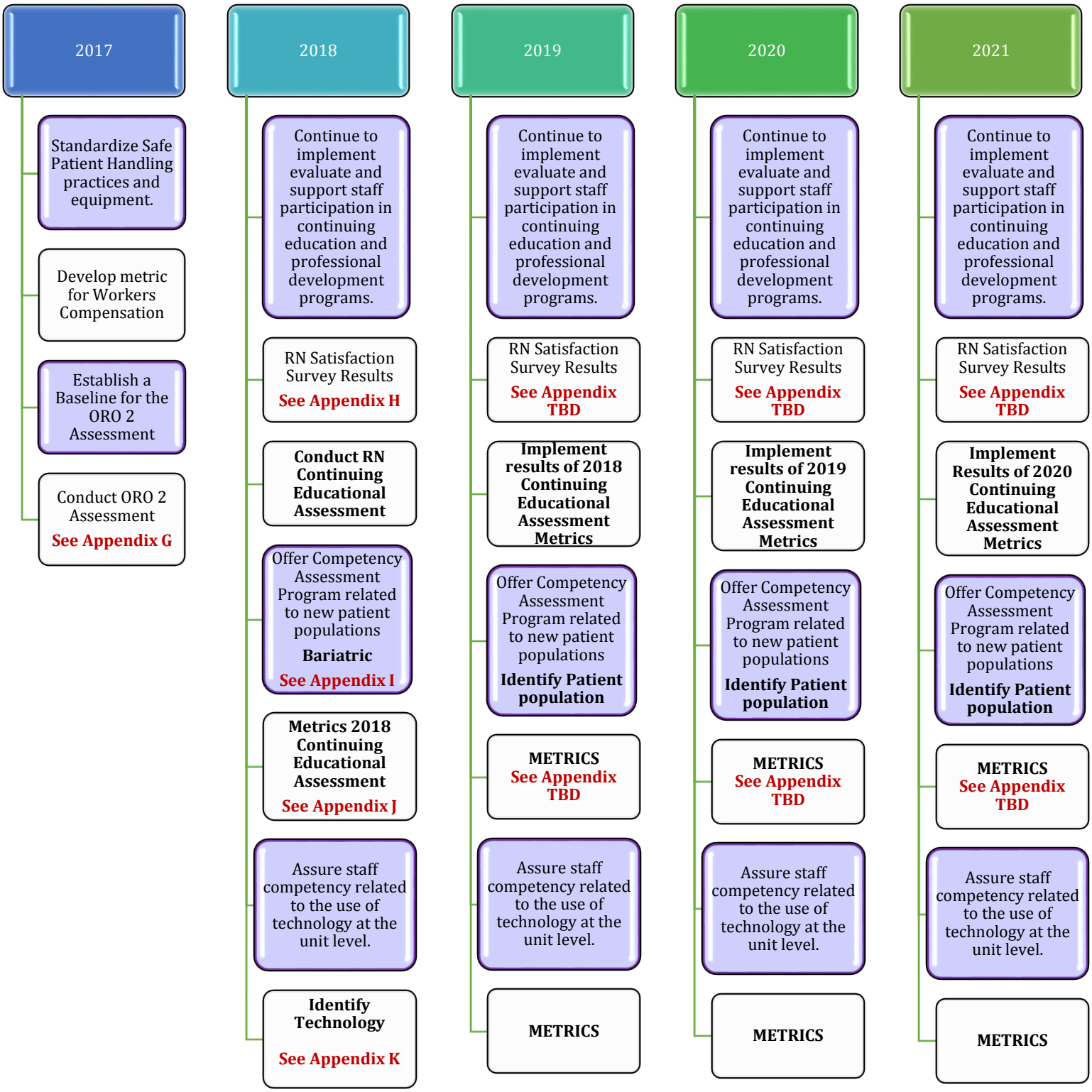


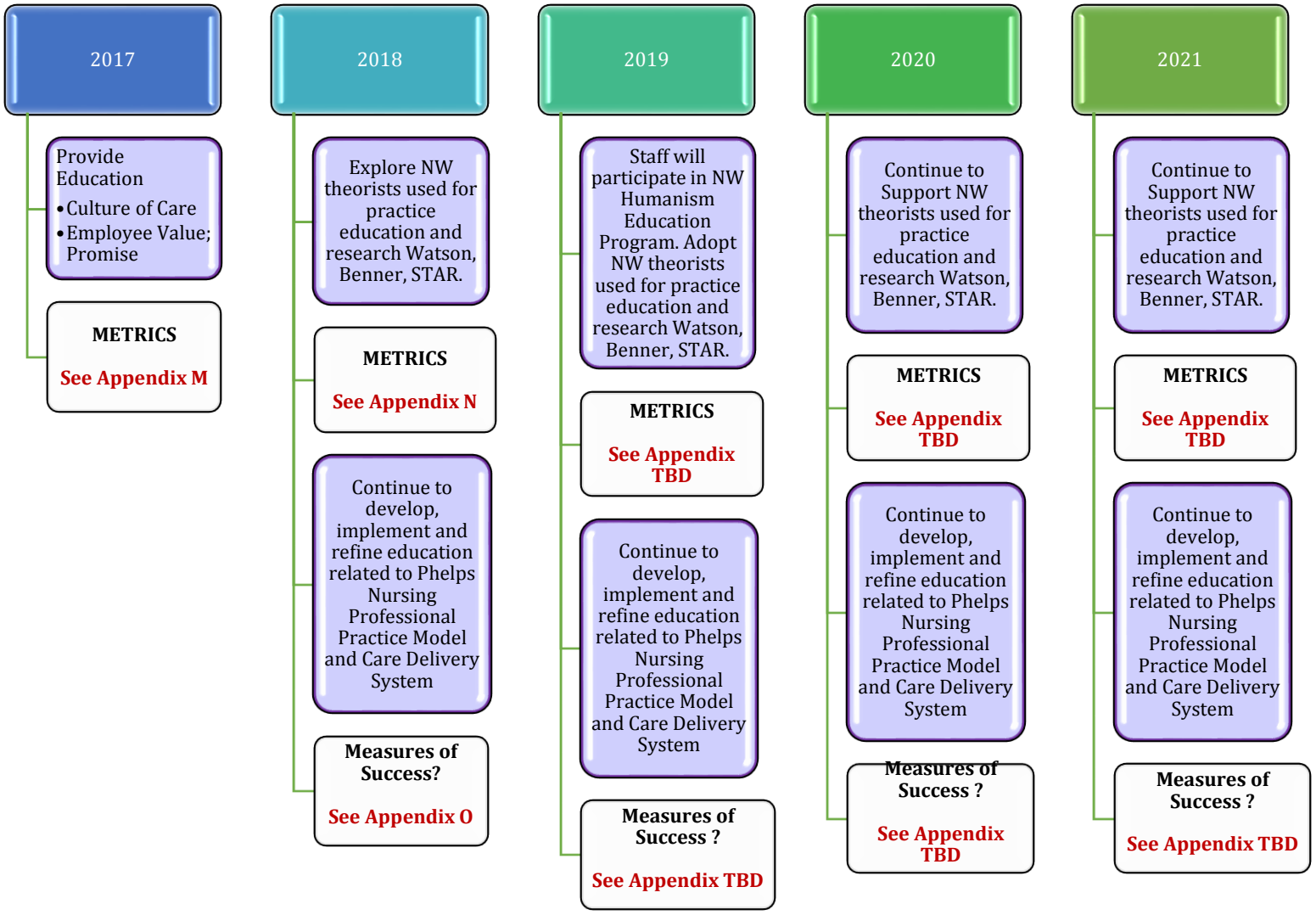
People

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

2017	2018	2019	2020	2021
Recruit doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research	Employ doctorally prepared nurses to educate clinical nurses about the difference between EBP and Research
METRICS EBP **See Appendix L1**	**METRICS EBP** **See Appendix L2**	**METRICS EBP**	**METRICS EBP**	**METRICS EBP**
RESEARCH IRB Approved	**RESEARCH** 2 IRB Approved	**RESEARCH** 4 IRB Approved	**RESEARCH** 6 IRB Approved	**RESEARCH** 8 IRB Approved
Establish Baseline	**Goal**: BSN Rate: 81.38% Cert Rate: 39.10%	**Goal**: BSN Rate: 83.47% Cert Rate: 41.20%	**Goal** BSN Rate: 86.48% Cert Rate: 47.59%	**Goal** BSN Rate: Cert Rate: **TBD**
BSN Rate: **79.29%** Cert. Rate: **36.97%**	BSN Rate: **81.58**% Cert. Rate: **40.85**%	BSN Rate: 84.48% Cert. Rate: 46.37%	BSN Rate: ____% Cert. Rate: ____% **TBD**	BSN Rate: ____% Cert. Rate: ____% **TBD**

Service

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



Phelps Hospital
Northwell Health℠

Service

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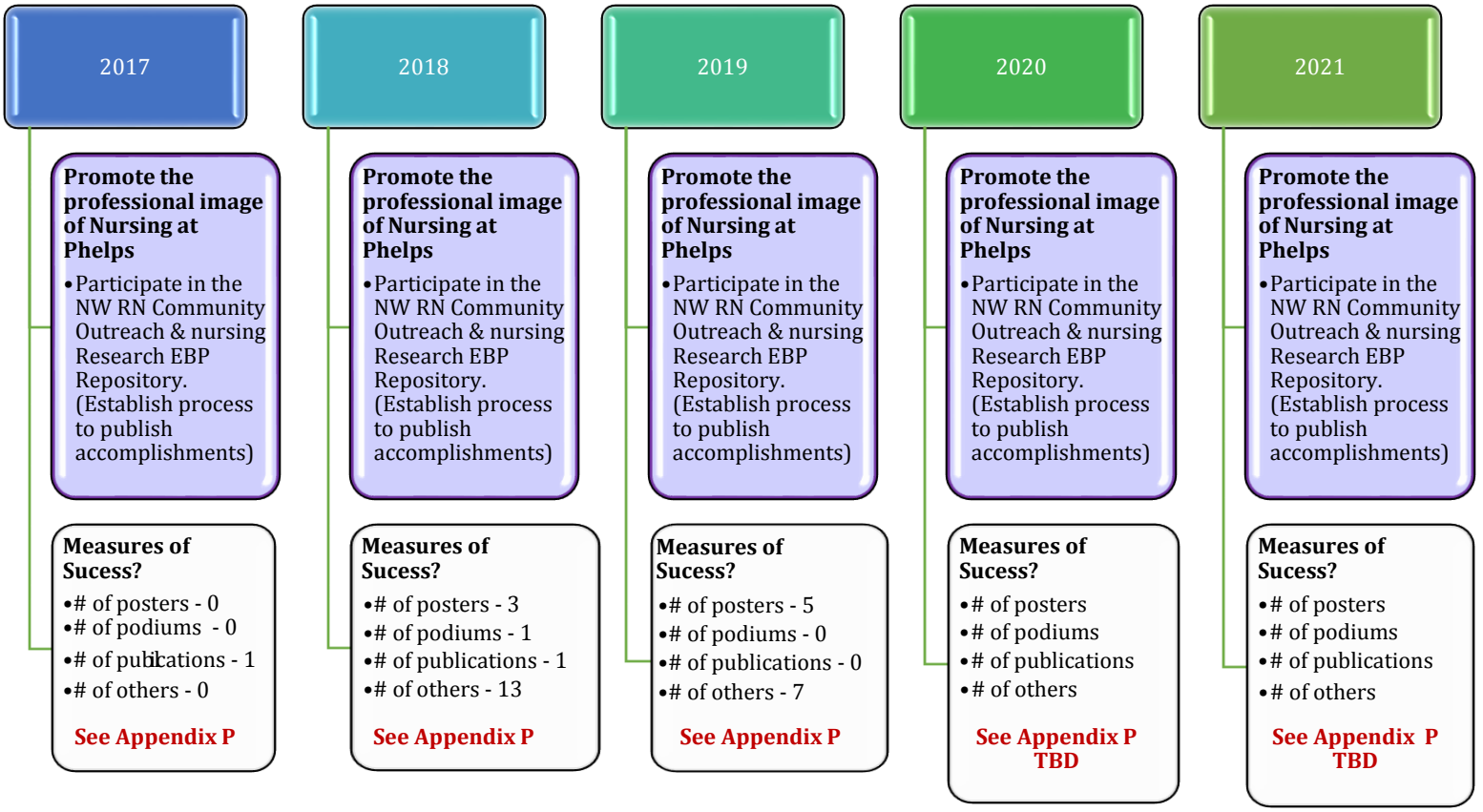
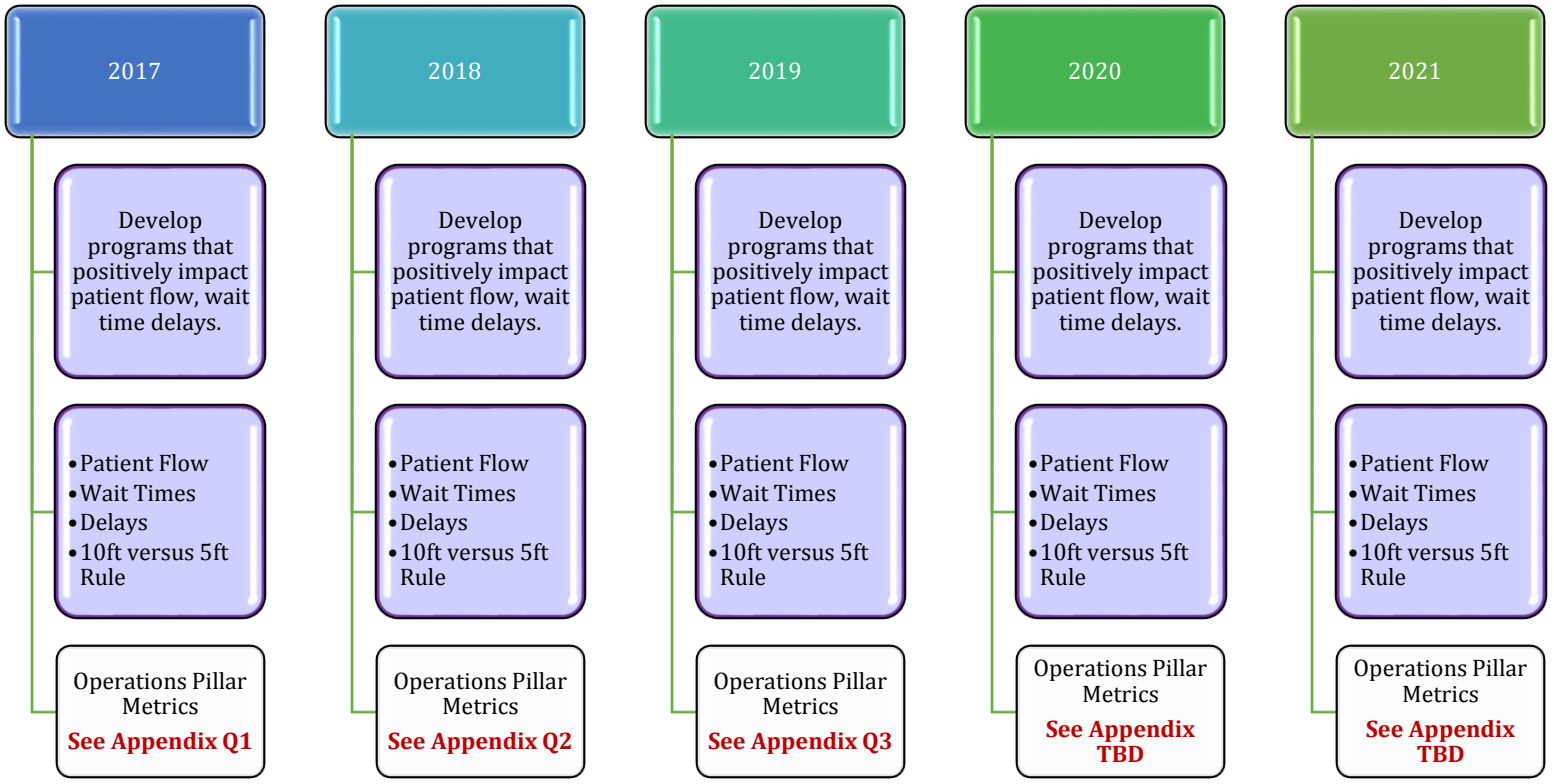


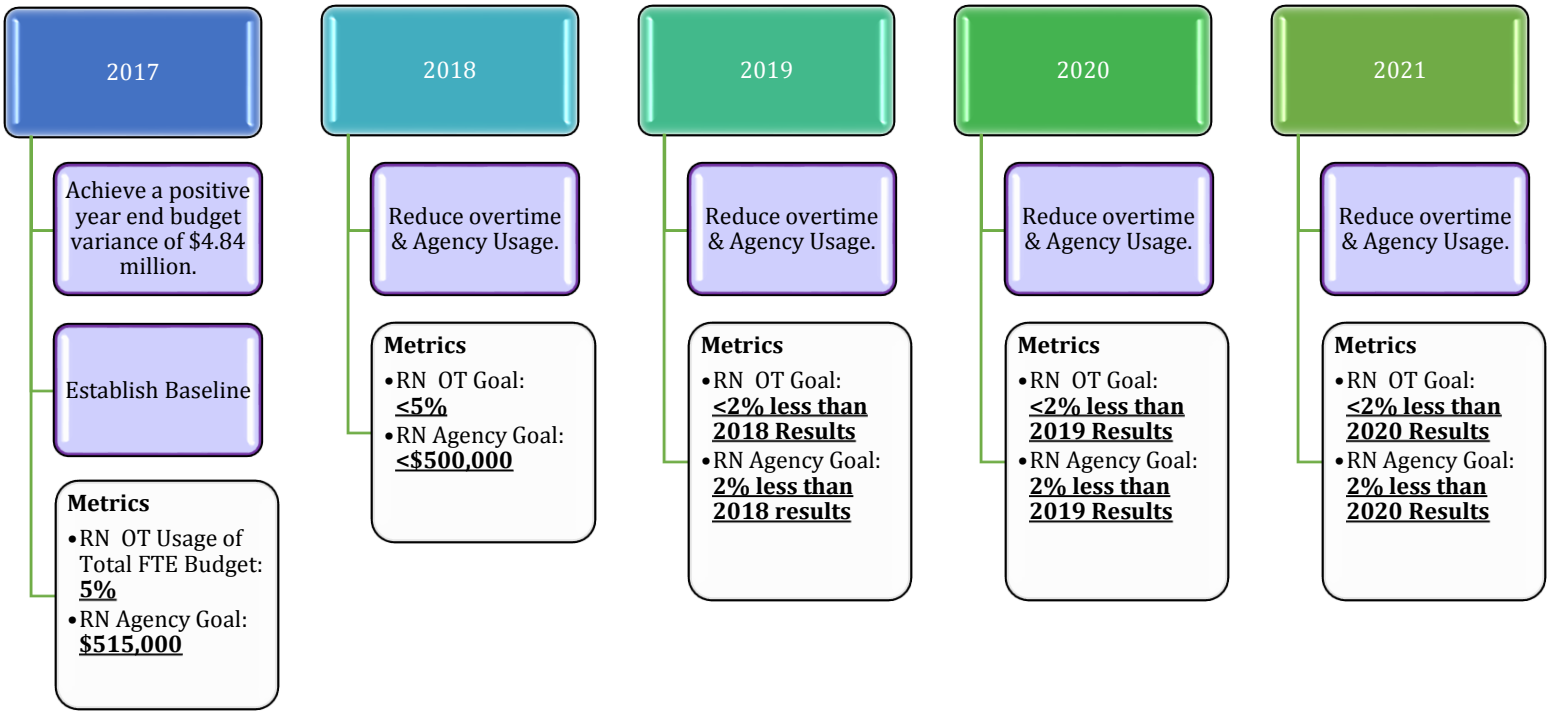
Efficiency

<u>GOAL</u>: 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.

THE SITE VISIT IS YOUR TIME TO … SHINE!

* 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

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Magnet resources available to you:

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

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

TL2EO – NURSING STRATEGIC PLAN

REDUCING HOSPITAL-ACQUIRED C. DIFFICILE INFECTIONS

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

Problem

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

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

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

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

Goal Statement

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

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

Participation

TL2EO – Table 1 – C. Difficile Task Force

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

Interventions

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 1Q18

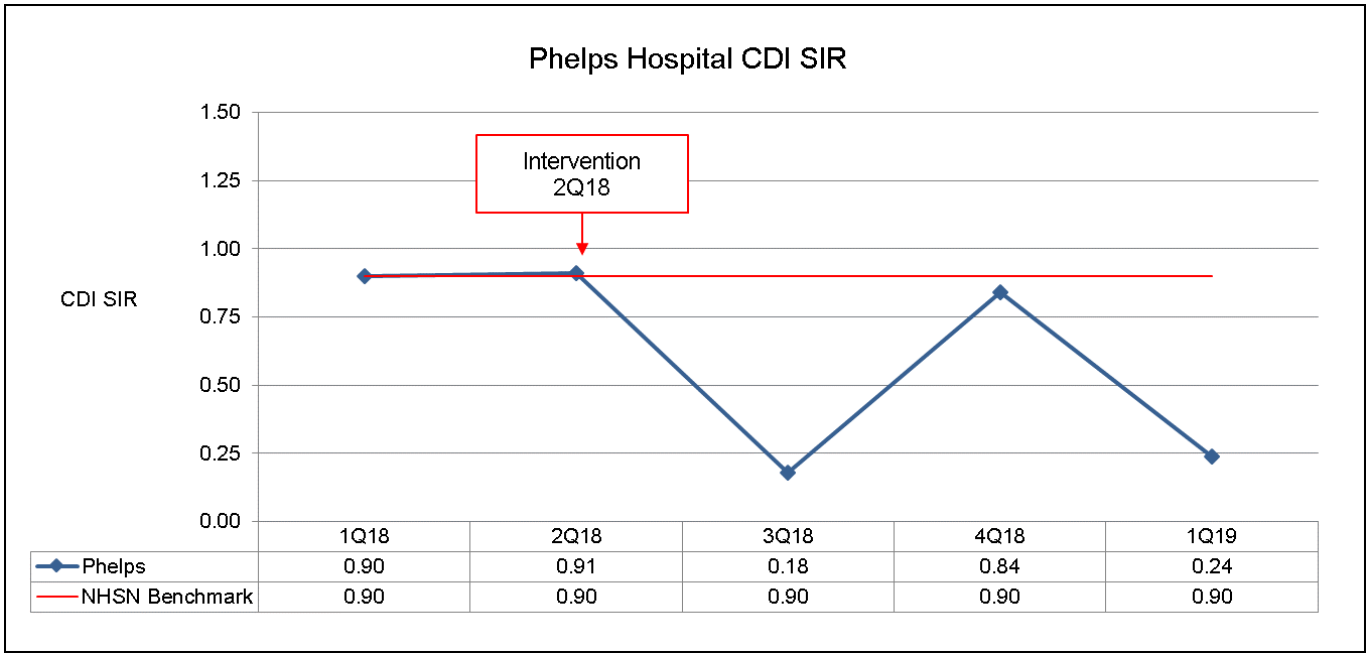
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps CDI SIR was 0.90.

Intervention Timeframe: 2Q18

Post-Intervention Timeframe: 3Q18 – 1Q19

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

TL2EO – Graph 1 – Phelps CDI SIR



	1Q18	2Q18	3Q18	4Q18	1Q19
Phelps	0.90	0.91	0.18	0.84	0.24
NHSN Benchmark	0.90	0.90	0.90	0.90	0.90

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

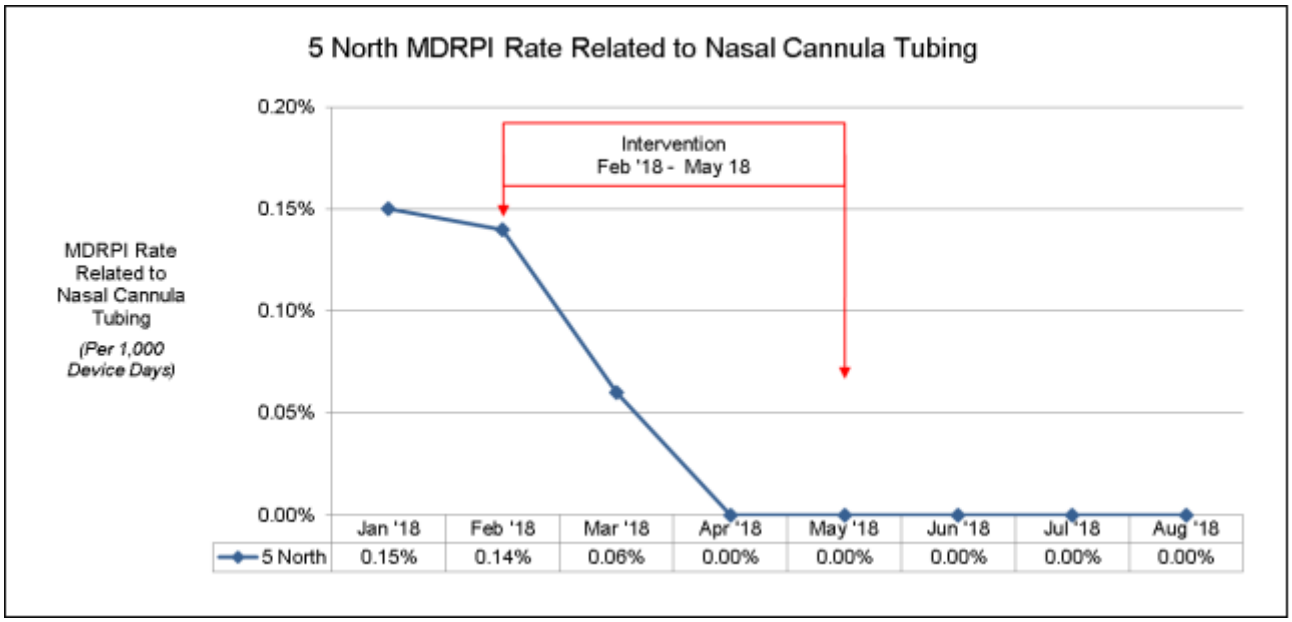
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%.**

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 a100% reduction in the rate.

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



TL6 – MENTORING

EXAMPLE 1: MENTORING PLAN FOR A CLINICAL NURSE

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

Background

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

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

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

Mentoring Activities Provided for a Clinical Nurse

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

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

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

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

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

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

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

EXAMPLE 2: MENTORING PLAN FOR A NURSE MANAGER

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

Background

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

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

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

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

Mentoring Activities Provided for Nurse Manager

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

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

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

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

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

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

EXAMPLE 3: MENTORING PLAN FOR NURSE DIRECTOR

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

Background

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

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

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

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

Mentoring Activities Provided for a Nurse Director

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

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

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

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

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

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

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

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

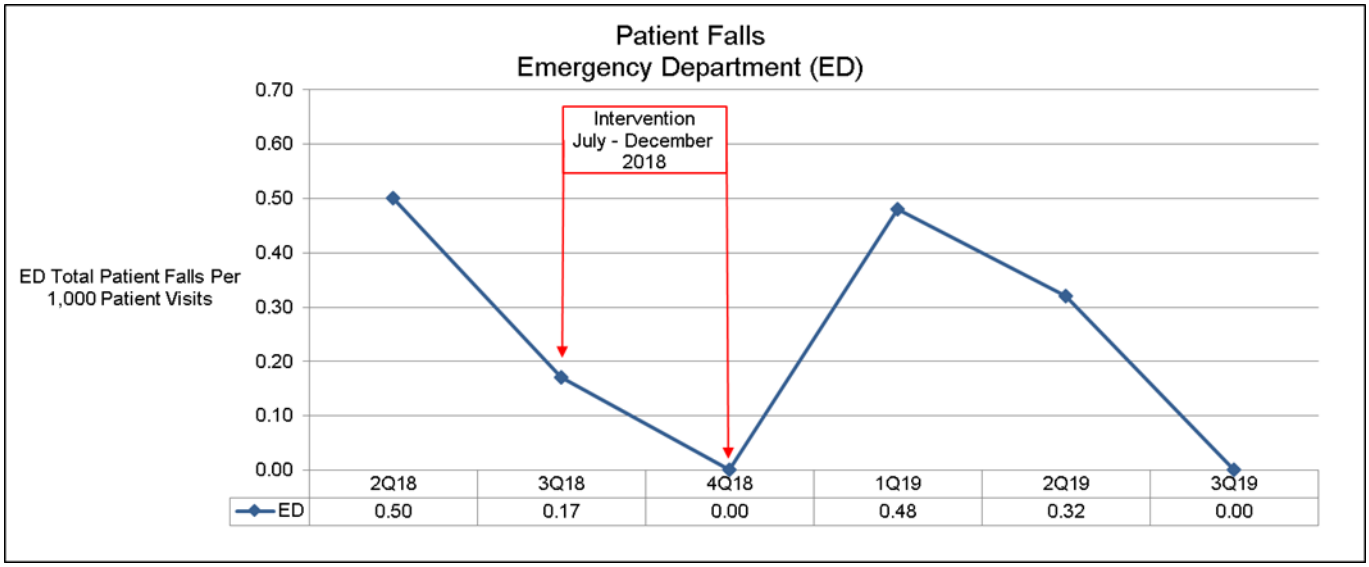
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ED fall rate was 0.50.

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® 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

Name	Credentials	Discipline	Dept/Unit	Job Title
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

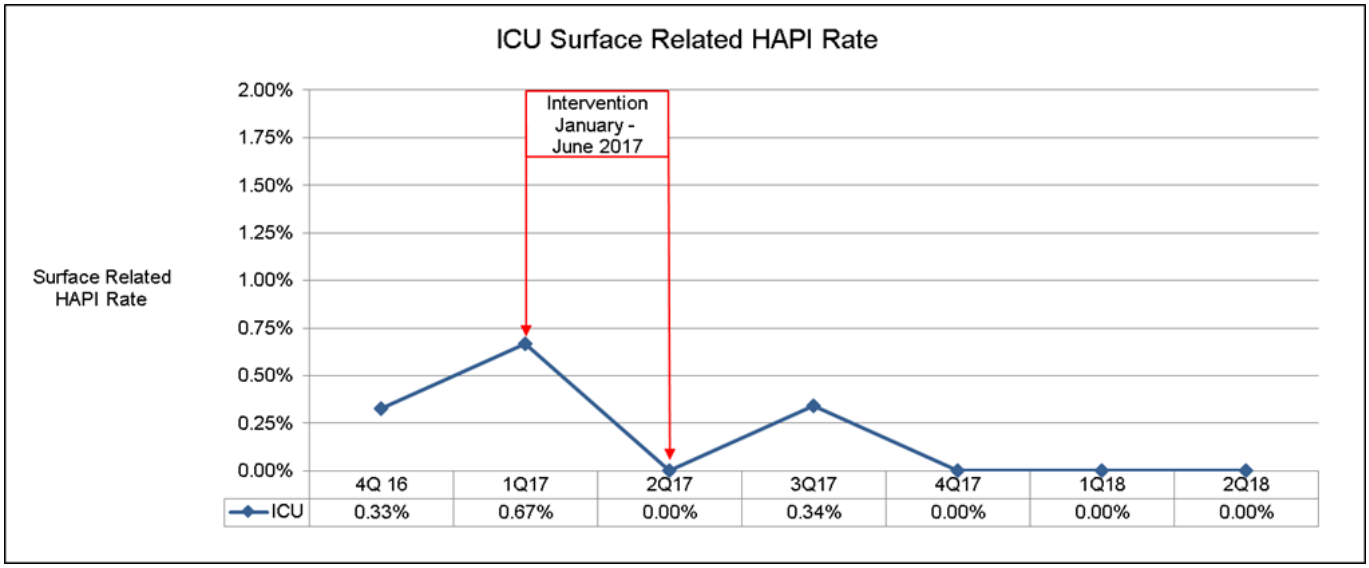
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the ICU surface related HAPI rate equaled 0.33%.

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
Surface Related HAPI Rate
2.00%
1.75%
1.50%
1.25%
1.00%
0.75%
0.50%
0.25%
0.00%
Intervention January - June 2017
4Q 16
1Q17
2Q17
3Q17
4Q17
1Q18
2Q18
ICU
0.33%
0.67%
0.00%
0.34%
0.00%
0.00%
0.00%

9 pages

SE9 – TRANSITION TO PRACTICE

EXAMPLE 1: TRANSITIONING NEW GRADUATE NURSE INTO PRACTICE

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program for new graduate nurse(s). Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Program Overview: Phelps Hospital's Transition to Practice Program, RN Residency Program (RRP), is designed for licensed, new graduate nurses from accredited nursing programs who have six or less months of experience. The overall objective is to facilitate effective transition to practice in select medical–surgical patient care settings. The comprehensive program, based on Benner's Novice to Expert framework (Benner, 1984), begins with the 90-day orientation period followed by the formal, eight-month RRP. Residency cohorts are scheduled twice each year, in March and August.

New Graduate Nurse: On August 14, 2017, following a clinical experience on 5 North during nursing school, Tahler Cambriello began working at Phelps on 5 North as a Medical-Surgical technician. Tahler graduated in May 2018 from Westchester Community College with an associate degree in Nursing. She obtained her New York State Registered Professional Nursing License on August 1, 2018. On August 20, 2018, Tahler Cambriello, ADN, RN, clinical nurse, 5 North, began orientation and the RRP at Phelps.

Transitioning New Graduate Nurse into Nursing Practice

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organization Development, and Paula Keenan, MSN, MPH, RN, director, Nursing, serve as administrators of Phelps RRP. The Human Resources, Organizational Development and Nursing Departments collaboratively run and evaluate the program's success. Centralized orientation and RRP classes are planned by the Organizational Development Department and specific schedules are coordinated by Kathleen Pappas, MS, BSN, RN, NPD-BC, education

specialist. Clinical orientation plans are coordinated by Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, Nursing Department., and the education specialists, clinical nurse specialists, and clinical educators provide support. Orientation team members develop, coordinate, deliver and evaluate the RRP. Team members work collaboratively with the nurse resident to facilitate the nurse resident's practice-based learning and continuous development of competencies (psychomotor, cognitive/new knowledge and interpersonal) as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. SE9-A Cambriello Welcome Letter & Orientation Schedule August 2017

As demonstrated in the agenda, all new hires' enculturation to the Northwell Health system begins with completion of online learning during on-boarding and attendance at *Beginnings* on their first day of employment and continues with Phelps Hospital site and role orientation. Tahler completed system and site orientation as a medical-surgical technician in 2017. She completed Nursing Department orientation both as a medical-surgical technician and again as a nurse resident.

- **System-level Orientation:** Northwell Health hosts a one-day *Beginnings* orientation program for all new system hires. Tahler participated in the Northwell Health *Beginnings* orientation program on September 11, 2017. Topics covered include *Leading the Way*, a history of Northwell Health, Northwell Values, and Culture of Care. Focusing on patient safety, service excellence, and employee engagement at these sessions, leaders provide a broad perspective of the mission, vision values, culture, practices and roles across the system and Phelps.
- **Hospital/Site Orientation:** This two-day hospital orientation program features interprofessional team members presenting an introduction to the culture, practices and roles across Northwell Health and Phelps. To facilitate a sense of belonging, managers welcome all new hires at a luncheon. Tahler completed the 2-day site orientation at Phelps on August 30, 2017 and October 3, 2017. Scheduling was modified to accommodate Tahler's school schedule.
- **Unit Orientation:** During phase three, centralized nursing department and unit orientation experiences are interwoven to facilitate early introduction to the unit's interprofessional team, culture and patient care. Tahler attended nursing department orientation as a medical-surgical technician on August 21, 2017 and as a nurse resident on August 22, 2018. From August 23 to August 31, 2018, Tahler participated in centralized and unit-based RN onboarding and orientation activities**.**

Development and Design: From August 2018 to July 2019, Tahler participated in the Phelps RRP program with the August 2018 cohort. Tahler's RRP program culminated in a presentation of her evidence-based practice project and a graduation breakfast on July 25, 2019. SE9-B Cambriello RRP Schedule Aug 2018- July 2019

The three phases of the RN Residency program (RRP) include orientation, RRP and the formal mentoring program:

- Phase one (orientation) begins with system and hospital orientation and continues through the 12–week comprehensive classroom and practice–based RN Orientation Program. Defined, structured opportunities to develop hospital-, department– and role-defined competencies guide the nurse resident. The competency framework, based on the Quality and Safety Education in Nursing Competencies, supports continuous development of cognitive, clinical-based and inter–professional skills demonstrated at the point of care. Progress is measured by acquisition and validation of each competency.
- During phase two, the RRP didactic, simulation and practice experiences promote ongoing professional development, commitment to lifelong learning, and advancement in practice from novice to advanced beginner. Residents meet on a monthly basis for the duration of the program. The focus during this phase is to support enhanced critical thinking skills and the ability to use data, quality improvement processes and evidence–based practice to promote safe patient care and to develop and support the demonstration of leadership skills at the point of care. Using The Basic Knowledge Assessment Tool for Medical-Surgical Nursing, MED-SURG BKAT2© (Version Two, 2018) (Toth, 2018) and orientation tools that delineate expectations for clinical practice at Phelps, each resident's skill set is assessed. The educators use BKAT results to define and provide needed education related to the management of the care of specific populations.
- Following successful orientation with a preceptor on the unit, phase three, a formal mentoring partnership begins. A mentor is paired with the nurse resident to provide additional support and resources to guide the nurse resident in his/her professional, personal, and interpersonal growth. Previous residents serve as mentors in this ongoing enculturation to the professional role. The focus during this phase is to facilitate the mentee's transition from an advanced beginner to a competent professional nurse. Unlike preceptors, mentors do not provide formal evaluation. Roles and responsibilities of a mentor include role modeling competent nursing practice and behavioral standards, demonstrating positive attitude, serving as a resource person, providing moral support, guidance, and advice, and encouraging the mentee to develop professional goals. The mentoring partnership lasts for a minimum of one year. In November 2018, upon successful orientation, Tahler was paired with clinical nurse mentor, Rachel Ansaldo, BSN, RN, clinical nurse, ASU.
- **Practice-Based Learning:** The opportunity for simulated and experiential learning in their unique practice setting enhances the effectiveness of the RRP for the residents. Clinical educators plan assignments and learning experiences based on progress toward competency attainment. Clinical educators and preceptors provide formative evaluation through ongoing discussion of goals and competencies. Collaboratively, the

clinical educator and manager are responsible for summative evaluation of each individual resident, validating safe and successful transition to practice.

In August 2018, Cheryl created a clinical orientation plan for Tahler. Additionally, she paired Tahler with three preceptors, Kristin Cutaia, BSN, RN-BC, clinical nurse, 5 North; Amanda Dayton, BSN, RN-BC, clinical nurse, 5 North; and Julie Yeager, BSN, RN-BC, clinical nurse, 5 North, to validate unit-based competencies and assist in Tahler's transition to independent practice. From September 1, 2018 through October 30, 2018, Tahler, Kristin, Amanda and Julie met on a weekly basis to set goals, review progress, and determine any additional resources or skills needed. SE9-C Cambriello Orientation Plan & Checklists Aug-Nov 2018

Nursing Professional Development Support: During orientation and the RRP, residents receive information on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder and peer mentoring for career development, access to resources and financial support to obtain and maintain certification. The RRP includes selected accredited continuing education segments**.** For example, Tahler earned continuing education credits for her attendance at the Conflict and the Evidence Based Practice Workshops held on September 21, 2018 and December 21, 2018 respectively. In addition, Tahler used tuition reimbursement to enroll at Excelsior College to begin working on her BSN with a targeted graduation date of August 2020. SE9-D Cambriello HealthStream Transcript 2018-19

Quality Outcomes: Program administrators, Nancy and Paula are responsible for evaluating the RRP on an annual basis. Program objectives are the metrics used to evaluate the effectiveness of the RN Residency Program. Achievement measures include program completion rates, rates of retention, completion of the residency program, participation satisfaction through the Casey Fink (CF) Survey and nursing professional development activities. Measurement of retention, program completion and feedback from the CF survey lead to improvements to the residency program. Phelps consistently maintains a 100% one–year retention rate of RN residents. The results of the CF Survey also indicate a high degree of satisfaction. SE9-E RRP Outcomes Report Aug 2016-March 2019

EXAMPLE 2: TRANSITIONING NEWLY HIRED EXPERIENCED NURSE INTO PRACTICE

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program for a newly hired experienced nurse into the nursing practice environment. Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Overview: The purpose of transition to practice for an experienced nurse hired into the Maternal Child Health (MCH) Department at Phelps Hospital (Phelps) is to provide orientation to support the acquisition of knowledge and skills needed to deliver safe care in that practice setting. Based on Benner's model (Benner, 1984), the program is customizable to serve a wide variety of participants with different learning styles and experience. At Phelps, newly hired experienced nurses receive a comprehensive orientation, have access to professional development activities advances and have support to advance their professional development.

Newly Hired Experienced Nurse: Cherry Lou Fuentes-Coyle, BSN, RN, clinical nurse, began working at Phelps in the Labor and Delivery Unit in the Maternal Child Health Department (MCH) on September 11, 2017. Upon hire Cherry had nine years of experience as a nurse; seven of those were in Labor and Delivery. Cherry worked in Labor and Delivery in the Philippines for two and a half years, in Saudi Arabia for three and a half years, and at Lawrence Hospital for a little over a year.

Transitioning Newly Hired Experienced Nurse into Nursing Practice

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML director, Organizational Development, served as organizational administrators and Theresa Hagenah, MSN, RN, nursing director, MCH (at the time) was the unit administrator for transition to practice of newly hired experienced nurses for the Labor and Delivery Unit in the MCH Department. The Human Resources, Organizational Development and Nursing Departments collaboratively run and evaluate the program's success. Centralized orientation classes were planned by the Organizational Development Department and schedules were coordinated by Kathleen Pappas, MS, BSN, RN, NPD-BC, education specialist. The clinical orientation plan was coordinated by Kara Giustino, MSN, RN, CPN, IBCLC, clinical educator, MCH. Orientation team members educate, coach and guide each newly hired nurse through orientation and transition to achieve competent practice as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. SE9-F Fuentes-Coyle Welcome Letter and Orientation Schedule Sept. 2017

All new hires attend Northwell Health's *Beginnings* and Phelps Hospital site orientation and continues with unit-based orientation. Enculturation to Northwell Health for all new hires begins with completion of online learning during on-boarding, attendance at *Beginnings* on their first day of employment, and continues with Phelps Hospital site and role orientation.

- **System-level Orientation:** Northwell Health hosts a one-day *Beginnings* orientation program for all new system hires on their first day of employment. Topics covered include *Leading the Way*, a history of Northwell Health, Northwell Values, and Culture of Care. Focusing on patient safety, service excellence, and employee engagement at these sessions, leaders provide a broad perspective of the mission, vision values,

culture, practices and roles across the system and Phelps. On September 11, 2017, Cherry participated in the Northwell Health *Beginnings* orientation program.

- **Hospital/Site Orientation:** On September 12 and 13, 2017, Cherry completed Phelps Hospital site orientation. This two-day hospital orientation program features interdisciplinary team members presenting an introduction to the culture, practices and roles across Northwell Health and Phelps. To facilitate a sense of belonging, managers welcome all new hires at a luncheon. Nursing department orientation begins on day 2 of site orientation.
- **Nursing Department and Unit Orientation:** Centralized nursing department and MCH unit orientation experiences are interwoven to facilitate early introduction to the unit's interdisciplinary team and culture. The interdisciplinary team facilitates ongoing enculturation. From September 13, 2017 to November 5, 2017, Cherry participated in unit-based MCH Labor and Delivery onboarding and orientation activities.

Development and Design: Orientation begins with system and hospital orientation and continues through the comprehensive classroom and practice–based RN Orientation. Defined, structured opportunities to develop hospital, department and role-defined competencies guide the nurse and preceptor. The competency framework, based on the Quality and Safety Education in Nursing Competencies (QSEN), supports continuous development of cognitive, clinical-based, and interprofessional skills demonstrated at the point of care, the Labor and Delivery Unit. Progress is measured by acquisition and validation of each competency. SE9-G Fuentes-Coyle Orientation Plan

Practice-Based Learning: Using the clinical orientation plan for RNs and the Labor and Delivery Checklist, the clinical educator, preceptors and experienced RN collaborate to assess and identify knowledge and competency gaps and actively plan individualized experiences to meet those needs. In September 2017, Kara, Clara Karas, BSN, RNC-OB, C-EFM, Clinical Nurse IV, MCH, and Philis Chiao, BSN, RN, C-EFM, clinical nurse IV, Labor and Delivery, created a clinical orientation plan for Cherry. Clara was the primary preceptor. The three nurses provided formative feedback regarding progress toward orientation goals, growth opportunities and successful demonstration of competencies. Edna Classman-Lackow, BSN, RN, CMNL, nurse manager, MCH, provided summative evaluation to validate safe practice. SE9-H Fuentes-Coyle Orientation Checklist Sept-Oct 2017

Nursing Professional Development Support: Ongoing access to professional development opportunities engages experienced nurses to further develop their career. The goal is to advance ongoing professional development and commitment to lifelong learning. During orientation, experienced RNs receive information on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder for clinical career advancement, access to resources and financial support to obtain and maintain certification, opportunities to participate in nursing shared governance councils, interprofessional committees, lifelong learning and professional

organizations. SE9-I Fuentes-Coyle HealthStream Transcript 2017-19

Quality Outcomes: Nancy and Theresa evaluated the effectiveness of the Transition to Practice program for the newly hired MCH experienced nurse against defined program objectives. The objectives and metrics include successful completion of the 90-day orientation, one year rate of retention, BSN rates, certification achievement, and nursing professional development. Phelps consistently maintains a 100% one-year retention rate of newly hired experienced nurses. SE9-J MCH Program Outcomes Report 2017-2019

EXAMPLE 3: TRANSITIONING NURSE INTO NEW PRACTICE ENVIRONMENT

Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program of a nurse transferring within the organization to a new nurse practice environment. Include a description and evidence of the six elements of the transition to practice program that facilitates effective transition.

Background

Overview: The purpose of transition to practice for an experienced telemetry Phelps Hospital (Phelps) nurse transferring into the Intensive Care Unit (ICU) is to build upon the nurse's knowledge and problem-solving and critical-thinking skills to promote and develop critical care competencies to deliver safe care in the ICU practice setting. Based on Benner's model (Benner, 1984), the program is customizable based on the career path previously taken and the unique needs of each nurse.

Transferring Nurse: Anne Moss, BSN, RN, clinical nurse, 5 South began working at Phelps on July 11, 2011, on the Stepdown unit as a new graduate nurse. On November 25, 2018, she transferred to a clinical nurse position in the ICU.

Transitioning Transferring Nurse into New Nursing Practice Environment

Program Leadership/Organizational Enculturation: Theresa Rocco, SPHR, SHRM-SCP, director, Human Resources and Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, serve as organizational administrators. Suzanne Mateo, MA, RN, NEA-BC, director, Emergency Department (ED), Critical Care, Inpatient Behavioral Health, Carol Daley, MS, RN, CNML, nurse manager, Critical Care, and the critical care educator oversee and evaluate the internal clinical nurse's transition to practice. At the time of Anne's transition, there was no master's prepared educator assigned to critical care. Adele Whyte, BSN, RN, CCRN, WOCN, clinical nurse IV, a highly qualified experienced nurse was matriculating in a graduate program at the time and was fulfilling the educator role. Adele worked closely with members of Organizational Development to make sure that all aspects of

the orientation were covered. She served as the primary preceptor and coordinated the activities of the orientation team, the clinical nurse preceptors.

Adele guided the clinical preceptors, Rebecca O'Brien, BSN, RN, PCCN, clinical nurse IV, and Celeste Duncalf, BSN, RN, CCRN, clinical nurse IV, to develop, coordinate, deliver and evaluate the orientation. Team members worked collaboratively with the clinical nurse to facilitate the clinical nurse's practice–based learning and continuous development of competencies (psychomotor, cognitive/new knowledge and interpersonal) as relevant to role responsibilities. These individuals support continuous development of critical thinking skills and the ability to use data, quality improvement processes, and evidence-based practice to promote safe patient care. SE9-K Moss Welcome Letter & Orientation Schedule November 2018.

At the October 26,2018 ICU Staff Meeting, Carol announced that Anne Moss, BSN, RN, clinical nurse IV, 5 South, Stepdown, who has worked at Phelps since 2011, would begin orientation to the ICU on November 26, 2018. During the unit-based orientation, the nurse manager, clinical educator, preceptors and interprofessional team engage the transferring nurse and provide the framework for understanding the critical care environment. The interprofessional team members participate in the orientation with a focus on patient safety, service excellence and employee engagement. On November 26, 2018, Carol and Celeste Duncalf, BSN, RN, clinical nurse and preceptor, welcomed Anne as she began her 9-week orientation to the ICU.

Development and Design: The comprehensive, unit-based orientation plan and defined critical care competencies provide the structure to guide the nurse in achieving and demonstrating competencies. The competency framework, based on the Quality and Safety Education in Nursing (QSEN) Competencies, supports continuous development of cognitive, clinical-based, and inter–professional skills demonstrated at the point of care, the ICU. Progress is measured by acquisition and validation of each competency. Opportunity and demonstration of skills acquisition is dependent on the patient population, diagnoses, and required patient care on any given day. SE9-L Moss Critical Care Competency

Practice-Based Learning: In November 2018, Adele, Rebecca, and Celeste -collaborated to assess and identify knowledge and competency gaps and actively plan individualized experiences to meet those needs. They provided formative feedback regarding progress toward orientation goals, growth opportunities and successful demonstration of competencies. Collaboratively, Carol and Adele provided a summative evaluation to validate safe practice. SE9-M Moss ICU Orientation Plan Nov 2018-Jan 2019

Nursing Professional Development Support: Transferring RNs such as Anne receive ongoing professional development support from the unit clinical educator and information via email, Nursing News, flyers and verbal communication on the multiple opportunities available to advance their careers. Opportunities include financial support for academic progression, a clinical ladder for clinical career advancement, access to resources and financial support to

obtain and maintain certification, opportunities to participate in nursing shared governance councils, interdisciplinary committees, community activities, lifelong learning and professional organizations. Demonstrating interest in the growing need for education about de-escalation and behavioral management, Anne attended training to become a Non-Violent Crisis Intervention (CPI) instructor. Anne used this instructor role as a clinical ladder leadership activity. SE9-N Professional Development Brochure April 2019

Quality Outcomes: Nancy Fox, and Suzanne evaluate the effectiveness of the transition to practice program for nurses transferring to the ICU against program and critical care patient outcomes. The expected outcomes include successful completion of ICU clinical orientation, one-year retention, recommend the hospital and communication with nurses patient satisfaction scores, nurse sensitive clinical indicators, and RN NDNQI satisfaction survey results. The ICU retains transferred nurses and has patient satisfaction scores that rank higher than the national benchmark especially for “Nurse Communication.” SE9-O ICU Transfers Retention and Outcomes Report 2017-2019

11 pages

SE12 – RECOGNIZING NURSES

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

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

Background

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

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

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

Clinical Nurse Supports Hospital's Strategic Priorities

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

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

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

Recognition for Contributions to Strategic Priorities

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

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

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

EXAMPLE 2: PHELPS HOSPITAL NURSES RECOGNIZED FOR IMPROVING PATIENT OUTCOMES

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

Background

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

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

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

Participation

SE12 – Table 1 – Phelps Skin Champions 2018-2019

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

Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal therapy	Clinical Nurse

Nurses Support Hospital's Strategic Priorities

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

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

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

Recognizing Nurses for Contributions to Phelps' Strategic Priorities

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

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

appreciation at the end of NLC with a celebratory breakfast. SE12-H NLC Recognition Invitation January 2019

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

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

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, clnical nurse, 3 North (formerly 2 North), Candice Johnson, BSN, RN, clinical nurse, 5 North, Karen Barger, BSN, RN, CCRN, clinical nurse, ICU and Nancy agreed that since patient populations differed, the clinical nurses of the unit shared governance councils could customize tools and scenarios for the various care environments. Nancy requested clinical nurse assistance to foster engagement and adoption of TeamSTEPPS™ in their patient care areas.

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: December 2018

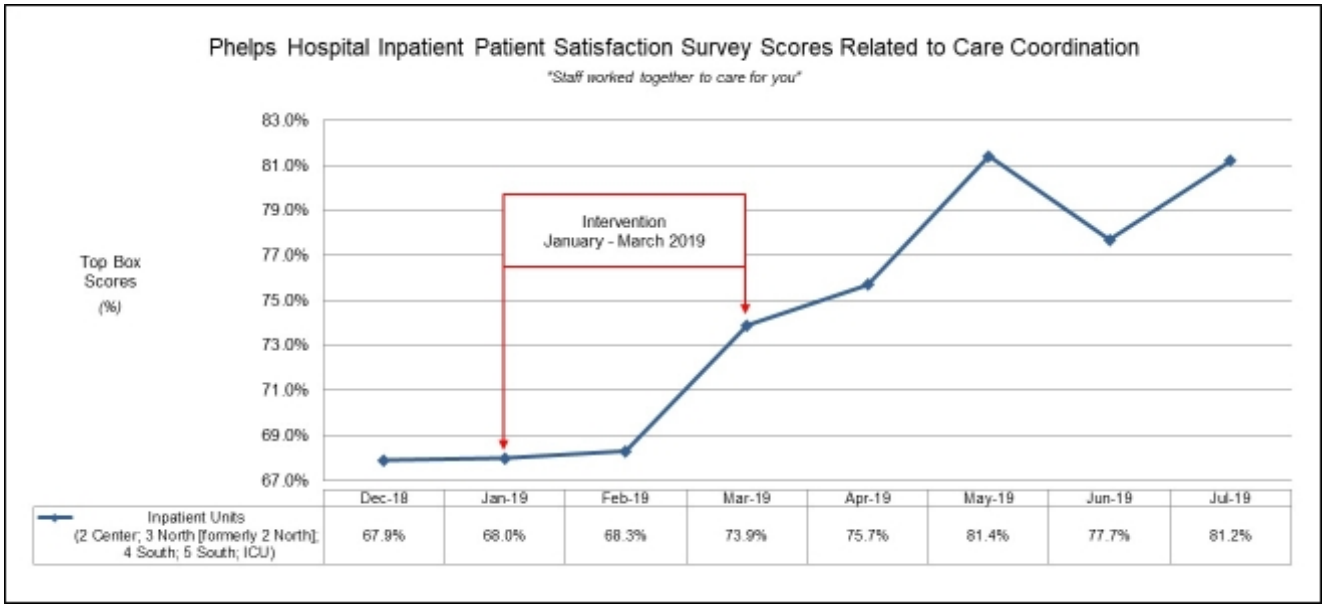
Pre-Intervention Baseline Data: During the pre-intervention timeframe, Phelps inpatient patient satisfaction survey top box scores for the care coordination question, "Staff worked together to care for you," averaged 67.9%.

Intervention Timeframe: January – March 2019

Post-Intervention Timeframe: April – July 2019

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

EP1EO – Graph 1 – Phelps Inpatient Patient Satisfaction Survey Scores Related to Care Coordination



EXAMPLE 2: IMPROVING EMERGENCY DEPARTMENT PATIENT SATISFACTION WITH MEDICATION EDUCATION

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

Problem

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

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

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

EP1EO – Exhibit 2 – Phelps Professional Practice Model

"Our river of care is a bridge to wellness"

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

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

Goal Statement

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

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

Participation

EP1EO – Table 2 – ED Clinical Nurse Participants

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

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

Interventions

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

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

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

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

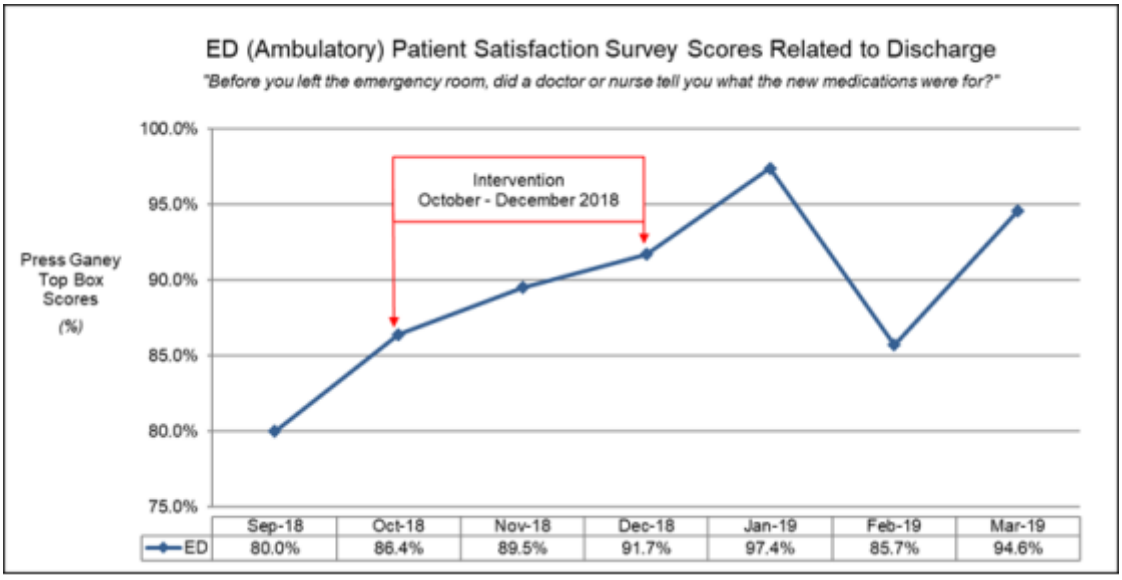
Pre-Intervention Baseline Data: During the pre-intervention timeframe, ED (ambulatory) patient satisfaction survey top box scores for the question, “Before you left the emergency room, did a doctor or nurse tell you what the new medications were for?” averaged 80.0%.

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



12 Pages

EP4EO – UTILIZING EXPERTS

REDUCING CLABSI RATE THROUGH EXPERT RECOMMENDATIONS

Provide one example, with supporting evidence, of an improvement in a patient outcome associated with one (internal or external) expert or multiple (internal or external) experts' recommended change in nursing practice.

Problem

Overview: Central Line associated Blood Stream Infections (CLABSI) remain some of the deadliest and costliest healthcare associated infections (HAIs). In the US alone, estimates have exceeded 200,000 preventable central line infections annually, resulting in as high as 25,000 deaths and $21.4 billion in avoidable costs (Norfleet, 2016).

Background: In late 2017, Phelps Hospital (Phelps) had a hospital-wide central line bloodstream-associated infection (CLABSI) rate of 1.95 per 1,000 central line days. During this time, the Intensive Care Unit (ICU) reported their first CLABSI in a long time. Nurses recognized opportunities to improve central line practices and reduce CLABSI risk not only in the ICU, but throughout the hospital.

Internal Expert: Genaro "Gerry" Bethan, BSN, RN, CRNI, VA-BC, clinical nurse, IV Therapy, Vascular Access, has been in nursing almost 30 years and is a Certified Registered Nurse Infusion (CRNI). He is also an active member of the Infusion Nurses Society (INS), a professional society dedicated to infusion care. In 2017, Gerry attended the New Jersey Chapter conference of INS. While reviewing infusion products in vendor exhibits, he learned about the BIOPATCH® disk which contained an antimicrobial agent, chlorhexidine gluconate (CHG), and reduced vascular access infections.

When the patient in the Phelps ICU was identified to have a CLABSI, Gerry recalled the INS conference where he had seen the BIOPATCH® disk for the first time. He believed that the device could potentially help prevent further CLABSIs in the hospital and sought Value Analysis Committee (VAC) approval for the use of the product hospital-wide in late 2017.

After careful consideration, the BIOPATCH® was approved by the VACs of Phelps and Northwell.

Challenge: In 4Q17, the Phelps CLABSI rate was 1.95 per 1,000 central line days.

Goal Statement

Goal: Reduce Phelps CLABSI rate

Measure of Effectiveness: Phelps CLABSI rate
(total # Phelps CLABSIs ÷ total # Phelps central line days x 1,000)

Participation

EP4EO – Table 1 – Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Genaro "Gerry" Bethan	BSN, RN, CRNI, VA-BC	Nursing	Vascular Access	Clinical Nurse, IV Therapy (Internal Expert)
Meredith Shellner	MS, BSN, RN, CIC	Nursing	Infection Prevention	Interim Director
Carolyn Young	MSN, RN, ONC, CNS, RN-BC	Nursing	2 Center	Clinical Nurse Specialist
Kathleen Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Patricia Curtin	MSN, RN	Nursing	Vascular Access	Clinical Nurse
Josenia Lawlor	BSN, RN, CRNI	Nursing	Vascular Access	Clinical Nurse
Ma Teresita San Luis	BSN, RN	Nursing	Vascular Access	Clinical Nurse
Pauline Tedesco	MSN, RN	Nursing	Vascular Access	Clinical Nurse
Marie Genco	BSN, RN, OCN	Nursing	Vascular Access	Clinical Nurse
Carol Daley	MSN, RN, CNML	Nursing	ICU	Manager
Margaret Santos	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Ellen Parise	MSN, RN, CNML	Nursing	2 North, 3 North Vascular Access	Manager
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care and Inpatient Behavioral Health	Nursing Director
Giovanna Conti-Robles		Operations	Materials Management	Manager
Glen Delau		Operations	Materials Management	Director (at that time)

Interventions

Forming a Team: In January 2018, Gerry enlisted the help of Meredith Shellner, MS, BSN,

RN, CIC, interim director, Infection Prevention, and Carolyn Young, MSN, RN-BC, CNS-BC, RN-BC, ONC, clinical nurse specialist, Medical Surgical, to develop a policy for the BIOPATCH® disk to be used for patients with central lines for the ICU and throughout the hospital. Gerry believed the CHG–impregnated disk could reduce or eliminate CLABSIs.

Updating Existing Policies: In April 2018, Gerry contributed to Phelps Central Venous Catheter Dressing Change policy updates. The updated policy included use of the BIOPATCH® disk. Gerry contributed to Phelps Central Venous Catheter Dressing Change using the policy to include the use of the Biopatch. He added precautions and warnings to the policy. Gerry also provided the references from the Center of Disease Control and Prevention and attached the 'Dos and Don'ts' of Biopatch dressing application.

Developing New Nursing Practices: In April 2018, Gerry collaborated with Carolynn to develop the new protocol for Biopatch use. The new protocol included proper skin preparation for Biopatch use, the correct side to place against the skin, and how to correctly position the patch around the catheter insertion site. Gerry collaborated with Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist to educate the nursing staff. Gerry became the Phelps Biopatch champion and advocated for its use to prevent central line infections.

Addressing Barriers to Use: In April 2018, Gerry identified that a barrier to compliance in using the Biopatch was convincing others to use the device on central line dressings. The initial reaction from some nurses was that Phelps' CLABSI rate was very low and the additional cost of the Biopatch product may not be necessary. Gerry found that other nursing staff were reluctant to change their practice. In essence Gerry met resistance to change. He exerted his influence by frequently communicating about the Biopatch product to nurses and physicians. Gerry also provided expertise and support while endorsing the use of the Biopatch. Ultimately Gerry was successful in implementing the new protocol and influencing the consistent use of the Biopatch for all central line dressing changes.

Educating Nurses on New Product: In April 2018, with Gerry's support, Kathy provided education to the nursing department regarding the new policy and the use of the Biopatch. All nurses in the inpatient areas, Emergency Department, Ambulatory Care Unit, Post Anesthesia Care Unit, Operating Room and the Infusion Center were educated on the proper use of the Biopatch.

Implementing New Product and Practices to Reduce CLABSI: In May 2018, the Biopatch® product and change in nursing practice were implemented throughout Phelps.

Outcome

Pre-Intervention Timeframe: 4Q17

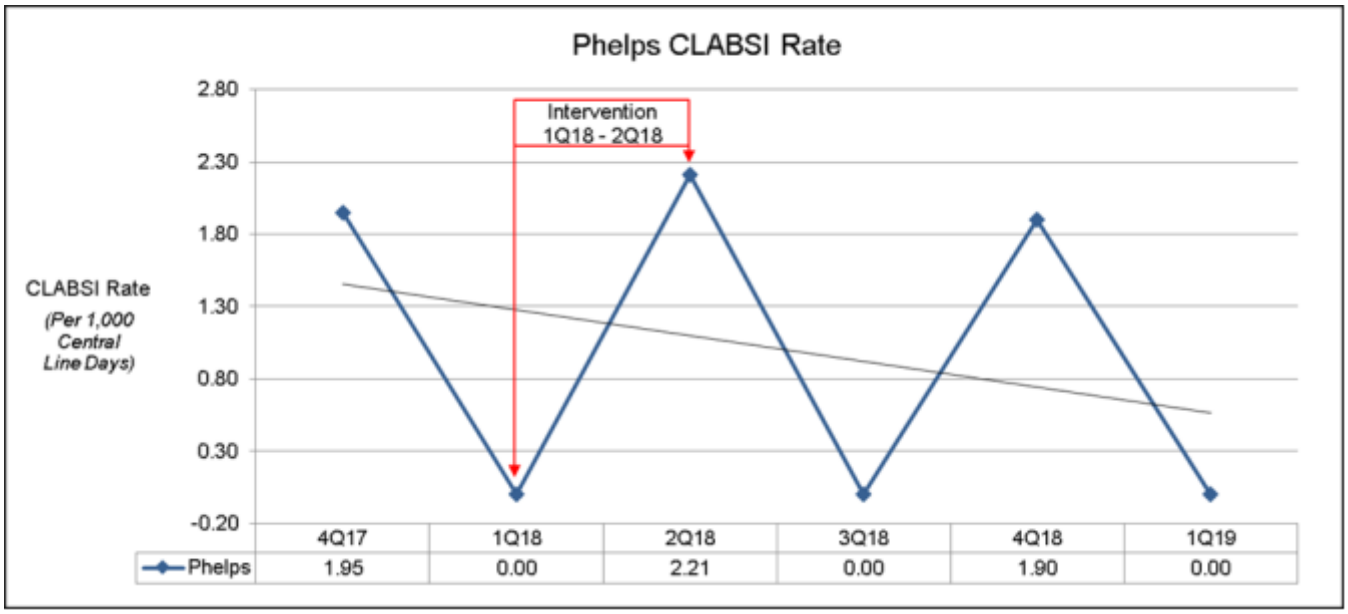
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps CLABSI rate was1.95 per 1,000 central line days.

Intervention Timeframe: 1Q18 – 2Q18

Post-Intervention Timeframe: 3Q18 – 1Q19

Post-Intervention Data: During the post-intervention timeframe, the Phelps CLABSI rate averaged 0.63 per 1,000 central line days. This represents a 68% reduction in the rate.

EP4EO – Graph 1 – Phelps CLABSI Rate



5 Pages

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

Name	Credentials	Discipline	Dept/Unit	Job Title
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 FIO2 and PEEP levels are determined. According to the CDC VAE algorithm, any changes to FIO2 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

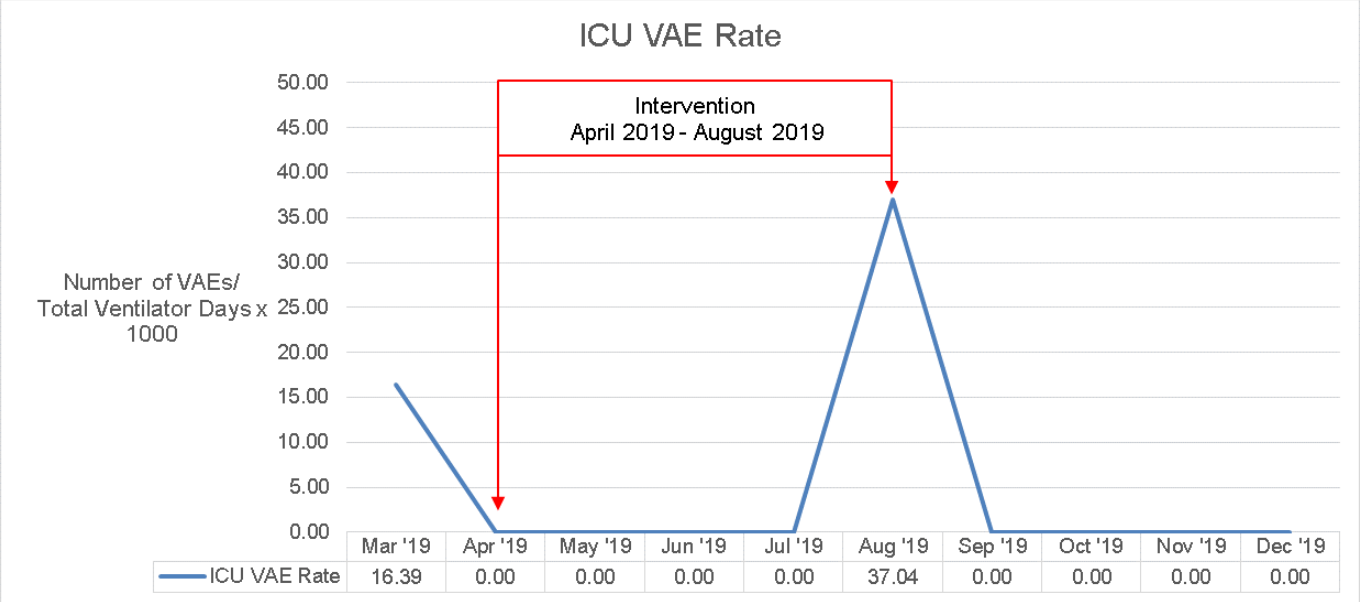
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the VAE Rate for intubated ICU patients was 16.39 per 1000 ventilator days.

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



4 Pages

EP7EO – RN-LED QUALITY IMPROVEMENT ACTIVITY

EXAMPLE 1: INTERPROFESSIONAL QUALITY IMPROVEMENT ACTIVITY REDUCES FALLS WITH INJURY ON 5 SOUTH

Provide one example, with supporting evidence, of an improved outcome associated with an interprofessional quality improvement activity, led (or co-led) by a nurse (exclusive of CNO).

Problem

Overview: In the US, an older adult is treated in an Emergency Department for a fall every eleven seconds, and an older adult dies from a fall every 19 seconds. Upon hospitalization, the patient's mobility decreases, which can cause muscle weakness, hypotension, and/or general malaise. All of these conditions contribute to the patient's susceptibility to falling. Functional decline is a primary condition with multiple consequences, including frailty, weakness and a propensity for falls in the older adult. Functional decline, particularly during hospitalization, is common and can occur as early as the second day of bed rest or restricted mobilization. Strategies to reduce falls in the older hospitalized patient include patient activity orders with appropriate assistance, use of lift equipment, and physical therapy consults.

Background: At Phelps Hospital (Phelps), physicians had been prescribing one of three activity orders: out of bed (OOB), OOB to chair, or bed rest. Clinical nurses often needed to use judgment regarding the interpretation of OOB orders for each individual patient. For some patients, it meant OOB within the room; for others it meant OOB to the bathroom or OOB to the hallway. Physician activity orders that described what each individual patient could perform safely often lacked clarity. In February 2018, these inconsistencies were highlighted when a patient on 5 South, a step-down unit, had an order which read: OOB to chair. This patient had been getting out of the bed to the chair by herself for several days on the unit. However, during the night, this patient called for assistance to be taken to the bathroom. The technician escorted the patient to the bathroom, but while in the bathroom, the patient fell, fracturing her elbow. The staff assumed that if the patient had been OOB to chair, walking her to the bathroom a few more feet would be tolerated. Unfortunately, a fall

with injury resulted. In addition to this instance, an overall increase in patient falls with injury was noted on 5 South that month. A modification of the activity orders was needed, to specify the activity with the type of assistance required for each individual patient.

Nurse-Leader of QI Initiative: Paula Keenan, MSN, MPH, RN, director, Medical-Surgical Services, and Eileen Egan, JD, BSN, RN, vice-president, Administration, co-led the quality improvement efforts of the interprofessional Fall Committee at Phelps to reduce patient falls with injury on 5 South.

Challenge: In February 2018, the 5 South patient falls with injury rate was 4.30 per 1,000 patient days.

Goal Statement

Goal: Reduce 5 South patient falls with injury rate.

Measure of Effectiveness: 5 South patient falls with injury rate
(# 5 South patients' falls with injury ÷ total # 5 South patient days x 1,000)

Participation

EP7EO – Table 1 – Interprofessional Falls Committee Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Paula Keenan, Co-leader	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Eileen Egan; Co-leader	JD, BSN, RN	Risk Management	Administration	Vice President
Anisha Jose	MSN, RN	Nursing	5 South	Clinical Nurse
Julie Yeager	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Christine Jewell	AAS, RN	Nursing	ICU	Clinical Nurse
Ann Moss	BSN, RN	Nursing	ICU	Clinical Nurse
Carrie Klemens	BSN, RN	Nursing	2 Center	Clinical Nurse
Sixta Jones	BSN, RN	Nursing	2 South (BRU)	Clinical Nurse
Caleb Wilson	BSN, RN	Nursing	2 North	Clinical Nurse
Sonja Fanelli	AAS, RN, CPN	Nursing	Pediatrics	Clinical Nurse
Janet Monetta	RN, CEN, CPEN, CCRN-A	Nursing	ED	Clinical Nurse
Denise Morgan	BSN, RN, CGRN	Nursing	Endo	Clinical Nurse
Nancy Pitzel	BSN, RN	Nursing	Pain Management	Clinical Nurse
Jenna Harris	BSN, RN-BC, NYSAFE	Nursing	1 South	Clinical Nurse
Nancy Perkins	BSN, RN	Nursing	1 South	Nurse Manger
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Toby Banc	MD	Medicine	Medicine	SVP & Medical Director
Cherry Lyn Fuentes*	MSN, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Alicia Mulvena*	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist

Name	Credentials	Discipline	Dept/Unit	Job Title
Kathleen (Kathy) Pappas*	MSN, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Antonio Acosta		Support Services	Environmental Services	Assistant Director
Sheetal Shenoy		Occupational Therapy	Occupational Therapy	Senior Occupational Therapist II
Jock Avolio **	MD	Medicine	2 Center, Physical Medicine & Rehabilitation	Chief, Physical Medicine and Rehabilitation (at the time)
Matt Landfield **	PT	Physical Therapy	Physical Medicine & Rehabilitation	Manager

* *Organizational Development Member rotates attendance*
** *Ad Hoc Members – Invited to attend meeting when needed*

Interventions

Presenting the Issue to Falls Committee: In March 2018, Paula Keenan, MSN, MPH, RN, director, Medical-Surgical Nursing and Eileen Egan, JD, BSN, RN, vice-president, Administration, presented the 5 South patient fall, which caused an elbow fracture at the Falls Committee meeting. The Falls Committee is an interprofessional committee, co-chaired by Paula and Eileen, which includes clinical nurses and representatives from Medicine, Administration, Organizational Development, Occupational Therapy, and Environmental Services. Since this patient fall was on the agenda for the March meeting, Paula and Eileen invited clinical nurses from 5 South and 5 North (medical unit), Tobe Banc, MD, senior VP and medical director, Jock Avolio, MD, chief, Physical Medicine and Rehabilitation (at the time), and Matt Landfield, PT, manager, Physical Medicine and Rehabilitation, to the meeting. Paula invited the clinical nurses from 5 North because this particular patient had fallen before this event, without injury, on 5 North.

Evaluating Current Practices: At the March 2018 meeting, Paula, Eileen and the Falls Committee members reviewed events leading to this particular patient's fall. They also reviewed the existing activity order set in Meditech, the computerized documentation system. Orders included: activity (detailed), activity no restrictions, OOB per detail, OOB with medical equipment use, OOB/BRP (bathroom privileges), OOB/Chair and OOB/Commode only. The nurses felt that the orders may have been interpreted differently than what was intended for this particular patient, resulting in the fall. For example, the clinical nurses raised questions regarding the activity orders such as, "does OOB mean ambulate to the bathroom?" and "if a patient scores a high risk for falls, should the patient require an immediate physical therapy evaluation?"

Identifying Alternative Approaches: In March 2018, as a result of an engaged discussion

with Drs. Avolio and Banc, the Falls Committee members concluded that activity orders should be modifiable and specific to the patient's functional ability to help guide the healthcare team members in caring for each patient safely. Dr. Banc reviewed activity order options in Meditech with the Phelps hospitalists. Dr. Banc suggested developing updated orders, which include the assist of one or two staff members, to the existing physician's order set, and report back to the next Falls Committee.

Developing New Process to Reduce Falls: From April to May 2018, Eileen, Fulgra Kalra MD, Director, Hospitalists, Amanda Dayton BSN, RN-BC, clinical nurse , 5 North and Matt Landfield, manager, physical therapy worked together to identify activity orders and specify the patient's need for assistance (e.g. no assistance, 1-person assist, 2-person assist).

- The activity orders were changed to specifically identify destinations and levels of assistance required. If an activity order only included "OOB to chair," patients would not be brought to the bathroom or hallway.
- All activity order sets were modified to include "with assistance required" and "none."
- In addition, fields for "OOB to Chair," "no BRP use commode" and "OOB to chair with BRP" activity orders were created to remove the need for "interpretation" of the activity orders.

Educating Nurses and Associates: Beginning in July 2018, all nurses and medical-surgical technicians who worked in the areas of medical surgical, critical care, telemetry, orthopedics, rehabilitation, pediatrics and maternal child health completed the learning module in Healthstream™, the Phelps' electronic learning management system. In this module, specific instructions related to OOB orders were provided to differentiate whether the patient can ambulate to the bathroom for patient safety: OOB to chair (does not include ambulating to the bathroom; patient must have a bedside commode) and OOB BR privileges (patient is able to ambulate to the bathroom).

Implementing the New Process to Reduce Falls: In October 2018, the expanded and individualized activity orders developed by clinical nurses, physicians, and physical therapists were implemented.

Outcome

Pre-Intervention Timeframe: February 2018

Pre-Intervention Data: During the pre-intervention timeframe, the 5 South patient falls with injury rate was 4.30 per 1,000 patient days.

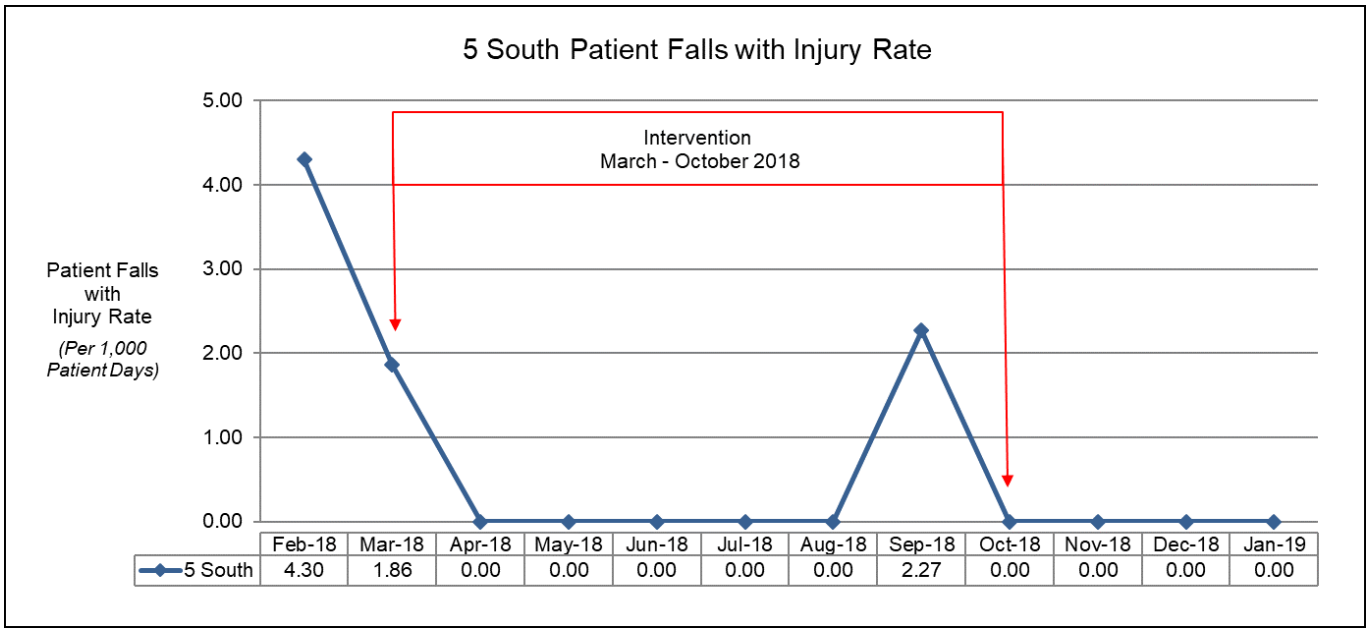
Intervention Timeframe: March – October 2018

Post-Intervention Timeframe: November 2018 – January 2019

Post-Intervention Data: During the post-intervention timeframe, the 5 South patient falls with injury rate averaged zero per 1,000 patient days. This represents a 100% reduction in

the patient falls with injury rate.

EP7EO – Graph 1 – 5 South Patient Falls With Injury Rate



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
5 South	4.30	1.86	0.00	0.00	0.00	0.00	0.00	2.27	0.00	0.00	0.00	0.00

EXAMPLE 2: INTERPROFESSIONAL QUALITY IMPROVEMENT INITIATIVE REDUCES COST ASSOCIATED WITH REPOSITIONING & LIFTING PATIENTS

Provide one example, with supporting evidence, of an improved outcome associated with an interprofessional quality improvement activity, led (or co-led) by a clinical nurse.

Problem

Overview: Registered nurses (RNs) and other healthcare workers often face workplace hazards while performing routine job duties. Research shows that hospital workers, particularly RNs, exhibit a higher-than-average risk of sustaining musculoskeletal injuries while on the job. In 2016, 51% of all injuries and illnesses to RNs resulted in sprains, strains or tears, which required a median of seven days away from work. Direct and indirect costs associated with back injuries alone in the healthcare industry are estimated to be $20 billion annually (OSHA, 2019). Since RN workplace injuries bear monetary and societal costs, understanding those injuries and illnesses can help combat future hazards through improvements in policy and technology. RNs are the keystone of the healthcare system, and injury and illness prevention strengthens the system at its core and improves patient care (*Monthly Labor Review*, Bureau of Labor Statistics, November 2018).

Background: In the second quarter of 2017, Phelps Hospital (Phelps) trialed and purchased the Prevalon™ AirTAP System™, a product from Sage Products now part of Stryker (AirTAP), to prevent hospital–acquired, surface-related pressure injuries. During the trial, clinical

nurses from the ICU and 5 South commented that the AirTAP was also effective in repositioning and transferring patients from the bed or stretcher to the table in the CT scan room. Phelps had recently experienced a significant increase in employee injuries caused by repositioning and lifting patients which resulted in lost days and high incurred costs. This troubling injury trend motivated Phelps to find better options for safe patient handling for their employees.

Clinical Nurse Leader of QI Initiative: The Phelps Safe Patient Handling (SPH) Committee, formalized in 2016, is an interprofessional committee that reviews all incidents of employee injuries to identify trends and possible strategies for prevention. The SPH Committee is co-chaired by Carrie Klemens, BSN, RN, clinical nurse, 2 Center, and Marilyn Maniscalco, BSN, RN, CNML, nurse manager, 2 Center. Carrie and Marilyn co-led the quality improvement initiative to reduce costs associated with employee injuries related to repositioning and lifting patients.

Challenge: In 2Q17, the cost associated with Phelps employee injuries related to repositioning and/or lifting patients was $66,564.80.

Goal Statement

Goal: Reduce the cost associated with Phelps employee injuries related to repositioning and/or lifting patients

Measure of Effectiveness: Cost associated with Phelps employee injuries related to repositioning and/or lifting patients (in dollars)

Participation

EP7EO – Table 2 – Safe Patient Handling Committee Members

Name	Credentials	Discipline	Dept/Unit	Job Title
Carrie Klemens; Co-leader	BSN, RN	Nursing	2 Center	Clinical Nurse
Marilyn Maniscalco; Co-leader	BSN, RN, CNML	Nursing	2 Center	Nurse Manager
Clara Karas	BSN, RN, C-EFM, RNC-OB	Nursing	4 South	Clinical Nurse
Kai Yamamoto	BSN, RN, CNOR	Nursing	OR	Clinical Nurse
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Jodel Aristide		SMI	SMI	Technician
Katrina Arnoff		Radiation Therapy	Oncology	Radiation Therapist

Name	Credentials	Discipline	Dept/Unit	Job Title
Maria Chaux		Nursing Support	3 North (FKA 2 North)	Medical Surgical Technician
Richard Chulia		Physical Therapy	Physical Therapy	Rehabilitation Aide
Giovanna Conti		Materials Management	Materials Management	Manager
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Ruth Neuman	MBA/HA, PT, CEAS II, PMEC	Work Force Safety	Northwell Health Work Force Safety	Sr. Ergonomist and Northwell Representative, SPH Committee

Interventions

Evaluating Current Practices: In July 2017, Carrie and the SPH Committee received feedback from ICU and 5 South clinical nurses who participated in the AirTAP trial. They found that the nurses often placed the AirTAP under the patients prior to transport to the procedural areas to assist with repositioning and transferring patients from the bed or stretcher to the table. Once the patient arrived, the staff from the procedural areas inflated the mattress and easily transferred the patient onto the table and then back to the stretcher or bed the patient arrived in. This collaboration between nurses and procedural area staff helped reduce employee injuries associated with repositioning, transferring, and lifting patients.

Researching Alternative Approaches: In July 2017, Carrie, Marilyn and the SPH Committee researched the additional value of the AirTAP as a patient repositioning system. Ruth Neuman, MBA/HA, PT, CEAS II, PMEC, senior ergonomist, is a Northwell Workforce Safety representative and a member of Phelps SPH Committee. Part of Ruth's function is to bring any issues, questions, concerns, or recommendations from the SPH committee to the system-wide Northwell Workforce Safety Committee. In July 2017, based on the recommendation from the SPH Committee, Ruth informed Carrie and Marilyn that, according to the Northwell Workforce Safety Committee, the AirTAP was approved for use as a safe patient handling method for repositioning and lifting patients. On July 21,2017, at a conference sponsored by Sage, the AirTap was highlighted as a piece of equipment that could be used for lateral transfers, repositioning and boosting patients in bed. Carrie and Marilyn shared this information with the SPH committee during the next meeting on July 26, 2017. During this time, Carrie and SPH Committee members also explored a low-profile device, the HillRom Golvo® patient lift, that would help staff transfer patients in and out of cars. This lift would also function as a mobile lift device which could be used anywhere on the inpatient units for horizontal lifting, ambulation, and lifting from the floor.

Seeking New Product Approval: In July 2017, Carrie and Marilyn attended the Value

Analysis Committee meeting and recommended the HillRom Golvo patient lift, which assists with changing a patient's position, for trial. As part of the Phelps policy for new products and equipment, if the SPH Committee determines a need for a piece of equipment that Phelps does not have available, or if a better alternative to prevent employee injury is identified, a committee member brings the idea/suggestion to the Value Analysis Committee to begin the purchasing process. The Value Analysis Committee approved their request.

Trialing the New Product: In August 2017, the Golvo was piloted on 5 North, a 29-bed medical unit. Cherry Fuentes, MS, RN-BC, NPD-BC, Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC and a representative from Hill Rom trained all staff on 5 North. The Golvo was used concurrently with the AirTAP system to maximize safe patient handling and prevent employee injuries. The trial ended in September 2017, and was deemed so successful that the SPH Committee advocated for its purchase at the Value Analysis Committee.

Developing New Process: The AirTap and Golvo procedures were incorporated into the SPH program. All new employees are oriented to the SPH program upon hire; the Air Tap and Golvo are then reviewed again during annual competency days. In the interim, whenever a refresher is needed, videos demonstrating both types of SPH equipment are available for access to any employee, on the Phelps' intranet, under SPH.

Educating Associates on New Process: From September 22-26, 2017, staff from all inpatient and outpatient clinical areas, inclusive of nurses, technicians, and representatives from Radiology, Respiratory and other ancillary departments, participated in the interprofessional Safe Patient Handling competency days. The training sessions were led by Carrie, Marilyn and Cherry, with assistance from the transfer mobility coaches (TMC). Competency days provided the opportunity for education on SPH equipment and techniques with return demonstration. Attendees were re-educated on the transfer and re-positioning features of the AirTAP as well as the new Golvo lift.

Implementing New Process: By the end of September 2017, the AirTAP and Golvo lift were both implemented as new safe patient handling methods for inpatient and outpatient areas at Phelps.

Outcome

Pre-Intervention Timeframe: 2Q17

Pre-Intervention Baseline Data: During the pre-intervention timeframe, the cost associated with Phelps employee injuries related to repositioning and/or lifting patients was $66,564.80.

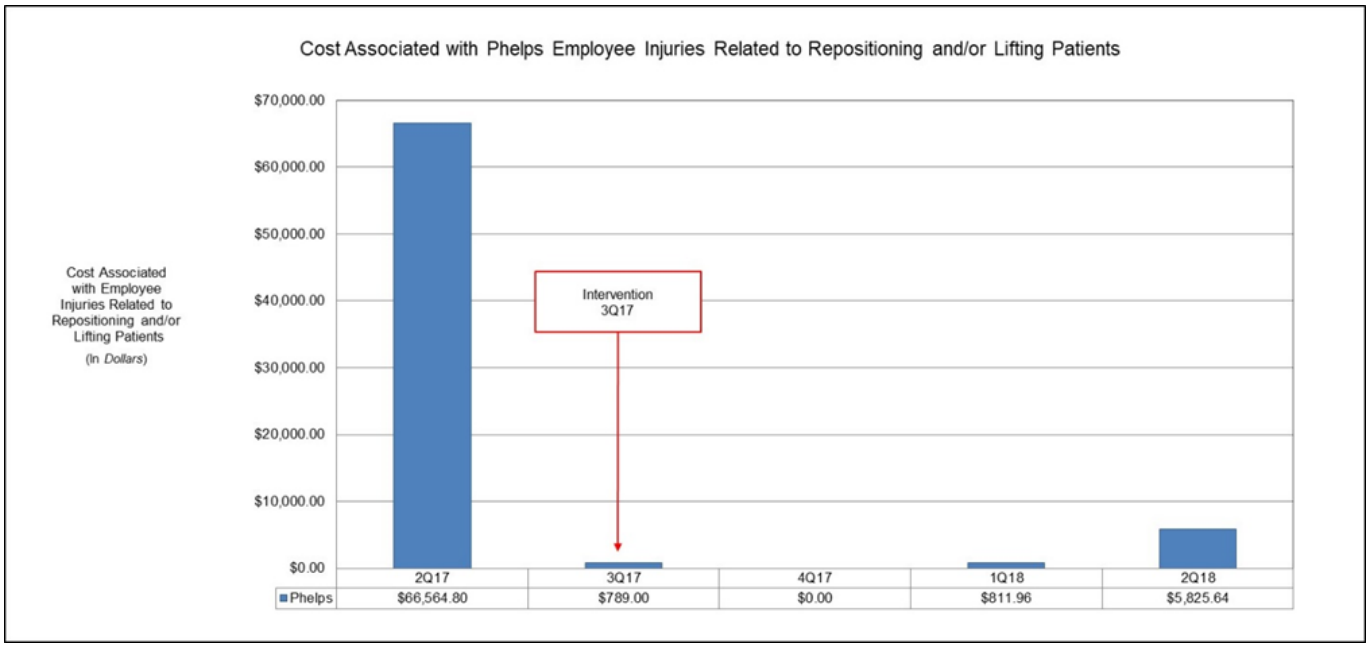
Intervention Timeframe: 3Q17

Post-Intervention Timeframe: 4Q17 – 2Q18

Post-Intervention Data: During the post-intervention timeframe, the cost associated with

Phelps employee injuries related to repositioning and/or lifting patients averaged $3,323.75. This represents a 95% reduction.

EP7EO – Graph 2 – Cost Associated with Phelps Employee Injuries Related to Repositioning and/or Lifting Patients



10 Pages

EP13 – ETHICAL ISSUES

NURSES APPLY RESOURCES TO ADDRESS AN ETHICAL ISSUE REGARDING AN ICU PATIENT

Provide one example, with supporting evidence, of nurses applying available resources to address ethical issues related to clinical practice.

Background

Overview: The patient, John Doe, had a medical history of chronic obstructive pulmonary disease, coronary artery disease, seizure disorder and pulmonary hypertension. In addition to these significant medical comorbidities, he had a longstanding psychiatric history as well. John suffered from refractory schizoaffective disorder that required multiple hospitalizations for decompensation of his psychiatric condition. He was living in a nursing home and, within the previous six months, his medical condition declined, requiring multiple hospitalizations for increasing shortness of breath. In early July 2018, he was hospitalized at a local tertiary care hospital for decompensation of his psychiatric condition for shortness of breath. During this hospitalization, he was diagnosed with pneumonia, treated with antibiotics and discharged back to the nursing home.

Subsequent to that episode, the patient again experienced respiratory failure and required transfer to a medical facility since he had acutely worsened. During transfer, he had to be intubated in the field for his hypoxia and was routed to the closest hospital for stabilization and evaluation. On July 28, 2018, John was evaluated in the Phelps Hospital Emergency department (ED), where he experienced seizures. He was later admitted to the Intensive Care unit (ICU) where, in addition to respiratory failure, hypoxia and seizures, was found to have acute kidney injury with two active bacteria in his sputum: e.Coli and MRSA. With quick treatment of antibiotics and oxygen, John was extubated; however, he was re-intubated within 24 hours due to hypoxia. He required continuous sedation for agitation as he attempted to pull out his endotracheal tube, intravenous (IV) lines and other medical devices. This agitation represented one of the manifestations of his refractory schizophrenia. The ICU staff learned from the nursing home that John had become acutely paranoid, reporting that

there were bombs going off constantly. In fact, during this period of extubation, he was very agitated and told staff that there were “bombs in the oxygen” and in his mouth. Every noise increased his paranoia.

John had no family or friends, confirmed by the nursing home where he had resided for the last three years. The nursing home reported that their intention was to petition the court for guardianship, but that had not yet happened. Psychiatric and Palliative Care consults were obtained in addition to myriad medical consultations: Nephrology, Pulmonary, Neurology and Cardiology. When discussing the case with John’s primary care physician, the palliative care physician was told that the patient was a “tortured man, on a good day.”

John was not able to be weaned off the ventilator and, due to his highly paranoid state at baseline, now required escalating sedation to continue life–sustaining measures. In addition, due to the extent to which he was intubated and receiving IV hydration, the medical team was now contemplating a tracheostomy for airway support and a feeding tube for long–term nutritional support.

Ethical Dilemma: Lauren Martinez, BSN, RN, clinical nurse, ICU, cared for and advocated for John when he was transferred to the ICU. She became increasingly concerned about the direction in which his care was heading. Lauren had taken care of John for the majority of this current hospitalization and became extremely upset with the notion of continued care in the face of his subsequent inability to be taken off sedation. Lauren felt that the care that continued to be provided to the patient was causing him to suffer even more and that his quality of life was not going to improve. Lauren did not feel that a life continued with artificially sustaining measures on sedation was ethically appropriate. In fact, Lauren felt that maintaining and continuing lifesaving treatment was only contributing to his already tortuous state.

Participation

EP13 – Table 1 – Team Addressing Ethical Dilemma

Name	Credentials	Discipline	Unit/Dept.	Job Title
L. Mark Russakoff	MD	Medicine	Psychiatry/Ethics	Physician
John DePetrillo	MD	Medicine	Critical Care	Intensivist
Michelle Espinoza	MD	Medicine	Palliative Care	Physician
Kerry Kelly	BSN, RN, CNM	Case Management	Case Management/ Social Work	Director
Amy Ryan	MD	Family Medicine	Family Medicine Residency Program	Physician
Emil Nigro	MD, FACEP	Medicine	Administration	President, Medical Staff

Suzanne Mateo	MA, RN, NEA-BC	Nursing	ED, Critical Care and Inpatient Behavioral Health	Director
Peter Lawrence	MD	Medicine	Emergency	Physician
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President

Accessing Resources to Address an Ethical Dilemma

Referring to the Administrative Policy: Nurses at Phelps incorporate the organization's ethics procedures and responsibilities in their practice as defined by the Phelps Hospital (Phelps) Administrative Policy. EP13-A Ethics Policy

The Phelps Ethics Committee consists of a multiprofessional group of members, including a member of the community. The committee meets quarterly to discuss cases that pose ethical issues and/or dilemmas during various patients' episodes of care. Ethical issues are identified and subsequent behaviors by the patient, the family, the staff or physicians are examined. Guiding ethical principles are discussed. The resolution of the dilemma and rationale for treatment are reviewed and evaluated.

The Ethics Committee is also responsible for education regarding ethics in healthcare. Guest speakers have been invited to speak to the Ethics Committee on various related topics. Another primary function of the Ethics Committee is to contemporaneously aid in the resolutions of conflicts regarding patient care; the committee can be convened at any time by calling the Chairman, Chief Medical Officer, or any of its members.

Requesting Ethics Committee Consult: On August 6, 2018 Lauren called Carol Daley, MSN, RN, CNML, nurse manager, ICU, and requested a meeting of the Ethics Committee to review this case and provide advice regarding the ethical issue of sustaining life artificially in a continued sedated state. As a result, the Ethics Committee convened ad hoc, as there was no imminent quarterly meeting scheduled. On August 7, 2018, the meeting occurred in the ICU staff lounge with available members, including the treating ICU physician and palliative care physician. After much discussion and debate, the opinion of the Ethics Committee was that since the law presumes all people favor life, and in the absence of any healthcare proxy, surrogate or advanced directive, proceeding with a tracheostomy and feeding tube were indicated. EP13-B Ethics Committee Consult Note 080618

Result of Nurse Using Resources to Resolve an Ethical Dilemma

On August 7, 2018, John had the tracheostomy and feeding tube inserted. On August 15, 2018, he was discharged and transferred to a long-term care facility. Although not the desired outcome, Lauren, who had acted as the patient's proxy, surrogate and advocate, felt her appeal to the Ethics Committee for consultation was necessary to address this poignant and powerful ethical issue.

Presenting Case to Ethics Committee: On September 7, 2018, Carol invited Lauren and the clinical nurses who cared for John to attend the quarterly Ethics Committee meeting, where this case was presented. Although John had been discharged several weeks earlier, Lauren continued her involvement in this case by agreeing to assist with the case presentation at the meeting. On September 11, 2018, Lauren attended the Ethics Committee meeting and spoke on behalf of the patient to convey the ethical issues identified in his case, debrief and facilitate continued learning. EP13-C Daley-Martinez Email 090718 and EP13-D Ethics Committee Meeting Minutes 091118

On September 14, 2018, Carol shared the case and discussion that occurred at the Ethics Committee meeting with the ICU staff during the ICU staff meeting. Much discussion ensued, and the ICU staff felt that although the clinical team did pursue tracheostomy and feeding tube, Lauren had served as a patient advocate in a tough, emotional and clinically challenging situation. By mobilizing resources to address the ethical issue of prolonging life in a "torturous state," she served as a role model for all clinical nurses. EP13-E ICU Staff Meeting Minutes 091418

4 Pages

NK7EO – WORK ENVIRONMENT AND WORK FLOW

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

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

Problem

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

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

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

Goal Statement

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

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

Participation

NK7EO – Table 1 – Telesitter Implementation Team

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

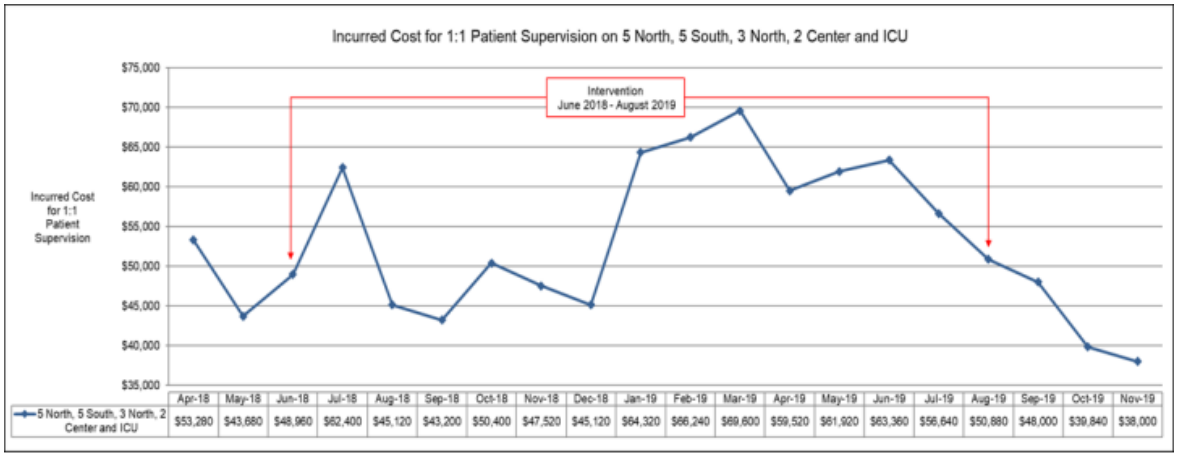
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the incurred cost for 1:1 patient supervision on 5 North, 5 South, 3 North, 2 Center and the ICU averaged $48,480/monthly.

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



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
5 North, 5 South, 3 North, 2 Center and ICU	$53,280	$43,680	$48,960	$62,400	$45,120	$43,200	$50,400	$47,520	$45,120	$64,320	$66,240	$69,600	$59,520	$61,920	$63,360	$56,640	$50,880	$48,000	$39,840	$38,000

EXAMPLE 2: REDESIGNING ED WORK FLOW TO IMPROVE PATIENT SATISFACTION

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

Problem

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

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

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

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

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

Goal Statement

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

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

Participation

NK7EO – Table 2 – ED Throughput Workgroup

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

Interventions

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

- Triage assessment was lengthy

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 1Q17

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

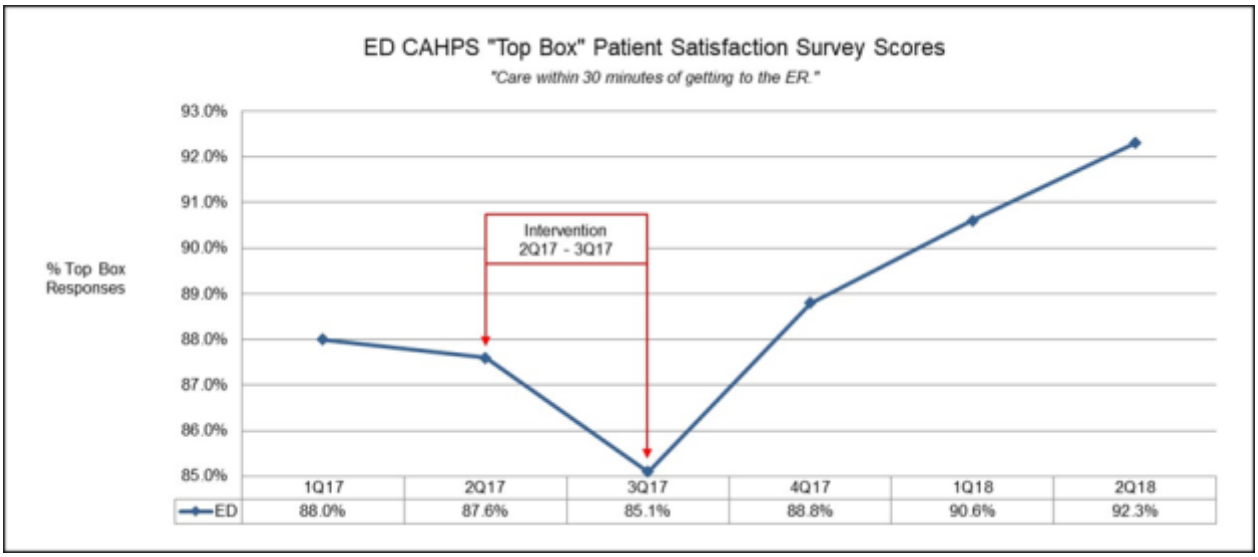
Intervention Timeframe: 2Q17 – 3Q17

Post-Intervention Timeframe: 4Q17 – 2Q18

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

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

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



10 pages