

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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Infusion Center

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

Created by: Kathleen Calabro

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

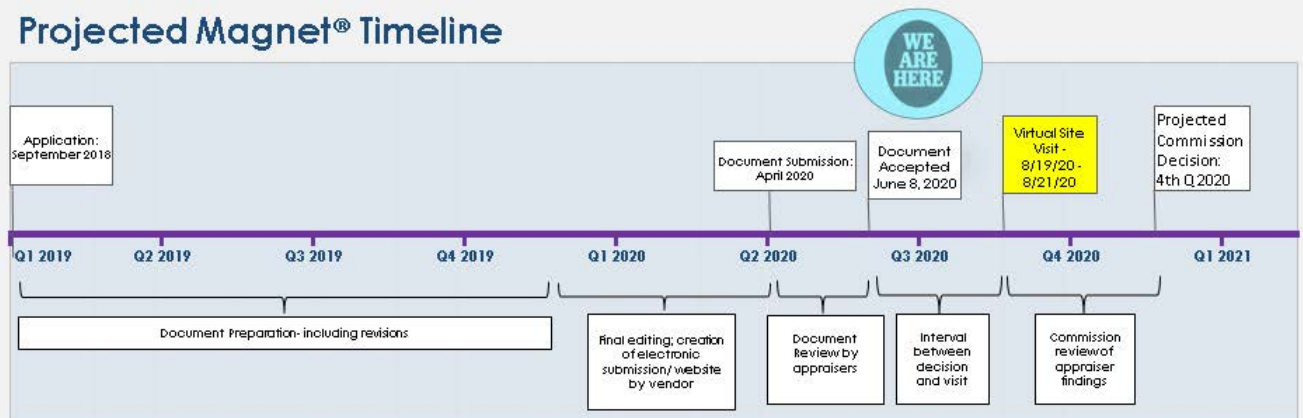
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

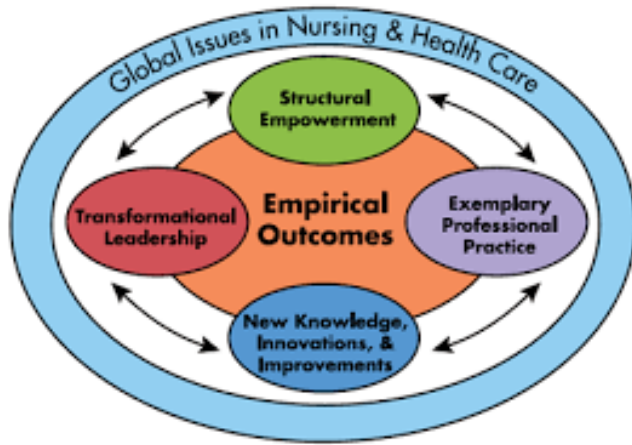
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



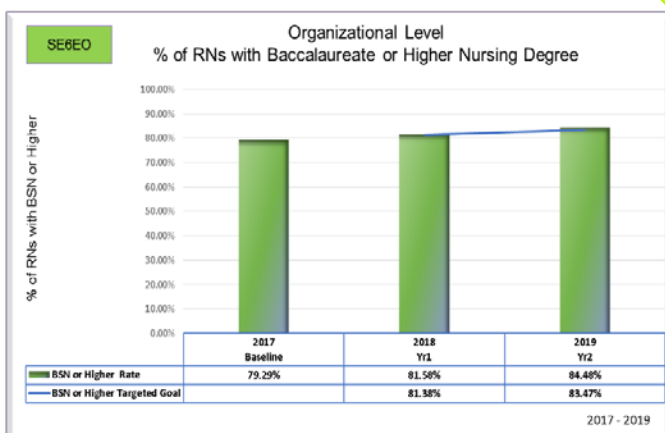
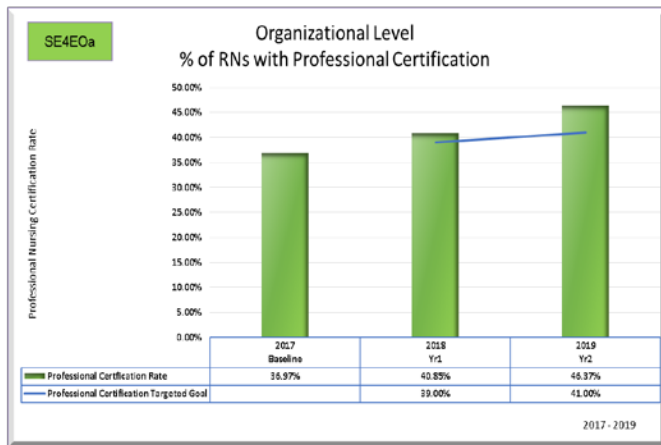
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



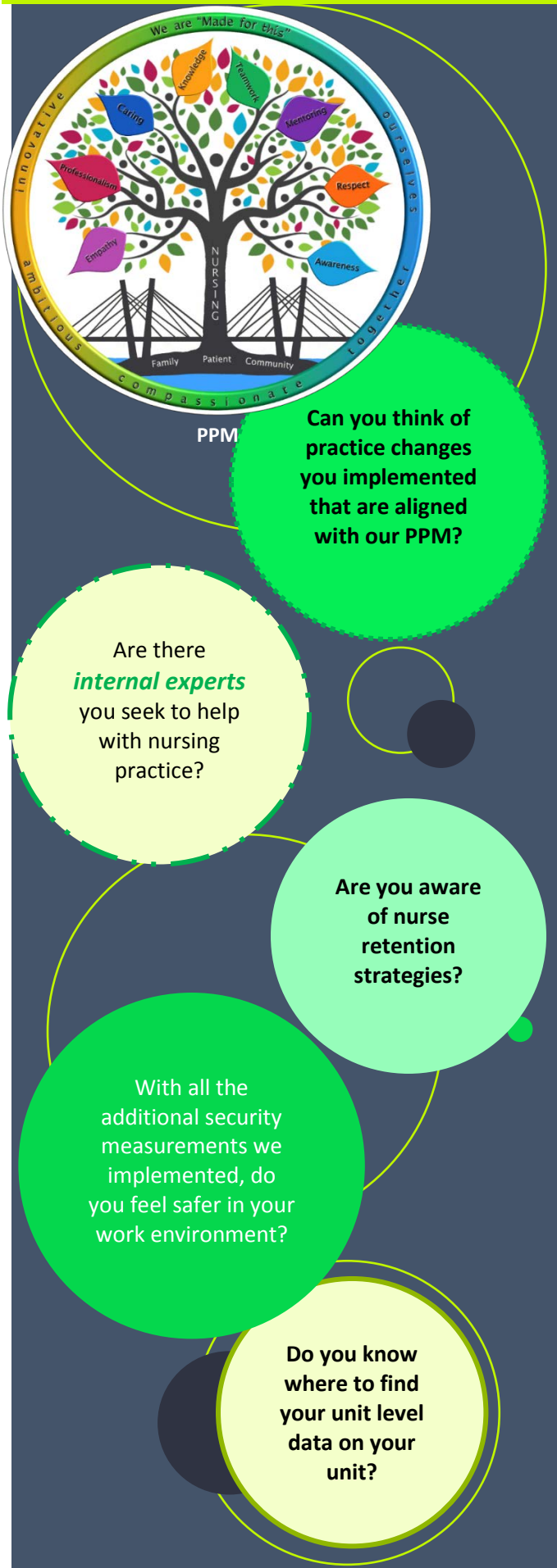
Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

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



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

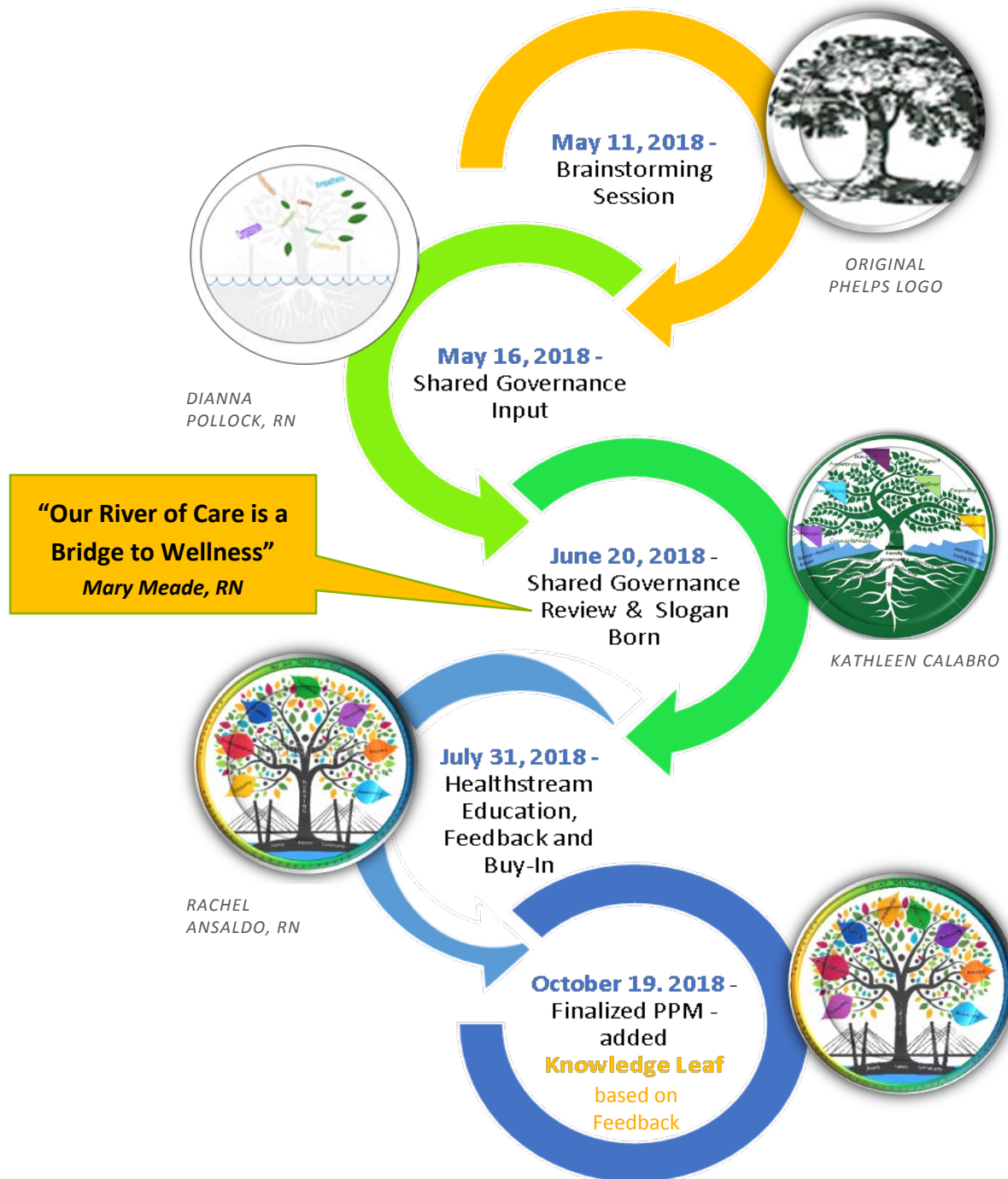
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

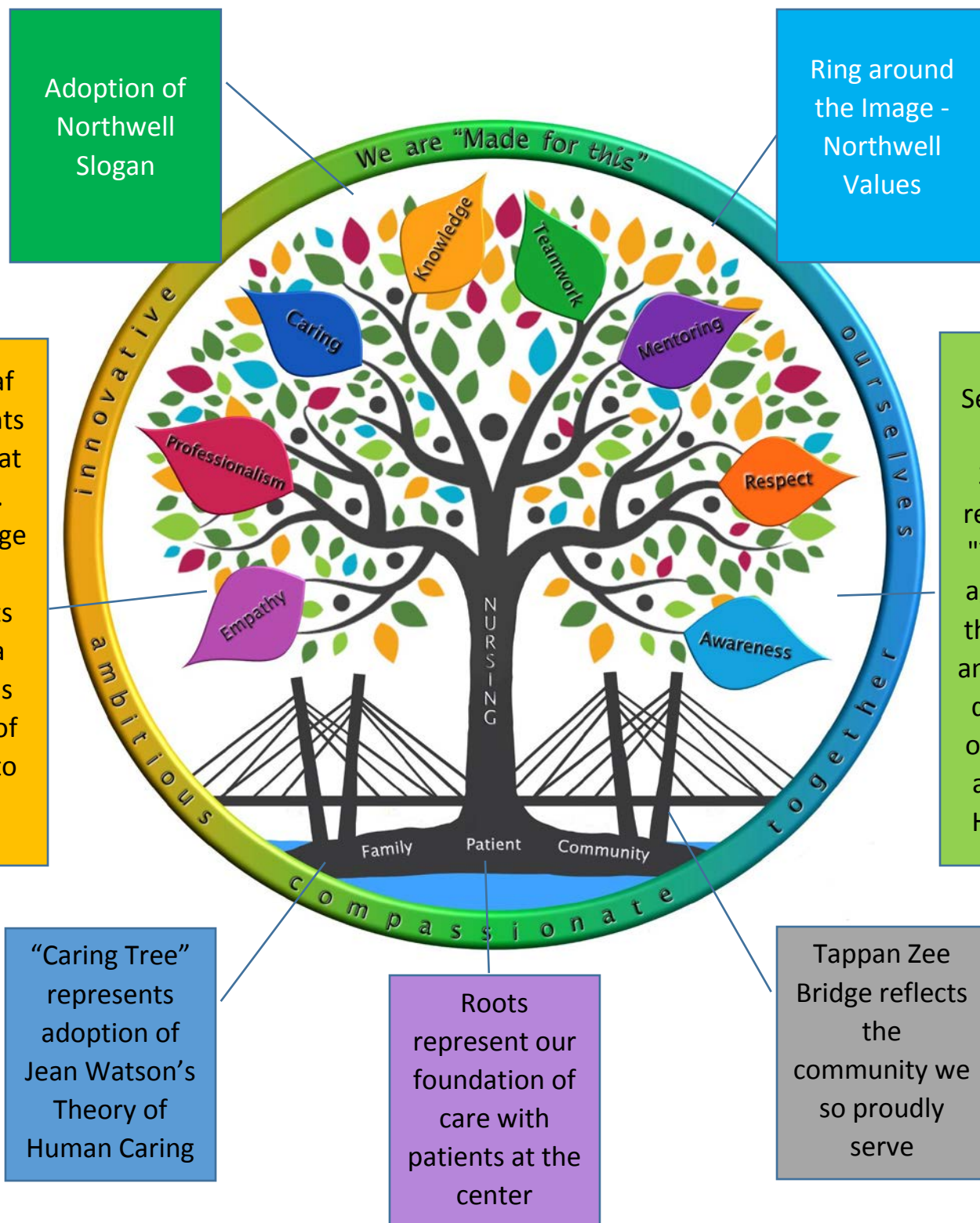
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

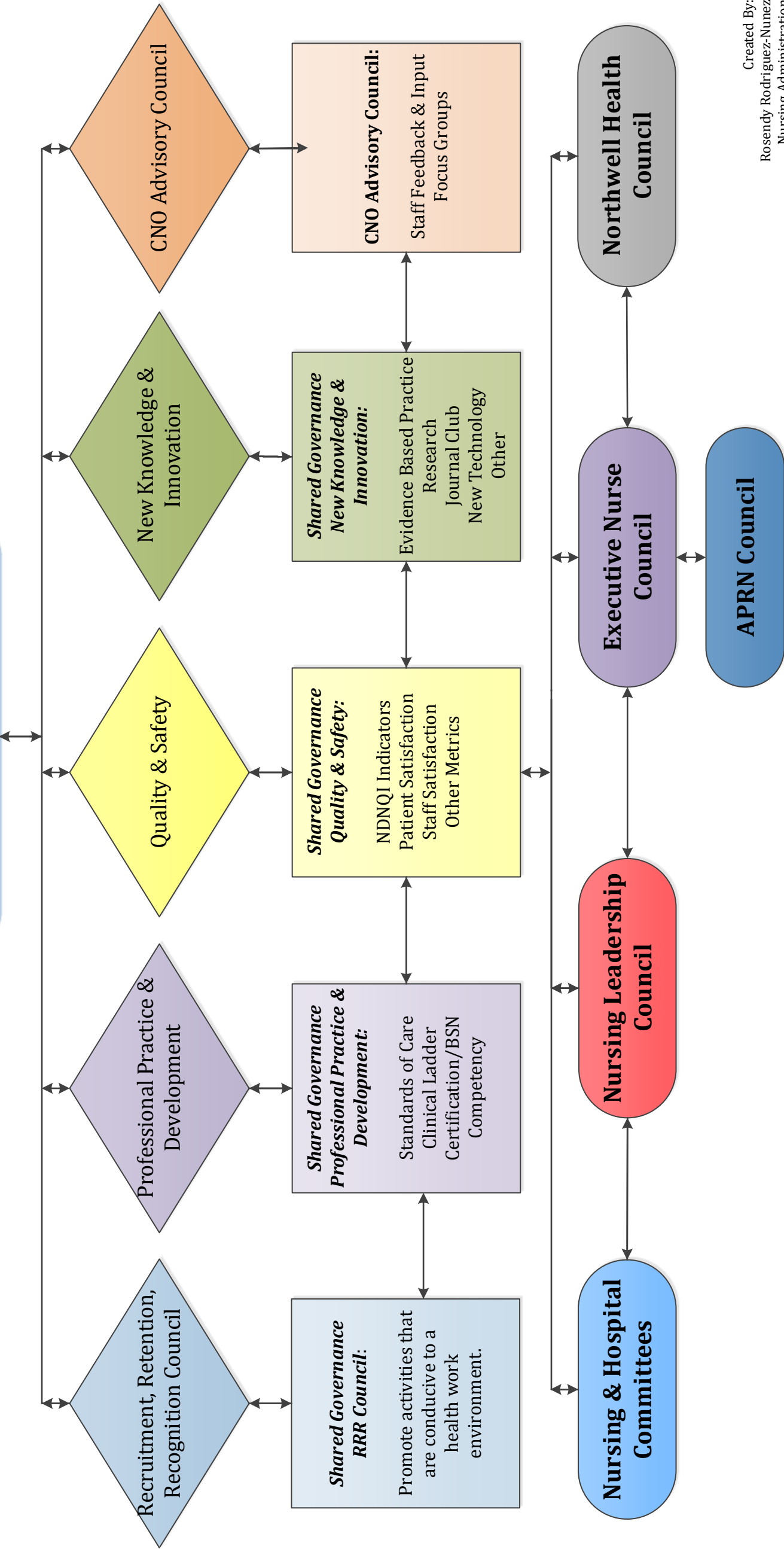


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

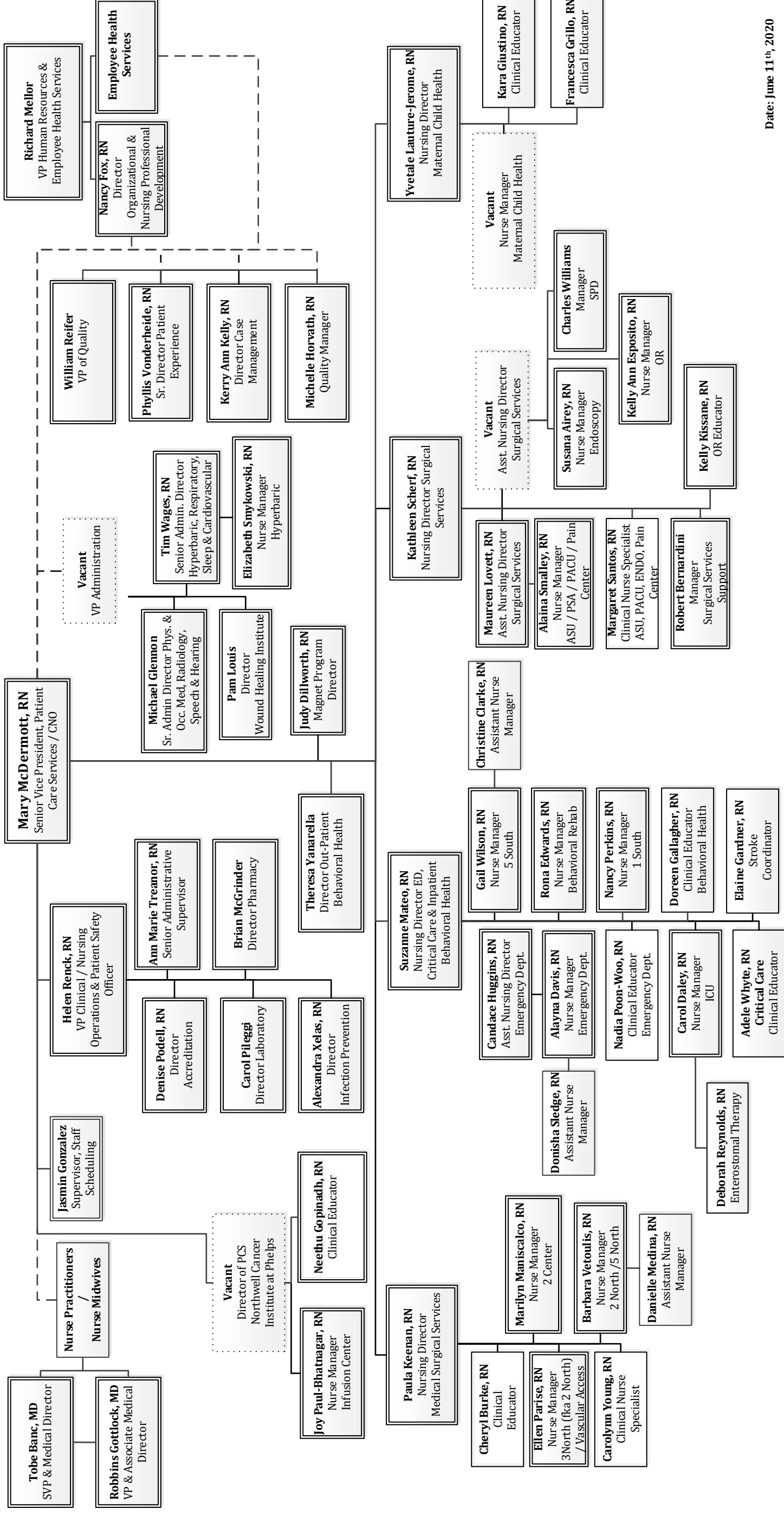
2019 ACCOMPLISHMENTS:

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



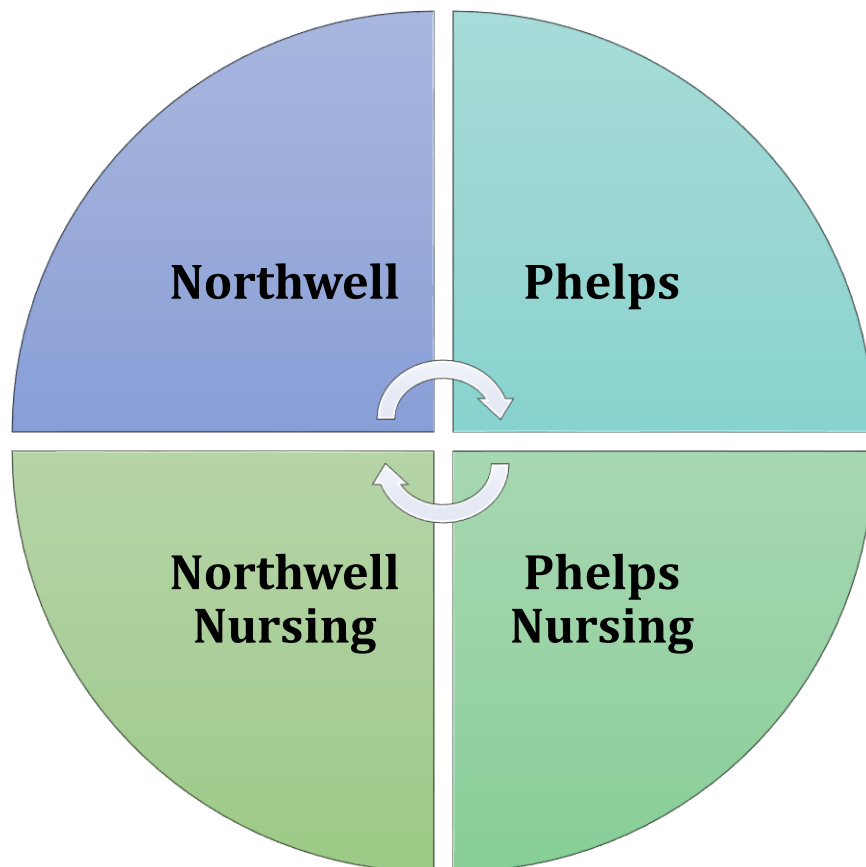
Phelps Hospital / Northwell Health

Patient Care Services



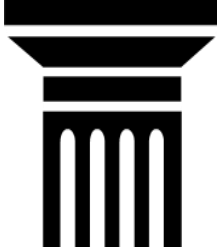
Nursing Strategic Plan

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



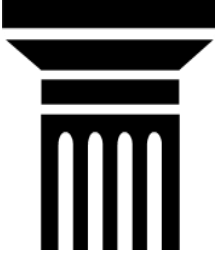
Goals

Quality



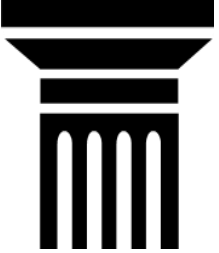
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



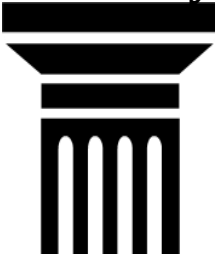
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



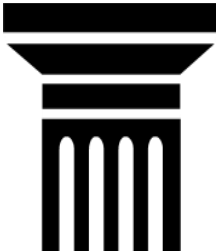
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

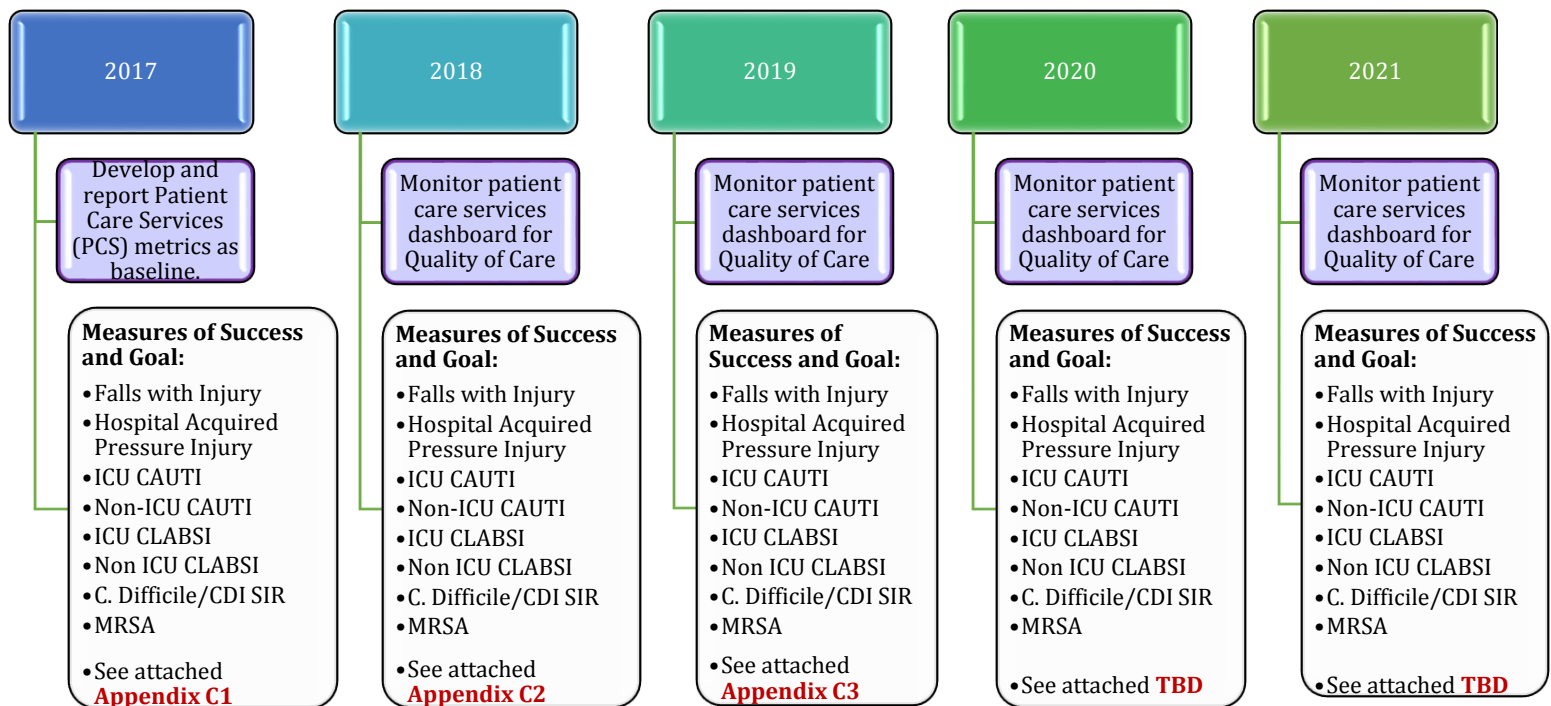
Finance



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

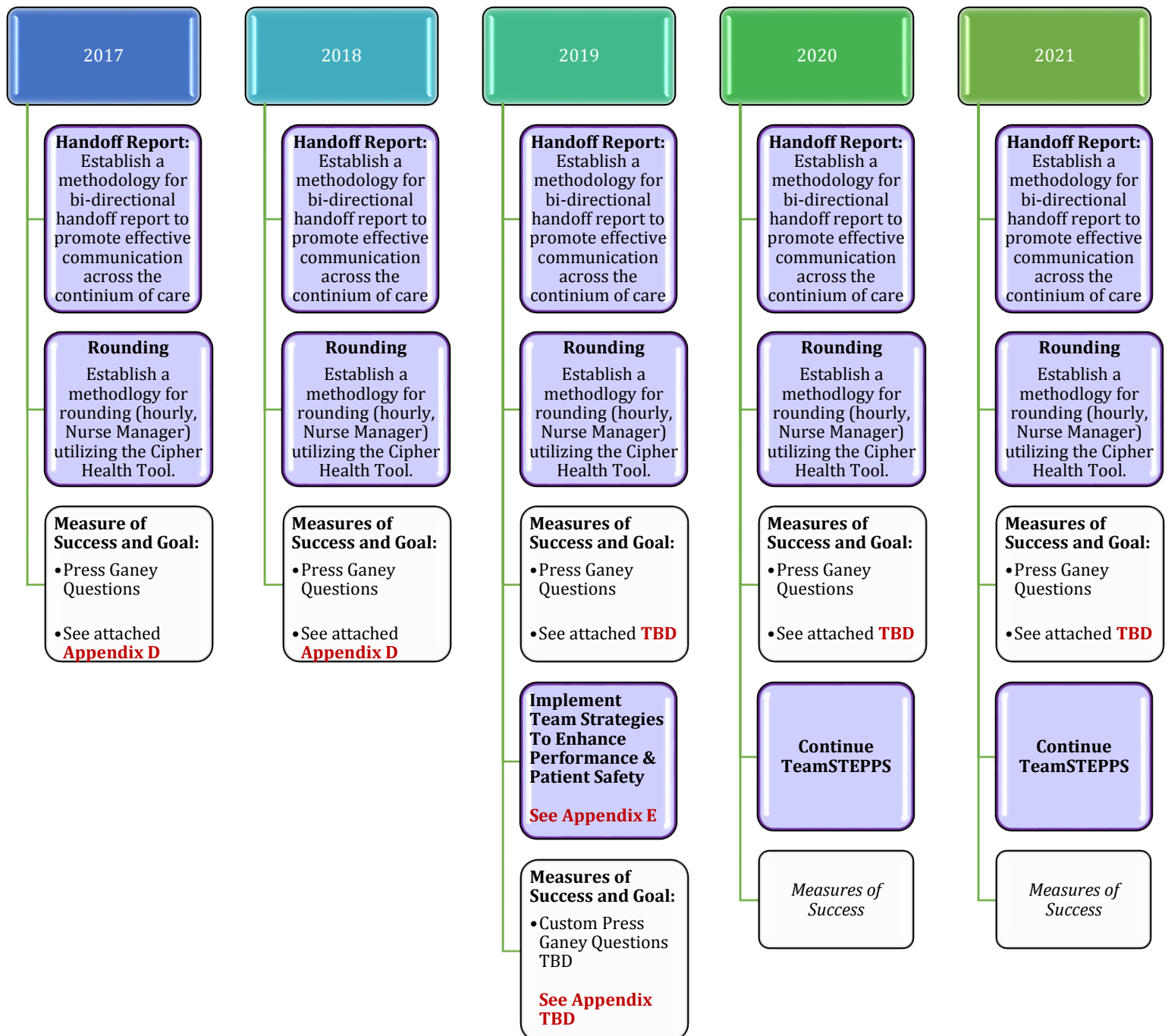
Quality

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



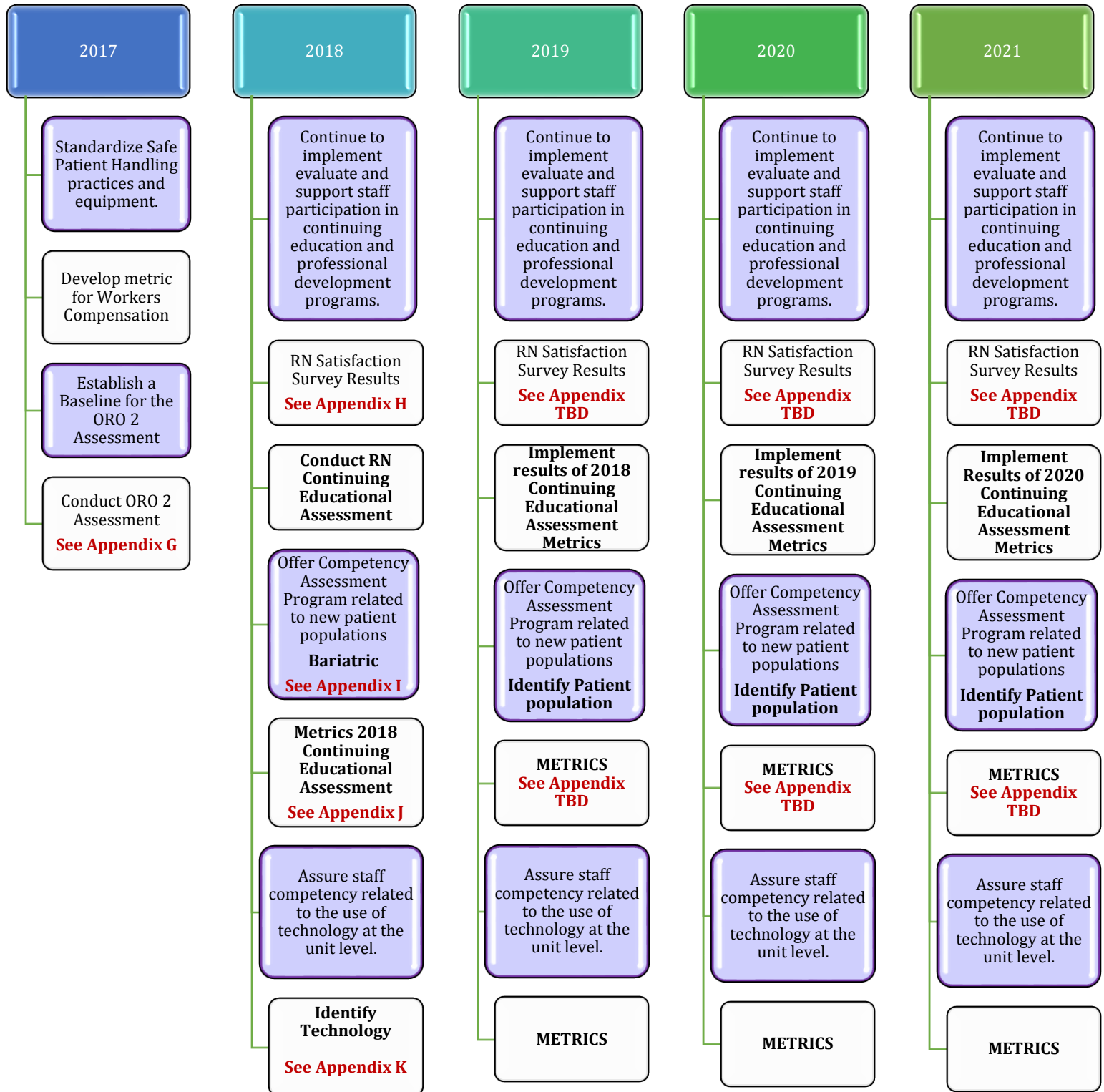
Quality

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



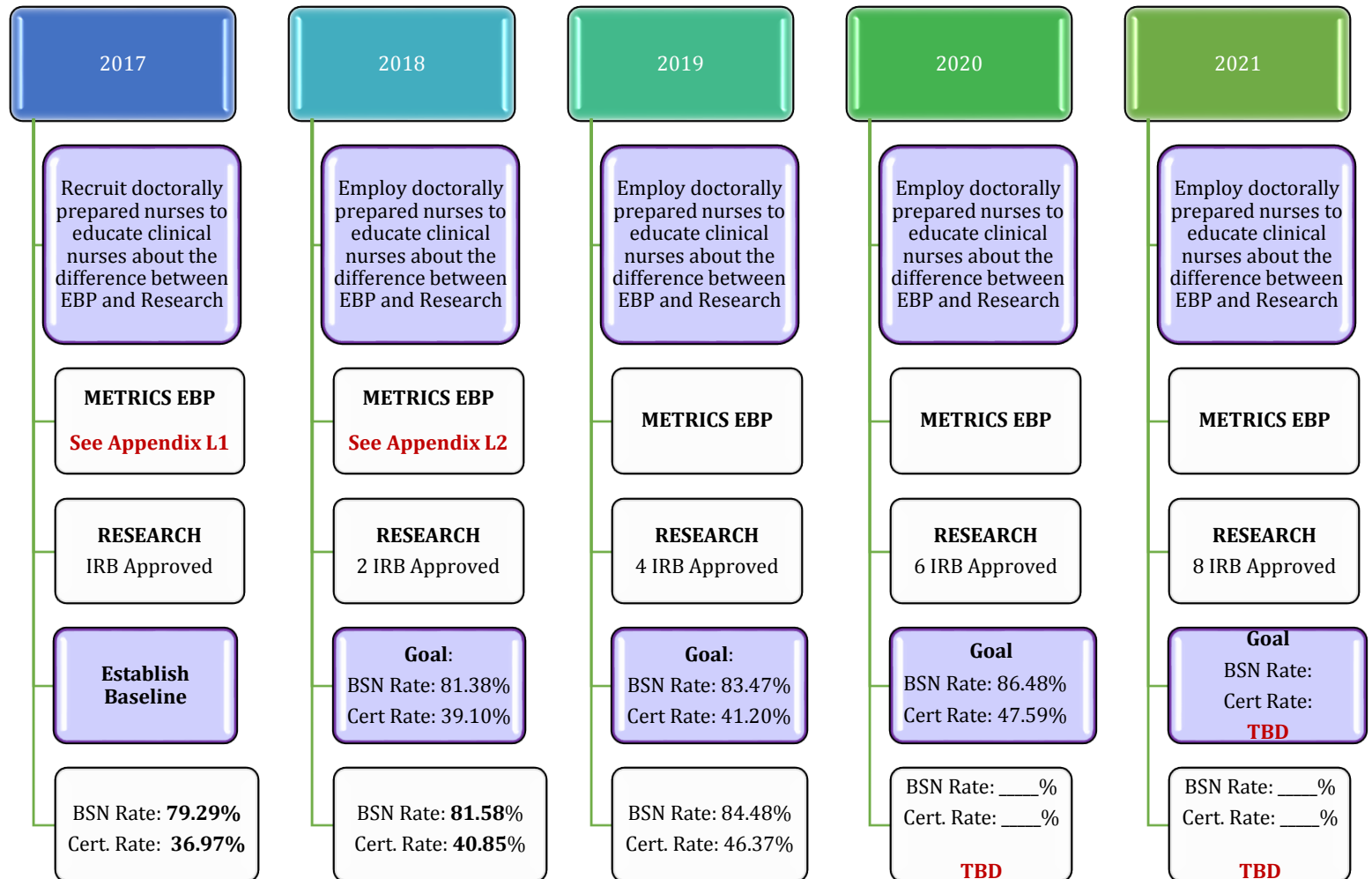
People

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



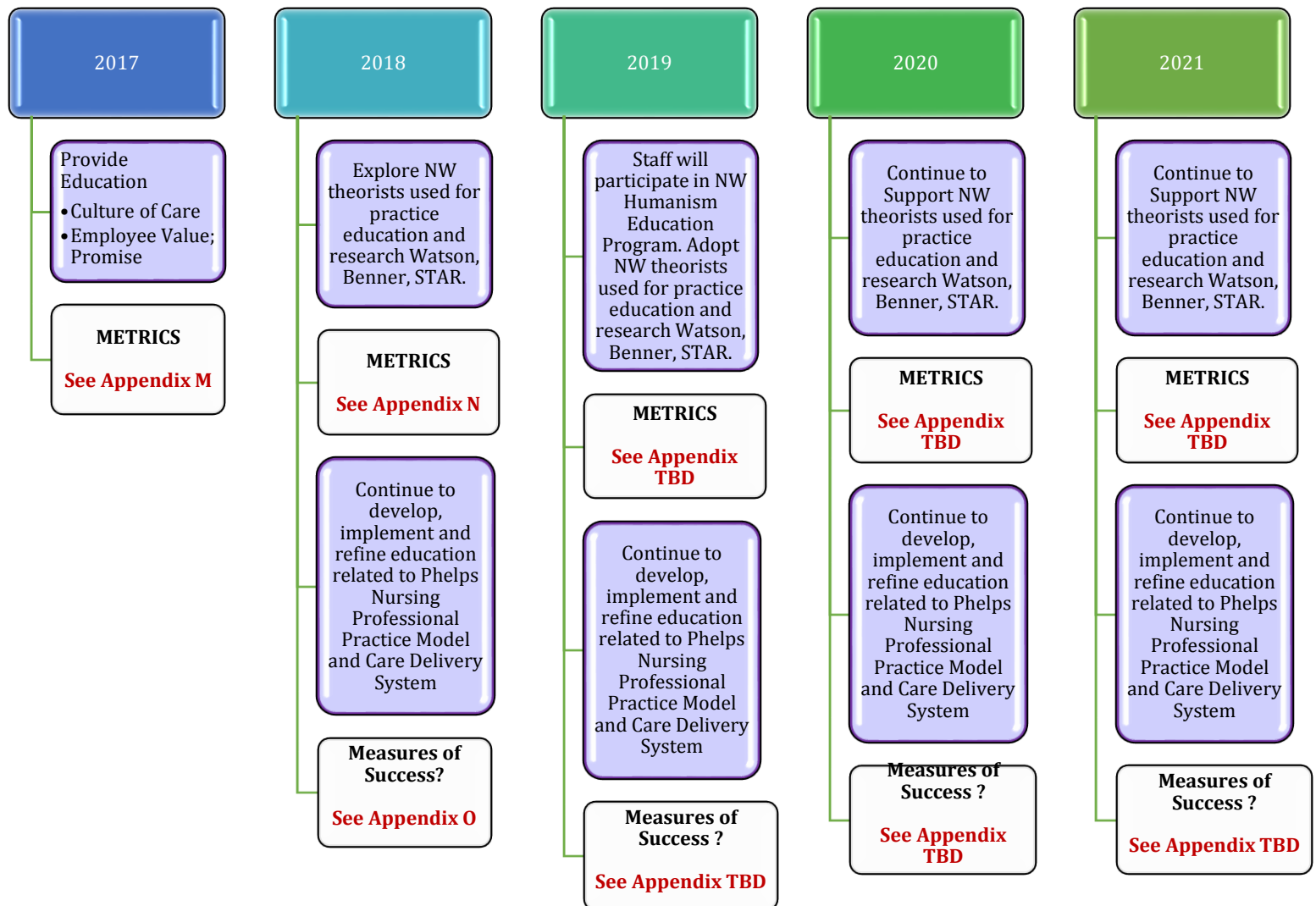
People

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



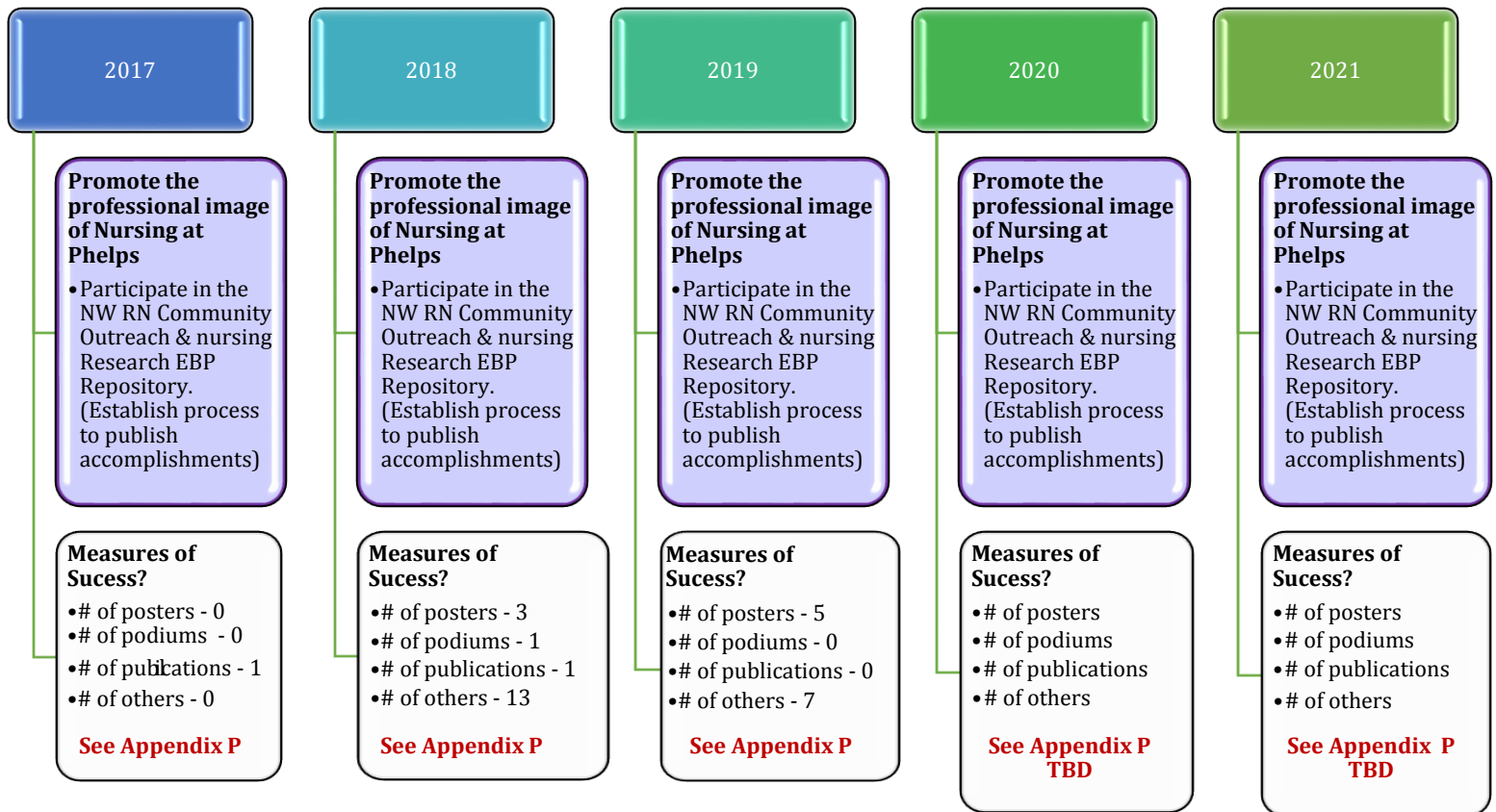
Service

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



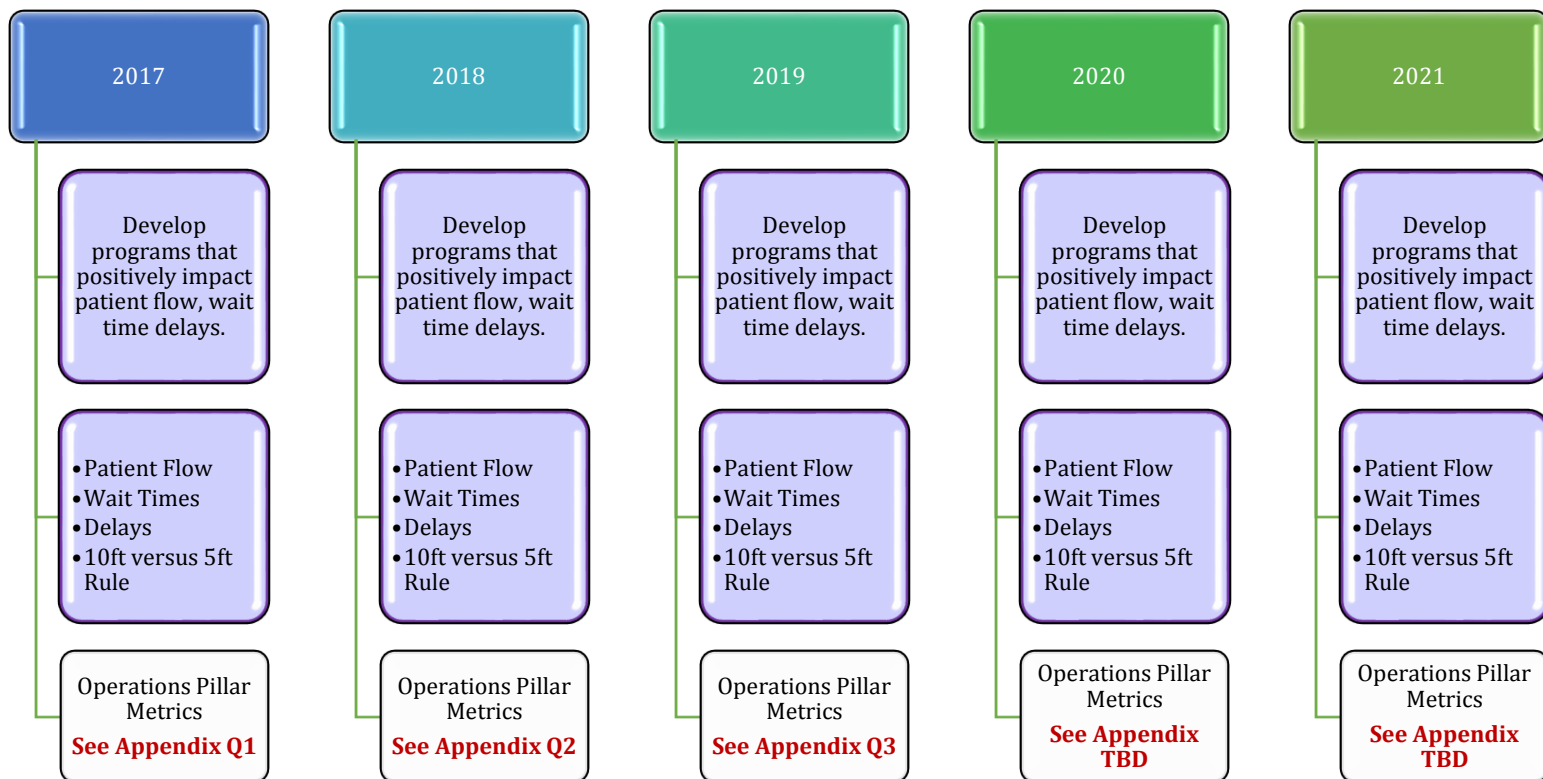
Service

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



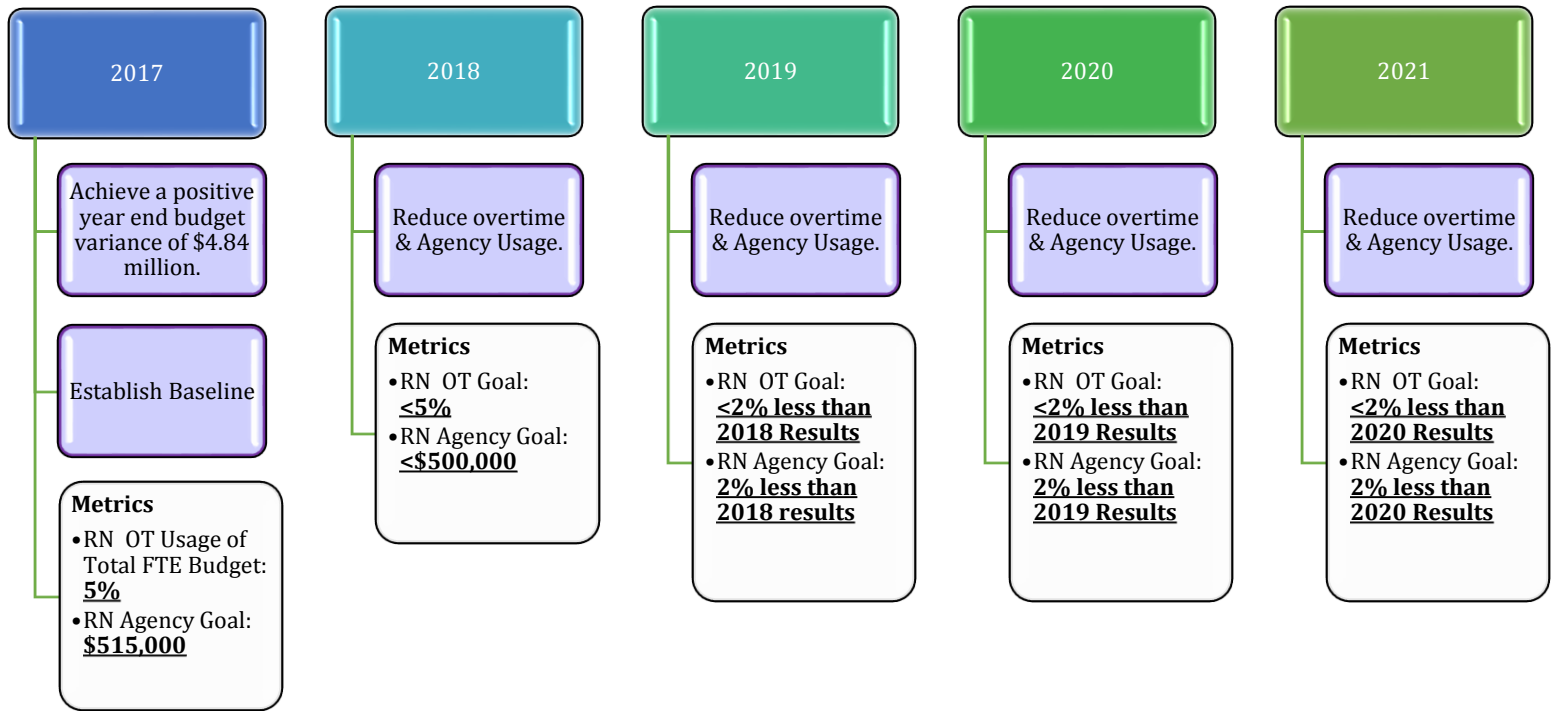
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



TL7 - SUCCESSION PLANNING

EXAMPLE 1: SUCCESSION PLANNING ACTIVITIES FOR THE NURSE MANAGER ROLE

Provide one example, with supporting evidence, of succession-planning activities for the Nurse Manager role.

Background

Nurse: Rachel Ansaldo, BSN, RN, clinical nurse, Ambulatory Surgery Unit

In 2012, Rachel began her career at Phelps Hospital (Phelps) as a medical/surgical technician in the Intensive Care Unit (ICU). During this time, she was also matriculating in the baccalaureate program for nursing at Dominican College. She graduated with her Bachelor of Science degree in nursing in 2013 and continued working as a registered nurse in the ICU. In her quest to broaden her skills, Rachel transferred to the Outpatient Infusion Center in January 2018. One year later, she transferred to the Ambulatory Surgery Unit (ASU). It was while interviewing for this position that her goals of following the leadership track actually came to light.

Succession-Planning Activities

Identifying Nurse with Potential: The job description for the Nurse Manager role requires the candidate to have a Bachelor of Science in Nursing, at least 3 years of experience in a clinical role including one year in a supervisory or leadership role, Basic Life Support certification and a current New York State license as a Registered Nurse. There are certain skills that a candidate should also be able to demonstrate: Knowledge of nursing practice principles and techniques, sound clinical skills and understanding of acute care standards of practice, participation on shared governance councils and/or committees and be able to demonstrate knowledge of New York State Department of Health regulation and Joint Commission accreditation. The nurse manager duties and responsibilities include patient and staff safety, performance improvement/quality assurance, environment of care standards, communication, collaboration, relationship management, finance oversight, operational

oversight, staff development and other leadership responsibilities. [TL7-A Nurse Manager Job Description](#)

In early 2019, Rachel began to prepare herself for a leadership role. As a clinical nurse, Rachel took the initiative to be the co-chair of the Shared Governance Quality and Safety Council. She also took non-mandated courses offered by Phelps to enhance her understanding of the current trends in nursing (e.g. Nursing Trends, Nursing Advance).

Offering Education: In September 2018, Rachel participated in the Nursing Leadership Basics (3-day course) offered through the Learning Institute at Northwell. This course provided education about the role of a nurse leader, skills inherent in the nurse leader role, resources that are available to the nurse leader and education regarding transitioning to the role of nurse leader. [TL7-B Rachel's transcript with Nursing Leadership Basics Course 2018](#)

Offering Networking Opportunities: On March 26 and 27, 2019, Rachel attended the Northwell Health 2019 Leadership Retreat at the invitation of Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services, and chief nursing officer. There, Rachel had an opportunity to network with other leaders to discuss topics such as leadership competencies, the mentor-mentee model, humanism and therapeutic communication, Northwell's "quiet at night" initiative and transitions of care. [TL7-C Article in Northwell Notebook 041819 pg. 3](#) and [TL-D Rachel's transcript with Leadership Retreat 2019](#)

Results

Presently, Rachel's goals include plans to become certified in her specialty when she meets the clinical requirement to do so. She continues to look for any opportunity to learn and make a difference. With the support of Maureen Lovett, BSN, RN, assistant director of Nursing, Surgical Services, and Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, director of nursing, Surgical Services, Rachel plans to continue advancing up the clinical ladder and to ultimately accomplish her goal of acquiring a nurse manager leadership position at Phelps.

EXAMPLE 2: SUCCESSION PLANNING ACTIVITIES FOR THE NURSE DIRECTOR ROLE

Provide one example, with supporting evidence of succession planning activities for the AVP/nurse director role.

Background

Nurse: Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, Sterile Processing Department (SPD) and Operating Room (OR)

Succession-Planning Activities

Identifying Nurse with Potential: In conjunction with Northwell Health System, Phelps Hospital (Phelps) uses the 9-Box Assessment grid for succession planning purposes. The process involves comparing the individual's performance in their current role to their potential for a leadership role. The final assessment is completed by a team of nurse leaders and members of the Human Resources department. Because the assessment team had multiple interactions on different levels with the nurse, meaningful discussions regarding his or her leadership potential occur.

At completion of the 9-box assessment, the assessment team identified Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, SPD and OR, as a "rising star" with high potential. Shirley has been employed at Phelps since 2016, when she was originally responsible for Endoscopy, SPD and the Pain Center; her responsibilities changed in April 2018. Her strengths were identified as having the ability to motivate and inspire others, adapt, communicate and provide feedback, support her team and be a role model as a leader.

In August 2018, Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, Director of Nursing Surgical Services, met with Shirley to discuss her career goals and information from the 9-Box Assessment. Shirley expressed interest in nursing leadership and administration. The next role for Shirley, as part of the succession plan was the Director role. To prepare Shirley for the nurse director role, the assessment team recommended formal and informal learning experiences, on-the-job experiences and opportunities for Shirley to network and learn through others. The assessment team felt that, with continued development, Shirley would be ready to transition into a director role within one year. [TL7-E Beauvais Assessment and Development Plan August 2018.](#)

Supporting Formal Learning Experiences: Shirley had taken courses offered by Northwell Health for leadership development, as defined in her professional development plan. In keeping with the core behaviors her plan identifies, "Developing Self" and "Execution," Shirley was encouraged to attend various programs to enhance her leadership skills:

- Lean/Six Sigma: Shirley was encouraged by Kathleen to take courses in Six Sigma, which provide a rigorous approach to ensuring quality. Six Sigma extends beyond the Quality department and is foundational for creating a culture of excellence throughout the organization. On March 13, 2019, Shirley completed Six Sigma courses offered by the Northwell Health System. This course provided an overview of improvement science methodologies. It focused on how leaders can use these tools to solve their operational performance issues. Later, on May 3, 2019, Shirley completed the Six

Sigma White Belt course, the next step in the Six Sigma process.

- **Leadership Retreat:** On March 26 and 27, 2019, Shirley was invited by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief Nursing officer, to attend the Northwell Health Leadership Retreat: Transforming Ideas into Action. This was a two-day conference for which each Northwell facility is represented by nurses with strong leadership potential.
- **Project Management Course:** On March 29, 2019, Shirley completed the course Introduction to Project Management, which is offered by Northwell Health System. This course focused on how leaders can use project management skills to optimize the rollout of large initiatives within their respective organizations. [TL7-F Shirley's Transcript with Six Sigma Courses 031319,032919 & 050319](#)

Offering On-the-Job Experiences. In April, 2019, Kathleen delegated the implementation of a computerized documentation project for the Endoscopy unit to Shirley, as an on-the-job experience. Endoscopy, was one of the remaining areas to transition from paper to electronic documentation. Shirley worked with clinical nurses and members of the Information Technology (IT) department. Shirley led this initiative from April 2019 until its completion September 2019, when computerized nursing documentation went live in the Endoscopy unit.

As the Assistant Director, Shirley was provided with many on-the-job experiences as part of her succession plan. Shirley attended meetings with Kathleen (e.g. OR operations, nursing related meetings) and in place of Kathleen, when she was away. Kathleen transferred her responsibilities to Shirley and communicated to others that Shirley was in charge through her out of office email and voicemail messages. Within a period of six months, Shirley attended various nursing, administrative and construction meetings and addressed staff and/or physician concerns, when covering for Kathleen. [TL7-G Out of Office Message October 2019](#)

Learning through Others: Shirley is also a PhD student, and has taken courses in both qualitative and quantitative research, healthcare policy and strategic planning. Shirley readily applies her new knowledge to practice, which has been valuable for her continued growth and an asset to Phelps. [TL7-H PhD Coursework Transcript](#)

EXAMPLE 3: SUCCESSION PLANNING FOR A CNO

Provide one example, with supporting evidence, of succession planning activities for the CNO role.

Background

Nurse: Helen Renck, MSN, RN, CJCP, CPPS, Clinical Operations, Administration

Identifying Nurse with Potential: In March 2015, Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer recruited Helen Renck, MSN, RN, CJCP, CPPS, Clinical Operations, Administration, as the assistant vice-president of Clinical Operations and patient safety officer at Phelps Hospital. Helen was responsible for the Radiology, Cardiovascular, Laboratory and Pharmacy departments, and the nursing supervisors. In May 2016, Mary promoted Helen to vice president of Clinical Operations and patient safety officer. Helen's scope of responsibility continued to include the nursing supervisors, Laboratory and Pharmacy departments, with the added responsibilities of Standards and Accreditation and Infection Control.

Succession-Planning Activities

Job Progression: With the intention of grooming Helen as a potential chief nursing officer, Mary recognized the importance of exposing Helen to as many leadership opportunities as possible, as well as the need to build her resume. For example, the chief nursing officer's job description includes several requirements:

- Master's degree in nursing (which Helen already had)
- Minimum of 10 years of senior management experience
- Nurse Executive-Board Certified (NE-BC) or Nurse Executive Advanced-Board Certified (NEA-BC) certification
- Excellent problem solving, analytical, verbal and written communication skills required (using quantitative analysis and critical thinking). Ability to actively listen to ideas and concerns and respond in an appropriate manner.
- Excellent organizational skills and the ability to plan and meet deadlines.
- Promotes positive communication. [TL7-I CNO Job Description](#)

Offering Networking Opportunities: In July 2018, Mary requested that Helen attend the August 2018 Medical Board meeting in Mary's place. Dr. Zimmerman, president of the Medical Board, agreed that Helen should attend to represent Nursing for Mary. [TL7-J McDermott-Zimmerman Emails 072117](#)

Offering Leadership Opportunities: In August 2018, Helen covered for Mary during her vacation. During this time, there was an unannounced CMS survey at Phelps Hospital. While Helen was overseeing Nursing operations, she adeptly responded to the surveyors' requests. Helen planned and coordinated the daily activities and ensured a successful site visit. [TL7-K McDermott Emails 081718](#)

Offering Education: In September 2018, with Mary's encouragement, Helen attended The Joint Commission's "Hospital Executive Briefing" continuing education course. During this course, Helen learned the most current information available regarding the standards and accreditation process—an important component of the CNO role. [TL7-L TJC Certificate 092118](#)

In December 2018, Mary and Daniel (Dan) Blum, president and CEO, nominated Helen to

participate in Phelps' new management development program, LeadNEXT, offered through the Northwell Health Center for Learning. This customizable program was specifically designed to help current leaders cultivate their coaching, role-modeling and relationship-building skills. On December 17, 2018, Dan informed Helen that she was accepted to the program, with the start date of February 6, 2019. Helen required a three month leave of absence from January to March 2019, so her nomination to the LeadNEXT program was deferred to 2020. [TL7-M Helen is accepted to leadNEXT 2019-2020](#)

6 Pages



SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

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

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

Background

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

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

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

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

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

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

Participation

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

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

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

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

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

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

Recognizing Interprofessional Team for Contributions to Clinical Care

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

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

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

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

Phelps.

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

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

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

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

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



EP3 - PARTNERING WITH PATIENTS/FAMILIES

NURSES PARTNER WITH PATIENTS TO INFLUENCE CHANGE

Provide one example, with supporting evidence, of nurse(s) partnering with patient(s), families, or both to influence change in the organization.

Background

Overview: In May 2017, the Phelps Hospital (Phelps) Infusion Center, where patients were treated primarily for anemia and rheumatological disorders, was expanded to include patients being treated for cancer and renamed Northwell Health Cancer Institute at Phelps (Cancer Institute). With this expansion to include hematological/oncological services and serve a new population, patients began expressing dissatisfaction with the available lunch choices.

Patient Family Advisory Council (Collaborative Partnership Council): In December 2017, the Patient Family Advisory Council (later referred to as the Collaborative Partnership Council) for the Cancer Institute was created to provide high-quality, patient-centered care and improve the patient experience. This interprofessional council, co-chaired by patients, initially met monthly and then convened quarterly. Angela Appiah Adjetey, MSN, MPH, MA, RN, FAACM, senior administrative director, Cancer Institute, engaged Collaborative Partnership Council (CPC) members, clinical nurses and interprofessional team members to partner with patients and their caregivers and families to influence change in the organization.

Challenge: Prior to May 2017, patients who had been treated at the Infusion Center were offered snacks, such as graham crackers, nuts and cookies, during their treatments, since the infusions took approximately one hour to complete. The expansion to the Cancer Institute generated a new population of patients who were being treated with chemotherapy, which lasted five to six hours. These patients with cancer, previously treated at another hospital, complained to the nurses and staff at the Cancer Institute that they were hungry and requested full meals instead of the “snacks” that were offered. With a goal for the new

Cancer Institute and Infusion Center to provide high-quality, patient-centered care, members of the interprofessional team recognized the importance of obtaining and responding to the feedback and recommendations received from patients and families.

Participation

EP3 - Table 1 - Patient Family Advisory Council Members

Name	Credentials	Discipline	Department/Unit	Job Title
Angela Appiah Adjete	MSN, MPH, MA, RN, FAACM	Nursing	Cancer Institute & Infusion Center	Sr. Administrative Director
Susan Bader			Emergency Department	Physician's Assistant
Joy Bhatnager	MSN, RN, OCN, CCGRN	Nursing	Cancer Institute & Infusion Center	Nurse Navigator (at the time)
Xxx				Patient
Xxx				Patient
Irene Dermata		Nursing	Cancer Institute & Infusion Center	Clinical Nurse
Carol Greiner	MSW, LMSW	Social Work	Cancer Institute & Infusion Center	Social Worker
Amy Hendler	MS, RDN, CD-N	Nutrition	Cancer Institute & Infusion Center	Senior Dietician
Andrea Hodges	CDM, CFPP	Nutrition	Food & Nutrition, Hospitality & Transport Services	Assistant Director
Maria (Keirra) Jaca Gonzalez	MSN, RN-BC	Nursing	3 North (formerly 2 North)	Clinical Nurse
Xxx				Patient
Amara Lynch	MSN, RN, FNP-BC	Nursing	Radiation Therapy	Nurse Practitioner
Xxx				Patient
Xxx				Patient
Tiffany Robertson	MA, MEd		Cancer Institute & Infusion Center	Clinical Data Analyst
Michele Roman			Cancer Institute & Infusion Center	Sr. Office Coordinator
Xxx				Patient
Eugene Spagnuolo	MD	Medicine	Emergency Department	Physician
Irma Tertulien	MSN, RN	Nursing	Infusion Center	Clinical Nurse
Keyur Thakar	MD	Hematology/Oncology	Cancer Institute & Infusion Center	Physician

Partnering with Patient to Influence Change in Organization

Surveying Patients Regarding Food Choices: In August 2017, Angela Adjete-Appiah, MSN, MPH, MA, RN, FAACM, senior administrative director, Northwell Cancer Institute at Phelps, created a Survey Monkey tool to obtain feedback from patients who received infusions or chemotherapy regarding potential lunch options. There were 38 responses, which included comments with suggestions for more variety, changes to the sandwiches (bread type, meat quality, additional toppings) and diet soda. As Angela rounded on the patients, she listened to their concerns about the available food choices, suggestions for a menu and other recommendations for improvement. During these discussions, the idea for a patient advisory council was generated. Both patients and caregivers expressed interest and she subsequently invited them to begin a patient advisory council to improve the patient care experience at the Cancer Institute. [EP3-A Cancer Institute Survey Results August 2017](#)

Partnering with Patients to Influence Change: In December 2017, Maria (Keirra) Jaca Gonzalez, MSN, RN-BC, clinical nurse, 3 North, who had been working with Eugene Spagnuolo, MD, physician, Emergency Room, on the formation of a patient advisory council as part of the Phelps' 2017 Aspiring Leaders Program, discussed her project and its relevance to their unit with Angela. On December 15, 2017, Angela led the first Patient Family Advisory Council (PFAC) meeting with 11 staff members and two patients/family members in attendance. Angela provided an overview and explained the purpose of the PFAC, identified patients interested in chairing the group and shared some initiatives and updates in progress at the Cancer Institute, which included the introduction of a new menu. The patients appreciated that there was an attempt to have more than snacks, but the sandwiches were dry and only ham and turkey were available upon request. They "didn't like white bread" and suggested adding cheese to the sandwiches with different types of bread. Angela agreed to work on a menu and share the survey results at the next PFAC meeting. [EP3-B PFAC Meeting Minutes 121517 p.2](#)

Creating a New Menu: In January 2018, Angela collaborated with Andrea Hodges, CDM, CFPP, assistant director, Food & Nutrition, Hospitality & Transport Services, to create a menu and have lunch available for the patients cared for in the newly formed Cancer Institute. Andrea was already getting sporadic lunch requests from these patients and was eager to coordinate a food delivery plan while preparing meals for the hospitalized patients. Together, Angela and Andrea referred to the comments from the survey and the PFAC members' feedback to provide lunch options appropriate for immunocompromised patients.

Partnering with Patients for Menu Approval: On February 2, 2018, at the next PFAC meeting, Angela shared the new menu that she collaborated with Andrea to create based upon the patients' feedback. Angela asked the PFAC members to review and provide feedback on the changes to the menu, highlighting the new sandwich options and the addition of fruit cups and diet soda on the menu. The menu was approved by the patient members in attendance with an added request that some gluten-free and kosher or vegetarian items be available, without having to make a "special request" [EP3-C PFAC Meeting Minutes p.3 with Menu 020218 p.6](#)

Implementing the New Menu: Immediately following the February 2018 PFAC meeting, Angela shared the added suggestions with Andrea and they made the changes to the menu. The nurses, nurse technicians of the Cancer Institute and Carol Greiner, MSW, LMSW, social worker, Cancer Institute, gave patients the letter written by Angela to inform them of the increased selection of lunch choices and invited them to join the PFAC. The new Cancer Institute menu options were implemented on February 5, 2018. [EP3-D Letter from Angela to patients 020518](#)

4 Pages



EP5 - PATIENT CARE COORDINATION

NURSES ENSURE INTERPROFESSIONAL CARE COORDINATION

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

Background

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

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

additional diagnostic testing.

Participation

EP5 - Table 1- Interprofessional Care Team

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

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

Nurses Collaborate with Other Disciplines to Coordinate Patient's Care

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

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

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

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

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

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

Care Coordination across the Spectrum of Healthcare

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

Hyperbaric Oxygen Therapy

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

Infusion Center

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

Wound Healing Institute (WHI)

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

Hyperbaric Oxygen Therapy

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

Coordination of Care between Ambulatory Services

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



NK5 - INNOVATION

NURSES DRIVE INNOVATIVE SOLUTION TO COMMUNICATION

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

Background

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

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

Creating Innovative Solution in the Organization

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

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

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

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

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

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

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

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

Results

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

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

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

3 pages