

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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

Created by: Kathleen Calabro

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

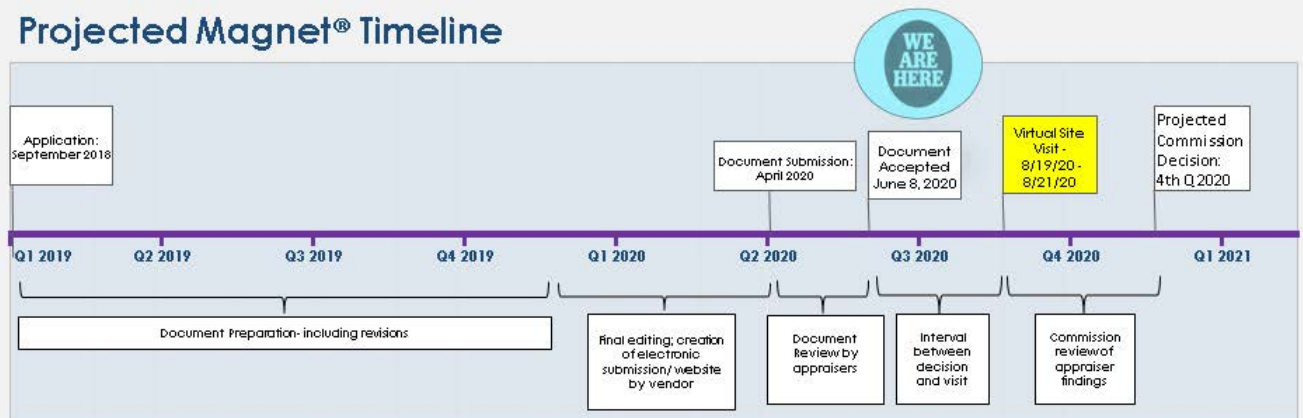
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

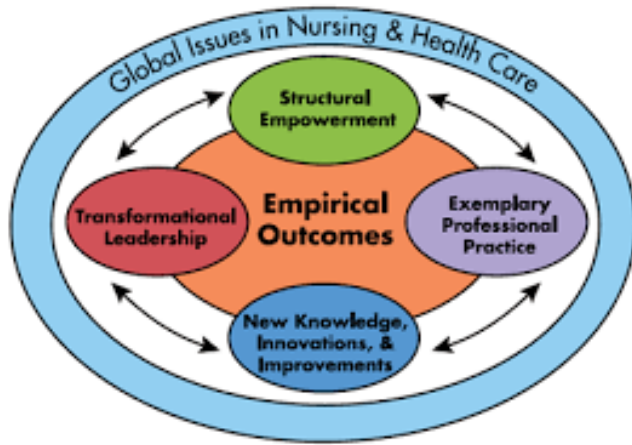
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



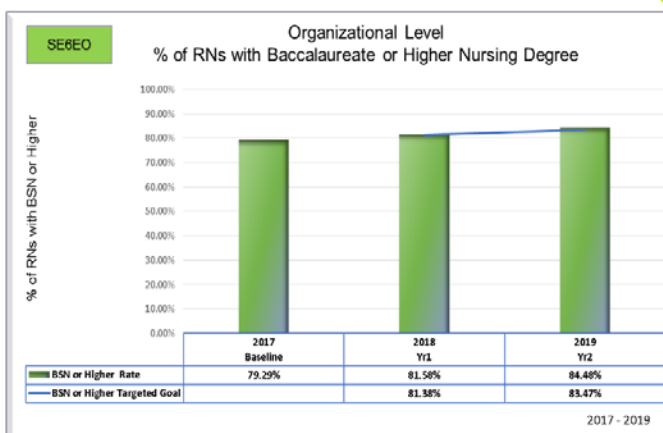
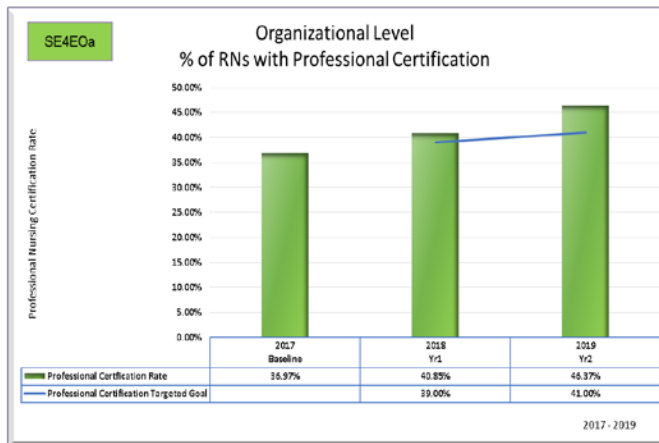
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



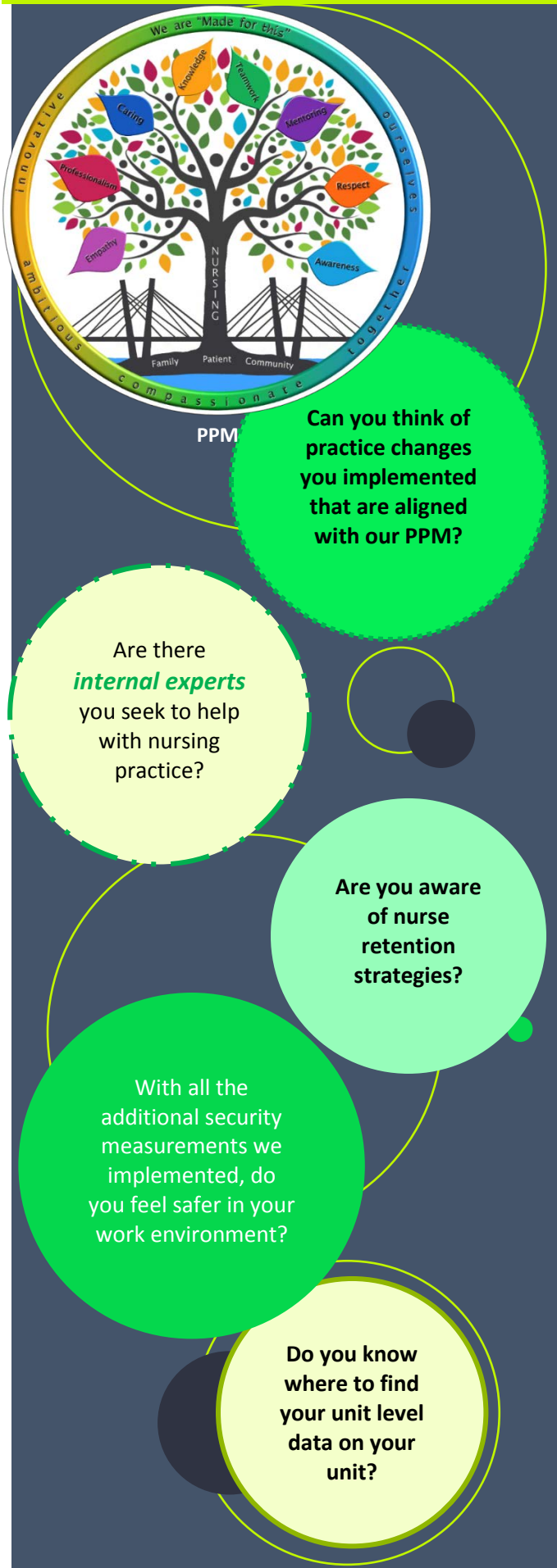
Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

- 1) RN Satisfaction - 2019 NDNQI RN Survey
please reference EP2EO in the magnet document

Selected
 - Adequacy of Resources & Staffing
 - Fundamentals of Quality Nursing Care
 - Autonomy
 - Professional Development - Access
- 2) Inpatient Clinical Indicators
please reference EP18EO in the magnet document
 - Falls with Injury
 - HAPI Stage 2 & Above
 - CAUTI
 - CLABSI
- 3) Ambulatory Clinical Indicators
please reference EP19EO in the magnet document
 - Falls with Injury
 - Patient Burns
- 4) Inpatient Patient Satisfaction
please reference EP20EO in the magnet document

Selected
 - Patient Engagement
 - Service Recovery
 - Courtesy & Respect
 - Responsiveness
- 5) Ambulatory Patient Satisfaction
please reference EP21EO in the magnet document

Selected
 - Patient Engagement
 - Patient Education
 - Safety
 - Courtesy & Respect



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

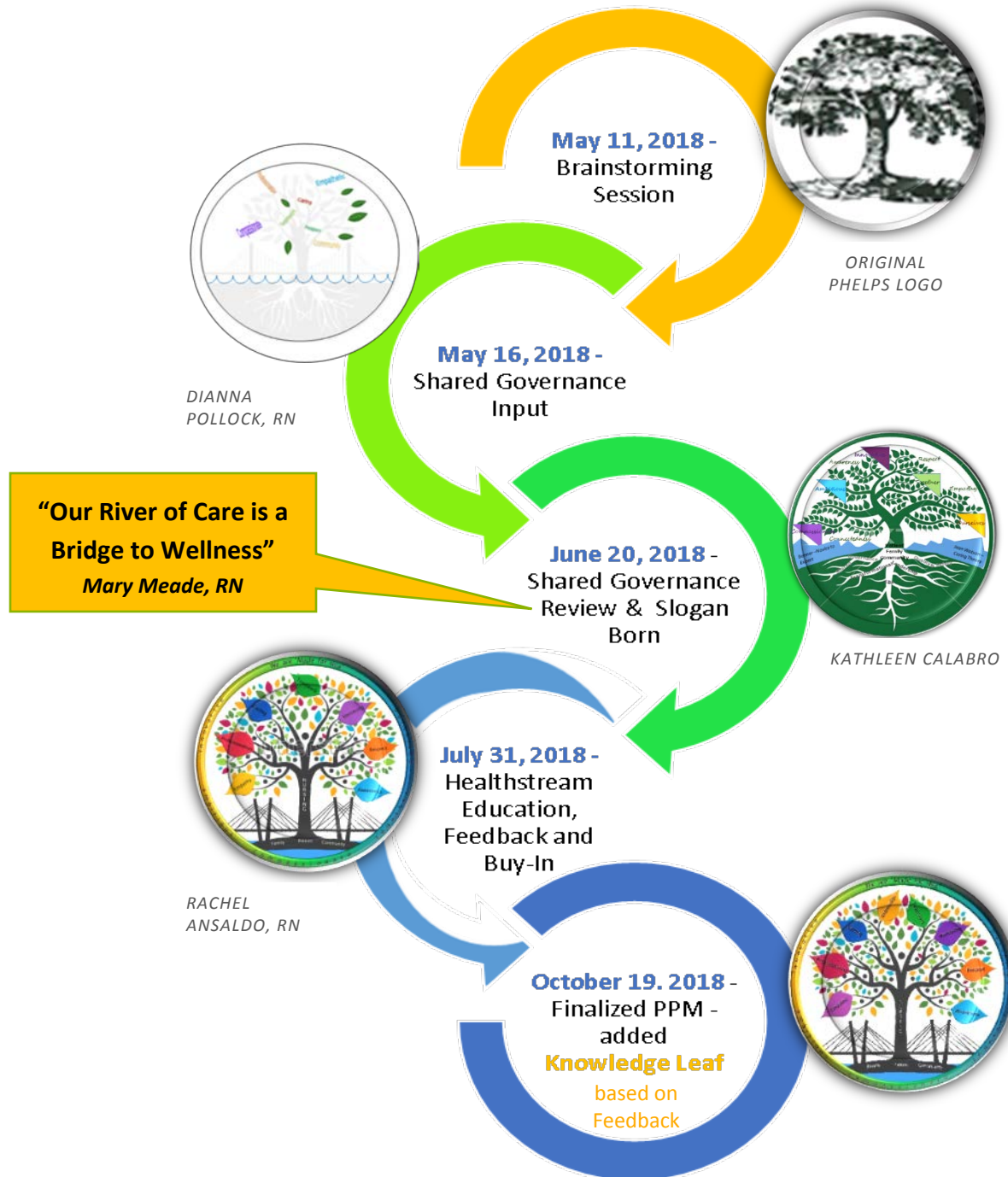
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

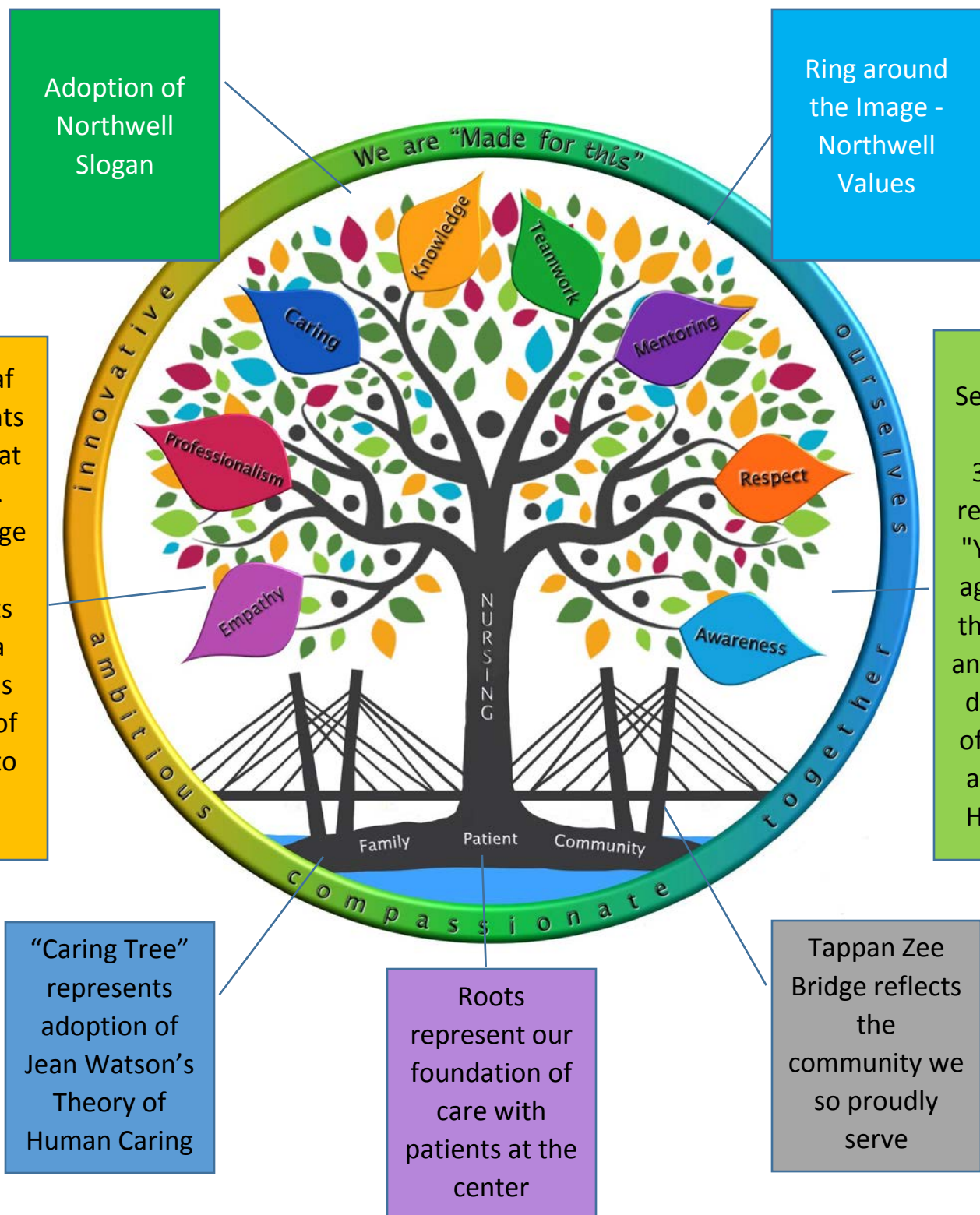
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

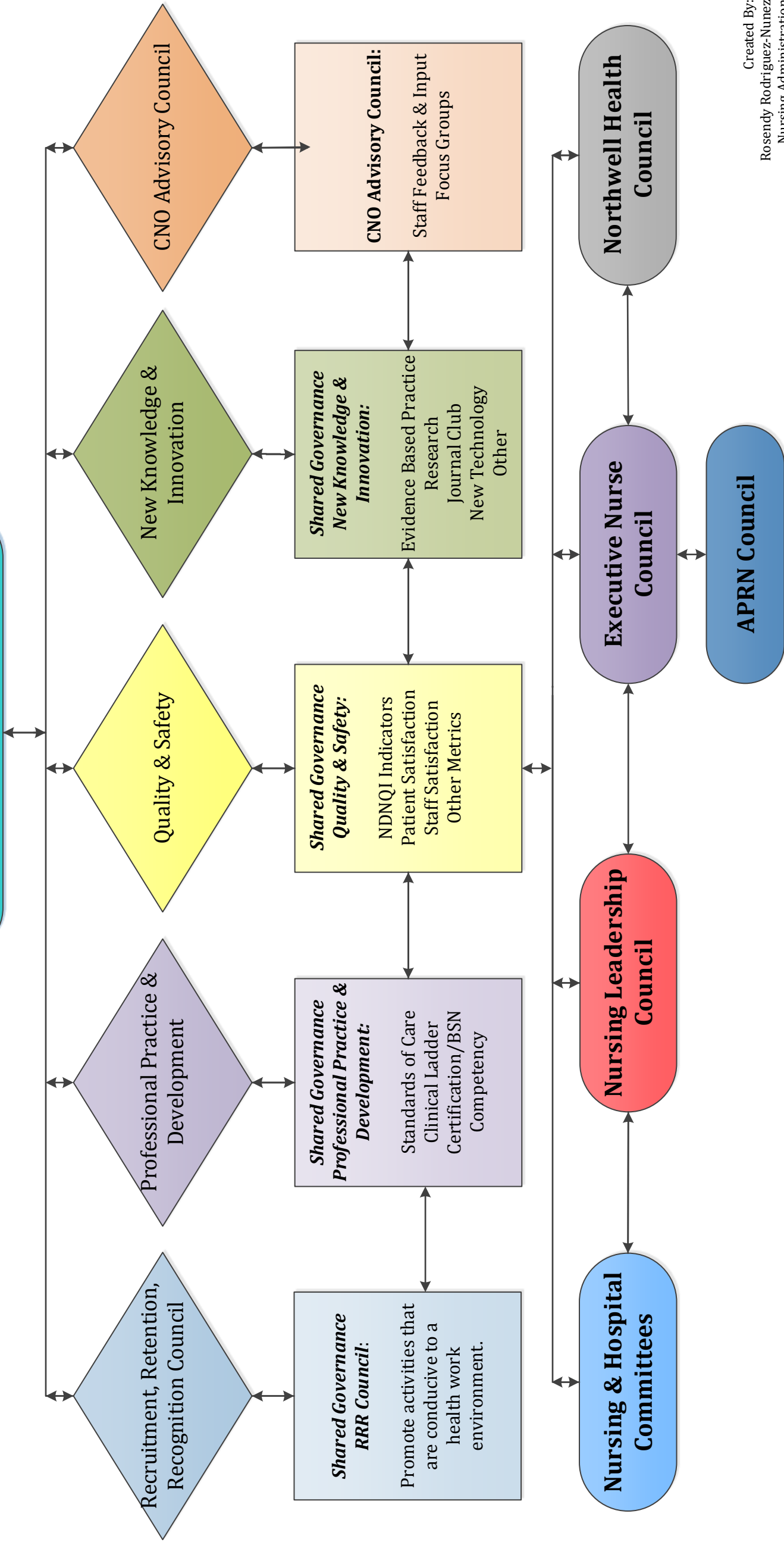


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

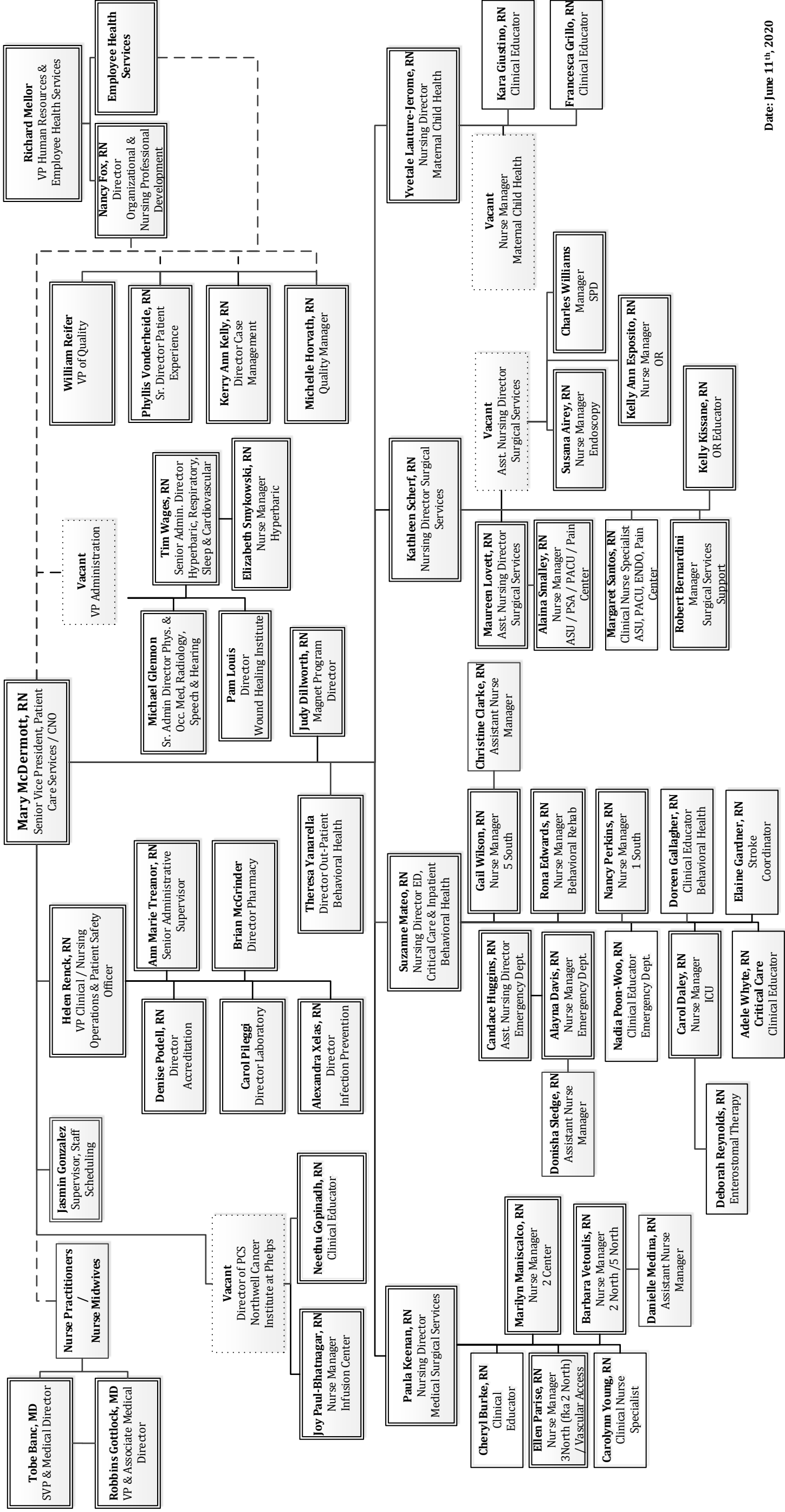


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

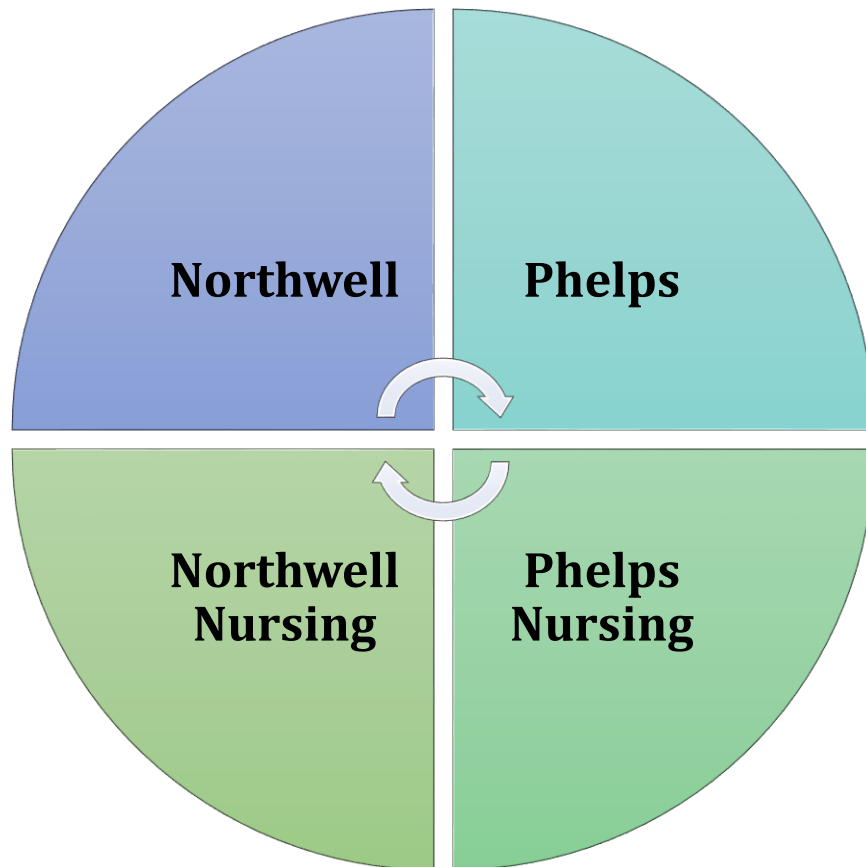
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





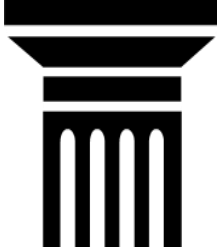
Nursing Strategic Plan

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



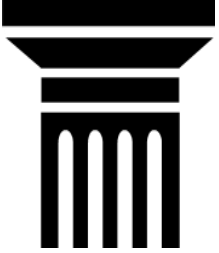
Goals

Quality



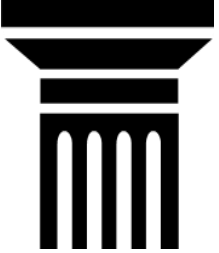
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



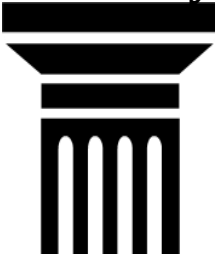
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



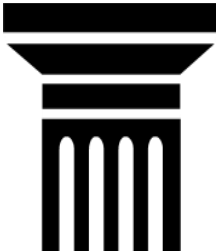
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

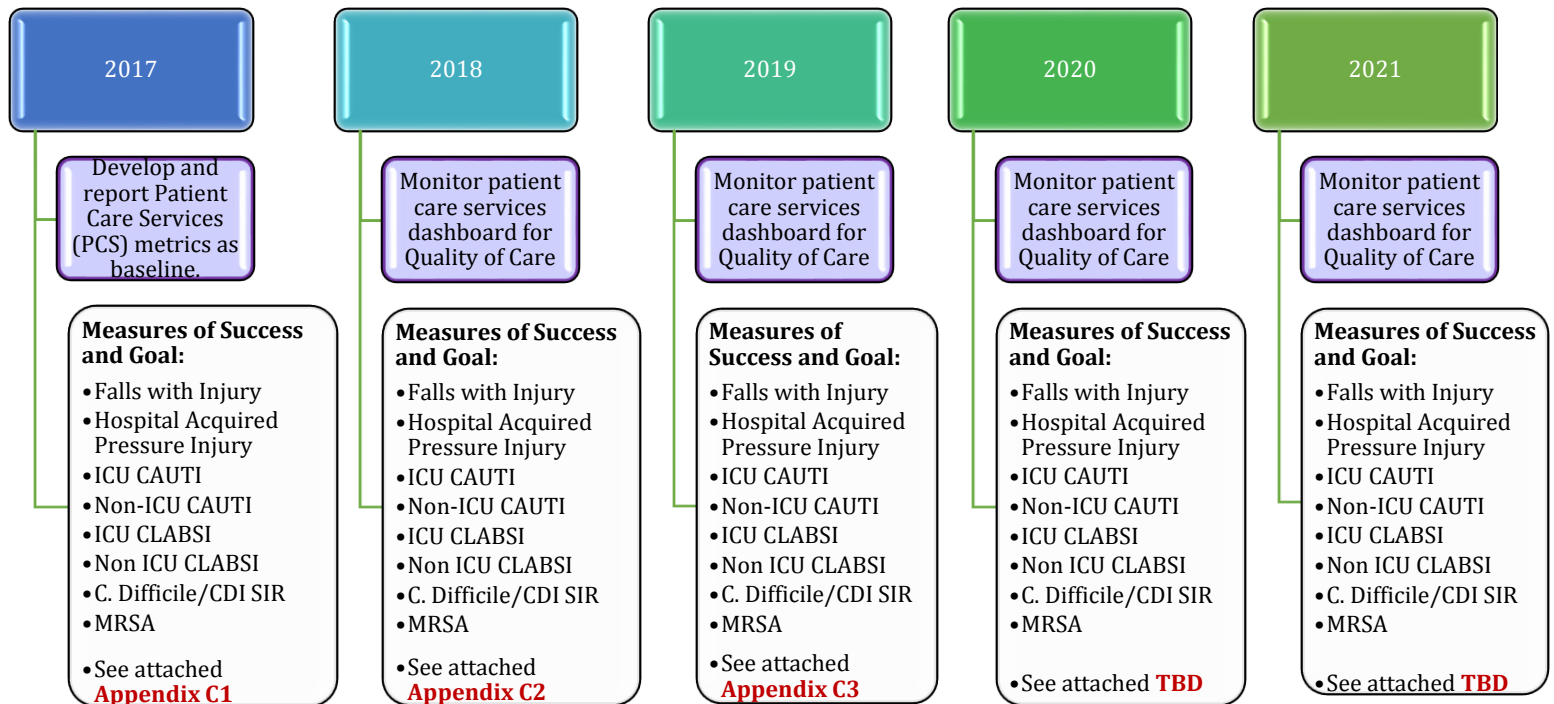
Finance



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

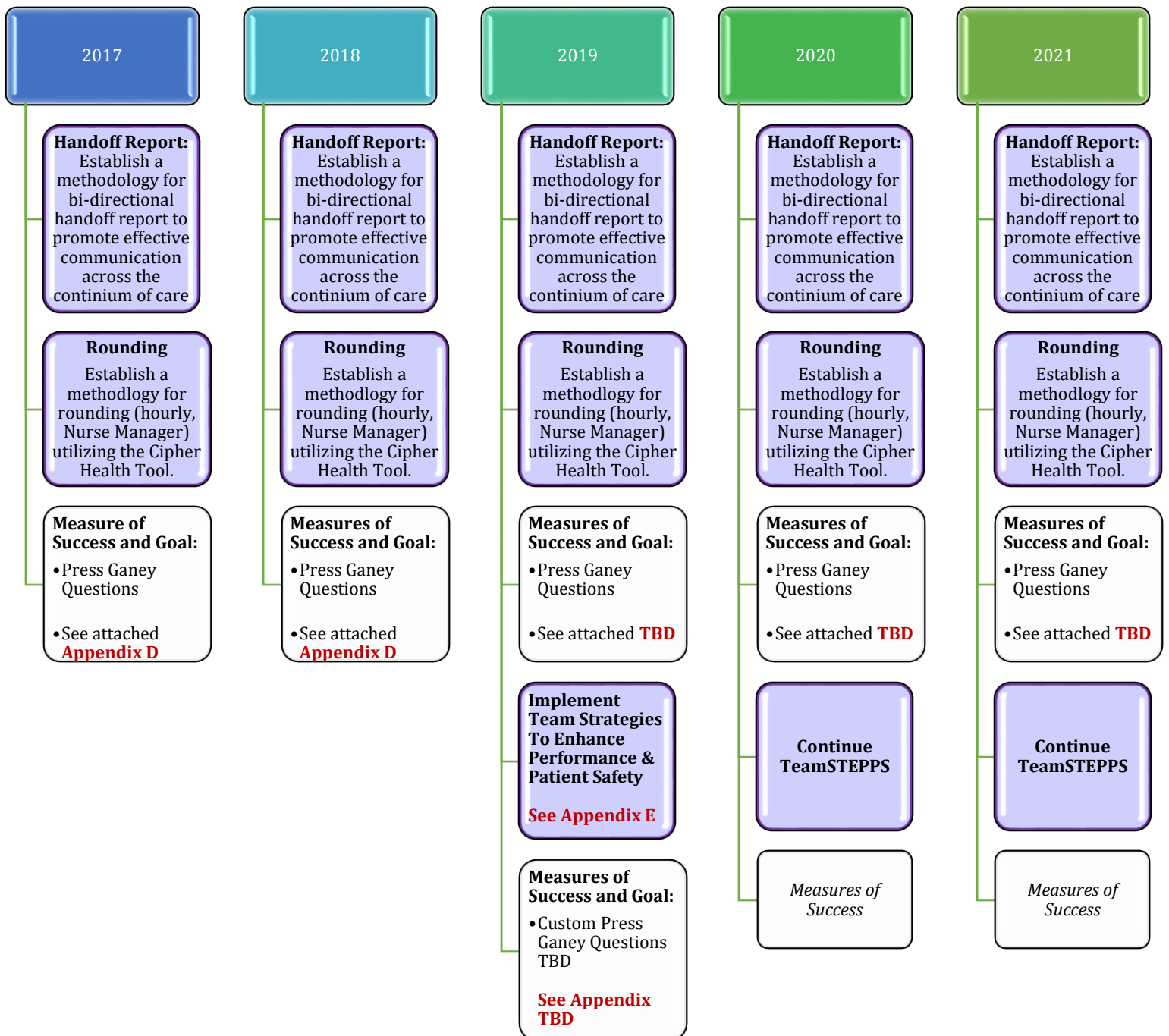
Quality

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



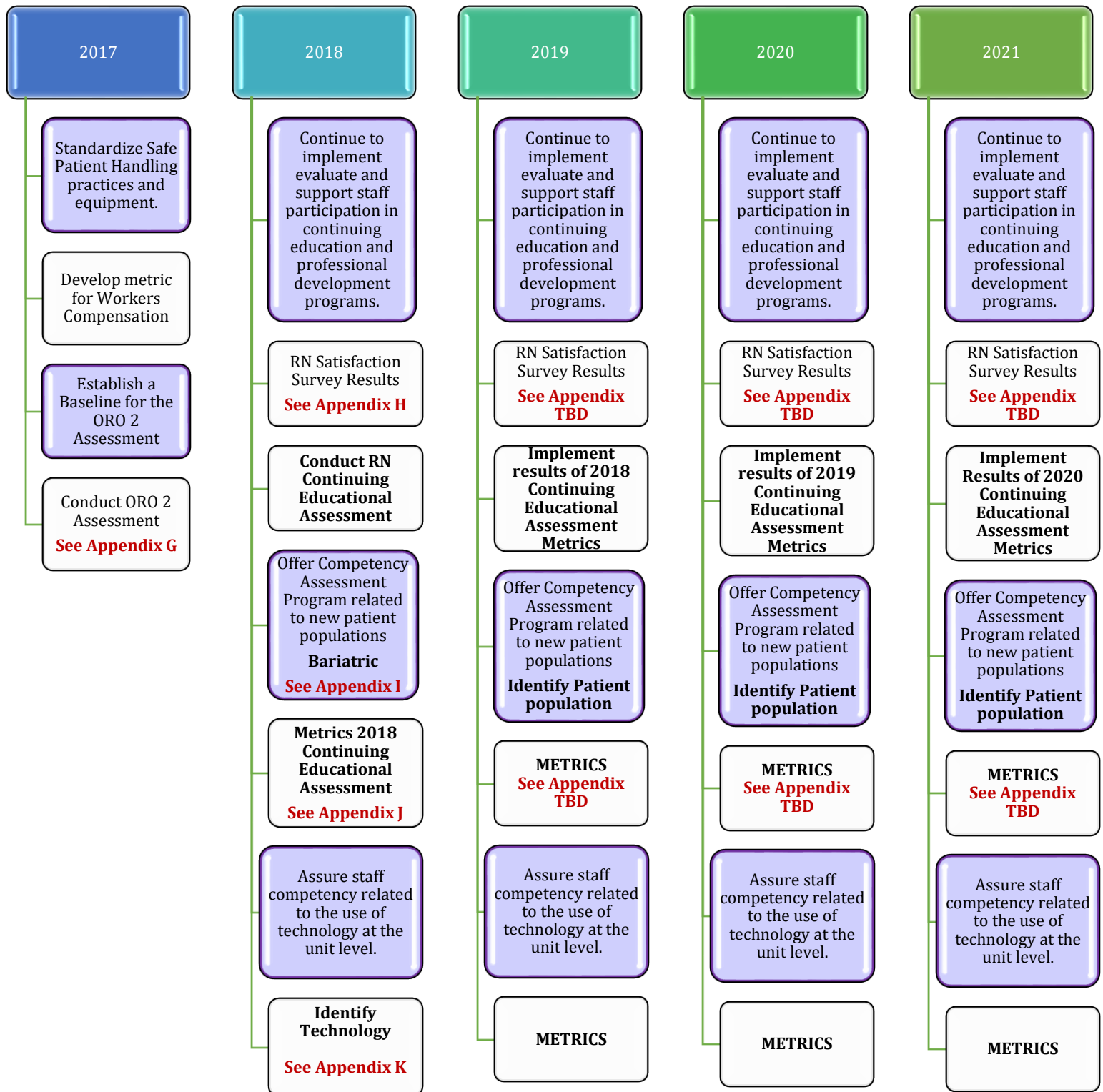
Quality

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



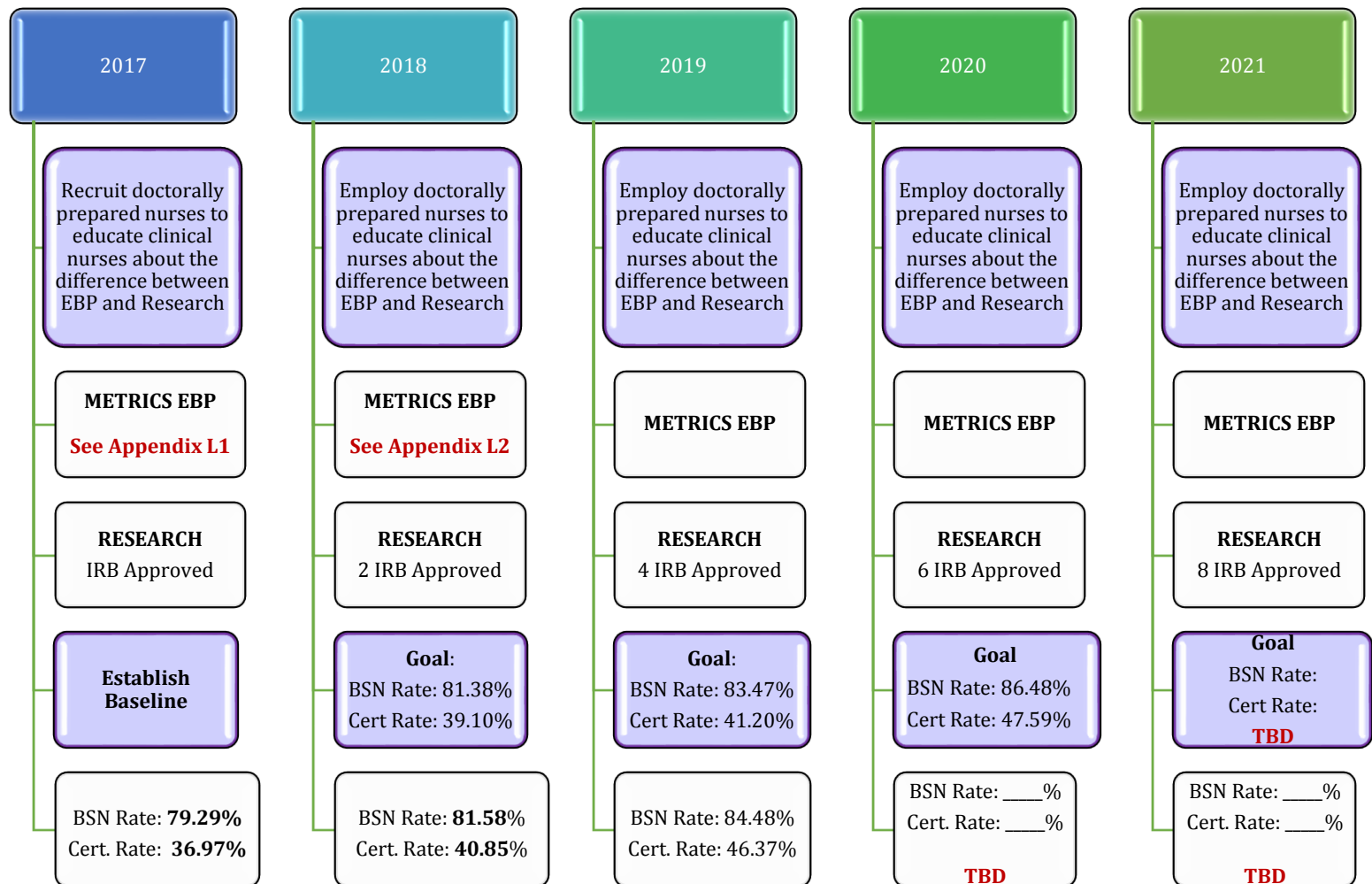
People

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



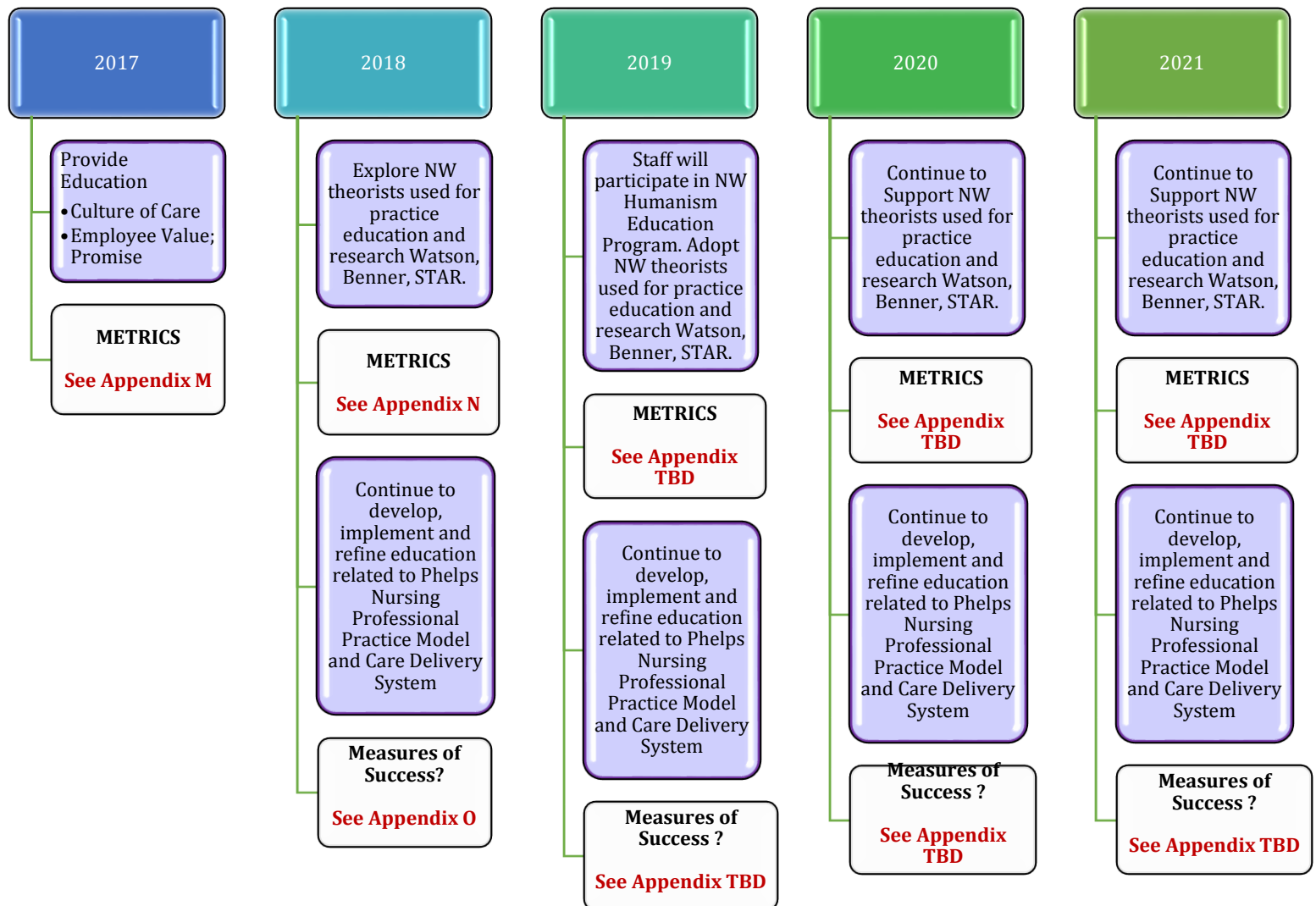
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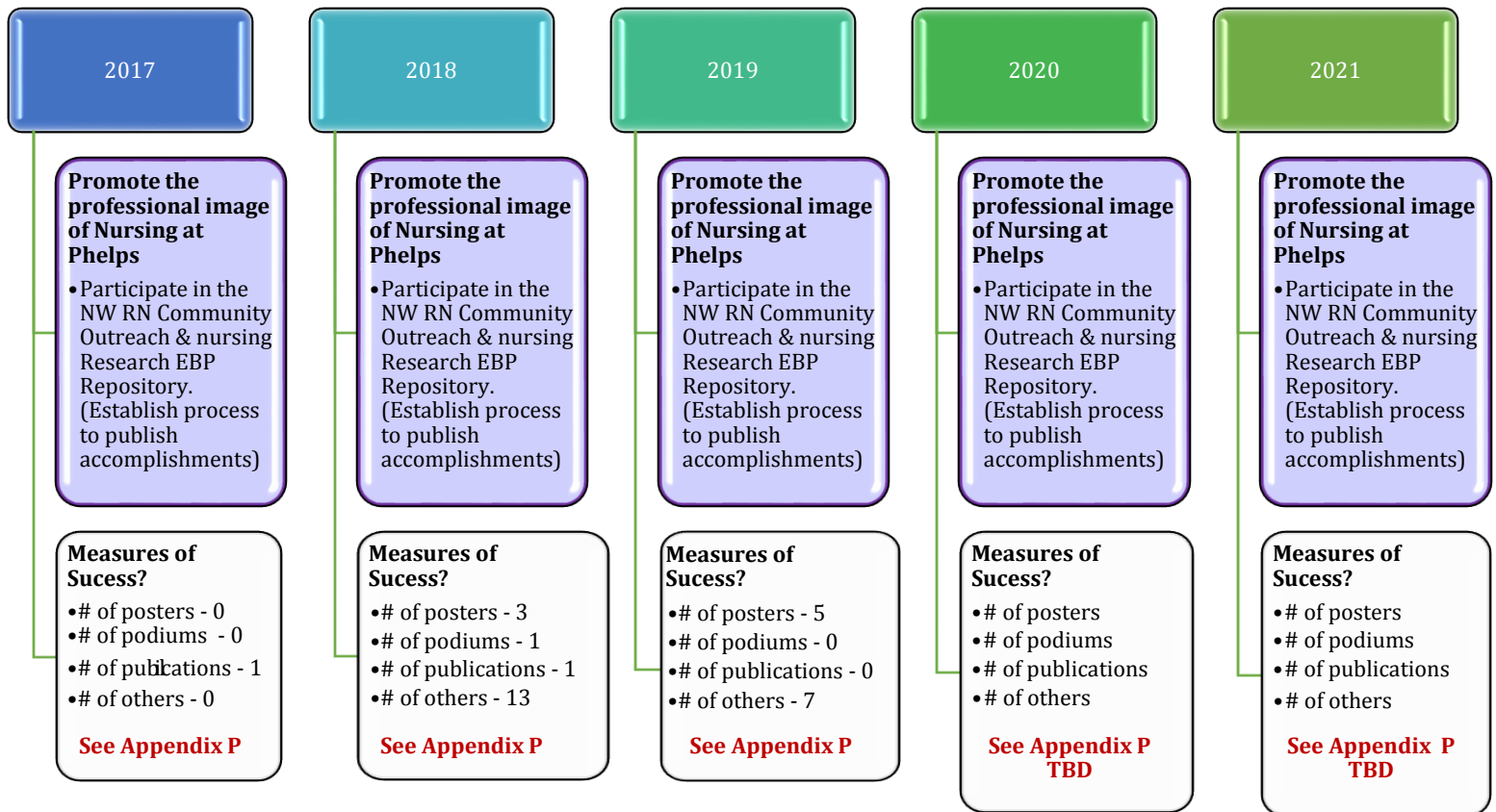
Service

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



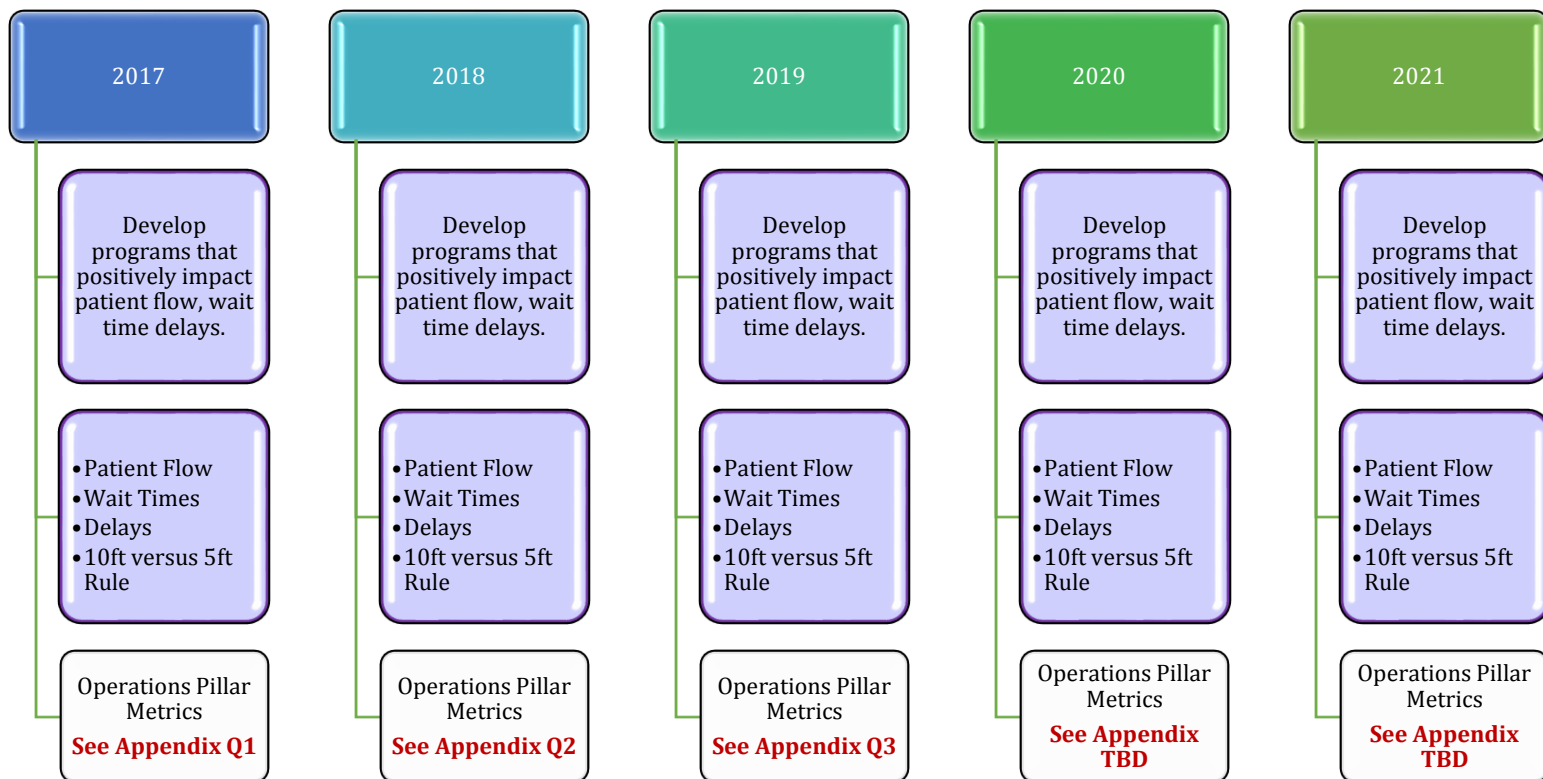
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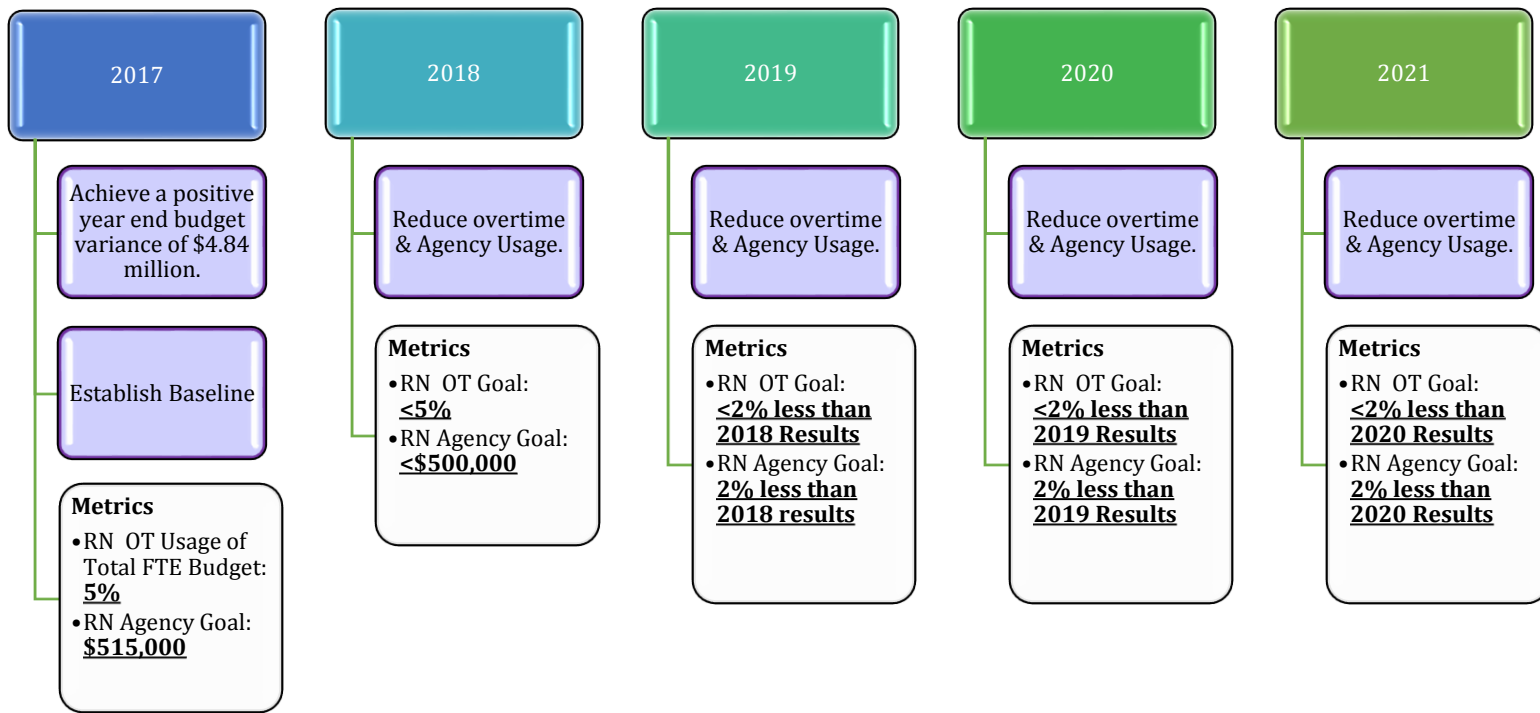
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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



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](#).



EP8EO - RN-LED INTERPROFESSIONAL EDUCATION

REDUCING OB HEMORRHAGE PATIENT LENGTH OF STAY

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

Problem

Overview: Postpartum hemorrhage continues to be a global health concern, associated with increased hospital length of stay, morbidity and mortality.

Background: In April 2017, a patient on the Maternal Child Health (MCH) unit at Phelps Hospital (Phelps) experienced an obstetric hemorrhage that advanced to a massive blood transfusion (MBT), cardiovascular collapse, and transfer to the intensive care unit (ICU). Following a debrief of the event and required MBT, the MCH team recognized that policy changes, education, and expedited response time of blood products were needed. The MCH team mobilized and coordinated drills on April 20, 2017, and May 31, 2017, regarding estimated blood loss, early recognition of postpartum hemorrhage, and simulation of transporting the patient on a stretcher to the Operating Room. The OB providers, nurses, anesthesia, safety officer, and nurse educator were all involved in both drills. These simulations incorporated the American College of Obstetricians and Gynecologists (ACOG) Safe Motherhood Initiative Bundle on Maternal Hemorrhage, and included use of a mannequin, visual pictures of estimates of blood loss and prompts to recognize the stages of OB hemorrhage. However, a subsequent MBT event pointed to the need for policy changes and additional interprofessional education beyond what the simulations provided.

Challenge: In April 2017, the length of stay (LOS) for Phelps OB patients requiring MBT was 21 days. There were no MBT events in May 2017.

Goal Statement

Goal: Reduce LOS for Phelps OB patients requiring MBTs.

Measure of Effectiveness: Average LOS, in days, for Phelps OB patients requiring MBTs

(Only months with patients experiencing MBT events are included in the calculation).

Participation

EP8EO - Table 1 - Participants with new MBT policy and education plan

Name	Credentials	Discipline	Dept/Unit	Job Title
Dorit Lubeck Walsh	MSN, RN, FNP-BC, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Danielle Rush	BSN, RN, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Mona Maloney	MSN, RNC-OB, C-EFM	Nursing	Maternal Child Health	Clinical Nurse
Adele Whyte	MSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Kara Giustino	MSN, RN, CPNP, IBCLC	Nursing	Maternal Child Health	Clinical Educator
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Young, Carolynn	MSN, RN-BC, CNS-BC	Nursing	Medical Surgical	Clinical Nurse Specialist
Santos, Margaret	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Wall, Doreen	MSN, RN-BC	Nursing	Behavioral Health	Clinical Educator
Lorraine Presby	RN, CNOR	Nursing	OR	Clinical Educator
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	VP/ Patient Safety Officer
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	Senior VP, Patient Care Services/CNO
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Carol Pileggi	BS	Laboratory	Lab	Administrative Director
Vijayalaxmi Malavadi	MD	Medicine	Blood Bank	Medical Director of the Blood Bank
Cynthia Pettius		Support Services	Blood Bank	Blood Bank Administrator
Matthew Cullen	MD	Medical	Anesthesia	Director of Medical Anesthesia
Angela Leonard		Support Services	Telecommunications	Director of Telecommunications

Interventions

Identifying Opportunity for Improvement: In June 2017, another OB patient required an MBT that advanced to cardiovascular collapse. This patient only required half the amount of

blood products and her length of stay in the ICU was shorter than the April 2017 patient's LOS. However, upon the review of this case, the MCH team determined that education and policy changes were still needed.

Forming a Team: In June 2017, the MCH clinical nurses Dorit Lubeck-Walsh, MSN, RN, FNP-BC, C-EFM, Mona Maloney, MSN, RNC-OB, C-EFM, and Danielle Rush, BSN, RN, C-EFM, identified that a policy change and more education was needed. They formed a team with Kara Giustino, MSN, RN, CPNP, IBCLC clinical educator, MCH and requested to meet with the blood bank, anesthesia, nursing leadership, and the OB providers, during their monthly meetings. Dorit, Mona, Danielle and Kara made their presence known at every meeting to discuss work flow, obstacles, lessons learned, and identified the change needed to improve patient outcomes. The MCH team collaborated with Cheryl Burke, MSN, MBA, RN-BC, WCC, and Doreen Wall, MSN, RN-BC, clinical educators and Carolyn Young, MSN, RN-BC, CNS-BC, ONC, and Margaret Santos, MSN, RN, ACNS-BC, CCRN, clinical nurse specialists, Eileen Egan, JD, BSN, RN, vice president, Administration, and Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations & Patient Safety Officer to collate all the information obtained and generate a policy outlining the steps needed to achieve our goal of early recognition of OB hemorrhage. The creation of a seamless process would shorten the response time and decrease the patient's length of stay.

Identifying Alternate Approaches: In June 2017, the team utilized multiple resources, including the ACOG Safe Motherhood Initiative Bundle, to develop new policies and guidelines for the management of the patient with OB hemorrhage. They networked with the Northwell perinatal network and participated in several multiprofessional meetings to develop a policy that was efficient, feasible and adaptable by Phelps Hospital.

Developing/Revising OB Hemorrhage Policies/Practices: In July 2017, Helen coordinated extensive interprofessional meetings and debriefings with Cheryl, Doreen, Carolyn, Margaret, Eileen, clinical nurses, blood bank staff, physicians, risk management, nursing administration, OB providers, anesthesia, and communications staff of Phelps. The purpose was to finalize a policy that detailed "how to mobilize the hospital" in the event of an OB hemorrhage, an emergency which could happen in MCH or anywhere in the hospital. The new Massive Blood Transfusion policy was constructed to work within a community hospital setting. This policy outlines how many departments of the hospital are mobilized in the event of an MBT. For example, the nurse administrator assigns roles to various individuals throughout the hospital in order to improve efficiency: a med surg technician responds to assist in the blood bank, an employee is designated to be the blood runner between the blood bank and the location of the MBT. Kara collaborated with members of the blood bank to create a process using a new single order form to trigger a standardized and automated response of dispensing specific blood products during an MBT.

Developing Interprofessional Education Activity: In July 2017, Dorit, Kara, Cheryl, Doreen, Carolyn, and Margaret, developed MBT interprofessional education which included:

recognition of the stages of OB hemorrhage, evaluation of maternal risk assessment, how to estimate blood loss, use of the code cart, how to identify differences in maternal cardiac arrest, and use of the rapid blood infuser. This education was constructed as a course module for Healthstream™, an online learning management system available to all departments and during annual nurse competency days.

Leading Interprofessional Education Activity: In July 2017, Dorit, Danielle, Mona, and Kara conducted multiple education sessions during the competency days to focus on the MBT policy and management of patients with OB hemorrhage. The MBT Healthstream™ on-line activity was assigned to employees of the involved disciplines identified in the policy on 8/25/17 and completed by 9/30/17. Within that time frame, 429 employees completed the Healthstream™ on-line education. The chart below reflects the number of employees, by discipline who completed the Healthstream™ on-line education program:

Discipline	Count Completed
Nursing	329
Physician	33
Radiology	23
Respiratory Therapist	17
Leadership	18
APRN	9

On an ongoing basis, The MBT Healthstream on-line education course is assigned to all new hires in clinical settings. The Lab and Blood Bank employees had their own internal training on the new policies specific to their unit. Anesthesiologists also had training geared specific to their roles and responsibilities with the new policy.

Implementing New Policy to Reduce LOS: By October 2017, all members of the interprofessional team completed education and implemented the new MBT policy.

Outcome

Pre-Intervention Timeframe: April – May 2017

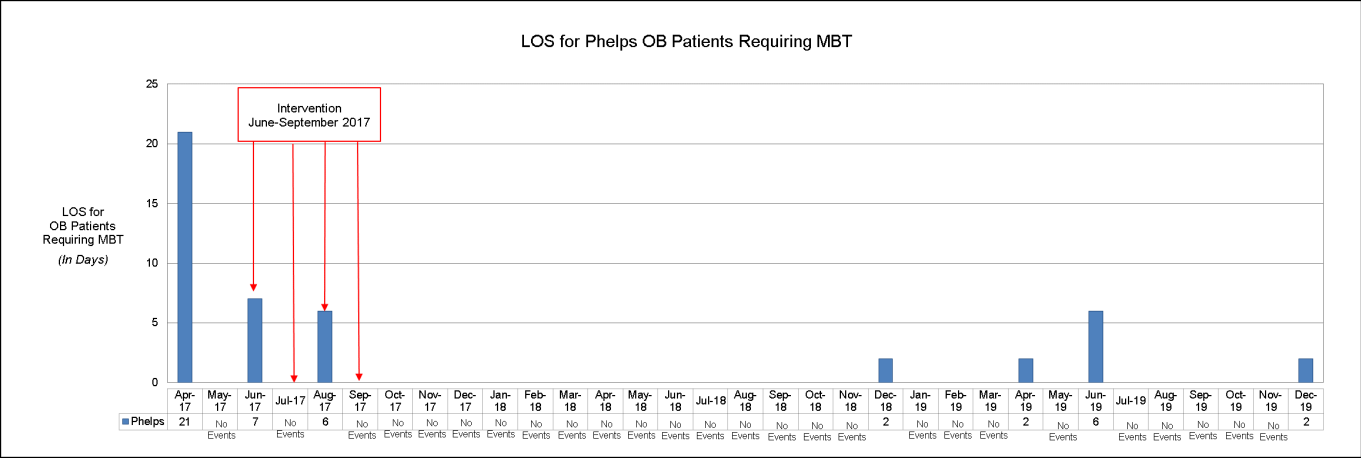
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the LOS for Phelps OB patients requiring MBT was 21 days.

Intervention Timeframe: June – September 2017

Post-Intervention Timeframe: October 2017 – December 2019

Post-Intervention Data: During the post-intervention timeframe, the LOS for Phelps OB patients requiring MBT averaged 3 days. This represents 86% reduction in the average LOS.

EP8EO - Graph 1 - LOS for Phelps OB Patients Requiring MBT





NK6EO - ADOPTING TECHNOLOGY

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

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

Problem

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

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

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

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

Goal Statement

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

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

Participation

NK6EO - Table 1 - Participants

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

Interventions

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: September 2018

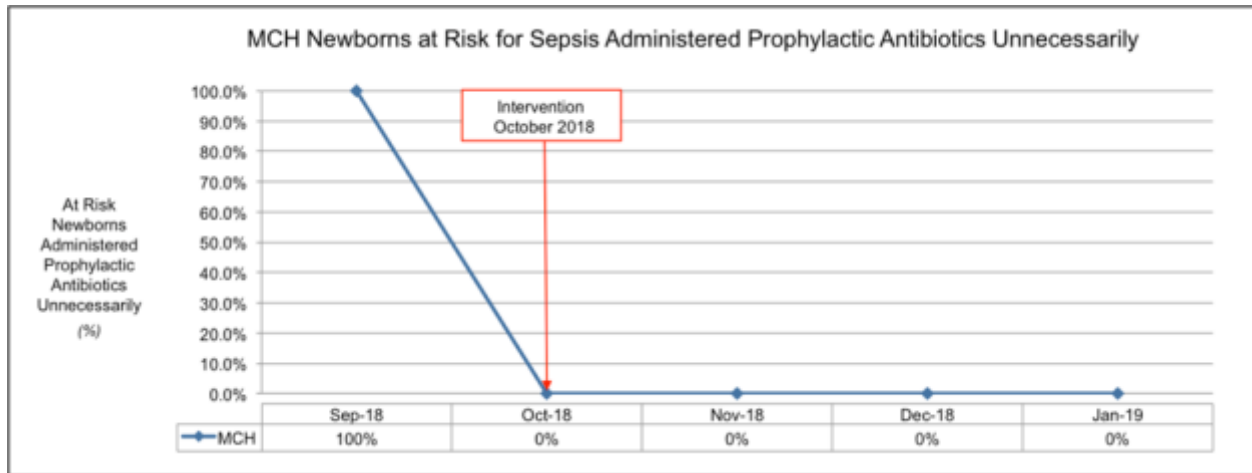
Pre-Intervention Baseline Data: During the pre-intervention timeframe, 100% of MCH newborns were administered antibiotics unnecessarily.

Intervention Timeframe: October 2018

Post-Intervention Timeframe: November 2018 – January 2019

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

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



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

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

Problem

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

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

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

Goal Statement

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

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

Participation

NK6EO - Table 2 - Specimen Barcoding Technology Team Participants

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

Interventions

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 3Q17

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

Intervention Timeframe: 4Q17 – 1Q18.

Post-Intervention Timeframe: 2Q18-1Q19.

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

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

