

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



IN THIS ISSUE

PG. 1

Guide objective and Magnet Projected TimeLine

PG. 2-6

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

PG. 7-8

Evolution of our Professional Practice Model

PG. 9-13

Shared governance model / Council's 2019 Annual Reports

PG. 14

Nursing Organization Chart

PG. 15-24

Highlights from the Nursing Strategic Plan

PG. 25-End

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

PACU

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

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.

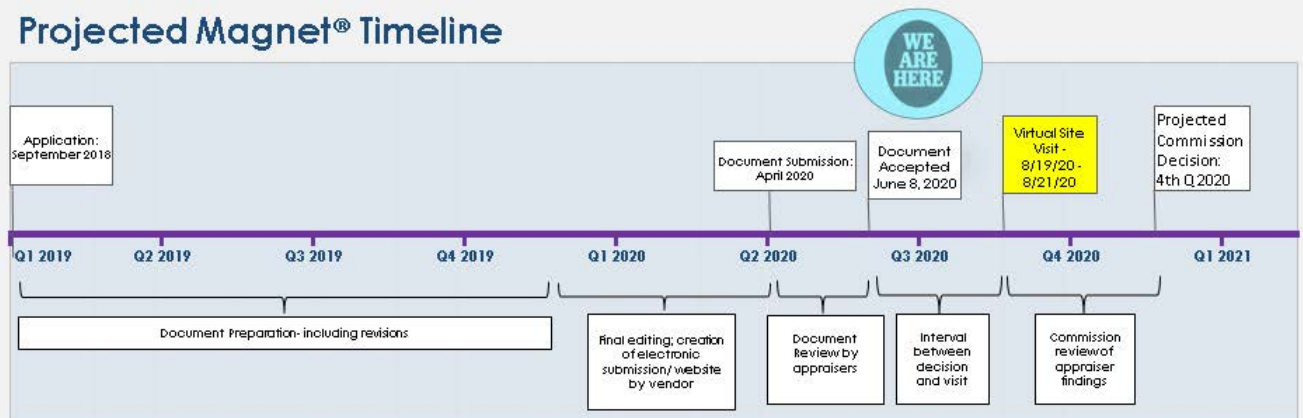
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

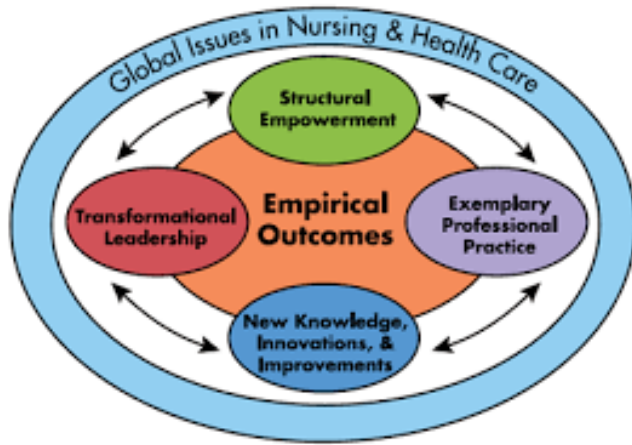
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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?



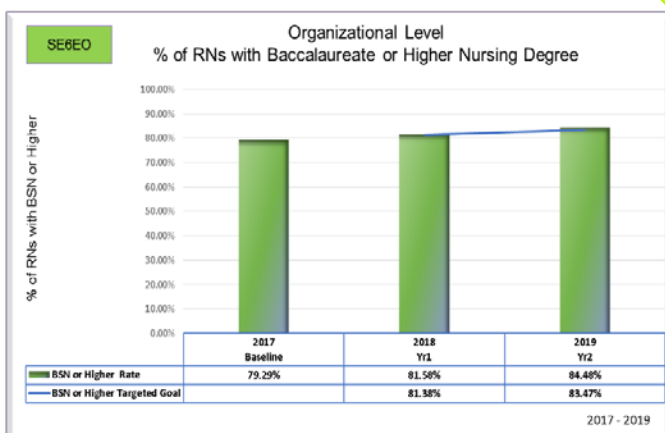
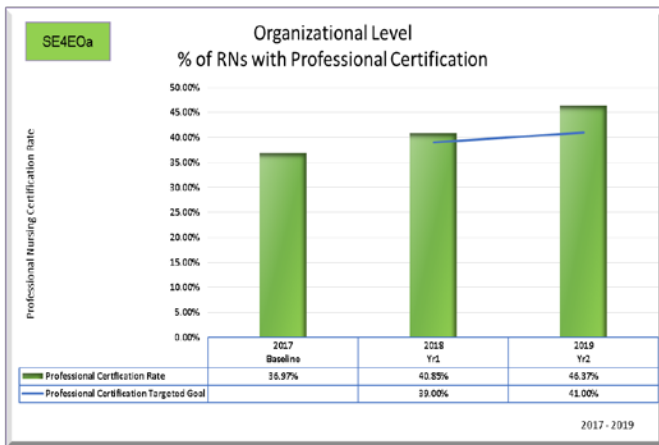
STRUCTURAL EMPOWERMENT

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:



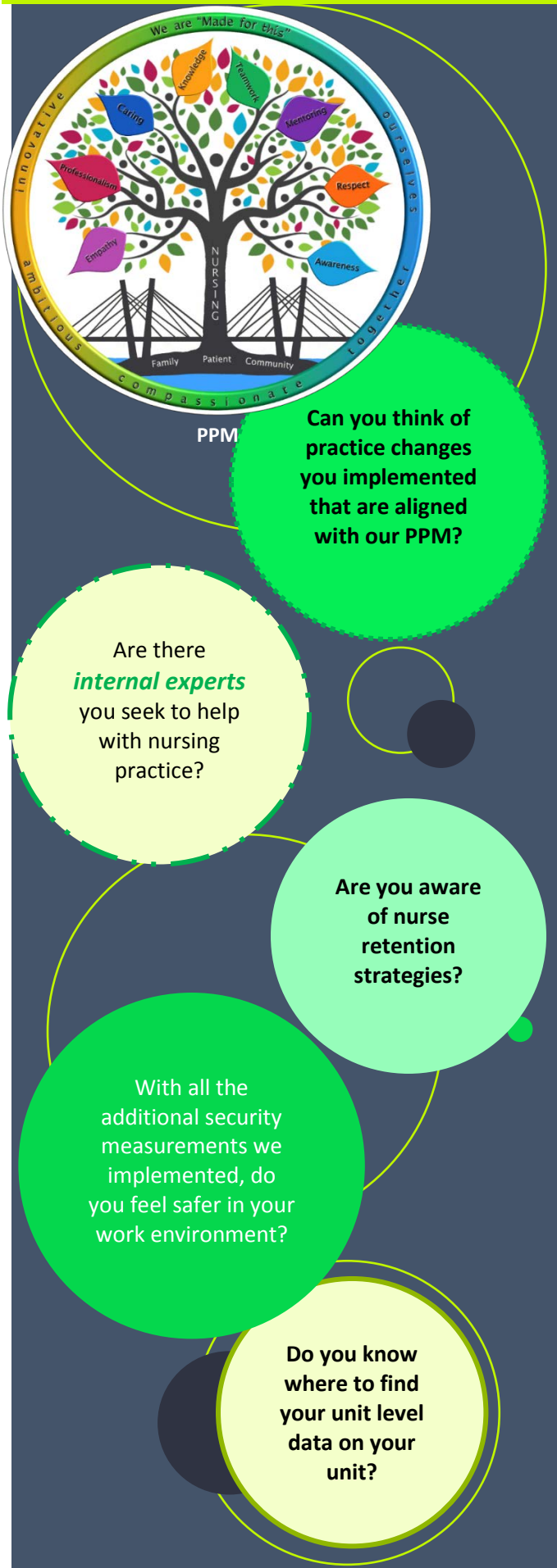
Has the hospital supported you in your volunteer efforts?

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

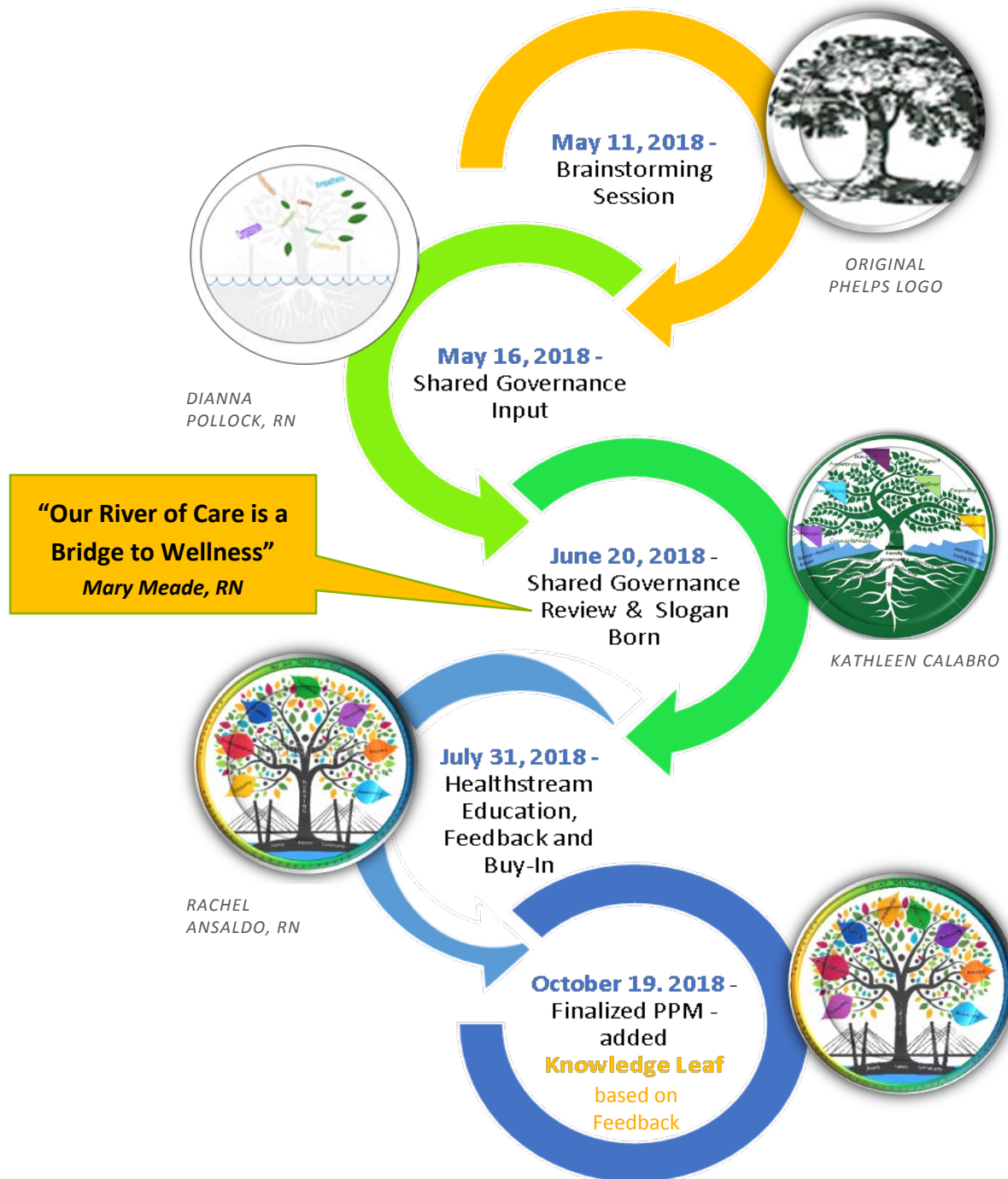
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

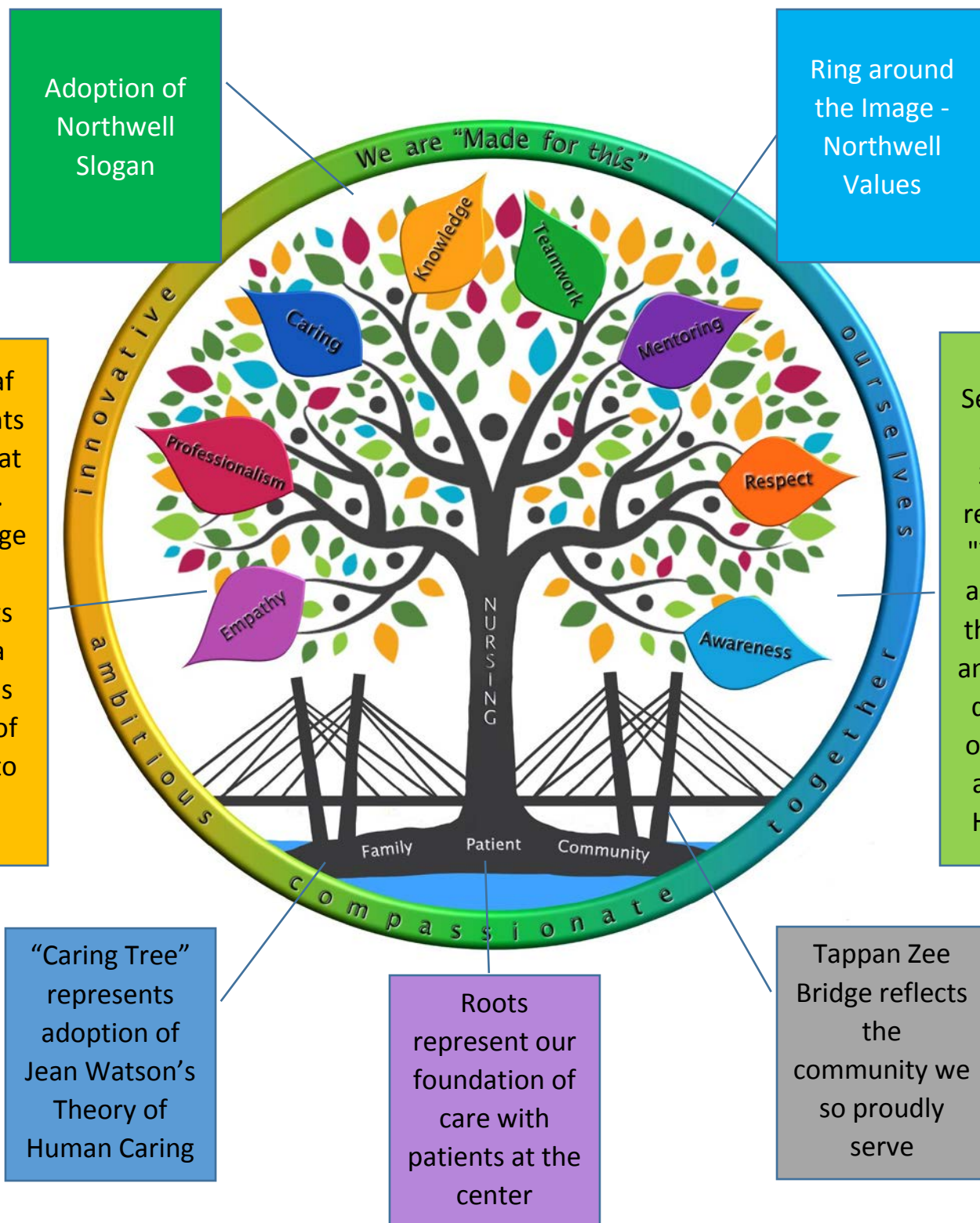
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

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

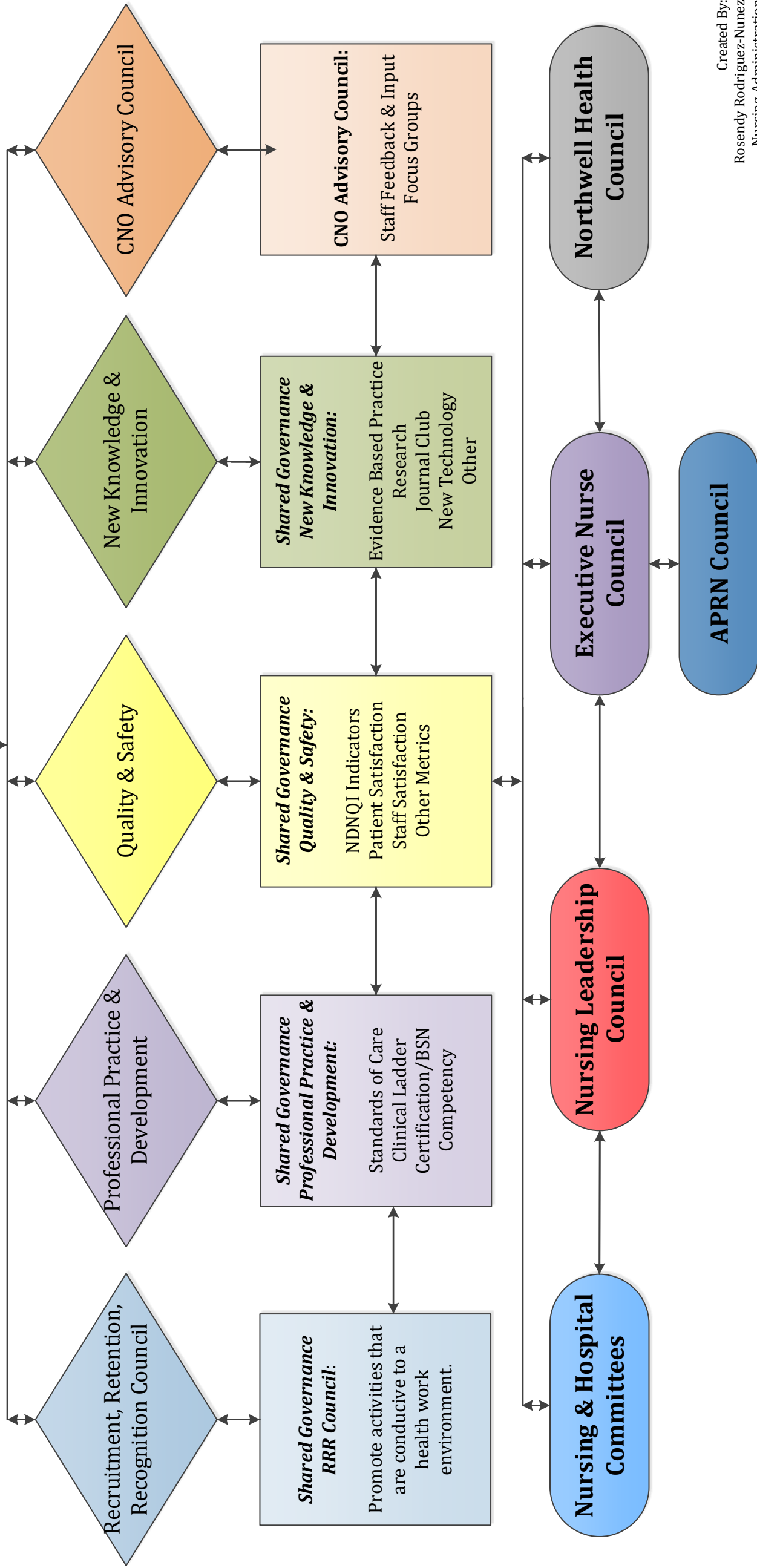


Understanding our Professional Practice Model



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.

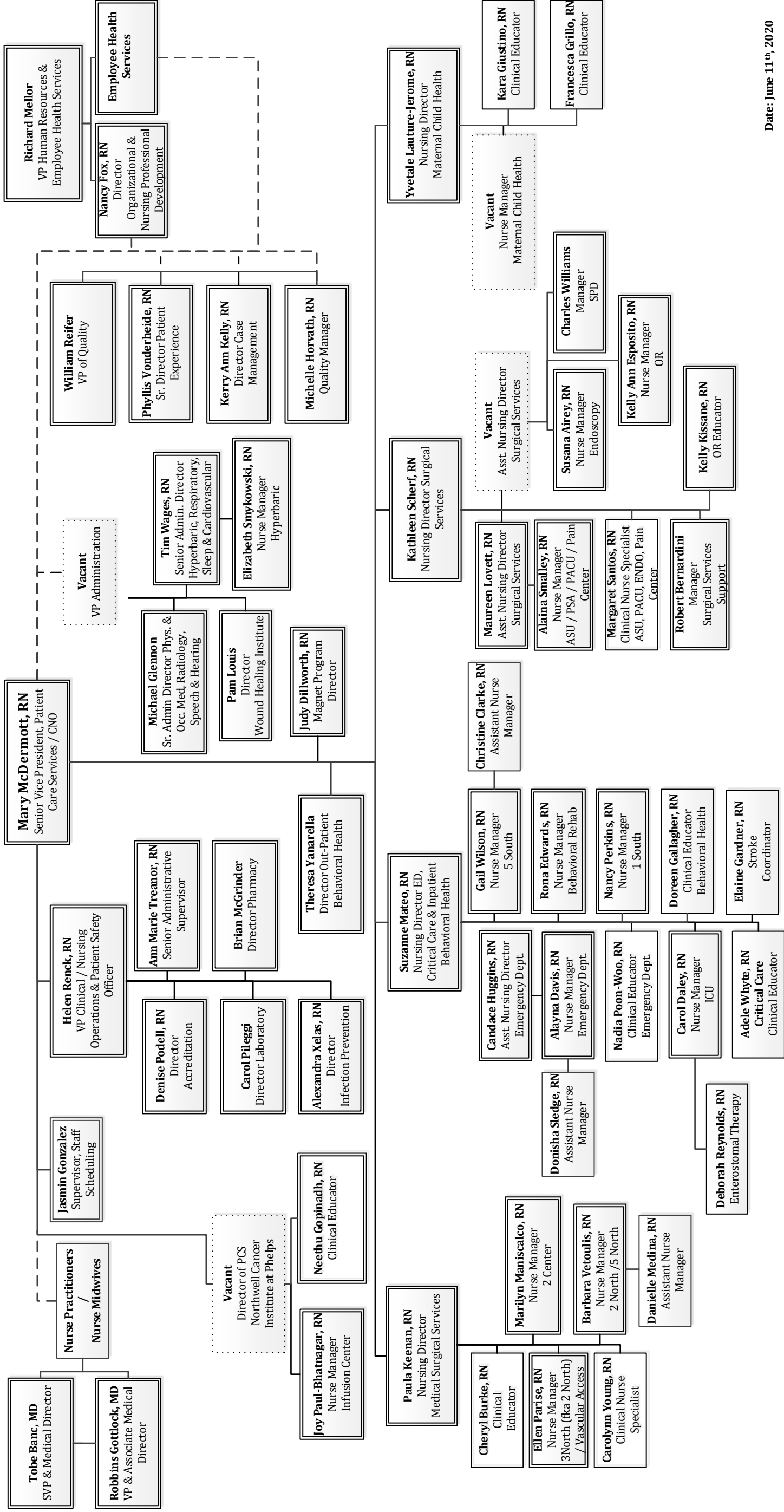


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

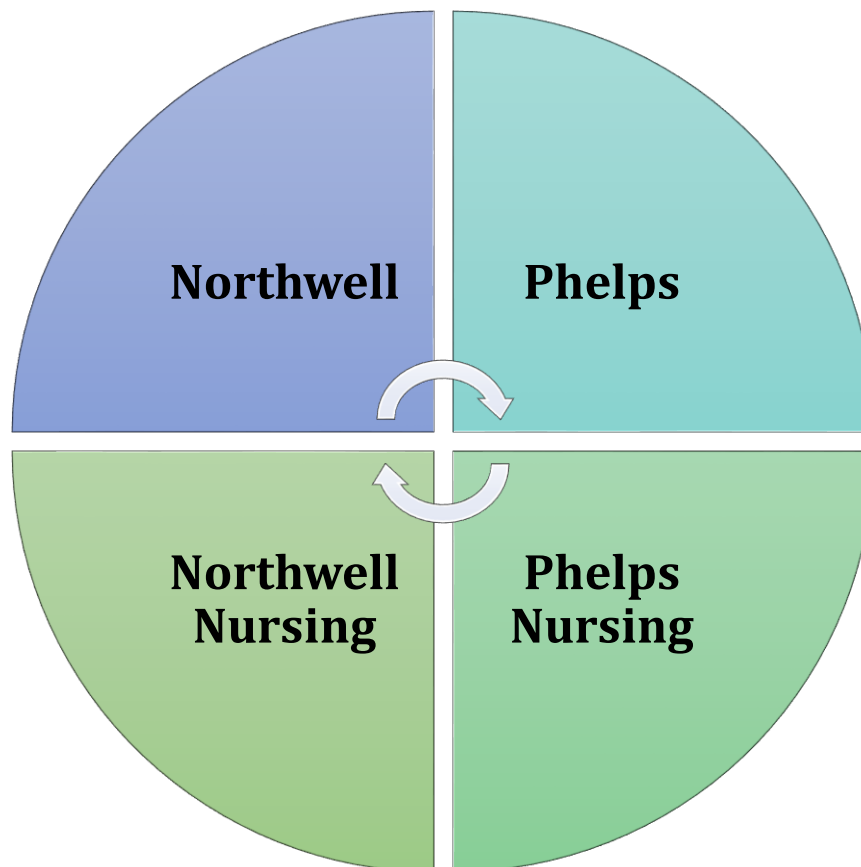
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





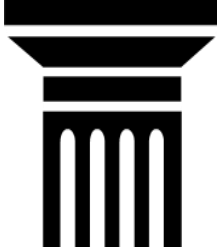
Nursing Strategic Plan

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.”



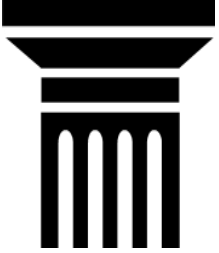
Goals

Quality



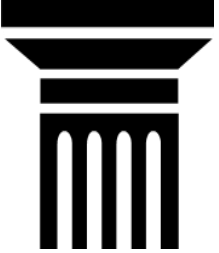
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



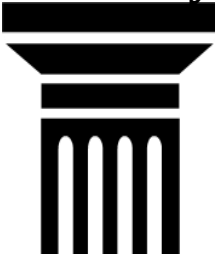
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



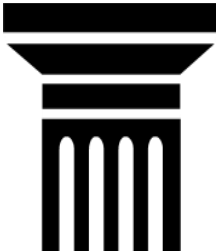
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

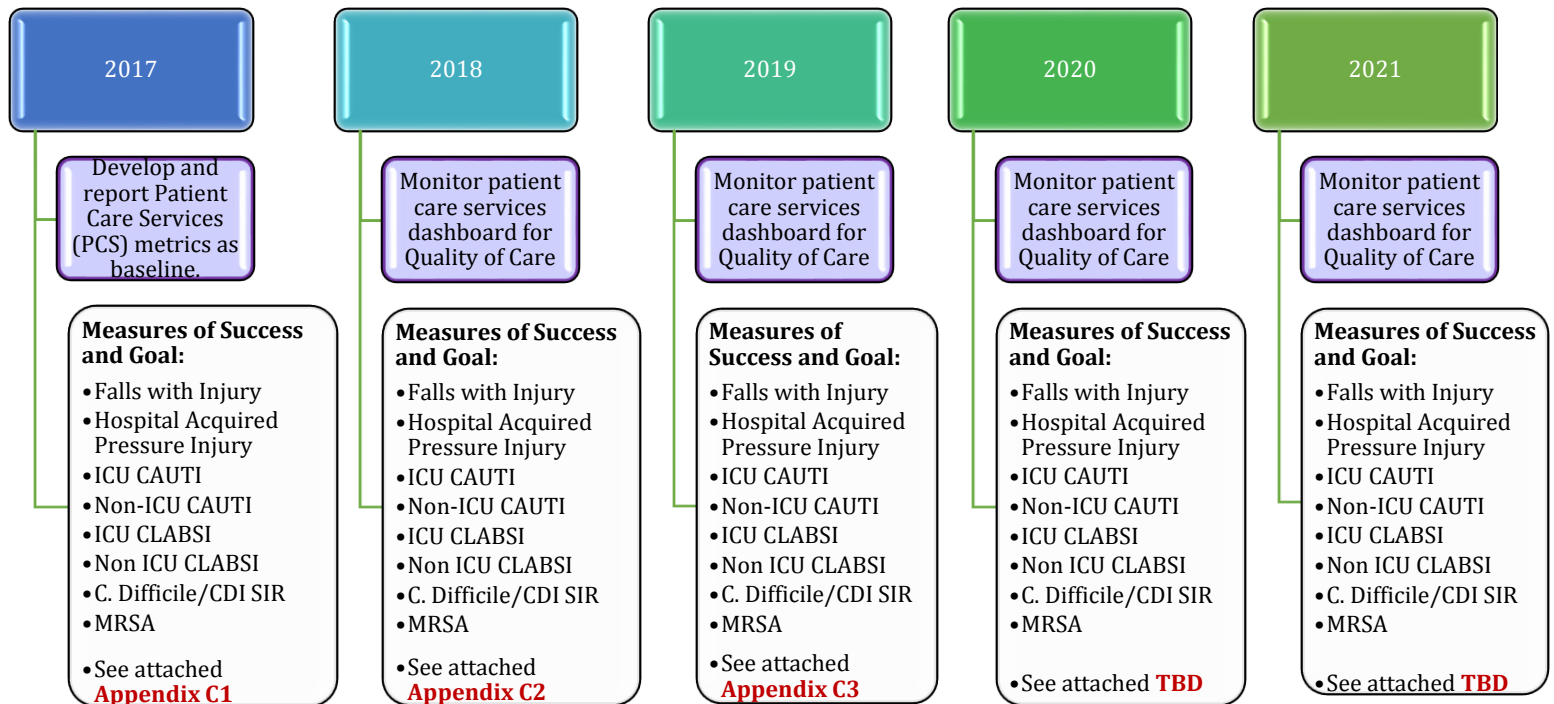
Finance



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

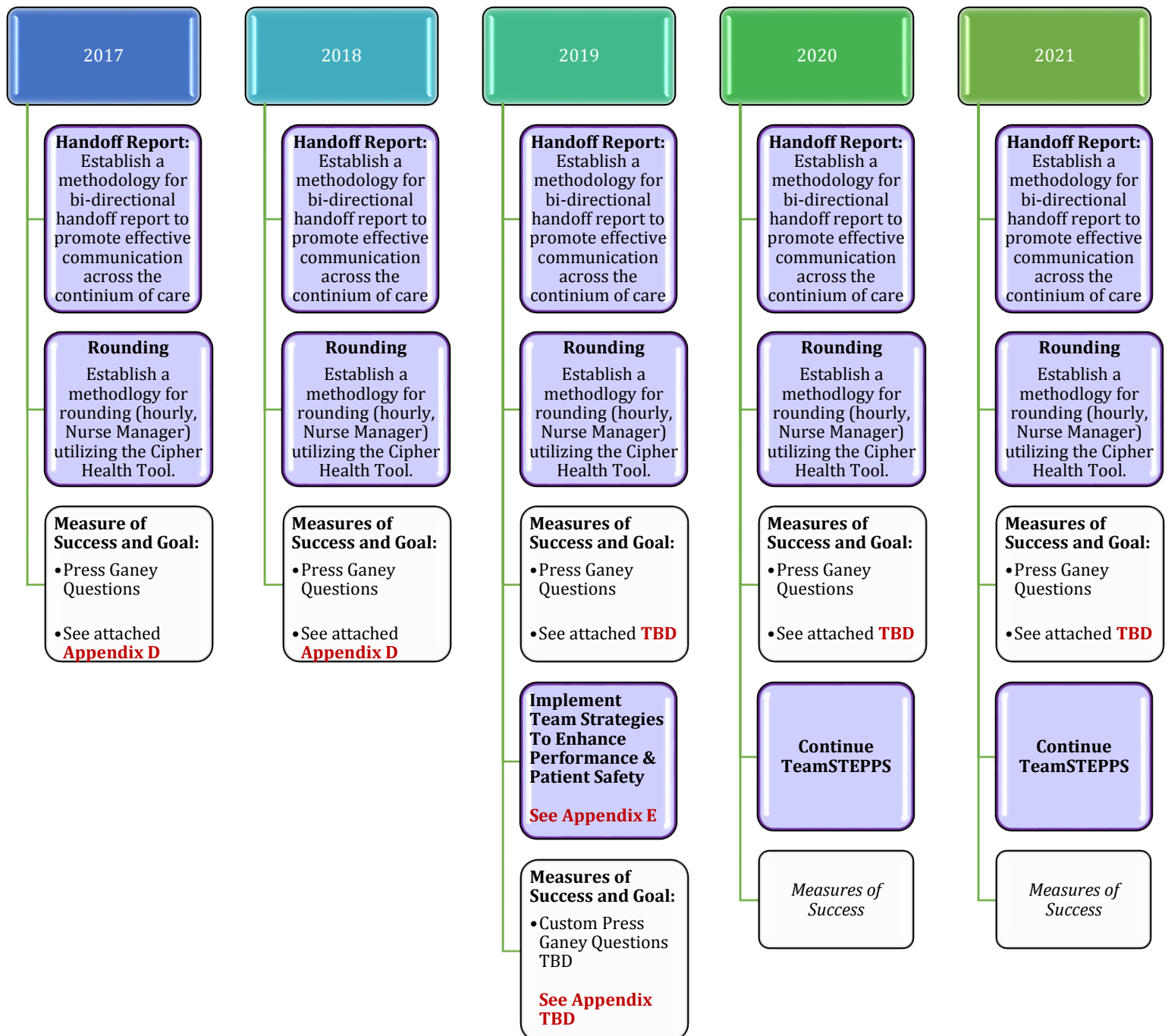
Quality

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



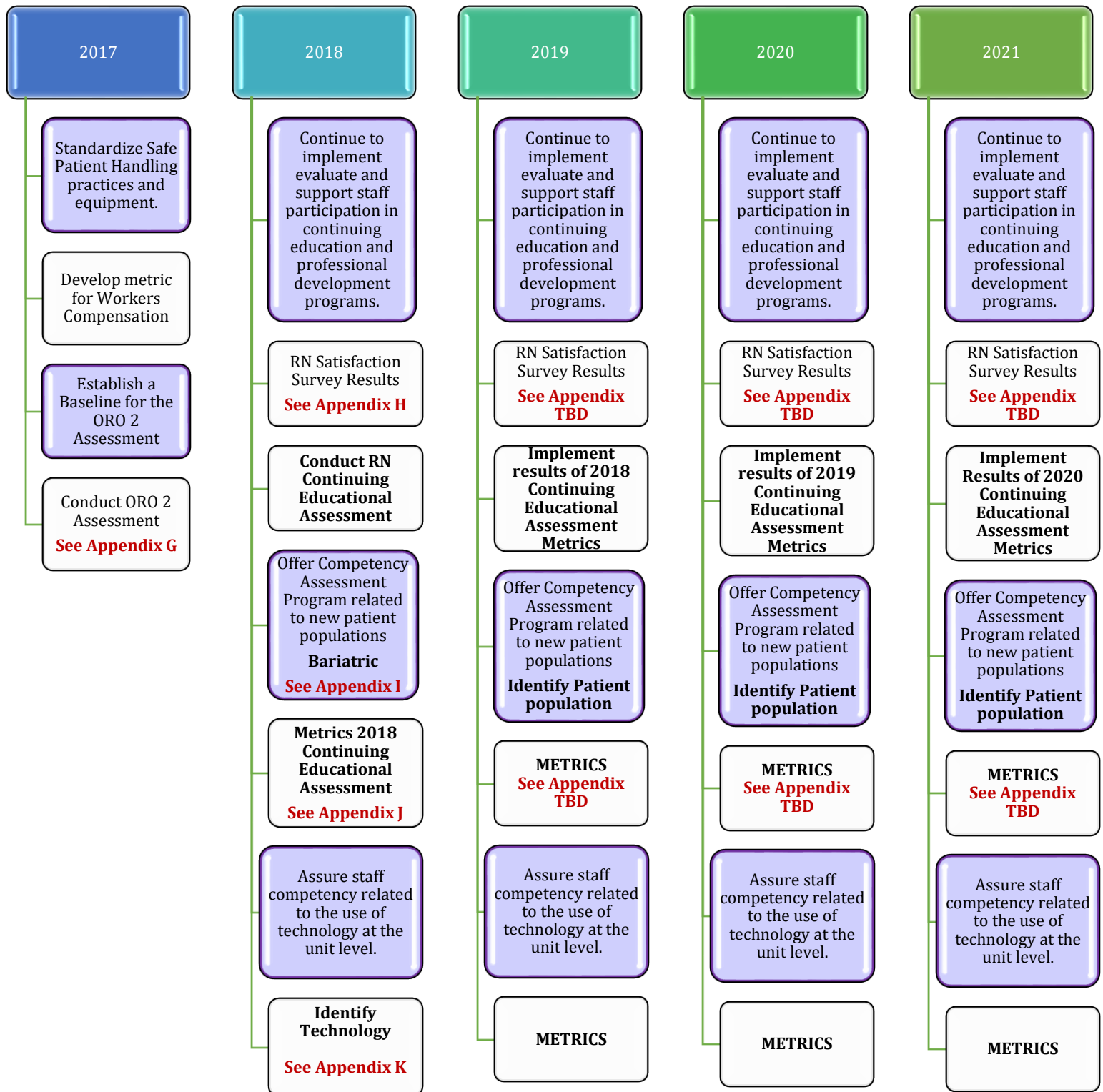
Quality

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.



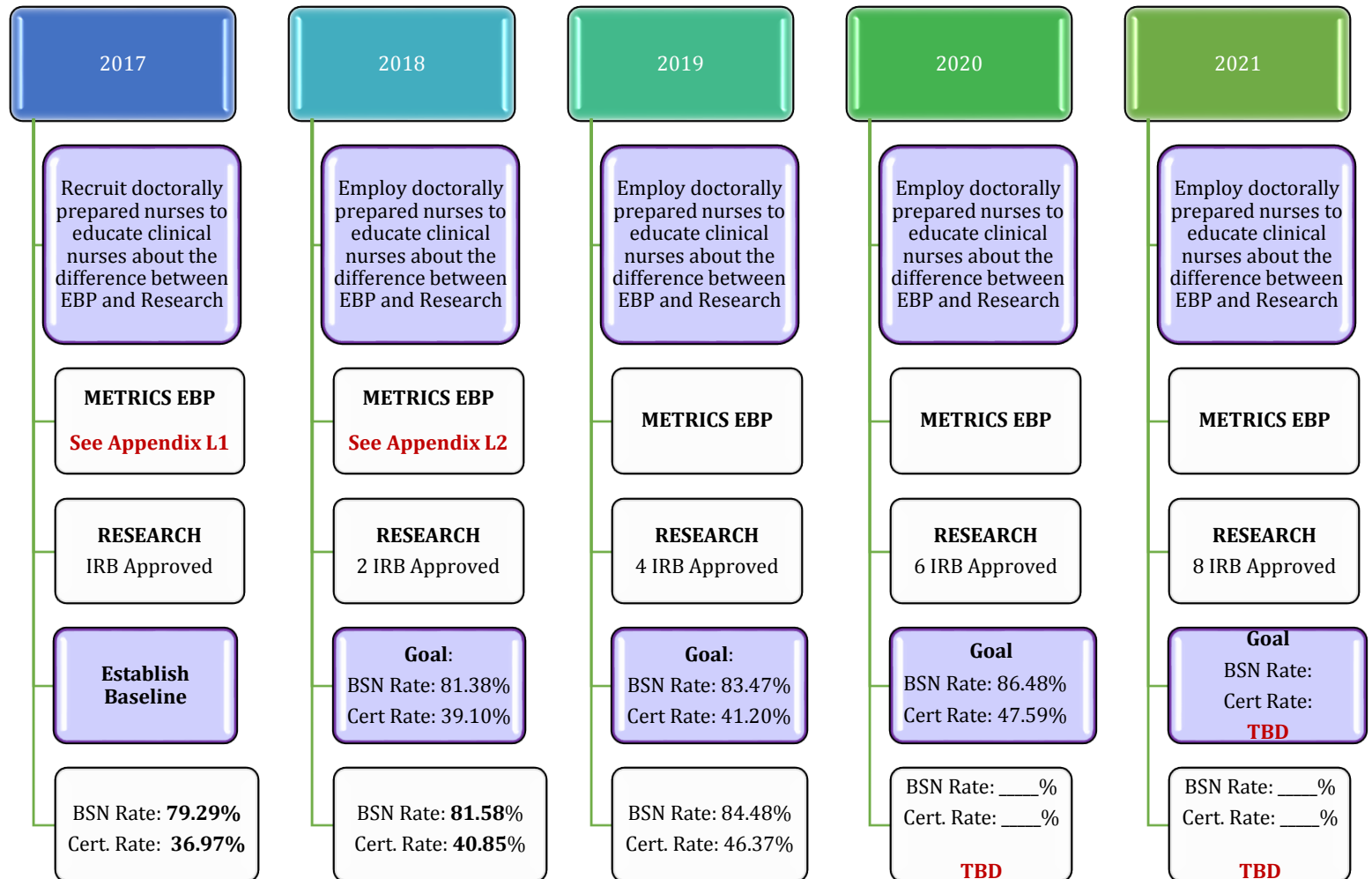
People

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



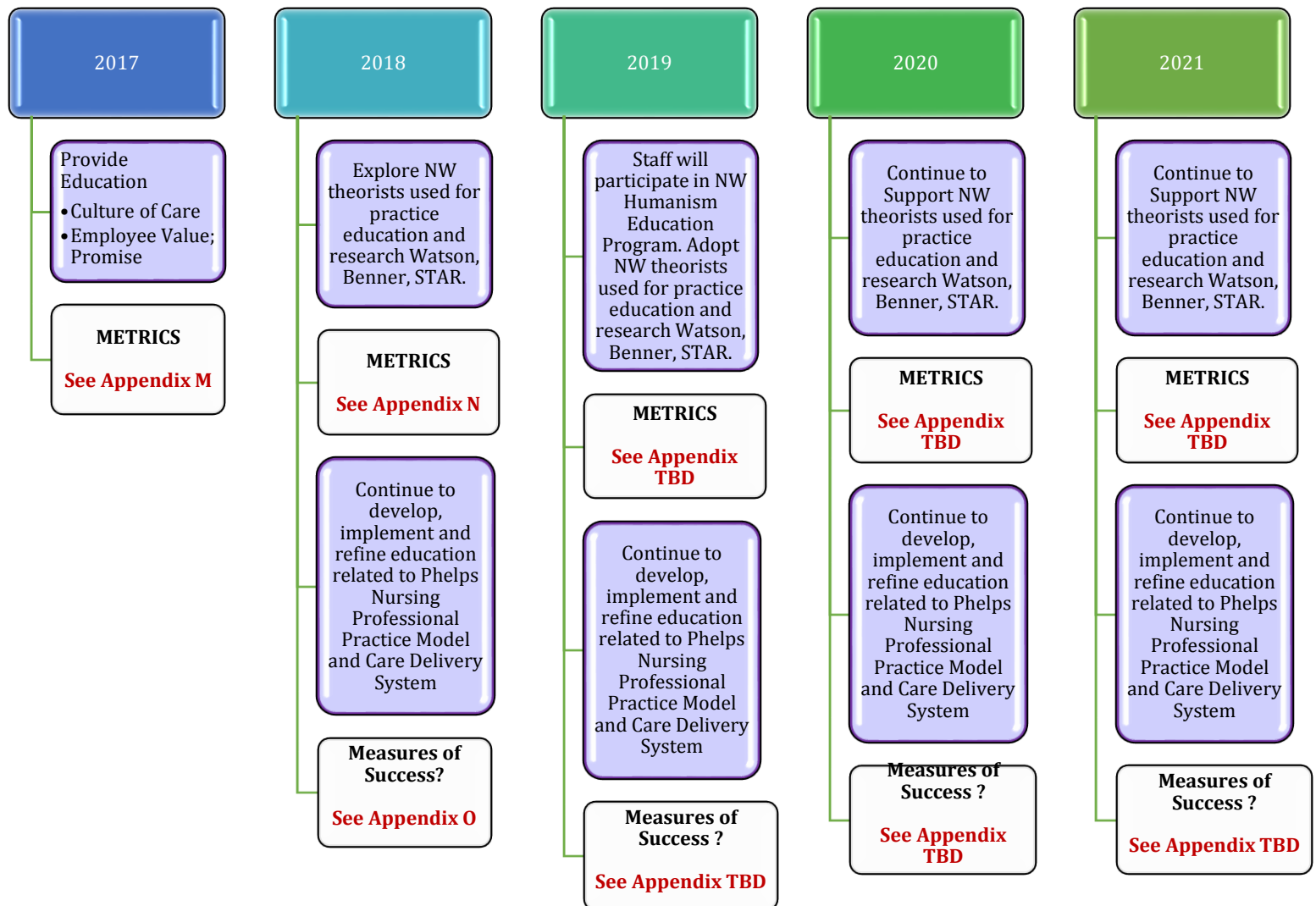
People

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



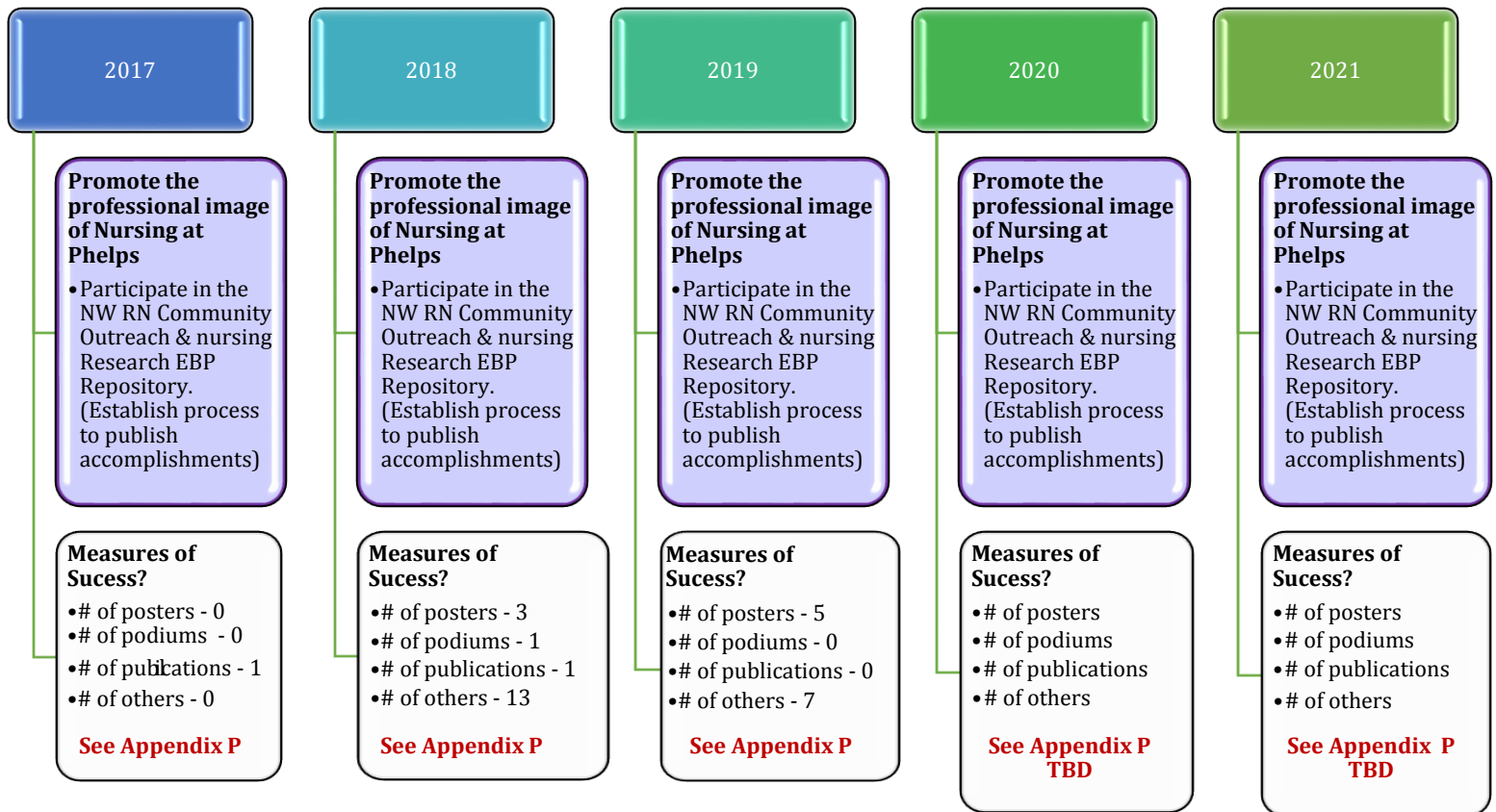
Service

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



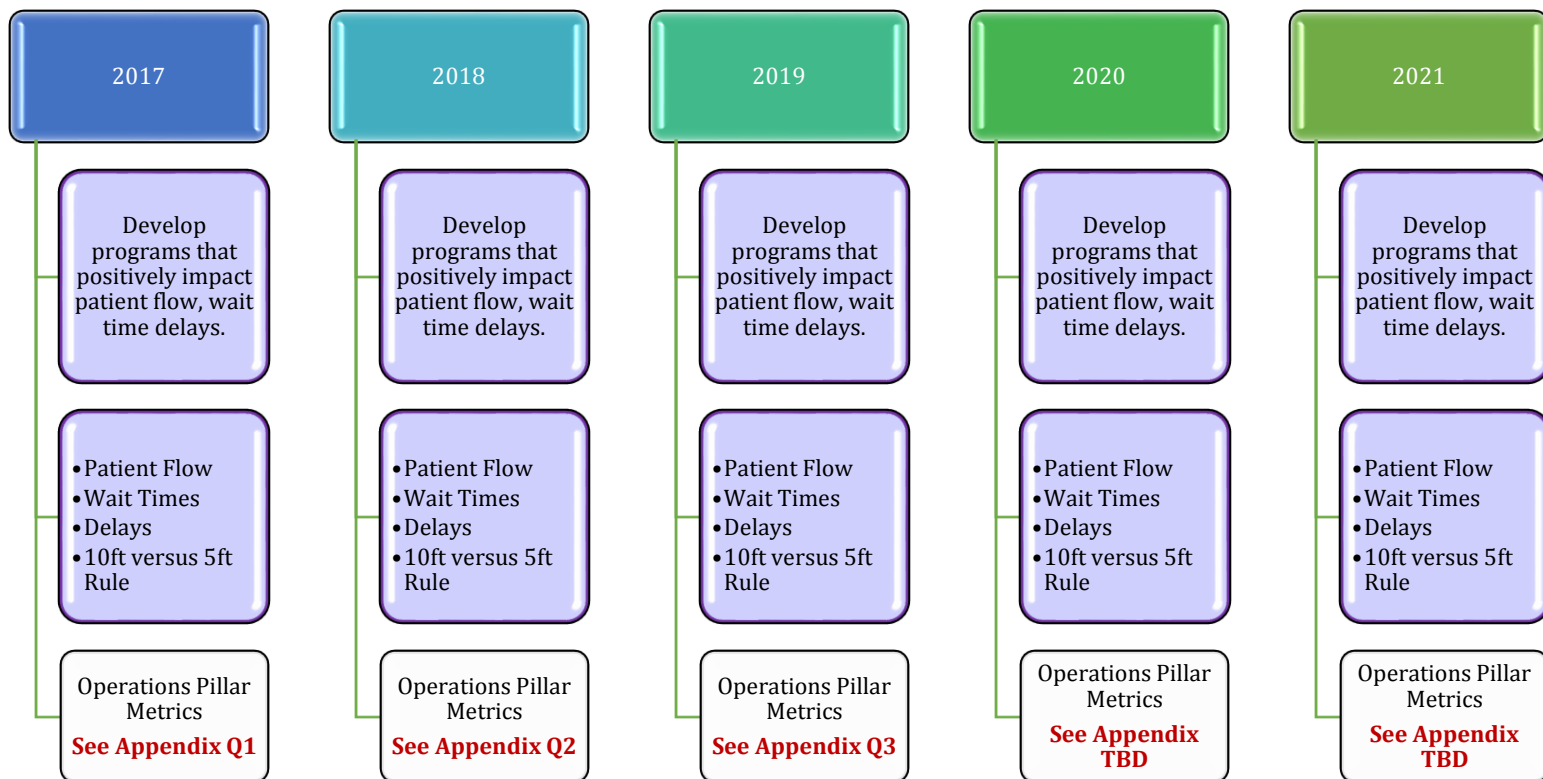
Service

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



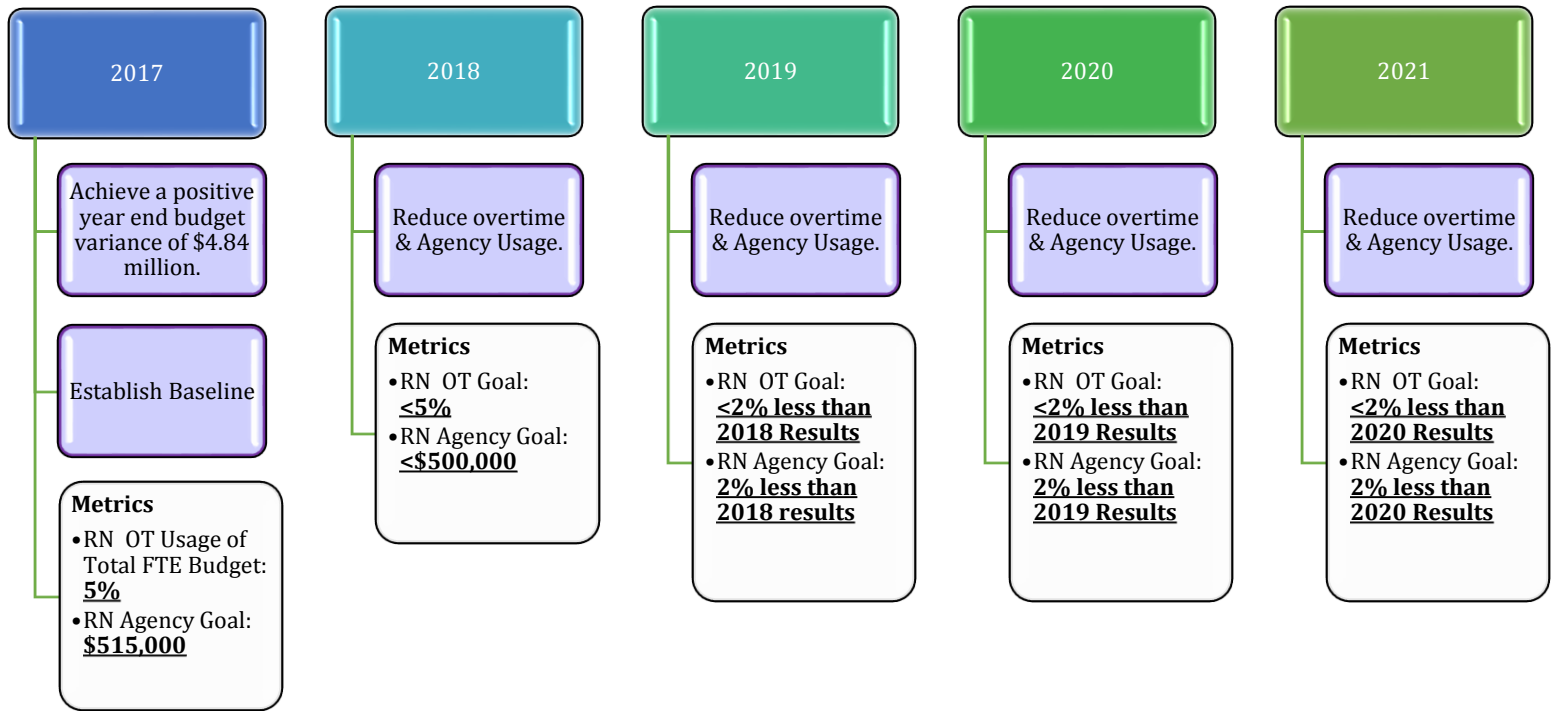
Efficiency

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!



TL1 - ORGANIZATION MISSION STATEMENT

NURSES CREATE NEW NURSING PRACTICE THAT ALIGNS WITH PHELP'S MISSION STATEMENT

Provide one example, with supporting evidence, of an initiative in nursing practice that is consistent with the organization's mission statement. Provide a copy of the organization's mission statement as one of the supporting documents.

Background

Overview: In 2016, nurse leaders at Phelps Hospital (Phelps) were challenged to find experienced perioperative nurses to fill current and anticipated operating room (OR) nurse positions. The increased demand for OR nurses emerged out of perioperative service line growth, increased surgical patient volume, anticipated nurse retirements and a concern about the increasing stress on the existing staff. The OR nurses were complaining that they were "working for extended periods without breaks," "had difficulty scheduling vacations" due to minimal coverage and were frequently asked "to work overtime." With an inadequate number of qualified nurses to meet the increasing complexity and demand, Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, director, Surgical Services, was concerned that surgeries would be delayed and/or canceled, thereby jeopardizing the hospital's ability to maintain excellence in care and support the hospital's mission. Concurrently, nurse leaders of the Northwell Health System were developing a Perioperative Fellowship Program, using the core curriculum of the Association of periOperative Registered Nurses (AORN) Periop 101 Program as a guide to address the shortage of OR nurses across the Northwell Health System (Northwell).

Nursing Practice Initiative: Before the Perioperative Fellowship Program, nurses were required to have at least one year of OR experience to be considered for hire within the department of Surgical Services at Phelps. The goals of the Perioperative Fellowship Program were to 1) recruit, educate and retain nurses, including new graduate and inexperienced nurses, 2) enhance the personal and professional excellence of the Phelps' staff, with an orientation program specific to the needs of perioperative nursing, 3) sustain an environment of excellence where services are delivered proficiently, efficiently and effectively, and 4)

expand the range and availability of services at Phelps to improve the health of the community we serve.

Mission Statement: Phelps Hospital employees are devoted to the mission of:

- Improving the health of our community through education, partnerships and advocacy – regardless of the ability to pay
- Sustaining an environment of excellence and compassion where medical, social and rehabilitative services are delivered efficiently and effectively
- Educating our community and the professionals that work here to achieve optimal health outcomes and quality of life
- Striving to advance the professional excellence of our healthcare and support professionals, as well as our research initiatives
- Providing quality, comprehensive care in a safe, modern environment where advanced medical techniques and effective management are combined to provide an indispensable community health resource

[TL1-A Community Service Plan 2014-2016 pg. 3](#)

Aligning Nursing Practice with Mission Statement: By creating this new program, Phelps demonstrated a commitment to its mission statement by ensuring the Perioperative area would have an appropriate supply of nurses prepared to deliver care that achieves optimal health outcomes and quality of life. In addition, this program strives to advance the professional excellence of our healthcare and support our nurses.

Designing the Change in Nursing Practice

Evaluating Current Processes: In June 2016, Kathleen met with Lorraine (Lorrie) Presby, BA, RN, CNOR, CRCST, nurse educator, to identify strategies for the recruitment and retention of OR nurses to Phelps. As they were both members of AORN, Kathleen and Lorrie reviewed AORN's Periop 101 curriculum and spoke with their Northwell Health System colleagues to understand how Northwell was addressing this national issue.

Identifying Solutions: Diana Lopez-Zang, RN, CNOR, director, System Perioperative Education, Northwell Health, offered to meet with Lorrie and Kathleen regarding the inclusion of Phelps and Northern Westchester in Northwell Health's Perioperative Fellowship Program. Its first session had begun in May 2016, with a plan to have four fellowships per year. This program incorporated the 25 modules from AORN's Periop 101 course and 25 additional modules created by the Northwell Health System into an intensive 6-week structured program of blended (didactic and simulation) learning. The program examined the multiple roles of the perioperative nurse and the phases of the perioperative nursing process. Experiential learning occurred at the individual hospital sites for the remainder of the fellowship period.

Lorrie and Kathleen were interested in implementing this program at Phelps. They agreed that to ensure a successful program for the “OR fellows,” based on the number of available preceptors, a maximum of four RNs could realistically participate in Northwell Health’s Perioperative Fellowship Program at one time. Lorrie and Kathleen decided to coordinate one Perioperative Fellowship cohort per year at Phelps to ensure the OR fellows were provided with an effective, comprehensive education with the appropriate support. Lorrie remained in contact with Diana to secure “seats” or positions for Phelps’ nurses in Northwell Health’s Perioperative Fellowship Program. On July 21, 2016, Kathleen emailed Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer, that Phelps had four “seats” in the program. [TL1-B Scherf-McDermott Emails July 2016](#)

Customizing the Program: Northwell’s Perioperative Fellowship is a year-long program that helps new graduate nurses attain and maintain the knowledge, skills and attitudes needed to provide safe care to patients and families and successfully navigate through the first year as a registered nurse in the OR. The program requires on-site classroom education at Northwell, as well as completion of online learning modules maintained in iLearn, the Northwell intranet educational site. Lorrie developed an individualized blended learning plan/schedule for the OR fellows at Phelps. Lorrie facilitated the OR fellows’ participation in various workshops and simulations at Northwell Health while incorporating didactic classroom sessions and guided OR experiences at Phelps, tailored to the lessons learned. [TL1-C Phelps Periop Fellowship Educator Grid Nov 2016](#)

Kathleen and Lorrie modified the eligibility criteria to include new RN graduates and experienced nurses without OR experience interested in the OR. Kathleen and Lorrie formed an OR selection team to assess the prospective nurse candidate’s attention to detail, ability to stay focused under stress and organizational skills. The OR selection team designed questions to assess the applicant’s potential to succeed in Northwell Health’s Perioperative Fellowship Program and ultimately as members of the Phelps Perioperative Team.

Implementing New Nursing Practice: On October 31, 2016, the Phelps OR Fellowship Program was launched as a one-year program with specialized education in intraoperative care through a six-week, didactic, clinical observation, hands-on workshop portion followed by 46 weeks of supervised (preceptor-guided) OR education at Phelps. Since its start, there have been four cohorts of OR fellows in the Phelps OR Fellowship Program. [TL1-D Newsletter Article in Notebook 012320](#)



TL8 - DATA-DRIVEN RESOURCING

CLINICAL NURSES USE QUALITATIVE DATA TO ADVOCATE FOR AN AROMATHERAPY PROGRAM AT PHELPS

Provide one example, with supporting evidence, where a clinical nurse(s) utilized data to advocate for the acquisition of a resource, in support of the care delivery system(s).

Background

Overview: Non-medicinal approaches for pain management, emotional well-being and overall health are transforming the practice of medicine. Prescriptions for opioids are diminishing as care practitioners place greater emphasis on improving the quality of life for people living with pain through non-pharmaceutical methods. Aromatherapy, the therapeutic use of essential oils extracted from plants, is one non-medicinal approach that has shown some promise in mitigating anxiety and depression, alleviating pain for patients with chronic conditions, stabilizing blood pressure and improving sleep quality.

Clinical Nurses: In May 2017, Mariel Consagra, BSN, RN, clinical nurse, 5 South; Eileen Maher, BSN, RN-BC, clinical nurse, 5 North; Denise Morgan, BSN, RN, CGRN, clinical nurse, endoscopy; Nancy Turrone, BSN, RN, CPAN, clinical nurse, Post-Anesthesia Care Unit, and Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, attended a presentation on holistic medicine by Susan Raskin, MS, RN, CNS, AHN-BC, manager, Integrative Medicine Program, Northern Westchester Hospital Northwell Health (NWH). Susan highlighted some of the successes with aromatherapy used to support a healing environment for patients. She specifically focused on the benefits of aromatherapy to curb pain, relieve nausea and anxiety, reduce stress and promote relaxation.

Data Used: Susan Raskin presented qualitative data during her presentation and referenced a systematic review and meta-analysis, which identified, appraised and synthesized 12 quantitative and qualitative studies regarding aromatherapy and pain (Lakhan, Sheafer & Tepper, 2016)

Clinical Nurses Use Data to Advocate for Resources

Reviewing Research Data: During Susan's presentation on aromatherapy, she provided qualitative data supporting the value of aromatherapy in creating a calm and healing environment and achieving improved patient care outcomes. This qualitative data was derived from a systematic review and meta-analysis. [TL8-A SRaskin Slide with reference to Systematic Review and Meta-Analysis 2016 article included.](#)

Inspired by Susan's presentation, the clinical nurses spent June 2017 through December 2017 reviewing the literature, evaluating the data for patient outcomes, contacting other hospitals which use aromatherapy and identifying various scents to be used to achieve specific outcomes. As they collected this data, the clinical nurses became even more excited that they now had data which could be used to advocate for resources (e.g. essential oils) to implement aromatherapy.

Proposing a Solution: On January 18, 2018, Eileen and Denise attended a three-hour class on aromatherapy at Northern Westchester Hospital (NWH) to become further informed about aromatherapy and the implementation of the aromatherapy program at Northern Westchester Hospital.

On February 17, 2018, the clinical nurses shared the information they learned regarding Northern Westchester's aromatherapy program with Cheryl. They reviewed Northern Westchester Hospital's aromatherapy policy and made suggestions for changes that would make the policy applicable to patient care systems at Phelps. They also developed a preliminary plan for establishing an aromatherapy program at Phelps. Based on the data they obtained from the literature and their colleagues at NWH, the four nurses selected four essential oils: 1) lavender to minimize discomfort, 2) ginger to soothe an upset stomach, 3) mandarin to promote a sense of calm and well-being and 4) lemon to uplift and energize patients. The clinical nurses discussed the next steps to include a meeting with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer for approval. Cheryl, as Value Analysis Committee member, would serve as their liaison and request the procurement of four essential oils at Phelps. [TL8-B Meeting minutes with clinical nurses evaluation of data and plan for Aromatherapy 021718](#)

Advocating for Resources: On February 26, 2018, Eileen, Denise, Nancy, Mariel, Cheryl and Mary met to discuss their proposal to initiate aromatherapy at Phelps. During the meeting, the clinical nurses presented their projected aromatherapy plan to Mary. [TL8-C Meeting minutes with Mary regarding aromatherapy 022618](#) Mary gave her approval for the plan to start in 2019.

In early December 2018, Eileen, Denise, Nancy and Mariel met with Cheryl to create guidelines for establishing nurse competency in aromatherapy and documentation in the Phelps electronic medical record, Meditech. They decided to develop their competency standard based on the model used by Deborah McElligott, DNP, ANP-BC, HWNC-BC, CDE, nurse practitioner, Center for Wellness & Integrative Medicine, Northwell Health, an expert on

aromatherapy.

On January 17, 2019, Eileen, Denise, Nancy, Mariel and Cheryl began to develop the policy for aromatherapy, and the associated documentation for Meditech. They met several times over the next few weeks to finalize the policy. Mary provided them with support as they shared their progress during this time.

On February 19, 2019, Cheryl attended the Value Analysis Committee meeting and presented the evidence-based findings, a draft of the aromatherapy policy, justification and request for the essential oils needed to launch the aromatherapy program. Giovanna Conti-Robles, BS, manager, Materials Management then ordered the four essential oils, which were purchased and received May 20, 2019. [TL8-D Invoices 052019 and Email notification 070119](#)

On April 26, 2019, Mary presented the Clinical Aromatherapy Policy and received the final approval from the Phelps' Medical Board on May 1, 2019.

Acquiring the Resource: On June 1, 2019, the Aromatherapy program officially began at Phelps, with approximately 60 nurses educated and competent to provide aromatherapy to patients. [TL8-E Aromatherapy policy announced In Notebook 062719 p.1-2](#)

Results

Our professional practice model represents our commitment to our patients and our profession. We are dedicated to our patients encompassing mind, body and spirit. Our care delivery embodies the concepts of: compassion, culturally competent care, and respect for the uniqueness of each patient, innovation and vision. The use of aromatherapy supports our care delivery model as a safe, inexpensive non-pharmacological intervention which clinical nurses can independently provide for the immediate relief of pain, anxiety or nausea for those patients who do not have contraindications (e.g. allergies) and express interest. At Phelps, aromatherapy may be administered as an immediate intervention or in addition to medication.



SE4EO - PROFESSIONAL NURSING CERTIFICATION

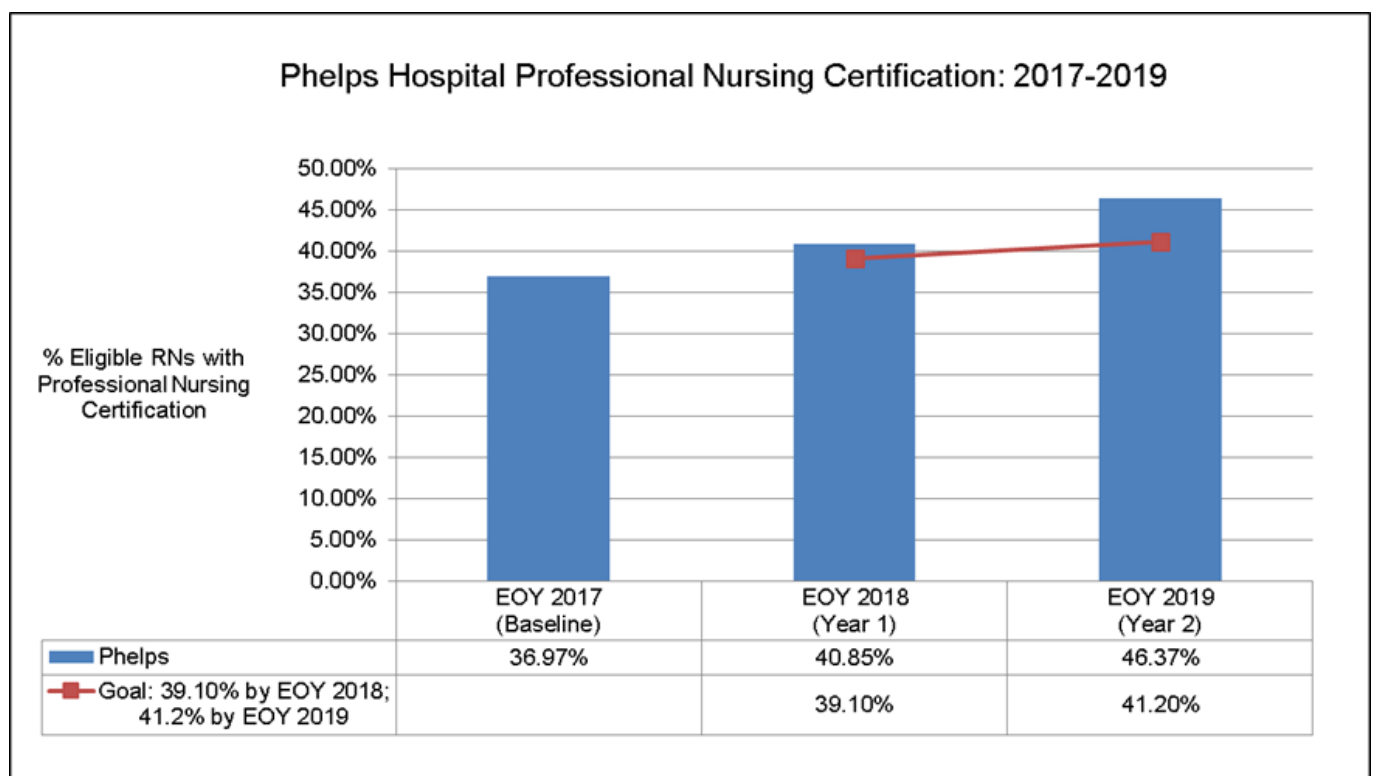
EXAMPLE 1: PHELPS HOSPITAL MET TARGETED CERTIFICATION GOAL

Provide one example, with supporting evidence, demonstrating nursing has met a targeted goal at the organizational level for improvement in professional nursing certification.

Goal: Increase the percentage of eligible Phelps Hospital (Phelps) RNs with professional nursing certification to 39.10% by the end of 2018, and to 41.20% by the end of 2019. This goal included both clinical nurses and those in leadership roles.

Result: Phelps Hospital exceeded its goal to increase the percentage of eligible registered nurses with professional nursing certification to 40.85% by the end of 2018, and to 46.37% by the end of 2019.

SE4EO - Graph 1 - Phelps Hospital Professional Nursing Certification: 2017-2019



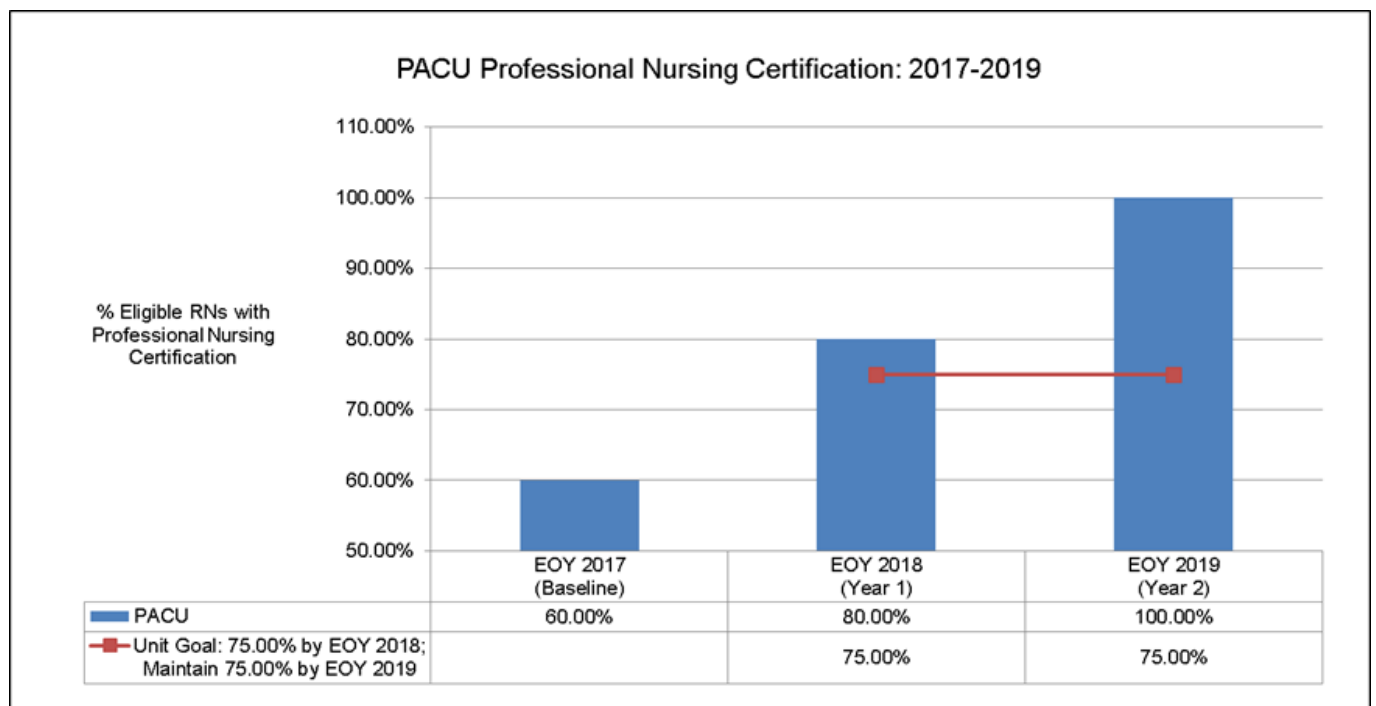
EXAMPLE 2: POST ANESTHESIA CARE UNIT (PACU) MET TARGETED CERTIFICATION GOAL

Provide one example, with supporting evidence, demonstrating nursing has met a targeted goal for improvement in professional nursing certification by unit or division.

Goal: Increase the percentage of eligible PACU registered nurses with a professional nursing certification to 75.00% by the end of 2018, and maintain the percentage of eligible PACU registered nurses with a professional nursing certification at 75% or above by the end of 2019.

Result: PACU exceeded its goal, achieving 80.00% by the end of 2018, and 100% by the end of 2019.

SE4EO - Graph 2 - PACU Professional Nurse Certification: 2017-2019





EP14 - SECURITY

CLINICAL NURSES HELP INTERPROFESSIONAL TEAM RESOLVE SECURITY ISSUE

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

Background

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

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

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

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

majority of her time working directly with patients).

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

Participation

EP14 - Table 1 - Workplace Violence Task Force

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

Clinical Nurse Contributions to Interprofessional Group

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

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

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

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

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

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



NK1 - NURSING RESEARCH STUDY

Study Overview

Study Title: The Effect of an Educational Intervention on Perioperative Registered Nurses Knowledge, Attitudes, and Behaviors towards Pressure Injury Prevention in Surgical Patients.

IRB Approval Date: The study underwent expedited review and received Northwell Health IRB approval on May 11, 2018 (IRB#: 18-0240)

Study Start Date: May 12, 2018

Study Completion Date: December 13, 2019

Research Team

NK1 - Table 1 - Research Team

| Name | Credentials | Discipline | Dept/Unit | Job Title/ Research Role |
|--------------------|---------------|------------|------------------------|---|
| Peggy C. Tallier | MPA, EdD, RN | Nursing | Nursing Administration | Coordinator of evidence-based practice and research |
| Lorraine Presby | ADN, RN, CNOR | Nursing | Operating Room | Clinical educator (at the time) |
| Catherine McCarthy | BSN, RN, CNOR | Nursing | Operating Room | Clinical nurse, Phelps' site principal investigator |

Study Aims

Study Purpose: The purpose of this study is to test the effectiveness of an educational intervention on perioperative registered nurse (RN) knowledge, attitudes, and behaviors towards pressure injury prevention in surgical patients.

Specific Aims:

- I. To measure the effect of an educational intervention on perioperative nurses' knowledge of pressure injury development, predictive and risk factors, and pressure

injury prevention protocols.

- II. To measure the effect of an educational intervention on perioperative nurses' attitudes and behaviors of pressure injury development, predictive and risk factors, and pressure injury prevention protocols

Literature Review Significance

This study was a continuation of previous work published by Tallier, Reineke, et al. (2017). The findings from the Phase 1 study titled "What are Perioperative Registered Nurses' Knowledge, Attitudes, Beliefs, and Behaviors towards Pressure Injury Prevention in Surgical Patients" indicated that perioperative nurses have a knowledge deficit about pressure injury risk assessment and prevention. The pilot study findings indicated that although most perioperative nurses are able to correctly identify and stage a pressure injury, they lack the requisite knowledge to identify patients at risk and implement prevention strategies in their practice. Perioperative nurses had not engaged in continuing educational activities such as attending or listening to a lecture, reading an article about pressure ulcers, or attending formal training in the last four years indicating the need for further education (Tallier, Reineke, et al., 2017).

Current Knowledge: Annually, 2.5 million patients are affected by pressure ulcers (AHRQ, 2016). In the United States overall incidence for hospital acquired pressure ulcers (HAPUs) is 4.5%. In addition to causing severe pain and suffering for patients, HAPUs are associated with adverse patient events including longer hospital length of stay and higher mortality both in hospital and within 30 days of discharge (Lyder et al., 2012). An under investigated area of concern is the development of HAPUs in the perioperative area. A recent systematic review of 17 international studies concluded that the incidence of surgery related HAPUs has increased with a pooled incidence of 15% (Chen, Chen, & Wu, 2012). Shaw, Shang, Lee, Kung, and Tung (2014) observed the development of stage 1 pressure ulcers in 9.8% of patients immediately following surgery and in 5.1% of patients thirty minutes post-operatively. Further, the risk was higher for patients who underwent cardiac surgery (18%) or hip fracture surgery ([22%], Chen, Chen, & Wu, 2012).

There is paucity of research regarding nurses' knowledge, attitudes, behaviors, and barriers related to pressure ulcer prevention in the perioperative area. It is necessary for this to be examined and further research is needed. Understanding nurses' knowledge, attitudes, behaviors, and barriers in relation to pressure ulcer prevention may contribute to the development of pressure ulcer preventive strategies in perioperative patients to lower adverse patient outcomes and costs associated with HAPUs. The terminology hospital acquired pressure ulcers (HAPU's) has been updated in the literature to hospital acquired pressure injuries (HAPI's). The current study reflects the new language however one of the instrument's uses the old terminology.

Significance to Nursing:

The results of this study:

1. Measured and tested the effectiveness of an Educational Intervention on nurses' knowledge, attitudes, beliefs, and behaviors towards Pressure Injury Prevention with the intent aimed at lowering the incidence of pressure injury development in surgical patients in the perioperative services.
2. Informed perioperative practice
3. Addressed gaps in the literature

Innovation

The new knowledge generated may inform practice change with risk assessment and prevention of pressure injury development in perioperative areas with surgical patients.

Study Design: Quantitative non-experimental pre-test post-test longitudinal study. Participants participated in an educational intervention and completed surveys prior to the intervention, within seven days completing the intervention, and six months after the intervention.

Research Question:

- What is the effect of an educational intervention on perioperative registered nurses' knowledge, attitudes, and behaviors towards pressure injury prevention in surgical patients?

Sample Description

Type of Sample: Non-randomized convenience sample

Inclusion Criteria:

- Licensed male or female RNs working in perioperative services (including operating room, ambulatory surgery, endoscopy, and post anesthesia care unit (PACU))
- Full time or part-time
- Have at least one year of experience in perioperative services

Exclusion Criteria:

- Agency nurses
- Student nurses
- RNs with less than one year experience in perioperative services
- Non-licensed personnel

Sample Size: A convenience sample size of 41 Phelps' perioperative registered nurse participants were recruited to participate in the study. Flyers were posted in the perioperative areas and nurses voluntarily agreed to participate in the study.

Study Location

Eleven hospitals, including Phelps Hospital, were selected to participate in the study.

NK1 - Table 2 - Participants Table

| | |
|---|--------------------------------|
| Principal Investigator: | Peggy C. Tallier, MPA, EdD, RN |
| Co-Investigator | Patricia R. Reineke PhD, RN |
| Site PI: Northwell Health Phelps Hospital | Catherine McCarthy |
| Site PI: Northwell Health Northern Westchester | Louella Tan |
| Site PI: Northwell Health Huntington Hospital | Donna Tanzi |
| Site PI: Northwell Health Lenox Hill Hospital | Eleonora Shapiro |
| Site PI: Northwell Health North Shore University Hospital | Laura Friedkin Wachel |
| Site PI: Mount Sinai St Lukes | Ishoma John-Peters |
| Site PI: Saratoga Hospital | Jane Stratton |
| Site PI: St Joseph's Health | Christopher Kowall |
| Site PI: White Plains Hospital | Andrea LaCourcier |
| Site PI: NYP Hudson Valley | Kathy Asaadoorian |
| Site PI: Northwell Health LJ Valley Stream | Lisa Chung |

Study Procedures

Site PI Preparation: Approval to conduct the study was obtained from Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer at Phelps. Each participating site identified a PI. Catherine McCarthy, BSN, RN, CNOR, clinical nurse, OR, as site PI, and Lorrie Presby, RN, CNOR, clinical educator, completed CITI training and certification. Members of the research team trained site PIs on data collection protocols and the educational intervention. Each site PI was responsible for collecting data at three different time periods. IRB approval was obtained prior to beginning the study.

Initial Screening Procedures: Participants were recruited voluntarily. Recruitment was conducted using a combination of flyers and announcements at unit meetings. Catherine and Lorrie posted flyers and provided information about the study in the Phelps' Nursing News and Notebook.

Study Instruments: Study instruments (surveys) were provided in paper and pencil. The rationale for this is that the evidence has shown that the response rate for paper and pencil proctored surveys is higher than surveys administered electronically. Surveys took

approximately 20-30 minutes for participants to complete each time period.

Study instruments included:

1. Pieper-Zulkowski Pressure Ulcer Knowledge Test Version 2 (Pieper & Zulkowski, 2014, [PZ-PUKT]): A 72-item instrument that measures nurses' knowledge of pressure injury prevention. The PZ-PUKT has a reported Cronbach's alpha of .80. The PZ-PUKT also includes a 12-item demographic survey.
2. Pressure Sore Survey (Moore & Price, 2004): Two subscales were used to measure pressure injury prevention attitudes (11 items) and pressure ulcer prevention strategies (8 items). The Pressure Sore Survey has a reported Cronbach's alpha of .84.

Data Collection:

Pre-Test Procedure: The site PI provided individual survey packets to each participant. The PI instructed each participant that their packets contained two envelopes that were labeled Pretest Data (informed consent, two surveys, and two envelopes) and Posttest Data (two surveys and one envelope).

1. Pretest Data Envelope: Pretest data was collected at the site, June 2018 by the site PI. The PI instructed participants to open the Pretest Data envelope. The PI then instructed participants to read the informed consent. The PI provided time for questions before the informed consent was signed. After signing the informed consent, participants completed the two surveys. The participants then placed their two surveys and their signed informed consent into the envelope found inside the Pretest Data envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI.
2. Posttest Data Envelope: The PI instructed participants to print their name on the outside of the Posttest Data Envelope and return it to the PI for completion after the educational intervention.

Educational Intervention Procedure: After the pre-test surveys were completed and collected by the site PI, the educational intervention was implemented the first week of August 2018. Four components from the AORN Prevention of Perioperative Pressure Injury Tool Kit were used for the educational intervention. Risk assessment and prevention each included two components from the toolkit which must be accessed directly from the AORN website. To allow for scheduling flexibility within the individual organizations, the educational intervention was initiated within seven days after the completion of the pretest surveys.

Educational Intervention

- I. Risk assessment
 - a. Perioperative Pressure Ulcer Risk & Prevention: Scott Triggers Webinar (30 minutes)
 - b. Scott Triggers Risk Assessment Instrument (10 minutes)
- II. Prevention

- I. The Basics of Positioning Patients in Surgery slide presentation – 45 minutes
- II. Prevent Perioperative Pressure Injury Checklist – 15 minutes

Posttest Data Collection Period #1: Posttest #1 data were collected the second week of August 2018 within seven days following the educational intervention. The site PI distributed the Posttest Data Envelope to the participants. The participants opened the envelope and completed the two surveys. The participants then placed their two surveys into the envelope found inside the Posttest Data Envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI. The site PI placed all of the completed pretest and posttest #1 envelopes into the self-addressed stamped mailer and returned them to the PI.

Posttest Data Collection Period #2: Posttest data #2 were collected February 2019, six months after the educational intervention. The site PI distributed the Posttest Data Envelope to the participants by their name on the outside of the envelope. The participants opened the envelope and completed the two surveys. The participants then placed their two surveys into the envelope found inside the Posttest Data Envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI. The site PI placed all of the completed posttest #2 envelopes into the self-addressed stamped mailer and returned them to the PI.

Data Analysis Methods: Data were entered into an electronic data capture tool by the data analyst. Data were entered twice to decrease the risk of data entry error. Versions were compared, disparities noted and then corrected in the original file. Discrepancies were reviewed by the data analyst for clarity and consensus. An audit trail of changes and rationales was maintained. Data were scored by the analyst only.

Data were analyzed using IBM SPSS statistical software version 23.0 (IBM, Armonk, New York). Descriptive statistics summarized demographics, knowledge, attitudes, and behaviors with reported means, standard deviations, frequencies, and percentages. A t-test was used to determine if (1) the training intervention improved test performance by comparing the average posttest score with the average pretest score (2) the respondents retained the knowledge acquired during training, by comparing the second average posttest score, administered six months later, with the initial average posttest score.

Results

Sample characteristics: Forty-one nurses participated in the survey ($n=41$). The majority of the nurses' had a bachelor's degree (71%, $n = 29$) with the remaining participants having an associate's degree (12%, $n = 5$), master's degree (15%, $n = 6$) or a diploma (2%, $n=1$). Ninety percent had five or greater years of experience ($n = 37$), and seventy-eight percent had ten or more years of experience in current specialty ($n=32$). None of the nurses held wound certification, however, more than 60% of the nurses held national board certifications.

Data Analysis Results

Nurses Knowledge

Nurses' knowledge was measured using Pieper-Zulkowski Pressure Ulcer Knowledge Test Version 2 (Pieper & Zulkowski, 2014, [PZ-PUKT]). Table 2 reports overall scores and the subscale (prevention, staging, & wound) scores.

Overall Test Results:

There were 72 items reported in the overall test results. For the majority of items, the percentage correctly answered increased between pre-and-posttest. On the item 22, *Persons, who are immobile and can be taught, should shift their weight every 30 minutes while sitting in a chair*, only 2.4% of the respondents provided the correct answer. A t-test revealed that for the PZ-PUKT overall, the difference between the average posttest score (52.32) and average pretest score (49.0) was statistically significant at $p < .001$. Furthermore 73% of the items were correctly answered. Turning to the average posttest 2 score (47.41), it was lower than the average posttest 1 score by nearly 4.91 points. This result was statistically significant at $p < .003$, indicating that respondents retained very little of the information six months out.

Prevention Subscale Results:

There were 28 test items reported in the Prevention subscale results. For all of the items, the percentage correctly answered increased between pre-and-posttest. On item 13, *a specialty bed should be used for all patients at high risk for pressure injury/ulcers*, only one respondent provided the correct answer. The t-test revealed that for the Prevention subscale, the difference between the average posttest score (21.20) and average pretest score (20.24) was statistically significant at $p < .01$. Furthermore 72% of the items were correctly answered. Turning to the average posttest 2 score (19.76), it was lower than the average posttest score by almost two points. However this result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

Staging Subscale Results: There were 20 test items reported in the staging subscale results. For 8 of the 20 of items, the percentage of items correctly answered increased between pre-and-posttest. Item 15, *When the ulcer base is totally covered by slough, it cannot be staged*, experienced the largest percentage point gain (25 points) from pre-to-posttest. The t-test revealed that for the Staging subscale, the difference between the average posttest score (14.54) and average pretest score (14.31) was not statistically significant at $p < .05$. However 72% of the items were correctly answered. Turning to the average posttest 2 score (13.90), it was lower than the average posttest score by less than one point. This result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

Wound Subscale Results:

There were 24 test items reported in the staging subscale results. For the majority of items,

the percentage of items correctly answered increased between pre-and-posttest. On item 24, *Bacteria can develop permanent immunity to silver dressings*, 12 or fewer respondents provided the correct answer across the pre-and-posttests. The t-test revealed that for the Wound subscale, the difference between the average posttest score (16.59) and average pretest score (14.49) was statistically significant at $p < .000$. Furthermore 71% of the items were correctly answered. Turning to the average posttest 2 score (15.24), it was lower than the average posttest score by a little over 1 point. However this result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

NK1 - Table 3 - Wound Subscale Results

| Subscale Name (Number of test items) | Pre Test (percentage scored correctly and raw score) | Posttest # 1 | Posttest# 2 |
|---|---|------------------------------|------------------------------|
| Prevention (28) | 72% 20.24 | 76% 21.20 * $p < .01$ | 71% 19.76 |
| Wounds (24) | 60% 14.49 | 69% 16.59 * $p < .000$ | 64% 15.24 * $p < .018$ |
| Staging (20) | 72% 14.31 | 73% 14.54 | 70% 13.90 |
| Overall (72) | 68% 49.0 | 73% 52.32 * $p < .001$ | 66% 47.71 * $p < .003$ |

Nurses' Attitudes toward Pressure Injury Prevention and Care

Pressure Sore Survey (Moore & Price, 2004) was used to measure pressure injury prevention attitudes (11 items) and pressure ulcer prevention strategies (8 items). Table 3 reports the scores. Respondents were asked to rate each survey item on a 5-point scale. For items one, two, and six the scale ranged from strongly agree=5 to strongly disagree=1. The rest of the items were scaled in reverse. Attitudes were assessed on each item which was weighted using the rating scale. A weighted score of less than 1.5 was considered a very negative attitude (VNA) while a weighted score above 4.6 was considered a very positive attitude (VPA). Overall respondents mean score was 2.91 indicating that respondent attitudes were neither positive nor negative (NPNA).

On average posttest 1 survey showed no change from the pretest scores as the overall score was 2.91 suggesting that respondents' attitudes did not change after receiving training. The overall average score on the posttest 2 survey, which was administered six months later, was similar to the posttest 1 overall score of 2.90 suggesting that respondents attitudes did not decline but remained the same from pretest to posttest 2.

NK1 - Table 4 - Pretest Results

| Item | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Weighted Mean | Attitude Scale* |
|--|----------------|--------------|----------------------------|--------------|-------------------|---------------|-----------------|
| (1) All inpatients are at potential risk of developing pressure sores | 159 71.3% | 53 23.8% | 1 0.4% | 8 3.6% | 2 0.9% | 4.609865 | VPA |
| (2) Pressure sore prevention is time consuming for me to carry out | 11 5.0% | 38 17.1% | 47 21.2% | 62 27.9% | 64 28.8% | 2.414414 | NA |
| (3) In my opinion, patients tend not to get as many pressure sores nowadays | 40 17.9% | 73 32.6% | 65 29.0% | 39 17.4% | 7 3.1% | 2.553571 | NA |
| (4) I do not need to concern myself with pressure sore prevention in my practice | 147 65.6% | 67 29.9% | 3 1.3% | 0 0.0% | 7 3.1% | 1.450893 | VNA |
| (5) Pressure sore treatment is a greater priority than pressure sore prevention | 122 54.7% | 74 33.2% | 18 8.1% | 5 2.2% | 4 1.8% | 1.632287 | NA |
| (6) Continuous nursing assessment of patients will give an accurate picture of their pressure sore risk | 137 61.2% | 79 35.3% | 3 1.3% | 2 0.9% | 3 1.3% | 4.540179 | PA |
| (7) Most pressure sores can be avoided | 6 2.7% | 4 1.8% | 21 9.4% | 123 54.9% | 70 31.3% | 4.102679 | PA |
| (8) I am less interested in pressure sore prevention than other aspects of nursing care | 66 29.6% | 88 39.5% | 47 21.1% | 19 8.5% | 3 1.3% | 2.125561 | NA |
| (9) My clinical judgement is better than any pressure sore risk assessment tool available to me | 44 19.6% | 91 40.6% | 65 29.0% | 20 8.9% | 4 1.8% | 2.325893 | NA |
| (10) In comparison to other areas of nursing care, pressure sore prevention is a low priority for me | 85 37.9% | 103 46.0% | 23 10.3% | 11 4.9% | 2 0.9% | 1.848214 | NA |
| (11) Pressure sore risk assessment should be regularly carried out on all patients during their stay in hospital | 12 5.4% | 4 1.8% | 2 0.9% | 62 27.7% | 144 64.3% | 4.4375 | PA |

Nurses Behavior and Use of Pressure Tools

Respondents were asked a series of questions about their behaviors regarding pressure sore assessment, prevention, and use of pressure sure tools. In the pretest survey, 42% of the respondents reported that they carried out risk assessment on all patients, while 40% reported that they carried out risk assessment on none of the patients. The posttest 1 and posttest 2 surveys reported a similar result. Seventeen percent of respondents reported that they carried our risk assessment at the time of admission only. These percentages dropped to 15% on the posttest surveys. Approximately a third of the respondents reported carrying out risk assessment daily during the patients' stay in the hospital. Both posttests indicated similar percentages. Regarding writing up prevention care plans, 20% of respondents reported on the pretest that they prepare plans on all patients at risk. A must smaller percentage reported writing prevention care plans on both posttest surveys. The majority of respondents on all three surveys reported that they did not prepare pressure sore prevention plans on patients. On the pretest and posttest 2 surveys more than half the respondents reported never having read pressure sore prevention plans while 44% of posttest 1 responses indicated 'less often'. Only 37% of respondents reported that they reviewed pressure sore prevention plans on the pretest survey, 22% on the posttest 1 survey, and 37% on the

posttest 2 survey. The majority of respondents (54%) checked off the 'other' category on the pretest, 42% on the posttest 1 survey, and 52% on the posttest 2 survey. A review of the reasons why care plans were not read, the majority of respondents indicated that they worked in an area where the plans were not necessary, such as outpatients and ambulatory care. Less than a quarter of respondents reported that they updated care plans daily during the patient's stay in the hospital across all three surveys. Approximately 40% of respondents reported 'never' updating care plans across all three surveys. More than 70% of respondents reported in the pretest that they carry out pressure sore prevention strategies. These percentages increased to over 80% on the posttests. When respondents were asked why they carry out prevention strategies 97% indicated on the pretest that 'They are an essential part of nursing', 57% percent indicated that 'I see other nurses doing the same', 43% indicated that 'Other nurses expect me to', and 57% indicated that 'The hospital policy states that I should.' For posttest 1 these percentages were 90%, 22%, 15% and 29% respectively. For posttest 2 the percentages were 83%, 12%, 10% and 24%. Clearly, the majority of respondents across the three surveys indicated that 'They are an essential part of nursing' being the main reason for carrying out pressure sore prevention strategies.

Three questions on the survey focused on pressure sore tools — the presence of pressure sore risk assessment tools, the presence of pressure sore grading tools, and formal training on pressure sore prevention and management. More than half of the respondents indicated the presence of a pressure sore risk assessment tool on the pretest, 46% on the posttest 1 survey, and 41% on the Posttest 2 survey. The majority of respondents could not recall what risk assessment tool was present. The few respondents who did remember indicated that it was the Braden Risk Assessment Tool. A little more than half of the respondents indicated on the pretest the presence of a pressure sore grading tool (54%). This percentage dropped to 34% on posttest 1 one and 42% on posttest 2. Almost none of the respondents across the three surveys could recall the tool that was available. Approximately 78% of the respondents reported on the pretest that they received training on pressure sore prevention and management. This percentage dropped to 73% on posttest 1 and increased to 85% on Posttest 2. Across all three survey's respondents reported a variety of formal training sessions – in-service training, wound care clinics, wound conference held at the hospital, online learning modules such as Health Stream Learning, NDQI pressure modules, and Meditech modules, nursing orientations, assessments of pressure sore risk assessments, and annual educational reviews.

Summary of Key Findings

A summary of the findings demonstrates that perioperative nurses have a knowledge deficit about pressure injury risk assessment, prevention, and wound characteristics. This provides an opportunity for further education especially in the areas of risk assessment and prevention. This study examined perioperative registered nurse's knowledge, attitudes, behavior, and barriers towards pressure ulcer prevention in perioperative patients. Nurses' overall score pretest was 68%, increased to 73% a statistically significant finding ($p < .001$)

one week after the teaching intervention (posttest 1), and then decreased to an overall score of 66% also a statistically significant finding ($p < .003$) six months after the teaching intervention. This indicates that although most perioperative nurses are able to correctly identify and stage a pressure ulcer, they lack the requisite knowledge to identify patients at risk and implement prevention strategies in their practice and that they are retaining very little knowledge six months after the teaching intervention.

The majority (95%) of perioperative nurses had engaged in continuing education activities such as attending or listening to a lecture, reading an article about pressure ulcers, or attending formal training.

Perioperative nurses had neither positive nor negative attitudes towards pressure ulcer prevention. This indicates the need for further education regarding the prevention of pressure injuries in perioperative patients. Nursing practice behaviors have an important role in pressure ulcer prevention. In the current study, although 97% of the perioperative nurses believed carrying out pressure ulcer prevention strategies is essential to nursing practice, 42% reported conducting pressure injury risk assessment on all patients and 40% reported they carried out risk assessment on none of the patients. Posttest one and two had similar findings. Even fewer reported developing, updating, and reading pressure prevention care plans.

Although approximately 40% of the participants reported that the use of a pressure injury risk assessment tool was implemented the majority could not recall what tool was used and on those who did recall, they stated the Braden Scale was in use. This scale is not recommended in the perioperative area according to best practices. This indicated the need for further education and the implementation of a risk assessment tool more properly suited to perioperative patients.

Implications of Findings:

This study explored the effect of an educational intervention on perioperative registered nurse's knowledge, attitudes, and behavior towards pressure ulcer prevention in perioperative patients and attempted to underscore the need for ongoing and continuing education. Findings from this study indicated that perioperative nurses have a knowledge deficit about risk assessment pressure injury prevention and that there is need for the implementation of an appropriate risk assessment tool for the assessment and prevention of pressure injury in perioperative patients. An understanding of perioperative registered nurses' knowledge, beliefs, attitudes, behaviors, and barriers to pressure ulcer development will inform perioperative practice and lead to the development of interventions aimed at lowering the incidence of pressure ulcer development, improving surgical patient outcomes, and lowering hospital costs.

Recommendations to the Organization: Peggy Tallier, MPA, Ed,D, RN shared the Phelps' findings with Mary, the principal investigators, Catherine and Lorrie, and Kathleen Scherf,

MPA, BSN, RN, NEA-BC, CAPA, nursing director, Surgical Services for discussion of the best methods for dissemination at Phelps. The research study was presented at the New Knowledge and Innovation Shared Governance Council meeting which had representatives from the OR, PACU and Deborah (Debi) Reynolds, BA, AAS, RN, WOCN, clinical nurse, enterostomal therapy in January 2020. Research findings are scheduled to be disseminated to the clinical nurses from the OR, Endoscopy unit, ASU, and PACU, during the Perioperative shared governance unit council, Perioperative nursing staff meetings and the monthly Surgical Services meeting. During these forums, the perioperative nurses have the opportunity to discuss the importance of the results, collaborate with Debi and Perioperative educators to implement the Scott Triggers Risk Assessment tool for perioperative patients and conduct ongoing review of pressure injury prevention strategies with Debi skin champions and the clinical nurses of surgical services.



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