

# 2020 MAGNET® SITE VISIT GUIDE



**Phelps Hospital**  
Northwell Health®



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## Patient Experience

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.

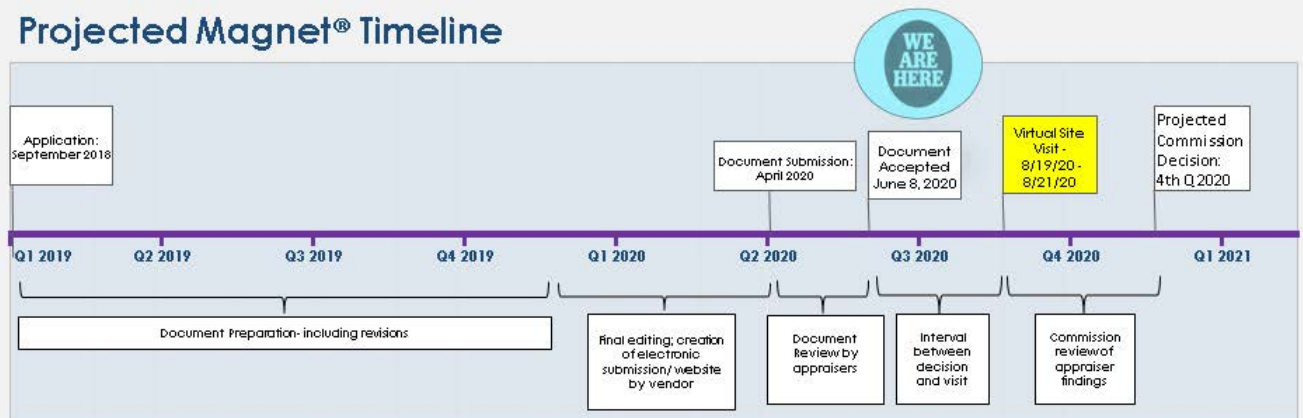
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

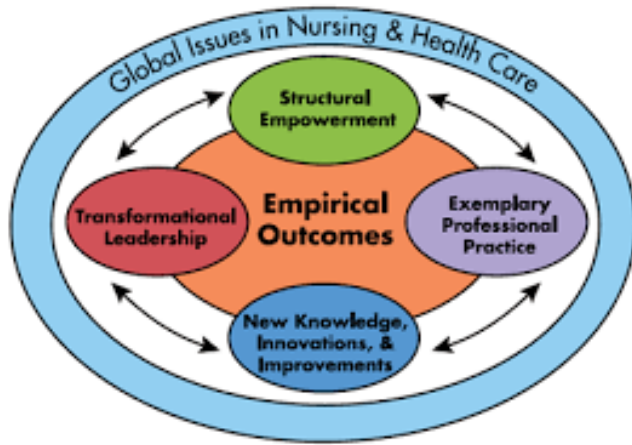
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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.<sup>1</sup>

### BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success<sup>1</sup>

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

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

<sup>3</sup> [http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at\\_the\\_core\\_of\\_magne-Xfs8.html](http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at_the_core_of_magne-Xfs8.html)

### TRANSFORMATIONAL LEADERSHIP (TL)

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

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

### STRUCTURAL EMPOWERMENT (SE)

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

### EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

### NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

### EMPIRICAL OUTCOMES (EO)

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

## Phelps Hospital Mission

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

### NURSING DEPARTMENT'S MISSION

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

### Nursing Strategic Plan

## TRANSFORMATIONAL LEADERSHIP

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

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

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



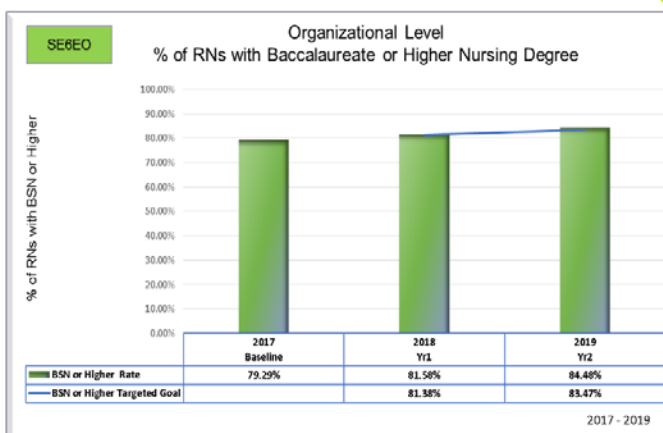
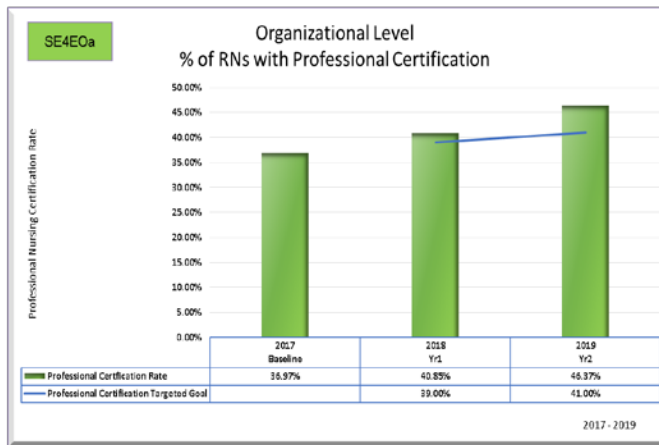
## STRUCTURAL EMPOWERMENT

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

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

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

### Graphs highlighted at Professional Practice that we take pride in:



Has the hospital supported you in your volunteer efforts?

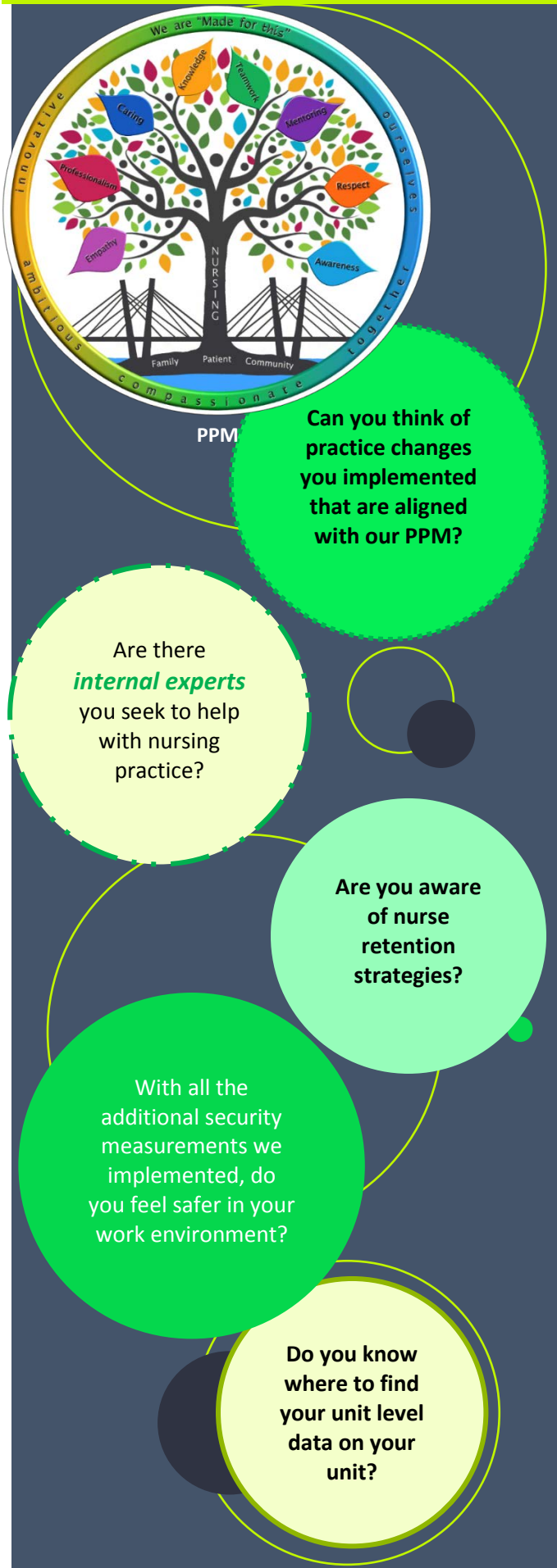
Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

How has the hospital supported your professional growth?

### Opportunities and support for continuing education:

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





## Magnet "Fab 5"

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



## Successful Measurement:

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

## NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

### INNOVATION!

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

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

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

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

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

### PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

### BASED ON COVID-19 RESPONSE

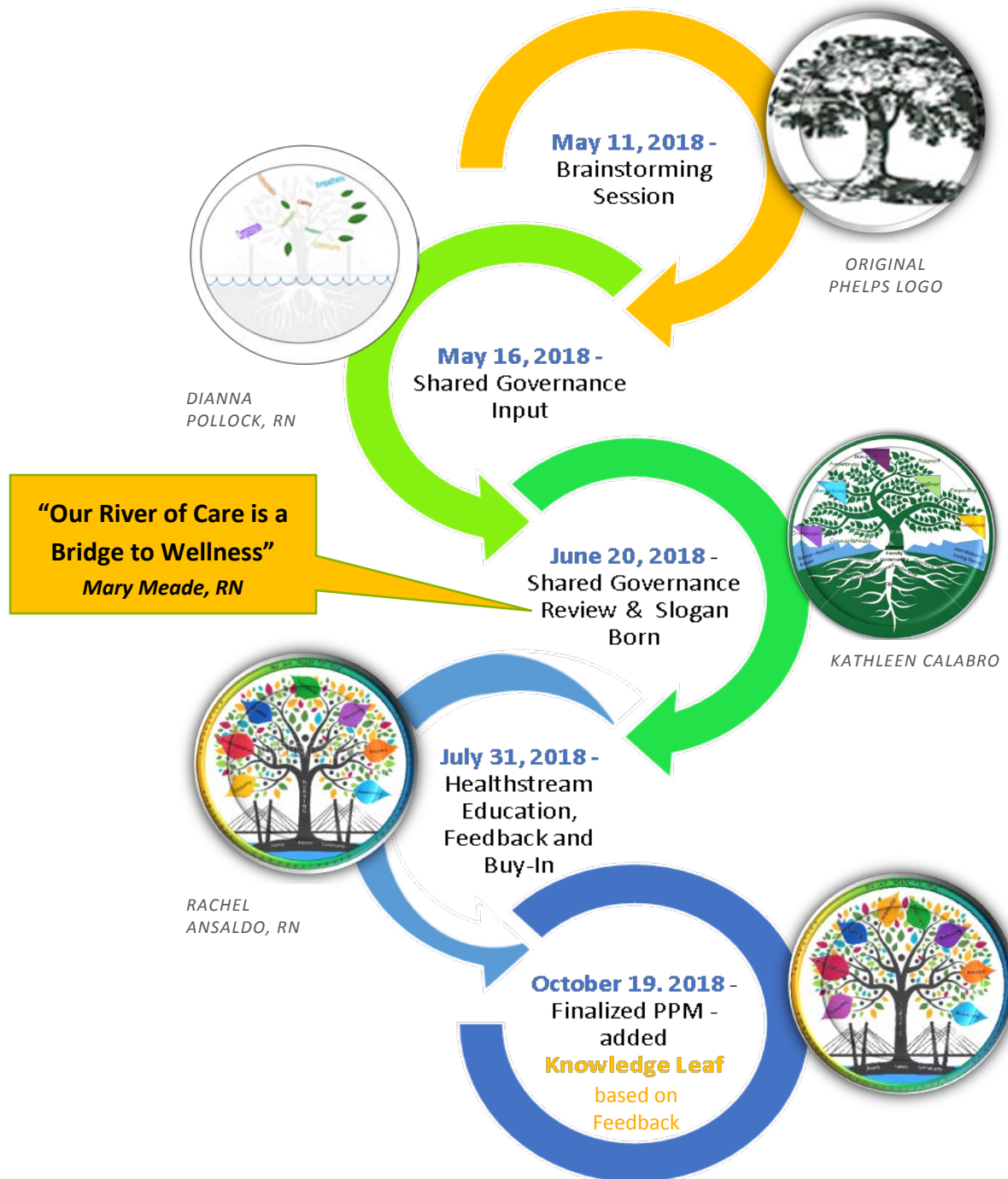
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

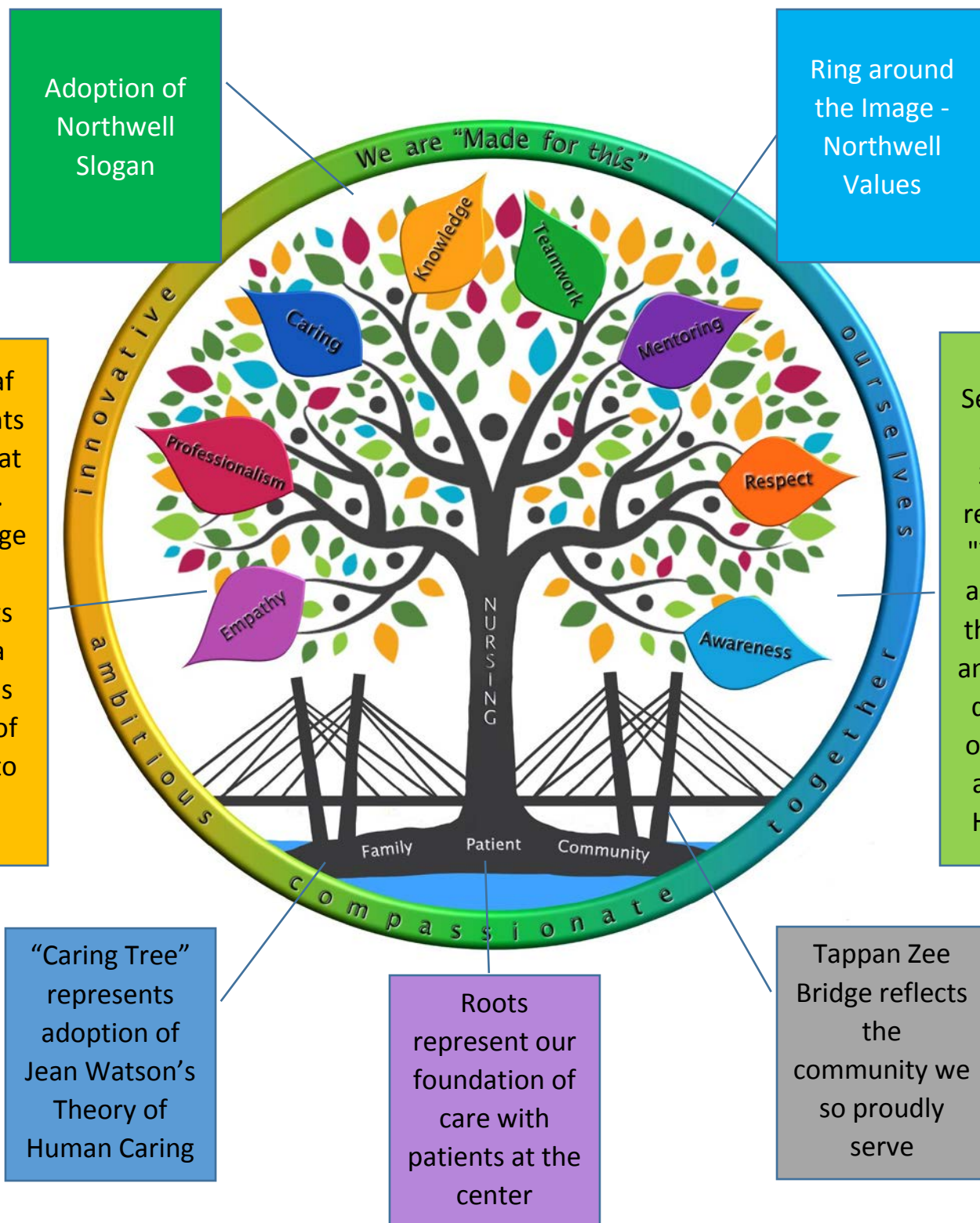
## EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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



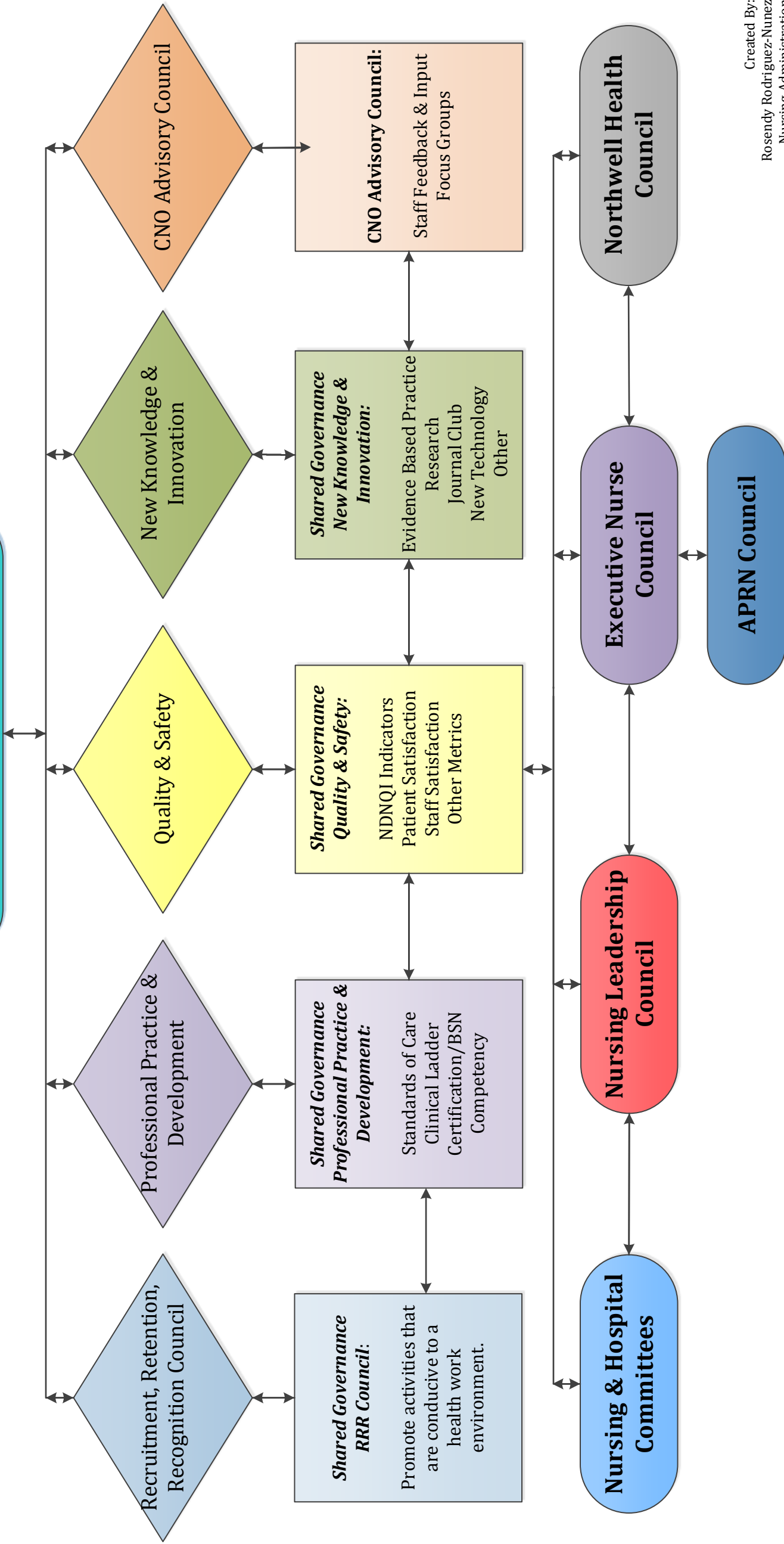


# Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based  
Nursing Shared Governance**



# NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

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





# PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

**2019**

## ACCOMPLISHMENTS:

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



# QUALITY AND SAFETY 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

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



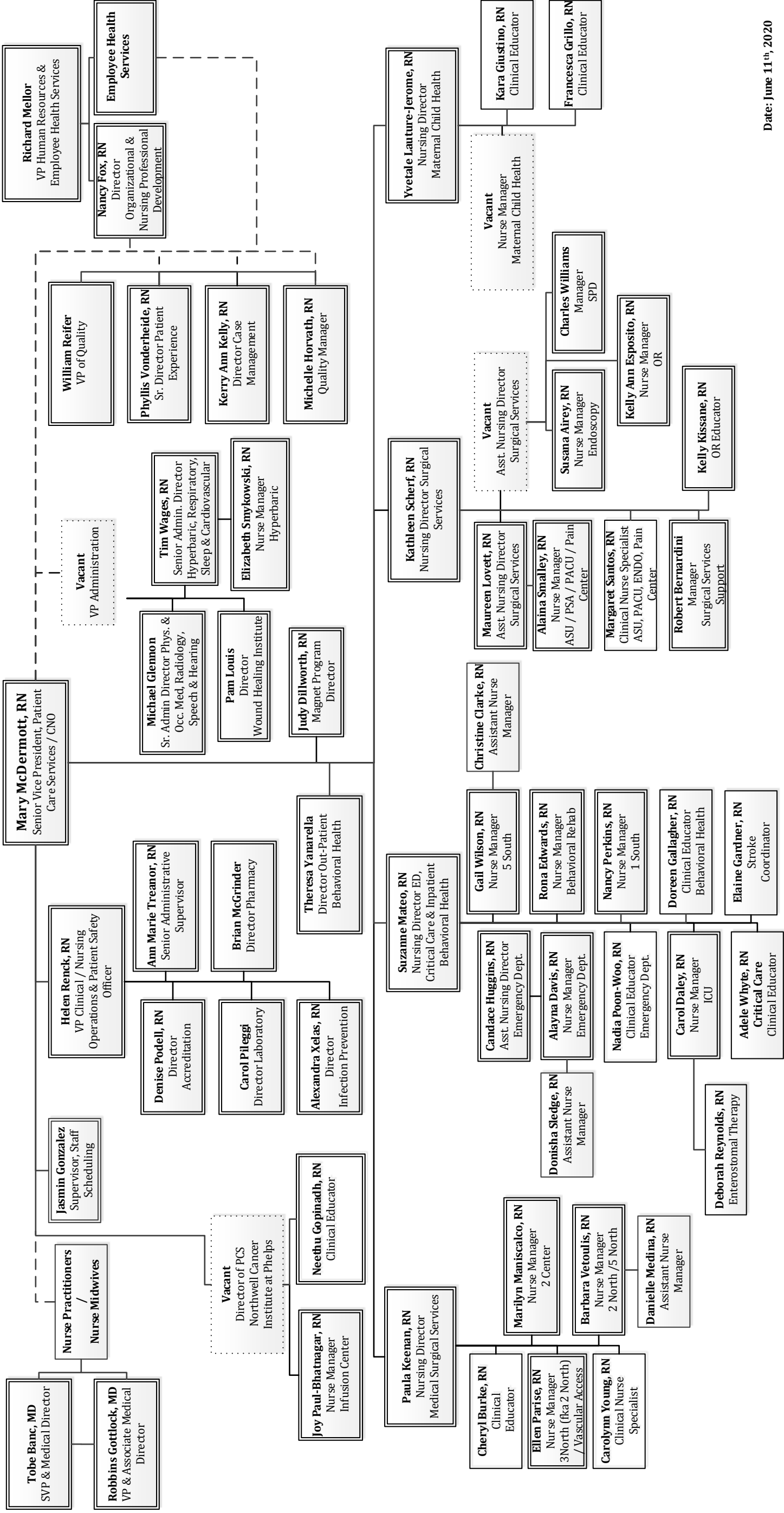


# CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

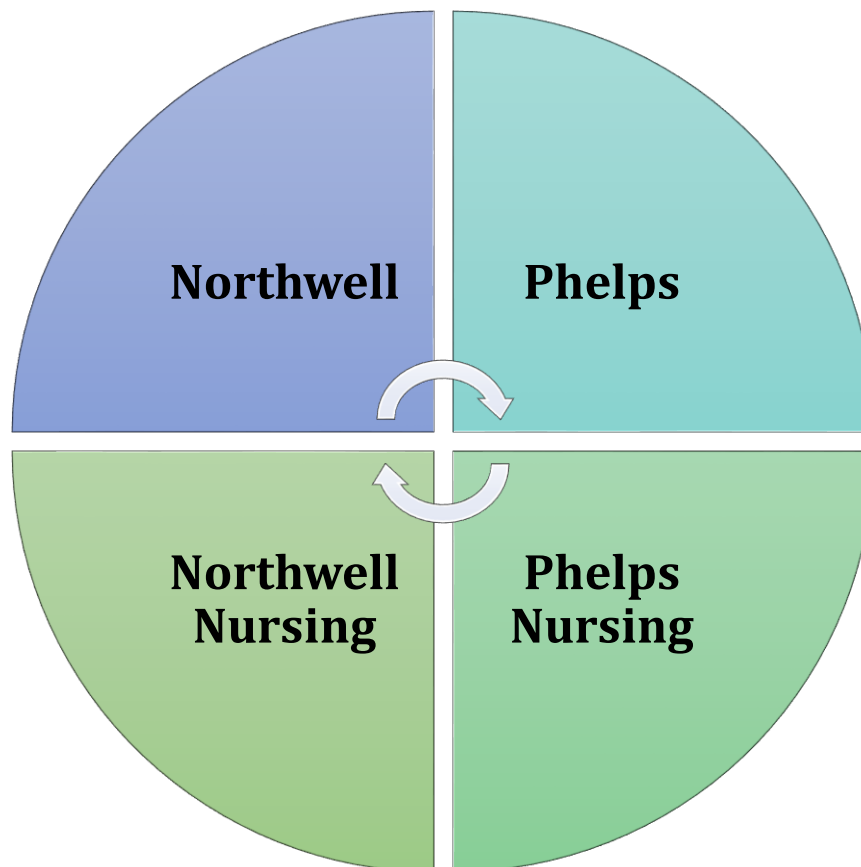
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





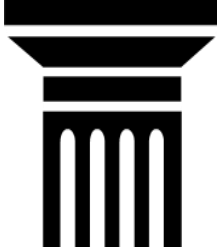
## Nursing Strategic Plan

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



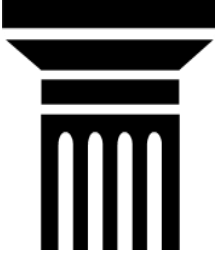
# Goals

## Quality



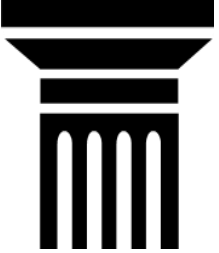
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

## People



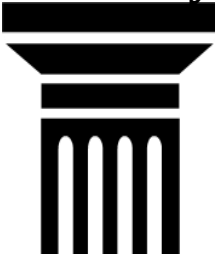
Create an empowering environment for RNs to function at the highest level of their licensure.

## Service



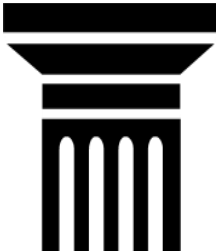
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

## Efficiency



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

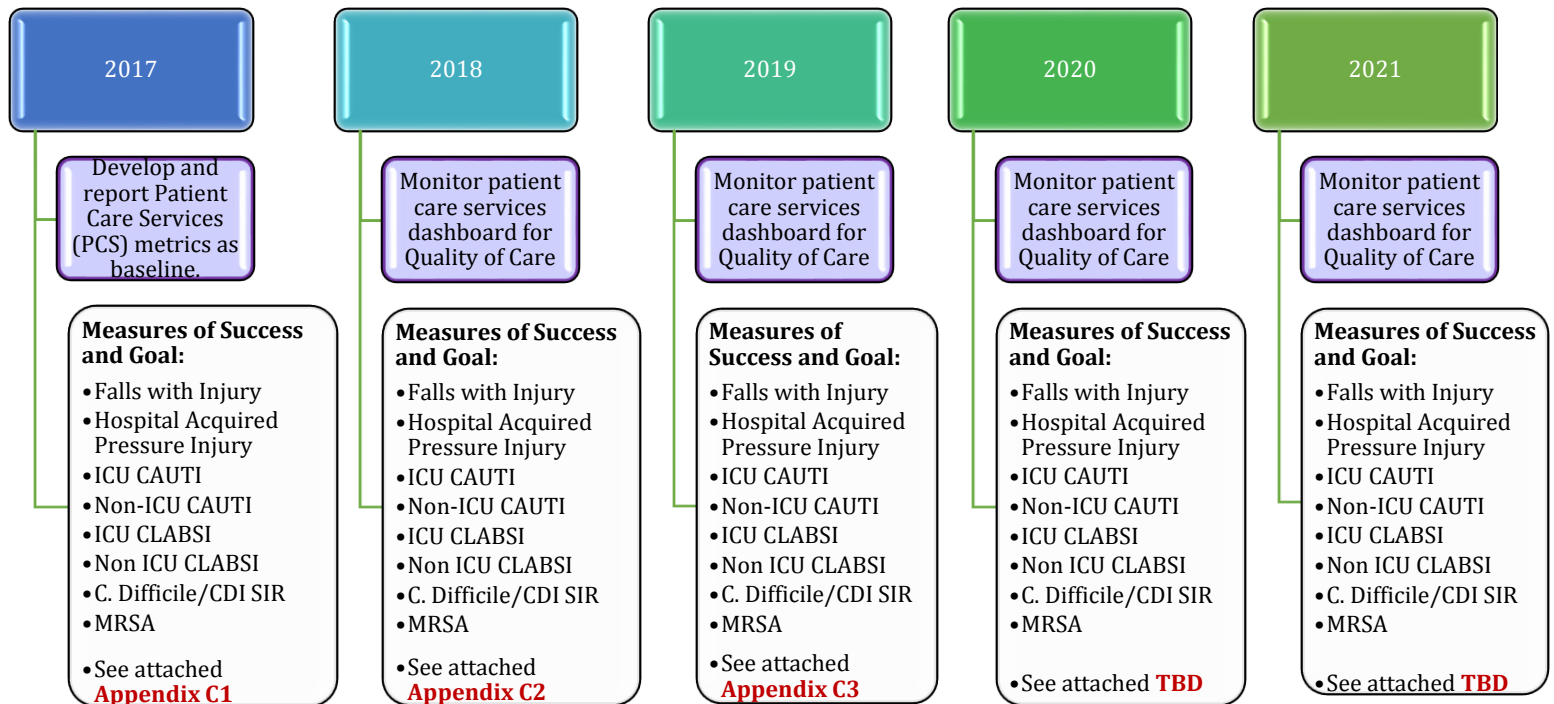
## Finance



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

# Quality

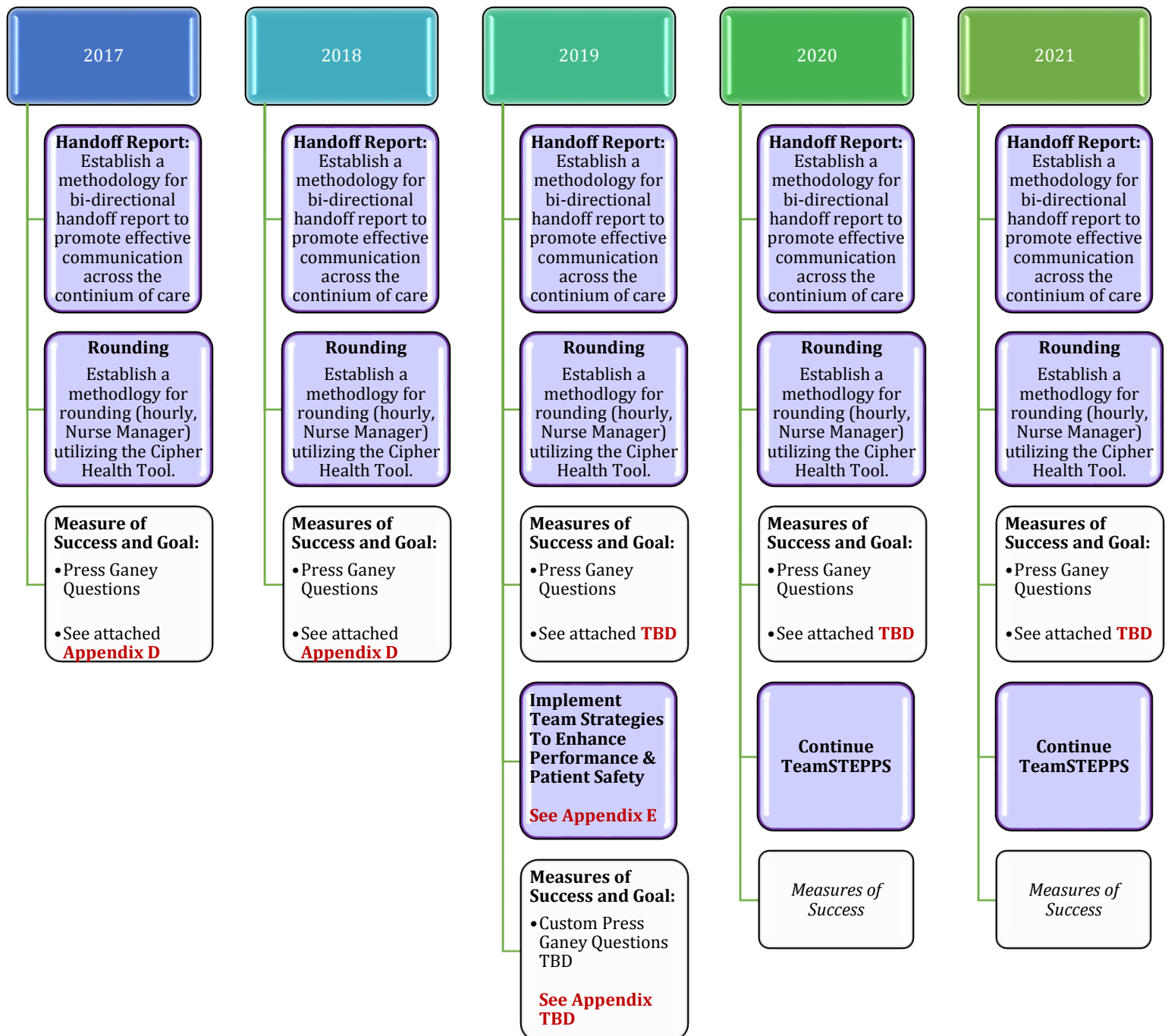
**GOAL:** Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.





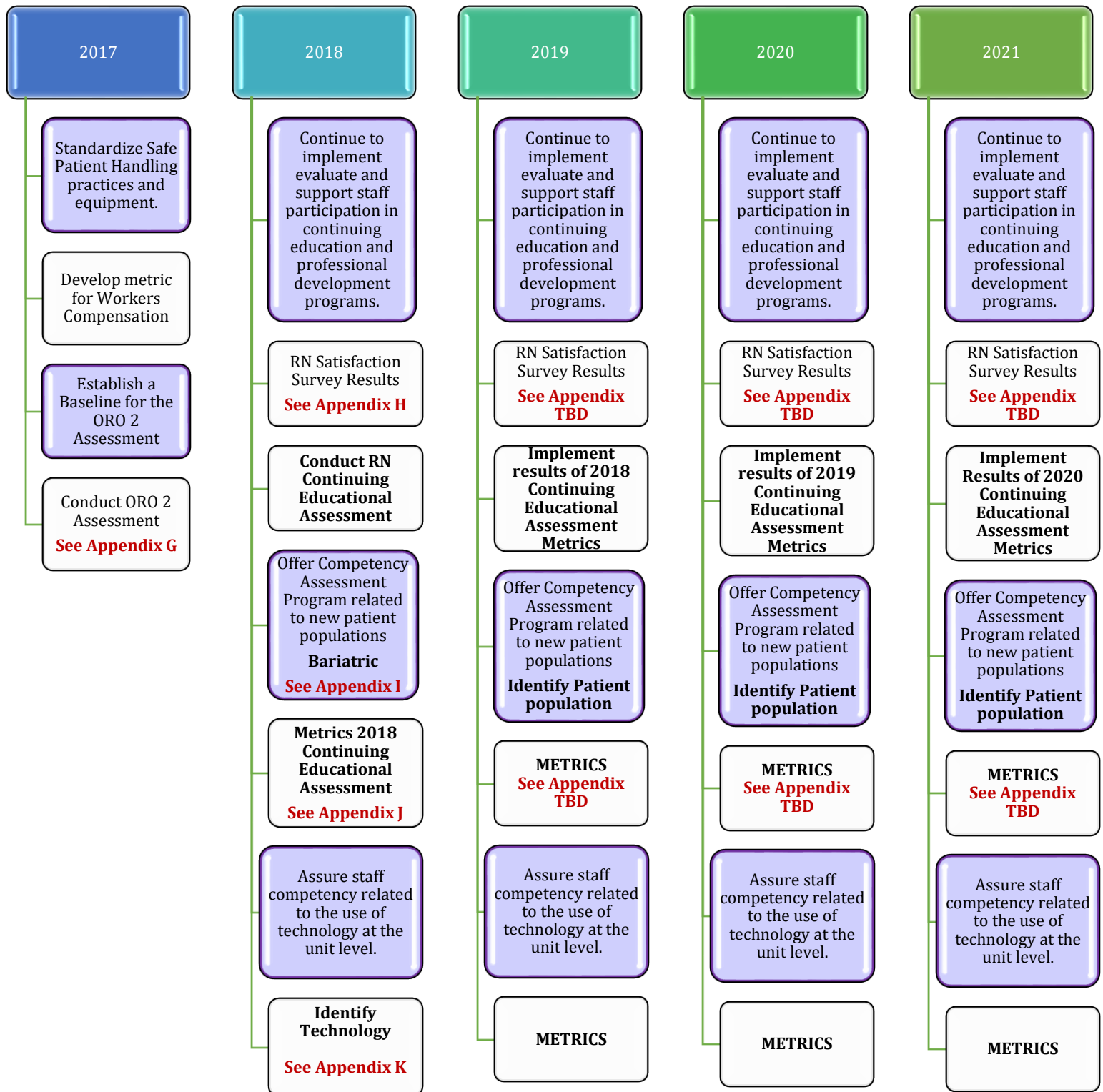
# Quality

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



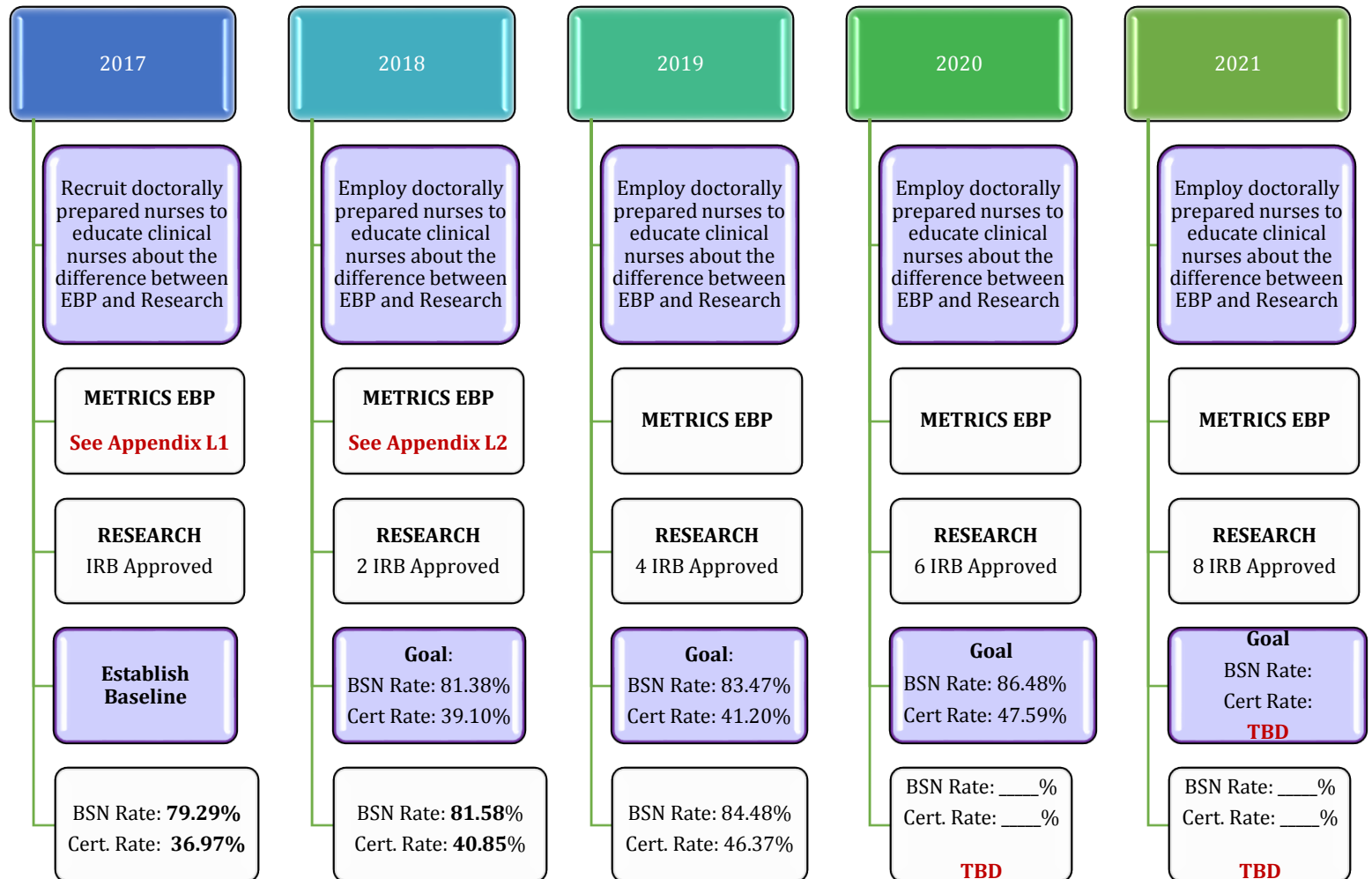
# People

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



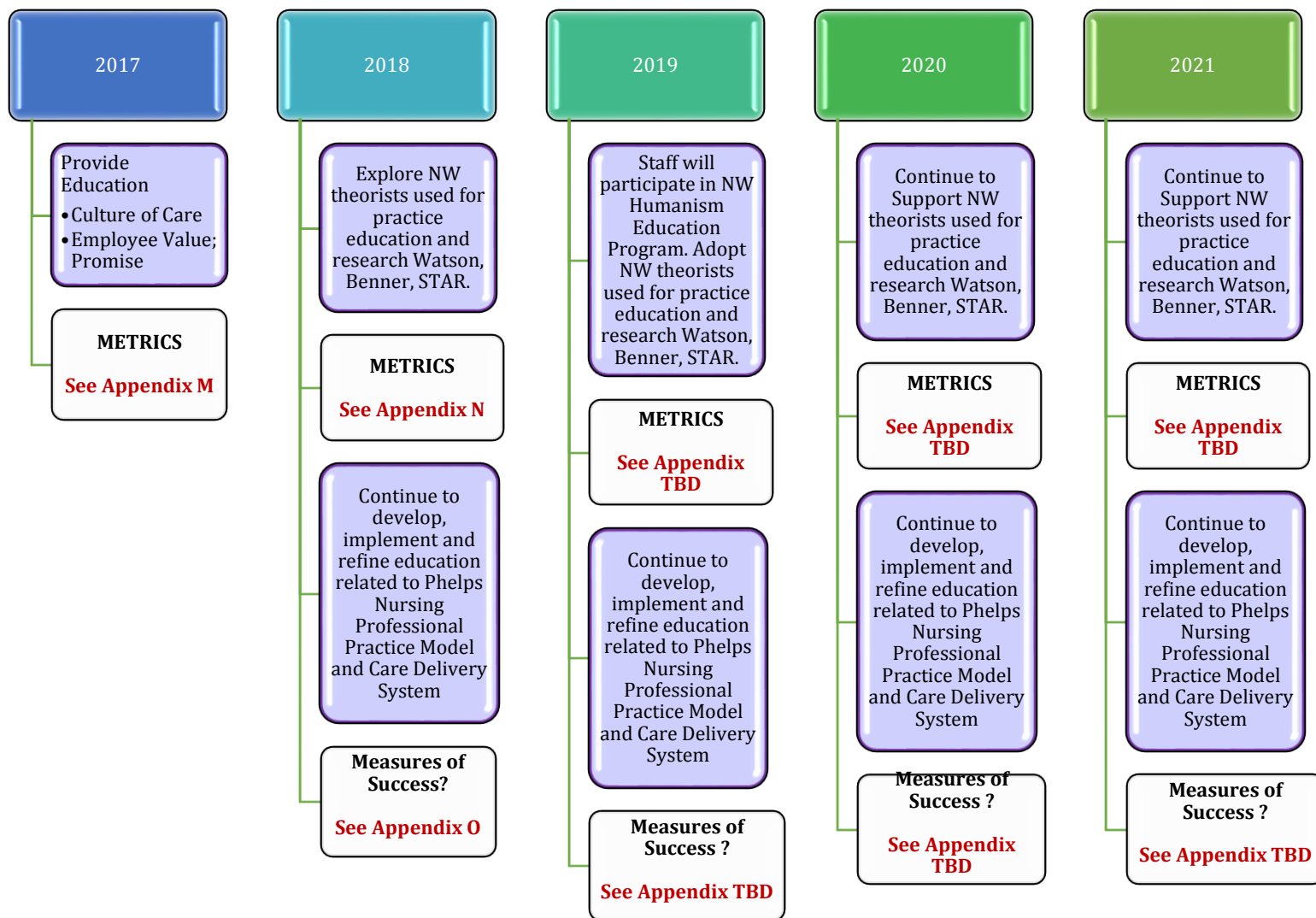
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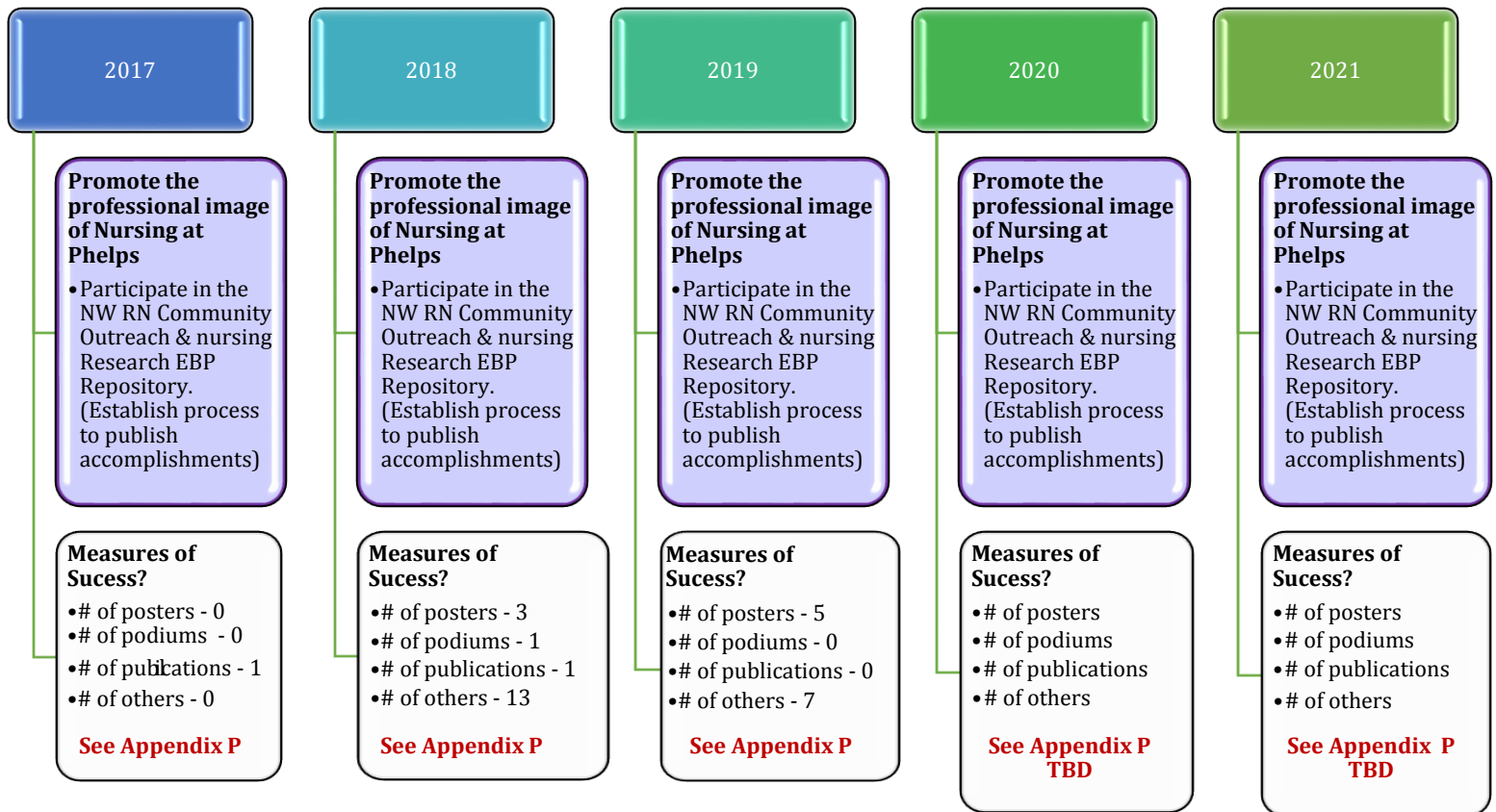
# Service

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



# Service

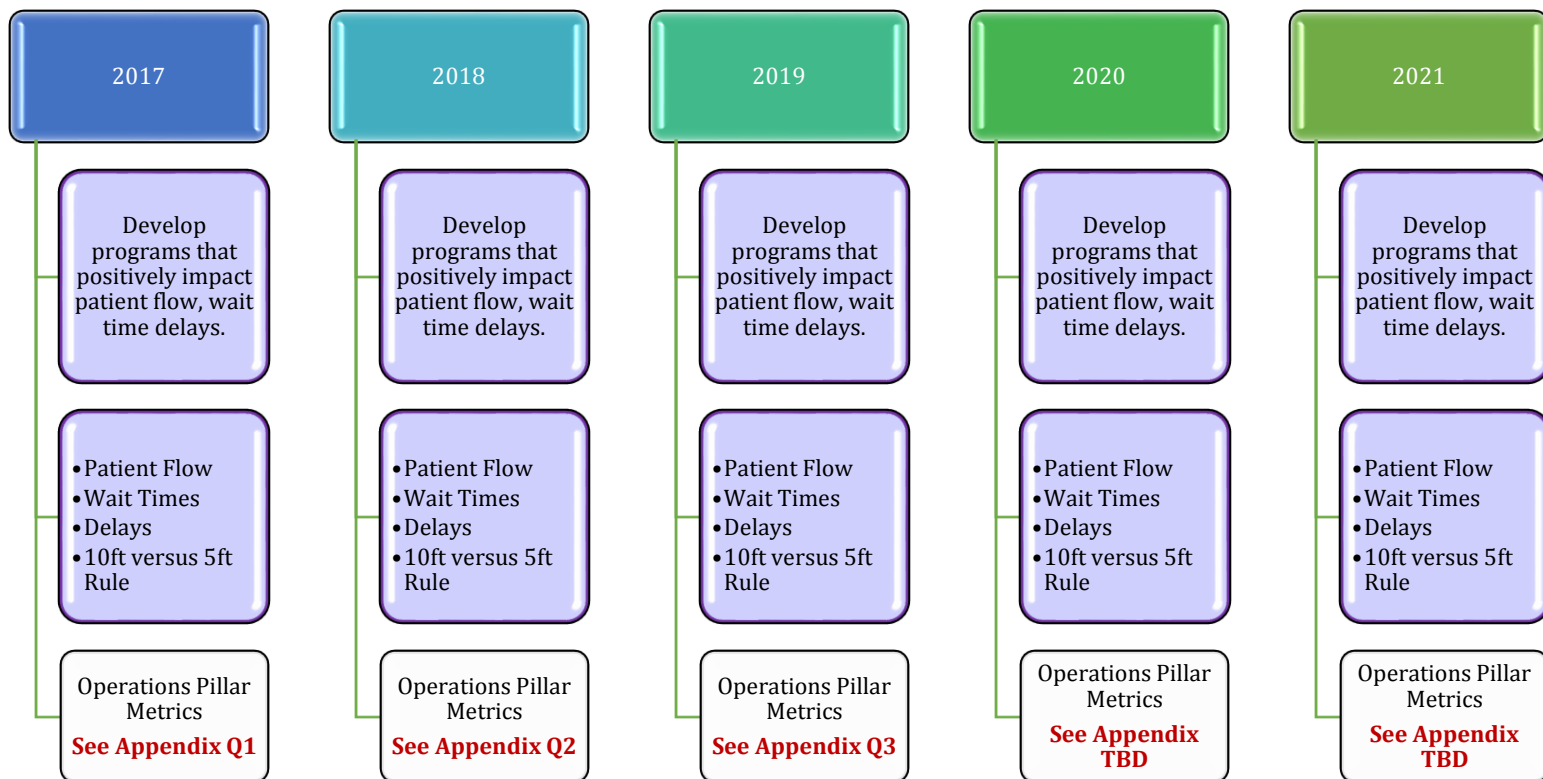
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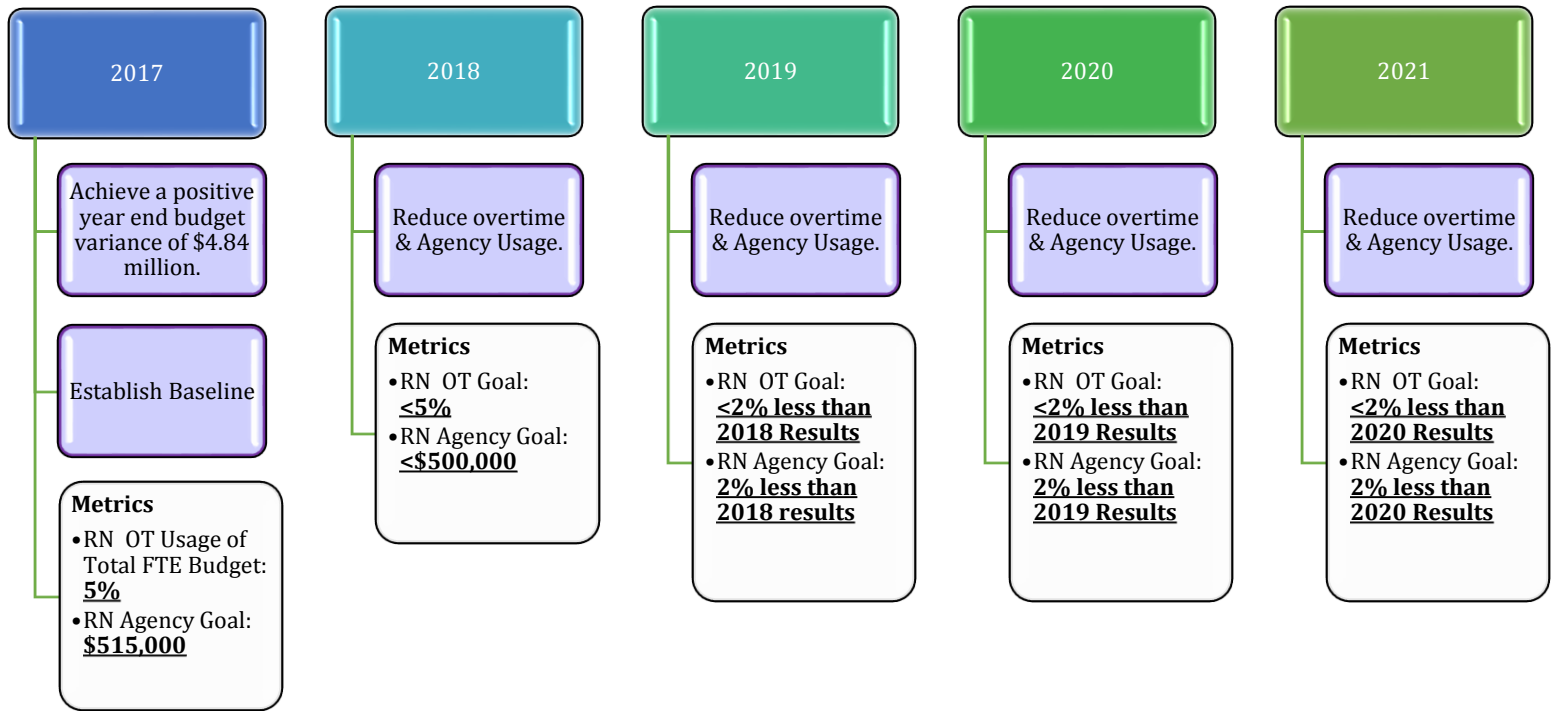
# Efficiency

**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](mailto:jdillworth@northwell.edu)
- ❖ Kathy Calabro, Magnet Data Analyst, at x3508 or [kcalabro@northwell.edu](mailto:kcalabro@northwell.edu)

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



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



## TL9EO - COMMUNICATION INFLUENCES CHANGE

### EXAMPLE 1: MCH CLINICAL NURSES ESCALATE CONCERNS TO THE CNO

*Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and the CNO.*

#### **Problem**

**Overview:** The patient experience is increasingly important in people's choice of healthcare providers. Healthcare facilities need to couple clinical expertise with service that matches or exceeds that of hospitality industries. The importance of leadership in assuring a stellar patient experience cannot be overstated. Patients deserve the best, and their experience is a part of their care. Leadership creates, supports and gives direction to the organization which, in turn, drives staff engagement and improves the patient experience across the continuum. "Communication with nurses" is a main driver of patient experience metrics on patient satisfaction survey scores, and is one of the domains which has a significant impact on patients' perception of care.

**Background:** In July 2017, Theresa Hagenah, MSN, RN, NCC-EFM, CNML, assistant director, Maternal Child Health (MCH) stepped down from her leadership position to a clinical nurse role. At that time, the nursing leadership structure consisted of an assistant director and nurse manager position for the entire MCH service (Labor and Delivery, Post-partum, Nursery, Pediatrics and Lactation services). Shortly after Theresa assumed a staff position, Edna Glassman-Lackow, BSN, RNC, nurse manager, MCH, decided to transfer to the Phelps Hospital (Phelps) Employee Health Service, as an occupational health nurse with a proposed transfer date of October 2017. As a result, there were two vacant nursing leadership positions in the MCH Service. During this time, the MCH top box scores for Communication with Nurses had decreased and were lower than desired.

**Clinical Nurses/CNO Communication:** In October 2017, Theresa, now as clinical nurse, Labor and Delivery, emailed Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer, the concerns of the MCH clinical nurses

regarding the impact of the void in leadership and its potential effect on patient satisfaction. Theresa requested a meeting with Mary and the MCH clinical nurses to discuss these concerns. On October 25, 2017, Mary met with Theresa and the MCH clinical nurses to hear their concerns. The clinical nurses expressed major concern regarding the effect of this reduction in management support on excellent patient care and service in the MCH service. During this meeting with Mary, the clinical nurses shared how they valued the nurse leader's role in assuring patient rounding and eliciting patient feedback regarding their experience. The clinical nurses were concerned that by losing two nurse leaders, the perception of post-partum mothers regarding "communication with nurses" was affected.

**Challenge:** In October 2017, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain was 72.2%.

### **Goal Statement**

**Goal:** Increase % MCH patient satisfaction top box scores for Communication with Nurses domain

**Measure of Effectiveness:** % MCH patient satisfaction top box scores for Communication with Nurses domain.

### **Participation**

**TL9EO - Table 1 - MCH Team**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Theresa Hagenah	MSN, RN, EFM-C, CNML	Nursing	MCH	Clinical Nurse (at the time)
Ita Brennan	AAS, EFM-C	Nursing	MCH	Nurse Coordinator
Philis Chiao	BSN, RN, EFM-C	Nursing	MCH	Nurse Coordinator
Dorit Lubeck-Walsh	MSN, RN, FNP-BC, EFM-C	Nursing	MCH	Clinical Nurse
Karen Skinner	BSN, RN, EFM-C	Nursing	MCH	Clinical Nurse
Yeva Posner	BSN, RN, IBCLC, EFM-C	Nursing	MCH	Lactation Specialist
Kara Giustino	MSN, RN, CPN, IBCLC	Nursing	MCH	Clinical Educator
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Services	Administration	SVP Patient Care Services/ CNO
Michael Nimaroff		Medical	MCH	Physician
Lawrence Mendelowitz		Medical	MCH	Physician
Sarina Distefano		Medical	MCH	Physician
Patrizia Musilli		HR Operations	Human Resources	Director
Daniel Blum		Senior Leadership	Administration	President & CEO



## **Interventions**

**Identifying Immediate Actions:** In November 2017, Mary and the clinical nurses discussed strategies to provide support to the MCH team with temporary leadership, while searching for permanent MCH leadership positions. As an immediate solution to the concerns of the clinical nurses, Mary negotiated with Patrizia Musilli, director, Human Resources, who was overseeing the Phelps' Employee Health Service, at the time, to delay Edna's transfer to an effective date in December 2017. Patrizia and Edna were both agreeable to this change as a short-term solution for MCH's staffing issues.

**Developing New Staffing Plan:** In November 2017, Mary contracted an external placement agency to urgently seek candidates for interim and permanent replacements for the MCH director and nurse manager leadership positions which Theresa and Edna had held. In November 2017, Mary also contacted Maureen White, MBA, RN, NEA-BC, FNAP, FAAN, chief nurse executive, Northwell Health system, for assistance with the identification of internal system candidates. As part of Northwell facilities' succession planning, certain individuals had been highlighted as having "strong leadership potential" for director or nurse manager positions throughout the Northwell System. Mary continued to interview candidates to fill these leadership positions as she received suitable resumes from the Phelps' Talent Acquisition team. Mary's plan was to support MCH with a full staffing capacity as soon as possible.

**Relaying Progress Update Back to Clinical Nurses:** In November 2017, Mary emailed the MCH clinical nurses and staff that she had taken the steps above to address the immediate need in response to the clinical nurses' concerns. Mary further explained that she had contacted B.E. Smith placement agency and hired Sue Selker, BSN, RN, as an interim MCH director; Sue's hire date in this interim role was November 16, 2017. Mary reiterated that Sue's hire was a temporary solution while she continued to seek and interview for a permanent director.

**Implementing New MCH Leadership Plan:** On January 8, 2018, Mary hired Yvetale (Yve) Lauture-Jerome, MAS, BNS, RN, SANE-A, as the nursing director, MCH. One of Yve's primary objectives was to fill the nurse manager position and select an appropriate replacement for Edna. Yve worked closely with Mary and the Phelps' Talent Acquisition team, recruited and hired Nicole Mincey, BSN, RNC-OB, IBCLC, as the new MCH nurse manager, effective April 30, 2018.

## **Outcome**

**Pre-Intervention Timeframe:** October 2017

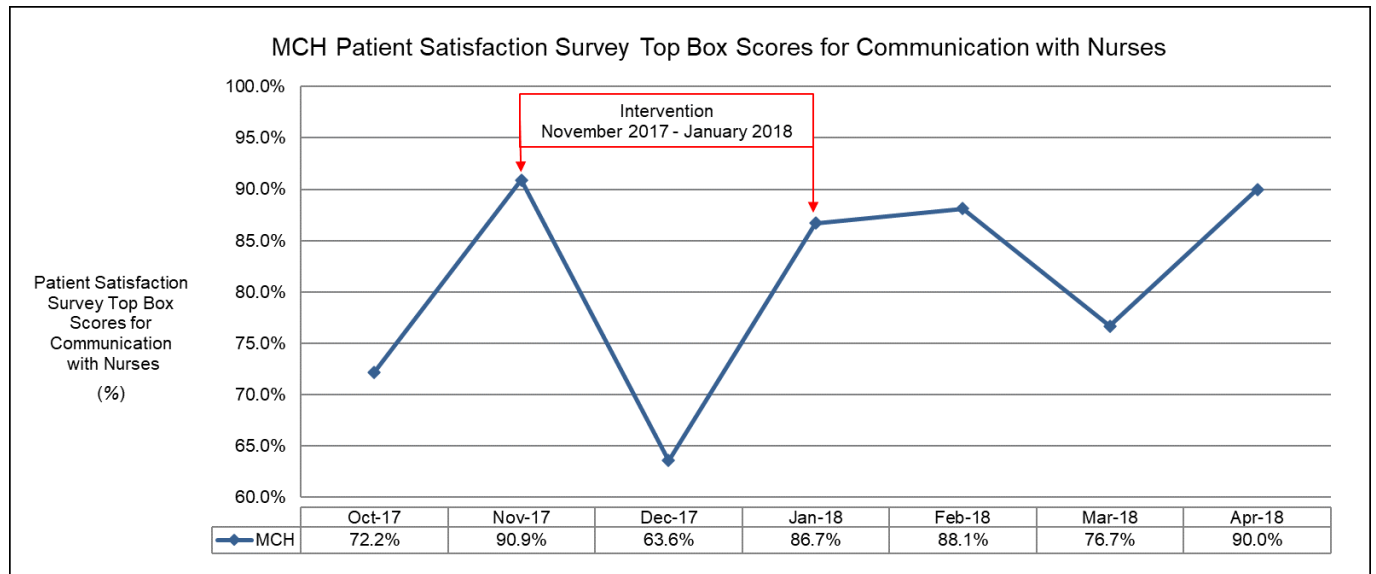
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain was 72.2%.

**Intervention Timeframe:** November 2017 – January 2018

**Post-Intervention Timeframe:** February – April 2018

**Post-Intervention Data:** During the post-intervention timeframe, the MCH patient satisfaction survey top box scores for the Communication with Nurses domain averaged 84.9%. This represents an 18% improvement in scores.

### TL9EO - Graph 1 - MCH Patient Satisfaction Survey Top Box Scores for Communication with Nurses



## EXAMPLE 2: ENDOSCOPY CLINICAL NURSES ESCALATE CONCERNS TO NURSE MANAGER

*Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and a nurse manager.*

### **Problem**

**Overview:** Providing clear instructions for patients regarding procedures performed in the ambulatory Endoscopy unit is crucial to the patient experience. When patients arrive for procedures without proper preparation, procedural delays or cancellations become necessary. This negatively impacts both patient experience and workflow on the unit.

**Background:** In the second quarter of 2018, Jacqueline (Jackie) Pisano, BSN, RN, CGRN, clinical nurse, Endoscopy, and Topsy James, BSN, RN, clinical nurse, Endoscopy, expressed concern regarding the effect of cancelled procedures on the patients' overall experience at Phelps Hospital (Phelps) and the organizational flow of the unit. Upon review and discussion with the Endoscopy clinical nurses, Jacqueline and Topsy found that the upper esophagogastroduodenoscopy (EGD) and colonoscopy procedures constituted a majority of

the procedures cancelled in the Endoscopy unit. These procedures were cancelled because patients were arriving to the Phelps' Endoscopy unit unprepared: they ate food or drank fluids which were not allowed pre-procedure (e.g. patients didn't understand the definition of "clear liquids") and/or they did not have the required ride home post-procedure. The Endoscopy clinical nurses appreciated the anxiety these patients had while anticipating the procedure and the detrimental effect that a cancellation had on the patient. During this time, patient satisfaction survey top box scores for "Provided needed information regarding procedure" had decreased below desired levels. Jacqueline and Topsy knew that in order to improve the patients' experience with better preparation for these procedures, modification of the educational materials was needed.

**Challenge:** In June 2018, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" was 88.0%.

### **Goal Statement**

**Goal:** Increase % Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure"

**Measure of Effectiveness:** % Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure"

### **Participation**

**TL9EO - Table 1 - Patient Education Team Members**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Topsy James	BSN, RN	Nursing	Endoscopy	Clinical Nurse
Jacqueline (Jackie) Pisano	BSN, RN, CGRN	Nursing	Endoscopy	Clinical Nurse
Shirley Beauvais	MSN, RN, CCRN	Nursing	Endoscopy	Assistant Director (Nurse Manager function)
Jenee Richardson	BSN, RN, CGRN	Nursing	Endoscopy	Clinical Nurse
Lena Lulaj	MSN, RN, ONC,	Nursing	2 Center	Clinical Nurse
Cherry Lyn Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Nancy Fox	MS, RN, NEA-BC, NPD-BC, CNML	Education	Organizational Development	Director
Margaret Plofchan		Support Services	Marketing & Public Relations	Corporate Director

### **Interventions**

**Clinical Nurses/Nurse Manager Communication:** In July 2018, Jackie emailed her immediate supervisor, Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, and carbon-copied Topsy and Jenee Richardson, BSN, RN, CGRN, clinical nurse, Endoscopy,

regarding the clinical nurses' concerns that several patients were unprepared for their upper EGD or colonoscopy procedure because they did not understand the pre-procedural instructions they received. Shirley functions in a nurse manager role for the Endoscopy unit with accountability and supervision responsibilities over all nurses and healthcare providers delivering care in the unit. After discussing this issue in their unit's Shared Governance Council meeting, Jackie and Topsy reviewed the educational materials that were given to patients pre-procedure and developed an educational brochure which specified the pre-procedure preparation requirements and addressed the common reasons for cancellation. These included what could be ingested by mouth prior to the procedure and to ensure that the patient had someone to take him/her home post-procedure. Jackie attached the first draft of the educational brochure for patients preparing for upper EGD and colonoscopy procedures to her email. Shirley was impressed with the brochure and immediately responded to the email by speaking directly with Jackie, Topsy and Jenee Richardson, BSN, RN, CGRN, clinical nurse, Endoscopy. Together, they decided next steps to create the brochure.

**Investigating New Approach:** On July 24, 2018, Shirley reviewed the draft of the educational brochure again and emailed Cherry Lyn Fuentes, MS, RN-BC, NPD-BC, education specialist, Organizational Development, and co-chair of the Patient Education Committee, and Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML, director, Organizational Development, to understand the protocol for approving and implementing educational resources at Phelps. On July 26, 2018, Cherry responded that she would forward the educational brochures developed by Jackie and Topsy, to the interprofessional Patient Education Committee, which was also co-chaired by Lena Lulaj, MSN, RN, ONC, clinical nurse, 2 Center, for review. Cherry also requested that Jackie or one of the Endoscopy clinical nurses present the educational brochures at the next interprofessional Patient Education Committee meeting for peer feedback and approval.

**Gaining Peer Feedback:** On August 13, 2018, Topsy attended the Patient Education Committee meeting and presented the draft of the Endoscopy patient education brochure. The Patient Education Committee members provided feedback that certain language in the educational brochures required editing. One of the requirements discussed was the need for all educational materials to be at a 6<sup>th</sup> grade reading level.

**Developing the Educational Brochure:** From September to December 2018, after the initial review, either Topsy or Jackie attended several more Patient Education Committee meetings to obtain additional feedback regarding the successive revisions to the educational brochures. Shirley provided the needed support for the clinical nurses to dedicate the time needed to confer with their nurse colleagues, make the recommended changes to the educational brochure and attend the patient education committee during work hours. While modifying the educational brochures, Jenee, Topsy and Jackie learned that different physicians used varying preparation methods. To avoid confusion, the clinical nurses eliminated the section regarding the actual preparation and deferred that explanation to the

physician.

**Requesting Final Approval:** In January 2019, Jackie, Topsy and Jenee made final revisions to the educational brochure and submitted it to the Patient Education Committee for approval. On February, 8, 2019, Cherry gave the green light to move forward with the brochures and recommended that the clinical nurses ask patients for feedback as a final step, before they created the official brochures; Jenee and Topsy obtained this feedback.

**Educating Associates on the New Educational Brochure:** In February 2019, Jackie and Topsy contacted the office managers of Richard Findling, MD, associate director, Medicine-Gastroenterology and the Gastroenterology service, and discussed the need to replace the existing information with the new educational brochures. Jackie and Topsy answered the managers' questions and provided background information as needed.

In April 2019, Shirley submitted the final educational brochures to Margaret Plofchan, corporate director, Marketing and Public Relations. Margaret made minor modifications to the educational brochures to meet Phelps' branding and resolution needs.

**Implementing New Educational Brochures:** In May 2019, the final approved educational brochures were delivered to the Phelps Endoscopy Unit and then distributed to the Gastroenterology offices. Upon receipt, the office managers began to distribute the educational brochures to patients when their appointments were scheduled.

## **Outcome**

**Pre-Intervention Timeframe:** June 2018

**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" was 88.0%.

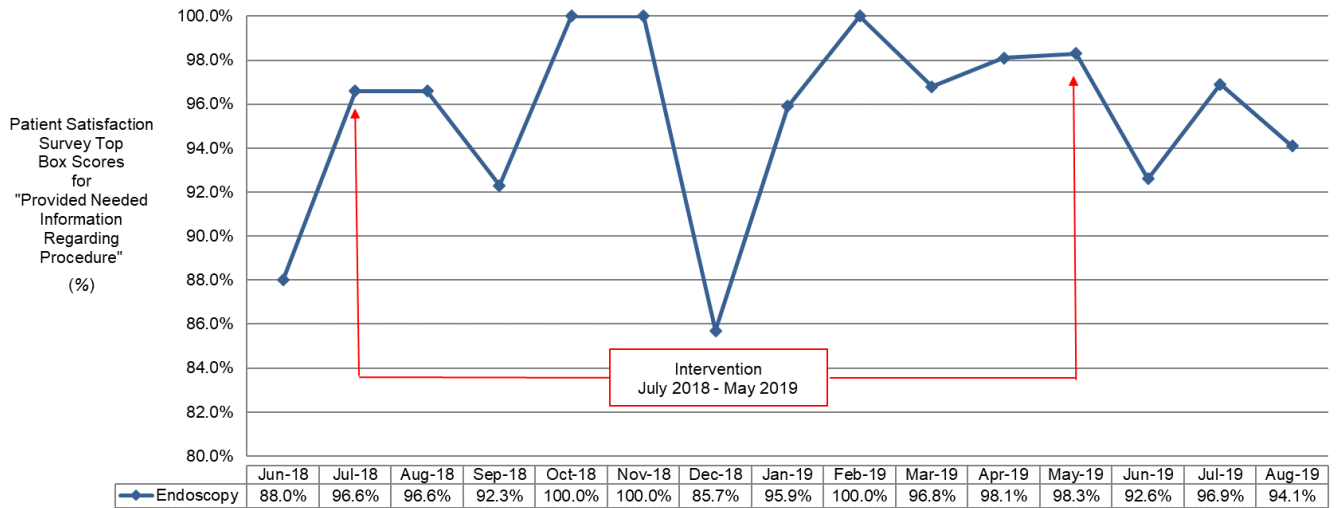
**Intervention Timeframe:** July 2018 – May 2019

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

**Post-Intervention Data:** During the post-intervention timeframe, the Endoscopy patient satisfaction survey top box scores for "Provided needed information regarding procedure" averaged 94.5%. This represents a 7% improvement in scores.

**TL9EO - Graph 1 - Endoscopy Patient Satisfaction Survey Top Box Scores for  
"Provided Needed Information Regarding Procedure"**

Endoscopy Patient Satisfaction Survey Top Box Scores for  
"Provided Needed Information Regarding Procedure"







## SE2EO - PROFESSIONAL ORGANIZATION AFFILIATION

### EXAMPLE 1: “GETTING TO KNOW ME” TOOL IMPROVES 2 CENTER PATIENT EXPERIENCE

*Provide one example, with supporting evidence, of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to a clinical nurse's or clinical nurses' affiliation with a professional organization.*

#### **Problem**

**Overview:** Dementia occurs in approximately 25% of all hospitalized older patients. Older adults are particularly vulnerable to dementia during illness, hospitalization, or recovery from surgery or stroke, since they are separated from their familiar environment, routines, and activities. The ability of caregivers to get to know dementia patients through an informational sheet listing the patient's family details, interests, and demographics has been shown to generate positive feedback from patients/families (Mandzuk et al, St. Boniface Hospital, 2018).

**Background:** On 2 Center (2C), an orthopedic and acute rehabilitation unit at Phelps Hospital (Phelps), the average age of patients is 72 years old; many of the patients exhibit signs of dementia. In early 2017, 2 Center Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you” were lower than desired. 2C clinical nurses sought a better way to communicate with patients experiencing dementia and improve patient handoff.

#### **Clinical Nurse Affiliation with Professional Organization:**

Kristin Santoro, BSN, RN, clinical nurse, 2 Center attended the 2017 Nurses Improving Care for Healthsystem Elders (NICHE) conference where she learned about “getting to know me”, an evidence-based strategy used to bring familiarity to the patient with dementia. NICHE is an international nursing education and consultation program designed to improve geriatric care aligned with the National Gerontological Nursing Association's (geriatric nursing specialty group formed by the ANA) standards of gerontological practice. These standards

involve “collaboration with older adults, families and communities to support healthy aging, maximal functioning and quality of life”. At the NICHE conference, the topic of dementia in older patients was a prevailing theme. From the conference and networking, Kristin learned evidence-based strategies and research regarding care of the older adult and customizing care to meet his or her individual needs.

**Challenge:** In 3Q17, 2C Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you” was 69.8%.

### **Goal Statement**

**Goal:** Improve 2C Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you”

**Measure of Effectiveness:** 2 Center Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you”

**SE2EO - Table 1 - NICHE Task Force**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Dept/Unit</b>	<b>Job Title</b>
Kristin Santoro	BSN, RN	Nursing	2 Center	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Barbara Vetoulis	BSN, RN, CNML	Nursing	5 North	Nurse Manager
Alicia Mulvena	MA, RN, NPD-BC	Education	Organizational Development	Education Specialist
Cherry Fuentes	MS, RN-BC, NPD-BC	Education	Organizational Development	Education Specialist
Ellen Woods		Vitality	Vitality	Program Manager
Pam Lipperman		Volunteer	Volunteer Services	Director
Kristin Cutaia	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Amanda Dayton	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Jenna Harris	BSN, RN, PMHN	Nursing	1 South	Clinical Nurse
Kathleen (Kathy) Calabro	BS	Nursing	Magnet	Data Analyst

### **Interventions**

#### **Utilizing Resources from Professional Organization:**

In November 2017, Kristin reviewed the literature regarding older adults and dementia with Cheryl Burke, MSN, MBA, RN-BC, WCC, nurse educator and Carolynn Young, MSN, RN-BC, CNS-BC, ONC clinical nurse specialist, 2 Center, both members of the American Nurses’ Association (ANA) and board certified in gerontological nursing, and discussed the information Kristin learned from the NICHE conference. According to the ANA Standards of Gerontological Nursing Practice, anxiety, impaired communication, ineffective coping and

social isolation are some of the issues addressed in the plan of care for the older adult; the “Getting to Know Me” tool was identified as a method that could be used to improve communication and comfort of the patient who is confused.

In December 2017, Kristin brought her idea of using the “Getting to Know Me” tool and the findings of her literature review to the Phelps NICHE Task Force. The NICHE task force consisted of clinical nurses from the medical-surgical and psychiatric units, nurse educators and other members of the interprofessional team, who worked closely with older adults (e.g. vitality, volunteers). During this meeting, clinical nurses shared their experiences caring for older adults and encouraged Kristin to develop this evidence-based “Getting to Know Me” tool.

In January 2018, Kristin volunteered to represent 2C and participate in the newly formed shared governance council, the New Knowledge and Innovation Council, which consisted of clinical nurses representing each unit or department. The council’s goals were to: 1) facilitate and act as a conduit for information sharing related to best practices, research, and advances in technology and innovation, and 2) to guide conscientious integration of evidence-based practice (EBP) and research into clinical and operational patient care and nursing practice.

**Developing an Evidence-Based Change in Nursing Practice:** During the February and March 2018 New Knowledge and Innovation Council meetings, Kristin shared her vision of using “clouds” to implement a modified version of the “Getting to Know Me” tool. She engaged clinical nurse colleagues in discussion regarding the use of “cloud” graphics to improve communication with the patient and what was important to them. Clinical nurses on the council expressed interest and offered Kristin encouragement and support by providing suggestions regarding “cloud” topics. Kristin recognized the importance of nurse involvement to affect any change in practice. In April 2018, Kristin developed and distributed a four-question survey to clinical nurse colleagues:

1. Do you think that you know your patients on a personal level?
2. Do you think getting to know your patients on a personal level would result in better care?
3. Do you think this form would benefit your patient’s hospital stay?
4. Do you think this form would be useful in your daily practice?

Kristin received positive feedback from her nurse colleagues on the design of the “cloud” and the benefits of the tool during the patients stay. They found it useful in their clinical practice when family members were available to fill in the “clouds”. This information was particularly needed when the patient was confused and the family was not available. One colleague wrote: The “Getting to Know Me” form is a helpful tool. It’s definitely allowed me to learn more about my patients with dementia. At night, you typically don’t see the patient’s family to ask about the patient, but the form is much better than not knowing anything about the patients on a personal level. Good Job with the form!”

**Creating the “Getting to Know Me” Tool:** In May 2018, using feedback from the four-question survey, Kristen worked with Carolynn and Kathleen (Kathy) Calabro, BS, data analyst, to create a form/tool for patients experiencing signs of dementia. Kristin, Cheryl, and Kathy researched the color pallet and font sizes most appealing to the older adult. By June 2018, they created a tool with clouds using calming colors identified in their research. Bringing familiarity to the bedside, staff members could assist family members to complete the form with the patient’s favorite meals, music, and TV shows. This information promoted conversations with the patient, establish familiar connections, and created a calm, soothing, and safe environment. Kristin informally shared a draft version of the new tool with her colleagues on the unit.

**SE2EO - Figure 1 - Getting to Know Me**

Phelps Hospital Northwell Health

## Getting to Know Me

I am from

Primary Language

The names of my family members are

I worked at

My favorite foods are

I don't like

I have hearing/vision impairments I use glasses/hearing aids

My favorite TV Shows

My favorite music

I feel relaxed and calm when

Things that make me feel happy are

I like to be called

2Center - NICH Project Version 2.0

June 2018

Not a permanent part of the patient's record

**Educating Colleagues:** In July and August 2018, Kristin met with every clinical nurse individually or in a group on 2C, to discuss the “Getting to Know Me” tool and its use with the patient and/or family. Kristin continued to promote the tool during 2C staff meetings, 2C unit-based council shared governance meetings, and the New Knowledge and Innovation shared governance council meetings.

**Implementing the Nursing Practice Change:** In September 2018, with feedback from clinical nurses and support from Marilyn Maniscalco, BSN, RN, CNML, nurse manager, 2C, Kristin, Carolynn and Kathy, the team finalized, copied, and laminated the “Getting to Know Me” tool. Kristin obtained washable markers to accompany each poster, which was mounted in every room on 2C.

## **Outcome**

**Pre-Intervention Timeframe:** 3Q17

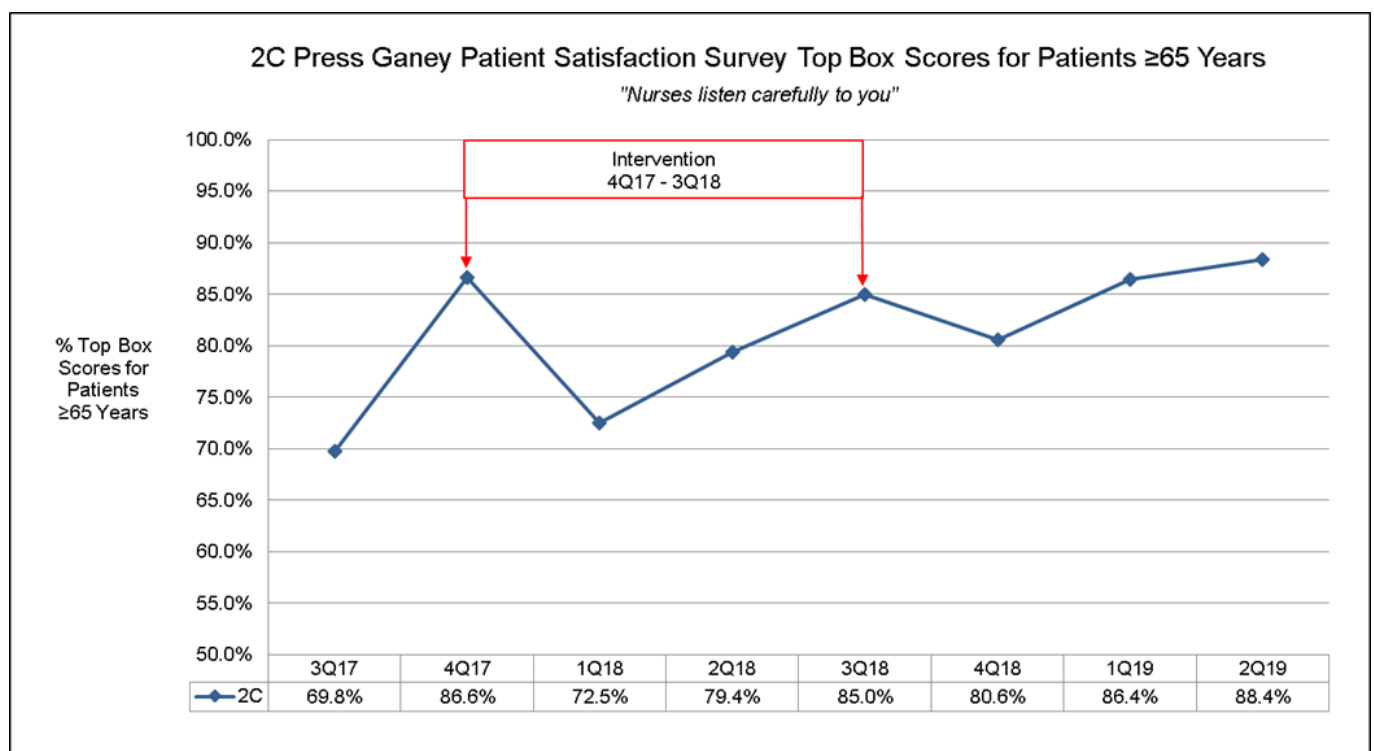
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you” was 69.8%

**Intervention Timeframe:** 4Q17- 3Q18

**Post-Intervention Timeframe:** 4Q18 - 2Q19

**Post-Intervention Data:** During the post-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you” averaged 85.1%. This represents a 22% improvement.

### SE2EO - Graph 1 - 2C Press Ganey Patient Satisfaction Survey Top Box Scores for Patients $\geq 65$ Years\*



\*This graph reflects a filter for patients  $\geq 65$  years.

**Other Positive Outcomes:** Below are two positive comments from the post survey:

- “The ‘Getting to Know Me’ form is a helpful tool. It definitely allowed me to learn more about my patients with dementia. At night you typically don’t see the patient’s family so I found that I don’t know as much info as I would like to, but the form is much better than not knowing anything about the patients on a personal level. Good job with the form!”
- “Patient’s families get very involved and help with filling out the form, which is nice”

## EXAMPLE 2: REDUCING BIPAP MEDICAL DEVICE-RELATED PRESSURE



## INJURIES ≥STAGE 2 ON 5 SOUTH

*Provide one example, with supporting evidence, of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse's or clinical nurses' participation in a nursing professional organization.*

### **Problem**

**Overview:** Hospitalized patients are at risk of injury due to medical device-related pressure injuries (MDRPIs). A MDRPI is defined by the National Pressure Ulcer Advisory Panel (NPUAP) as “localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device” (2016). One such medical device associated with MDRPIs includes bi-level positive airway pressure (BiPap) masks. BiPap provides inspiratory and expiratory respiratory support in patients with respiratory fatigue or failure. It is generally administered through a face mask with a seal created over the mouth and nose. Preventing MDRPIs involves reducing pressure or redistributing it over a larger area.

**Background:** At Phelps Hospital, the Pressure Injury Resource (PIR) team, consisting of clinical nurses and med-surg technicians, meets monthly to review hospital-acquired pressure injuries (HAPIs), problem-solve, and discuss pertinent topics regarding wound care. In 4Q17, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, and chair of the PIR team, confirmed three BiPap-related MDRPI ≥stage II on 5 South, an intermediate care unit. As part of their reviews and discussion, Debi and the 5 South nurses were concerned that patients were at risk for MDRPIs when wearing BiPap masks. Since three newly acquired MDRPIs, all related to BiPap masks, occurred over a three-month period, further discussion was needed at the next PIR team meeting.

**Clinical Nurse Participation in Nursing Professional Organization:** Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal Therapy, is an active member of the Wound Ostomy and Continence Nurses Society (WOCN). As a member of the WOCN, Debi frequently accesses the WOCN website for information and clinical wound care updates. She reviews the many professional and educational resources available, including the NPUAP guidelines for reducing HAPIs, which are endorsed by the WOCN. In addition, Debi attended a regional (New York City) and three national WOCN conferences between 2014 and 2018. At these conferences, Debi attended sessions where strategies for the prevention of BiPap-related MDRPIs were discussed. Debi participated in breakout sessions where she learned of the strategy to alternate two different BiPap masks. Debi shared this information with the PIR team and interprofessional colleagues at Phelps.

**Challenge:** In 4Q17, the 5 South BiPap-related MDRPI ≥Stage II rate was 0.24 per 100 patient days.

## **Goal Statement**

**Goal:** Reduce 5 South BiPap-related MDRPI  $\geq$  Stage II rate

**Measure of Effectiveness:** 5 South BiPap-related MDRPI  $\geq$  Stage II rate

(total # 5 South BiPap-related MDRPI  $\geq$  Stage II incidents  $\div$  total # 5 South patient days x 100)

## **Participation**

**SE2EO - Table 2 - PIR Team**

Name	Credentials	Discipline	Dept/Unit	Job Title
Deborah Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, CWOCN	Nursing	ICU	Clinical Nurse
Kathy Gomez	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Shijin Jose	BSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Deepa Thomas	BSN, RN	Nursing	5 South	Clinical Nurse
Sonia Sari	BSN, RN	Nursing	3 North (Formerly 2 North)	Clinical Nurse
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
John Ruhl	RT	Respiratory Therapy	Respiratory Therapy	Ex-Officio Director

## **Interventions**

**Utilizing Nursing Professional Organization Standards of Practice:** In January 2018, Debi, as a member of the WOCN, accessed the WOCN website to review the many professional and educational resources available, including the NPUAP guidelines for reducing HAPIs, which include MDRPIs. Debi found that WOCN endorses the use of NPUAP prevention guidelines, which include:

- Choosing the correct size medical device to fit the patient
- Cushioning and protecting the skin with dressings in high-risk areas (nasal bridge, rim of device)
- Removing or moving devices, when possible, to assess skin at least daily
- Avoiding device placement over sites of prior or existing pressure injury
- Educating staff about the correct use of devices and skin breakdown prevention
- Being cognizant of edema under devices and the potential for skin breakdown
- Confirming that devices aren't placed directly under a patient who is bedridden or immobile.

(Wound, Ostomy and Continence Nurses Society-Wound Guidelines Task Force. WOCN 2016 Guideline for Prevention and Management of Pressure Injuries (Ulcers). An Executive

Summary. *J Wound Ostomy Continence Nurs.* 2017; 44(3):241-246;

Schmitt, S, Andries, M, Ashmore, P, et. al. WOCN Society Position Paper. Avoidable Versus Unavoidable Pressure Ulcers/Injuries. *J Wound Ostomy Continence Nurs.* 2017;44(5):458-468).

**Sharing Nursing Standards of Practice:** In February 2018, Debi shared 5 South's concern regarding BiPap-related MDRPIs at the PIR team meeting with Kathy Gomez, BSN, RN, clinical nurse, Emergency Department; Shijin Jose, BSN, RN, PCCN, clinical nurse, 5 South; Amanda McNiff, BSN, RN-BC, clinical nurse, 5 North; Sonia Sari, BSN, RN, clinical nurse, 3 North (formerly 2 North); Deepa Thomas, BSN, RN, clinical nurse, 5 South; and Adele Whyte, BSN, RN, CCRN, CWOCN, clinical nurse, ICU. The PIR team retrospectively reviewed several months of HAPI incidence data by unit. The PIR team identified patients using BiPap, patients at risk for MDRPIs, and types of BiPap masks that were available at Northwell and used at Phelps. Debi reviewed these cases with the clinical nurses and provided education regarding the NPUAP prevention guidelines.

**Integrating Nursing Standards of Practice:** From February to April 2018, the team collaborated on the following interventions:

- PIR team nurses agreed to include MDRPIs in the skin integrity protocol.
- As a rapid cycle improvement strategy to prevent future MDRPIs, the PIR team members identified alternative masks to use and planned to reinforce the NPUAP prevention guidelines by providing "just in time education."
- The PIR team brainstormed for ideas on how to educate and engage clinical nurses in a memorable way, and developed the slogan, "Tweak the Beak."
- Debi, John Ruhl, RT, director (ex-officio), Respiratory Therapy, and Emmanuel (Manny) Rodriguez, RT, respiratory therapist, Respiratory Therapy, confirmed that two different BiPap mask styles were available at Phelps. Debi created posters to inform the nurses and respiratory therapists about BiPap mask availability.
- Debi revised the skin integrity protocol to include MDRPI, highlighting the risk of MDRPI associated with the BiPap mask and related pressure injury to the nasal bridge and nares, with prevention strategies.
- During morning interdisciplinary rounds on 5 South, the team members from respiratory, clinical nurses and the patient addressed any concerns with the BiPap mask. Communication increased between respiratory therapists and nursing regarding the patient's tolerance of BiPap, assessment of skin integrity, and reinforcement of the wearing schedule (i.e., switching styles of masks every four hours).

**Educating Colleagues on Nursing Practice Change:** In April 2018, Deb made herself available for informal bedside consultation and training during rounds and provided the following education:

Debi presented changes to the Clinical Nursing Skin Integrity Protocol to the Nursing

Standards of Care (SOC) Committee on March 14, 2018. Changes were discussed and approved. Members reported SOC discussion at their unit staff meetings. The protocol was posted April 2018.

Education was presented at the ICU (3/18), 5 South (3/18) and Respiratory Therapy staff (4/3/18) through staff meetings and posters. In addition, the topic of “Ways to help to decrease our BiPap H.A.P.I.’s” was discussed at the Multidisciplinary Pressure Ulcer/Injury Resource Team meeting (4/10/18).

In May 2018, during RN Competency, Debi presented a class, poster & hands-on demonstration of Skin Safety and Products used for pressure injury prevention during RN competency sessions. Debi continued education of RNs in the critical care areas.

**Implementing the New Standards of Practice:** In May 2018, the updated standards of practice and skin integrity protocol went live and were incorporated in the Critical Care and Medical-Surgical RN competency development sessions.

## **Outcome**

**Pre-Intervention Timeframe:** 4Q17

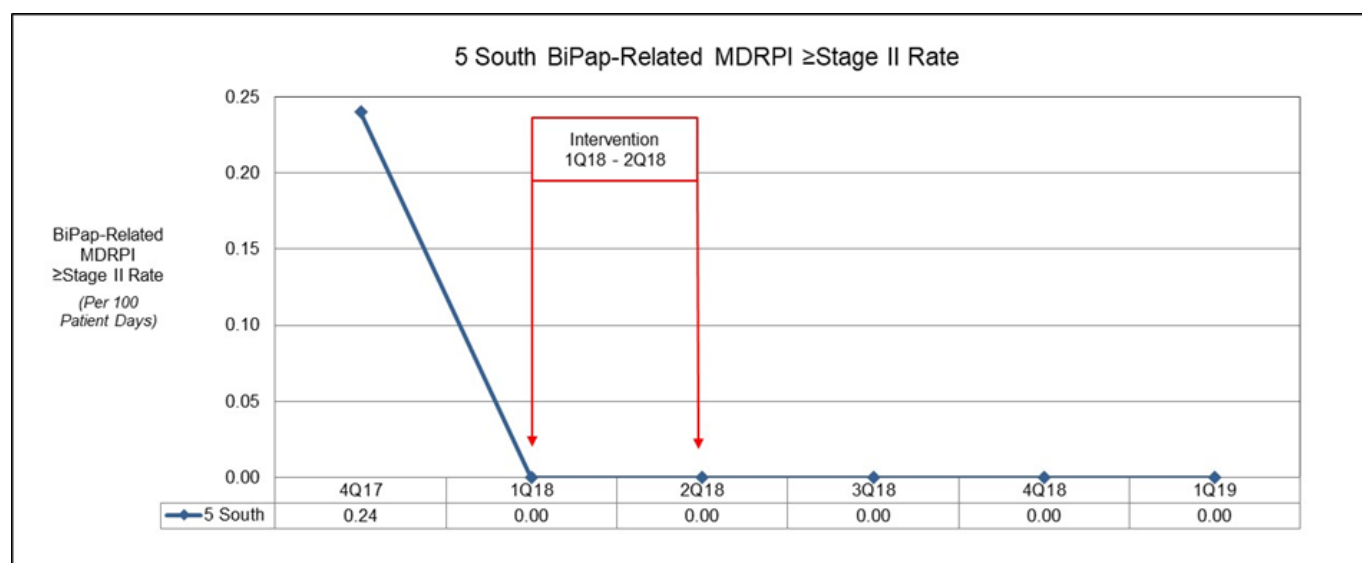
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 5 South BiPap-related MDRPI  $\geq$ Stage II rate was 0.24 per 100 patient days.

**Intervention Timeframe:** 1Q18 – 2Q18

**Post-Intervention Timeframe:** 3Q18 – 1Q19

**Post-Intervention Data:** During the post-intervention timeframe, the 5 South BiPap-related MDRPI  $\geq$ Stage II rate was zero per 100 patient days. This represents a 100% reduction.

**SE2EO - Graph 2 - 5 South BiPap-Related MDRPI  $\geq$ Stage II Rate**





## SE7EO - PROFESSIONAL DEVELOPMENT ACTIVITY

### IMPROVING PATIENT EXPERIENCE ON THE 3 NORTH (FORMERLY KNOWN AS [FKA] 2 NORTH) UNIT

*Provide one example, with supporting evidence, of an improved patient outcome associated with knowledge gained from a nurse's or nurses' participation in a professional development activity.*

#### **Problem**

**Overview:** For patients, high-quality medication education enhances medication adherence, which can reduce hospital 30-day readmissions. The quality of medication education is measured in part by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

**Background:** In 2016, Phelps Hospital formed a Six Sigma Team that included representatives from Nursing. The Six Sigma Team identified Communication (Medication Education) from the HCAHPS survey, as an area of opportunity to improve the patient experience. In the "Rate Hospital Score", patients reported dissatisfaction with care and services specifically, communication, responsiveness of staff and quietness of the hospital. 3 North (formerly 2 North) decided to focus their efforts on improving medication education.

**Challenge:** In 2Q16, 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects" was 42.9%.

#### **Goal Statement**

**Goal:** Increase 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects".

**Measure of Effectiveness:** 3 North (FKA 2 North) HCAHPS % top box scores for the item "Staff describe medication side effects".

#### **Participation**



**SE7EO - Table 1 - Six Sigma Team & Extended Team Members (Med Education)**

Name	Credentials	Discipline	Dept/Unit	Job Title
Eileen Egan	JD, BSN, RN	Risk Management	Administration	Vice President
Mary McDermott	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Karen Tordesillias	MSN, RN	Nursing	Nursing Administration	Nursing Supervisor
Gregory DeSantis		Administration	Hospital Administration	Sr. Project Manager
Neha Makhijani		Clinical Operations	CV Diagnostics Lab	Manager
Najwa Khamashta	BSN, RN	Nursing	ED	Nurse Coordinator
Phyllis Vonderheide	MS, RN-BC	Quality	Patient Experience	Senior Director
Laura Ryan		Quality	Patient Experience	PI & Data Analyst Specialist
Kathleen Rooms	MHA, BS-RRT	Respiratory	Respiratory Therapy	Respiratory Therapist
Ellen Parise	MSN, RN, CNML	Nursing	3 North (FKA 2 North) & Vascular Access Team	Nurse Manager
Haimley Tanis	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Nurse Coordinator
* Maria (Keirra) Jaca Gonzalez	MSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
* Katherine Urgiles	BSN, RN-BC	Nursing	3 North (FKA 2 North)	Clinical Nurse
* Blessy Jacob	Pharm D	Pharmacy	Pharmacy	Clinical Pharmacist
* Brian McGrinder	RPh	Pharmacy	Pharmacy	Director of Pharmacy and Clinical Services
Elizabeth Casey	BS, RN	Support Services	IT	Senior Clinical Analyst
Carol Robinson		Quality	Patient Experience	Coordinator
Robert Jensen			Allen Technologies Systems Team	Representative
Austin Sanders			Allen Technologies Systems Team	Representative
Oskariane Rodriguez			Allen Technologies Systems Team	Representative
<b>* Key Participants in the Professional Development Activity on 3 North (FKA 2 North) Intervention</b>				

**Forming the team:** In July 2016, the Six Sigma Team defined the projects: goals, objectives, scope, assumptions, constraints, business case, and team member's roles and responsibilities. From July through October, team members attended Six Sigma Black Belt and Green Belt training classes offered at the Northwell facility. In November 2016, the Six Sigma Team enlisted additional key members to work on improving education about medications. Katherine Urgiles, BSN, RN-BC and Maria (Keirra) Jaca Gonzalez, MSN, RN-BC,

clinical nurses, 3 North (FKA 2 North) and Blessy Jacob, Pharm D, Pharmacy formed a subcommittee to focus on improving nurse communication specific to medication education for patients.

**Researching Best Practice:** In February 2017, Helen Renck, MSN, RN, CJCP, CPPS, vice-president, Clinical Operations and patient safety officer and Eileen Egan, JD, BSN, RN, vice-president, Risk Management and Quality Assurance collaborated with the Six Sigma Team and researched best practices for improving the patient experience specific to medication education, utilizing health information technology. Based on their findings, in April 2017, the Six Sigma Team recommended the Allen Technologies E3 Patient Engagement Solution for trial. The E3 Patient Engagement Solution, Allen Smart TV system (Allen TV), provides an interactive experience for patients to access information and education that improves health literacy, enhances their experience, and optimizes operation efficiency. This technology is used by the nurse as an additional educational aid by which the clinical nurse can teach the patient about their medications. First, the nurse informs the patient about the Allen TV, which the patient and/or family can access at any time. The nurse then shows the patient how to use the Allen TV. The nurse directs the patient and/or family member to turn the TV on, locate and select the medication education icon, wait for the menu to open and search the specific medication and its associated information.

**Trialing New Medication Education Technology:** From June to July 2017, the nurses on 3 North (FKA 2 North) trialed the Allen TV. Keirra and Katherine taught the clinical nurses on their unit about the Allen TV and its benefits, how to use this new technology and provided continued guidance as needed. Keirra and Katherine reviewed the use of teach-back methodology when providing medication education to patients, and reinforced the need to document medication education in the Meditech electronic medical record (EMR).

From August – September 2017, Helen and Eileen collected data from the trial and led the Six Sigma Team in its review and analysis. During the trial, the HCAHPS Scores for Communication about Medications improved across the entire domain.

**Gaining New Resources:** The Six Sigma team was pleased with the trial results and decided to move forward with the use of the Allen TV for medication education. From October through December 2017, purchase orders were approved and processed. However, during this time, the 3 North (FKA 2 North) HCAHPS scores dropped below 50%, which indicated the need for additional professional development to support nurses' medication education practices.

**Creating Medication Education Tool:** From October 2017 to January 2018, Blessy Jacob, clinical pharmacist, and Brian McGrinder, director, Pharmacy, worked with the 3 North (FKA 2 North) nurses to create a "Top 50 Prescribed Medications" education sheet, which would be programmed into the Allen TV. This program included the medications and the most common side effects. The clinical nurses were instructed to refer to the program to explain and reinforce the medications that the patient would be taking, their purpose, side effects that

may occur and what actions to take if the patient experiences them.

**Developing New Nursing Practices:** From December 2017 through January 2018, Keirra and Katherine developed new nursing practices regarding medication education that would incorporate the Allen TV. Nurses followed the subsequent steps, when each patient arrived on 3 North (FKA 2 North), to engage the patient and/or family in medication education:

1. Click on the Medication Education Icon on the Allen TV
2. Click on the Medication Name for information (in English or Spanish)
3. Invite patient to take Medication Education Survey
4. Document medication education in Meditech.

Nurses could also print out the same medication information from the Allen TV for review with patients and families, answer any questions they have and reinforce the education.

**Creating Patient Education:** In December 2017, Keirra created an educational poster with information available in both English and Spanish. Posters were placed in patient rooms that encouraged patients to ask the nurse or physician if they had questions about their medications. When responding to patient questions, nurses used the Allen TV as a tool to provide additional information about medication.

**Developing RN Professional Development Activity:** Keirra and Katherine reinforced and provided additional education for the clinical nurses on 3 North (FKA 2 North) regarding the use of the Allen TV, what is available and how to access specific information. In January of 2018, the clinical nurses were instructed that when teaching patients about medication, to refer to the Allen TV to explain and reinforce the medications that the patient would be taking, their purpose, side effects that may occur and what actions to take if the patient experiences them. Keirra and Katherine provided continued guidance as needed. They reviewed how the clinical nurse would show patients how to access the TV control, select the medication icon from the Allen TV, select the medication, and read the content in full. After the nurse reinforced the medication information, he or she would ask patients to use “teach-back” to identify what the patients learned about the medication. Keirra and Katherine reviewed the use of teach-back methodology when providing medication education to patients, and reinforced the need to document medication education in the Meditech EMR. The process and methodology for implementing medication education was finalized.

**Educating Nurses on New Medication Education Process:** From February to March 2018, Keirra and Katherine participated in the education of 3 North (FKA 2 North) clinical nurses. The education was supported and reinforced by Ellen Parise, MSN, RN, CNML, nurse manager, 3 North(FKA 2 North). The Six Sigma team provided the initial education by communicating the information verbally, while referring to the poster, created by Keirra. Katherine and Keirra followed-up with education at the central station of the unit. They used the method of gathering one to two clinical nurses for segments of time to describe the process. 100% of the clinical nurses were educated.

**Implementing New Medication Education Practices:** By April 2018, the new medication education practices were fully implemented on 3 North (FKA 2 North).

## **Outcome**

**Pre-Intervention Timeframe:** 2Q16

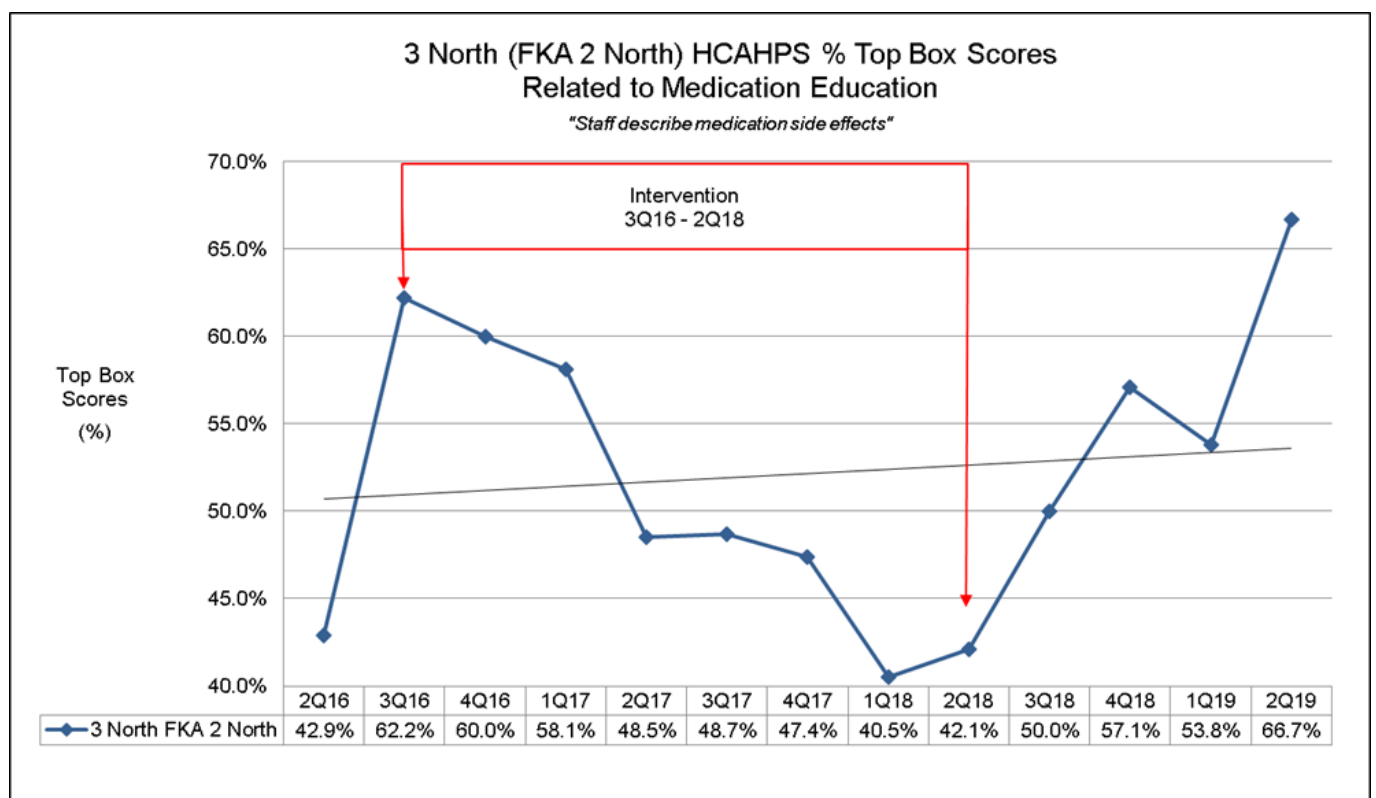
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” was 42.9%.

**Intervention Timeframe:** 3Q16 – 2Q18

**Post-Intervention Timeframe:** 3Q18 – 2Q19

**Post-Intervention Data:** During the post-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” averaged 56.9%. This represents a 33% increase.

**SE7EO - Graph 1 - 3 North (FKA 2 North) HCAHPS % Top Box Scores Related to Medication Education**





## SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

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

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

#### **Background**

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

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

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



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

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

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

### **Participation**

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

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

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

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

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

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

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

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

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

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

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

Phelps.

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

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

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

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

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





## EP17 - SERVICE RECOVERY EFFORT

### NURSES DRIVE NOISE-REDUCTION INITIATIVE BASED ON PATIENT FEEDBACK

*Provide one example, with supporting evidence, of a nurse-driven initiative based on patient feedback that was received as a result of a service recovery effort.*

#### **Background**

**Overview:** Patient satisfaction and improving the patient experience is one of the strategic priorities of Phelps Hospital (Phelps). Barbara Vetolulis, BSN, RN, CNML, nurse manager, 5 North, regularly reviews Phelps' Press Ganey scores and patient feedback comments.

5 North is a 29-bed medical/surgical unit consisting of acutely ill, medically compromised patients with co-morbid conditions including respiratory disease, oncological problems, diabetes, renal disease and skin integrity issues. These patients require highly skilled nursing care, frequent nursing assessments and interventions. Many of the patient rooms are double occupancy (13 semi-private, three private), making it challenging to maintain a quiet hospital environment.

**Patient Feedback:** In early April 2018, during a 5 North morning brief, Barbara shared the Press Ganey Top Box scores and comments gathered from 5 North's patients from October 1, 2017, through March 31, 2018. In their feedback, patients communicated that there was excess noise in the corridor at night. Some comments from patients included "removing the musical alarm for those given bathroom privileges", "answering call buttons faster" and eliminating night noise outside (patient) room". [EP17-A 5 North Patient Comments Oct 2017-March 2018](#)

#### **Nurses Drive Resolution in Service-Recovery Effort**

**Recommending New Approaches:** Beginning in April 2018, the 5 North unit-based Shared Governance Council focused on recovery efforts that would reduce noise on the unit during both day and night shifts. Night shift council chairperson Samantha Weldon, BSN, RN-BC, clinical nurse, 5 North, and day shift council chairperson, Kristin Cutaia, BSN, RN, clinical

nurse, 5 North, worked collaboratively with the council members to identify and develop meaningful and realistic strategies for this initiative. At their April 2018 meeting, Samantha and Candice Johnson, BSN, RN, clinical nurse, 5 North led the group in brainstorming and developing strategies for reducing noise on the unit, including:

- Initiating “Quiet Time” from 3:30 p.m.-4:30 p.m. each day, during which soothing music would be played throughout the unit
- Reducing infusion pump auditory tones to level  $\leq 3$  for alert/oriented patients each night
- Implementing a “no call bell pass zone” and a “no pump alarm pass zone” to encourage staff to stop and attend to the alarms—even if it was another staff member’s patient
- Dimming hall lights at 10:30 p.m. to promote quietness
- Providing additional education to patients regarding the purpose of pump and bed alarms to discourage indiscriminate use
- Consistently providing patients with Hospitality’s existing noise reduction tools, such as sleep masks and ear plugs
- Offering to close the doors of alert/oriented patients
- Using Vocera badges to communicate with each other during the night shift
- Placing tea bells at the nurses’ stations to ring gently if the noise level becomes excessive
- Closing unit entry doors from midnight to 5 a.m. to lessen the sounds coming from adjoining units
- Ensuring the Health Unit Coordinator (HUC) changes the call bell system setting to “nighttime mode”, which lowers the volume of all call bell tones, at 10 p.m. each night.

On April 10, 2018, the “Quiet Time” interventions identified above were discussed at 5 North’s Shared Governance unit council meeting. [EP17-B 5 North Shared Governance Council Meeting Minutes April 2018, p. 4](#)

**Educating Staff on the Initiative:** In June 2018, Candice and Samantha created a poster board highlighting the new measures, and posted it in the unit’s hallway and on both unit entry doors. Candice and Samantha also provided ongoing reminders to their colleagues on 5 North about “Quiet Time”. During the 5 North unit-based Shared Governance Council meeting in June, the nurses continued to discuss the factors which contribute to noise and how to support and educate staff, patients and families on the “Quiet Time” initiative. The 5 North nurses discussed the rationale for implementation and techniques for promoting “Quiet Time”. [EP17-C 5 North Shared Governance Council Meeting Minutes June 2018, p.2-3.](#)

**Implementing New Approach:** Barbara supported the “Quiet Time” initiative and included the topic during the morning briefs on 5 North. She conducted these briefs at 7:30 am to facilitate staff attendance from both day and night shifts. The “Quiet Time” initiative was officially launched August 1, 2018. [EP17-D 5 North Staff meeting Minutes 6-20-18.](#)

## **Results**

Reminders regarding the “quiet” initiatives are shared during many of the unit briefs and huddles. 5 North’s “Quiet Time” initiative and other noise-reduction strategies have

enhanced healing for patients by reducing stress and promoting sleep. Since implementation, feedback from patients on 5 North regarding the level of noise on the unit has been positive. In May 2019, following the success of the unit-based “Quiet Time” initiative, Phelps adopted a modified version of the policy hospital wide. A soothing message is now played on the overhead speaker at 9 p.m. each night announcing that “Quiet Time” is in effect. Nurses from 5 North, and throughout the hospital, continue to identify and reinforce strategies to reduce noise and cultivate an optimal healing environment for our patients.

3 Pages



## 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