

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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

Created by: Kathleen Calabro

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

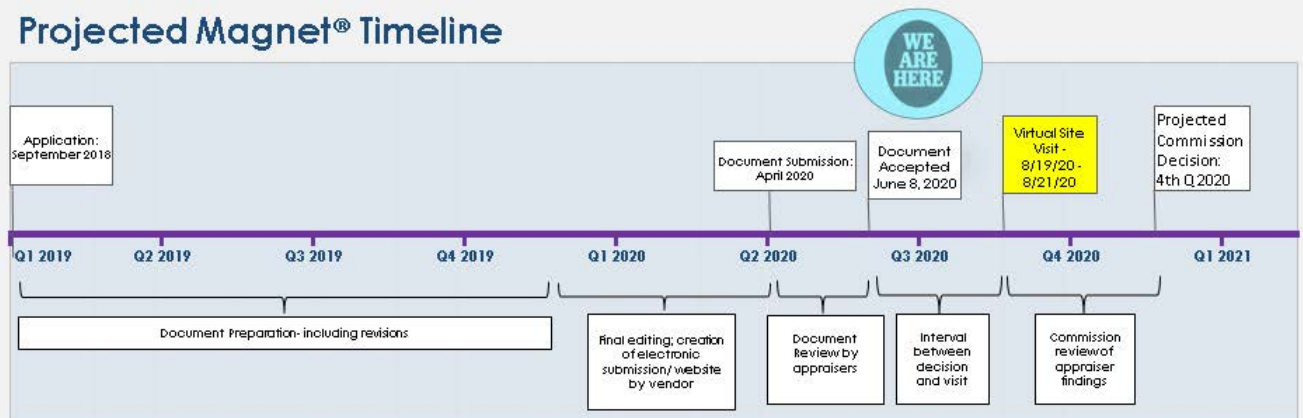
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

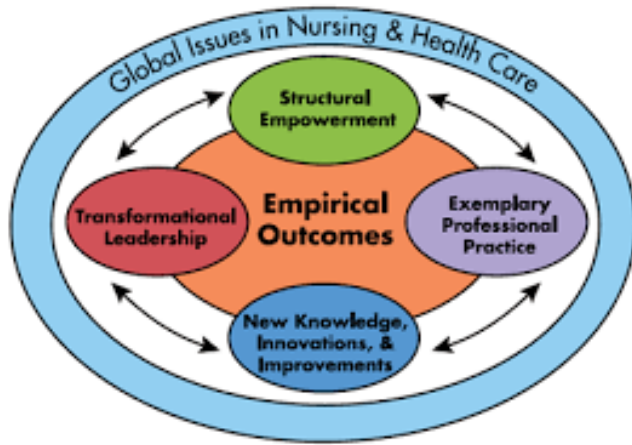
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



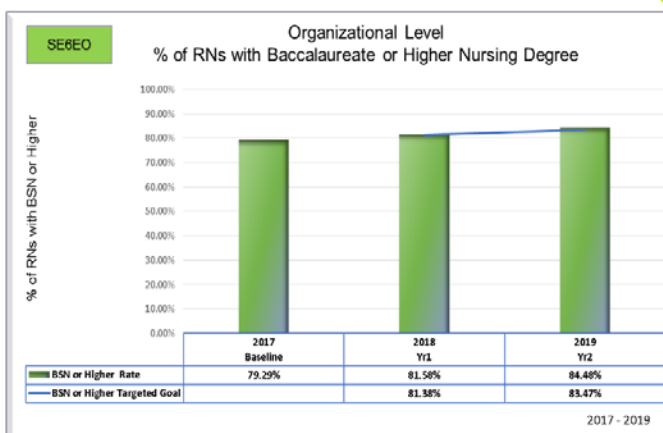
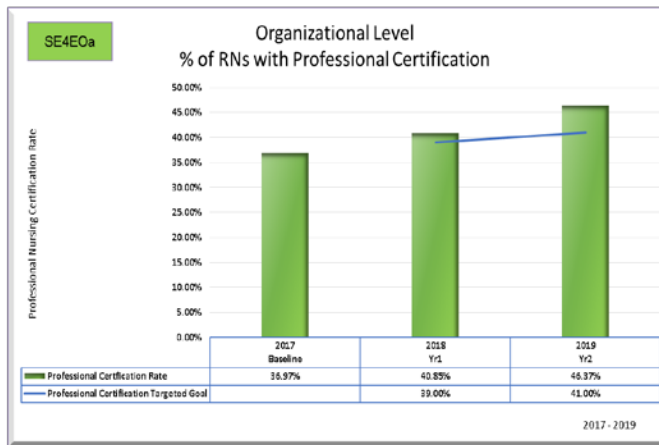
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



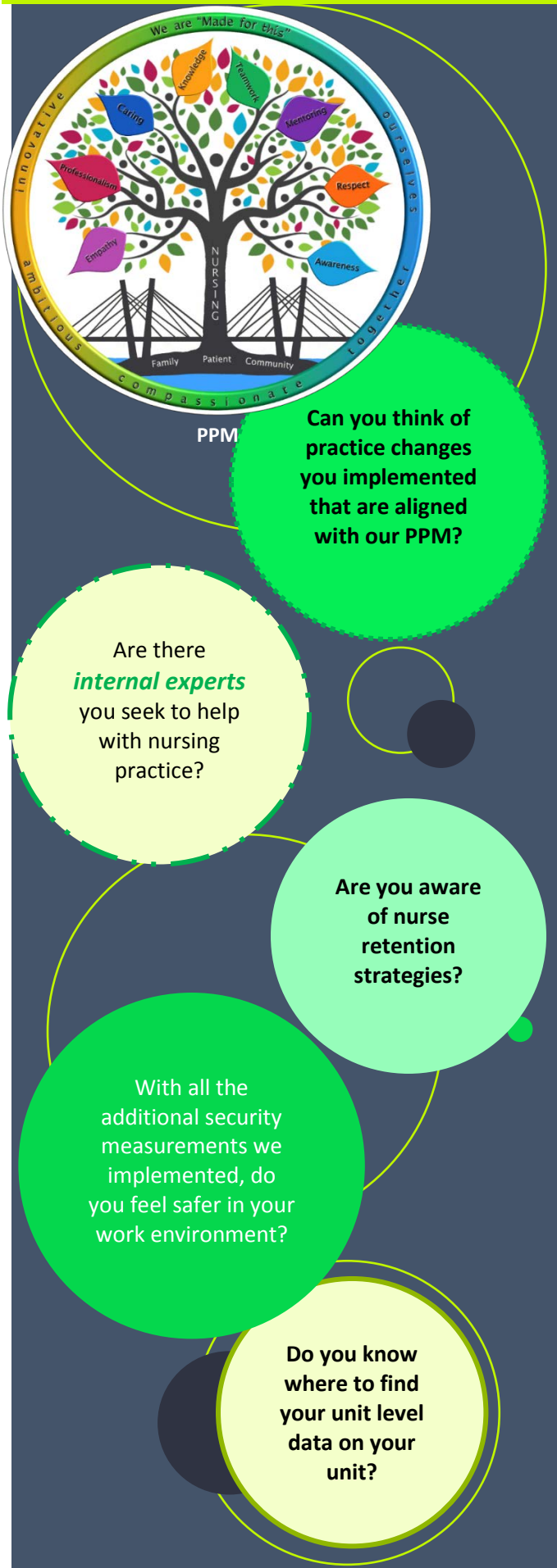
Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet “Fab 5”

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



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

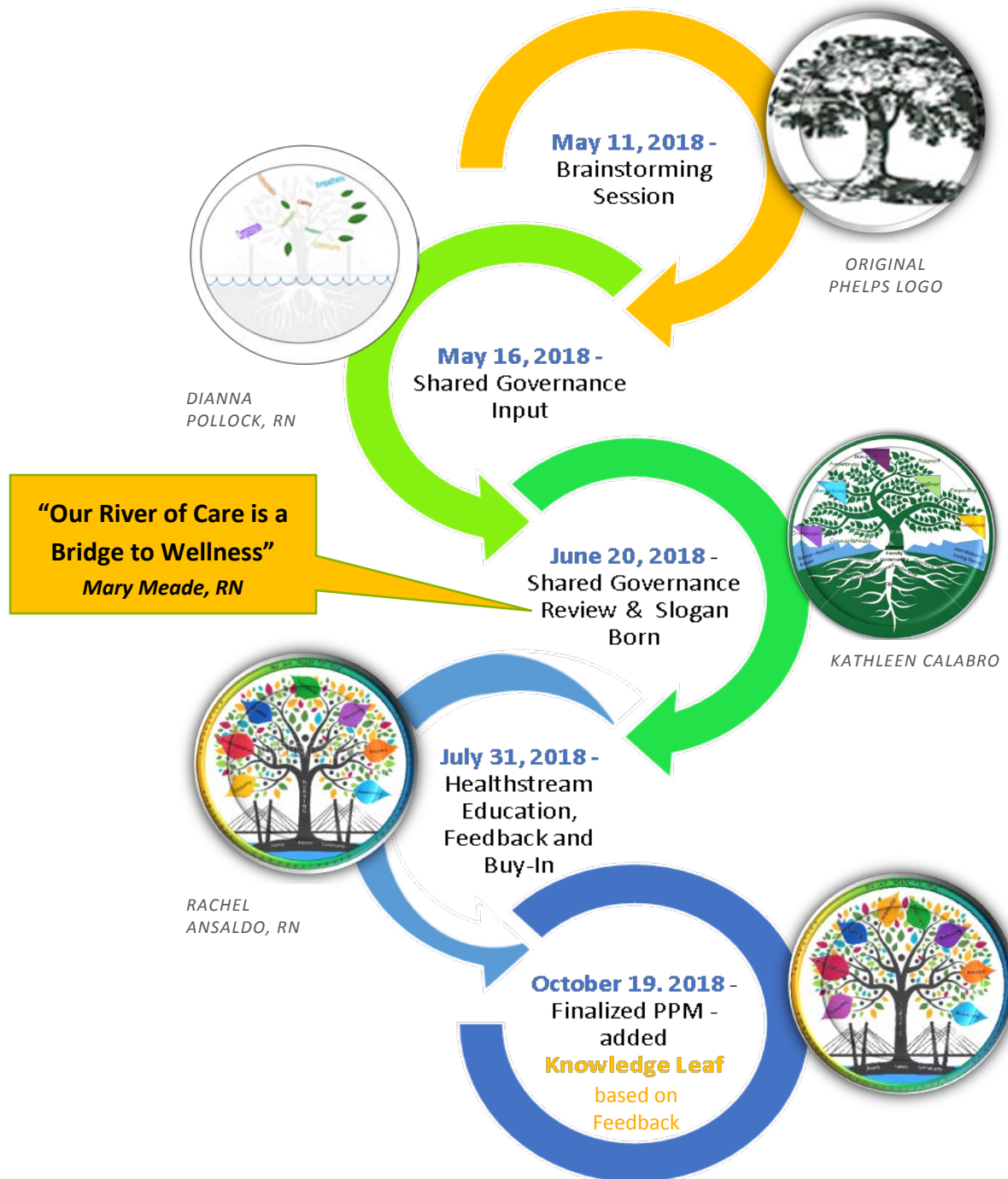
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

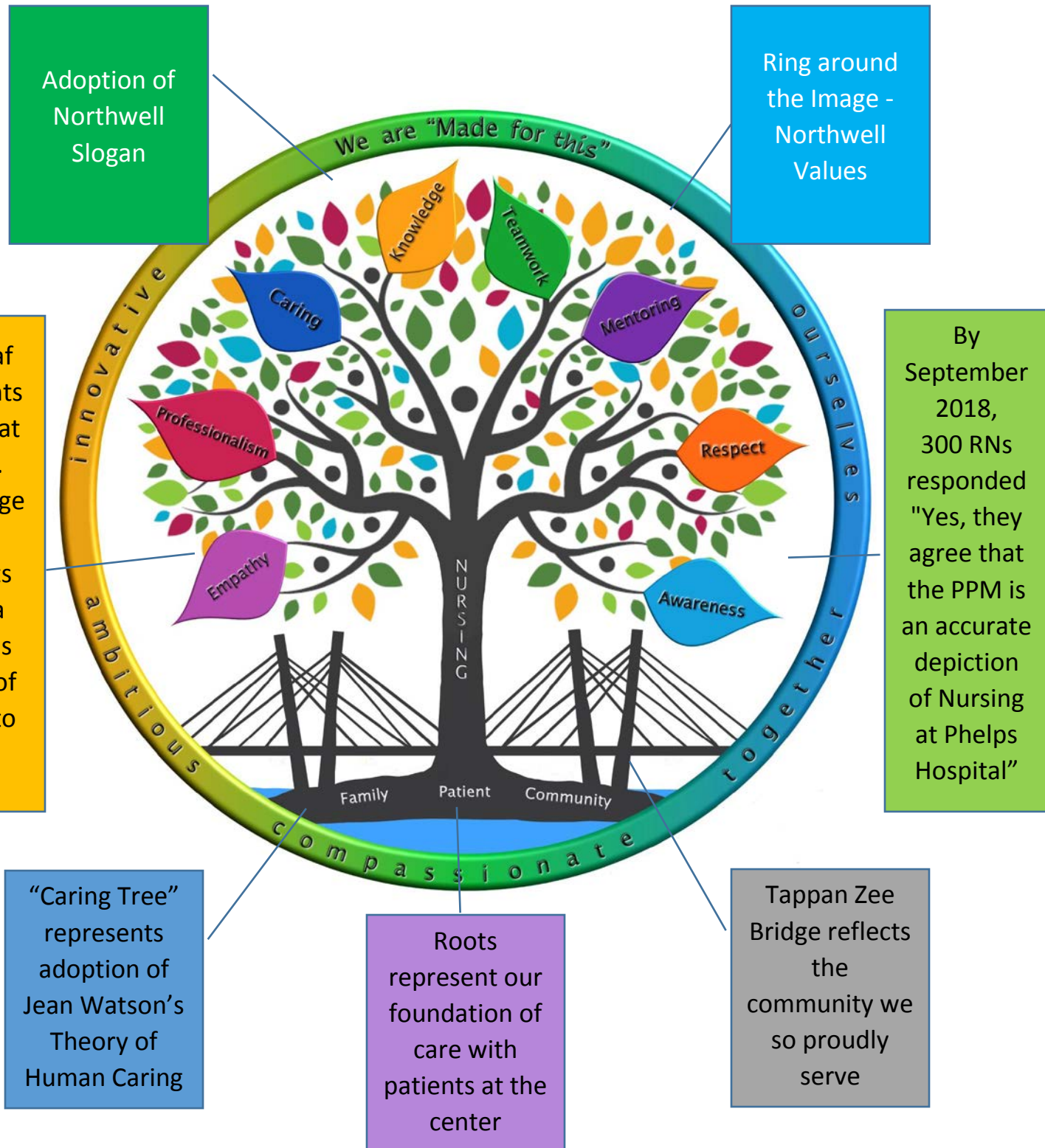
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

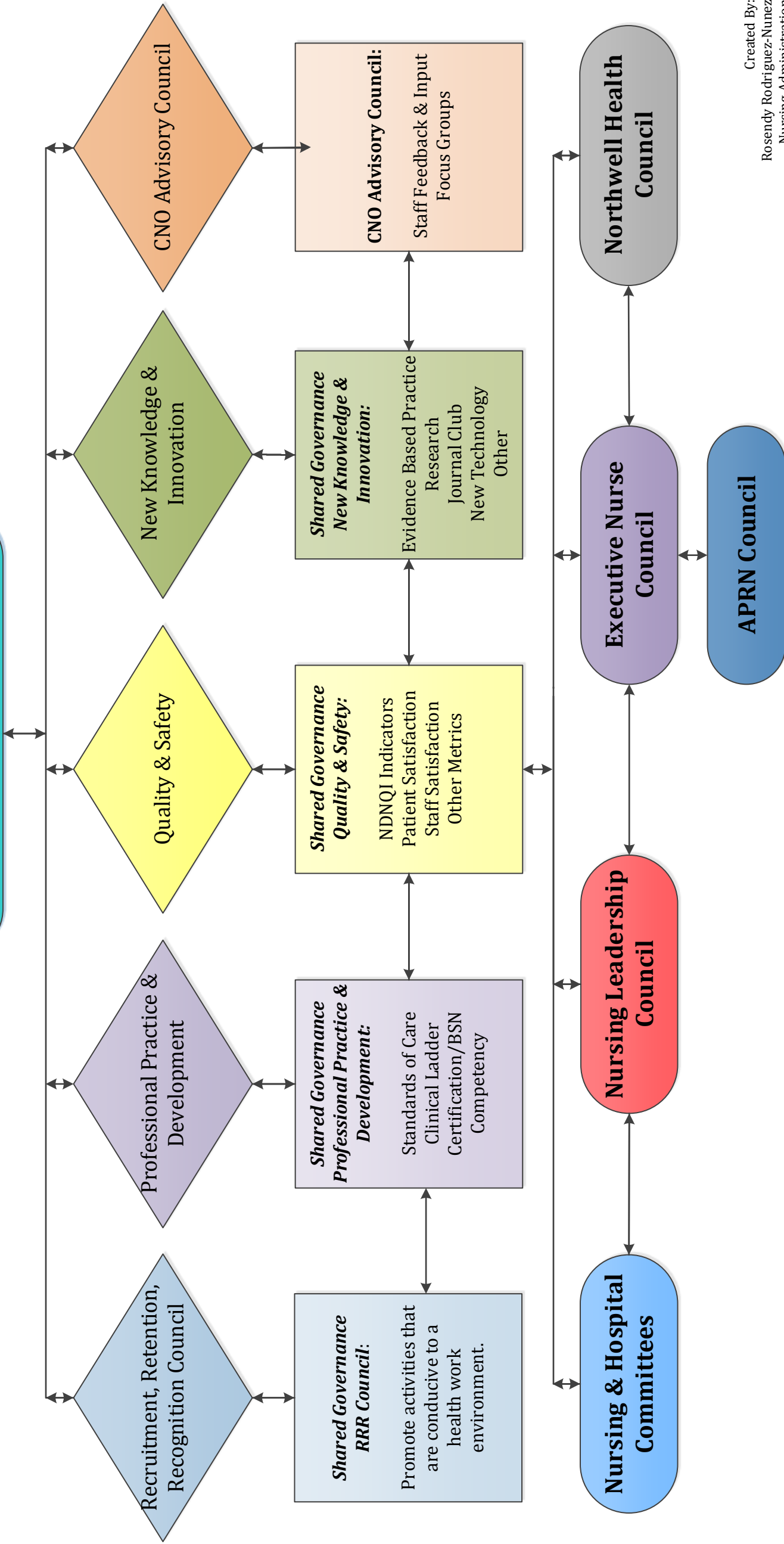


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

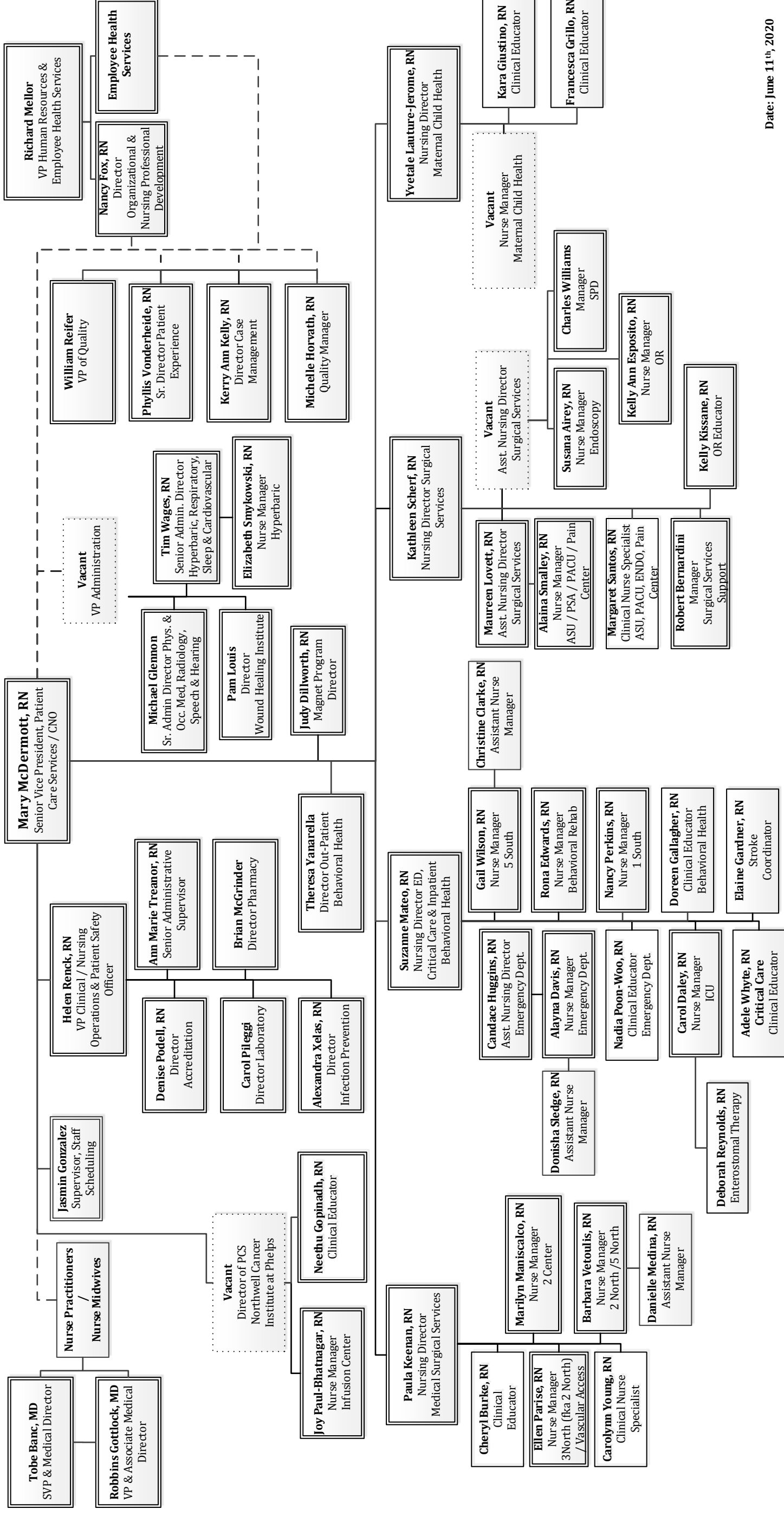


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

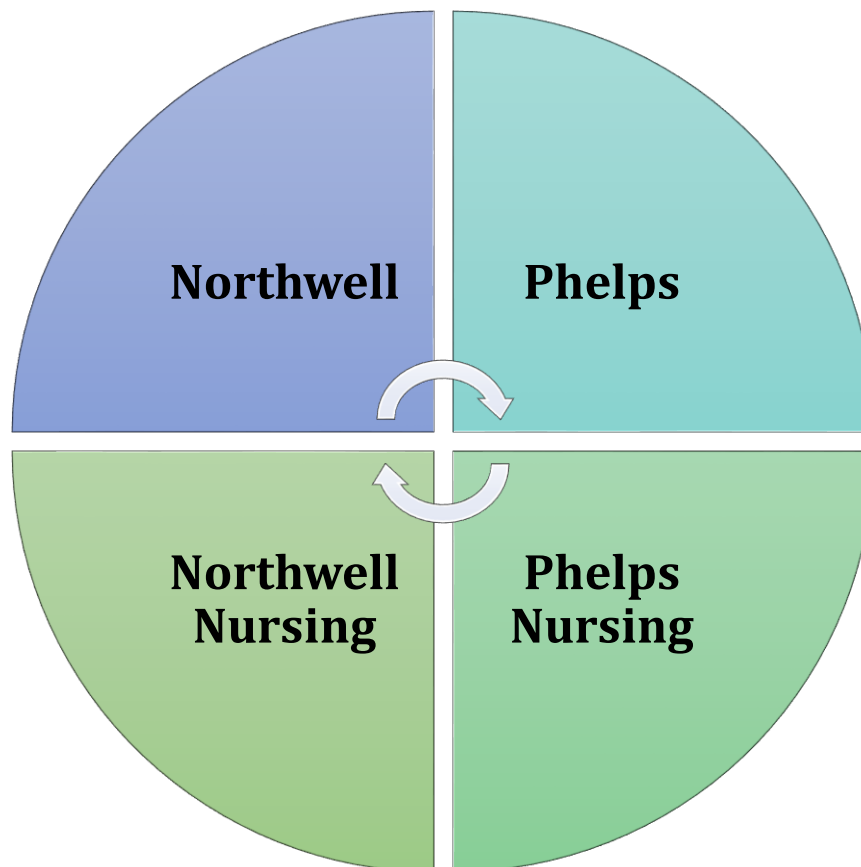
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





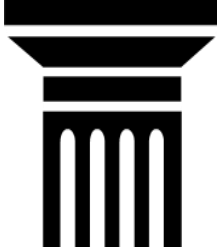
Nursing Strategic Plan

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



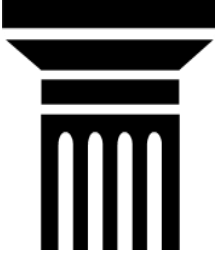
Goals

Quality



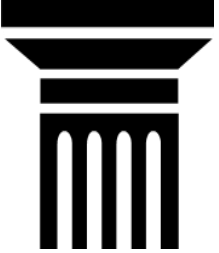
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



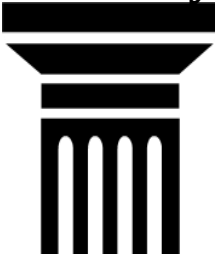
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



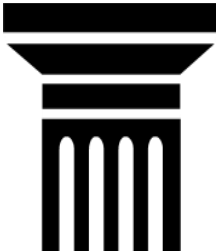
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

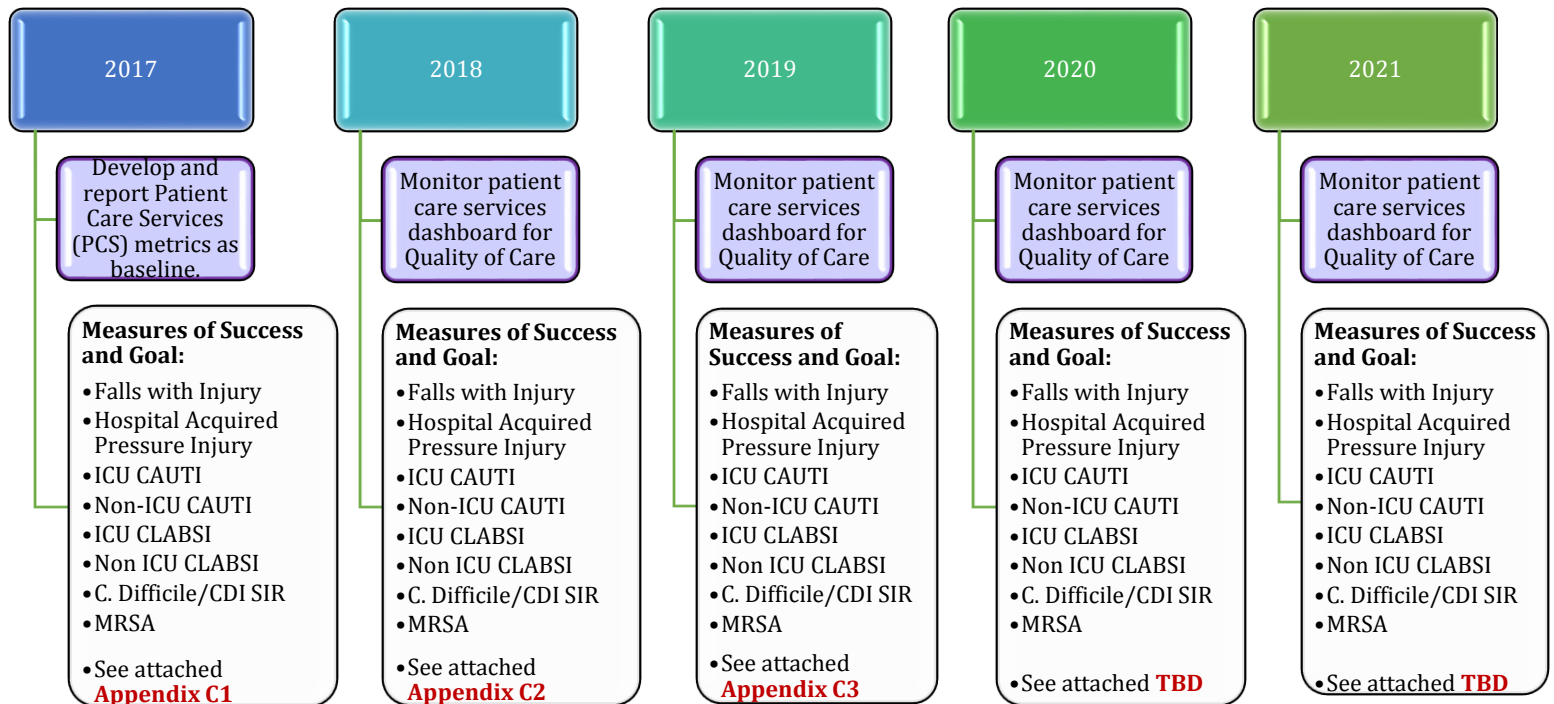
Finance



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

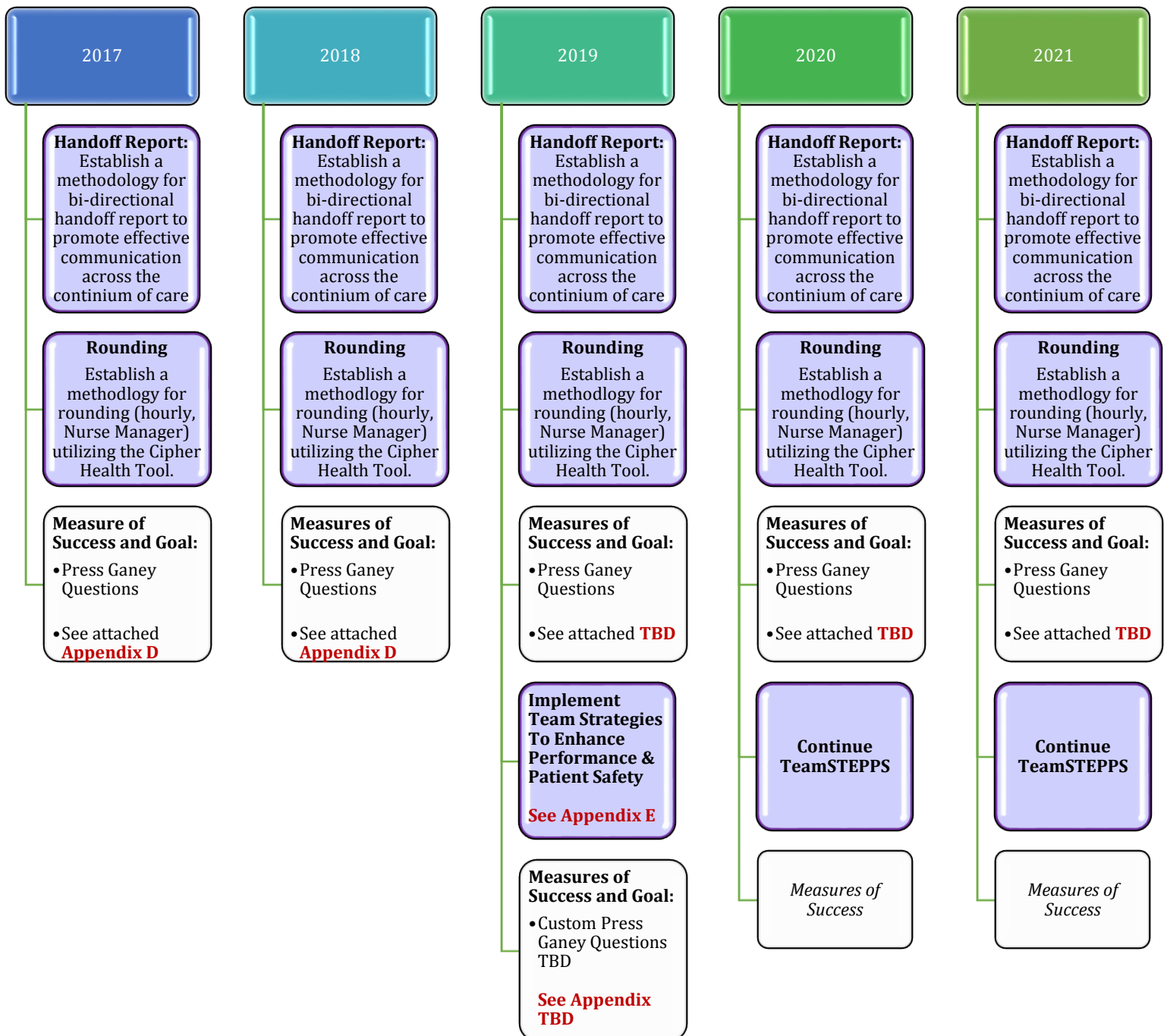
Quality

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



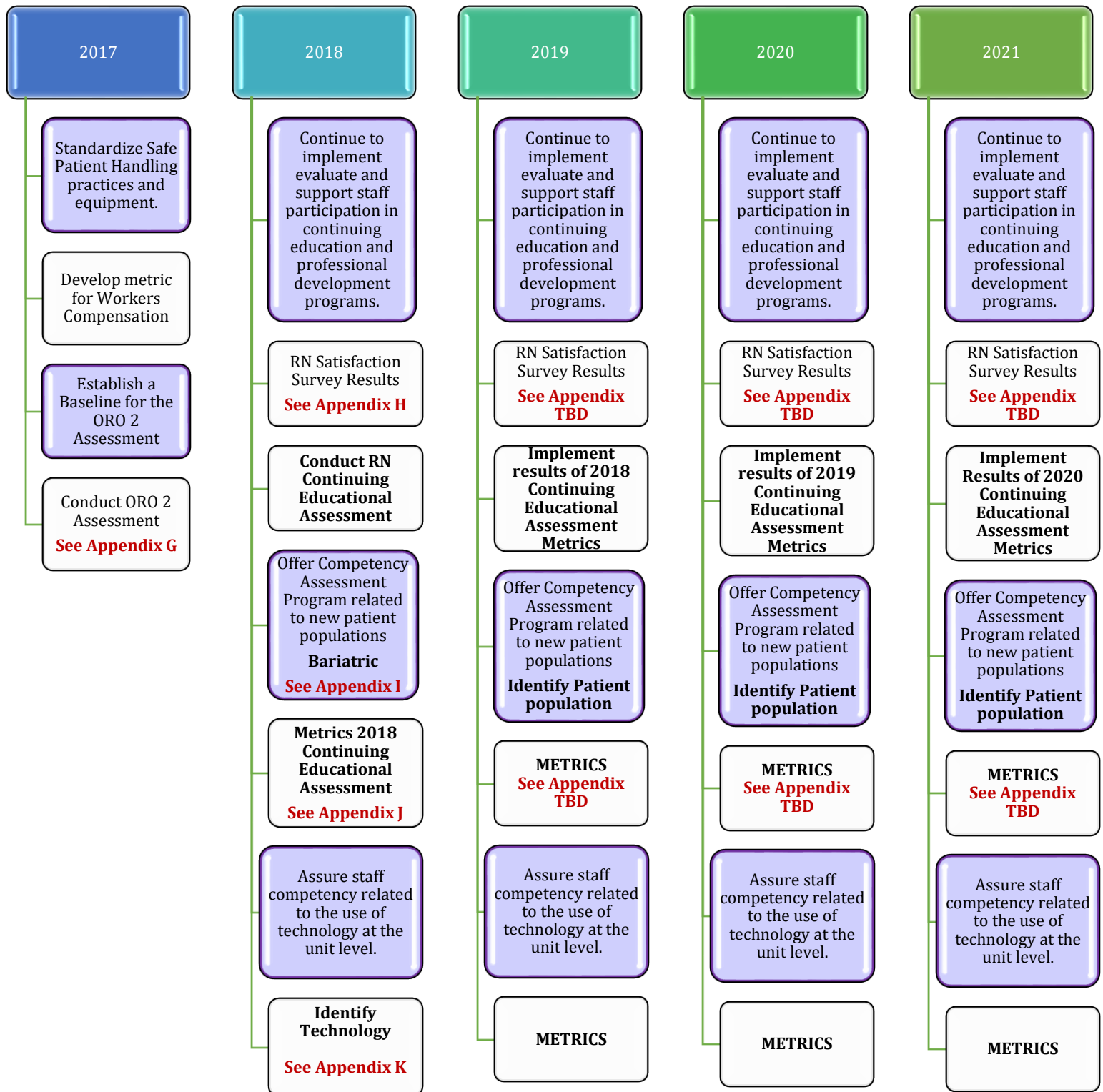
Quality

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



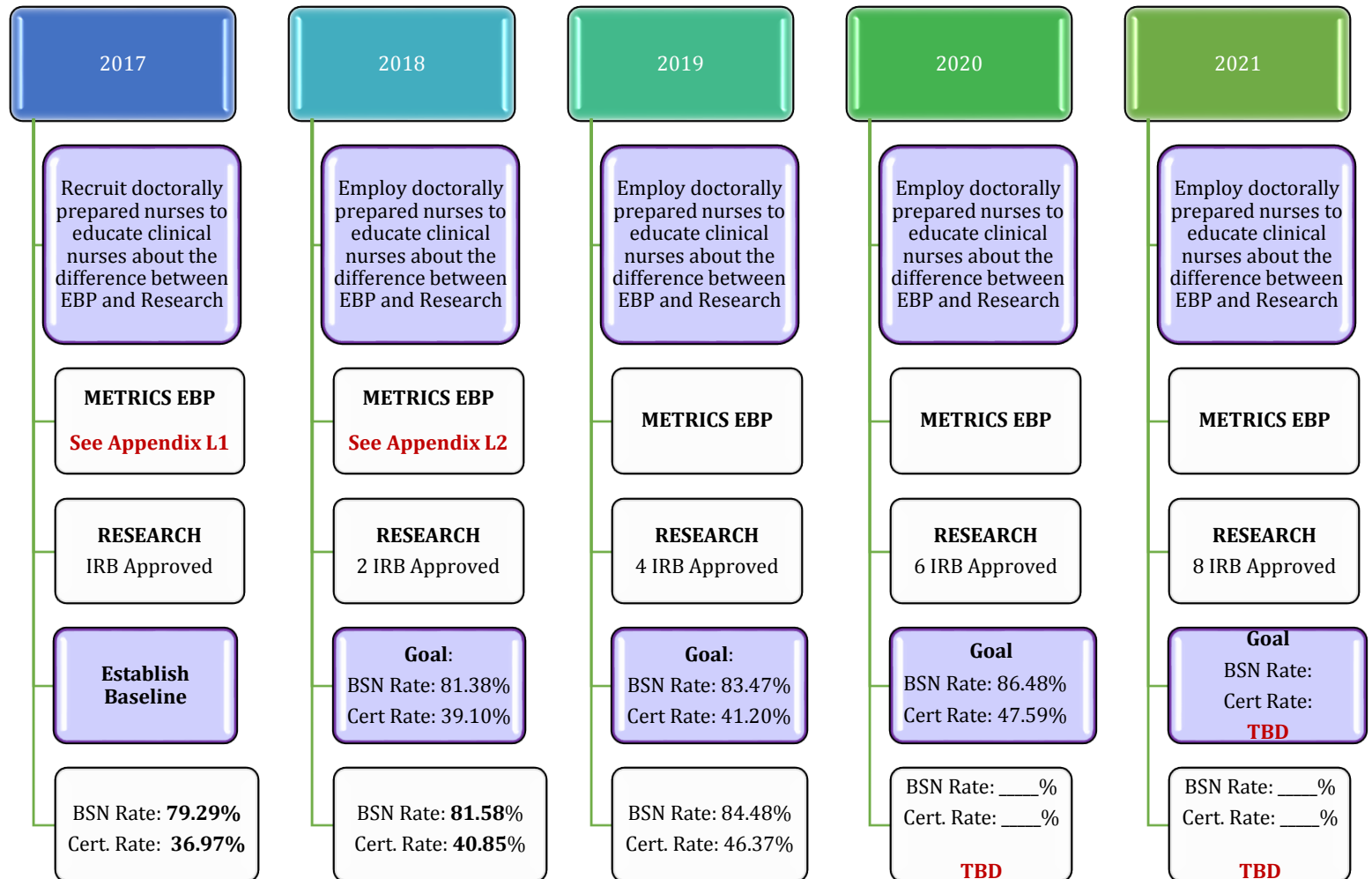
People

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



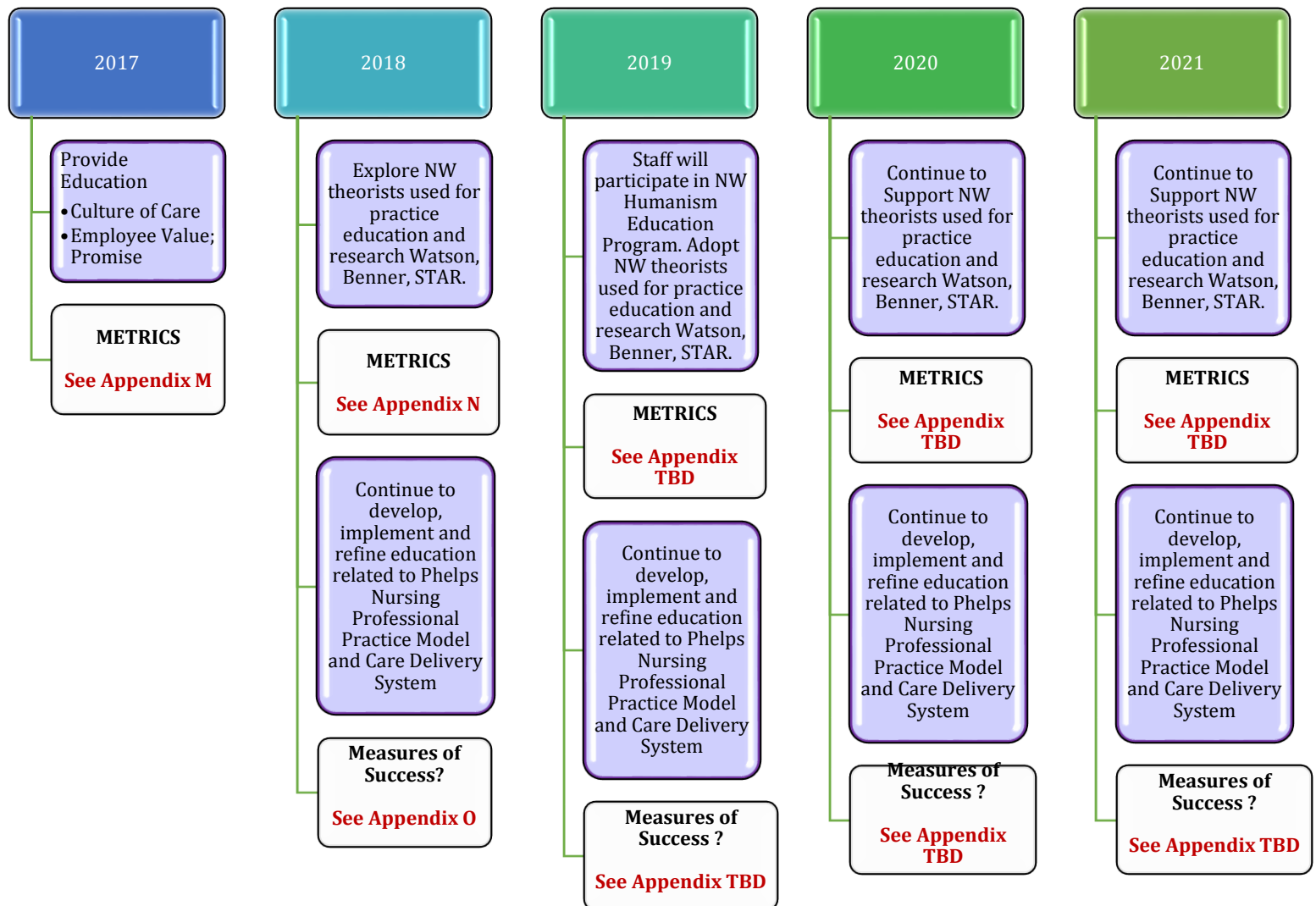
People

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



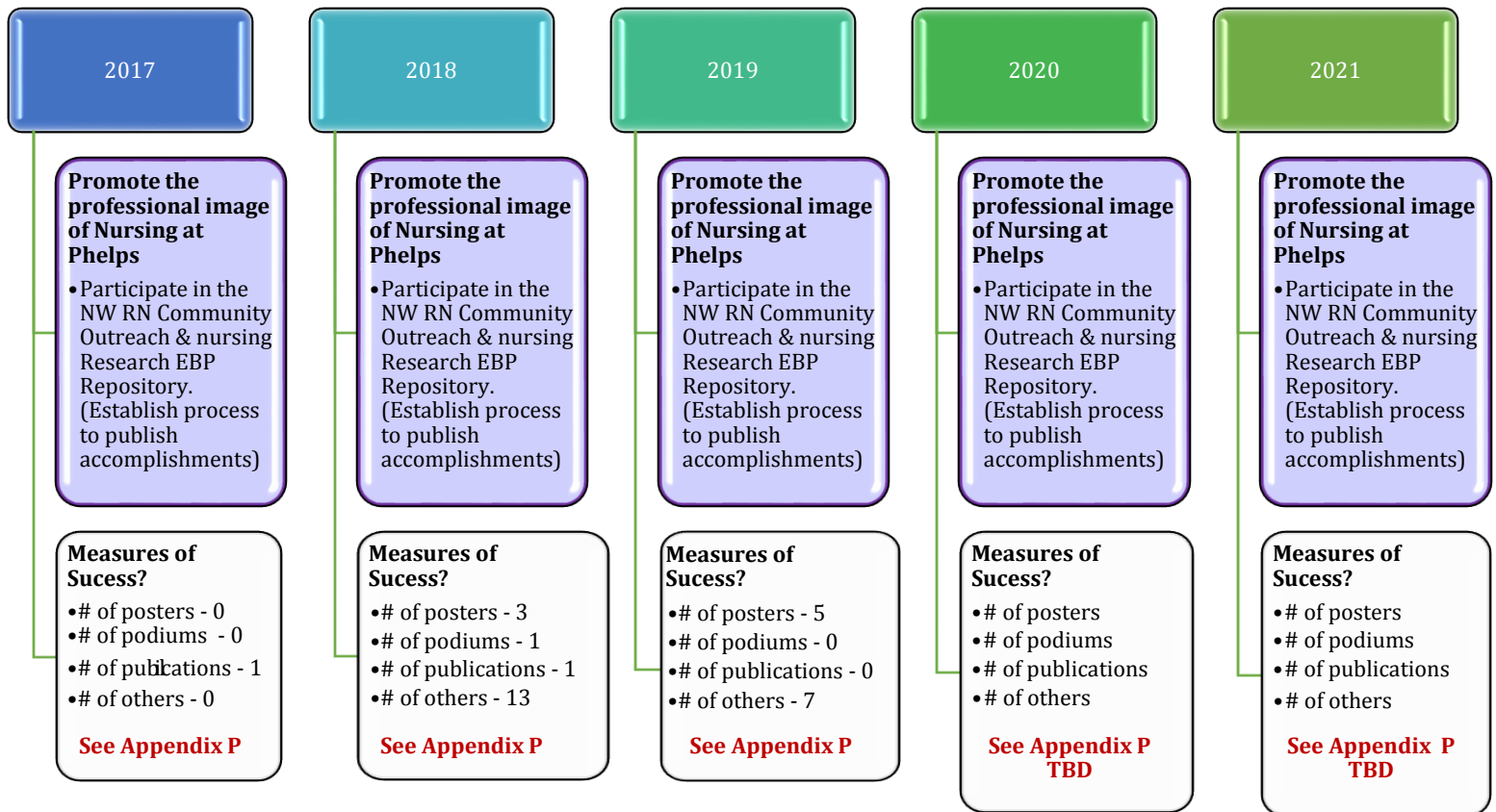
Service

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



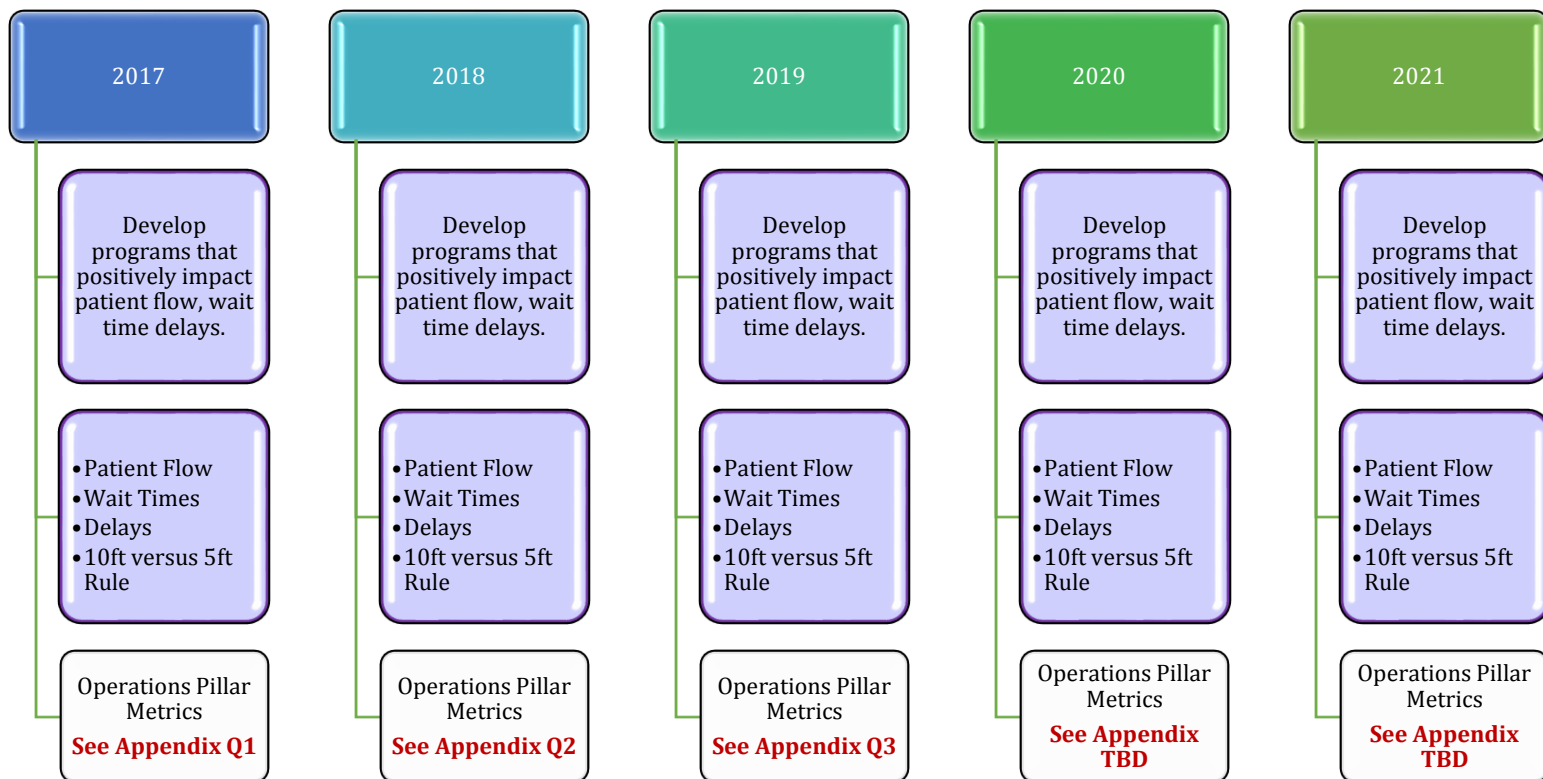
Service

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



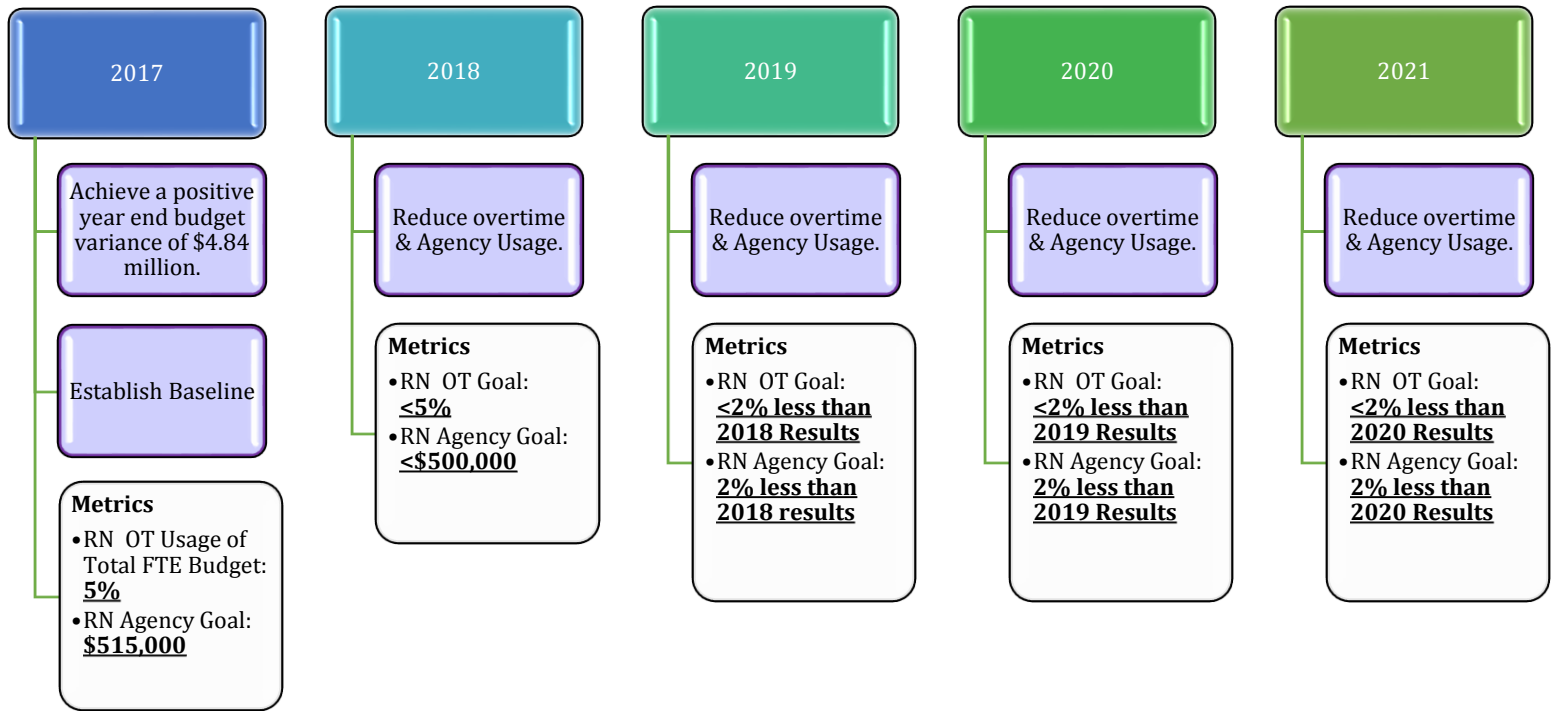
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



TL4 - CNO LEADERSHIP

CNO LEADS CHANGE IN PHELPS' QUALITY STRUCTURE

Provide one example, with supporting evidence, of the CNO's leadership that led to a strategic organizational change. (NOTE: organizational change must be inclusive of nursing and other departments)

Background

Overview: In 2015, when Phelps Hospital (Phelps) became affiliated with the Northwell Health System (Northwell System), Phelps' structure for communicating and reporting quality data was not aligned with the system's quality structure and plan. The model did not allow for metrics and quality data from all Phelps departments and service lines to be reported up through hospital leadership and, ultimately, to the Phelps Board of Directors (BOD).

CNO: Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer

Strategic Organizational Change: Mary led an interprofessional team (see Table 1) to ensure quality data from all departments (including hospital committees, service lines, quality-improvement projects and quality-related initiatives) were communicated and reported to all levels of Phelps leadership, including the BOD, which is ultimately responsible for the hospital's quality program.

Strategic Initiative: Mary's leadership project aligned with the Quality/Safety pillar in Phelps' 2016 Strategic Plan, as it ensured that all levels of people and groups concerned with quality and safety initiatives were receiving reliable and actionable information. [TL4-A Phelps Strategic Plan 2016](#)

Participation

TL4 - Table 1 - Members of Senior Staff

Name	Credentials	Discipline	Dept/Unit	Job Title
Mary McDermott*	MSN, RN, APRN, NEA-BC	Patient Care Services	Administration	SVP Patient Care Services/ CNO
Dan Blum	MBA	Administration	Administration	President & CEO
Tobe Banc*	MD	Medicine	Administration	SVP, Medical Director
Richard Becker	MD	Medicine	Administration	Vice President
Vincent DeSantis	MBA, CPA	Finance	Finance	Vice President
Eileen Egan*	JD, BSN, RN	Risk Management	Administration	Vice President
Christine Essig	-	Operations	Regional Operations	Director
Leonard Fogel	MBA	Business Development	Business Development	Vice President
Robert Lane	BS	Development	Development	Vice President
Jake Maijala	MBA, MPsy, SPHR, FACHE	Human Resources	Human Resources	Vice President
William Reifer*	MSW, LCSW	Quality	Quality and Case Management	Vice President
Helen Renck*	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Glen Taylor	MS, RPh	Support Services	Support Services	Vice President

**Indicates members of the Quality Re-Structure Subcommittee*

Demonstration of CNO's Leadership in Strategic Organizational Change

Engaging Stakeholders: On April 19, 2016, Mary spoke with her colleagues (see Table 1) at the weekly Senior Staff meeting about her concerns that Phelps' quality structure and plan did not align with Northwell System's approach. The other members of the team, including Daniel Blum, president and chief executive officer, agreed that Phelps' quality program needed to be redesigned to align with Northwell System's structure. Since Mary had previous experience in a more effective quality structure, she offered to lead this initiative. [TL4-B Senior Staff Meeting Minutes 041916](#)

Subsequently, Mary formed a smaller team (a subset of the Senior Staff) to assist her in restructuring Phelps' quality reporting structure; this interdisciplinary team included William (Bill) Reifer, vice president, Quality and Case Management; Tobe Banc, MD, chief medical officer; Helen Renck, MSN, RN, CJCP, CPPS, vice president, Clinical Operations and patient safety officer; and Eileen Egan, JD, BSN, RN, vice president, Risk Management.

Evaluating Current Processes: The sub-committee held its first meeting on May 23, 2016. Under Mary's leadership, the members identified the challenges preventing Phelps' quality

plan from aligning with Northwell System's. Some of the differences were structural in nature; for example, in the Northwell structure, local Hospital Performance Improvement Clinical Groups (PICGs) reported to the Northwell System's PICGs, to the Committee on Quality and ultimately to the Northwell System's BOD. In contrast, Mary and the team found that Phelps' process for reporting quality data involved a network of various committees and departments reporting to other committees and/or senior management or the Medical Board. Several Phelps departments and committees had no responsibility for reporting to the Phelps BOD, which has ultimate responsibility for the hospital's quality reporting and outcomes. [TL4-C Quality Restructure Subcommittee Meeting Minutes 052316](#)

Developing a New Process: The sub-committee met regularly to share their ideas about how to create a new quality reporting structure and shared several schematics of the new quality reporting structure. At the November 29, 2016, meeting, Mary presented her latest draft of the schematic, which the committee finalized. [TL4-D Quality Restructure Subcommittee Meeting Minutes 112916](#)

In May 2017, under Mary's leadership and direction, the team continued to collaborate to redesign the structure of the Phelps quality plan. Department committees and service lines were re-formed and the reporting structure reengineered to provide an organized, integrated plan that permitted quality data and related information to be communicated first to the senior leadership of Phelps and then to the Phelps BOD. Mary advised Bill to convert and rename the existing Performance Improvement Patient Safety Council to PICG. Through the use of a new PICG that serves as a funnel for quality information, the Phelps plan aligned with the Northwell System's communication structure in an organized way, ensuring consistent, direct reporting through all levels and promoted service line and departmental accountability. This change also guaranteed that the BOD truly assumed responsibility for quality. On June 12, 2017, the new Phelps quality reporting structure was presented to the Quality Assurance Committee (QAC) of the Phelps BOD, where it was approved.

Implementing New Process: On August 14, 2017, the QAC approved the final version of the quality organizational structure. [TL4-E QAC Meeting Minutes 081417](#)



SE13 - RECOGNIZING INTERPROFESSIONAL TEAM

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

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

Background

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

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

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

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

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

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

Participation

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

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

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

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

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

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

Recognizing Interprofessional Team for Contributions to Clinical Care

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

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

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

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

Phelps.

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

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

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

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

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



EP7EO - RN-LED QUALITY IMPROVEMENT ACTIVITY

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

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

Problem

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

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

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

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

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

Goal Statement

Goal: Reduce 5 South patient falls with injury rate.

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

Participation

EP7EO - Table 1 - Interprofessional Falls Committee Members

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

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

* Organizational Development Member rotates attendance

** Ad Hoc Members - Invited to attend meeting when needed

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: February 2018

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

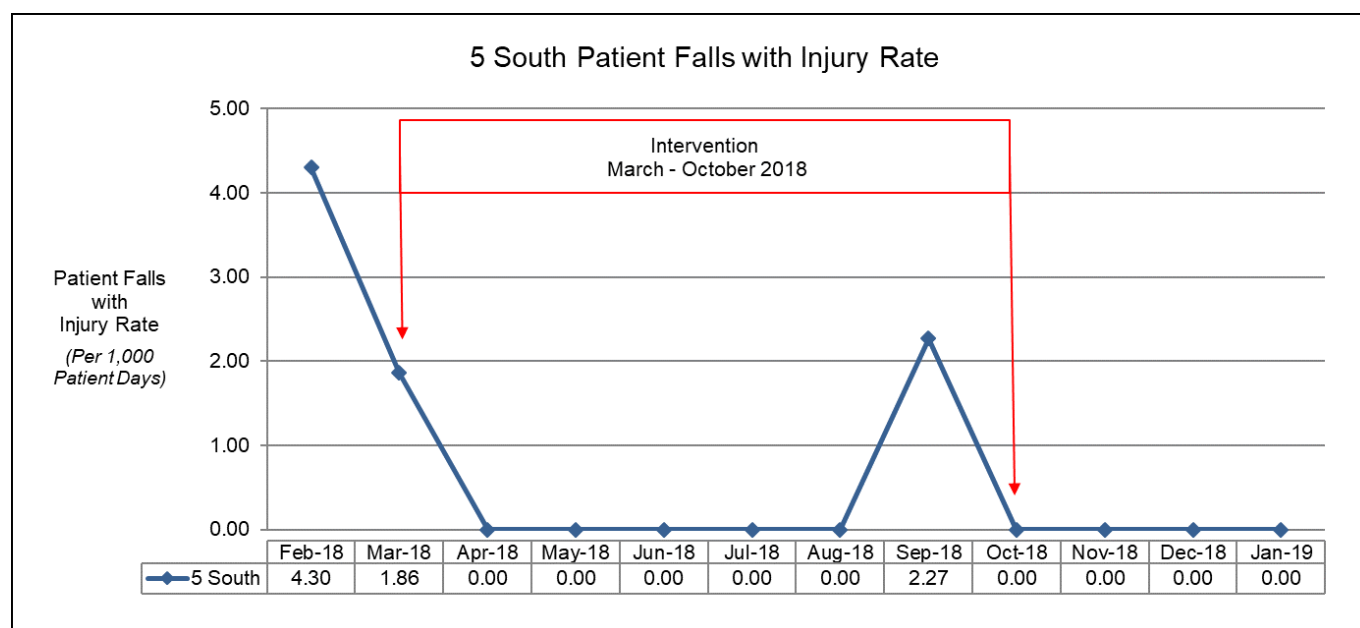
Intervention Timeframe: March – October 2018

Post-Intervention Timeframe: November 2018 – January 2019

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

the patient falls with injury rate.

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



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

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

Problem

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

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

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

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

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

Goal Statement

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

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

Participation

EP7EO - Table 2 - Safe Patient Handling Committee Members

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

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

Interventions

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: 2Q17

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

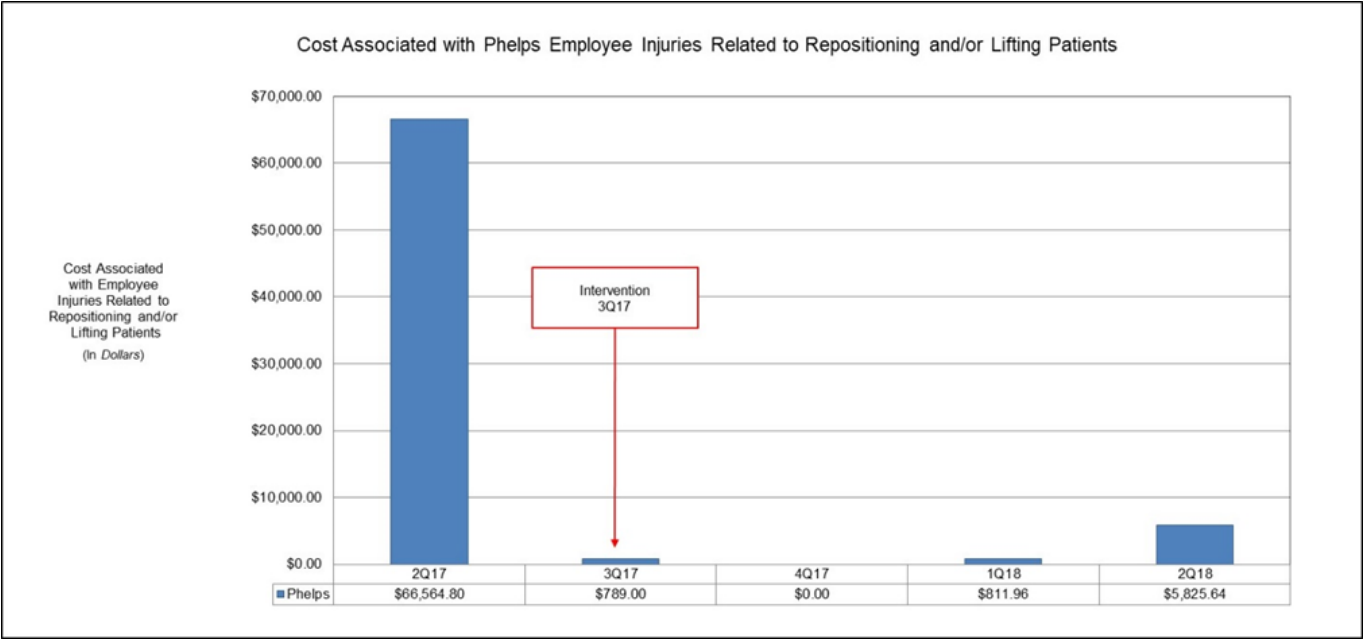
Intervention Timeframe: 3Q17

Post-Intervention Timeframe: 4Q17 - 2Q18

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

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

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





EP8EO - RN-LED INTERPROFESSIONAL EDUCATION

REDUCING OB HEMORRHAGE PATIENT LENGTH OF STAY

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

Problem

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

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

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

Goal Statement

Goal: Reduce LOS for Phelps OB patients requiring MBTs.

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

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

Participation

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

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

Interventions

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

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

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

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

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

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

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

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

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

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

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

Outcome

Pre-Intervention Timeframe: April – May 2017

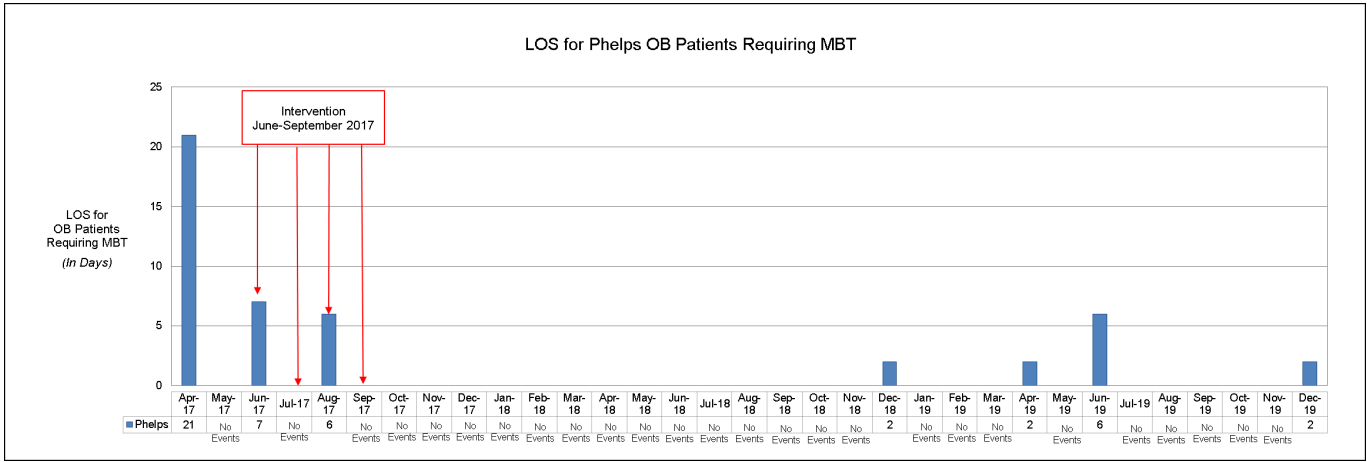
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the LOS for Phelps OB patients requiring MBT was 21 days.

Intervention Timeframe: June – September 2017

Post-Intervention Timeframe: October 2017 – December 2019

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

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





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