

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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Vascular Access

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

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

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

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

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

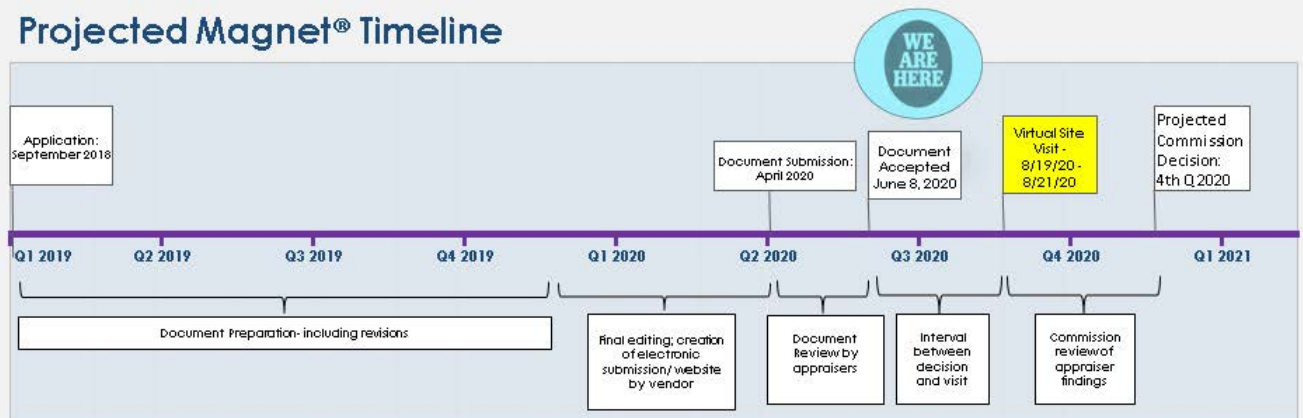
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

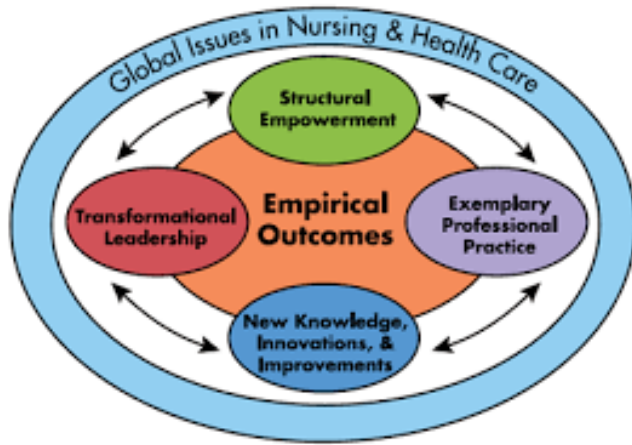
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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

Projected Magnet® Timeline



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



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

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

BENEFITS OF MAGNET®:

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

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

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

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

TRANSFORMATIONAL LEADERSHIP (TL)

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

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

STRUCTURAL EMPOWERMENT (SE)

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

EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

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

EMPIRICAL OUTCOMES (EO)

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

Phelps Hospital Mission

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

NURSING DEPARTMENT'S MISSION

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

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

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

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

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



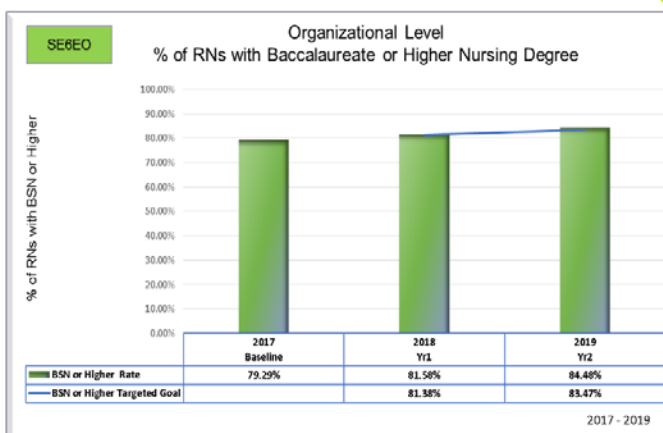
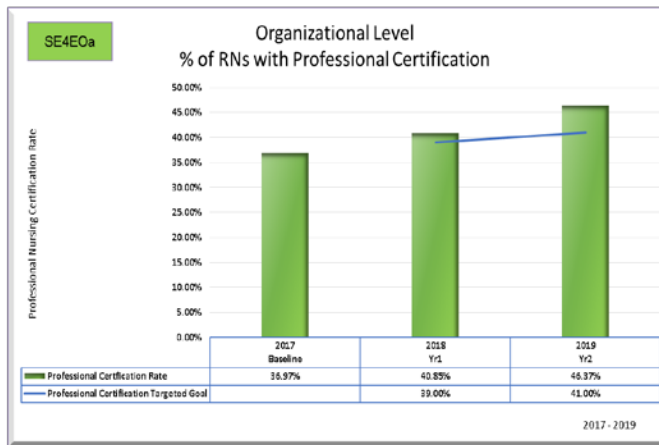
STRUCTURAL EMPOWERMENT

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

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

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

Graphs highlighted at Professional Practice that we take pride in:



Has the hospital supported you in your volunteer efforts?

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

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

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



Magnet "Fab 5"

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

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

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

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



Successful Measurement:

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

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

INNOVATION!

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

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

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

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

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

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

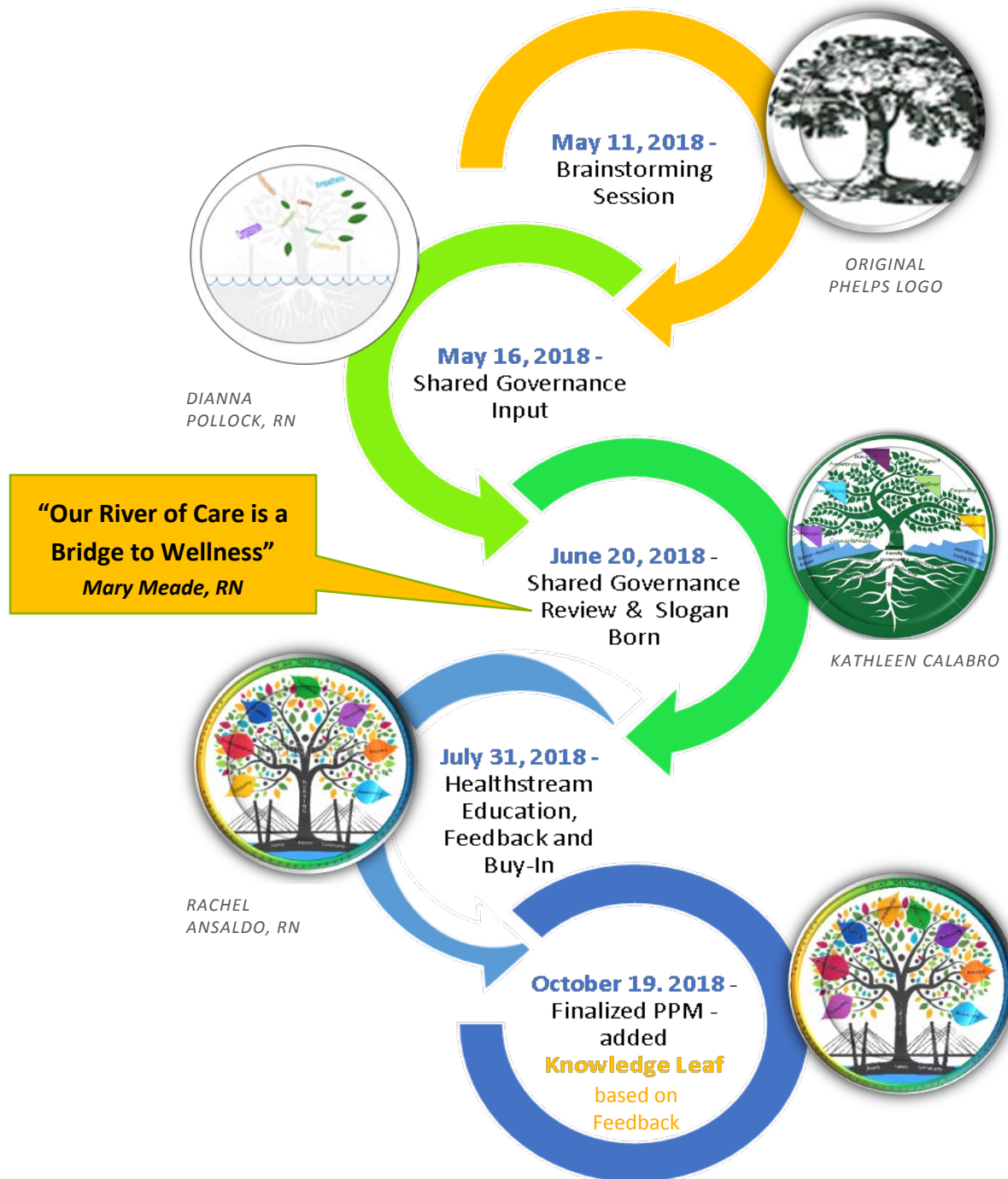
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

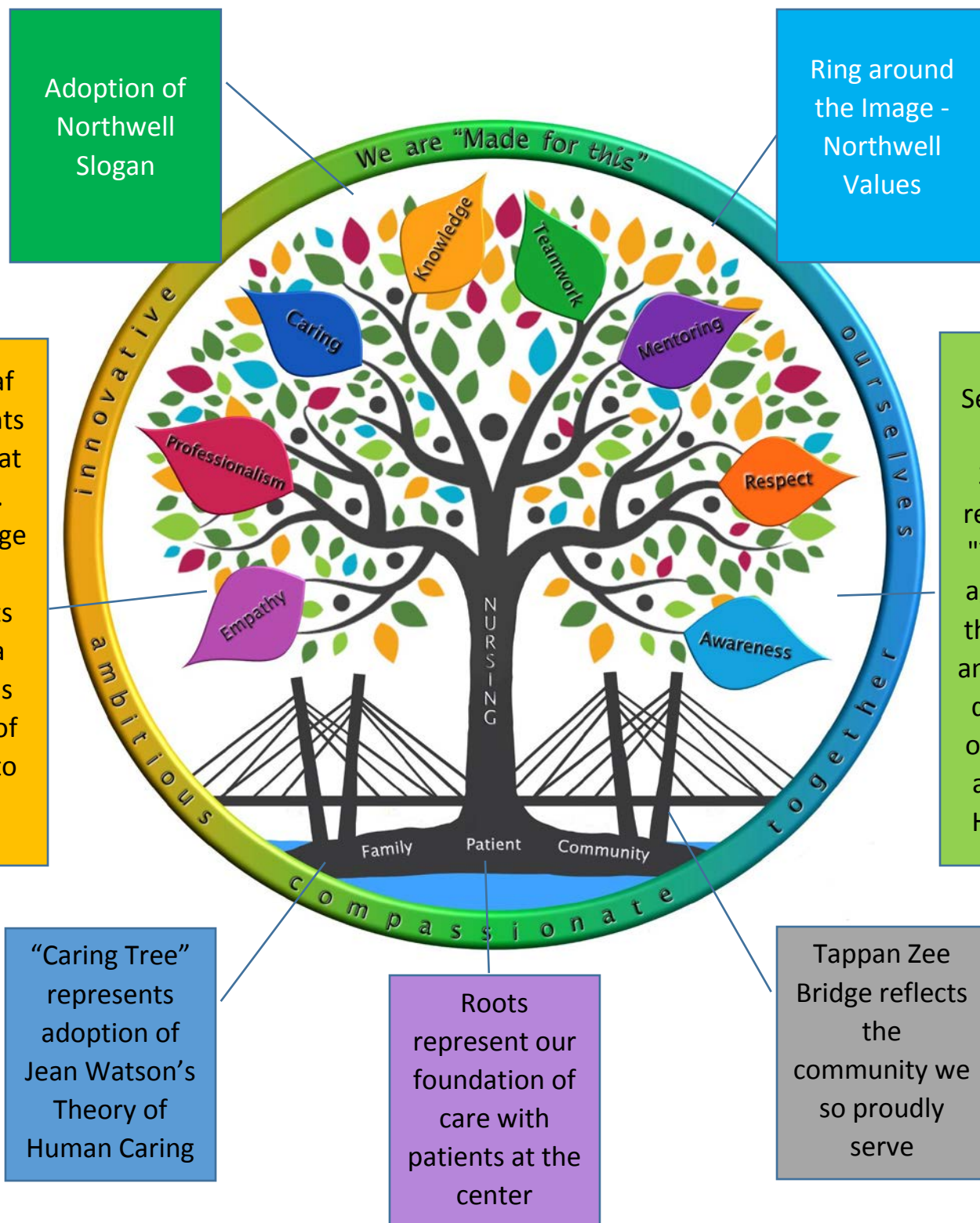
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

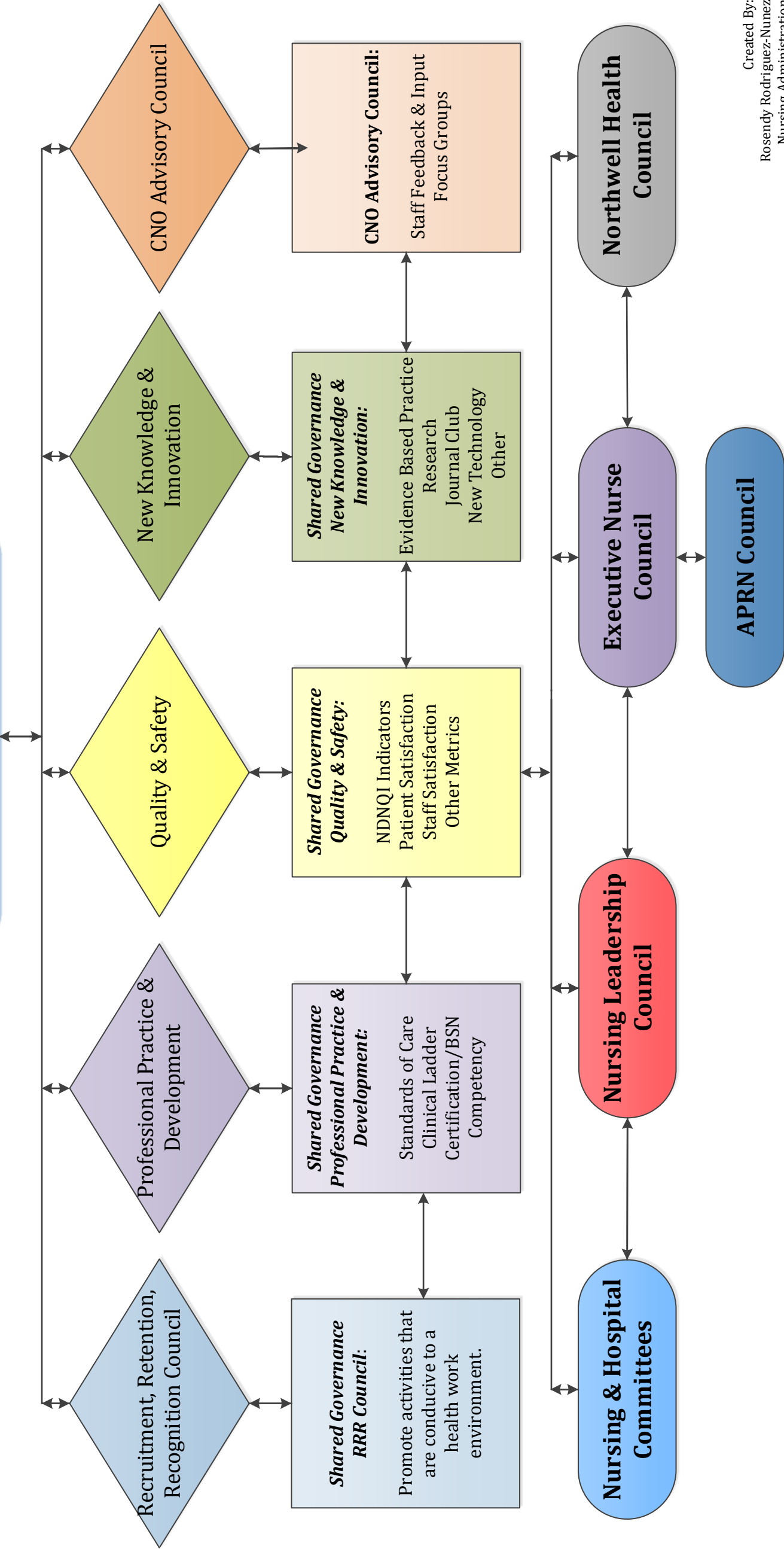


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

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



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

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

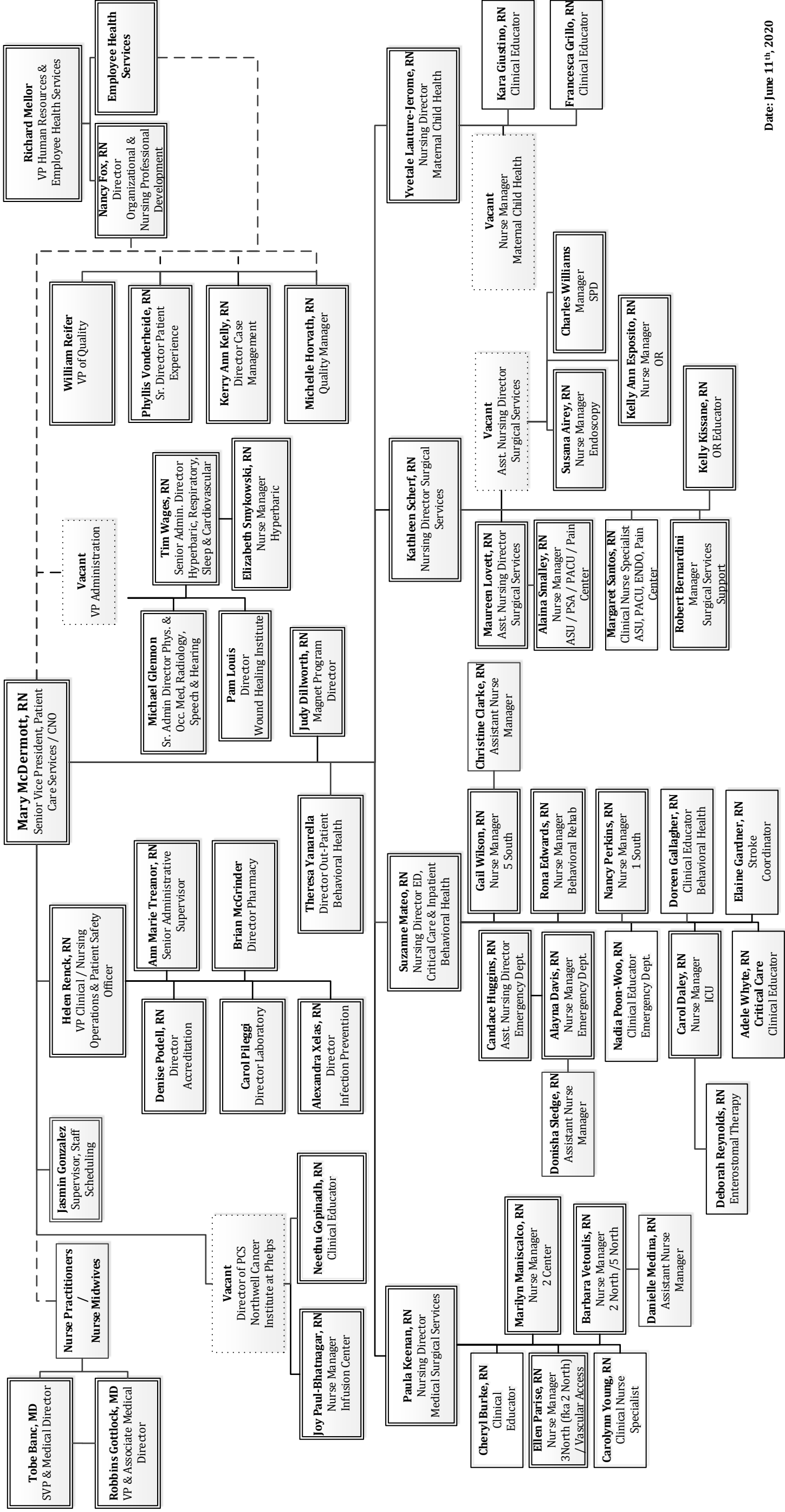


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

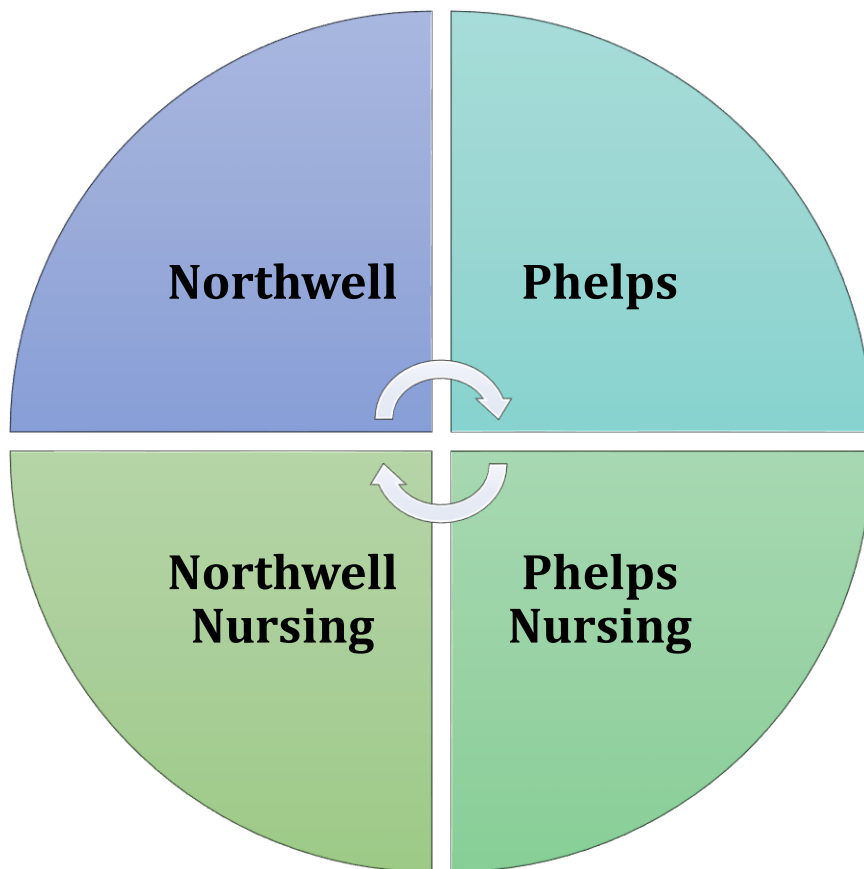
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





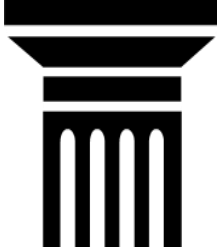
Nursing Strategic Plan

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



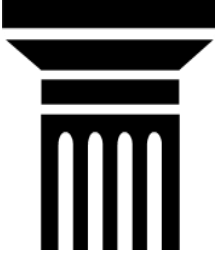
Goals

Quality



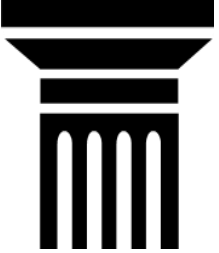
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



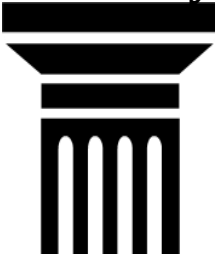
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



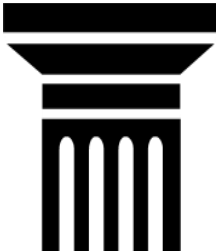
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



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

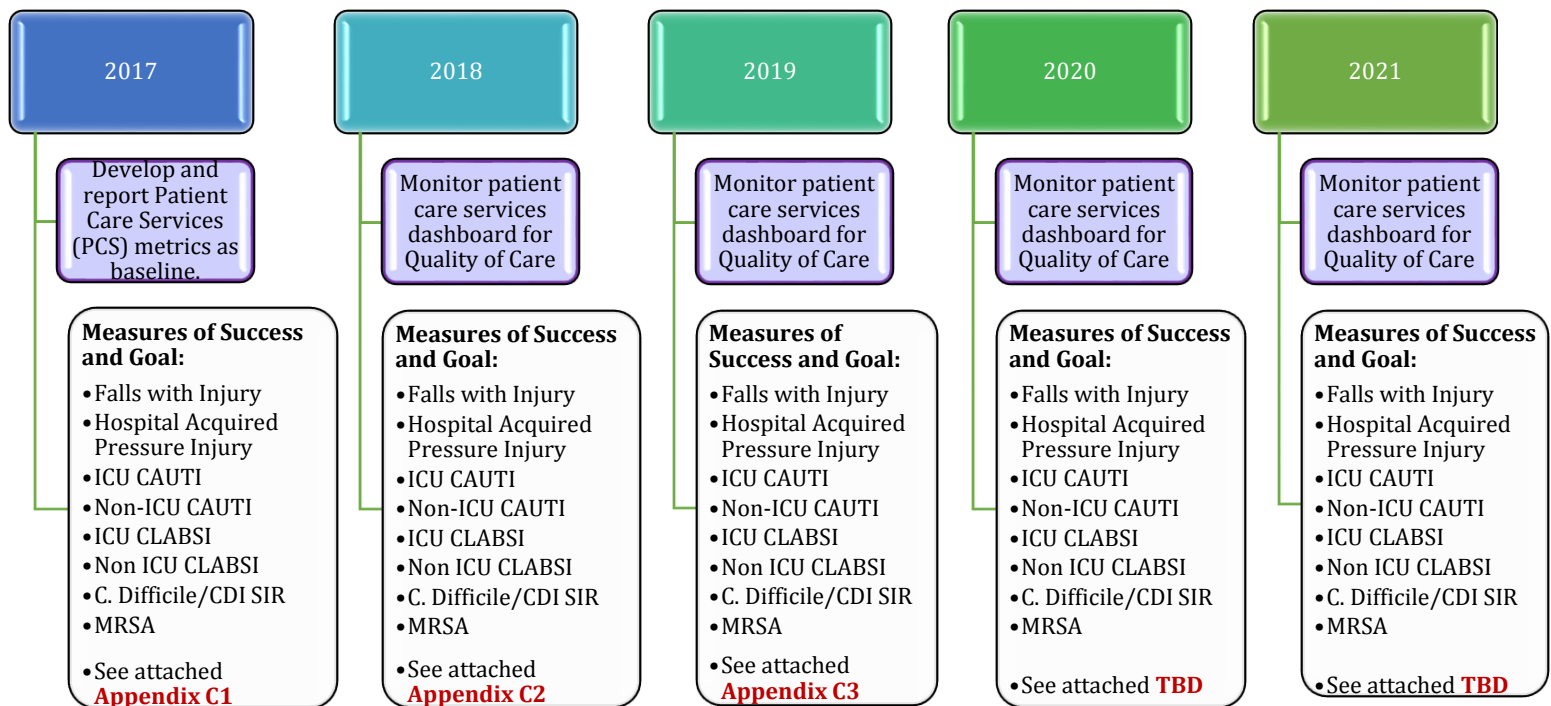
Finance



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

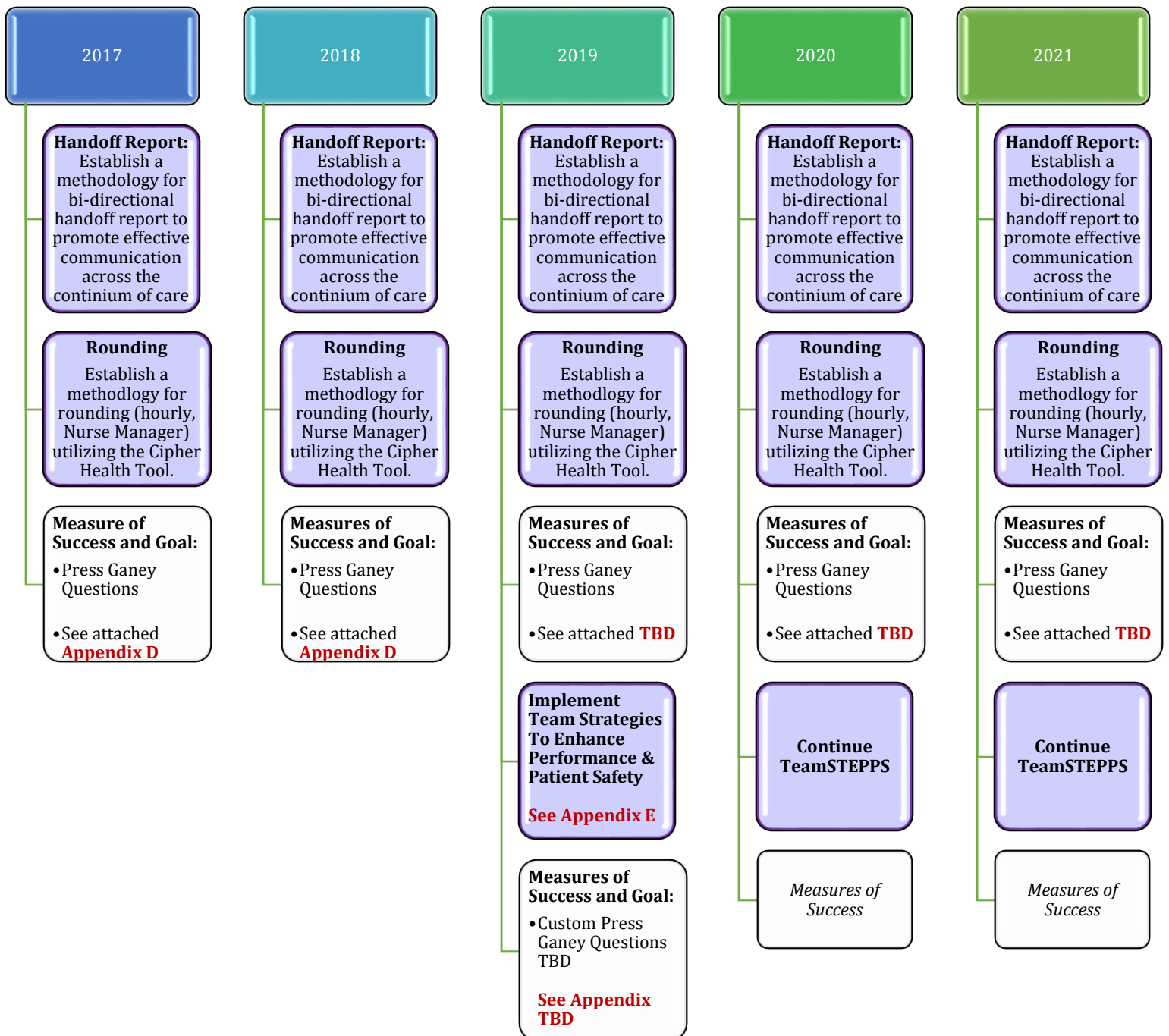
Quality

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



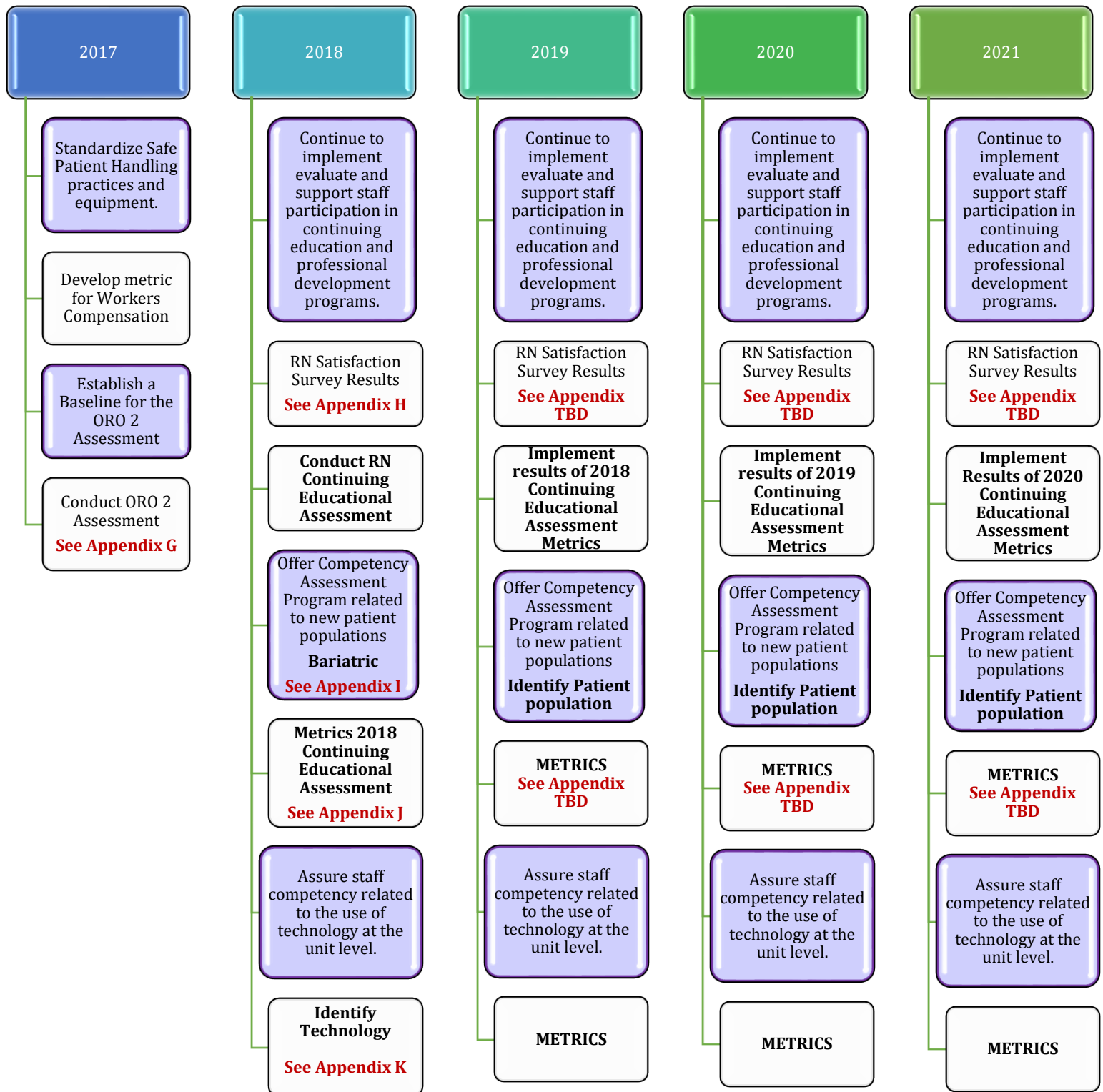
Quality

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



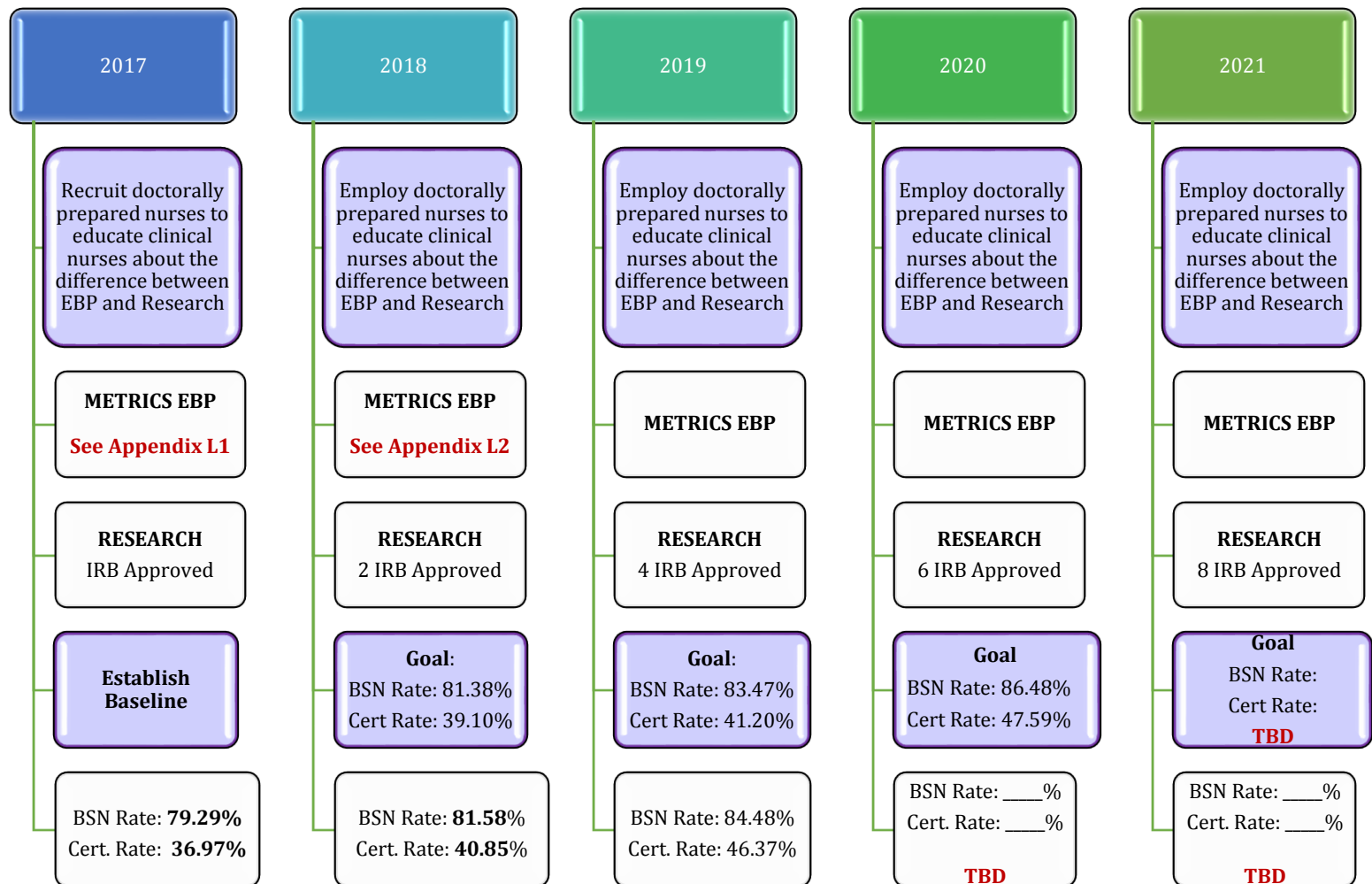
People

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



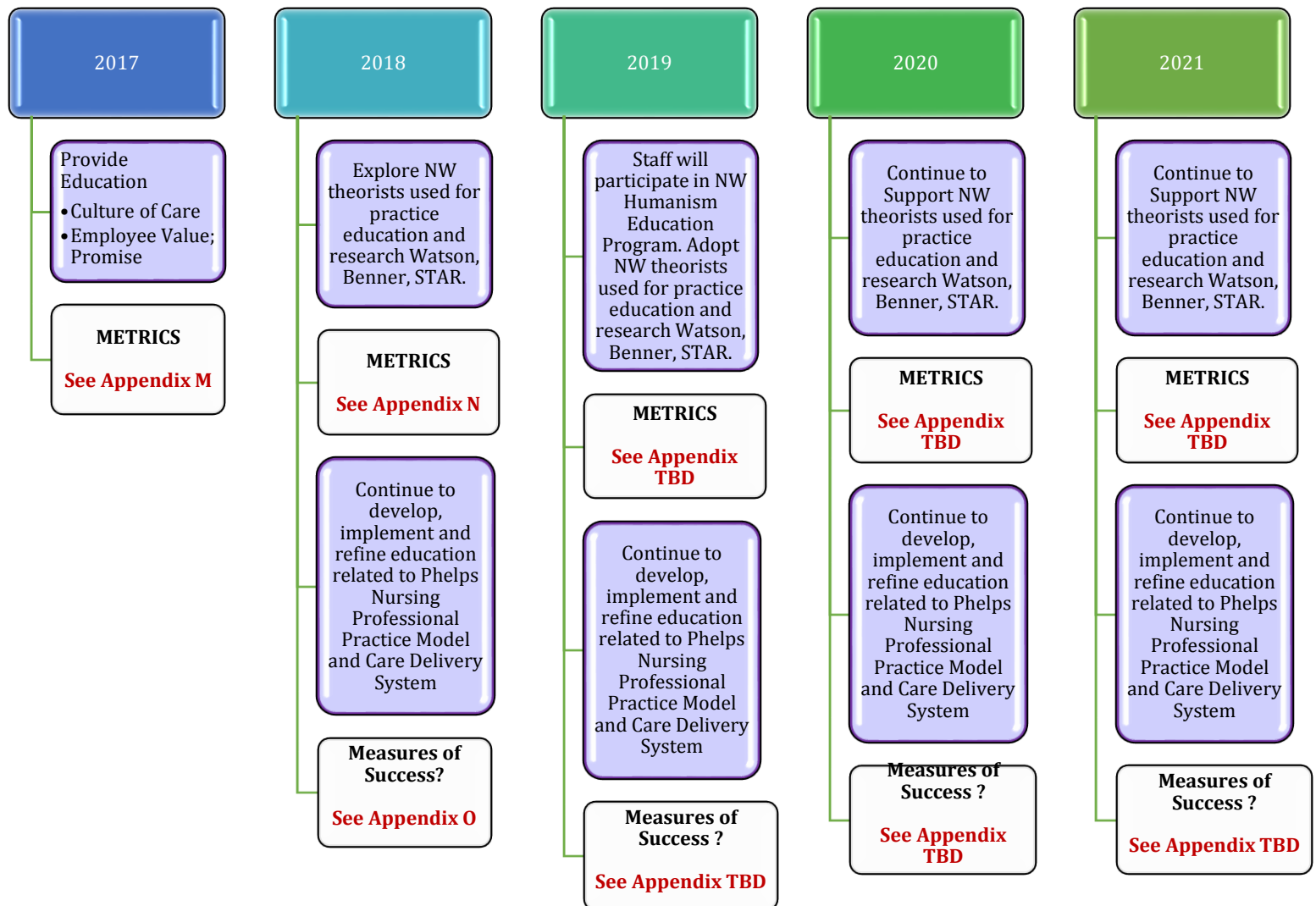
People

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



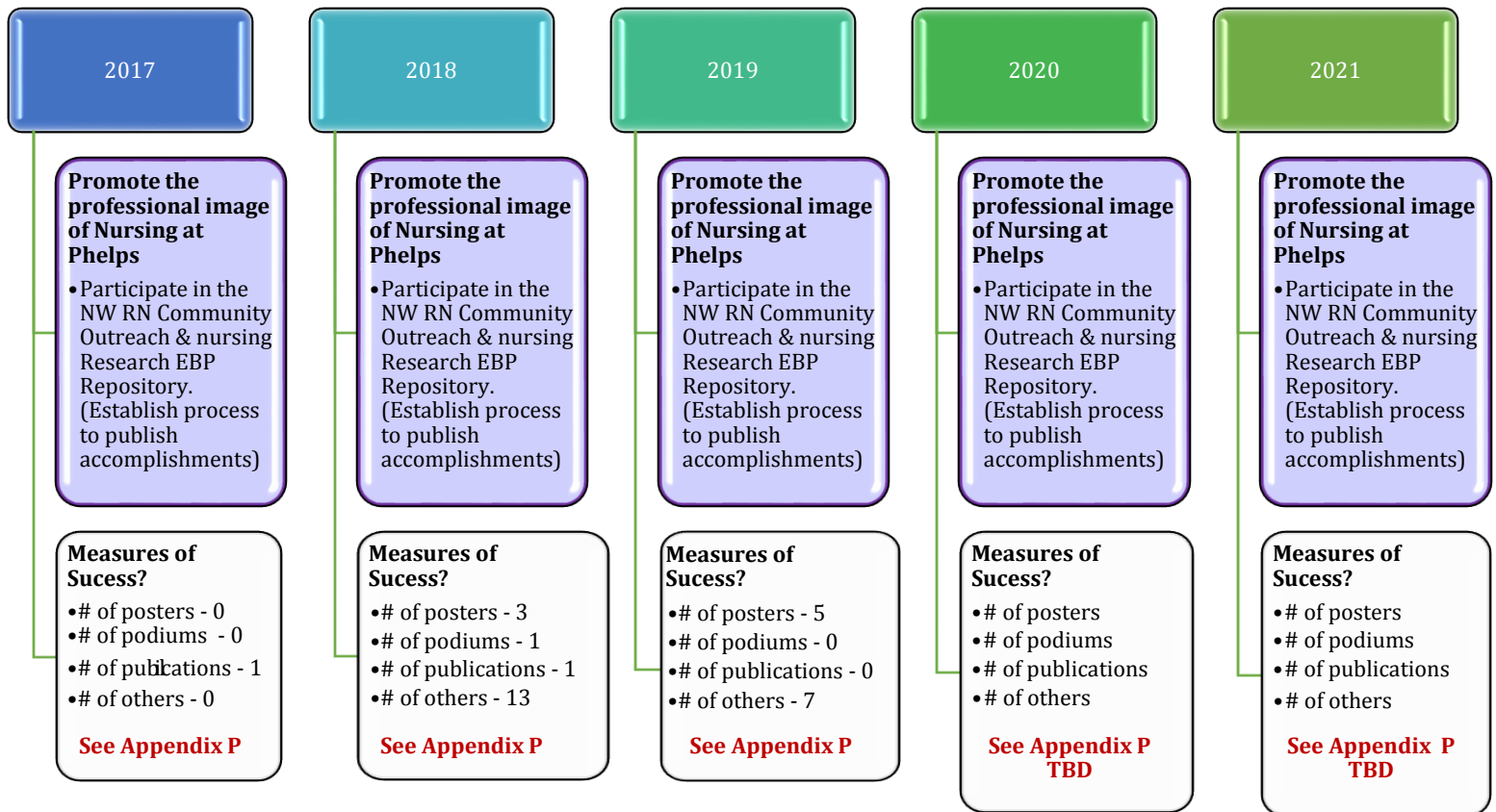
Service

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



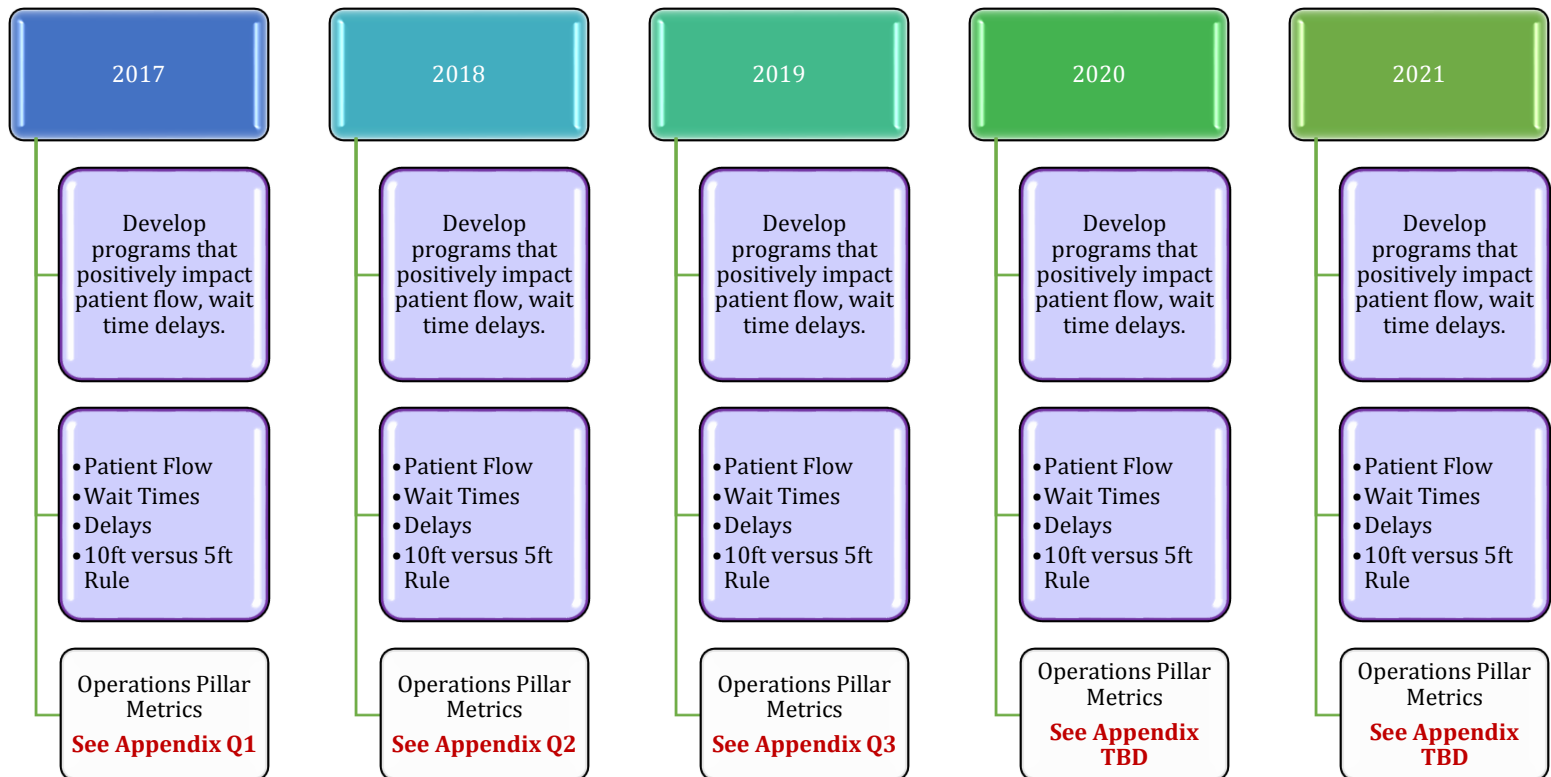
Service

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



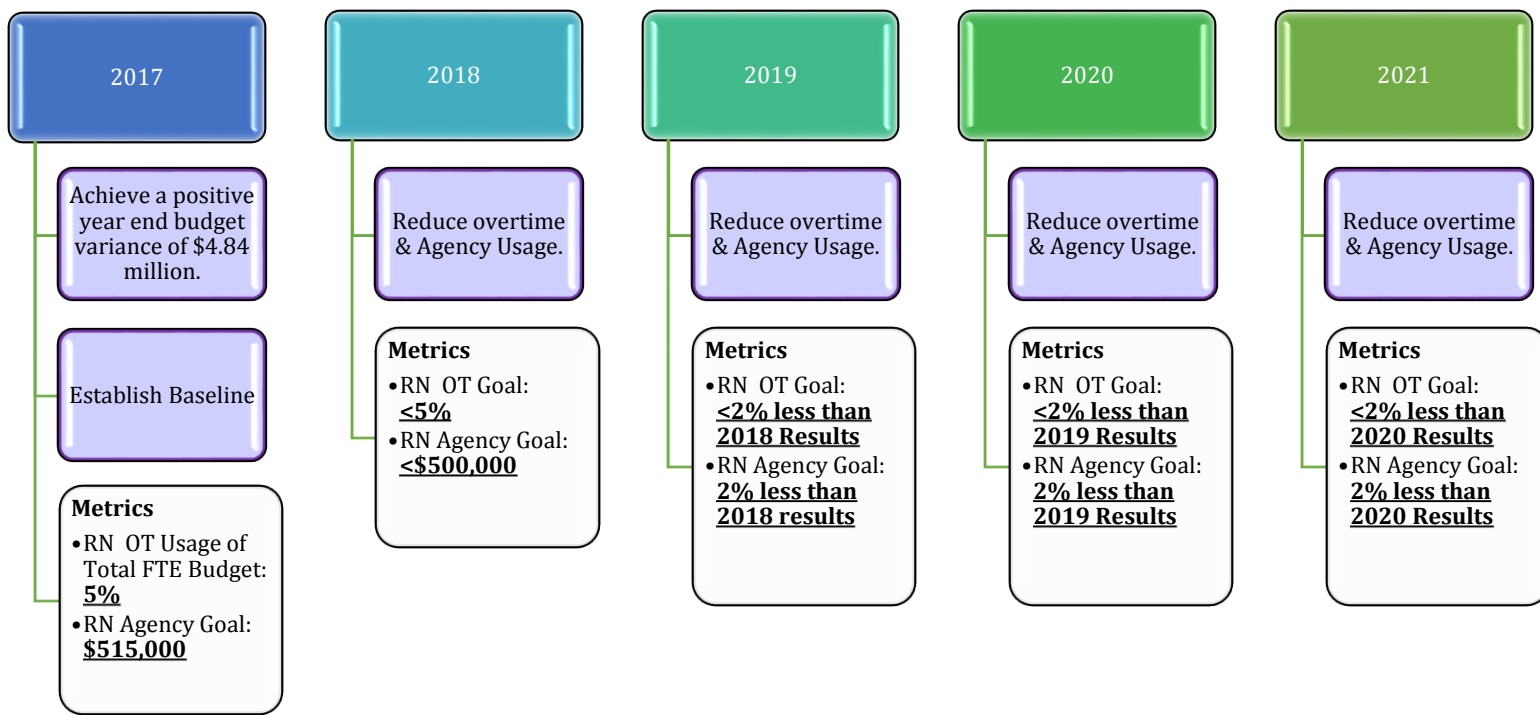
Efficiency

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



Finance

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



STEPS TO PREPARE FOR SITE VISIT

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

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

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

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

The Site Visit

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

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

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

* Two ways to access the Magnet® Documents

1. Direct link to the site:



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

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

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



Magnet resources available to you:

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

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



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



TL3 - ADVOCATING FOR RESOURCES

EXAMPLE 1: ASSISTANT VICE PRESIDENT ADVOCATES FOR RESOURCES TO SUPPORT ORGANIZATIONAL GOAL

Provide one example, with supporting evidence, of an assistant vice president (AVP) or nurse director's advocacy for resources to support an organizational goal.

Background

Overview: Historically, the role of bed assignment at Phelps Hospital (Phelps) was the responsibility of the Admitting department. However, the Admitting department staff members lacked knowledge of the receiving unit's procedures and environmental factors that could affect the patient's admission. Because of this, members of the Admitting department often assigned patients to the first available room without considering the appropriateness of the assignment based on the patient's individual needs. When Admitting made an inappropriate bed assignment, the receiving unit had to hastily change the assignment, and sometimes change the assigned level of care. This created significant delays for patients waiting in the Emergency Department (ED) for an inpatient bed, often up to 12 hours. In addition, the multiple handoffs that sometimes occurred during a single admission because of incorrect bed assignments were creating a potential safety concern.

AVP: Helen Renck, MSN, RN, CJCP, CPPS, assistant vice president, Clinical Operations, and patient safety officer (at the time), provided strategic leadership of the clinical operations for Laboratory Medicine, Radiology and Pharmacy. In addition, she oversaw the organization's administrative supervisors and was responsible for determining the strategic direction of the Phelps' Patient Safety program.

Organizational Goal: In 2016, the leaders of Phelps set an organizational goal of improving patient throughput and optimizing patient flow. Two important components of this were: 1) shortening the wait time in the ED for patients requiring admission to an inpatient bed; and 2) matching the inpatient bed assignment more closely to the patient's needs. Helen's advocacy for resources to improve patient throughput aligned with the Service pillar in the Strategic Plan, because patients with a more efficient wait time/patient assignment were

much more likely to recommend Phelps to others. [TL3-A Phelps Strategic Plan 2016](#)

How the AVP Advocated for Resources

Determining Appropriate Resources: In April 2016, Helen began chairing the Bed Board Management (BBM) committee, an interprofessional subcommittee of the Patient Flow Executive Committee dedicated to researching and implementing a Meditech Bed Board Management System (BBMS) to automate Phelps' admission process. The committee hoped the BBMS would reduce delays in moving patients from the ED to inpatient beds, and facilitate more individualized bed assignments that better matched each patient's diagnosis, acuity and psychosocial needs. To prepare, Helen met informally with clinical nurses from Phelps' inpatient units to better understand the perspective of both the direct care staff and their patients to effectively lead the process change.

Throughout April 2016, Helen led the BBM committee in investigating the bed board management processes at other Northwell hospitals and identifying the necessary resources for implementing a BBMS. Helen collaborated with departmental leaders from Information Systems and Environmental Facilities to estimate hardware costs, research vendors for all associated equipment and determine appropriate locations to place the BBMS monitors throughout the hospital. [TL3-B Renck-Prisco Emails April 2016](#)

Obtaining Initial Approval: At the April 25, 2016, Patient Flow Executive Committee meeting, the BBM subcommittee presented their findings and their assessment of how implementing the Meditech BBMS could improve their current patient flow and reduce delays. In addition, they discussed the costs associated with implementing the new system, including the potential need for an additional RN full time equivalent (FTE) to manage the new system. The committee approved the BBM subcommittee's recommendations and authorized them to move forward with the initiative. [TL3-C Patient Flow Meeting Minutes 042516](#)

Developing the Initiative: From April to August 2016, Helen led her team in developing the initiative. They created an algorithm illustrating the new patient flow, beginning with arrival to the ED, that implemented electronic bed assignments by the BBMS and shifted the responsibility of bed assignments from the Admitting staff to the administrative supervisors. The goal with the new patient flow model was to move the patient from the ED to an inpatient bed within 30 minutes of the time the patient's physician placed the admitting orders. In September 2016, Helen coordinated the selection of the hardware and locations for installation with the systems coordinator and communications manager from IT. Helen then sent an organization-wide email introducing the BBMS to the nursing staff.

Advocating for New Position: In September 2016, Helen requested that Phelps create the new nursing position of administrative supervisor to manage the BBMS and use clinical judgment in assigning the appropriate bed to each patient. This position, which would report directly to Helen, combined an administrative supervisor's duties with the added responsibilities of patient flow and bed assignment. From September 2016 to January 2017,

Helen continued to advocate for the new nursing position, collaborating with Human Resources to develop the job description and better define the position's scope. In January 2017, the new position was approved and posted. Helen reported to the Patient Flow Executive Committee that Nursing was working on budgeting for a second position which would provide two 12-hour shifts for continuity. By March 2017, the second position had been approved, for a total of 2.0 additional RN FTEs. That month, Helen conducted interviews for the new positions, subsequently hiring Bernadette Hogan, MPA, BSN, RN, CNML, administrative supervisor, Nursing Administration and Rency Mathew, MSN, RN, CNML, administrative supervisor, Nursing Administration as the new patient flow coordinators. [TL3-D BBM Meeting Minutes Sept. 2016-March 2017](#)

Allocation of Resources

By April 2017, the new Meditech BBMS was fully implemented. Bernadette and Rency officially began working as administrative supervisors at Phelps in May 2018. Rency postponed her hire date due to personal reasons and Bernadette, formerly the nurse manager, 5 South, deferred her start date until a suitable candidate was found to fill the nurse manager position. [TL3-E Hire of administrative supervisors and time cards](#)

Results

As a result of Helen's advocacy for resources to support the new BBMS, patients waiting in the Phelps' ED now receive faster, more efficient and more appropriate inpatient bed assignments.

EXAMPLE 2: NURSE MANAGER ON 3 NORTH (FKA 2 NORTH) ADVOCATES FOR RESOURCES TO SUPPORT UNIT GOAL

Provide one example, with supporting evidence, of a nurse manager(s)' advocacy for resources to support a unit goal.

Background

On December 4, 2018 the doors opened to a beautiful state of the art, all private room, medical-surgical unit, 3 North. Ellen Parise, MSN, RN, CNML, Nurse Manager 3 North (FKA 2 North) and Vascular Access Team, and her nurses were involved in the design and development of the brand new unit – a huge undertaking which resulted in a smooth transition from 2 North to 3 North.

Phelps Hospital 3 North Unit Goals: At Phelps Hospital (Phelps), unit-level dashboards are posted on each unit. [TL3-F 3 North until level dashboard 2019](#). These unit-level dashboards contain current quarterly measurements for nurse-sensitive clinical indicators, process

metrics and patient satisfaction data. Where possible, quarterly results are compared to nationally benchmarked data. On 3 North, the dashboard is reviewed regularly at the unit-based shared governance council and the Quality and Safety Shared Governance Council. When the national benchmark or unit goal is outperformed, the unit staff celebrate the accomplishment (identified in green); when the benchmark or goal is not reached, an action plan for improvement is developed (identified in red). The staff of 3 North (formerly 2 North) were particularly alarmed with the patient fall rate.

Nurse Manager Advocate: Ellen Parise, MSN, RN, CNML, Nurse Manager, 3 North (FKA 2 North) and Vascular Access Team

3 North Unit Level Goal: Reduction of patient fall rate on 3 North

3 North Unit Level Goal Measurement: Outperform the NDNQI benchmark patient fall rate.

Patient fall rate formula = number of falls / patient days x 1000. NDNQI Benchmark = All hospitals mean.

Clinical Nurse identifies a problem: Katherine Urgiles, BSN, RN-BC, clinical nurse, 3 North (FKA 2 North) is a member of the CNO Advisory Shared Governance Council. At the CNO Advisory Council, clinical professional nurses are empowered to represent their peers by sharing pertinent topics specific to their unit and unit operations with Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, patient care services and CNO. On February 20, 2019, Katherine shared her concern of the increased number of falls on 3 North. Katherine identified the saddle, a doorway transition between the patient room and the patient bathroom, as a contributing factor to the patient falls. As a follow-up to the discussion that evolved, Katherine said she would escalate this concern to her nurse manager, Ellen [TL3- G CNO Advisory Meeting Minutes and email-February 2019](#). After careful review and analysis of each of the falls on 3 North, Katherine found that at least one patient fall on 3 North was related to the bathroom saddle. On March 14, 2019, Katherine emailed her concern about the bathroom saddle and its relationship to patient falls on 3 North (page 9).

Nurse Manager Advocates for Resource: Ellen contacted George Gattullo, Director of Facilities Management and Plant Maintenance-Leadership to advocate for a new resource – replacement of the saddles on 3 North. Ellen sent a follow-up email to George on April 16, 2019 [TL3-H Follow-up email 041619](#).

“Lessons Learned” with New Unit: On June 18, 2019, Ellen compiled a list of “Lessons learned” with punch list items regarding 3 North for Paula Keenan, MPH, RN, nursing director, medical surgical services to bring to a post- construction meeting. Ellen knew that by escalating her concern regarding patient safety, Paula would support and reinforce Ellen’s request for replacement saddles on 3 North. Ellen highlighted the safety issues with the saddle in her email to Paula. [TL3-I Ellen email to director 061819](#)

Nurse Manager Advocated for Resource to Achieve Unit Level Goal: The saddles on 3 North were replaced at the end of June, 2019. The replacement of the saddles demonstrated the nurse managers' advocacy for resources to support a unit level goal – reduction of the inpatient fall rate. The 3 North patient fall rate began to trend down after the 2nd Quarter 2019. After the replacement of the saddle, there were no falls after the installation of the bathroom saddle. 3 North was a safer environment for our patients and staff. We had zero falls related to new replacement saddle. By 4th quarter 2019, 3 North met its unit goal – the patient fall rate outperformed the NDNQI national benchmark. [TL3-J Invoice for new resource.](#)

6 Pages



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
* Key Participants in the Professional Development Activity on 3 North (FKA 2 North) Intervention				

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

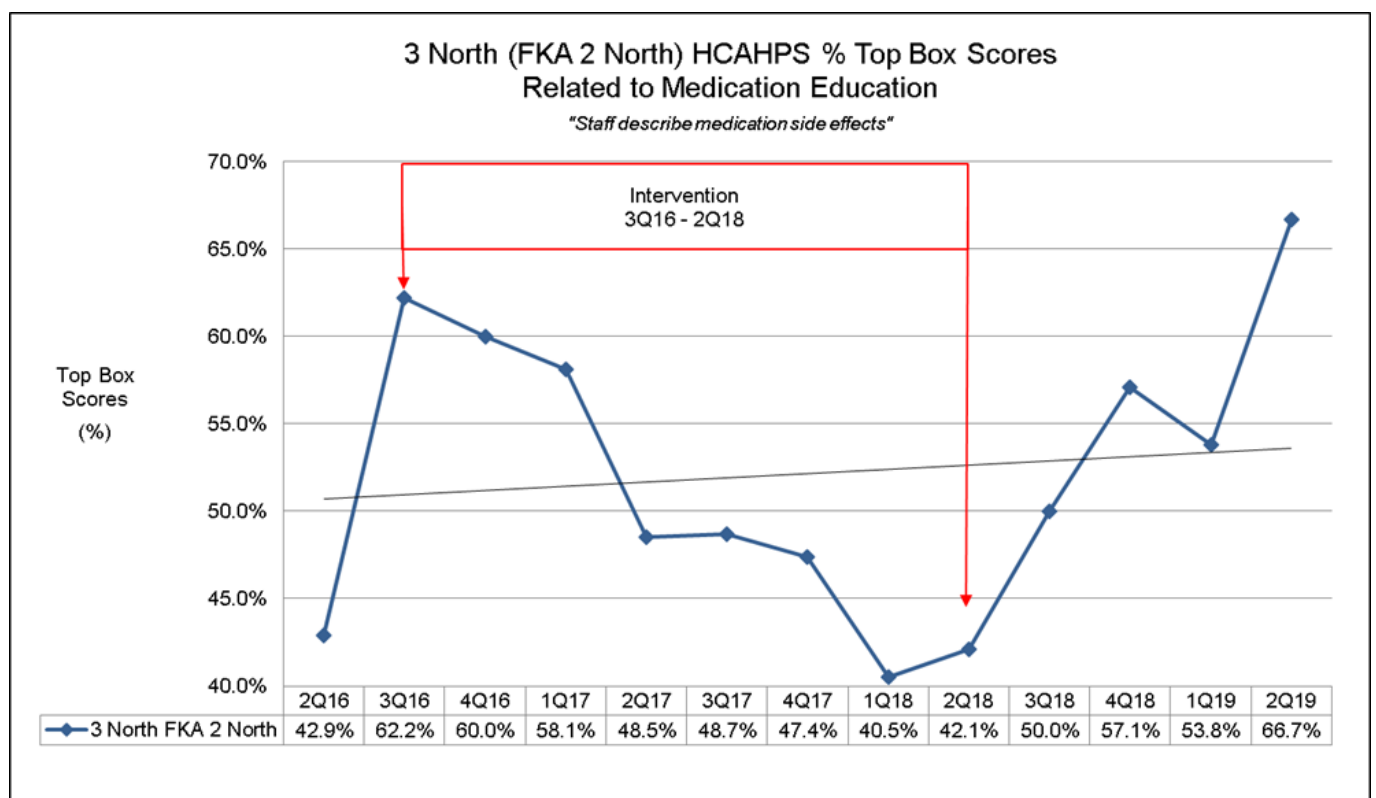
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the 3 North (FKA 2 North) HCAHPS % top box scores for the item “Staff describe medication side effects” was 42.9%.

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





EP4EO - UTILIZING EXPERTS

REDUCING CLABSI RATE THROUGH EXPERT RECOMMENDATIONS

Provide one example, with supporting evidence, of an improvement in a patient outcome associated with one (internal or external) expert or multiple (internal or external) experts' recommended change in nursing practice.

Problem

Overview: Central Line associated Blood Stream Infections (CLABSI) remain some of the deadliest and costliest healthcare associated infections (HAIs). In the US alone, estimates have exceeded 200,000 preventable central line infections annually, resulting in as high as 25,000 deaths and \$21.4 billion in avoidable costs (Norfleet, 2016).

Background: In late 2017, Phelps Hospital (Phelps) had a hospital-wide central line bloodstream-associated infection (CLABSI) rate of 1.95 per 1,000 central line days. During this time, the Intensive Care Unit (ICU) reported their first CLABSI in a long time. Nurses recognized opportunities to improve central line practices and reduce CLABSI risk not only in the ICU, but throughout the hospital.

Internal Expert: Genaro "Gerry" Bethan, BSN, RN, CRNI, VA-BC, clinical nurse, IV Therapy, Vascular Access, has been in nursing almost 30 years and is a Certified Registered Nurse Infusion (CRNI). He is also an active member of the Infusion Nurses Society (INS), a professional society dedicated to infusion care. In 2017, Gerry attended the New Jersey Chapter conference of INS. While reviewing infusion products in vendor exhibits, he learned about the BIOPATCH[®] disk which contained an antimicrobial agent, chlorhexidine gluconate (CHG), and reduced vascular access infections.

When the patient in the Phelps ICU was identified to have a CLABSI, Gerry recalled the INS conference where he had seen the BIOPATCH[®] disk for the first time. He believed that the device could potentially help prevent further CLABSIs in the hospital and sought Value Analysis Committee (VAC) approval for the use of the product hospital-wide in late 2017.

After careful consideration, the BIOPATCH[®] was approved by the VACs of Phelps and Northwell.

Challenge: In 4Q17, the Phelps CLABSI rate was 1.95 per 1,000 central line days.

Goal Statement

Goal: Reduce Phelps CLABSI rate

Measure of Effectiveness: Phelps CLABSI rate

(total # Phelps CLABSIs ÷ total # Phelps central line days x 1,000)

Participation

EP4EO - Table 1 - Participants

Name	Credentials	Discipline	Dept/Unit	Job Title
Genaro "Gerry" Bethan	BSN, RN, CRNI, VA-BC	Nursing	Vascular Access	Clinical Nurse, IV Therapy (Internal Expert)
Meredith Shellner	MS, BSN, RN, CIC	Nursing	Infection Prevention	Interim Director
Carolyn Young	MSN, RN, ONC, CNS, RN-BC	Nursing	2 Center	Clinical Nurse Specialist
Kathleen Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist
Patricia Curtin	MSN, RN	Nursing	Vascular Access	Clinical Nurse
Josenia Lawlor	BSN, RN, CRNI	Nursing	Vascular Access	Clinical Nurse
Ma Teresita San Luis	BSN, RN	Nursing	Vascular Access	Clinical Nurse
Pauline Tedesco	MSN, RN	Nursing	Vascular Access	Clinical Nurse
Marie Genco	BSN, RN, OCN	Nursing	Vascular Access	Clinical Nurse
Carol Daley	MSN, RN, CNML	Nursing	ICU	Manager
Margaret Santos	MSN, RN, ACNS-BC, CCRN	Nursing	Surgical Services	Clinical Nurse Specialist
Ellen Parise	MSN, RN, CNML	Nursing	2 North, 3 North Vascular Access	Manager
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care and Inpatient Behavioral Health	Nursing Director
Giovanna Conti-Robles		Operations	Materials Management	Manager
Glen Delau		Operations	Materials Management	Director (at that time)

Interventions

Forming a Team: In January 2018, Gerry enlisted the help of Meredith Shellner, MS, BSN,

RN, CIC, interim director, Infection Prevention, and Carolyn Young, MSN, RN-BC, CNS-BC, RN-BC, ONC, clinical nurse specialist, Medical Surgical, to develop a policy for the BIOPATCH® disk to be used for patients with central lines for the ICU and throughout the hospital. Gerry believed the CHG-impregnated disk could reduce or eliminate CLABSIs.

Updating Existing Policies: In April 2018, Gerry contributed to Phelps Central Venous Catheter Dressing Change policy updates. The updated policy included use of the BIOPATCH® disk. Gerry contributed to Phelps Central Venous Catheter Dressing Change using the policy to include the use of the Biopatch®. He added precautions and warnings to the policy. Gerry also provided the references from the Center of Disease Control and Prevention and attached the 'Dos and Don'ts' of Biopatch dressing application.

Developing New Nursing Practices: In April 2018, Gerry collaborated with Carolynn to develop the new protocol for Biopatch® use. The new protocol included proper skin preparation for Biopatch® use, the correct side to place against the skin, and how to correctly position the patch around the catheter insertion site. Gerry collaborated with Kathleen (Kathy) Pappas, MS, BSN, RN, NPD-BC, education specialist to educate the nursing staff. Gerry became the Phelps Biopatch® champion and advocated for its use to prevent central line infections.

Addressing Barriers to Use: In April 2018, Gerry identified that a barrier to compliance in using the Biopatch® was convincing others to use the device on central line dressings. The initial reaction from some nurses was that Phelps' CLABSI rate was very low and the additional cost of the Biopatch® product may not be necessary. Gerry found that other nursing staff were reluctant to change their practice. In essence Gerry met resistance to change. He exerted his influence by frequently communicating about the Biopatch® product to nurses and physicians. Gerry also provided expertise and support while endorsing the use of the Biopatch®. Ultimately Gerry was successful in implementing the new protocol and influencing the consistent use of the Biopatch® for all central line dressing changes.

Educating Nurses on New Product: In April 2018, with Gerry's support, Kathy provided education to the nursing department regarding the new policy and the use of the Biopatch®. All nurses in the inpatient areas, Emergency Department, Ambulatory Care Unit, Post Anesthesia Care Unit, Operating Room and the Infusion Center were educated on the proper use of the Biopatch®.

Implementing New Product and Practices to Reduce CLABSI: In May 2018, the Biopatch® product and change in nursing practice were implemented throughout Phelps.

Outcome

Pre-Intervention Timeframe: 4Q17

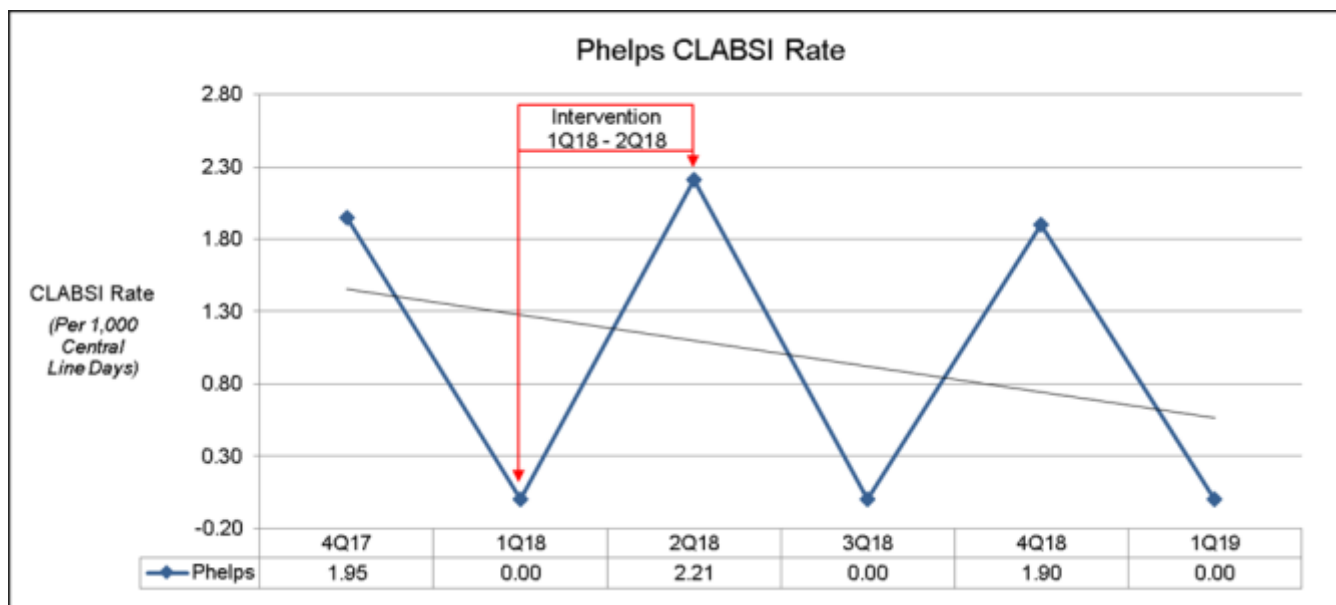
Pre-Intervention Baseline Data: During the pre-intervention timeframe, the Phelps CLABSI rate was 1.95 per 1,000 central line days.

Intervention Timeframe: 1Q18 - 2Q18

Post-Intervention Timeframe: 3Q18 - 1Q19

Post-Intervention Data: During the post-intervention timeframe, the Phelps CLABSI rate averaged 0.63 per 1,000 central line days. This represents a 68% reduction in the rate.

EP4EO - Graph 1 - Phelps CLABSI Rate





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