

# 2020 MAGNET® SITE VISIT GUIDE



**Phelps Hospital**  
Northwell Health®



## IN THIS ISSUE

### PG. 1

Guide objective and Magnet Projected TimeLine

### PG. 2-6

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

### PG. 7-8

Evolution of our Professional Practice Model

### PG. 9-13

Shared governance model / Council's 2019 Annual Reports

### PG. 14

Nursing Organization Chart

### PG. 15-24

Highlights from the Nursing Strategic Plan

### PG. 25-End

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

**Wound Healing Institute**

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.

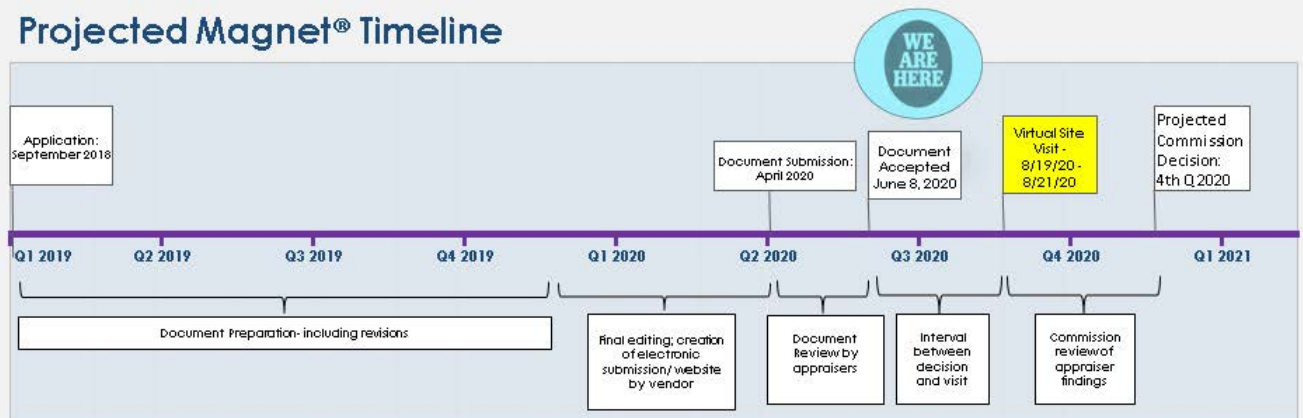
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

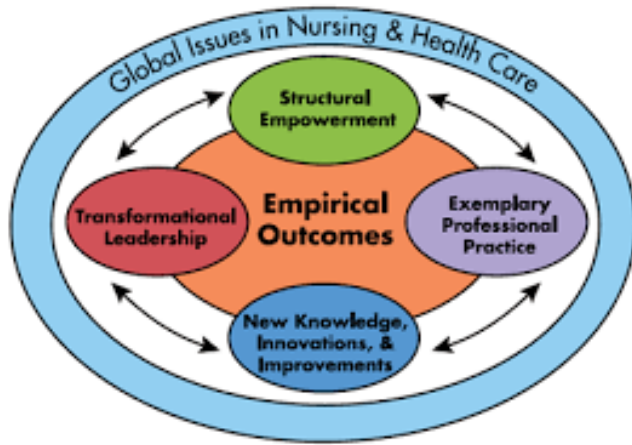
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

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.<sup>1</sup>

### BENEFITS OF MAGNET®:

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

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

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

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

### TRANSFORMATIONAL LEADERSHIP (TL)

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

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

### STRUCTURAL EMPOWERMENT (SE)

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

### EXEMPLARY PROFESSIONAL PRACTICE (EP)

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

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

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

### EMPIRICAL OUTCOMES (EO)

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

## Phelps Hospital Mission

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

### NURSING DEPARTMENT'S MISSION

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

### Nursing Strategic Plan

## TRANSFORMATIONAL LEADERSHIP

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

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

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



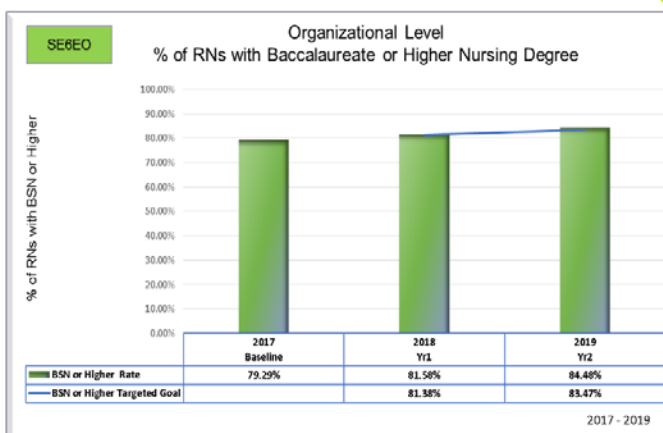
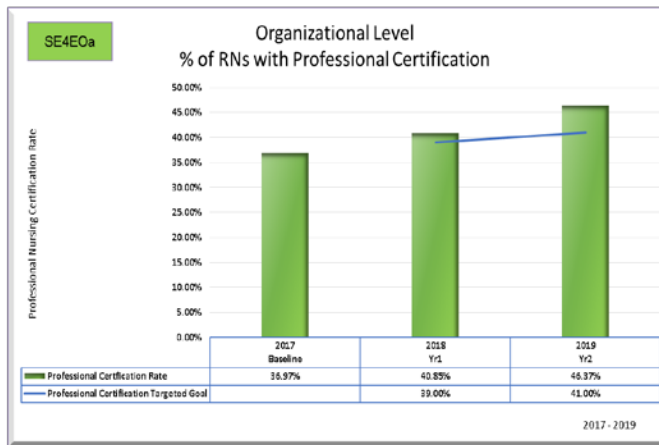
## STRUCTURAL EMPOWERMENT

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

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

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

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



Has the hospital supported you in your volunteer efforts?

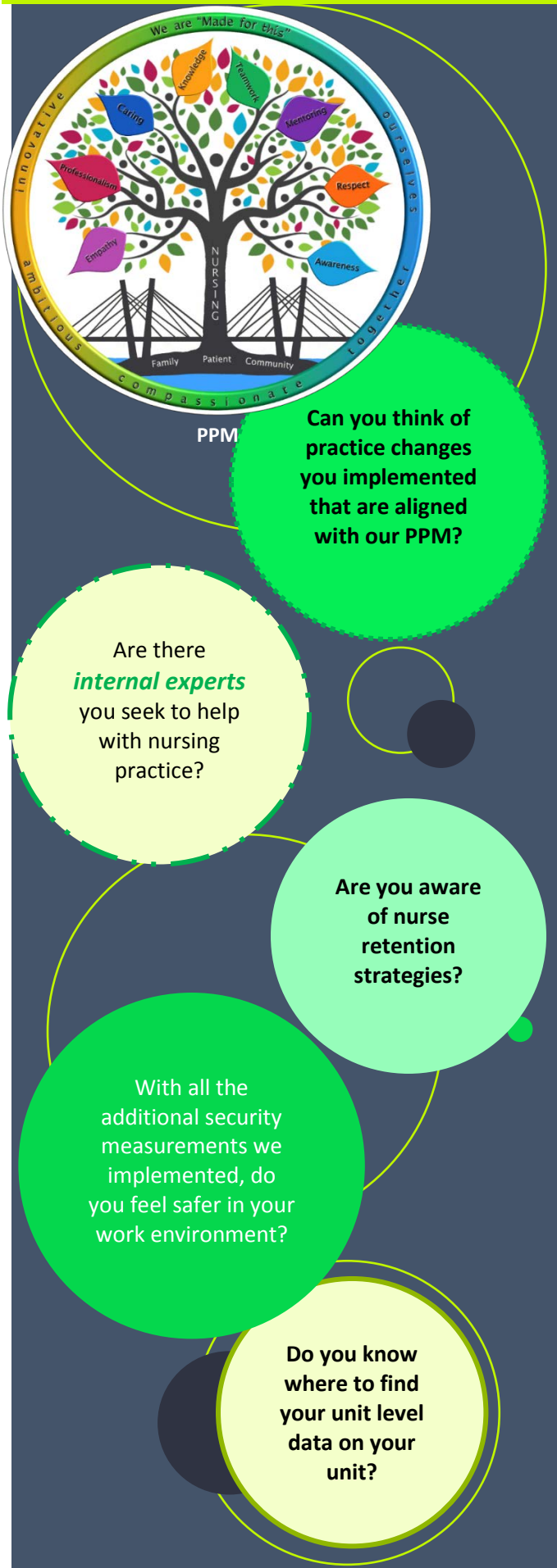
Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

How has the hospital supported your professional growth?

### Opportunities and support for continuing education:

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





## Magnet "Fab 5"

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



## Successful Measurement:

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

## NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

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

### INNOVATION!

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

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

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

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

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

### PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

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

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

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

PI: Candace Huggins

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

PI: Elizabeth Wiley

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

PI: Candice Johnson

### BASED ON COVID-19 RESPONSE

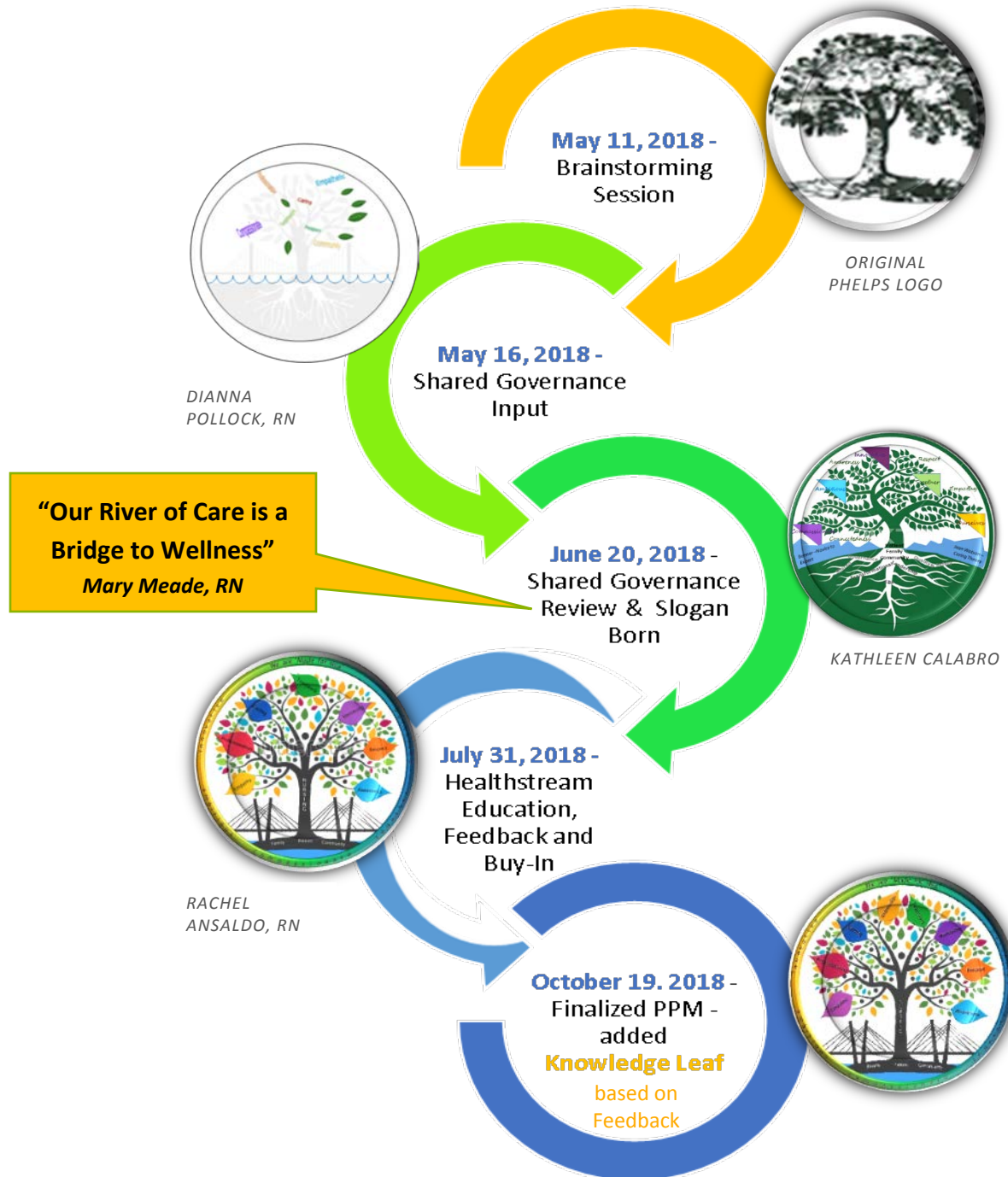
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

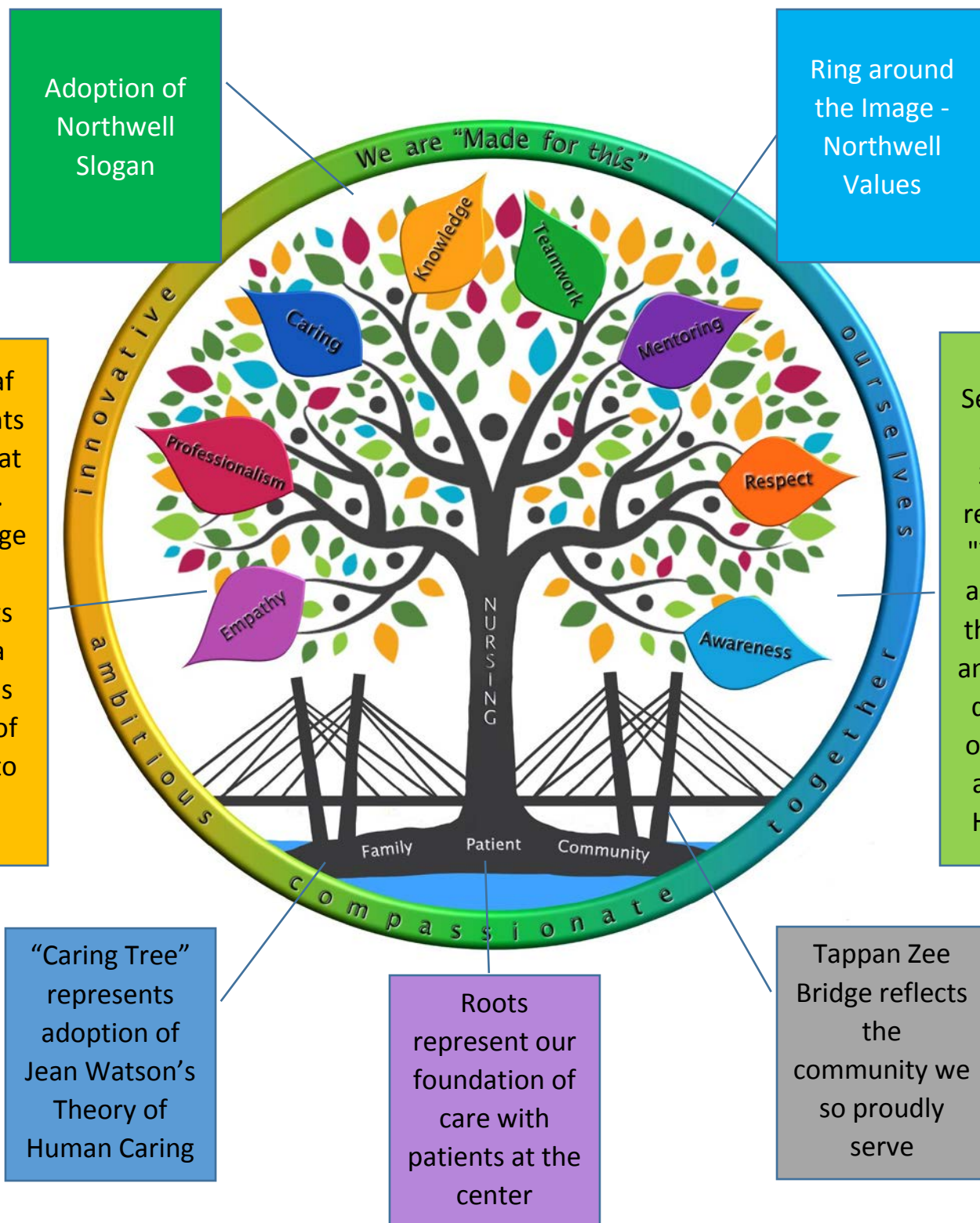
## EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

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

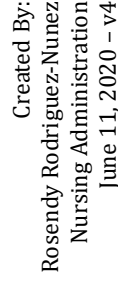




# Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN



# 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.



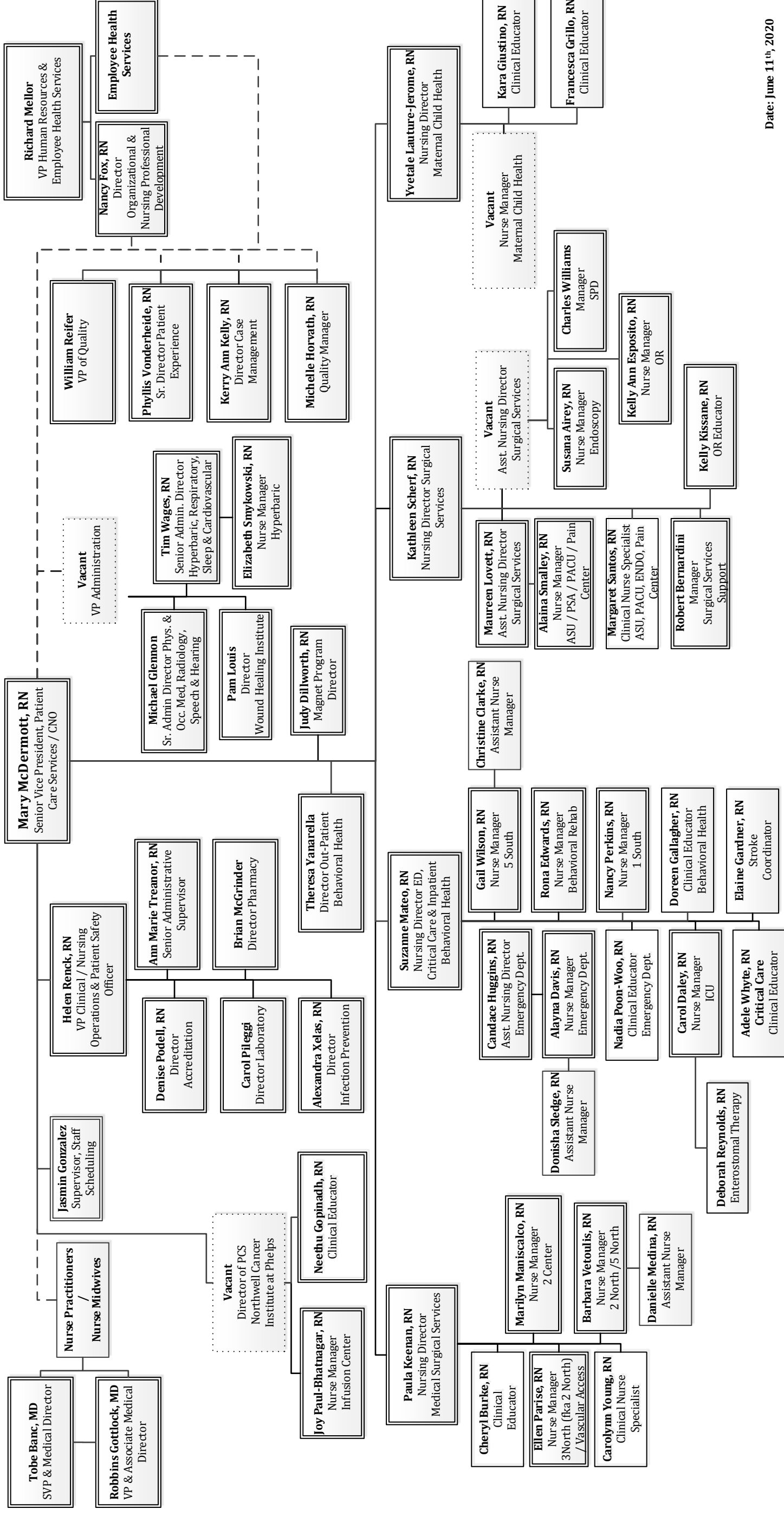


# CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

## 2019 ACCOMPLISHMENTS:

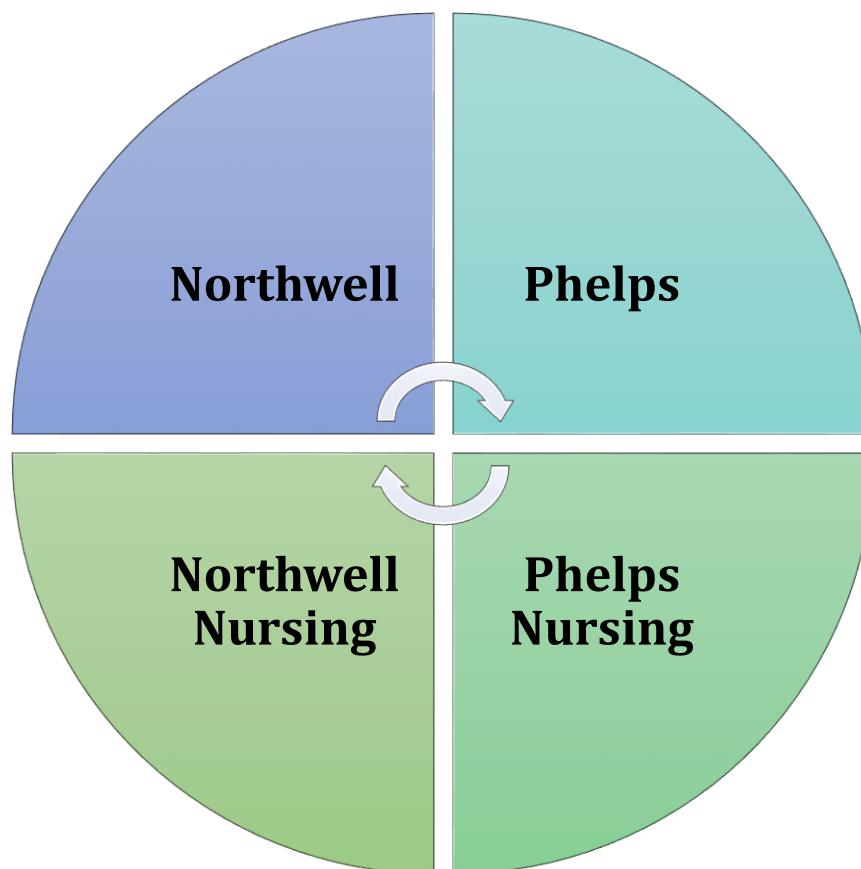
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.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





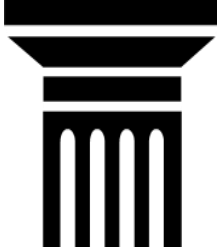
## Nursing Strategic Plan

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.”



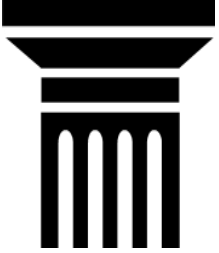
# Goals

## Quality



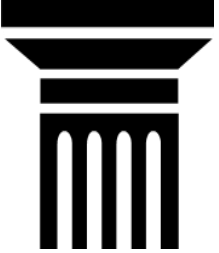
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

## People



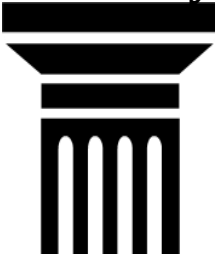
Create an empowering environment for RNs to function at the highest level of their licensure.

## Service



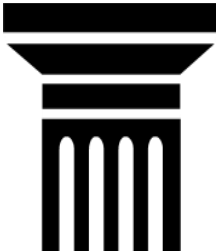
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

## Efficiency



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

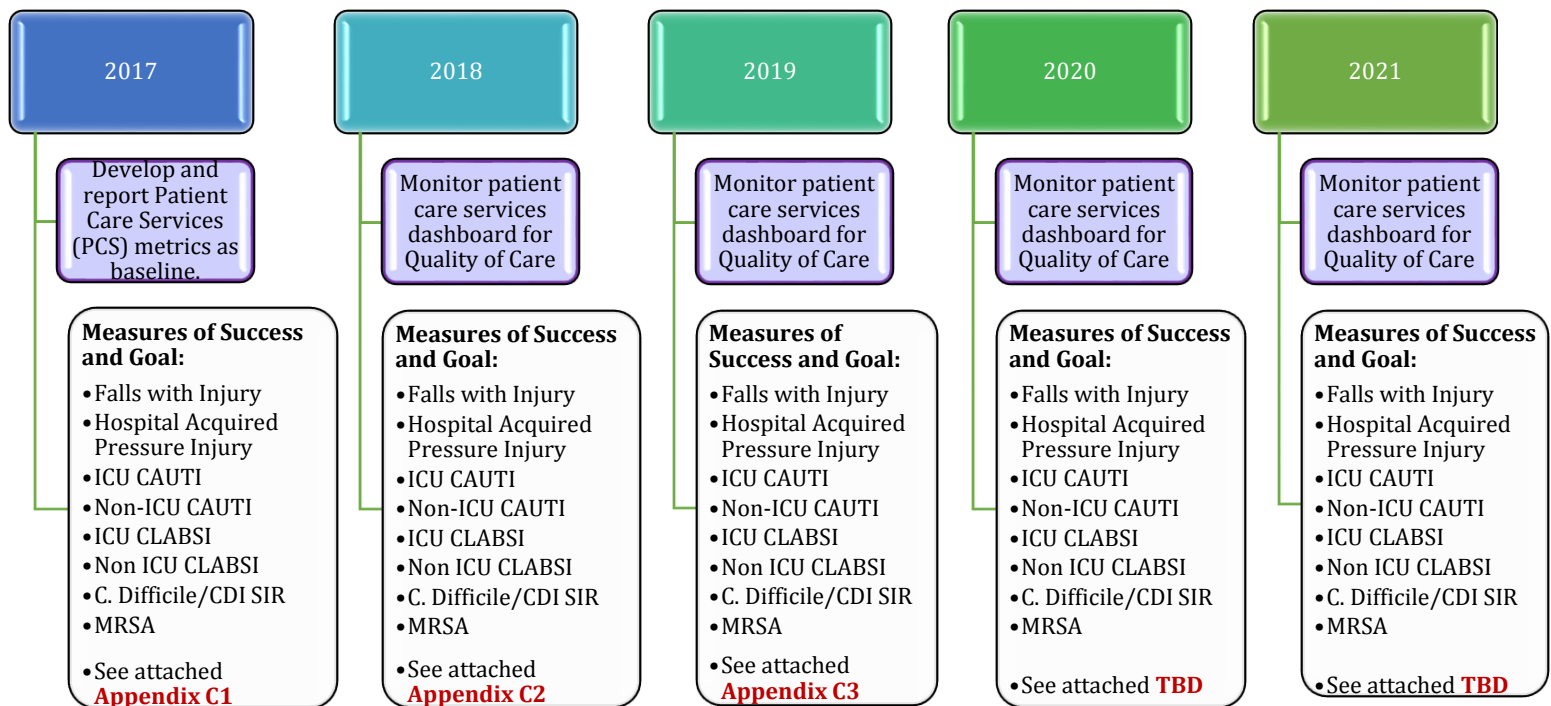
## Finance



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

# Quality

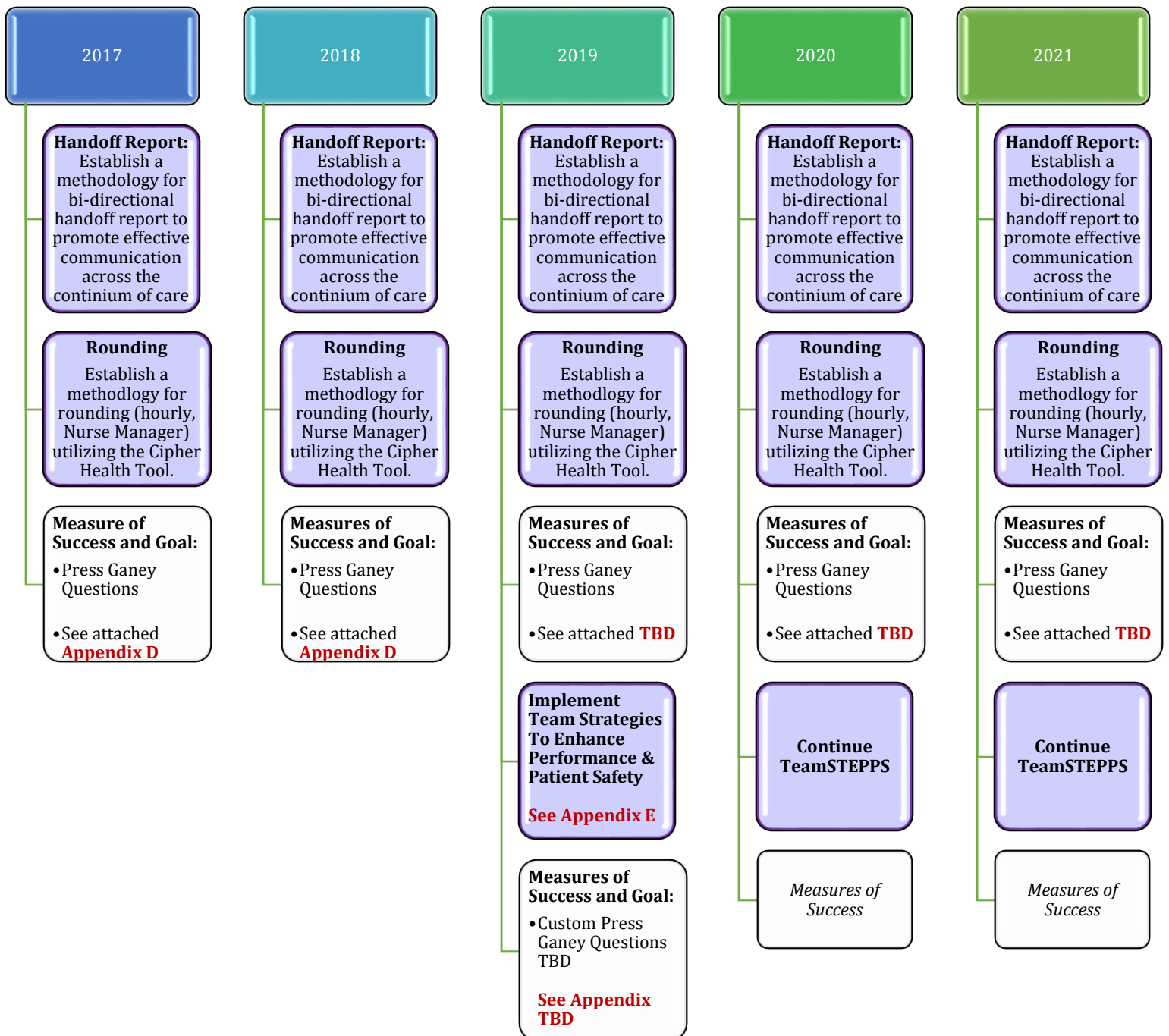
**GOAL:** Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.





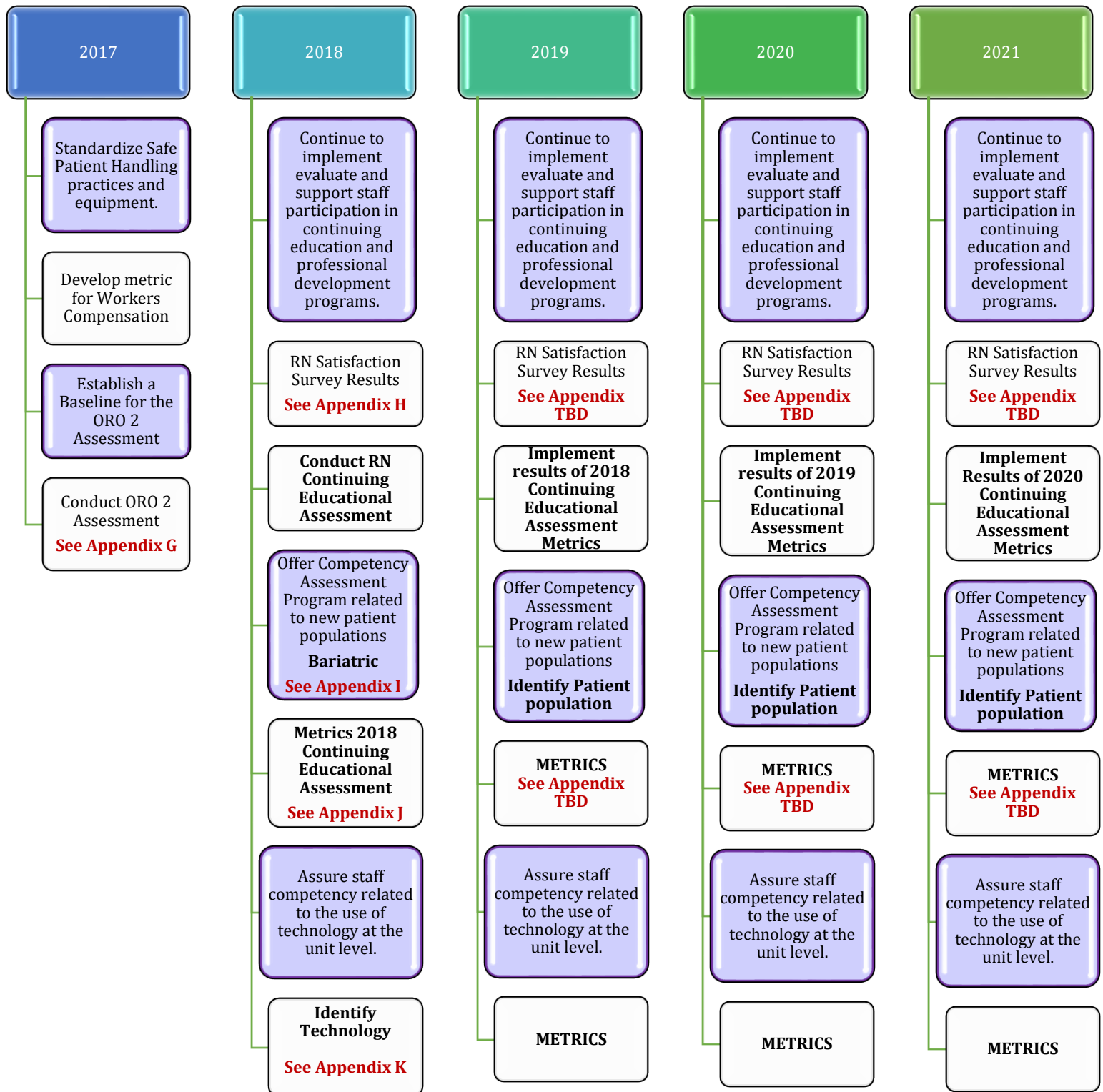
# Quality

**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.



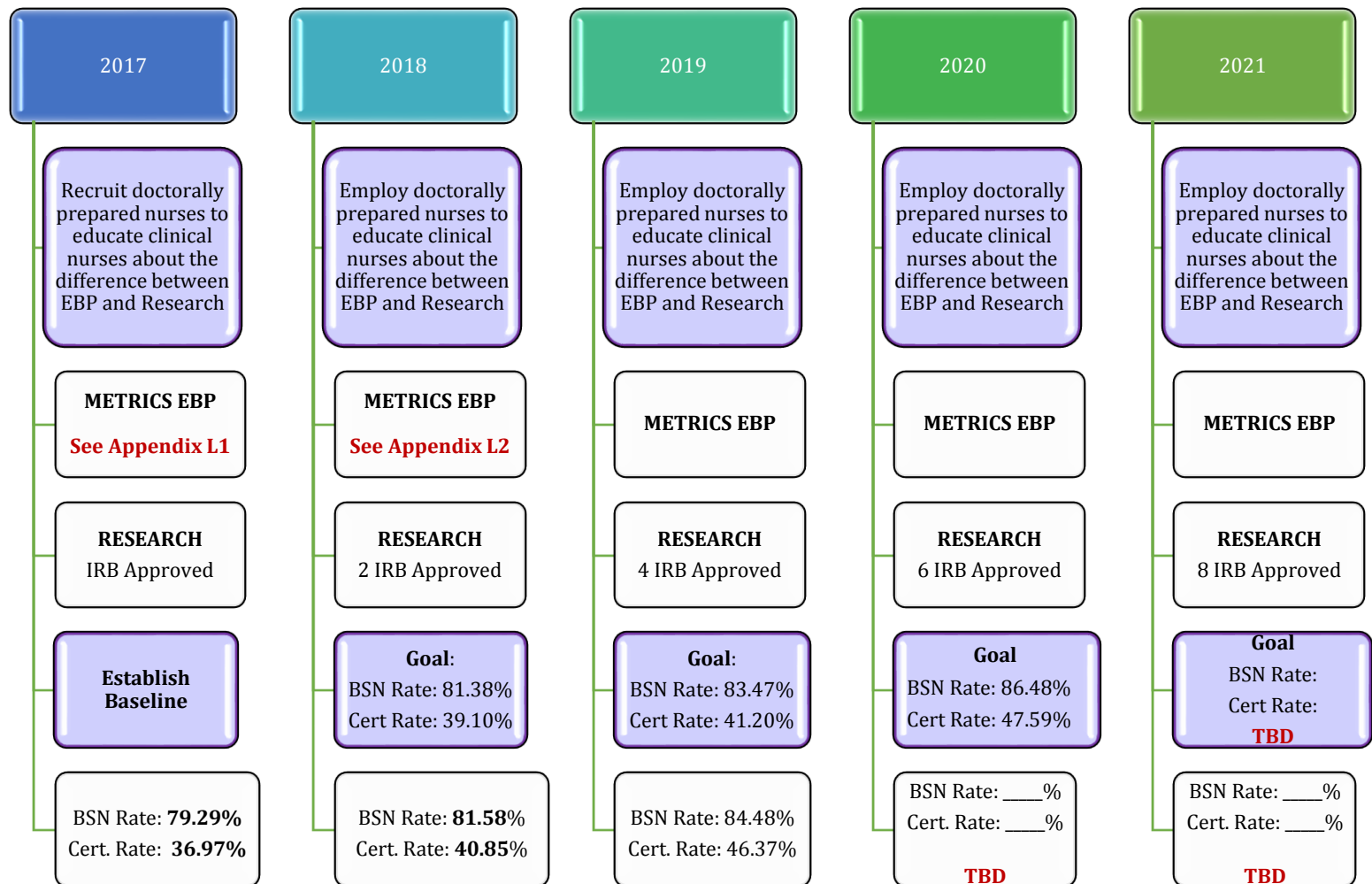
# People

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



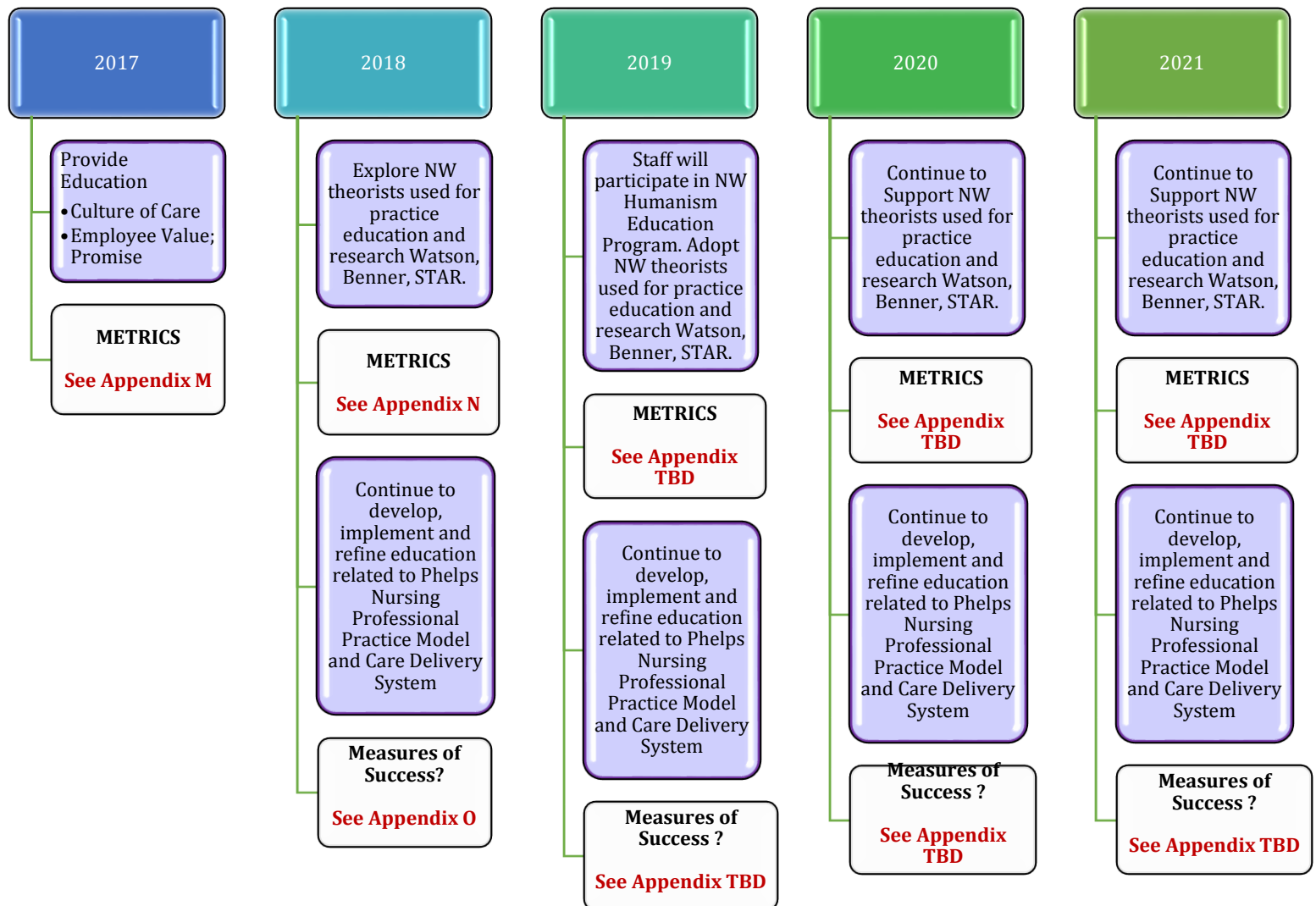
# People

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



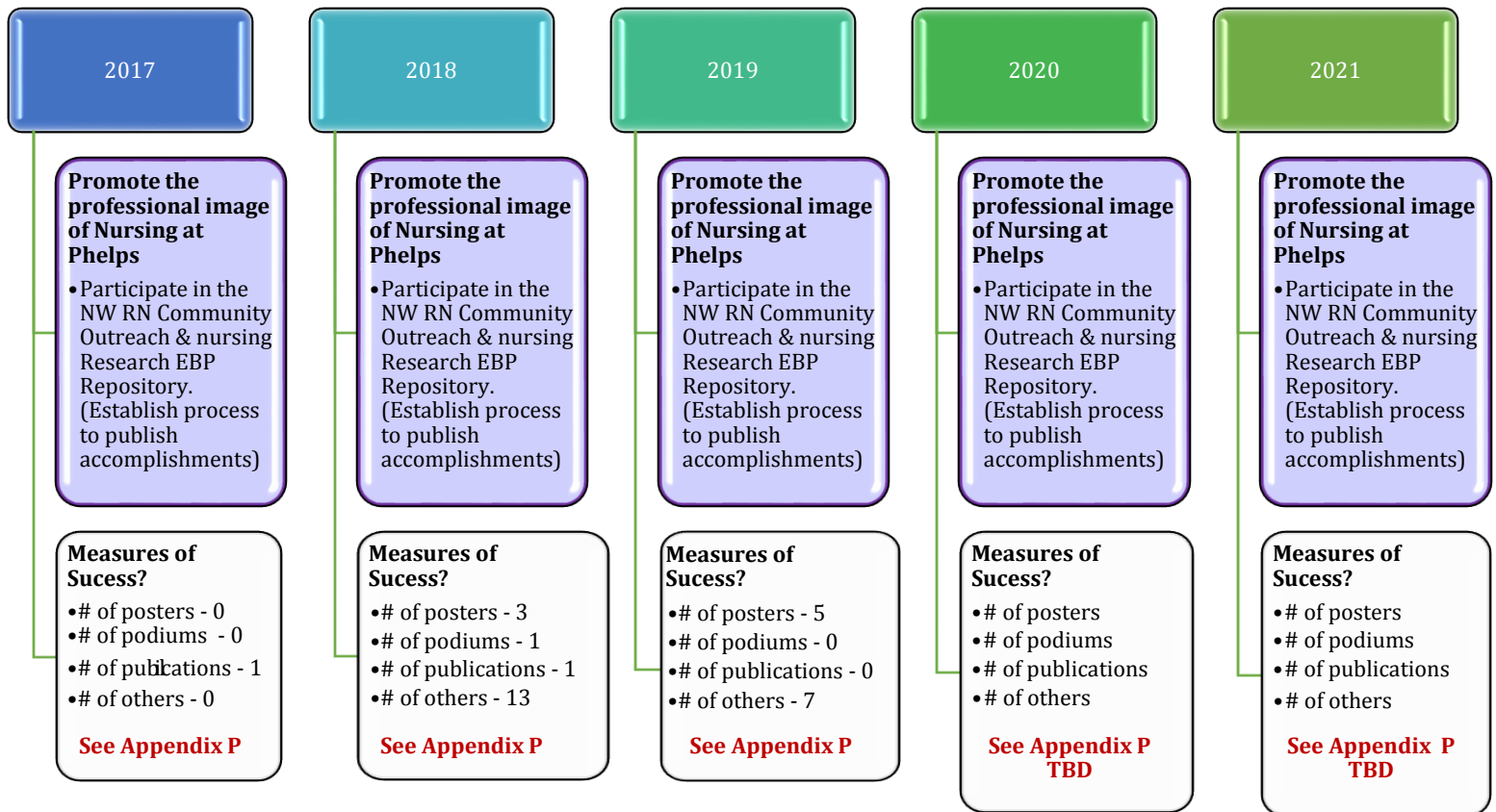
# Service

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



# Service

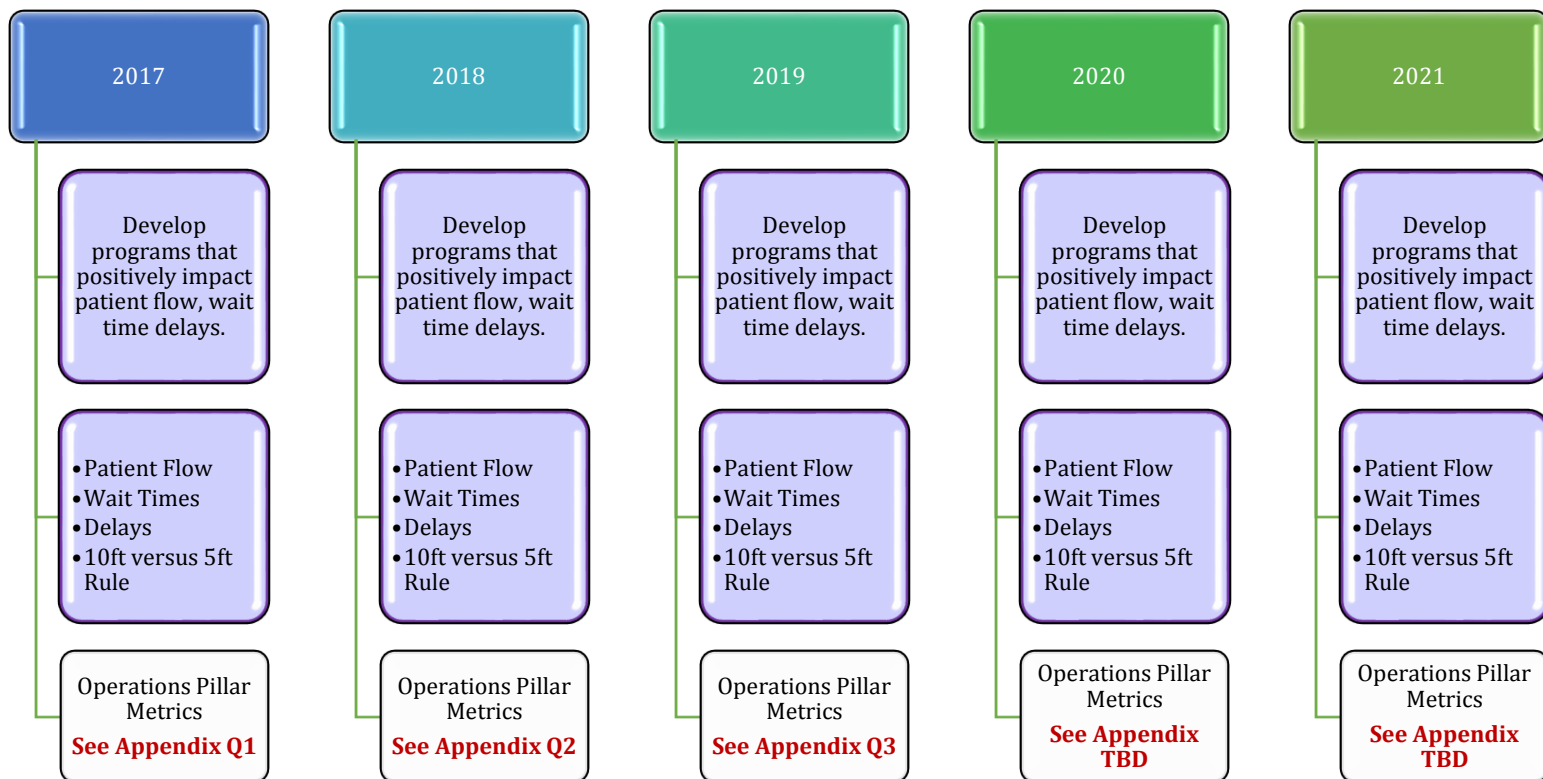
**GOAL:** Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.





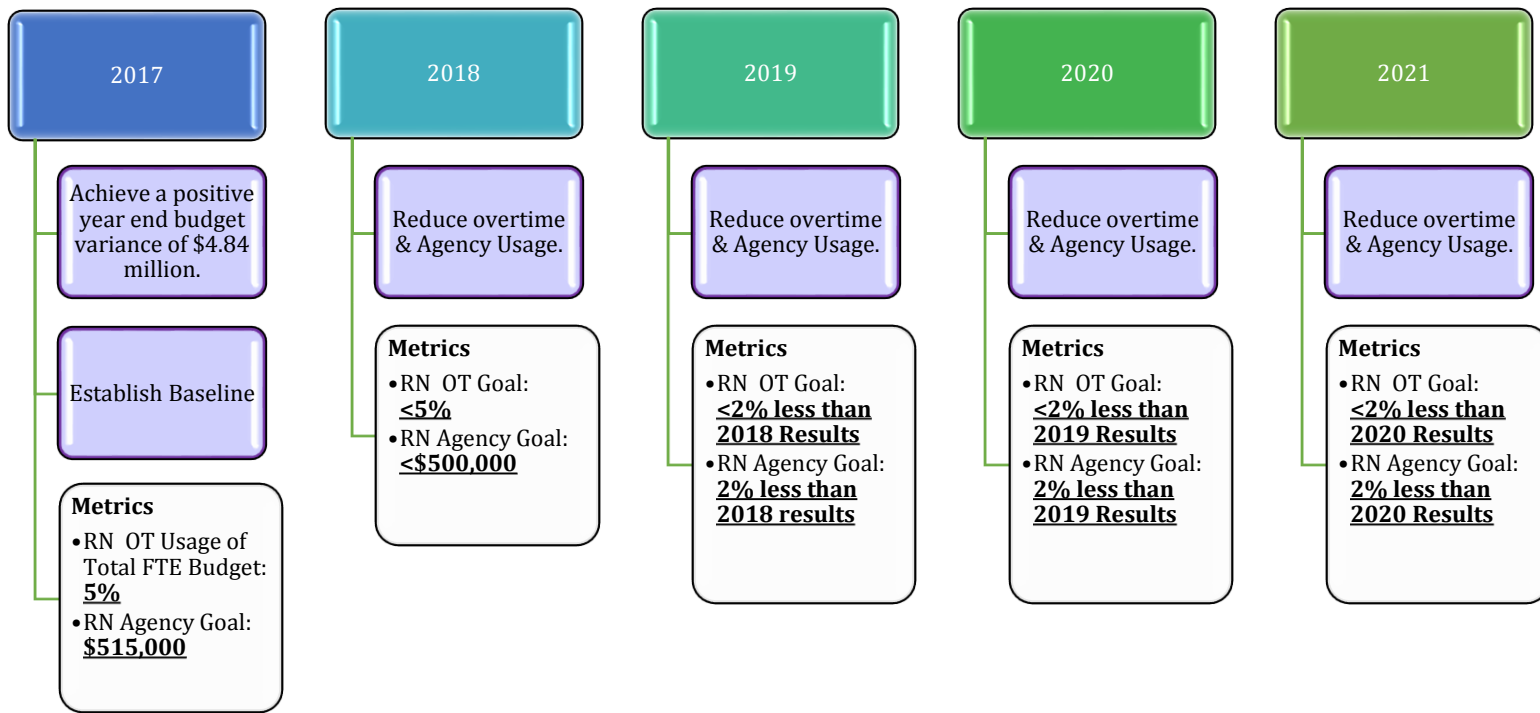
# Efficiency

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

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



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



## TL5EO - ORGANIZATIONAL DECISION-MAKING

### REDUCING DEVICE-RELATED PRESSURE INJURIES

*Provide one example, with supporting evidence, of an improved patient outcome associated with an AVP/nurse director or nurse manager's membership in an organization-level, decision-making group. (Patient outcome data may be presented at the organizational, division, or unit level.)*

#### **Problem**

**Overview:** According to the National Pressure Ulcer Advisory Panel (NPUAP), medical device-related pressure injuries (MDRPI) “result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device” (NPUAP, 2016). Any hospitalized patient with a medical device is at risk for developing a MDRPI, which account for more than 30% of all hospital-acquired pressure injuries (HAPI) (Joint Commission, 2018). Most MDRPIs occur on the face, head and ears and most commonly occur with devices such as oxygen tubing, masks, nasal cannulas and various catheters (Kayser, VanGilder, Ayello, Lachenbruch, 2018).

**Background:** In 2018, all units including the 5 North Medical Unit (5 North) at Phelps Hospital (Phelps) used a rigid nasal cannula device for patients requiring supplemental oxygen or increased airflow. On January 12, 2018, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, enterostomal therapy. Inpatient Nursing assessed a patient on 5 North to have a Stage 3 MDRPI related to a nasal cannula. Debi tracks the incidence of HAPI and further investigates HAPIs, including MDRPIs with clinical nurses and medical surgical technicians of the Pressure Injury Reduction (PIR) team. After reviewing and analyzing the clinical data, the PIR team determined that evidence-based practices and prophylactic measures were in place for this particular patient which included: dietary consultation (included the addition of a protein supplement), frequent turning and positioning, the use of pertinent skin care products and purposeful hourly rounding. However, despite the use of evidence-based practices, 5 North continued to experience MDRPIs related to nasal cannulas.

**Organization-Level Decision-Making Group:** The Phelps Value Analysis Committee is an

organization-level, decision making group which provides the venue for representatives from multiple disciplines to propose, evaluate and make decisions regarding introduction of new products. Suzanne Mateo, MA, RN, NEA-BC, director, Emergency Department, Critical Care and Inpatient Behavioral Health, is a member of the Value Analysis Committee. After consulting with Debi and the PIR team, Suzanne advocated for the replacement of the existing hard rigid nasal cannula with a softer, more flexible nasal cannula during Value Analysis Committee meetings.

**Challenge:** In January 2018, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%.**

### **Goal Statement**

**Goal:** Reduce the 5 North MDRPI rate related to the use of nasal cannula tubing

**Measure of Effectiveness:** 5 North MDRPI rate related to the use of nasal cannula tubing (total # 5 North MDRPIs related to nasal cannula tubing ÷ total # 5 North patient days x 100)

### **Participation**

**TL5EO - Table 1 - Value Analysis Committee & Pressure Injury Reduction Team**

Name	Credentials	Discipline	Department/Unit	Job Title
Suzanne Mateo	MA, RN, NEA-BC	Nursing	Emergency Department, Critical Care & Inpatient Behavioral Health	Nursing Director
Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Esterostomal Therapy	Clinical Nurse
Maria Orozco	BSN, RN	Nursing	5 North	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North	Clinical Nurse
Jenna Harris	BSN, RN-BC	Nursing	1 South	Clinical Nurse
Nadege Foggie	BSN, RN	Nursing	2 Center	Clinical Nurse
Sonia Sari	BSN, RN	Nursing	3 North	Clinical Nurse
Shijin Jose	BSN, RN, PCCN	Nursing	5 South	Clinical Nurse
Deepa Thomas	BSN, RN	Nursing	5 South	Clinical Nurse
Adele Whyte	BSN, RN, CCRN, WOCN	Nursing	ICU	Clinical Nurse
Lauren Martinez	BSN, RN	Nursing	ICU	Clinical Nurse
Alice Mulligan	BSN, RN	Nursing	ICU	Clinical Nurse
Maria Chaux		Allied Health	3 North (FKA 2 North)	Medical/Surgical Technician (MST)
Wilma Vasquez		Allied Health	3 North (FKA 2 North)	MST
Marie Johnson		Allied Health	2 Center	MST
Helen Renck	MSN, RN, CJCP, CPPS	Clinical Operations	Administration	Vice President/ Patient Safety Officer
Carol Daley	MSN, RN, CNML	Nursing	ICU & General Services	Nurse Manager
Kathleen Calabro	BS	Nursing	Magnet	Data Analyst
Paula Keenan	MSN, MPH, RN	Nursing	Medical Surgical Services	Nursing Director
Kathleen (Kathy) Pappas	MS, BSN, RN, NPD-BC	Education	Organizational Development	Education Specialist



Name	Credentials	Discipline	Department/Unit	Job Title
Carolynn Young	MSN, RN-BC, CNS-BC, ONC	Nursing	Medical Surgical	Clinical Nurse Specialist
Timothy Wages	MSN, RN, NE-BC	Nursing	Hyperbaric, Respiratory, Sleep and Cardiovascular	Sr. Administrative Director
Glen Delau		Procurement	Materials Management	Director (at the time)
Giovanna Conti		Procurement	Materials Management	Manager

## **Intervention**

**Identifying Alternate Approaches to Reduce MDRPI:** In February 2018, Debi and other PIR Team members reviewed the literature and found that a softer nasal cannula tubing product existed. Since this more flexible nasal cannula was not currently available in the Northwell system and could not be obtained unless it was part of the unit par, the PIR team strongly recommended that this product be trialed. In February 2018, Debi shared the PIR recommendation with Suzanne, and discussed the team's concern that the rigidity of the current nasal cannula product could be a contributing factor for the nasal cannula-specific MDRPI acquired on 5 North.

**Recommending New Approach to Reduce MDRPI:** Suzanne requested that the softer nasal cannula be added to the agenda for the March 2018 Value Analysis Committee meeting. Suzanne's support and nurses' input were heard at the March Value Analysis meeting held on March 20, 2018, as evidenced by the meeting minutes which state:

*"MATOP (Materials Operations) met with Suzanne Mateo, MA, RN, NEA-BC, and Tim Wages, MSN, RN, NE-BC, senior administrative director, Hyperbaric, Respiratory, Sleep & Cardiovascular, to discuss this new type of nasal cannula that was requested by Phelps because our current use item is too firm on the patients... The committee voiced concerns over the new Northwell standard product as it was much too stiff and rigid behind the ears of patients. Nurses are concerned that this new item will hinder their ability to provide quality patient care. The nasal cannula product recommended by Debi and the clinical nurses would minimize medical device related pressure injuries for this population of patients."*

The Value Analysis Committee approved the change of the nasal cannula at the March 2018 meeting, based on Suzanne's recommendation for the softer nasal cannula, as a member of the Value Analysis committee, and the recommendations of the PIR team's clinical nurses.

**Adding New Resources:** In April 2018, the Value Analysis Committee led the purchase of a softer nasal cannula which was immediately made available on all Phelps' units, including 5 North. The nurse managers of all clinical areas were instructed to remove the old nasal cannula product from their respective units' inventory/par stock.

**Educating Nurses on New Resource:** On May 8, 2018, during the Pressure Injury

Resource (PIR) team meeting, Debi announced that Suzanne had obtained approval for the new soft nasal cannulas at the recent Value Analysis Committee meeting. Debi informed the PIR team members that the soft nasal cannulas had been placed on the floor PARs and to reinforce this information on their units. Since the procedure for applying the nasal cannula did not change, formal education was not required. However, Debi instructed the PIR team members how to differentiate the two nasal cannulas (by squeezing them and testing for softness) and to communicate this to their peers on the units. Debi ensured the transition from the rigid to the softer nasal cannula occurred by having one to one conversations with the nursing staff during her rounds and reinforcing the availability and use of the softer nasal cannula. Debi also communicated this change during respective Shared Governance Quality and Safety Council meetings with clinical nurses and reinforced the information during Nursing Leadership Council meetings.

**Implementing New Resource to Reduce MDRPI:** The new softer nasal cannulas were implemented across Phelps, including 5 North, by May 2018.

### Outcome

**Pre-Intervention Timeframe:** January 2018

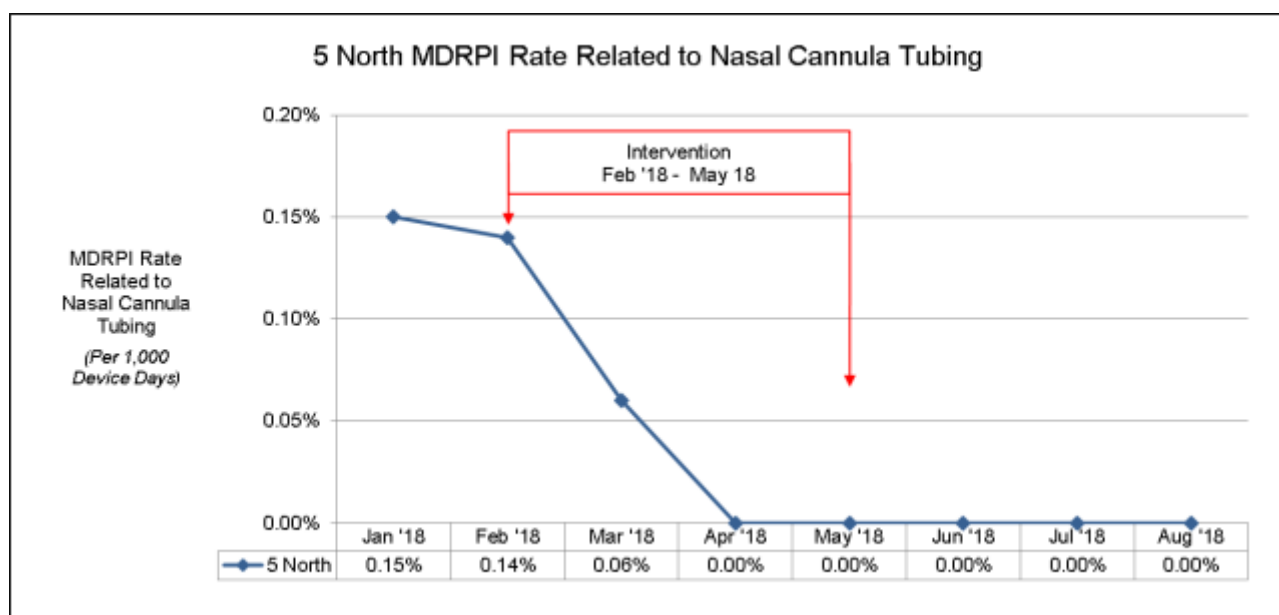
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 5 North MDRPI rate related to nasal cannula tubing was **0.15%**.

**Intervention Timeframe:** February 2018 – May 2018

**Post-Intervention Timeframe:** June 2018 – August 2018

**Post-Intervention Data:** During the post-intervention period, the 5 North MDRPI rate related to nasal cannula tubing was 0.00%. This represents a 100% reduction in the rate.

**TL5EO - Graph 1 - 5 North MDRPI Rate Related to Nasal Cannula Tubing**





## SE2EO - PROFESSIONAL ORGANIZATION AFFILIATION

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

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

#### **Problem**

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

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

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

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

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

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

### **Goal Statement**

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

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

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

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

### **Interventions**

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

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

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

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

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

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

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

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

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

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

Phelps Hospital Northwell Health

## Getting to Know Me

I am from

Primary Language

The names of my family members are

I worked at

My favorite foods are

I don't like

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

My favorite TV Shows

My favorite music

I feel relaxed and calm when

Things that make me feel happy are

I like to be called

2Center - NICH Project Version 2.0 June 2018 Not a permanent part of the patient's record

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

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

## **Outcome**

**Pre-Intervention Timeframe:** 3Q17



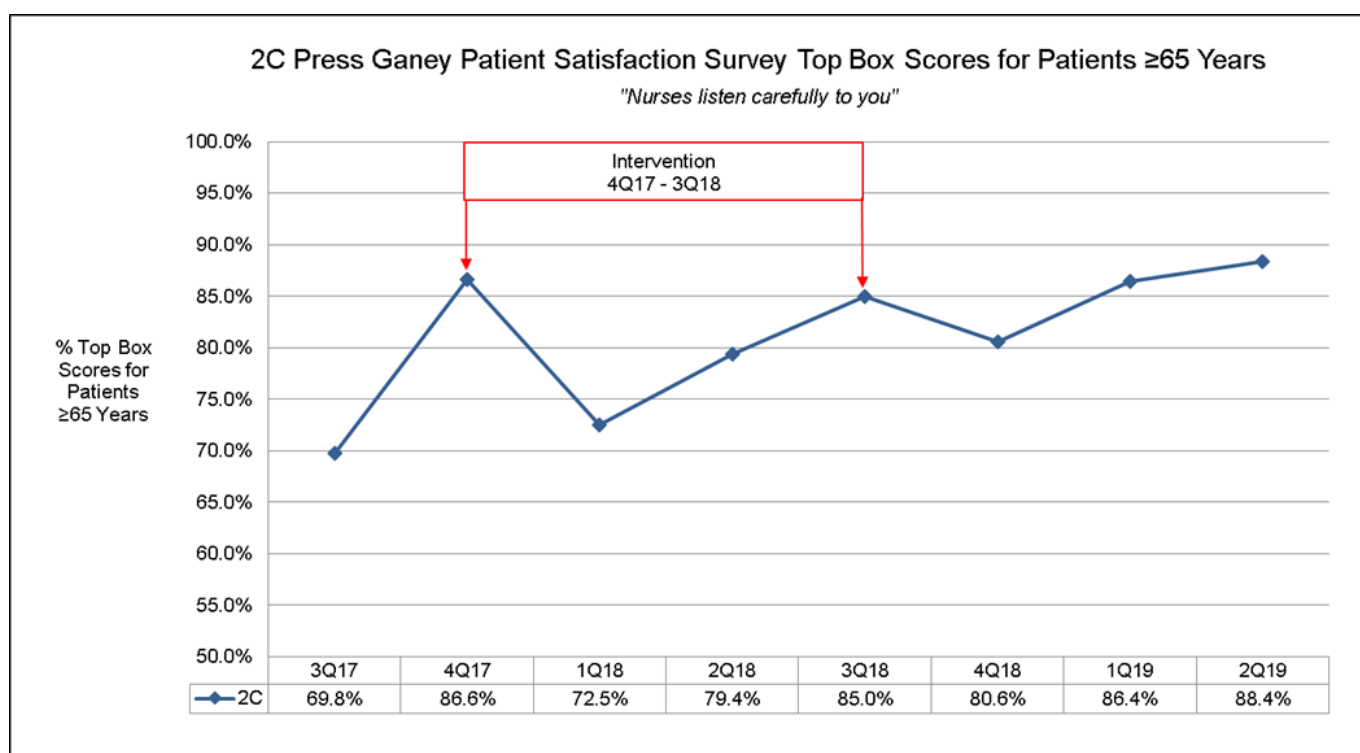
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, 2C Press Ganey patient satisfaction survey top box scores (for patients  $\geq 65$  years) for the question “Nurses listen carefully to you” was 69.8%

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

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

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

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



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

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

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

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

## INJURIES ≥STAGE 2 ON 5 SOUTH

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

### **Problem**

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

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

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

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

## **Goal Statement**

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

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

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

## **Participation**

**SE2EO - Table 2 - PIR Team**

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

## **Interventions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Outcome**

**Pre-Intervention Timeframe:** 4Q17

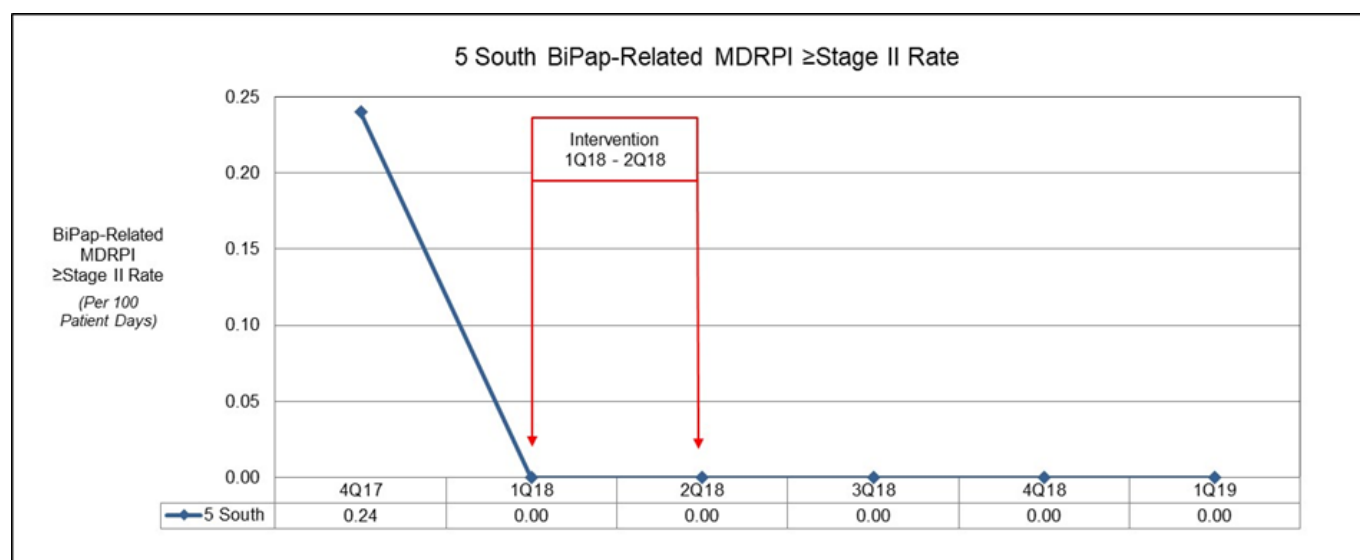
**Pre-Intervention Baseline Data:** During the pre-intervention timeframe, the 5 South BiPap-related MDRPI  $\geq$ Stage II rate was 0.24 per 100 patient days.

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

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

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

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





## SE12 - RECOGNIZING NURSES

### EXAMPLE 1: RECOGNIZING A CLINICAL NURSE FOR ADDRESSING ORGANIZATIONAL GOAL OF SERVICE

*Provide one example, with supporting evidence, of the organization's recognition of a clinical nurse for their contribution(s) in addressing the strategic priorities of the organization.*

#### **Background**

**Clinical Nurse:** Christopher (Chris) Moon, BSN, RN, clinical nurse, 5 South Intermediate Care Unit (5S)

**Recognition:** The Zuckerberg Family Foundation Award for Nursing Service Excellence (2018)

**Phelps' Strategic Priorities:** The 2017 Phelps Hospital (Phelps) strategic plan's Service goal includes "inpatient likelihood to recommend" as measured by patient satisfaction surveys distributed upon discharge. Nursing service and inpatient satisfaction are key components in meeting the "inpatient likelihood to recommend" goal. [SE12-A Phelps Strategic Plan 2017](#)

#### **Clinical Nurse Supports Hospital's Strategic Priorities**

**Clinical Nurse's Actions:** Since Chris Moon, BSN, RN, started working as a clinical nurse on 5S, it was apparent to all that Chris had a special ability to develop an immediate rapport with his patients. Patients and their families were frequently observed hugging Chris as he left the hospital at the end of his shift or requesting Chris to be their nurse when they knew his work schedule. Chris excelled at creating frequent, brief moments of compassionate care, as well as longer, sustained connections that reassured his patients and their families. All of Chris' patients were dealing with highly stressful and anxiety-producing diagnoses, and this added comfort was especially meaningful. When Chris was asked to reflect on his gift for rapport, he merely stated, "It's pretty simple, really. I just try to treat the patients like my own family."



In October 2017, one particular example of Chris' gift for nursing service occurred when a patient who was admitted to 5S wanted to watch a particular baseball game that night. Unfortunately, Phelps' television service did not include the channel on which the game would be broadcast. Chris realized that simple acts of helpfulness can be reassuring nursing interventions with profound healing benefits. Chris solved the problem by streaming the game on his personal cell phone, giving the patient his own phone password and leaving his phone with the patient overnight to finish watching the game. Chris' colleagues noted that the previously anxious and upset patient was now glowing with pleasure. The patient had regained control of his life in the midst of a stressful hospital stay. In explanation, Chris simply stated, "I didn't need my phone that night." The next day, Chris came to the hospital, on an unscheduled work day, to visit with the patient.

**Behavior Supports Phelps' Strategic Priorities:** Chris' gift for nursing service—and even more profoundly, for humanism—was extraordinary in many situations. These special relationships ensured patient satisfaction and increased the likelihood to recommend Phelps. Patients often identify Chris by name in the comments section of the patient satisfaction surveys, and these comments are reviewed weekly during CARE leader rounds. Chris truly exemplifies the Service goal in the Phelps' strategic plan.

### **Recognition for Contributions to Strategic Priorities**

**Nomination Process:** In March 2018, Bernadette Hogan, BSN, MPA, CNML, nurse manager (at the time), 5S, nominated Chris for the annual Zuckerberg Family Foundation Award for Nursing Service Excellence. This award recognizes a Phelps clinical nurse who demonstrates exemplary nursing service above and beyond mere competency or even excellence, thus positively impacting patient satisfaction and the likelihood to recommend Phelps. Bernadette nominated Chris based on the many examples of nursing service she described in her eloquent nomination application. In his nomination, she specifically described his devotion to patients, focus on patient safety and contributions as a team-builder. [SE12-B Moon Nomination Form March 2018](#)

**Recognition Event:** On May 9, 2018, during the National Nurses' Week awards ceremony at Phelps, Chris was announced as a nominee for both the Phelps Pride and the Zuckerberg Family Foundation awards. To Chris' surprise, he received the Zuckerberg Family Foundation Award for Nursing Service Excellence, which included a \$1,000 stipend and an award certificate. During the awards ceremony, Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer read Bernadette's nomination letter and presented the award to Chris. [SE12-C Moon Award Certificate 050918](#)

**Newsletter Recognition:** On May 17, 2018, Chris was recognized in the *Phelps Hospital Northwell Health Notebook*, a monthly newsletter that is sent by email to all Phelps staff. The newsletter was also printed and posted throughout Phelps and shared during unit staff meetings. [SE12-D Phelps Notebook 051718 pgs.10 -11](#)

## EXAMPLE 2: PHELPS HOSPITAL NURSES RECOGNIZED FOR IMPROVING PATIENT OUTCOMES

*Provide one example, with supporting evidence, of recognition of a group of nurses for their contributions in addressing the strategic priorities of the organization.*

### **Background**

**Group of Nurses:** Phelps Hospital (Phelps) Skin Champions, 2018-2019 (see Table 1)

**Recognition:** In early 2019, the Phelps Skin Champions were recognized during a Nursing Leadership Council (NLC) meeting with a certificate of appreciation and celebratory breakfast. They were also recognized in the hospital newsletter and nursing website.

**Phelps' Strategic Priorities:** The 2018 Phelps Hospital (Phelps) strategic plan's Quality goal includes hospital acquired illness and injury (examples given were CLABSI and CAUTI but also include HAIs, Falls and others). The actions of the skin champions had a direct impact on the hospital's success with no HAPI for 25 days. [SE12-E Phelps Strategic Plan 2018](#)

### **Participation**

**SE12 - Table 1 - Phelps Skin Champions 2018-2019**

Name	Credentials	Discipline	Unit/Dept.	Job Title
Donisha Sledge	BSN, RN, CEN	Nursing	ED (days)	Clinical Nurse
Jenna Harris	BSN, RN, PMHN	Nursing	1 South (days)	Clinical Nurse
Carrie Klemens	BSN, RN	Nursing	2 Center (days)	Clinical Nurse
JoAnn DeNardo	BSN, RN	Nursing	5 North (days)	Clinical Nurse
Amanda McNiff	BSN, RN-BC	Nursing	5 North (days)	Clinical Nurse
Jisha Thomas	BSN, RN-BC	Nursing	5 North (days)	Clinical Nurse
Lauren Guardino	BSN, RN	Nursing	5 South (days)	Clinical Nurse
Kellie Mason	BSN, RN	Nursing	5 South (days)	Clinical Nurse
Allice Mulligan	BSN, RN	Nursing	ICU (days)	Clinical Nurse
Satydra Jackson	BSN, RN	Nursing	ED (nights)	Clinical Nurse
Claudette Nelson	BSN, RN, WCC	Nursing	1 South (nights)	Clinical Nurse
Danielle Medina	BSN, RN-BC	Nursing	2 North (nights)	Clinical Nurse
Rhonda Osborne-Haroon	MSN, RN-BC	Nursing	5 North (nights)	Nurse Coordinator
Tammy Wilson	BSN, RN-BC	Nursing	5 South Nights	Nurse Coordinator
Elizabeth Keogh	AAS, RN	Nursing	ICU Nights	Clinical Nurse
Coreen Palmero	BSN, RN	Nursing	ICU Nights	Clinical Nurse
Ria Olipane Samson	BSN, RN, CCRN	Nursing	ICU Nights	Clinical Nurse

Deborah (Debi) Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal therapy	Clinical Nurse
-------------------------	----------------	---------	----------------------	----------------

### **Nurses Support Hospital's Strategic Priorities**

**Nurses' Actions:** In April 2018, Deborah (Debi) Reynolds, AAS, RN, CWOCN, clinical nurse, Enterostomal therapy identified a need for additional clinical resources regarding wound assessment, care and hospital acquired (pressure) injury prevention. Phelps needed more nurses to support the organization's strategic safety priority by imparting advanced knowledge to all clinical staff on the identification, staging and management of pressure injuries and wound care. Debi suggested the idea of having "skin champions" and additional resources aligned with this strategic goal in discussions with Phelps' leadership, including Suzanne Mateo, MA, RN, NEA-BC, nursing director, Emergency department, Critical Care and Behavioral Health, and Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer. [SE12-F Skin champion proposal emailed by Debi 042518](#). Debi reinforced the need for the skin champion role at Phelps by describing the skin champion program in the July 2018 Phelps Hospital Nursing News, a monthly newsletter emailed to all Phelps' nurses.

In August 2018, 17 clinical nurses from various clinical units volunteered to join the skin champion program. In September 2018, these clinical nurses participated in 12 hours of educational sessions, approved for contact hours, to become skin champions. All skin champions made a one-year commitment to serve as clinical resources for nurses, available every day and night, regarding advanced pressure injury, wound assessment and care. By January 2019, 5 South, the ICU and 2 Center had achieved 25 consecutive days with no hospital-acquired pressure injuries (HAPI).

**Behavior Supports Phelps' Strategic Priorities:** As a result of the skin champion nurse program, skin champions have been available for consultation and "just in time" education regarding skin assessment and wound care for clinical nurses on virtually every nursing unit at Phelps, day and night. The skin champions strengthen Phelps' ability to address the 2018 strategic quality goal to reduce hospital acquired (pressure) injury, with wound care guidance available around the clock

### **Recognizing Nurses for Contributions to Phelps' Strategic Priorities**

**Website Recognition:** In September 2018, following graduation from the skin champion educational program, Mary recognized the skin champion nurses and instructed Kathleen (Kathy) Calabro, data analyst, to post their names and pictures on the Phelps nursing website, to be acknowledged by all nurses. [SE12-G Phelps Nursing Website Posted September 2018](#)

**Recognition Event:** In January 2019, Phelps nursing leaders recognized the newly endorsed skin champion nurses during the NLC meeting. Mary, Suzanne, Debi and Carol Daley, MSN, RN, CNML, nurse manager, ICU, presented each skin champion with a certificate of

appreciation at the end of NLC with a celebratory breakfast. [SE12-H NLC Recognition Invitation January 2019](#)

**Organization-Wide Recognition:** The January 24, 2019, edition of the hospital newsletter, *Phelps Notebook*, which is distributed bi-weekly to all Phelps' employees each payday, highlighted the accomplishments of the skin champions, as well as the units that had celebrated 25 consecutive HAPI-free days. [SE12-I Phelps Notebook 012419 pg.3](#)

The April 2019 Phelps Hospital *Nursing News* urged staff to recognize and call on the advanced knowledge offered by the skin champions, whose names, titles, units and photos were also prominently displayed in a wound and ostomy resource book on each nursing unit.

6 pages



## EP5 - PATIENT CARE COORDINATION

### NURSES ENSURE INTERPROFESSIONAL CARE COORDINATION

*Provide one example, with supporting evidence, of nurses' participation in interprofessional collaborative practice to ensure coordination of care across the spectrum of healthcare services.*

#### **Background**

The nurses of Phelps Hospital (Phelps) Northwell Health, play a critical role in fostering interprofessional collaboration and the navigation of our patients through their care process to ensure safe patient care and an excellent patient experience. Nurses participate in hourly rounding, and daily briefs and interdisciplinary team (IDT) rounding, which includes nurse managers, hospitalists, clinical nurses, dietitians, pharmacists, case managers and social workers. Beginning with the patient's admission, nurses involve the case managers and social workers for assistance with the patient's discharge planning to avoid unnecessary delays or interruptions in care. Nurses have a crucial function of planning and coordinating care amongst disciplines within the unit, connecting patients to resources and information related to their diagnosis, treatment, and follow-up, and ensuring a smooth transition from one level of care to another.

**Patient Background:** On January 5, 2019, "Jane Doe," presented to the Phelps Hospital (Phelps) Emergency Department (ED) from home complaining of pain and swelling in her right great toe. The patient was assessed at triage by Nadia Poon-Woo, MSN, RN, CEN, clinical nurse, ED, and was found to have a blood pressure of 181/117, redness extending up her right foot with dorsal surface demarcation apparent and a pain level of 10/10. Jane's elevated blood pressure and pain were treated with medications and once both normalized, she was discharged home with the recommendation to follow up with a rheumatologist as an outpatient. However, on January 7, 2019 Jane returned to the ED, presenting with an open, fluid-filled wound on her foot where the redness and demarcation had been, as well as an elevated blood pressure. After an MRI confirmed a diagnosis of osteomyelitis, Jane was admitted to inpatient medical unit 3 North (formerly known as 2 North) for observation and



additional diagnostic testing.

## **Participation**

**EP5 - Table 1- Interprofessional Care Team**

<b>Name</b>	<b>Credentials</b>	<b>Discipline</b>	<b>Department/Unit</b>	<b>Job Title</b>
Nadia Poon-Woo	MSN, RN, CEN	Nursing	Emergency Department	Clinical Educator
Erin Brady	MSN, RN, CEN	Nursing	Emergency Department	Clinical Nurse
Peter Lawrence	MD	Medicine	Emergency Department	Attending Physician
Frank Foto	MD		Rheumatology	Attending Physician
John Cappa	DPM	Medicine	Podiatry	Podiatrist
Gaurav Malik	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Donnie Jun Managog	BSN, RN	Nursing	Emergency Department	Clinical Nurse
Vincent Conklin		Nursing	Emergency Department	ED Technician
Patrick Sheehan	PA		Emergency Department	Physician Assistant
Frank Madori	MD	Medicine	Emergency Department	Attending Physician
Sonia Kohli	MD	Medicine	Hospitalist	Attending Physician
Sonia Sari	BSN, RN-BC	Nursing	3 North (formerly 2 North)	Clinical Nurse
Michael Miller	MD	Medicine	Infectious Disease	Attending Physician
Debi Reynolds	AAS, RN, CWOCN	Nursing	Enterostomal Therapy	Clinical Nurse
Cheryl Burke	MSN, MBA, RN-BC, WCC	Nursing	Medical Surgical	Clinical Educator
Owen O'Neill	MD, MPH	Medicine	Hyperbaric Medicine	Attending Physician
Kerry O'Neill	BSN, RN	Nursing	Case Management	Case Manager
Susan Juechter	RD	Nutrition	Nutrition and Food Services	Registered Dietitian
Matthew Landfield		Physical Therapy	Rehabilitation Services	Physical Therapist
Eileen O'Leary	BSN, RN-BC	Nursing	3 North (formerly 2 North)	Nurse Coordinator (at the time)
Malgorzata (Margaret) Potocka	BSN, RN	Nursing	Wound Healing Institute	Clinical Nurse
Bethany Baldwin	BSN, RN, WCC	Nursing	Wound Healing Institute	Clinical Nurse

Elizabeth Smykowski	BSN, RN, CNML, ACHRN, CHT	Nursing	Hyperbaric	Nurse Manager
Irma Tertulien	MSN, RN, C-EFM	Nursing	Infusion Center	Clinical Nurse

### **Nurses Collaborate with Other Disciplines to Coordinate Patient's Care**

**Consult with Dietary:** On January 7, 2019, Jennifer Douglas, BSN, RN documented in the electronic medical record's (EMR) Nursing History and Database Interview, under the topic of Nutrition, that Jane had a non-healing wound (this entry automatically triggers an alert to Dietary). This note was then viewed by the dietician who subsequently visited Jane to provide a dietary consult, with the goal to promote wound healing. On January 9, 2019 Susan Juechter, RD, met with Jane to discuss how to maximize dietary opportunities to promote her recovery. [EP5-A Dietary Consult](#)

**Wound Care Consult:** On January 7, 2019, Jennifer Douglas, RN PMA, after completing her initial interview and wound assessment, sent a message through the EMR, to Debi Reynolds AAS, RN, CWOCN, notifying her of Jane's wound, which was present on admission. On January 9, Debi assessed Jane's wound and with John Cappa, MD, changed Jane's dressing. Upon Debi's recommendation, the care team initiated negative pressure wound therapy (NPWT), also known as a vacuum assisted closure (VAC). On January 10, 2019, Cheryl Burke, MSN, MBA, RN-BC, WCC, clinical educator, placed the wound VAC on Jane. Debi and Cheryl coordinated Jane's wound care with the 3 North clinical nurses throughout Jane's stay. [EP5-B Wound Care Consult 010719 with application of the wound VAC](#)

**Consult with Physical Therapy:** On January 10, 2019, Sonia Sari, BSN, RN-C, clinical nurse, 3 North, called Matt Landfield, physical therapist, Rehabilitation Services, to assess Jane's ability to move with the newly placed VAC. Matt met with Jane that day and made suggestions for increasing her mobility with the VAC in place, such as using a Roll-A-Bout<sup>®</sup> knee walker. He gave her a knee walker, for her to use while she was non-weight bearing. [EP5-C Physical Therapy Consult 011019](#)

**Consult with Case Management:** When Jane began discharge planning with her primary case manager, Kerry O'Neill, BSN, RN, case manager, Case Management, she had requested assistance with setting up her post-discharge transportation and a home VAC unit through her insurance plan. On January 13, 2019, Jane asked Nicole Arvidson, BSN, RN, clinical nurse, 3 North, for an update on these matters. Nicole requested that Jane's assigned weekend case manager, Christina Ciliberto, BSN, RN CCM case manager, Case Management, meet with Jane to provide her with any new information. Christina met with Jane that day to explain her transportation options and inform her that the VAC unit had been delivered to her home.

Detailed care coordination was required between inpatient case management and outpatient providers due to complex nature of the patient's treatment. Kerry worked closely with Jane

and the interdisciplinary team throughout the admission to put in place most appropriate services. Since Jane lived in a condo with stairs, Kerry requested Matt Landfield return to assess Jane's ability to navigate stairs safely with the VAC and while unable to bear weight on the lower extremity. Kerry obtained an outpatient wound VAC through KCI, a durable medical equipment (DME) company and referred Jane to the Visiting Nurse Association (VNA) of Hudson Valley (HV) to perform dressing changes in the home setting. However, Jane preferred to have her wound assessed and dressings changed at Phelps Wound Healing Institute, which Kerry then coordinated with the other services to avoid overlapping of appointments and allow enough time for travel in-between treatments on each day. Kerry arranged for Jane to receive daily IV antibiotics through Phelps Infusion Center and continue hyperbaric oxygen therapy as an outpatient, with the patient's sister agreeing to provide transportation. On January 15, 2019, Eileen O'Leary, BSN, RN, nurse coordinator, 3 North, called Jane at home to see how she was doing and ask if she had any questions including her plan of care and/or appointments scheduled. [EP5-D Case Management Consult and follow-up 011319](#)

### **Care Coordination across the Spectrum of Healthcare**

On January 14, 2019, Jane was successfully discharged home. She continued to receive treatment on an outpatient basis in Phelps' Infusion Center, Hyperbaric Therapy Center and Wound Healing Institute (WHI) for two months after her inpatient discharge. During this time period, our nurses continued to diligently monitor and coordinate Jane's care across the spectrum of healthcare services.

### **Hyperbaric Oxygen Therapy**

Jane continued to receive hyperbaric oxygen therapy (for a total of 40 hyperbaric oxygen treatments) on an out-patient basis. On January 21, 2019, Liz assessed Jane to have a macular rash on her trunk and extremities. Since Jane was receiving antibiotics at the Infusion Center, Liz called Irma Tertulien, MSN, RN-C, EFM, clinical nurse, Infusion Center, to alert her to a possible medication allergy. Liz informed Irma of her observations, the appearance and nature of the rash, that Jane was receiving Ceftriaxone and that she self-medicated with Benadryl and Sudafed. Liz and Irma concurred that Irma would assess the PICC dressing further, as the skin beneath the occlusive dressing was reddened and follow-up with Dr. Miller before starting Jane's infusion.

### **Infusion Center**

Irma promptly contacted Dr. Miller to have the Ceftriaxone discontinued. To expedite the care for Jane, Irma took a telephone order to discontinue the patient's current IV medication and the change of the antibiotic to Daptomycin. Irma also notified pharmacy to be alerted to the new order. Jane continued to receive intravenous antibiotics until February 28, 2019, when the PICC line was discontinued. [EP5-E Antibiotic telephone order](#)

### **Wound Healing Institute (WHI)**

At the Phelps Wound Healing Institute (WHI), Malgorzata (Margaret) Potocka, BSN, RN, clinical nurse, WHI and Bethany Baldwin, BSN, RN, WCC, clinical nurse, WHI cared for Jane in coordination with the Hyperbaric Department and the Infusion Center nurses. Margaret and Bethany provided assessment and wound care including management of the VAC. They discontinued the VAC on February 1, 2019. Bethany made a referral and requested a follow-up appointment with podiatry.

### **Hyperbaric Oxygen Therapy**

As Jane's wound healed, the various treatment modalities were discontinued. Jane's final destination was the Hyperbaric Department. Jane received her 40<sup>th</sup> hyperbaric oxygen treatment on March 13, 2019.

### **Coordination of Care between Ambulatory Services**

Immediately following her hospitalization, Jane was scheduled to continue antibiotic therapy for a minimum of one month with hyperbaric oxygen therapy and wound care. Great communication and coordination of appointments with the three departments (the Infusion Center, Hyperbaric Therapy and Wound Healing Institute (WHI)) was required to ensure that Jane received these treatments daily. Clinical nurses across departments notified each other of any concerns or changes in patient condition, changes in schedule or anticipated delays.



## 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