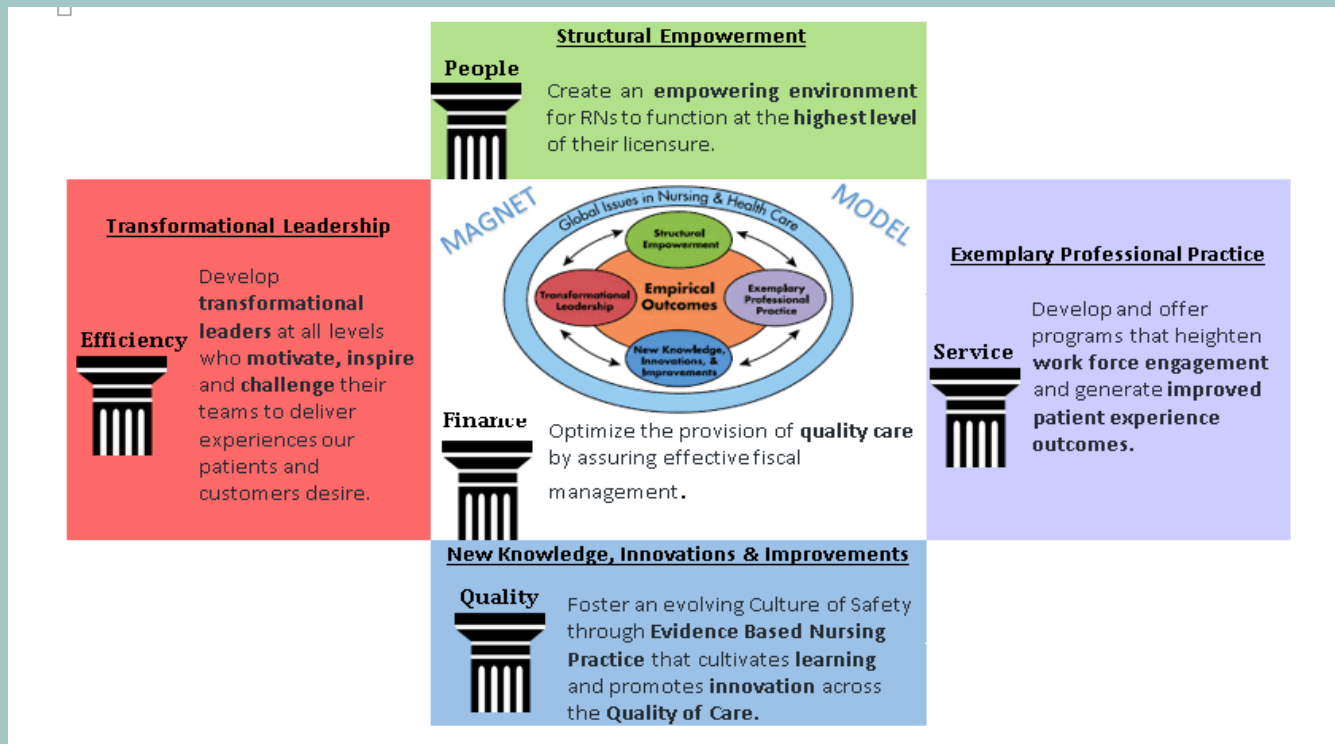
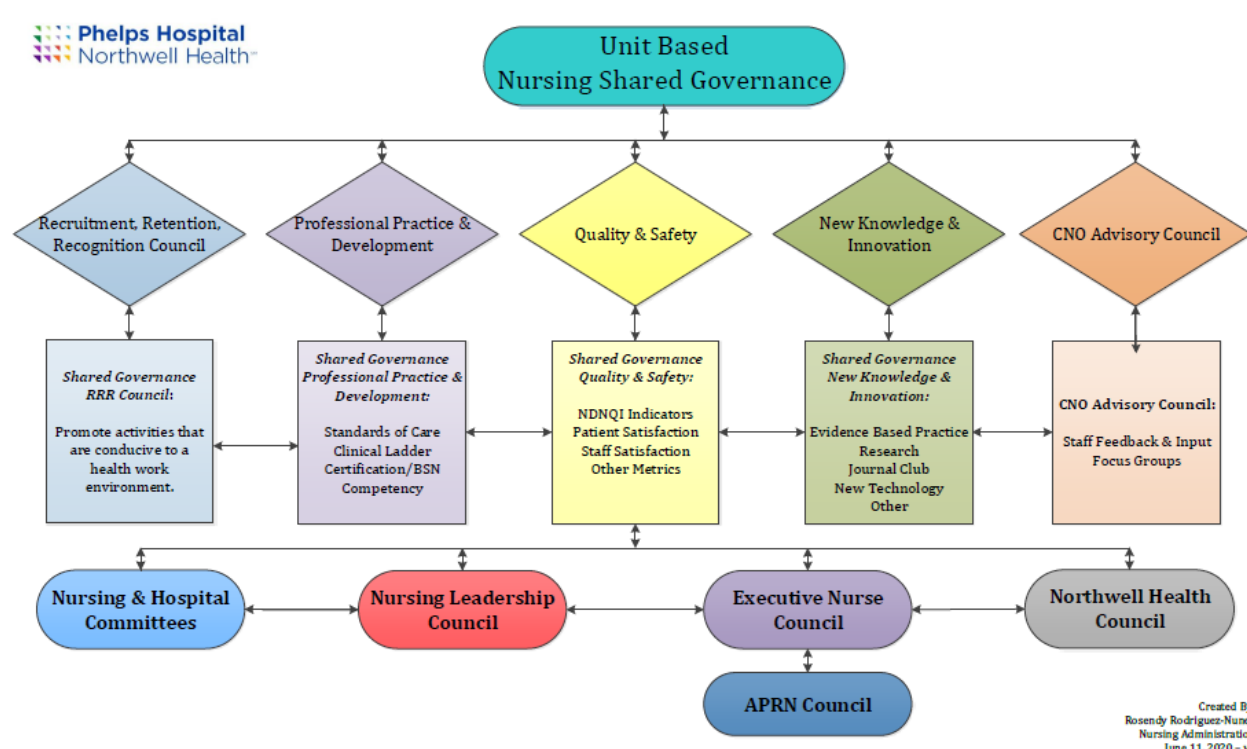


Infusion Center Magnet® Board Ambulatory - Oncology

Alignment of Nursing Strategic Goals with Magnet® Model



Transformational Leadership



Structural Empowerment

RECOGNITION



2019 Accredited with the COC Status!

Meet nationally – recognized standards for quality cancer care

ASCO QOPI Certification Program

2019 Received Certification from the Association for Clinical Oncology – Quality Oncology Practice Initiative ((QOPI®)

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19
RN Education					
RNs w BSN or Higher		90.91%	90.91%	91.67%	100.00%
2019 Unit Goal=Maintain 80% or higher	NDNQI	67.00%	69.57%	67.53%	67.58%
RNs w Professional Certification		45.45%	54.55%	58.33%	64.29%
2019 Unit Goal = 55%	NDNQI	44.96%	44.62%	43.03%	40.55%

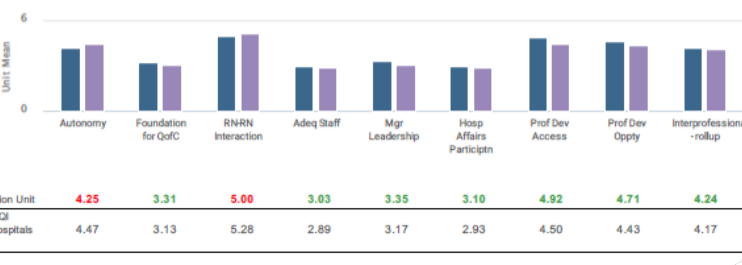
Exceeded 2019 Unit Goals!
100% RNs BSN or Higher!

Exemplary Professional Practice

Partnering with Patients and Families Influences Change in the Organization



Nurse Satisfaction Cancer Care: Infusion Unit June/2019



Phelps Hospital Northwell Health

2019 - Unit Level Dashboard

Cancer Institute

Measurement	Benchmark or Goal	1st Q '19	2nd Q '19	3rd Q '19	4th Q '19	Action Plan
Clinical Indicators						
Falls Per 1,000 Patient Visits	NDNQI	0.72	0.00	0.00	0.00	Falls and Fall prevention strategies discussed daily.
Falls with Injury Per 1,000 Patient Visits	NDNQI	0.00	0.00	0.00	0.00	
RN Education						
RNs w BSN or Higher		90.91%	90.91%	91.67%	100.00%	
2019 Unit Goal=Maintain 80% or higher	NDNQI	67.00%	69.57%	67.53%	67.58%	
RNs w Professional Certification		45.45%	54.55%	58.33%	64.29%	Many of the RNs do not meet eligibility criteria (employed < 2 years).
2019 Unit Goal = 55%	NDNQI	44.96%	44.62%	43.03%	40.55%	
Patient Satisfaction - INF						
Likelihood recommending services	Top Box%	78.0	78.0	81.3	86.0	
Care coordinated among Disc/caregivers	Press Ganey	85.5	85.9	86.0	86.0	
Quality of care recvd from nurse	Top Box%	79.5	79.9	84.8	90.0	1Q - Team STEPPS training
	Press Ganey	83.7	87.8	85.1	88.0	1Q - Team STEPPS training
	Press Ganey	87.0	87.1	87.0	87.2	2Q - Expressions in Humanism
Pain:						
How well was pain controlled - INF	Top Box%	76.7	73.1	77.8	82.9	3Q - New patient education on pain
	Press Ganey	73.5	73.6	74.0	74.1	
Patient Satisfaction - ONC						
Likelihood recommending services	Top Box%	84.9	86.0	86.2	88.2	
Care coordinated among Disc/caregivers	Top Box%	85.5	85.9	86.0	86.0	
Quality of care recvd from nurse	Top Box%	78.5	80.8	83.0	88.2	1Q - Team STEPPS training
	Press Ganey	79.5	79.9	79.9	80.0	1Q - Team STEPPS training
	Press Ganey	88.1	86.0	85.7	87.1	2Q - Expressions in Humanism
	Press Ganey	87.0	87.1	87.0	87.2	
Pain:						
How well was pain controlled - ONC	Top Box%	73.1	87.1	84.0	79.7	3Q - New patient education on pain
	Press Ganey	73.5	73.6	74.5	74.1	

NDNQI - National Database of Nursing Quality Indicators

4th Q 2019 – All measurements outperform the benchmark!

New Knowledge, Innovations & Improvements

Posters Presented Internally during Cancer Prevention Day

Phelps Hospital Northwell Health

COLORECTAL CANCER

NEETHU GOPINADH, MSN, RN, OCN, VA-BC™

Commission on Cancer ASCO QOPI

What is Colorectal Cancer?

- Begins when healthy cells in the lining of colon or rectum grow out of control, forming a malignant tumor
- The third leading cause of cancer related death in the U.S.

Risk Factors

- Age: older than 50 years
- Gender: Men have slightly higher risk than women
- Certain inherited conditions
- Ethnicity: African American
- Inflammatory bowel disease
- Personal or family history of colorectal cancer or adenomatous polyps
- Women with a personal history of ovarian or uterine cancer
- Physical inactivity
- Overweight or obesity
- Cigarette smoking
- Moderate to heavy alcohol use
- Diet: High in red meat or processed meat

Prevention

- Regular physical activity
- Diet rich in fruits and vegetables and low in red and processed meat
- Maintain a healthy weight
- Avoid excess alcohol
- Quit smoking
- Remove polyps larger than 1 centimeter

Who is at average risk?
People who **do not** have:

- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease
- A confirmed or suspected hereditary colorectal cancer syndrome
- A personal history of getting radiation to the abdomen or pelvic area to treat prior cancer

Who is at high risk?
People who **do** have:

- A strong family history of colorectal cancer or certain types of polyps
- A personal history of colorectal cancer or certain types of polyps
- A personal history of inflammatory bowel disease
- A known family history of hereditary colorectal cancer syndrome
- A personal history of radiation to the abdomen or pelvic area

Screening

American Cancer society recommends:

- For people with average risk start regular screening at age 45 and continue through the age of 75
- For people at high risk, start screening before age 45, be screened more often
- For people ages 76 through 85, based on person's preferences, life expectancy, overall health, and prior screening history
- People over 85 should no longer get screening

Test options

- Colonoscopy every 10 years
- CT Colonography every 5 years
- Flexible Sigmoidoscopy every 5 years
- Fecal immunochemical test every year
- Guaiac fecal occult blood test every year
- Multi-targeted stool DNA test every 3 years

Signs and Symptoms

- A change in bowel habits -diarrhea, constipation, or narrowing of the stool that lasts for more than few days
- A feeling that the bowel does not empty completely
- Bright red or very dark blood in the stool
- Frequent gas pains, bloating, fullness, cramps
- Unexplained weight loss
- Constant tiredness
- Unexplained iron deficiency anemia

Diagnosis

- Colonoscopy
- Biopsy
- Blood tests
- CT Scan
- MRI
- Ultrasound
- PET Scan

Treatment Options

- Surgery
- Radiation therapy
- Chemotherapy
- Immunotherapy
- Targeted therapy

About Clinical Trials

- Researchers conduct studies called clinical trials to learn whether a new treatment is safe, effective, and possibly better than standard treatment
- Talk with your healthcare team about the pros and cons of joining a specific study

Coping with Treatment and Follow up care

- Your health care team will work with you to prevent and relieve side effects
- Care does not end when active treatment is finished
- Include regular physical examinations, blood tests and imaging studies to make sure cancer has not returned and to monitor your overall health

What is survivorship?

- Living with, through, and beyond cancer
- Providing multiple opportunities to promote a healthy lifestyle, monitor for recurrence, and identify and manage long term and late effects

References

- Colorectal cancer guide (2019). Retrieved from <https://www.annco.org/colorectal-cancer>
- Colorectal cancer (2019). Retrieved from <https://www.annco.org/colorectal-cancer>
- About Colorectal cancer: (2018). Retrieved from <https://www.annco.org/colorectal-cancer>
- Colorectal Cancer: Patient Version. (2019). Retrieved from <https://www.annco.org/colorectal-cancer>



“Our River of Care is a Bridge to Wellness”

~ Professional Practice Model

