



JOURNAL

The Real Handoff in Healthcare:
DISRUPTION

10th Annual RNLMI Nursing Symposium
December 6th, 2019 | New York, New York

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Welcome Letters & Acknowledgements



Welcome and Overview

Welcome to the 10th annual 1199SEIU League and Registered Nurse Labor Management Initiative (RNLMI) Nursing Symposium — ***The Real Hand-off in Healthcare: DISRUPTION.*** As the RNLMI continues to support our RN workforce, the Symposium will highlight innovation in many dimensions. These include how we think and train as nurses; understanding who our patients and colleagues are, what their experiences are; and how to bridge the gap between academia and practice.

Dan Weberg, PhD, RN a national expert on innovation, and Head of Clinical Innovation for Trusted Health, a disruptive nursing workforce technology company in San Francisco is our keynote speaker. Dan will create a thoughtful and provocative discussion on how nurses and leadership need to view the future of the healthcare delivery system as disruption in practice overshadows our current system.

Amy Gladstein, Counsel, 1199SEIU Registered Nurse Division, will serve as moderator to a panel of inspiration leaders for a discussion on simulation training. Our panel-

ists include **Dan Weberg, PhD, RN**; **Jeffrey Groom, PhD, CRNA, FSSH**, a Fellow in the Academy of the Society for Simulation in Healthcare and a member of the Editorial Board for the *Simulation in Healthcare Journal*; **David Sheard (Dr)**, Founder, Nursing Care Matters Ltd and visiting Senior Fellow, University of Surrey, UK, and **Nadine Williamson, RN, BSN, MSN**, Vice President of the 1199SEIU United Healthcare Workers East.

David Sheard's breakout session, "Removing the Neutral Mask: Being More Human in a New Culture of Healthcare," will address how to lead clinical innovation and practice, drawing on his experience with the realities of dementia care and as a former external training consultant to the Alzheimer's Society. This remarkable presentation is a must-attend breakout for all nurses, as we deal with the unfortunate reality of dementia across the healthcare continuum. To complement David's presentation, representatives from AGE-u-cate will have an interactive experiential dementia simulation for participants to visit throughout the day.

Additional highlights of the day will be the other five breakout sessions, among them: "**Finance for the Nursing Professional**," a workshop to teach participants the methodology for staffing budgets and replacement factor; "**From Novice to Expert Across the Generations**," an exploration, through interactive learning, of ways to identify each generation's strength and shared values; "**I Know What to Do, So Why Don't I Do It?**," focusing on simple strategies that can help reduce the toll of stress upon a person's health and professional performance; **Simulation for RNs** and **Communication for Leadership**.

We are excited to receive 20 poster submissions from 13 participating institutions. RNLMI welcomes you to our 10th Annual Nursing Symposium!

Welcome from RNLMI

Can you imagine: This is the 10th Annual RNLMI Symposium! Over the past 10 years, there have been myriad changes in the healthcare landscape. With these changes comes the challenge of assuring that the 1199SEIU RN workforce is positioned to deliver the same high-quality patient care even as disruption takes place.

We have been working with the RN workforce to be prepared to create a culture of wellness as opposed to illness. This includes weaving the “Social Determinants of Health” into patient assessment and ongoing management. As we move forward, we will be working with the RNs using online and simulation training to provide “just-in-time” skill sets and to embrace new protocols and technology. We encourage you to take advantage of learning more about simulation training, which expands far beyond your CPR and ACLS training.

We encourage you to challenge the speakers, ask questions and open your minds to new ideas. In doing so, we hope by the end of the day you will be enlightened and able to share what you experienced today with your colleagues and—more importantly—begin to strategically work toward implementing best practices from the Symposium.

As always, the RNLMI has supported and will continue to support 1199SEIU RNs along this journey. We look forward to your feedback and thoughts on how we can optimize the learnings of the day.

Bernadette Braddy

Co-director

1199SEIU League Registered Nurse Labor Management Initiative

Welcome from the RN Division

Welcome to the 10th Annual RNLMI Nursing Symposium. This educational Nurses' forum, is themed: "The Real Hand-off in Healthcare: DISRUPTION." We hope to provide a deeper understanding of what technology and innovation truly is. This Symposium will highlight innovation in many dimensions, including how we think and train as nurses; understanding who our patients and colleagues are, and their experiences; and bridging the gap between academia and practice.

As Healthcare continues to evolve with new technology and as it shifts the delivery of care, as nurses, we must also make that shift. This is true for how nurses are educated, manage technology, and embrace new generations of healthcare providers. Innovation in healthcare comes in many forms, traditionally we think technology, but innovation goes further.

Innovations in both technology and education are impacting care in our facilities to the degree that nurses must be drivers of change in healthcare by leading from within and taking on more leadership roles' by advocating and influencing policy changes in the boardroom and legislatively.

We call each-and-every one of you to action. Action can be as small as educating yourself on the new technologies in your facility or as broad as finding out the new ideas and technologies worldwide that impact healthcare.

Enjoy yourself; Educate your peers; and Encourage other nurses to make that shift.

Sincerely,

Norma Amsterdam, RN, MA
1199SEIU Executive Vice President

Daniel F. Murphy, Jr.
Managing Partner
Putney, Twombly, Hall & Hirson LLP

Acknowledgements

Nurses serve as agents of change through innovation and leadership in the integrated healthcare delivery system. This educational forum provides opportunities to keep healthcare industry workers abreast of current and emerging trends in nursing practice and patient-centered care.

Our symposium is successful because of the collaboration with our labor and management partners; this event would not have been possible without each and every one of them.

The 1199SEIU League Registered Nurse Labor Management Initiative (RNLMI) would like thank all of our supporters, including the 1199SEIU RN Division; 1199SEIU United Healthcare Workers East; the League of Voluntary Hospitals and Homes of New York; our symposium planning committee; and the 1199SEIU Training and Employment Funds for their unwavering partnership and dedication.

Panelist and Speaker Bios

Dr. Dan Weberg

Dr. Dan Weberg is a nurse leader and expert in human-centered patient design and simulation and healthcare innovation with extensive clinical experience in the emergency department, acute in-patient hospital settings, and academia over past 13 years. He has extensive experience developing nursing technology strategy, collaborating with executive sponsors and key stakeholder groups, doing ground up collaboration



with frontline nursing and care delivery teams, and leading and influencing teams at unit level, hospital-wide, and across health systems to lead and sustain innovative technology, informatics and education change initiatives.

Dan is currently the Head of Clinical Innovation for Trusted Health, a disruptive nursing workforce technology company in San Francisco. Previously he held executive roles at Kaiser

Permanente in nursing innovation, research, and technology strategy across their 38 hospitals, 8 regions and sixty-thousand nurses. Dan is also founding faculty for the new KP School of Medicine.

He earned his Bachelors in nursing, and was in the first cohort to graduate from the Masters in Healthcare Innovation program at Arizona State University. Dan was also the first ever graduate of the PhD in Healthcare Innovation Leadership program at ASU under the mentorship of Dr. Kathy Malloch and Dr. Tim Porter-O'Grady. Dan's clinical background is in Emergency and Trauma nursing at level 1 trauma centers in California and Arizona. Dan is also faculty at The Ohio State University College of Nursing and taught and at Arizona State University in the subject of Innovation, and Leadership. He is on the editorial board for Nursing Administration Quarterly and faculty in multiple innovation fellowship programs.

He has authored 2 dozen peer reviewed articles, has over 100 presentations and has authored two text books "Evidence Based Innovation Leadership for Health Professions" & Leadership in Nursing Practice 3rd Edition both of which describe the leadership and collaboration skills needed to lead the future of healthcare delivery.

Amy Gladstein



Amy Gladstein serves as counsel to the Registered Nurse Division of 1199SEIU and in this capacity has worked with our union nurses and management to create an environment in which quality care can be provided, nurses are respected and access to health care is guaranteed.

Since 2002, Amy has also been responsible for directing the new organizing program for 1199 SEIU United Healthcare Workers East. In this capacity, she has negotiated and enforced numerous election procedure agreements, providing mechanisms for workers to choose union representation in a free and fair manner, and developed and directed strategic organizing campaigns.

She has had the privilege of working with an organization that is committed to using its members' power to win economic and social justice for both organized and not yet organized workers.

Amy graduated from Oberlin College in 1971 and cum laude from New York University Law School in 1974. After law school, Amy worked as a field attorney at Region 2 of the National Labor Relations Board for two years before leaving to be one of the founding partners of Gladstein, Reif & Meginniss.

David Groom

Over the last 30 years David has developed a reputation as a challenging and motivational speaker and as a leading dementia care consultant in the UK, Ireland, USA and Canada.



His main focus in speaking has been to hold up a mirror to reflect the realities of dementia care and what it really takes to 'get it'. After 15 years in health and social services in specialist dementia care posts, latterly as a General Manager-Old Age Psychiatry in an NHS Trust, he founded Dementia Care Matters in 1995. His purpose was to demon-

strate that dementia care is about emotional care, and that this is no different to what we all need in life.

For over 10 years he worked as an external training consultant to Alzheimer's Society.

David Sheard

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Psychiatry in an NHS Trust, he founded Dementia Care Matters in 1995. His purpose was to demonstrate that dementia care is about emotional care, and that this is no different to what we all need in life.

For over 10 years he worked as an external training consultant to Alzheimer's Society.

Nadine Williamson-Seals



Nadine Williamson-Seals, RN, BSN, MSN, is a Vice President in the 1199SEIU RN Division, covering facilities in the Bronx, Westchester and the Hudson Valley. She helps promote higher standards of nursing care and ethics, and works with nurses to improve quality, safety and service

within their nursing practice.

Ms. Williamson-Seals has been with 1199SEIU for more than 15 years. She is passionate about being a nurse advocate, working to win safe staffing. She is even more passionate about being a part of the labor movement and fighting for fairer and more equitable working conditions for working-class families.

“Working with 1199 has made me a better nurse,” said Ms. Williamson-Seals. “It has offered me a broad platform from which to advocate for patients, the nursing profession, the evolving healthcare system and the cause of social justice. It is my hope to use this knowledge to nurture veteran nurse leaders and help groom and recruit the next generation of RNs.”

Ms. Williamson-Seals holds a Bachelor of Science in Nursing from Rutgers University and a Master of Science in Nursing – Family Health Nurse Practitioner from Stony Brook University. She is a member of the American Association of Critical Care Nurses.

2018 Poster Competition Winners

Innovative Poster Award Certificate

FIRST PLACE

Mount Sinai Queens | Building a Dedicated Robotic Interprofessional Team to Improve Effectiveness and Efficiency for Patients Having Robotic Assisted Surgery

Anastasia Ninos, BSN, RN, CNOR; Jasmine Ruiz, BSN, RN; Ferdinand Bautista, BSN, RN; Lily Kanjanapatee, MSN, RN; Bernard J. Biviano, MD; Eric Edwards, MD; Rodel Passion; Daria Yurchak; Adrian Edwards

SECOND PLACE

Mount Sinai Beth Israel | Broset to Bernstein: Use of the Broset Violence Checklist (BVC) to Predict Patient Violence in an Acute Inpatient Psychiatric Setting

Taina Rivera, RN, BSN; Lydia Lopez, RN, MPA, NEA-BC; Melinda Lantz, MD

THIRD PLACE

Good Samaritan Hospital | NICU Caregiver Influenza Vaccine

Joanne Gunderson. RNC-NIC, RN-BC, MSN

Research Poster Award Certificate

FIRST PLACE

Bon Secours Community Hospital | Multimodal Methods for Pain Management in the Peri-Post Operative Bariatric Patient

*Cynthia Marsilio, RN, MSN, ANP, CHFN, MBSCR-C;
Donna Berry, RN, CMSRN, CBN; Megan Heckman, RN, BSN,
MBSCR-C; Melissa Leeper, RN; Kim Colegrove, RN, CBN*

SECOND PLACE

Mount Sinai Beth Israel | Medication Reconciliation -- Bring Your Bottles Improving Medication Reconciliation in a Cardiac Interventional Unit

*Mary Cronin, RN, CCRN, CMC; Alexandra Castillo, MSN, RN, B-C; Rena Englander, RN, BSN;
Mirtha Berrouet, MSN, RN, CCRN; Teresa Reynes, BSN, RN*

THIRD PLACE

Good Samaritan Hospital | Patients are the Ultimate Winners of Multidisciplinary Rounding

Maureen Kroning, RN, MSN, EdD; Kenneth Janowski, DO; Bijo Chacko, MD; Anne Foran, MSN, PCCN, RN; Rowena Estera, MSN, CCRN, RN; Maureen Stewart, MS, AARN, CCRN, RN; Kathy Kelly, BSN, CCRN, RN; Eileen Duffany, BSN, CCRN, RN; Noreen Pfaffenberger, MSN, CCRN, RN; Adina Rapoport, BSN, RN

JOURNAL ARTICLES

Bon Secours Community Hospital

*Sophie Crawford-Rosso, RN, MSN, NE-BC; Regina Stafford, DNP, NE-BC;
Karen DeStefano, DNP; Joan Orr, RRT; Elinor Lee, RRT; Peter Lisker, RRT;
Ashley Drapala, RRT; Jason Rashford, Manager of Community Health;
Barbara Demundo, RN, Director of Community Outreach; Gina McDonald, RN;
Ann Maver, Certified Vinyasa Yoga Instructor, Reiki Master, Certified in Reflexology*

Population and Community Health: Smoking Cessation

INTRODUCTION

Preventing Chronic Diseases Action Plan is an evidence-based New York State initiative that assists healthcare organizations in focusing on education initiatives and changing modifiable behaviors such as smoking. The Prevention Agenda's Priority Areas serve as a blueprint for state and local actions to improve the health of New York communities.

Support for community health improvement strategies is based on evidence that certain health behaviors increase risks for four chronic conditions that, together, cause more than 50 percent of deaths.

- Three health-risk behaviors: unhealthy diet, sedentary lifestyle and tobacco use.
- Four chronic conditions: cardiovascular disease, cancer, chronic lower respiratory disease and diabetes.

- These four conditions cause more than 50 percent of all deaths in the vast majority of communities.
- Our focus for this community service project is awareness of smoking hazards, i.e., tobacco, as well as tobacco-less (smokeless, e-cigarettes) products.

Tobacco smoke contains a deadly mix of more than 7,000 chemicals; hundreds are harmful, and approximately 70 can cause cancer. Smoking increases the risk for serious health problems, many diseases and death. People who stop smoking greatly reduce their risk for disease and early death. Although the health benefits are greater for people who stop at earlier ages, there are benefits at any age.

The target populations for this evolving project are kids, adolescents, young adults and adults.

In partnership with the Orange County Health Department, Orange County hospitals and health and human services agencies, Bon Secours Community Hospital has chosen the following Prevention Agenda goals to work toward over the next three years:

- Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products by youth and young adults; and
- Promote cessation of tobacco use.

As directed by the New York State Prevention Agenda Priority Area of chronic disease prevention, the evidence-based interventions include use of media and health communications to highlight the dangers of tobacco use and reshape social norms.

STATEMENT OF ISSUE

Cigarette smoking is the leading preventable cause of death in the United States. Cigarette smoking causes more than

480,000 deaths each year in the United States. This is nearly one in five deaths. Smokers are more likely than nonsmokers to develop heart disease, stroke and lung cancer. Even people who smoke fewer than five cigarettes a day can have early signs of cardiovascular disease.

Smoking causes diminished overall health, increased absenteeism from work, and increased use of health care services and higher costs. If nobody smoked, one of every three cancer deaths in the United States would not happen.

Tobacco use can lead to tobacco and nicotine dependence and serious health problems. Quitting smoking greatly reduces the risk of developing smoking-related diseases. Tobacco and nicotine dependence is a condition that often requires repeated treatments.

Smokers can and do quit smoking. In fact, today there are more former smokers than current smokers. Many cigarette-smokers want to quit smoking, and Bon Secours Community Hospital can provide the education and support to make this a reality.

METHODS

PDSA is a recurrent, four-stage, problem-solving model used for improving a process or carrying out change. The PDSA cycle is one system used to ensure continuous improvement. PDSA is an acronym for Plan, Do, Study and Act (or Adjust). By engaging in rapid cycles of Plan, Do, Study, Act (PDSA) prompts, our team and target audience learn fast, fail fast, and improve quickly. That failures may occur is not the problem; if we fail to learn from them, that is. Recurring education is a continual process that will be supported by the team of Bon Secours Community Hospital.

Through embracing the wisdom of our team, Bon Secours Community Hospital has the ability to accomplish more education and support together than even the best of us can accomplish alone. We have approached this ongoing community

project through a multi-faceted team, including nursing, respiratory and community liaisons, to reach many populations in our community. We look for new opportunities to mobilize our team to go into the community and provide this needed education.

RESULTS

Bon Secours Community Hospital has used media, posters and hands-on interactions to demonstrate the effects of smoking. We have attended community events to present education on the health risks of smoking and vaping to middle- and high-school students, as well as to adults. In Spring 2019, Bon Secours Community Hospital sponsored a Health and Wellness Fair. One area dealt specifically with smoking cessation. This event reached 160 community members with a hands-on demonstration of a healthy lung versus a diseased smoker's lung. Evidence-based education materials were provided for reinforcement, including cessation resources.

In Summer 2019, our team participated in a large community gathering on National Night Out. The same educational experience was provided to approximately 500 community members. In the beginning of the school year, Fall 2019, we participated in the local high school's Career Day, and used this opportunity to present education on respiratory therapy and nursing careers. We provided material on the health risks and dangers of smoking and vaping to demonstrate the impact of this habit on health and the healthcare system. This detailed education received great feedback from the students as well as the faculty.

Again in Fall 2019, the education became more focused on the hospital community setting, where education was provided to the staff of Bon Secours Community Hospital. Educational materials were provided on smoking cessation resources. A

guided meditation room was provided for staff to visit instead of going out for a cigarette break.

This is a continually evolving project in which we will seek out ongoing educational opportunities.

CONCLUSION

Smoking cessation is a dire need in our community, as we have a large inpatient population diagnosed with COPD and heart failure. The community we serve has an overabundance of tobacco smoke shops, making these products readily available to all age groups. Through our community outreaches, we have witnessed first-hand that people want more information for themselves and their loved ones on how to be successful in conquering the smoking habit. The recommendation from the CDC and the NY Department of Health is for a continuously focused population education program on smoking cessation, to decrease chronic diseases such as cancer, heart disease and stroke—leading causes of death.

Brookdale University Hospital and Medical Center

Delta Williams; Sharon Simmons

Promoting a Collaborative Work Environment Through Team Nursing

INTRODUCTION

Brookdale University Hospital and Medical Center is a private, nonprofit teaching hospital located in Brownsville/East New York. Brownsville/East New York residents are afflicted with asthma, heart disease, HIV, diabetes, high blood pressure, substance abuse, mental health issues and a high infant mortality rate. In 2005, St. Mary's Hospital closing its doors impacted Brookdale, leading to a greater influx of patients and an increase in length of stays. This influx of patients also increased the amount of patients using the Emergency Department for non-urgent health conditions.

STATEMENT OF ISSUE

The greater influx of patients led to overcrowding of patients in Brookdale's Emergency Department. This placed an economic

burden on the hospital, a shortage of hospital beds, delays in laboratory tests and a shortage of nursing staff which, in turn, created high nurse-to-patient ratios, patient and nursing dissatisfaction, nurse burnout and increased job turnover.

In 2014, Brookdale converted from paper charting to an EMR system known as EPIC, which provides reports on certain patient issues. Among the issues identified was that patients were not evaluated in a timely manner and left the hospital without being seen, due to long wait times.

Patient satisfaction is tied to hospital reimbursement (Pay for Performance), and inadequate or poor care can also be detrimental for institutions that are financially unstable. Therefore, it was imperative that new strategies be implemented at Brookdale to improve patient and staff satisfaction, wait times and the safety of our patients.

METHODS

Solving this problem required a joint effort on the part of management and nursing staff (RN, PCT). A team comprised of nursing leaders and staff nurses met to brainstorm ideas on how to improve the quality of care and patient and staff satisfaction. Collaboratively, the team chose to implement Team Nursing in the Emergency Department.

The quality improvement model used for this project was the plan, do, study, act (PDSA) cycle of change. PDSA method provides means of testing a change before it is implemented. The four-step process guides users in breaking down the tasks into small steps, then evaluating the outcome and improving or testing it again, before changes are cemented. (AHRQ, 2015).

Team Nursing is a model of care which calls on the diversity of skills, education and qualification levels of the staff within a nursing unit, on a shift-by-shift basis, to deliver safe patient

care. The nursing team includes registered nurses, nurse technicians, nurses' aides, licensed practical nurses and student nurses (Cioffi & Ferguson, 2011; Dickerson & Latina, 2017).

RESULTS

Team Nursing led to the following improvements in:

- communication among the team
- accountability
- patient and nursing staff satisfaction
- the number of patients leaving without being evaluated
- timely assessment
- nurse turnover rate

CONCLUSION

Nurses expressed that Team Nursing assignments and nurse-to-patient ratios are less overwhelming, and communication improved among team members.

“Team nursing can improve nurse satisfaction as nurses feel supported in an environment that is collaborative, and staff communication improves” (Kalish, Lee & Rochman, 2010)

The team recommendation is to institute Team Nursing on the night shift.

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Brookdale University Hospital and Medical Center

Dawn Freeman, MSN/ED, RN, CNRN, SCRNP, WCC, RN-BC;

Tiffany Mc Neil, BSN, RN;

Katherine Medina, MPH, RN, CEN

Patient Throughput Initiatives at Brookdale University Hospital and Medical Center

INTRODUCTION

Patient flow is the movement of patients through a healthcare facility. It involves the medical care, resources and internal systems needed to get patients from the point of entry to the point of discharge from the facility. All this is to be done while maintaining quality of care and patient and staff satisfaction. Like many other healthcare facilities, Brookdale faces many challenges that impede smooth patient flow.

One of the projects Brookdale engaged in involves the hand-off of Emergency Department patients to the inpatient units. The process changed from a telephonic hand-off to an electronic hand-off. The main goal of this process is to expedite the movement of admitted patients with beds assigned to the medical-surgical and telemetry units. Being able to move these patients expeditiously decreases overcrowding in the Emergency Department.

STATEMENT OF ISSUE

The telephonic hand-off process used for Emergency Department patients with beds assigned was causing major delays. The time from bed assignment to admission on the inpatient medical-surgical and telemetry units was up to 3 hours on average. This was causing overcrowding in the Emergency Department.

METHODS

The PDSA cycle was used to guide this process change.

Plan – A plan was discussed to test the electronic hand-off. A process map was created, with input from Emergency Department, inpatient unit leadership and head nurses.

Do – The process was first trialed in one of our medical-surgical units for six (6) weeks. Then it was implemented on another medical inpatient unit for four (4) weeks and, lastly, in our telemetry unit.

Study – The team met every two (2) weeks throughout the trial period to discuss the process. Data was reviewed.

Act – The process was refined throughout the trial period. Data was reviewed to analyze the effectiveness of the electronic hand-off.

RESULTS

The electronic hand-off process has been a success. We have been able to reduce our bed assignment-to-exit times. It is at the lowest point it has been in more than one (1) year.

CONCLUSION

Next steps will include:

IT project to set up large monitors on the inpatient units that will display the incoming patients list, in order to make it easily visible for all staff on the units. This will serve as an additional notification to the inpatient units.

Hospital policy will be amended to include the electronic hand-off process.

Good Samaritan Hospital

Jo-Ann Robinson, DNP, APN-BC, RN-BC, C-OB;

Diane Millett, MBA, BSN, RN-BC, CEN

Transitioning Displaced Outpatient Nurses into the Inpatient Acute Care Setting: Collaboration Between 1199SEIU and Nursing Management

INTRODUCTION

The Weiss Renal Center, a large outpatient dialysis center at Good Samaritan Hospital in Suffern, was closing due to a decrease in the community's service-specific needs. Human Resources, 1199SEIU and nursing management collaborated to offer positions that best fit the displaced nursing staff, so they could continue employment at the hospital.

STATEMENT OF ISSUE

The outpatient nurses had transitioned from the inpatient acute setting numerous years prior, and were concerned about mastering the necessary skills in order to be successful in their new specialties. After meeting with nurses and listening to their concerns, the Professional Development and Education

Department developed a comprehensive education plan to offer a six-month residency for all displaced nurses who were obtaining positions in critical care, cardio-vascular intensive care, neonatal intensive care and the cardio-suite prep/recovery units. An orientation timeline with measurable objectives was implemented to educate and monitor the orientees' progress, in order to meet the goals of the residency.

METHODS

An extensive review of the literature on creating and implementing a critical care nurse residency was completed and incorporated into the development of the orientation program.

The residency used Patricia Benner's From Novice to Expert modeling of the stages of clinical competence so that the orientee would start as a novice nurse in the acute hospital setting before transitioning to a critical care area. Adult critical care orientees would start on general medical/surgical units in order to acquire basic skills and become proficient in this area before progressing to telemetry units and then further advancing. Neonatal intensive care orientees would start orientation in the newborn nursery to develop basic skills before transitioning to a higher level of care.

All orientees had to meet specific objectives and outcomes in order to advance in their orientation, using a step-by-step approach.

Critical care didactic education in a traditional classroom setting was provided throughout the six-month orientation.

Intermittent clinical skills sessions were provided to improve confidence and competence during the program.

Weekly meetings with the manager, nursing professional development practitioner, preceptor and orientee were arranged, to guide the orientation process. Strengths and opportunities for improvement were discussed. Goals were mutually

agreed upon. Since it was a fluid process, timelines and unit assignments were adjusted, based upon the individual's advancement.

RESULTS

All orientees successfully completed nursing orientation and transitioned from the outpatient to inpatient acute care setting. At the one-year mark, our hospital's retention was 88 percent, and at the two-year mark, retention was 75 percent. Reasons given for leaving the organization were:

- Return to an outpatient dialysis center; or
- Change of career.

Thirty-eight percent of the nurses realized that they needed to acquire more medical/surgical skills, and stayed on this type of unit instead of moving onto a critical care unit as originally planned. An anonymous survey was distributed upon completion of the residency. Results showed that although the nurses were upset about being displaced, they strongly agreed with the education plan and objectives of the nurse residency program.

A follow-up two-year survey was administered to these nurses to evaluate the efficacy of the nurse residency program and adjust for the development of future programs. Results showed that allowing time and support of co-workers is imperative for success. The classes and extended length of the orientation provided support during the transition. Also, the nurses identified that transferring to a medical/surgical unit prior to a critical care area is beneficial for building upon necessary skills and confidence.

CONCLUSION

Usually nurses make the decision to switch specialties due to intrinsic motivators such as the desire to grow their career. Unfortunately, when nurses are displaced, this decision is made for them. Not much is found in the literature to share best practices on how to support or educate displaced nurses transitioning from the outpatient to the acute inpatient setting. With collaboration among 1199SEIU, nursing management and Human Resources, the Professional Development and Education Department developed a comprehensive education plan that successfully transitioned these nurses with a formalized nurse residency program, using Benner's From Novice to Expert model. A recommendation for the future is for nurses to transfer to a medical/surgical unit in order to provide them with the necessary skills and confidence, prior to working in a critical care area. Additional research studies are needed in this area.

REFERENCE

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park: Addison-Wesley.

Good Samaritan Hospital

*Lise Crapella, ANP, WOCN, CHRN;
Heidi Grecco, MSN, RN-BC, AHN-BC*

Against Most Odds: A Case Study Interdisciplinary Team's Approach to Limb Salvage

INTRODUCTION

Twenty-four million people in the U.S. are diabetic. Thirty-three percent of the cost of treating diabetes is linked to treatment of diabetic foot ulcers. Despite treatment, 33% of diabetic foot ulcers fail to heal in 20 weeks, and are the most common cause of non-traumatic lower extremity amputations. Eighty thousand amputations are done annually and are associated with higher mortality rates. According to Health People: Community Preventive Health Institute, this is a public health crisis with social impact.

Coordination of care by a limb-salvage team, including nursing, is extremely important.

A 64-year-old male with a diabetic ischemic foot was seen as an outpatient in the Wound and Hyperbaric department at Good Samaritan Hospital. An interdisciplinary approach, in which nurses played a pivotal role in coordination of care, led

to a successful patient outcome by avoiding the loss of our patient's limb.

STATEMENT OF ISSUE

Access and commitment of both patient and limb salvage team is often coordinated by nursing. The length of time in which the team is involved with the patient presents numerous challenges, including providing care weekly or, more often, coordinating appointments for the wound care and hyperbaric treatments, working with home care nurses and DME companies to arrange supplies for patient, and ensuring ongoing communication regarding the patient's progress. Due to the long course of treatment, the patient's anxiety and frustration requires the nurse and the team to be patient, understanding and encouraging on a regular basis.

METHODS

The Interdisciplinary Model provides a healthcare approach that places importance on each team member's contribution, and promotes a highly coordinated effort at decision-making. This perspective occupies the middle ground between absolute physician authority and shared decision-making among team members. Our Wound and Hyperbaric department follows the Interdisciplinary Model.

The limb salvage team was comprised of Podiatry, Vascular Surgery, Wound Care nurses, WOCN, NP and Hyperbaric technicians. Referrals and communication between the interdisciplinary team was focused on working together to develop a continuum of care, helping the patient adhere to that plan and ultimately leading to limb salvage.

RESULTS

After six months of interdisciplinary collaboration, coordination of care by the nursing team and expertise of the limb salvage team, the patient was discharged without loss of limb.

CONCLUSION

Given the high rate of limb amputations associated with diabetic foot ulcers, the successful outcome for this patient was rare. Nursing played a vital role as a member of the outpatient wound care center interdisciplinary team. By integrating evidence-based practice and using conventional, novel and adjunct therapies in this complex case, the highest level of care was maintained and allowed for limb salvage.

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Our Journey to Becoming an Age-Friendly Hospital

INTRODUCTION

This project describes Jamaica Hospital Medical Center (JHMC)'s journey to becoming an age-friendly hospital. The Age-Friendly Health Systems Initiative, developed in a partnership of the Institute for Healthcare Improvement (IHI), the John A. Hartford Foundation, the American Hospital Association and the Catholic Health Association of the United States, was designed to improve hospital care to older adults by ensuring that it is evidence-based, causes no harm and aligns with what matters to older adults and their family caregivers.

The Age-Friendly Initiative involves providing high quality care in four areas, designated as the 4Ms:

- **What Matters:** Ascertaining what each older adult's specific goals and healthcare preferences are, and aligning care to those goals.
- **Medication:** Using evidence-based guidelines to choose medications and administer medications that are safest for use in older adults.

- **Mobility**: Ensuring that older adults move safely in the hospital setting, and that their functional status is maximize
- **Mentation**: Identifying, preventing and treating dementia, delirium and depression.

STATEMENT OF ISSUE

The population of the United States is aging. Currently, there are more than 46 million older adults, ages 65 and older living in the U.S.; by 2050, that number is expected to grow to almost 90 million. Older adults are hospitalized more frequently than younger adults and have longer hospital stays. Despite the fact that older adults comprise up to 40 percent of a hospital's patients, hospitals are often not prepared to meet older adults' complex care needs, and older adults frequently suffer negative outcomes during hospital stays.

METHODS

JHMC started its age-friendly journey in the third quarter of 2019 on three inpatient medical units. Nursing leadership and nursing staff representatives of the inpatient medical units met to strategize and design a plan for meeting the 4Ms. A thorough review of the literature was conducted, to ascertain best practices in all four areas. Analysis of workflow was completed to ascertain how best to incorporate age-friendly practices into our daily nursing routine. Education on best practices in the care of hospitalized older adults was provided by the nurse researchers. The 4Ms were implemented as follows:

- **What Matters**: One question was added to the Nursing Admission Assessment: "What matters most to you during your hospital stay?"
- **Mentation**: Each patient is assessed for delirium using the

Confusion Assessment Method every 12 hours.

- **Mobility:** Each patient is assessed for mobility using a standardized assessment on admission. Every patient is placed in a mobility program for the duration of his or her hospital stay.
- **Medication:** Each patient's medications are assessed using an evidence-based assessment for medication use in older adults. Recommendations for changes and de-prescribing were implemented.

Daily rounds were conducted by nursing leadership to encourage and educate nursing staff and patients on the initiative.

The program was initiated using paper documentation forms. Within one month following implementation, all documentation was transferred into the electronic medical record and incorporated into the daily documentation processes.

RESULTS

The program is ongoing. Data collection is ongoing; reports demonstrate 90-to-100 percent compliance in all four areas of the program (4Ms). Nursing staff is engaged and excited about improving care for hospitalized elders.

CONCLUSION

The JHMC program has received designation by IHI as “on the journey to age-friendly.” We anticipate receiving designation as an age-friendly hospital in the next year.

Plans are to expand to the entire hospital.

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Long Island Jewish Forest Hills — Northwell Health

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Shifting a Work Culture to Elevate the Patient Experience and Clinical Improvement

INTRODUCTION

Improving women's health requires patient-centered teamwork across the continuum, from Labor and Delivery to Post-Partum to Nursery. For this project, leadership created opportunities for nursing staff to get to know and respect each other, which re-ignited their passion and removed the barriers that created silos that didn't focus on shared goals.

Leadership implemented a refocused process that built strong partnerships with providers and staff. Keeping family as the center of all interactions kept all key stakeholders on target to accomplish unit goals. Our Baby-Friendly designation was earned in March 2017, and since that time, the New Life Center has had substantial increases in the metrics related to patient experience, especially the 14.4 percent increase in the Likelihood to Recommend over two years' time, which confirmed that the culture of the New Life Center had become significantly more patient-centered.

PROJECT GOAL

Prior years' metrics revealed a lack of patient-centered care, a reduced culture of safety, and low employee engagement. Our goal and the purpose of the initiative was based on close assessment of declining metrics related to the patient experience. The aim was the unification of a very diverse staff, to create a culture shift focused on one shared goal: the patient and birth experience.

The culture shift enhanced a great overall unit outcome, which demonstrated ongoing positive experiences for families. Seeing the thread connecting Labor and Delivery to Post-Partum to Nursery motivated each front-line employee, and reset our goals on the drive to excellence, unifying a diverse culture.

STATEMENT OF ISSUE

2017 revealed declining metrics, low employee engagement, staff not being aware of what the measurable data was, and why outcome mattered. A lack of evidence-based practice and the lack of teamwork indicated the need for a new approach. Implementation of shared governance would unify the New Life Center culture, bringing accountability through teamwork.

METHODS

Leadership set the stage without reducing the individuality of each unit, celebrating diversity, and creating a culture by which excellence and teamwork create the patient-centric model. Success depended on the culture change prior to introducing tangible amenities with a Patient Experience Bundle (celebratory dinner, photography, Baby-Friendly designation, etc.).

RESULTS

Press Ganey (Likelihood to Recommend) increased from 64 percent in 2017 to 78.4 percent in 2019, proving that LIJ-FH Maternity is a choice destination for mothers in Queens, NY. LIJ-FH was the second hospital in the Northwell Health system to receive the Baby-Friendly designation, which is sustained annually. Other metrics also showed the cohesion of our unit, Barcode Medication Administration (BCMA) compliance increased from 41 percent in 2017 to 91 percent in 2019, Year To Date (YTD). By August 2018, teamwork was evidenced by achieving a 98 percent increase within one month of nurses becoming compliant with the GE Healthcare Electronic Fetal Monitoring Course. In 2016, the three maternity units were Tier 3 in employee engagement. YTD, the Nursery and Post-Partum are at Tier 1, while Labor and Delivery are Tier 2. Communication with nurses rose from 73.1 percent in 2017 to 81.5 percent in 2019. Response of hospital staff rose from 65.4 percent in 2016 to 70.6 percent in 2019.

CONCLUSION

Creating a culture in which the leaders build trust creates mutual connection with employees to improve interpersonal relationships and ignite their passion. Introducing shared governance as a strategy creates champions and aligns goals with employees, and investing in them leads to positive outcomes that move metrics and maintain sustainability.

Key findings and final takeaways are best practices that always support this innovation:

- Eliminate silos
- Ignite your staff
- Be transparent

Long Island Jewish Forest Hills — Northwell Health

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No Heel HAPIs

INTRODUCTION

The National Pressure Ulcer Advisory Panel (NPUAP) defines a pressure injury as a localized injury to the skin and/or underlying tissue as a result of pressure, or when soft tissue is compressed between a bony prominence and an external surface for a prolonged period of time (NPUAP 2018)

STATEMENT OF ISSUE

In 2017, at LIJ Forest Hills, there were 41 Hospital Acquired Pressure Injuries (HAPIs); 18 were lower extremity Hospital Acquired Pressure Injuries.

METHODS

The age demographics were from 27 to 101, both genders were included, and they came from all units (excluding emergency room and labor and delivery). Patients who are immobile, be-

dress, contracted, Braden Scale below 19, and with impaired skin integrity were targeted. Heel protectors were put on PAR, stocked twice a day, in-services were given for appropriate use, and two-RN validation and assessment on admission.

RESULTS

One hundred percent compliance for nursing in-service, a decrease in total HAPIs to 14, and no heel/lower extremity HAPIs in the past 22 months.

CONCLUSION

At the beginning of the year, the goal was to see a 25 percent reduction in the amount of heel/ lower extremity HAPIs. Upon implementation of all of these interventions, we were able to see a complete decrease of hospital acquired heel/lower extremity pressure injuries to ZERO for the past 21 months.

Montefiore Medical Center

— Wakefield Division

Emergency Department and Medical-Surgical ICU Staff – Wakefield Division

Facilitating Timely Transfer of Adult, Critically Ill Patients from Emergency Department to Intensive Care Unit

BACKGROUND

The number of critically ill adult patients in the Emergency Department (ED) is increasing, resulting in longer wait times in transferring patients to the Intensive Care Unit (ICU). Positive outcomes for critically ill patients depend on time-sensitive critical care interventions. Delays in transfer to the ICU are associated with increased length of hospitalization, higher healthcare costs and morbidity and mortality rates.

STATEMENT OF ISSUE

Early intervention is crucial in stabilizing and preventing further deterioration of critically ill patients. ICU level of care for critically ill patients in the ED is not adequately delivered. Caring for critically ill patients in the ED creates a tremendous

pressure on an already overextended ED staff. Other contributing factors are the shortage of ICU beds and throughput issues for the appropriate levels of care. As a result, there are delays in timely transfer of patients to the ICU. For each hour a patient is delayed in the ED, mortality rates increase 1.5% (DiSomma et al., 2015). Current evidence supports timely transfer of critically ill patients to the ICU. Thus, the purpose of this quality improvement project was to decrease ED-to-ICU patient transfer time from the baseline median of 230 minutes to 60 minutes, between January 2019, and June 2019.

METHODS

The Quality Improvement Plan, Do, Study, Act (PDSA) method was used for this project.

Plan:

- A multidisciplinary team was formed from volunteer staff of both the ED and ICU.
- Baseline data was collected for a month prior to project start (December 2018).
- ED-to-ICU transfer and admission processes were evaluated.
- Preliminary project team meetings were set to identify barriers, solicit ideas from staff and map out project implementation.

Do:

- A meeting with ED and ICU staff was convened to present preliminary findings.
- Project plans and parameters were initiated; transfer time of 60 minutes from time bed assigned to occupancy by a patient was established.
- Evidence-based interventions were developed.

- Evidence-based practices:
 - » enhance team-approach to patient care;
 - » promote effective collaboration between ED and ICU;
 - » establish a workflow for patient transfer and admission; and
 - » standardize patient hand-off and use of a transfer checklist.
- Staff education: workflow and standardized hand-off occurred over one month (January – February 2019) during huddles, staff meetings and change of shift.
- Weekly team meetings to evaluate the implementation of interventions.

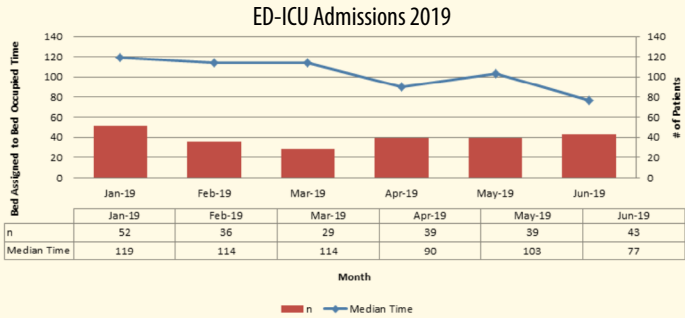
Study:

- Data collected and analyzed from January 2019 - June 2019
- Feedback and recommendations were solicited to identify barriers to practice improvements and to facilitate implementation.
- Interventions were tracked and monitored to promote adoption of practice improvements.

Act:

- Periodic evaluation and analysis were conducted to refine the process map and the hand-off transfer checklist.
- Iterations to the improvement process continued until a consensus was reached on the overall impact of the practice change and the achievement of project outcomes.

RESULTS



CONCLUSION

Patient transfer from ED to ICU is an ongoing project. Though the goal was not achieved during the specified period, continued efforts to improve reflected a trend toward a decreasing transfer time. Identified reasons for the transfer delays involved patient transports to computed tomography (CT) scan enroute to ICU, poor communication between medical, nursing and support services in both departments, and issues related to ICU bed availability. Other project outcomes include improved patient transfer workflow, standardized hand-off, enhanced communication and strengthened team collaboration between ED and ICU personnel. Lastly, staff members expressed enhanced patient safety and job satisfaction with the improvements made thus far.

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Mount Sinai Brooklyn

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Battling Candida Aerus

INTRODUCTION

In January 2018, patients admitted from nursing homes were identified with Candida Aerus (C. Aerus). The C. Aerus was spreading from the ICU, to Step Down, to Med-Surg Units. A containment plan was developed among Infection Control, Environmental Services, Clinical Leadership and Staff.

STATEMENT OF ISSUE

Identify and control the spread of C. Aerus.

METHODS

TEAMSTEPPS' (Morning Huddles) identification of patients in the Emergency Department with active or suspected C. Aerus resulted in early isolation. Leadership notification was sent to inform all clinical departments.

The team strategized a contingency plan to properly man-

age care, while containing the spread of C. Aerus.

RESULTS

To date, no hospital onset of C. Aerus.

CONCLUSION

Always be on guard for high-risk patients. Isolate any patient at risk.

Mount Sinai Beth Israel

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Opioid Overdose: Risks, Prevention and Reversal

INTRODUCTION

Opioid analgesics are recognized as a legitimate medical therapy for select patients. However, opiates are associated with risks for patients and general society that include misuse, abuse, diversion, illicit use, physical dependency, addictions and overdose deaths. The project goal is to educate and encourage nurses to inform patients, families, significant others and peers of the risks of opioid overdose as well as prevention and reversal of dependence.

STATEMENT OF ISSUE

Based on CDC data, 48.5 million Americans have used or misused prescriptions drugs. Opioid deaths have increased in the United States over the past few years, with nearly 71,000 deaths in 2017. These deaths involve both prescription and illegal opioids that affect all ages, socio-economic statuses, ethnicities, genders and cultures within our diverse population.

METHODS

Using cognitive behavioral therapy, the nurses meet with the patient individually for a health review and discuss the risks associated with being on methadone as well as identification of other risk factors the patient may have. The nurses' discussions with the patient include the risks to the patient's family and significant others. The nurses work with the clinic counselors in a team approach, to provide video support, hands-on practice and distribution of naloxone (Narcan) kits.

RESULTS

In communities that provide naloxone training, data has shown there is a 38 percent reduction in opioid-related deaths, when naloxone is initiated early. The MSBI OTP programs are working to ensure that our patients are educated on overdose risks and reversals. The program also provides education and training to nursing and community groups. To date, the program has trained over 1,480 patients and others on overdose prevention and reversals.

CONCLUSION

Based on data from the NYC Department of Health, opioid overdose is now the leading cause of accidental death in NYC and the U.S. The overdose data affects ages from birth to 14 and through the age 65 and older group. Education on overdose reversal and distribution of naloxone needs to be provided to all patients who receive opioid medications. The recommendations we encourage include:

- All nurses should educate patients, families and friends on appropriate dosing and overdose risks for specific drugs.

- Nurses must provide education on the safe use of controlled substances in all healthcare settings.
- Educate the patient on the importance of securing controlled substances to decrease access to unauthorized users.
- Engage other members of the health team in the importance of prescribing wisely.
- Provide information related to overdose reversal and naloxone kit availability to the patient and significant others.
- Engage other members of the health team in the importance of facilitating referrals and treatment options for those with addiction issues.

Mount Sinai Queens

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14 Miles and Counting: CARE II Patient Mobility on 3 West

INTRODUCTION

Increased mobilization of patients in the inpatient setting has been found to improve patients' physical function, mood and well-being, along with reducing the lengths of hospital stays, lowering mortality rates and reducing hospital costs. The CARE II Patient Mobility Program is an interdisciplinary initiative with a focus on patient mobilization and functional engagement that began at Mount Sinai Hospital, Manhattan in Fall 2015. One of the program goals is to encourage a hospital-wide "Culture of Mobility."

In the summer of 2018, Mount Sinai Queens' (MSQ) departments of Nursing, Rehabilitation and Volunteer Services came together to explore bringing the CARE II Program to MSQ. 3 West was the medical unit selected to pilot this program, because this unit had a higher year-to-date falls rate: from January to August 2018, 3 West had a rate of 2.43 falls per

1,000 patient days, and 0.24 falls with injury per 1,000 patient days. The primary goal of bringing the CARE II Program to 3 West was to reduce the overall falls rate on the unit.

METHODS

Set-up for the program began in September 2018, with nursing staff completing a Portal for Education and Advancement of Knowledge (PEAK) module on patient mobilization, as well as a classroom education session on mobilization techniques. RN staff also received training on completion of the Activity Measure for Post-Acute Care (AM-PAC)TM tool, which is used to determine the level at which each patient can safely be mobilized. In October 2018, trained CARE II volunteers began interacting with patients on the unit, where, under the oversight of Rehab and Nursing staff, they engaged with and mobilized patients. Rosters of patients to be visited by the CARE II volunteers were generated by the 3 West Nurse Manager or Charge Nurse, based on patient AM-PAC TM scores and screened for criteria appropriateness (e.g., patients could not be on isolation status, not on 1:1, not using new ambulatory aides, etc.). CARE II volunteers visited patients and performed activities, as appropriate, and after each session, they provided a card with visit summary information to the patient and the patient's RN. CARE II volunteers also completed in RedCap a post-visit survey, providing information about the type of activities performed. The data from these post-visit surveys was analyzed by Nursing Quality and shared with Nursing, Rehab staff and volunteers on a monthly basis. This data, along with falls rates and patient experience information on the unit, were discussed as the program was continually improved. In addition, the Director of Rehabilitation added yellow "feet" icons to the baseboards of the unit at 10-foot intervals, so that patients, volunteers and staff could more accurately determine

the distance that patients ambulated.

RESULTS

After implementation of the CARE II Patient mobility program, 3 West saw a drastic reduction in falls: the unit went from a rate of 6.46 falls per 1,000 patient days in August 2018, to 1.97 falls per 1,000 patient days in October 2018. Through August 2019, the decline in the falls rate continued; there was a 33 percent decrease in falls, compared to 2018. There has been only one fall with injury since November 2018, on 3 West, and there have been no falls with injury through August 2019. Care II volunteers have made 900 patient visits, and under the program, patients have walked a total of 14.7 miles (77,827 feet).

CONCLUSION

The work concerning patient mobilization from CARE II's launched at MSQ has had a positive impact on the reduction of patient falls and growing a sense of a culture of mobility on 3 West and at MSQ to date.

The CARE II Program expanded to medical unit 3 East in August 2019. Lessons learned from the implementation of the program on 3 West were shared and used during the training and the go-live period. As the program continues to grow, the impact of CARE II on overall patient experience (HCAHPS) scores will be explored.

Orange Regional Medical Center

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Purposeful Rounding – Harm Reduction

INTRODUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with patients in the hospital setting. At Orange Regional Medical Center, we implemented a staff-driven approach to reducing falls, Central Line Associated Blood Stream Infections (CLABSIs), Catheter Associated Urinary Tract Infections (CAUTIs) and other types of patient harm. We wanted to improve patients' perception of the care they receive on the Rehab Unit.

STATEMENT OF ISSUE

Patient harm negatively effects patients' stays in the hospital, and can lead to the hospital losing thousands of dollars due to occurrences that could have been prevented. In this research project, we focused on reducing harmful incidents such as falls, CLABSIs, and CAUTIs.

PROJECT GOAL

- Goal 1: Reducing harm to patients, especially falls.
- Goal 2: Improved patient engagement and compliance with care.
- Goal 3: Improved sense of teamwork for all disciplines involved in the rehab process.

METHODS

The entire staff received education on effective and appropriate communication with patients and coworkers. We also reinforced the importance of purposeful rounding, and had huddles three times per day to discuss which patients were at the highest risk of falls. Hourly rounding focused on responsiveness to the patients' needs, including assistance to the bathroom, pain management, updating whiteboard information and overall understanding of patients' plans of care. Huddles focused on falls were performed four times a day.

RESULTS

All patient care providers, including therapists and case managers, are aware of patients at high risk especially during toileting and the importance of those patients having their needed possessions kept nearby. Communication is supported throughout the team. Leadership also participates in rounding to assure responsiveness and to offer the patients an opportunity to recognize specific staff. The Unit Coordinator assists in surveying patients on the staff's responsiveness to their needs and comfort levels.

In 2017, the total number of falls was 35, in 2018, the number of falls was reduced to 22. Staff engagement is also at a high level for 2017 and 2018. Patients' concerns are addressed in real

time and patients' comments are generally positive. Ratings for overall care were 81 percent at a score of 9/10 on a 1–10 rating in 2018.

CONCLUSION

We have linked this process to employee engagement and patient satisfaction. We have seen an improvement in call-back data for preparedness for discharge, and hope to obtain followup data on 90-day callbacks for fall reduction and harm reduction in the long term. The rehab team has been successful in reducing the number of falls, CLABSI, CAUTIs and other harmful incidents on our unit. Rehab's recommendation is to continue to communicate efficiently with staff members and continue to implement hourly rounding on the patients.

Orange Regional Medical Center

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The Great Cookie Experiment: How to Differentiate Between Good and Crummy Research

INTRODUCTION

Our healthcare environment requires nurses to have “a basic understanding of research to lead change and implement evidence-based practice” (Lane & Huffmann, 2016). The purpose of this study was to promote increased participation in research by evaluating the effectiveness of an educational intervention using a double-blind “cookie experiment” approach, to decrease anxiety and increase interest in nursing research at Orange Regional Medical Center. This qualitative study delivers insight into the promotion of research.

STATEMENT OF ISSUE

Research is an important part of clinical practice and an essential component to quality patient care. Nurses working in all settings (acute care/primary care) must be familiar with and

engaged in research and evidence-based processes. Clinical nurses' participation in clinical research can be affected by lack of experience and fear of research.

Posing the P-I-C-O Model (Patient, Population or Problem; Intervention; Comparison, Outcome) Question: Does using a cookie theme (I) decrease intimidation and improve understanding of nursing research (O), in a population of shared governance committee members (P), compared to previously learned methods (C)?

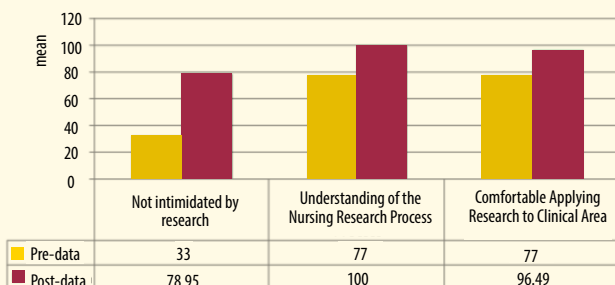
METHODS

The study was conducted in Orange Regional Medical Center, a nationally recognized magnet hospital. Participants of the study were comprised of Nursing Shared Governance Committee members and magnet champions, totaling 57 participants.

A double-blind study design was used to examine overall preference for two chocolate chip cookies that were identical visually but differed in taste. A qualitative pre-test to determine prior knowledge and post-test to determine increase in awareness after presentation were used for evaluation.

RESULTS

The Great Cookie Experiment:
How to Differentiate Between Good and Crummy Research



CONCLUSION

Nursing should not be guided only with knowledge gained from academia, peer practice, traditions or individual preference, but rather, should be infused with nursing research and evidence-based practice, to deliver outstanding, safe and high quality nursing care. Study findings support the use of innovative approaches to support teaching and increasing knowledge from nursing research.

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St. Barnabas Hospital

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SBH's Journey to Baby-Friendly Hospital Designation

INTRODUCTION

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies or feed formula safely. The BFHI global program gives special recognition to hospitals that achieve the Baby-Friendly designation.

The SBH Health System recognizes that all families have a right to evidence-based care designed to protect, promote and support safe and effective infant feeding. In May 2016, SBH joined the Baby-Friendly Hospital Initiative and sought certification from Baby-Friendly USA in collaboration with the New York City Department of Health.

STATEMENT OF ISSUE

To adopt, transform and sustain evidence-based maternity practices, in order for SBH to attain the Baby-Friendly designation.

Objectives:

- Engage all the stakeholders;
- Train all the SBH employees;
- Implement and meet the standards of B-F USA;
- Develop and provide patient education;
- Assure mock survey readiness; and
- Hardwire the “Ten Steps to Successful Breastfeeding” at SBH.

METHODS

Plan, Do, Study, Act (PDSA) methodology was applied, to introduce the process of becoming a Baby-Friendly-designated hospital, including registering with Baby-Friendly USA. A multidisciplinary workgroup, “SBH Baby Friendly Committee” was established under the guidance of the New York City Department of Health (DOH), represented by the OB, Pediatrics, Nursing, Nursing Education, Ambulatory Care, Senior Administration, Information Technology, WIC, Marketing and Purchasing departments. The B-F committee developed an action plan to becoming a Baby-Friendly-designated hospital and a plan for education, training, implementation, hardwiring and monitoring baby-friendly standards.

RESULTS

Within four years of our journey (2016–2019), we were successful in engaging all the stakeholders in providing 100 percent training for all the SBH employees.

- Developed and implemented Baby-Friendly USA policies and practice standards.
- Created and standardized patient education for all maternity patients at SBH.
- Hardwired the “Ten Steps to Successful Breastfeeding” bedside practices.
- Successfully passed the DOH Mock Survey Assessment to prepare SBH for the Baby-Friendly designation survey.

Identified Baby-Friendly measures were tracked monthly from January 2017 to the present. All measures are related to specific steps of the “Ten Steps to Successful Breastfeeding” standards as per Baby-Friendly USA. The breastfeeding over-all rate rose to over 30 percent for SBH’s discharged patients, which supports vast improvement, is trending positively and continues to rise.

CONCLUSION

Partnership with DOH, OB, Pediatrics, Nursing, Nursing Education, hospital leadership, Marketing and Purchasing resulted in the establishment of evidence-based practice standards for excellence in care for mothers and infants. All staff have been trained to these standards of care. Bedside practices have been adopted and transformed to meet the evidence-based practices standards of Baby-Friendly USA. We continue to reinforce recommended practice standards daily to ensure Baby-Friendly guidelines flow seamlessly into our workflow. Additionally, our mothers are given every opportunity to be successful in breastfeeding, with continuous support and education.

St. Barnabas Hospital

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Improving Safety for Patients at Risk for Suicide by Performing an Environmental Survey in the Emergency Department

INTRODUCTION

In November 2018, the Joint Commission released a National Patient Safety Goal on suicide prevention, NPSG 15.01.01, EP 1: “The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).”

At SBH, an environmental survey was performed by the risk and safety team. The Emergency Department was identified as an area with numerous hazards for patients at risk for suicide. The survey of the physical environment by the Emergency Department identified several features that constituted risk for this patient group: nasal cannulas, intravenous

tubing, as well as bandaging materials such as oxygen tubing, intravenous tubing, monitoring cables, bandaging material and other supplies commonly found in emergency departments.

The Nursing Director of the Emergency Department, Nursing Performance Improvement and Nursing Education were charged by the Chief Nursing Officer with developing a process to mitigate these hazards.

STATEMENT OF ISSUE

To improve environmental safety in the Emergency Department by using the Environmental Ligature Checklist (ELC) for patients identified at risk of suicide.

METHODS

The Plan, Do, Study, Act (PDSA) methodology was used. The team reviewed literature on ligature risk features as listed in the patient safety goal “NPSG 15.01.01, EP 1,” and evaluated the patient behaviors in the Emergency Department considered at risk for suicide. Environmental Ligature Checklist (ELC) was developed based on the literature and the findings of the survey, with the aim to train the staff on the use of the checklist (ELC) in the Emergency Department. To assure compliance, the team met for followup and weekly review of the forms to give feedback to the Emergency Department Director and the staff. As a result, every patient identified at risk for suicide will have a completed ELC form, and each handoff will have an ELC form completed.

RESULTS

Within three months of the project roll-out, we were able to

achieve the goal of 90 percent compliance. From March 2019, to August 2019, we exceeded our initial goal, reaching 94 percent to 97 percent.

CONCLUSION

Through the use of an Environmental Ligature Checklist (ELC), the safety of the patient environment in the Emergency Department has increased for patients at risk for suicide.

St. John's Episcopal Hospital

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The Balancing Act Sustaining a Restraint-free Environment on an Inpatient Behavioral Health Unit without Encountering an Increase in Assaultive Behaviors

INTRODUCTION

Use of restraints for individuals with psychiatric disabilities poses serious risk factors: grave injuries, whether physical or psychological; and re-traumatization or, even worse; death.

STATEMENT OF ISSUE

Patients, as well as healthcare workers, are placed at risk of physical harm during even the most prudent of restraining techniques.

METHODS

To safeguard against an increase in assaultive behaviors with

the elimination of restraint use, several strategies were implemented. Behavioral Health Technicians (BHT) were hired and Preventing and Managing Crisis Situations (PMCS) were implemented, resulting in patient engagement refinement and improvement in de-escalation techniques. “Assist-13,” a rapid-response team activation for psychiatric emergencies, formal debriefings and ad hoc huddles were added to the prior communication structure. These initiatives have proven to be highly effective in sustaining a restraint-free environment.

RESULTS

Effectiveness of sustaining a restraint-free environment was determined by the analysis of data over a three-year period following changes in clinical practice to abolish restraint use. Correlational evidence did not reveal an increase in the number of assaultive episodes on the inpatient psychiatric unit following the initial three months of restraint-use elimination. The outcome of restraint-use exclusion has resulted in standard-of-care enhancements that have been conducive to maintaining a safe environment for patients and healthcare providers.

CONCLUSION

An increase in assaultive behaviors on inpatient behavioral health units can be avoided despite elimination of restraint use.

St. John's Episcopal Hospital

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The Baby-Friendly Initiative

INTRODUCTION

BACKGROUND:

In collaboration with neonatal nurses, obstetrics nurses and midwives, New York State, the World Health Organization and the Association of Women's Health, St. John's Episcopal Hospital's Maternal and Child nurses recognize breastfeeding as the primary method of feeding neonates and infants. In addition to this most important recognition, it is established that breastfeeding is found, through evidence, to be the best approach in achieving optimal infant and child growth, health and development. Although the decision to exclusively breast-feed is solely made by the mother and family, Maternal and Child health services at St. John's Episcopal Hospital maintains a written breastfeeding policy with up-to-date knowledge and continuous education to ensure that obstetrics and pediatric staff are consistently equipped with resources and tools to educate, assist and support newborn families, to make and im-

plement informed decisions about neonate and infant feeding. If a mother still chooses to use a combination of breastfeeding and formula-feeding after appropriate and exhaustive client education, she is instructed on the importance and advantages of delaying formula-feeding until breastfeeding has been fully established. On the other hand, if a mother opts for complete formula feeding for other reasons, including health reasons, the family is educated on the safest way of preparing baby formula to prevent any foodborne infections.

OBJECTIVES:

To empower obstetrics, neonatal, prenatal clinic, pediatrics, ER and all other hospital staff with the tools needed to effectively educate pregnant mothers and their support persons about the important aspects of the baby-friendly initiative.

To educate all aforementioned staff about the various components of and strategies needed to implement the baby-friendly initiative.

To evaluate various sets of strategies, such as hands-on demonstrations, and the use of the “read back” technique for reinforcement of information.

STATEMENT OF ISSUE

Identification of low breastfeeding rates among in- and out-patients of the obstetrics population in the community.

METHODS

The Baby-friendly Initiative rolled out as a quality/performance improvement project aimed at St. John's Episcopal Hospital Maternal and Child managers and staff, to then enlight-

en the hospital-wide staff. Quality improvement principles applied were education, support, consistency and follow-up. The project included continuous educational sessions, a simulation experience, and a breastfeeding fair finale on how to educate and support exclusive breastfeeding in the community, beginning with in-house birth, initial skin-to-skin processes.

Some of the topics taught were: benefits of breastfeeding to both baby and mother; importance of breastfeeding to all babies, particularly premature babies; risks of bottle-feeding; proper latching/holding on techniques and the discouragement of introducing anything apart from mothers' breasts into babies' mouths. In addition, the need to teach all mothers, via hands-on-demonstration, the effective ways of hand expression of breastmilk by the sixth hour post-delivery, was emphasized. Ongoing positive patient outcomes are visible as evidence of health promotion in women and newborns among hospital clients, which translates into community neonatal and infant health worth sharing with other women's health, obstetrics and neonatal nurses' organizations.

RESULTS

- Improved maternal and neonatal bonding through staff education, beginning with initiating skin-to-skin at the time of baby delivery.
- Increase in the level of education and support by staff for bonding and breastfeeding in newborn families.
- Promotion in consistency of baby-friendly information dissemination hospital-wide, including breastfeeding support for lactating staff members.
- Established education among obstetrics staff via hands-on demonstration of latching, hand expression and feedback.

- Hospital-wide knowledge of the breastfeeding initiative, beginning from pre-natal to post-natal care.

CONCLUSION

We have seen improvement, evidenced by an increase of mothers and significant others bonding effectively with their newborns, and choosing breastfeeding over bottle-feeding at St. John's Episcopal Hospital.

Breastfeeding improvement data will follow.

Stony Brook Southampton Hospital

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Protecting Perioperative Staff and Patients from the Hazards of Surgical Smoke Through the AORN Go Clear Award Program

INTRODUCTION

Surgical smoke is the byproduct of using energy-generating devices (e.g., electrosurgery units, lasers, ultrasonic devices and powered surgical instruments such as orthopedic saws). Surgical team members report negative harmful effects of surgical smoke, including twice as many respiratory issues as compared to the general population. Protecting intraoperative professionals and patients from the dangers of surgical smoke is paramount at Stony Brook Southampton Hospital. The Association of perioperative Registered Nurses' (AORN) Go Clear Award Program is a comprehensive surgical smoke-free recognition program for facilities that take responsibility to ensure a smoke-free environment.

The goal of implementing the Go Clear Program at Stony Brook Southampton Hospital is to protect all perioperative

staff and patients from the dangers of surgical smoke and to ensure a smoke-free environment.

STATEMENT OF ISSUE

Surgical smoke in the operating room (OR) presents a serious health hazard to all intraoperative team members and patients. Compliance with smoke evacuation has not been consistent due to lack of knowledge on the hazards of surgical smoke, lack of equipment, resistance from physicians and medical personnel, cumbersome equipment and noise from smoke evacuation equipment. In order to be recognized by AORN as a Surgical Smoke-Free Advocate and to receive the Go Clear Award designation of either Bronze, Silver or Gold, our facility requires education of all perioperative team members, smoke evacuation compliance and the assurance that our facility is provided with sufficient smoke evacuators and accessories.

METHODS

In order to initiate the Go Clear Program at Stony Brook Southampton Hospital, approval to introduce the program was sought by the OR Committee and administration in February 2019. Participation and cooperation from OR nurses, managers, surgical technicians, surgeons, anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) was necessary to implement the trial. The trial period was conducted to test three smoke evacuation cautery pencils and two smoke evacuation generators. Surgeons who require electrocautery devices for given procedures were asked to perform trials of the pencils and generators. The surgeons were instructed to provide feedback on each product, regarding manual dexterity of the handheld pencils and efficiency of smoke evacuation. Following trials, the surgical preference data was assembled,

documented and a thorough evaluation was performed. The most efficient and dexterous pencil was selected and also the corresponding generators. Education was provided for the intraoperative nursing staff, including on the composition of surgical smoke and the risks of inhalation, different methods for the evacuation of, and proper use of personal protective equipment when handling smoke evacuation material. Online education modules provided by AORN were completed and evaluated by means of a pre- and post- test. After months of education and implementation of the new pencils and generators, a three-month compliance audit was completed to collect data about Stony Brook Southampton Hospital's smoke evacuation implementation and its plan to formally apply for AORN's Go Clear Award.

RESULTS

Stony Brook Southampton Hospital's OR is now 100 percent compliant with the use of smoke evacuation devices during all smoke-generating procedures from which smoke can be evacuated. OR staff completed all AORN Go Clear education modules and corresponding tests successfully. Stony Brook Southampton Hospital submitted all data collected through the three-month audit to AORN and has received the Go Clear Gold Level Award, indicating the highest level of compliance with smoke evacuation.

CONCLUSION

Perioperative staff members and surgeons have been educated and feel more comfortable with the electrocautery devices. The overall satisfaction from perioperative staff has significantly improved since starting this initiative to educate and protect everyone from the hazards of surgical smoke in the

OR. Perioperative nurses report feeling empowered to have initiated and successfully implemented this positive change. Support from OR managers and hospital administration will be ongoing.

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