



Nursing Executive News

Leading the Journey to Nursing Excellence



"Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back"

~ Florence Nightingale



ISSUE 3

FALL 2010

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JOHN T. MATHER MEMORIAL HOSPITAL

Welcome to our third issue of Nursing Executive News. This edition of our newsletter is focused on the two important initiatives that nursing has taken a lead role in, the implementation of shared governance and the design and building of the electronic patient medical record.

Nurses throughout Mather are empowered to become involved in self-governance for decision-making to establish standards of practice, as well as to address issues. The efficacy of this process truly depends upon ensuring that information and decision-making flows bi-directional and horizontal between nurses at the bedside and leadership. The mechanism that has been identified to provide the dissemination of information is through Nursing Councils.

Over the past several months, we have been working in collaboration with the nursing staff to implement seven Nursing Councils. I am happy to announce that staff from each nursing unit has been elected to serve on a council and/or assume the role as chair or co-chair. All seven councils have met and begun to identify practice or processes in which they will be focusing on to enhance nursing practice.

The Practice Council has been diligent in the process of selecting a nurse theorist. The Practice Council compiled information and provided a comparison on two nurse theorists in which they thought would fit with Mather's Mission and Vision of the Nursing Department. The two nurse theorists who were identified were Florence Nightingale and Virginia Henderson. The information and comparison of the two theorists was brought to the Unit Councils for consensus from the staff RN's as to which theorist model they would like to incorporate into their practice. The Practice Council announced at their November meeting that the staff RN's chose Virginia Henderson as the nurse theorist for Mather Hospital. The recent announcement of our nurse theorist inspired me to recognize her in our newsletter. In addition to recognizing Florence Nightingale as the founder of our Nursing Practice, Virginia Henderson is also recognized as our foundation in nursing theory to assist us on our journey to nursing excellence.

In addition to our Nursing Councils, nursing is actively involved in the design and implementation of the Sunrise Clinical Manager Electronic Medical Record System. This edition of our newsletter is to communicate the status of this implementation. There are ten committees working on different aspects and components of patient care that will be reflected in the patient record. Each committee has been delegated the responsibility to ensure that the design and implementation of the electronic medical record includes resources, effective and efficient processes, and evidence-based practice in all clinical settings.

Thank you to all who are participating in both initiatives. This is an exciting time for our organization, and I look forward to all the phenomenal opportunities and the future of nursing here at Mather.



Research and Professional Development Council

Members:

The **Research and Professional Development Council** met for our first meeting in September. Council members accepted the mission of the council to “Create an institutional culture of nursing scholarship by promoting evidence-based practice with interdisciplinary partnerships and collaboration throughout Mather and our community”. There was a lively discussion about what each member wanted to achieve as a member and together as a council. Recommendations included having: a Pepid icon on the desktop; an intranet area for nursing communication of newsletters including changes in nursing practice with the evidence base for change and; a research station on each unit for resource books and journals. Council members returned to their units to ask staff about clinical practice questions that might become research questions. Some research questions already posed included: Does early mobilization of ventilated patients in the ICU reduce length of stay, or ventilator days; does a “no lift” environment reduce work related and patient related injuries; does institution of evidence based practice for catheter associated urinary tract infection reduce the incidence of UTI. Congratulations were acknowledged for Lillian Donnelly who had her article accepted for publication.

We announced at our second meeting that Nursing Administration is building an

intranet website to obtain council news, new evidence based practices and Policies and Procedures, the Nursing Executive Newsletter and more. Thanks go to Mary Ellen Glennon and Maria Nania from critical care for accepting the nomination and election to co-chairs for our council. Julie Macauley and Terry Grimes will continue as senior advisors. Marie Mulligan announced that we are recruiting for a part-time Nurse Researcher who will guide and advise our nursing staff through the research process. Members of the council conveyed several ideas for research projects including: DVT and immobility (G. Schwinge); nursing caring practices and RN distress (R. Nania); palliative care teams and patient outcomes (T. Stoebe); developing a sepsis program to create best practices and patient outcomes (M. Chernosky).

Congratulations were acknowledged to Mary Ellen Glennon for recently attaining her CCRN certification. Plans are in place to acknowledge all newly certifying and recertifying Mather nurses in “Notable Nurses”, *Nursing Spectrum*. Congratulations to the many nurses that attain certification as a means of professional development.

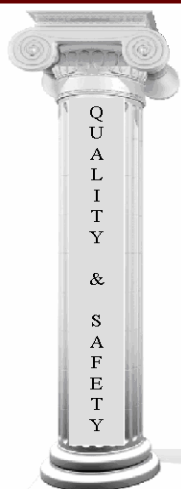
Our next meeting will be taking place on November 11th before press time so stay tuned to hearing more about our practice oriented research projects!



- Terry Grimes
- Julie Macauley
- Ray Luttinger
- Karin Pape
- Tina Stoebe
- Sue Bittner
- Eugenia Ercole-Fricke
- Genine Schwinge
- Caryn Holly
- Lee Viggiano
- Mary Ellen Glennon
- Rosa Maria Nania
- Jean Englezos
- Joan Godbold
- Deborah Aureliano
- Liz Contri
- Allison Lombardi-Visco
- Christine Brons

Quality Nursing Council

Members:



The **Quality Nursing Council** is off and running... Mary Jane Fisher and Jeannette Voelger accepted the positions of co-chairs for the council. The council members have been committed to Quality. The council reviews the nursing unit’s quality measures, patient satisfaction scores and regulatory requirements. The council identifies, ana-

lyzes and evaluates the care processes within the Nursing Department. At the last meeting, the council hosted a guest speaker, Gwen Faust, Consultant, Health Stream Research who spoke about HCAHPS (Health Consumer Assessment of Healthcare Providers and Systems). HCAHPS is a national, standardized, publicly reported survey of the patient’s perception of hospital care through CMS (Centers for Medicare and Medicaid Services). The Quality Council is committed to evidence based practice and continually improving the delivery of patient care.

- | | |
|----------------------|-------------------|
| Joanne Connor | Grace Ebinger |
| Elizabeth Picozzi | Debbie Lamendola |
| Deborah Schafmayer | Mary Jane Fisher |
| Marilyn Hannett | Lois McCarthy |
| Carolyn Germaine | Joanne Lauten |
| Debbie Maile | Donna Glayzer |
| Kathleen Herrera | Jeannette Voelger |
| Marge Scharback | Susan Grover |
| Gertha Benoit-Hollos | Lynn Weiss |
| Diane Gully | Stelanie Poalillo |
| Cheryl Viggers | |

Clinical Nurse Practice Council

Members:

The **Clinical Nurse Practice Council** has met twice since the last newsletter. Mrs. Mulligan, VP, conducted a presentation for the committee on Theorist in Nursing. She presented detailed information on Florence Nightingale and Virginia Henderson. The council was charged with determining which theorist Mather would choose to develop our nursing philosophy and guiding principles. The second meeting of the council reviewed added information on the two theorists and how their theory would impact patient care. The council members will take this information back to their respective units and present the information and obtain feedback from the nurses on which theorist they believe addresses nursing at Mather. The Council will vote at the Nov. 10th council meeting on the theorist of choice.

At the second council meeting, Maryanne Wisniewski from 2S and Wendy Lugo from Critical Care accepted the position of co-chairs for the council. We thank them for being the pioneers on this council. In addition, the council received the first referral from the Quality Council to address Pressure Injury protocol. Jen Christofor from Step-Down and Melanie Kuffner from Step-Down accepted to co-chair a task force addressing the pressure injury standards.

The council members are engaged and are ready to forge forward in elevating the clinical practice and professional model of care at Mather.

Kathy Murray	Cathy Tommasino
Donna Blaskopf	AnnaMarie Braslow
Bernadette Brochard	Maureen Chernosky
Darlene Steigman	Marge Gordon
Vikki Kelliher	Terry Murphy
Annie Servellon	Carolyn West
Debbie Amato	Wendy Lugo
Agnes Sobelewska	Karen Purr
Pauline Meek	Maryanne Wisniewski
Nicole Rice	Jen Christofor
Melanie Kuffner	April Overholser
Maggie O'Malley	Karen Starin



Recruitment and Retention Council

Members:

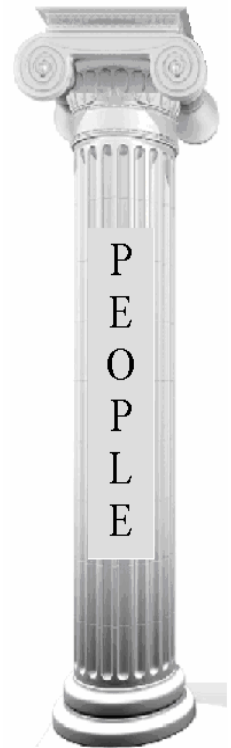
The **Recruitment and Retention Council** has met monthly since September. At our first meeting, we reviewed our Mission Statement which states ... "the council will identify and develop initiatives to attract and retain great professional nurses." We began our discussion with some obvious satisfaction and dissatisfaction issues of the nursing staff. We also identified strategies to recognize and celebrate various categories of our nursing staff. We have several issues that are being addressed at various levels of the Nursing Department. Ray Gulino attended our last meeting and addressed a Laboratory issue that was discussed at our first meeting.

By the end of 2010 there will be a suggestion box on each unit. The purpose of this box is so staff can make suggestions and comments (anonymously, if they wish) to help the nursing staff and also inquire about new initiatives. Each unit

council member will bring all questions and comments to the council for review. We will attempt to answer each question and get back to the staff... Also, by the end of the year, the council members will vote on the staff co-leaders of the council; those co-leaders will officially take over in January 2011. The Recruitment and Retention Council meetings have had excellent attendance by all members, and we look forward to the coming New Year and our new shared governance!!

Our next meeting will be held on November 24, 2010.

Jean Arnold
Patty Zarb
Brandy Feliu
Diane Schotte
Trudy Weekes-Roach
Karen Rowlette
John Baitz
Alisa Caliendo
Emily Emma
Candice Fella
Patricia Cordle
Kim Bukowski
Melanie Scatton
Christine Brandstadter
Denise Wolmart
Denise Spetko



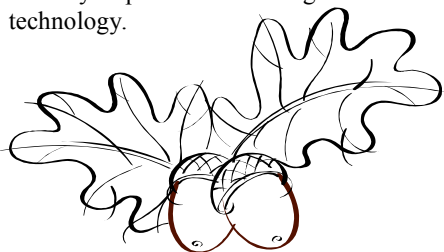
Technology and Innovation Council

Members:

The **Technology and Innovation Council** had their first meeting on September 16th. During that meeting the primary goals of the council were identified to obtain information on the Allscripts Committees in order to facilitate communication between those committees and the nursing units, provide support to the Allscripts Committee projects that require additional staff input and facilitate the communication of information from the Value Analysis Committee. Additional goals identified by the council members included identifying additional opportunities where technology could assist in the delivery of effective and

efficient patient care. The council members requested that another department representative attend to explore if improved technology could facilitate a patient care process.

All council members expressed enthusiasm and excitement in improving the delivery of patient care through the use of technology.



Jean McCarrick	Karen Tuzzolo
Laura D'Amato	Joyce DeMoore
Suzanne Soltysik	Barbara Mondello
Connie Calisi	Anthony Catania
Kristina Rodriguez	Bridget McGonigle
Lisa Ambrose	Donna Hardwicke
Lori Acceta	Elizabeth Becker
Katherine Montefusco	Jennifer Zeman
Marianna David	Lisa Iuliucci

Nursing Coordinating Council

Members:

The **Clinical Coordinating Council** met in September and reviewed with the members, the council structure and the reporting mechanism for all Nursing Councils. All Nursing Councils reported activities of their first council meetings. The role of the chair and co-chairs of the Nursing Councils were discussed and the individuals assuming those roles will be announced at the next coordinating council meeting. The individuals who serve as chairs/co-chairs will attend the Nursing Coordinating Council monthly to report council activity as well as seeking guidance and approval if required.

from front line staff. All Unit Councils have been scheduled to begin in October.

The Practice Council reported their activity in the selection of a nurse theorist. The Practice Council did a comparison of two nurse theorists, Florence Nightingale and Virginia Henderson, which will be presented to the staff RN's at their unit councils. From the comparison a discussion and vote will take place to identify who our nurse theorist will be. The Practice Council will announce the selection at their November meeting.

At the meeting, we discussed Unit Council structure. The importance of supporting the Unit Councils was stressed to enhance shared governance through input

Marie Mulligan	Terry Grimes
Jean Arnold	Joanne Connor
Marilyn Hannett	Jean McCarrick
Kathy Murray	Karen Tuzzolo
Phillip Messina	Donna Blaskopf
AnnaMarie Braslow	Susan Bryan
Vicki Cook	Janet DeAngelis
Joyce DeMoore	Elizabeth Devine
Doreen DiGiorgio	Denise Driscoll
Maryanne Goodman	Grace Ebinger
Eugenia Ercole-Fricke	Anita Heege
Debbie Lamendola	Ray Luttinger
Andrea Lauckhardt	Julie Macauley
Arlene Mari	Lois McCarthy
Susan Morin	Karin Pape
Elizabeth Picozzi	Carolyn West
Deborah Schafmayer	Cathy Tommasino
Eileen Swieczkowski	

New Certifications / Professional Achievements

Nurse Executive Certification

Jean Arnold RN, BSN, NE-BC

Certification for Emergency Nursing

Najmi Tanwir RN, CEN

Certification in Radiology

Laura O'Brien RN

Vivien Langford RN

Critical Care Nursing

Lori Acceta RN

Mary Ellen Glennon RN

RN license

Michelle Mason RN



*"Congratulations
to the following Employees"*

Master Degree in Business Administration

Deborah Buganza-Esteva RN

Orthopedic Nurse Certification

MaryAnn Goodman RN, BS, EMBA, ONC

Marianna David RN

Med Surg Nurse Certification

Kathleen Biase RN

Denise Bonneville RN

Patricia Zarb RN

Marianna David RN



President Elect for the Suffolk Chapter of the Emergency Nurses Association

Marina Grennen

Secretary for the Suffolk Chapter of the Emergency Nurses Association

Elise Boyd



Orders & Results Team

The initial task of the Orders & Results team was to organize all possible orders that can be placed for a patient admitted to Mather onto an excel spreadsheet. This includes all laboratory and radiology tests, respiratory, dietary, social work, physician and non-physician consults, wound care, nursing orders as well as a variety of miscellaneous orders. One can easily imagine the enormity of this task, as well as the size of the spreadsheet! This “menu” of items will then be available to the physician advisory team under the guidance of Dr. Joseph Ng, our Chief Medical Information Officer, who will

develop order sets revolving around patient admission and care scenarios. Examples are “General Admission Orders”, “Bariatric Surgery Orders”, “Ischemic Stroke Orders” and the like.

The next series of tasks revolved around analyzing how orders are executed. Many staff from a variety of disciplines participated in these discussions as it is essential to understand how the “front line” works so their tasks can be organized into “worklists”. For example, a physician orders that a patient be placed NPO for an upcoming radiologic test. Multiple questions must

be considered; what time is the test scheduled? Which meal is to be held? Does the nurse give any medications? If so, which ones are to be held, which are OK to give? This involves the electronic coordination between physician, radiology, nursing, and dietary. Another example - a physician orders a regular diet for a patient. It is determined that the patient is unable to chew and requires a “mechanical soft” diet. Is it permissible for a nurse or dietician to “modify” this order or must they call the physician for this order clarification? These are the types of decisions that are the responsibility of the Orders & Results team.

Medication Management Team

The Medication Management Team is an interdisciplinary group with representation from the clinical areas and information technology. This team supports the implementation process from identification of current state workflows through integrated design and testing of all medication related order workflows and associated documentation. The team reviews preconfigured clinical information system content and identifies any needed changes to minimize impact to patient care workflows, provider satisfaction and operational efficiency.



Clinical Information Training Team

The Clinical Information Training Team is an interdisciplinary group with representatives from clinical areas and IT. The team supports the implementation process through the education of end-users to the future electronic medical record. The team is charged with developing education plans, educational material, schedules of classes, development of policies and procedures and establishing and maintaining a training data base related to the future electronic medical record. The main purpose of the training program is to enable Mather users to effectively interact with and use the capabilities of the clinical information system.

Clinical Documentation Team

New system – new lingo: Since selecting Sunrise Clinical Manager for our new clinical information system, the Eclipsys company has merged with another healthcare information technology company – Allscripts. The merged company is called Allscripts. We will need to begin getting used to thinking Allscripts instead of Eclipsys and Sunrise Clinical Manager (SCM) instead of UNITY.

The Clinical Documentation Team has been meeting for over 3 months working on developing new assessments for nursing and other disciplines. Members of the team and other staff pulled into sub groups have been meeting with April Pounders from Allscripts to revise assessments and flowsheets to meet Mather’s needs. Dave Lombardi, a Mather IT Analyst, has begun working on revisions and building new assessments. For the “Phase 1” rollout the goal is to have at least the functionality we currently have in UNITY clinical documentation. There will be some new functionality in SCM to help staff work more efficiently including:

- More alerts/reminders based on clinical documentation and task lists reminders
- More automated referral processes for Dietary, Physical Therapy, Occupational Therapy, and Social Work.
- Ability to view and “copy forward” some elements from previous admissions such as Medical/Surgical History.
- Enhanced allergy entry to include differentiating between allergies, intolerances and side effects with capability to assign a reaction level.
- Vital sign charting will be linked to monitors in Critical Care for easier data entry and tracking.
- Facility boards on Nursing Units –big screen communication boards to help keep track of patients on the unit.



Future State Design meetings have just begun for the Clin Doc Team. These are 4 hour meetings where the team and disciplines meet to review SCM building progress and evaluate workflows that will be impacted. Not only will SCM be a new clinical information system but there will be many new and improved workflows to help improve patient care processes.

After go-live with SCM there will be future enhancements including computer care planning, patient education record and bar-coded medication at the bedside – all built on Knowledge Based Charting (KBC). KBC is built on the latest evidence based practice and is regularly updated to reflect most up to date best practices to deliver the best care.

Moving to SCM will provide improved access to patient information but an increased need for computer access. Watch for new medication carts with computers and computer wall stations on 3 South as we begin trying new devices to support nursing staff!

Physician Advisory Committee

The Physician Advisory Team is a multi-specialty physician group with representation from surgery, medicine, critical care and other areas invested in the development of clinical information systems for John T. Mather Hospital. This team provides overall direction and support to projects while acting as project champions for their peers.

The team has revised a number of order sets that will be built into the go-live of Sunrise Clinical Manager. Meetings were held to identify different aspects of the physician-patient experience in Mather including admission, transfer and discharge. Currently we are in the process of refining the design of documentation interfaces and processes.

Pharmacy Build Team

The Pharmacy Build Team supports the implementation process through integrated design and testing of the Allscripts SMM Pharmacy application as determined by the medication related processes and workflows. These include medication procurement, medication order initiation, order verification/acknowledgement, order management, dispensing, administration, storage, transcription, preparation, labeling, recalls, adverse events/reactions, and charge capture. The team will also validate the hospital formulary, aliases and items such as

security and interface setups related to medication management.

The Pharmacy is heavily involved in the Future State Designs, Medication Management and overall communication with Nursing and other clinical disciplines with this comprehensive project. During the past five months, our full time Information Systems Coordinator has been entering well over 2,500 medications, route of administration, and frequencies into the Allscripts system to prepare for the availability of the drop down box choices for the computer physician order

entry portion (CPOE). Care must be given to great detail so that proper selections by prescribers can be quickly made.

The Pharmacy has also met at length with the Radiology Department to discuss the IV and oral contrast media and how they would correlate with order entry. In addition, the Pharmacy plays a great role in future state design with respect to information needed on the profile for effective and accurate medication order entry and execution.

Before the end of 2010, we will actually be ready for initial testing to see if the information entered by Nursing and practitioners will come across to the Pharmacy side correctly.

Technology Team

As part of the Allscripts implementation, the technology team is currently working on three major fronts. Our first effort is documenting all of the computers and printers in the hospital by name and location. Believe it or not we have over 250 printers and more than 850 computers. Once we have the documentation, all of those devices will need to be configured into the Sunrise Clinical Manager application. After the configuration, we will begin testing that all the workstations in a given area can print to the proper printers.

Another major configuration effort is SCM user permissions and access. Sunrise Clinical Manager has a huge Security matrix. Members of the Technology team are currently mapping the more than 1700 Unity users into the SCM Security Matrix. This will also require extensive testing once completed. This Matrix determines not only what users can do in the system but also what SCM will look like when they log in to the application.

Lastly we are exploring new technology: Various computers, portable devices, carts and mobile devices, all in an effort to make sure there are enough computers for everyone to work efficiently.

These are giant tasks for our team of 9 people, yet I have all the confidence that we will make our deadlines in bringing this project to a successful completion.

Executive Leadership Team

The Executive Leadership team is an interdisciplinary group with representation from administration, medicine, nursing, and allied health professions invested in the development of clinical information systems for John T. Mather Hospital. This Committee provides overall directions and support to CIS projects while acting as project champions for the organization. It serves as the ultimate body of authority for project monitoring and risk management.

Performance and Outcomes Team

The Performance and Outcomes Team is responsible for ensuring that clinical elements that support Meaningful Use, Core Measures reporting and other quality and outcomes measures are captured during the process of clinical documentation or order entry. This will help to optimize the value of the EMR and create an expedited data abstraction process. Many additional analyses that can be derived from the medical record will also help in clinical quality improvement initiatives and contribute to the management of the health of individual patients and the population. The Performance and Outcomes Team will develop analytics to support these goals.



Clinical Leadership Team

The Clinical Leadership Team is an interdisciplinary group with representation from the leadership of administration, medicine, and ancillary areas invested in the development of clinical information systems for John T. Mather Hospital. This Team provides overall direction and support to CIS projects while acting as project champions for the organization.

The team has participated in several team design sessions. At these sessions the clinical leadership has implemented organizational decision making regarding processes, policies and practice.

Employee Health



Clearing a Pathway to Excellence

🌸 Safe Patient Handling 🌸

Creating a work environment that fosters nurses' well being is an essential pathway to achieving nursing excellence. Handling patients with care by eliminating manual lifting enables nurses to transfer and position patients safely. According to the Bureau of Labor Statistics, RN's and NA's are among the highest occupations at risk for muscle skeletal injuries due to manual patient handling. Manual lifting of patients also results in patient falls, tissue bruising and skin tears. Assistive lift equipment benefits both the nurse and the patient in reducing the risk for injury by providing a more secure patient transfer. By improving the patient's comfort, assuring their dignity and reducing their anxiety during this process, the quality of the patient's care and hospital experience is greatly improved.

The Employee Health Service, along with John T. Mather Memorial Hospital's Grant Director, procured a grant from the NYS DOH for safe patient handling. In November ceiling mounted lifts will be installed in each ICU room. With the exception of some emergencies, the ceiling lifts, along with a portable mobility lift, will provide the ICU with all the equipment needed to support a zero lift policy.

The goal is to eliminate manual lifting in the ICU to create a work environment that will provide a pathway for nursing excellence. Once implemented, the impact on employee and patient safety, as well as patient mobility, will be measured and disseminated at the Professional Development and Research Council.

Flu Vaccination Challenge

In 2008 Joint Commission started an Annual Flu Vaccination Challenge to reduce the spread of seasonal flu by increasing vaccination among health care workers. In 2008-2009 54% of employees at John T. Mather Memorial Hospital



“Join the Challenge”

were vaccinated. Last year (2009-2010) 73% were vaccinated. To reduce the spread of Flu at John T. Mather Memorial Hospital, help us meet the Joint Commission Challenge of a Gold Level of 90%. Get Vaccinated.

Emergency Department

Liz Devine and the ED staff would like to welcome Phillip Messina as Director of Emergency Nursing Services. We look forward to working with him.

The Emergency Department's 5 bedded monitored treatment room construction is complete and we are waiting for the installation of cardiac monitors.

We have joined the GNYHA Sepsis Collaborative and are working towards improving our patients' outcomes.

We continue to work on our Press Ganey scores and are very proud of our accomplishments. Kudos to the staff who obtained their TNCC and ENPC.



Behavioral Health

Behavioral Health Services includes nursing staff on the inpatient adult and adolescent units, psychiatric social work, recreation therapy, psychiatrists, interdisciplinary staff at the Partial Hospitalization Program, the Mental Health Clinic and psychiatrist office and the Chemical Dependency Clinic. Members of the interdisciplinary staff have been working on integrating a unifying philosophy of patient care, centered in the Recovery Model, across the continuum of psychiatric services. Recovery focused treatment includes patient self direction and peer support, is strengths based, individualized and patient centered, creates empowerment, respect, responsibility and hope and is holistic and non-linear. The interdisciplinary staff have correlated each of these principles with unique photographs for display throughout the units and have developed groups that incorporate these themes into the patient's treatment. Through this process Behavioral Health services is taking their vision of "Recovery focused treatment facilitating personal responsibility for change" and transforming it into practice.

Press Ganey

3rd Quarter 2010 Press Ganey has the highest score Mather has ever attained. For all questions, Mather is at a rank of 68% NY Community Hospitals benchmark and 81% for the Nassau Suffolk benchmark. This means that 68% of the hospitals in the benchmark had a score lower than Mather. The Nursing Section has a rank of 72% overall for the NY Community Hospital benchmark and 94% for the Nassau Suffolk benchmark. For the questions Friendliness and courtesy of the nurses and promptness in response to the call bell, each had a rank of 84% for NY community benchmark and 94% for the Nassau Suffolk benchmark.

Emergency Department Press Ganey has a rank of 90% in the 3rd Qtr 2010 for the 35-45 K visits per year benchmark. The ED Nursing Section achieved a rank of 91%. **Congratulations!**

For the 2nd Quarter of 2010, Mather scored well on HCAHPS. HCAHPS data

is publicly reported, you can go on the Hospital Compare website and see the score of any hospital in the United States. The Nursing section, which includes 3 questions, is at a rank of 77% for all hospitals that use the vendor HealthStream. The questions are : 1. During this hospital stay, how often did the nurses treat you with courtesy and respect? Nursing attained a rank of 92%. 2. During this hospital stay, how often



did the nurses listen carefully to you? Nursing got a rank of 76%. During this hospital stay, how often did nurses explain things in a way you could understand? Nursing has a rank of 56%.

On October 28th LIHN held their annual symposium entitled Achieving Excellence Through Effective Communication. At the conference, LIHN recognized the dedication and effort to continuously improve the level and quality of service provided to patients. Mather Hospital was recognized for best outcomes and received an award for "Most Improved Overall Patient Satisfaction Score". The award recognized that Mather Hospital, which has demonstrated the most significant improvement in scores from last year. **Congratulations!**

Congratulations to Nursing and Thank You for your hard work.

TCU

All Clinical Staff are encouraged to make referrals for evaluation for the Transitional Care Unit. Please contact the main Social Work office with the patient's name and room number to make a referral. The TCU Clinical Assessor will then screen for admission to TCU. The Unit Social Worker will coordinate the discharge with the Physician as well as

the Registered Nurse. If you would like more information on the Transitional Care Unit, please feel free to contact

Deborah Schafmayer at extension 5806.

**REFERRAL
REMINDER**



Medical Surgical Division

The Medical Surgical Division has worked as a team to build a strong foundation to move forward toward delivering health care in the 21st century. We have achieved positive changes by embracing evidence based best practice initiatives on the medical surgical units. Some of those initiatives are hourly rounding, discharge phone calls and our newest, bedside reporting. Nursing has initiated interdisciplinary collaboration with other departments, Pharmacy, Radiology and

this month with Physical Therapy. Collaboration promotes relationships, improved communication and better processes to assist nursing and provide the best care to our patients. As a division we strive for high quality clinical care and a good experience for the patient.

I would like to personally recognize the entire Medical Surgical Team, the Nurses, Nursing Assistants and Unit Secretaries for your commitment to our pa-

tients... and extend a great big **"THANK YOU"** to each and every one of you.

~ Joanne