



# Nursing Annual Report 2018



**Mather Hospital**  
Northwell Health®



## Table of contents

Letter from our CNO .....	3
Facts and figures.....	4
Transformational leadership .....	5
Structural empowerment.....	11
Exemplary professional practice.....	20
New knowledge, innovations and improvements .....	28

## Message from our Chief Nursing Officer



Dear Colleagues,

Welcome to the 2018 Nursing Annual Report for Mather Hospital. Once again, we are very proud to share this report as we reflect upon the exceptional care that is delivered by the nurses here at Mather to our patients and the community.

In looking back on our journey since our last annual report, I am proud of our accomplishments. We continue to hire clinical nurses and transition to practice nurses at Mather to join our collaborative team.

The role of the professional nurse is the hallmark of Mather. The foundations of nursing at Mather are reflected and demonstrated in our professional practice model. In this report we share examples how our nurses participated with evidence-based practice and research and processes which implemented changes in practice. Mather nurses partner with other healthcare professionals in the community to advance our vision to be a leader in transforming health care for our patients. As a Magnet® designated organization, our nurses are the “gold standard” in leading health care.

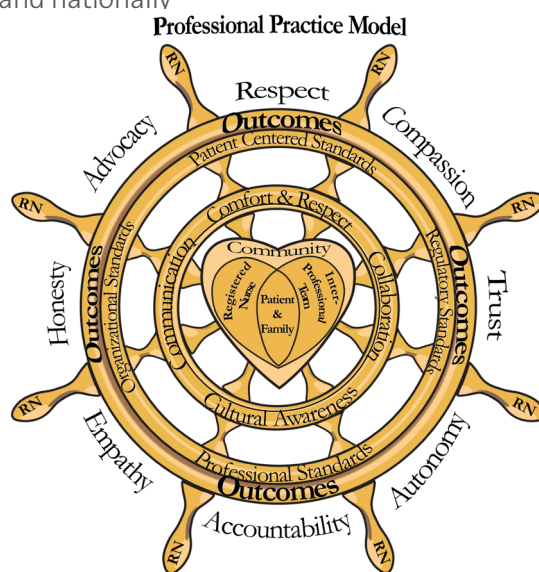
I value the ongoing and open conversations I have with the nurses regarding their practice environment, which includes opportunities to make innovative improvements. As we dialogue and engage in shared decision making, we continue to reinforce our culture of nursing excellence and professionalism.

On behalf of the nursing team here at Mather, we hope you enjoy learning about the important contributions of our nurses and our vision to be a leader in the region and nationally recognized in transforming health care.

Sincerely,

A handwritten signature in black ink that reads 'Marie Mulligan RN'.

Marie Mulligan, PhD , RN, CNOR, NEA-BC  
CNO Vice President for Nursing



## Facts and figures

78% of clinical nurses hold a BSN degree

43 percent of clinical nurses are certified

70% of nurse leaders are certified

HCAHPS Top Box Scores 2018  
88th percentile for all nursing indicators in New York Peer Group

Press Ganey Mean Scores  
2018: 80th percentile for all nursing indicators in New York Peer Group

On March 14, 2018, Mather Hospital received a phone call from Magnet Commissioner Brian Selig announcing Mather had earned Magnet® re-designation.



Medicare/Medicaid Services awarded Mather a Four Star Rating for Patient Experience, with 11 measures above the national average.







# Transformational leadership

# ANCC National Magnet Conference®

Each year, the American Nurses Credentialing Center (ANCC) sponsors the National Magnet Conference®. The theme for 2018 was Educate, Innovate, Celebrate. The conference was held October 24-26, 2018, in Denver, CO with over 10,000 attendees. In 2018 there were over 2,200 abstracts submitted with 77 new and innovative concurrent sessions, 142 poster presentations and 16 virtual presentations.

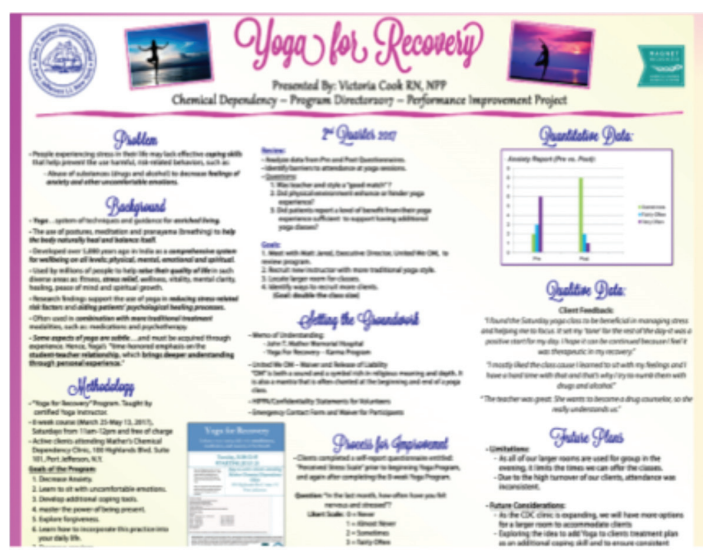
Mather Hospital was celebrated and recognized at the conference for earning Magnet designation for the second consecutive time which included an exemplar for nursing



research. Fifteen of Mather's nurses were in attendance. Additionally, Mather Hospital received the prestigious distinction of having two abstracts accepted for virtual poster presentations.



Susan Morin, PMHCNS-BC, NPP and Gloria McCann Fortune, PMHNP-BC: Decreasing Anxiety in Mental Health Patients Through Aromatherapy



Victoria Cook, PMHNP-BC and Denise Driscoll, RN-BC, CARN, PMHCNS-BC, NPP: Yoga for Recovery – Decreasing Anxiety in Chemical Dependency Clients

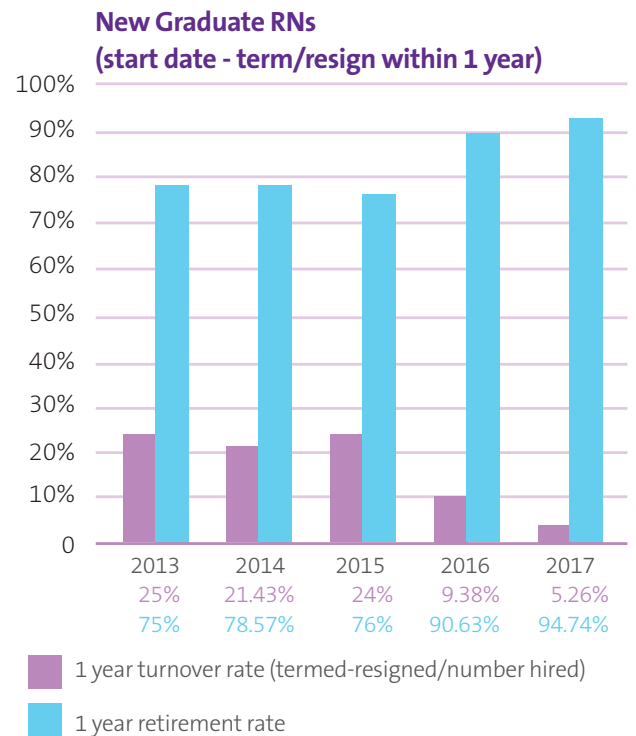
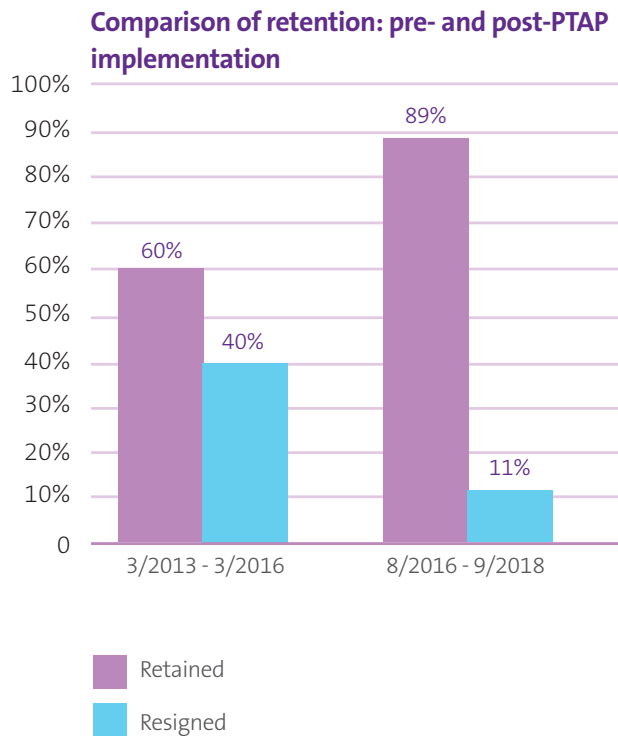
# Practice Transition Accreditation Program (PTAP)

In April 2018, Mather Hospital's Nursing Professional Development Department received recognition as the first Practice Transition Accreditation Program (PTAP) in New York State. This accredited program focuses on the one-year transition phase of new nurses into a clinical environment.

The nurse residency accreditation award was given by the American Nurses Credentialing Center (ANCC). Upon completion and submission of a written document that demonstrated required program criteria and outcomes, a formal review was completed by PTAP appraisers from the ANCC. Once the document was scored, a virtual visit was scheduled and

held in conference rooms A and B. Many of the new graduate nurses who had attended the program, Nurse Managers, Assistant Nurse Managers, the Nurse Executive Council and the Chief Nursing Officer were included in the visit.

One of the most significant impacts of the program was on the RN turnover rate for one-year experience. The initial program began development in 2015 and 2016. In 2015, the one-year turnover rate for RN's was 24 percent. In 2017, it decreased to 5.26 percent. This program has seen a significant decrease in turnover and increased retention rate for graduate nurses and has demonstrated a positive financial return on investment by retaining graduate nurses.

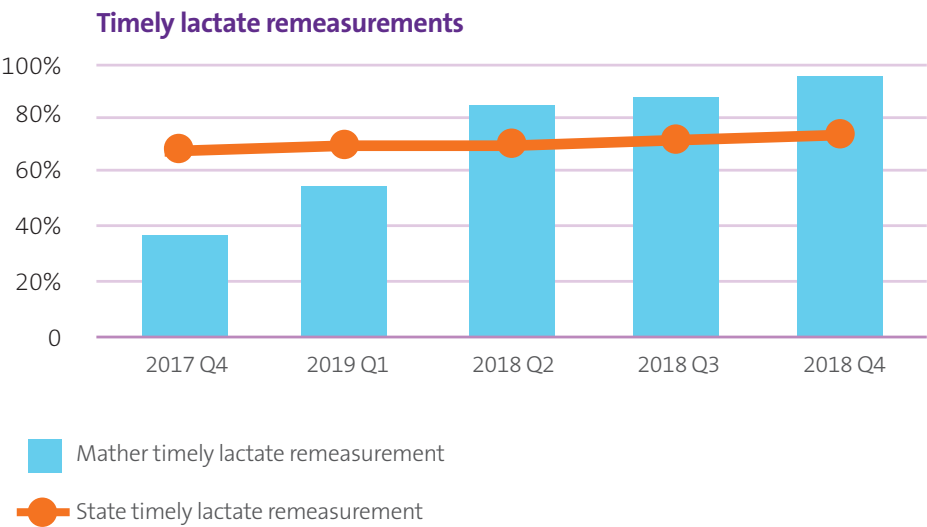
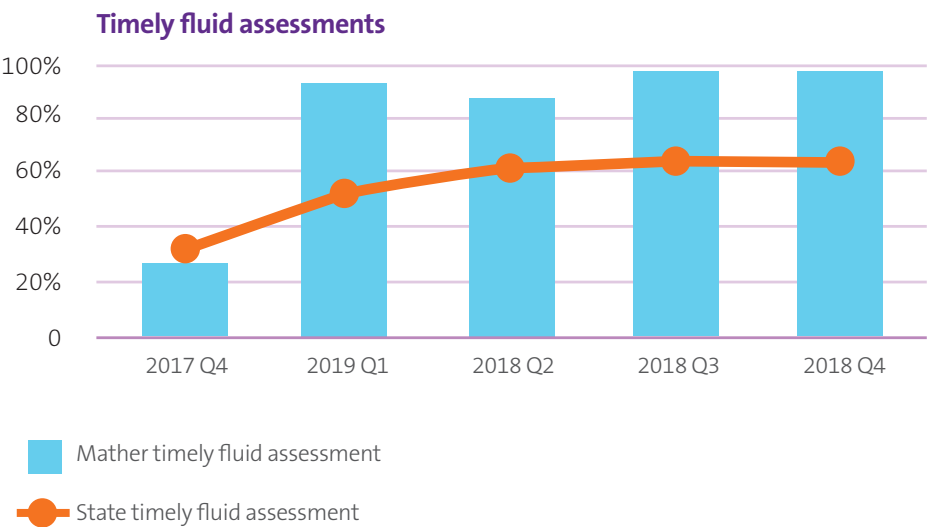


# Code sepsis in the Emergency Department

In January 2018, the Emergency Department (ED) leadership team discovered the three-hour sepsis bundle goal was not being consistently achieved. This includes measures such as timely fluid assessment and timely lactate remeasurement. An ED sepsis committee was created, and the committee worked to develop the Code Sepsis process. Code Sepsis is an interdepartmental alert that includes staff from EKG, Pharmacy, Phlebotomy and Radiology along with nursing, physicians and midlevel healthcare providers. When a Code Sepsis is announced overhead, the staff is

prompted to gather at the patient’s bedside to collaborate and provide immediate care to the patient.

In April 2018, education was provided to frontline staff regarding sepsis recognition and the elements of Code Sepsis. The ED implemented Code Sepsis in May 2018. After implementation, compliance with the three-hour bundle improved from 60.5 percent in the first quarter 2018 to 74.3 percent in fourth quarter 2018.



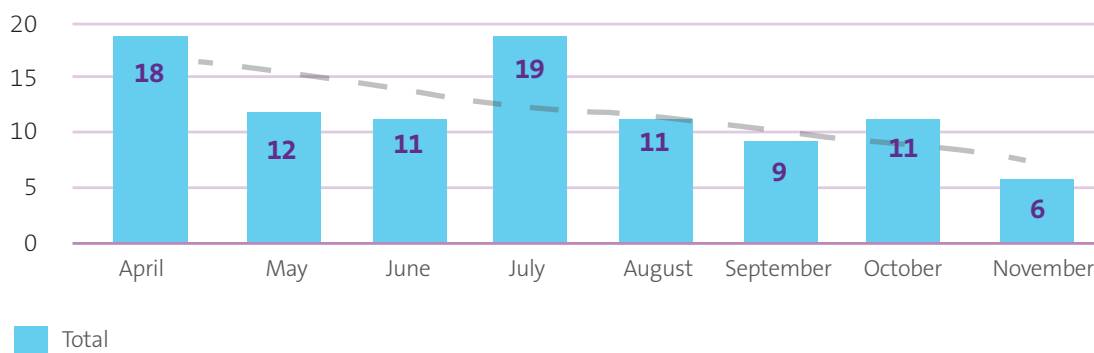
## Improving hospital-wide patient falls

In May 2018, the Northwell Health Workforce Safety Team was allocated to Mather Hospital. A Safe Patient Handling risk assessment was conducted, and a summary of priority recommendations was made based on Patient Handling Movement Assessment (PHAMA) guidelines and risk stratification.

Recommendations were made to standardize equipment to help facilitate learning. The Workforce Safety Team began education for existing equipment with a mobile training unit. Safe patient handling also became of

part of the RN mandatory training to meet the yearly New York State mandate. In August 2018, the Falls Committee and Safe Patient Handling Committees merged and worked on continued training for clinical employees with new and existing safe patient handling equipment. In addition, safety 1:1s would need to be approved by the CNO or AVP for appropriateness prior to implementation. With a decrease in 1:1s, 15-minute rounding and safety checks could be ensured for all patients that were on fall precautions

**2018 hospital-wide patient falls**



## Nassau-Suffolk Hospital Council 2018 Nurse of Excellence Award



Sandra Brown, BSN, RN-BC, a clinical informatics nurse, was our nominee for the Nurse of Excellence Award. She demonstrates best-practice in contemporary nursing by combining clinical and technical expertise with caring and scholarly inquiry to improve patient care outcomes. Participation in research and evidence-based practice has empowered Sandra to be a life-long learner, problem-solver, and leader in the ongoing transformation of health care in America.



# Zuckerberg Family Award for Nursing Service Excellence

Melissa Pearson, BSN, RN, PCCN, CEN was Mather Hospital’s nominee for the 2018 Zuckerberg Family Award for Nursing Service Excellence. Melissa is a clinical nurse in the ED and volunteers for a local fire department. She began participating in a New York State sponsored program entitled “Safe Chapter,”

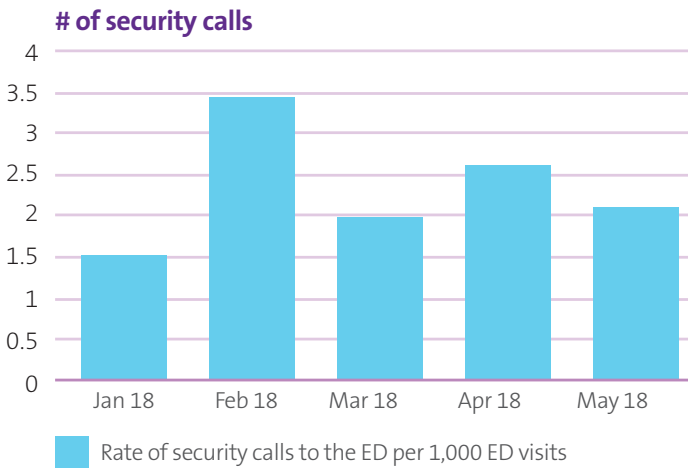
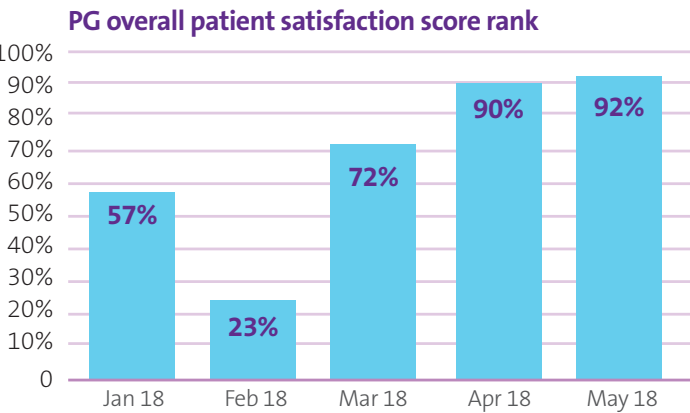


which provides stuffed animals to abused children living in safe house settings. Subsequently, Melissa became an Emergency Medical Technician (EMT) through Suffolk Community College. Soon after becoming an EMT she developed an interest in ED Nursing. It was during her experiences in the ED that Melissa became interested in the field of Forensic Nursing. Over several years, Melissa completed the requirements necessary to become certified as a Sexual Assault Nurse Examiner (SANE) by the Suffolk County Department of Health. In addition, Melissa volunteers with the non-profit organization Victims Information Bureau of Suffolk (VIBES). She is also an active member of numerous professional organizations.

## Joining forces: Positive outcomes associated with placing behavioral health staff in the Emergency Department

Across the nation, the increase in behavioral health issues coupled with the decreased resources of acute care psychiatric beds has led to patients being boarded in Emergency Departments until appropriate care can be secured. This process has resulted in an increase in patient complaints, decreased patient satisfaction and increased rates of calls

for Security Department intervention. A new model of healthcare delivery was developed to challenge previous paradigms. The strategy used was to place behavioral health RNs and CNAs in the ED behavioral health area to alleviate patients in psychiatric crisis and improve patient outcomes in this vulnerable population.



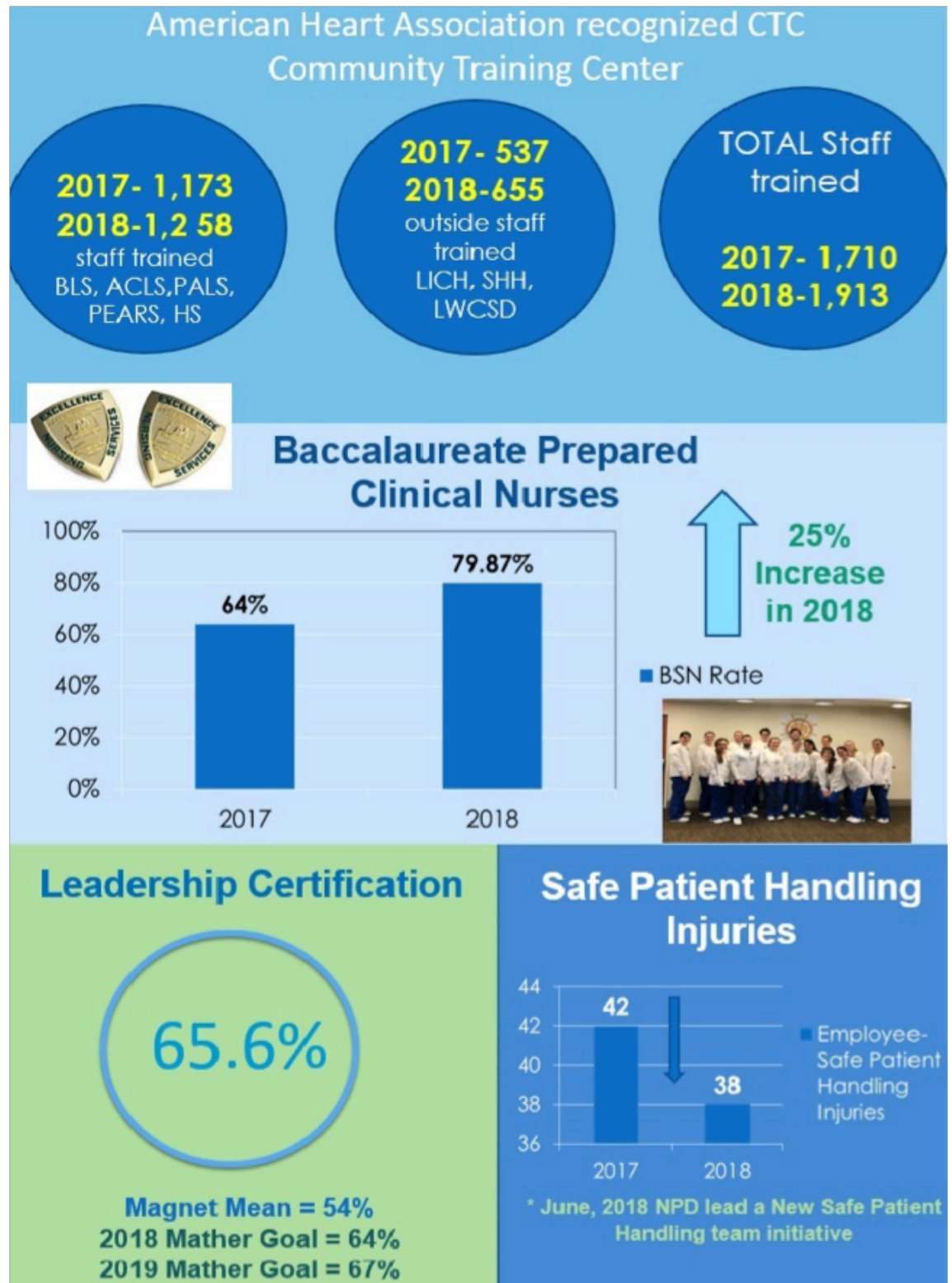


## Structural empowerment

# Nursing professional development

Mather Hospital's team of educators support the changing landscape in health care. These dedicated professionals strive to focus on the developmental and educational processes linking Nursing professional development

standards to the practice of our Magnet nurses. They demonstrate expertise in promoting competency development, evidence-based practice, and professional growth.



# The Explorer Program

Mather Hospital's Nursing Professional Development Department collaborated with Volunteer Services and the Boy Scouts of America to develop Explorers Post 1929 in 2016. The Explorer Program is a learning for life education program for young men and women concentrated on career education in grades nine through 12. Explorers Post 1929 meets at Mather Hospital monthly.

In 2018, Explorers were educated in the following healthcare modalities:

- How to suture by Mark Zender, PA. Explorers had the opportunity to practice their suturing skills using raw chicken.
- Maggie Platt, RN, MSN, CCRN, CRN provided a tour of the Radiology Department. Explorers had the opportunity to observe CT scan, MRI, and X-ray procedures. Technicians

explained the processes and shared their interpretations of the films.

- Ray Gulino, Laboratory Director, discussed lab services and provided a tour of the lab.
- Paramedic Ed Platt brought an ambulance on site that he used to describe and demonstrate the equipment used in the field daily.
- Director of Hyperbaric Medicine, Joseph White, MD and Mary Sundquist, RN discussed the benefits of hyperbaric oxygen therapy which is provided in pressurized chambers that deliver 100 percent oxygen.

The Explorer leaders are very proud to provide the community with this educational experience as it is the only hospital Explorer program in Suffolk County!



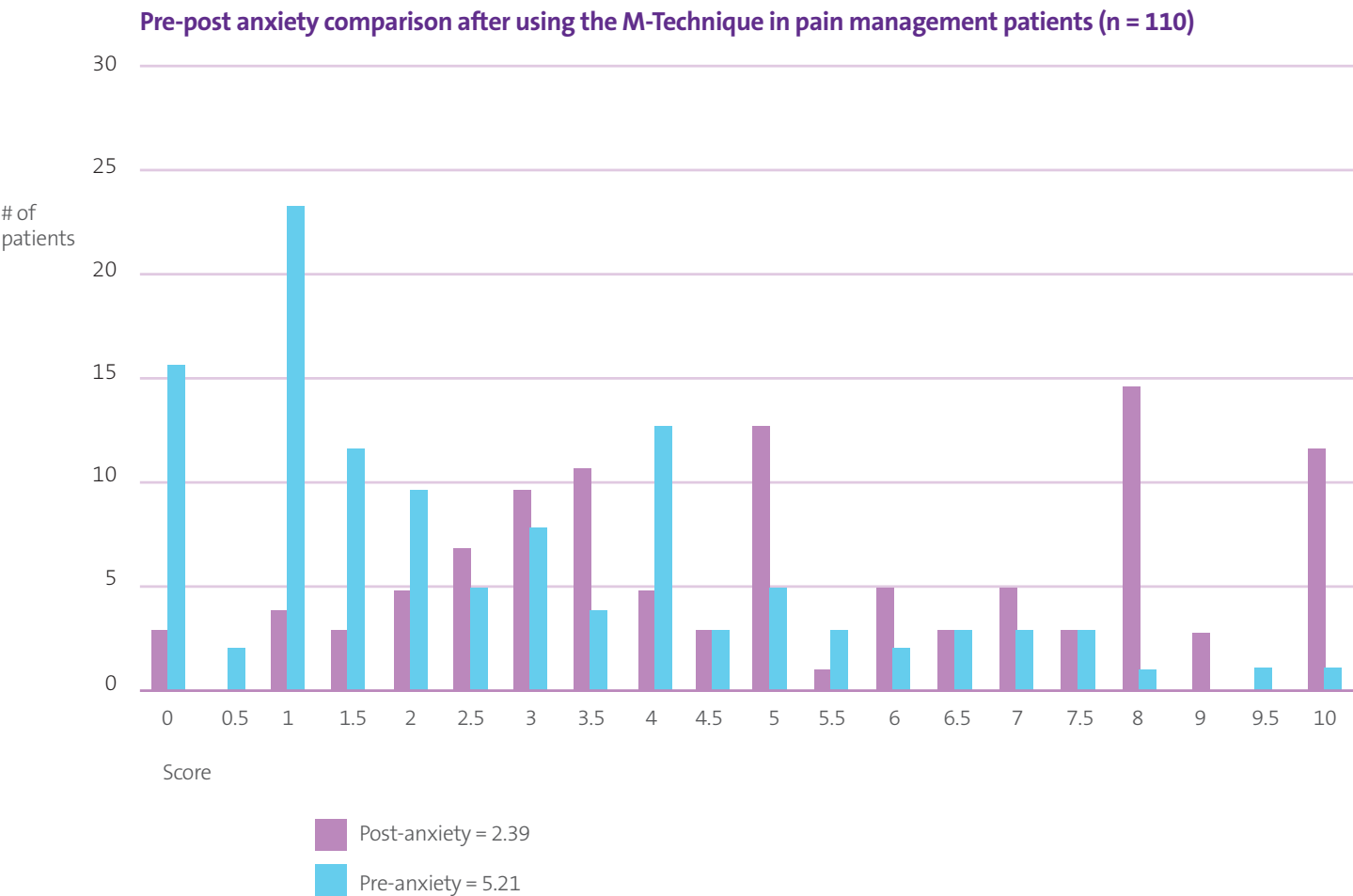
**Explorer leaders: Patricia Alban, MSN, RN, CEN, PCCN; Elizabeth Giordano, MSN, RN, CCRN, CDE; Katherine Lewin, MSN, RN-BC, CCRN, along with the student Explorers, all appreciate the educational interactions each month.**

# Use of the M-Technique to decrease anxiety among patients with chronic pain

Evidence indicates patients with chronic pain experience anxiety while waiting for pain management procedures. Audrey Homis, BSN, RN worked with the pain management nurses and Pain Management Advance Practice Registered Nurses (APRNs) on an integrative treatment for patients, known as the M-Technique. The M-Technique is a method of structured touch that works on skin receptors that send signals to the brain which decrease anxiety and pain. Both smell and touch can have rapid therapeutic effects that can be used to lower stress, enhance parasympathetic response, and improve comfort.

Touch and aromatherapy were combined to lower stress and enhance the parasympathetic response. Lavender oil was used because it is one of the most popular and well-known essential oils for treating pain and it also contains anti-inflammatory and analgesic properties.

Certified aromatherapy RNs provided the M-Technique to 110 patients. It was administered before traditional pain management treatments. Following the M-Technique treatment, patients reported a 53 percent decrease in anxiety.





## Affiliations with schools of nursing



In 2018, Mather Hospital collaborated with 12 schools of nursing and placed 270 students for their clinical rotations and 52 students for their capstone and clinical rotations. Students completed the required clinical areas throughout the hospital including Behavioral Health, Critical Care, the Emer-

gency Department, Med/Surg, Step Down, Surgical Services, Telemetry and Ambulatory Care areas on both the day and night shifts. In addition, students were placed with nurse leaders throughout the organization to fulfill their clinical time in leadership classes.

## Mather Hospital's "Becoming a Nurse" Program

The "Becoming a Nurse" program is an active nursing education program. The aim is to educate community members about nursing as a career and the steps involved in the process of becoming a registered nurse. The program includes information on the history of nursing,

nursing theorists, types of nursing programs, the ANCC Magnet Recognition Program®, resume writing and interviewing skills. In 2018, there were four sessions offered with 30 volunteer participants.

## Image of Nursing Program

The Image of Nursing Program is a collaboration with Longwood Senior High School located in Middle Island, NY. In 2018 there were 13 seniors interested in a nursing career who were chosen to participate. The students were provided with an overview of nursing as a career and received education on evidence-based practice and research

from Dr. Judy Moran, Research Coordinator. They also received information on vascular access devices from Genine Schwinge, NP, Vascular Access Coordinator, and learned about the volunteer program from Keri Dunne, Director of Volunteer Services. In addition, they were provided with a demonstration on hands-only CPR.



## Decreasing anxiety in mental health patients through aromatherapy

Patients attending the Partial Hospital Program are seeking treatment voluntarily and are open to a multimodal approach including psychotherapy, medication, lifestyle changes, and non-pharmacological therapies such as exercise, meditation, and aromatherapy. In 2018, to provide patients with more options, the decision was made to compare lavender oil (which is more calming) to mandarin oil

(which is more uplifting) to decrease anxiety.

The goal for 2018 was to have 60 percent of the patients who participated in aromatherapy groups demonstrate a decrease in anxiety as evidenced by before and after anxiety measurements. The overall outcomes achieved was 83 percent of patients reported decreased anxiety levels.

## 2 South nurses participate in Northwell Health Oncology Fellowship Program

The Northwell Health Oncology Fellowship Program is renowned for state-of-the-art technology and world-class treatments and care. This multifaceted 16-week program combines classroom, computer web-based training, simulation, preceptorship and integrates inpatient and outpatient care for oncology patients.

In 2018, six graduate nurses from Mather Hospital's oncology unit (2 South) participated. They included Katrina Ablacksingh, BSN, RN; Genine Ammons, BSN, RN; Kathryn Birkmire, BSN, RN; Rachel Cipriano, BSN, RN; Alyssa Lim, BSN, RN and Carli Pusateri, BSN, RN.

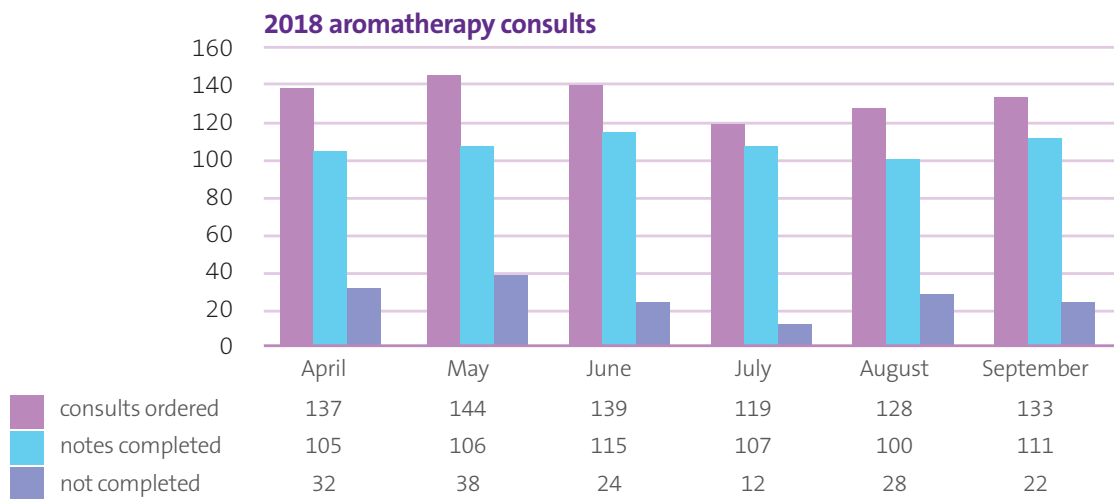


# Changing the image of pain care at Mather Hospital: introducing the nurse practitioner integrative pain service

In 2018, the chronic pain management service rebranded itself. The goal was to highlight the innovation Mather Hospital has embraced to ensure we are providing the best evidence-based, patient-centered care that treats each patient in a manner that promotes optimal healing and wellness. Comprehensive, integrative pain management includes biomedical, psychosocial, complementary health and spiritual care. It is person-centered and focuses on maximizing function and wellness.

Patient’s plans of care are developed through a shared decision-making model which

reflects the most current evidence-based practices and individual preferences, goals and values. Currently, the service provides interventions such as aromatherapy, clinical hypnosis for pain, guided imagery and management of implanted pain devices. Integrative Pain Advanced Practice Nurse Practitioners clinically treat and manage the epicenter for the aromatherapy program. Future plans for expansion of the program include therapies such as provision of acupressure, acupuncture, biofeedback, Cognitive Behavioral Therapy with Hypnosis (CBTH), and reiki/healing touch.



## Professional nursing certification

Mather Hospital supports the continuous professional development of nurses. Specialty certification is one method to demonstrate an individual who has mastered a body of knowledge and acquired skills in a specific nursing specialty.

In 2018, critical care increased their RN certification rate (CCRN) by 50 percent from 2017. This was achieved through certification preparation which is supported by a New York State Department of Health – Health Workforce

Retraining Initiative known as the “RN Certification Project.”

Maureen Chernosky, RN, MSN, CEN, CCRN, ACNS-BC, Clinical Nurse Specialist (CNS) for critical care holds scheduled classes to meet the needs of the staff, distribute resource materials, and facilitate exam registration. In 2018 she added a DYO (Design Your Own) format. A few weeks prior to the exam, staff review the exam blueprint, make note of content where they need additional education, and a class is designed to meet those individual needs.

**The following RNs and advanced practice RNs are recognized for achieving  
or maintaining National Board Certification in their specialty area for 2018:**

Lori Accetta, CCRN	Renee Castelli, RN-BC	Mary Ferrara, OCN
Junielon Sabas Adame, WCC	Maureen Cataldo, PMHCNS-BC	Brianna Ferruzza, CCRN
Kathleen Adams, CDN	Emily Cauchi, CCRN	Mary Fisher, CPHQ
Patricia Alban, CEN, PCCN	Maureen Chernosky, CEN, CCRN, RN-BC	Divina Grace Fordham, RN-BC
Denise Altamore, PCCN	Nancy Clavin, OCN, CRNI	Gloria Fortune, PMHNP-BC
Maureen Altieri, NEA-BC	Kristen Clifford, CRN	Sandra Helene Galantino, RN-BC
Lisa Ambrose, CPAN, CCRN-K, NP-C	Kelly Coleman, CNOR	Nicole Helen Geiss, RN-BC
Nicole Amendola, PCCN	Donna Collins, CPAN, CRN	Nina Gervais, CCRN
Marret Ida Anderson, NP-C	Scot David Colton, RN-BC	Elizabeth Giordano, CCRN-K, CDE
Sherry Anderson, CWCN, COCN, RN-BC*	Jennifer Ann Colucci, RN-BC	Kimberly Giordano, RAC-CT
Catherine Andolena, ONC	Elizabeth Contri, RN-BC, ACM-RN	Cameron Gittens, CEN, CRN, VA-BC
Maria Stella Artusa, ANP-BC	Patricia Karlya Cordle, RN-BC	Debra Giulietti, CCRN
Catherine Audus, AGPCNP-BC	Lori Ann Crispino, CEN	Dina Giulietti, CEN, NEA-BC
Deborah Aureliano, WCC	Stephanie Crispino, CBCN	Mary Ellen Glennon, CCRN, WCC
Franco Baingan, ONC	Cassandra Cucuzzo, RN-BC	Michael Glinka, RN-BC, NEA-BC
Melissa Baranowski, CGRN	Maria Antonia Cuisson, WCC	Joan Godbold, RN-BC
Michael Anthony Barletta, RN-BC	Rose Cummings, CPAN	Maryann Goodman, ONC
Virginia Barrington, WCC	Richard Daly, NP-C	Nancy Gorgone, ONC
Tara Bauer, CEN	Mary Daulton, WCC	Carrie Grattan, OCN
Kim Bauman, PCCN-K	Marianna David, RN-BC*, ONC	Gina Greco, PCCN
Laura Jeanne Bell, NP-C	Christine De Bernardo, RN-BC	Marina Grennen, CEN
Deanna Marie Belte, CPAN	Marsha Deckman, NE-BC, ONC	Patricia Griffin, CNOR
Jessica Berkman, RN-BC	Nicole Delvecchio, AGPCNP-BC	Theresa Grimes, RN-BC, FNP-BC, CCRN
Kathleen Susan Biase, RN-BC	Joyce DeMoore, RN-BC	Susan Grover, PMHCNS-BC
Donna Blaskopf, CRN, VA-BC	Susan DeTurris, CAPA	Michelle Gustaferri, CEN
Michele Bonafede, RN-BC	Kristin Dillon, CCRN	Michael Hagenbruch, CPAN
Denise Bonneville, RN-BC	Amy Christine Dittler, PMHNP-BC	Lauren Haizlip, PCCN, CWCN, CCCN, COCN
Donna Bragg, CRN	Jennifer Dixson, CCRN	Donna Hardwicke, RN-BC
Anna Marie Braslow, CCRN	Patricia Dodd, NP-C, RN-BC	Lauren Ann Harris, RN-BC
Jeanne Brennan, RN-BC, CNL	Annemarie Doodian, NEA-BC	Stacey Hartcorn, CEN
Jessica Lynn Brett, RN-BC	Lisa Doumas, PCCN	Margaret Hassett, CAPA
Sandra Brown, RN-BC	Denise Driscoll, PMHCNS-BC, CARN, RN-BC	Elise Haussel, CNOR
Alicia Bullock, ONC	Lisa Dubrow, ANP-BC	Patricia Hebron, FNP-BC
Filomena Buncke, PMHCNS-BC	Maria Dutra, OCN	Kathleen Herrera, RN-BC
Kimberly Buncke, PMHNP-BC	Christa Dwyer, RAC-CT	Stacy Lynne Heuschneider, NP-C
Carissa Jo Burke, WCC	Emily Emma, RN-BC, ONC, NEA-BC	Linda Hill, PMHCNS-BC
Alisa Maria Caliendo, NP-C	Judee Falcone, RN-BC	Loretta Hill-Civil, PCCN
Trisha Calvarese, CAPA	Lorraine Farrell, FNP-BC, CCCTM	Jill Hindes, PMHNP-BC
Glenda Calwag, RN-BC	Jennifer Faulkner, CEN	Jaqueline Hoey, CNOR
Dana Cardiello, RN-BC	Candice Fella, RN-BC, WCC	Maria Rosaria Hofbauer, RN-BC
Maria Cassara, CMSRN	Anthony Ferrara, CCRN	Lyla Hongthong, RN-BC
Irene Cassata, CPAN		



Tracy Hopkins, CBN  
 Donna Hughes, CAPA  
 Socorro Inez, WCC, DWC, RAC-CT  
 Lisa Iulucci, RN-BC  
 Robyn Jackson, RN-BC  
 Barbara Jacome, RN-BC  
 Danielle Jakuc, RN-BC  
 Kathleen Jochen, RN-BC  
 Stacey Jolley, OCN  
 Melissa Joseph, CCRN  
 Marianne Kiernan, CN-BN, CBCN  
 Kirsten Lyn Konsevitch, RN-BC  
 Jamie Lin Kotler, RN-BC  
 Krystie Leigh Kramer, NP-C  
 Trucy Kuhn, PCCN  
 Jessica Lagala, RN-BC  
 Vivien Langford, CRN  
 Ann Lasota, RN-BC, ONC  
 Armando Lastra, WCC  
 Joanne Lauten, SCR, CPHQ  
 Debra Ledoux, CCDS  
 Katherine Lewin, CCRN, RN-BC  
 Chhiu Mei Liu, COCN, CWON, NP-C, CF  
 CN  
 Marigrace LoMonaco, RN-BC  
 Michael Andrew Lospinuso, RN-BC  
 Gerard Francis Lunetta, ONC  
 Julia Macauley, CCRN, WCC  
 Phyllis Macchio, ANP-BC  
 Christine Marie Mac Entee, RN-BC, CIC,  
 CNE  
 Andrew Thomas Magnano, RN-BC  
 Nita Krishna Malik, NP-C  
 Margaret Maltz, CAPA  
 Lydia Malvagno, CWCA  
 Dianne Maniaci, PCCN  
 Cynthia Mattson, CWON  
 Colleen McDermott, CEN  
 Shirlee McKenna, CAPA  
 Christine McKeon, CEN  
 Pauline Meek, RN-BC  
 Phillip Messina, NE-BC  
 Kelly Miller, CCRN  
 Ken Mills, PCCN

Melissa Monaghan, CCRN  
 Bonnie Moore, RN-BC  
 Judith A. Moran, NE-BC, RN-BC  
 Susan Morin, PMHCNS-BC  
 Kurt Muller, ONC  
 Marie Mulligan, CNOR, NEA-BC  
 Christine Mulvey, CNOR  
 Rosa Nania, WCC  
 Alain Montesa Neri, ANP-BC  
 Jean Nesbitt, WCC  
 Laura O'Brien, CRN  
 Marie O'Brien, NP-C, RN-BC, CCRN  
 Janice O'Connor, WCC  
 Gospel Suvwe Ofuyah, WCC  
 Victor Ogundare, RN-BC  
 Jamie O'Hara, CAPA  
 Anthonia Onyemem, PCCN  
 Margie Orle, CEN  
 Brianna Passaretti, CCRN  
 Melissa Pearson, PCCN, CEN  
 Karen Petrosino, WCC  
 Karen Picasso, CEN  
 Elizabeth D. Picozzi, WCC, RN-BC  
 Miguelina Platt, CRN  
 Colleen Reade Pohmer, WCC  
 Ginger Marie Postiglione, RN-BC  
 Emily Pozgay, NP-C, CRN  
 Toni Ann Prost, CNOR  
 Donna Randone, WCC  
 Colleen Reale, CEN  
 Nicole Rice, RN-BC  
 Irma Haydee Rivera, CAPA  
 Nancy Robb, RN-BC, OCN  
 Anne Roberts, CCM  
 Nancy Ellen Rochler, CCRN  
 Sharyn Rodillado, CEN  
 Rita Romano, RN-BC  
 Vilma Rosario, WCC  
 Maria Rubino, CHPN, RN-BC  
 Kathryn Rush, CCRN, CRN  
 Frank Russ, RN-BC  
 Jessica Santamaria, ONC  
 Mary Scannell, CGRN  
 Robert Schuman, CEN

Steven Schwab, CCRN  
 Genine Schwinge, ANP-BC, VA-BC  
 Michele Nicole Scomello, NP-C  
 Christine Seery, RAC-CT  
 Angela Shapiro, CNOR  
 Deborah Shull, CPAN  
 Patricia Slokovitz, NP-C  
 Agnieszka Sobolewska, RN-BC  
 Dana Lee Soler, NP-C  
 Suzanne Soltysik, RN-BC\*, CNE  
 Pasqua Spinelli, PMHNP-BC  
 Tabitha Spinelli, WCC  
 Karen Ann Sproul, NP-C  
 Darlene Steigman RN-BC  
 Patricia Stillwaggon, CCRN  
 Faustina Stoebe, CPAN, RN-BC  
 Brittany Lauren Stokes, RN-BC  
 Justin Stroker, PCCN  
 Mary Sundquist, ACHRN  
 Michelle Swensen, CPAN  
 Najmi Tanwir, CEN  
 Julie Tegay, RN-BC, CEN  
 Michelle Tomaszewski, OCN  
 Deseree Travis, CCRN  
 Daniel Triolo, CNN  
 Amanda Trypaluk, RN-BC  
 Debra Ann Tuttle, RN-BC  
 Karen Tuzzolo, CNOR, NE-BC  
 Erin Vaccariello, RN-BC  
 Krista Vanhove, RN-BC  
 Christine Viterella, RN-BC  
 Kristy Lynne Vutrano, RN-BC  
 Minna Waldeck, OCN  
 Geraldine Walter, RN-BC  
 Trudy-Ann Weekes-Roach, CNOR  
 Maryanne Wisniewski, RN-BC  
 Andrea Wohlenberg, COCN, CWCN,  
 CCCN  
 Sylvia Kathryn Wood, ANP-BC  
 Patricia Woods, CRN  
 Michele Wyllie, CWS  
 Cecil Yoo, CDN  
 Debra Youngs, ONC

\*Reflects more than one ANCC certification





## Exemplary professional practice

## 2018 Nurses Week celebration

National Nurses Week begins each year on May 6 and continues through May 12, the birthday of Florence Nightingale, the founder of modern nursing. During the Crimean War she organized care for wounded soldiers. With a team of nurses, she was able to improve unsanitary conditions and reduce the death toll by two-thirds.

Awards presented at Mather Hospital's Nurses Week celebration included:

- **Advanced Practice Nurse:** Nita Malik, NP-C
- **Nurse Leader:** Jeanne Brennan, BSN, RN-BC
- **Clinical Instructor:** Nancy Rochler, MSN, RN CCRN
- **Clinical Nurse:** Gail Griffett, RN
- **RN "Rookie":** Grace Shin, BSN, RN
- **Nursing Assistant:** Kaitlyn Wagner
- **Unit Secretary:** Karen Erato
- **Nurse of Excellence:** Sandra Brown, BSN, RN
- **Roy Zuckerberg Family Award:** Melissa Pearson, BSN, RN, PCCN





## Daisy Award for extraordinary nurses

The Daisy Award is a partnership with health-care organizations to provide ongoing recognition of the clinical skill and especially the compassion nurses provide to patients and families all year long.

Mather Hospital's Daisy Award winners are:

**Nicole Goldkranz, BSN, RN from CCU:**

"My husband was newly diagnosed with colon cancer, which was malignant and just had a colostomy. Nicole was very attentive to his needs and details regarding his care. She tirelessly checked to make sure he was as comfortable as possible. Aware that we were overwhelmed, Nicole used every opportunity to teach us about how to care for my husband's incision, colostomy and gave us the rationale of doing so.

Additionally, we have a large family. Nicole was understanding of our culture and made every effort to accommodate our worried family's needs without compromising my husband's needs.

Knowing that I was always at my husband's bedside, she brought a recliner to try to make it a little more bearable for me. Nicole cared

for my husband for two days, and when he transferred to a different unit, Nicole took the time from her busy day to come and visit him. Nicole is what we feel a nurse should be, and I feel blessed to have her care for my husband. Her genuine compassion and sincere care touched out hearts and for that we will always be grateful. She truly is a daisy to our dreary days."

**Robyn Jackson, RN-BC from 2 East:**

"I just want to let you know that your kindness and care of my mom while she is in your care is of tremendous meaning to our family.

Everything mom asked of you, you did with such a smile and caring. No request was too great. We are very fortunate to have such a wonderful staff that loves what they do. It shows in you.

My husband had double knee replacement, gastric bypass, and his gall bladder surgeries at Mather and we cannot say enough about the care we receive here.

Again, we nominate Robyn for the Daisy Award, and thank you for your care."



Nicole Goldkranz, BSN, RN, center with flowers



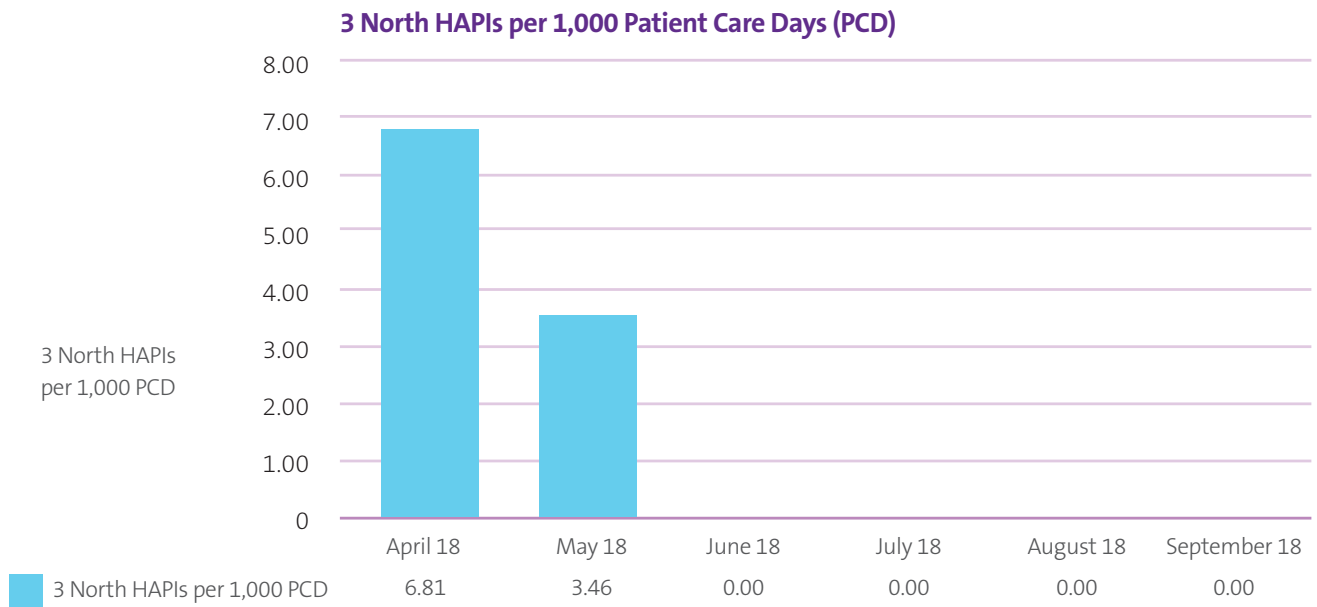
Robyn Jackson, RN-BC, center with award

# Decreasing Hospital Acquired Pressure Injuries (HAPI) on 3 North easy as ABC

In April 2018, the HAPI rate on 3 North was 6.81. The 3 North nurse manager collaborated with the assistant nurse managers and clinical nurses to develop interventions to reduce HAPIs:

- Created the “ABCs of Wound Care.” This included the use of the Accumax CU4 pump (a pressure redistribution mattress), heel booties and chair cushions.

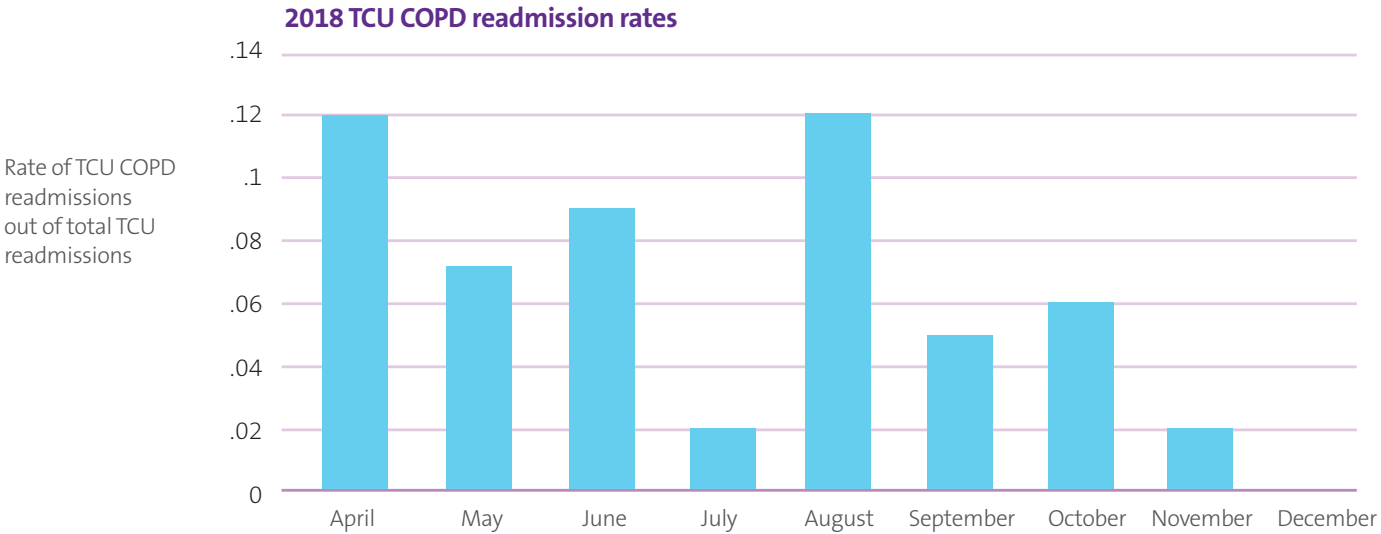
- Posting a “Let’s Take the Pressure Off” sign if the Braden skin assessment score is 18 or less. This sign is a reminder for nurses to ensure the patient has the “ABCs of Wound Care” in place.
- Skin integrity is addressed each day during daily leadership rounding.
- Significant decrease in pressure injuries has resulted from this initiative.



# Improving Pulmonary Fitness Program to decrease Transitional Care Unit readmissions for chronic obstructive pulmonary disease

In April 2018, chronic obstructive pulmonary disease (COPD) readmission rates for the Transitional Care Unit (TCU) were 12 percent despite the creation of the Pulmonary Fitness Program. An interdisciplinary team was created, and it was noted that the Pulmonary Fitness Program and order sets were underutilized. The decision was made for consults to be performed within 24 hours of admission. From September 2018 through November 2018, each pulmonary fitness referral was tracked and the screener reviewed each

patient chart for the appropriateness of the referral. If the patient met the criteria and was accepted, social work was contacted, and the pulmonary fitness order set was used for the admission. The patient would then be identified in interdisciplinary rounds and provided with a pulmonary fitness binder which includes education on inhalers, respiratory treatments and methods to conserve energy. These interventions resulted in a downward trend of COPD readmissions with zero readmissions in December 2018.





# Professional organizations

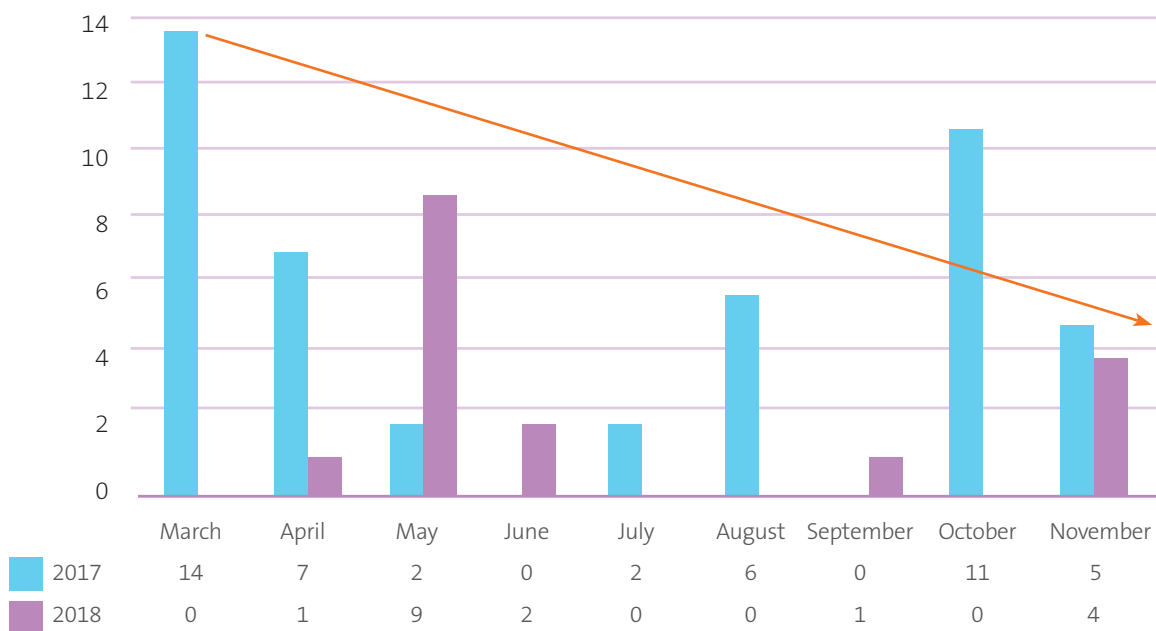
Employee	Department/Position	Offices Held
Maureen Altieri, MSN, RN, NEA-BC	Director of Service Excellence and Magnet	New York State/Vermont Magnet Hospital Consortium Chairperson 2016-present
Irene Cassata, BSN, RN	Imaging Services/Clinical Nurse	President of the BSN Club St. Joseph's College
Maureen M. Chernosky, RN-BC, MSN, CEN, CCRN, ACNS-BC	Nursing Professional Development/ Clinical Instructor	New York State Emergency Nurses Association State Treasurer 2018 Suffolk County Chapter Emergency Nurses Association - Education Chair 2018
Mary Ferrara, BSN, RN, ONC/ONS	2 South and Infusion Center/ Nurse Manager	Oncology Nursing Society Suffolk County Chapter Vice President 2014-2018
Marina Grennen, MSN, RN, CEN	Nursing Professional Development/ Clinical Instructor	ENA Treasurer Elect 2018 Injury Prevention Chairperson for Suffolk ENA 2018
Theresa Grimes, PhDc, FNP-BC, RN-BC, CCRN	Integrative Pain Service Nurse Practitioner	ASPMN Long Island Chapter Corresponding Secretary 2018 ASPMN National Awards Committee 2018
MaryEllen Lasala, PhD, RN	Nursing Professional Development/Instructor	Member and Counselor for Sigma Theta Tau International, Kappa Gamma Chapter
Joanne Lauten, MSN, RN, CPHQ, SCRNP	Nursing Quality Director and Stroke Coordinator	Greater NY Stroke Coordinators Consortium (GNYCCC) President 2018
Lilly Matthew, PhD, RN	Nursing Administration/Nurse Statistician/Nurse Researcher	Board Member for the Transcultural Nursing Society (TCNS) Northeast Chapter
Christine Mc Keon, MSN, RN, CEN	Emergency Department Assistant Nurse Manager	Suffolk County Chapter of the Emergency Nurses Association President 2018
Marie Mulligan, PhD, RN, CNOR, NEA-BC	Nursing Administration/ CNO VP for Nursing	Nassau Suffolk Hospital Council Chair GNYNONEL Past President
Marie O'Brien, MSN, RN-BC, ANP-C, CCRN	Pain Management Coordinator	American Society for Pain Management Nursing (ASPMN) Master Faculty Advanced Pharmacology ASPMN Long Island – Treasurer 2018
Genine Schwinge, RN, ANP-BC, PNP, VA-BC	Interventional Radiology/Nursing Vascular Access Coordinator	Member of the Editorial Review Board for <i>The Journal of the Association for Vascular Access and The Journal of Infusion Nursing</i>
Faustina (Tina) Stoebe, MS, BC, RN, CPAN	Nursing Professional Development/ Clinical Instructor	President for NYSPAN District One (Nassau/Suffolk) Board Member NYSPAN

## Behavioral health interdisciplinary restraint reduction initiative

In 2017, Mather Hospital's Adult Behavioral Health Unit (2 West) had 51 episodes of manual/mechanical restraints among 21 individuals. The goal for 2018 was to decrease restraint use through improved communication among the three treatment teams and enhance early identification of changes in patients' status. Increased rounding was initiated in April 2018 by clinical, ancillary and administrative staff members. This increased surveillance helped to ascertain early signs of patient distress/agitation or change in emotional status. It also fostered the opportunity for patients to interact with ancillary and nursing staff in the early stages of agitation/anxiety. This provided the opportunity to address patients' concerns in real time.

During daily interdisciplinary morning report, potential admissions currently being evaluated in the Emergency Department are discussed. A high-risk report is reviewed. This report notes patients who have expressed suicidal or homicidal ideation, aggression, inability to contract for safety, self-injurious intent or conduct, and behaviors such as yelling or screaming in the past 72 hours. This daily report evokes discussion ranging from possible pharmacological adjustments to recommendations from recreation staff on how they can alleviate any problematic behaviors. In a nine-month period (March 1, 2018 – November 30, 2018) these interventions helped to reduce the episodes of restraints on 2 West from 51 in 2017 to 17 in 2018; this demonstrates a decrease of 33 percent.

**2 West total number of restraints March through November 2017 compared to March through November 2018**



## Decreasing clostridium difficile rates hospital wide

According to the Center for Disease Control and Prevention, one of every 10-20 hospitalized patients in the United States develops a hospital-associated infection. Mather Hospital has had a higher rate of hospital-acquired clostridium difficile (C. difficile or C. diff) than the New York State average. The goal was to decrease the rate of hospital-acquired C. difficile to below the New York State benchmark.

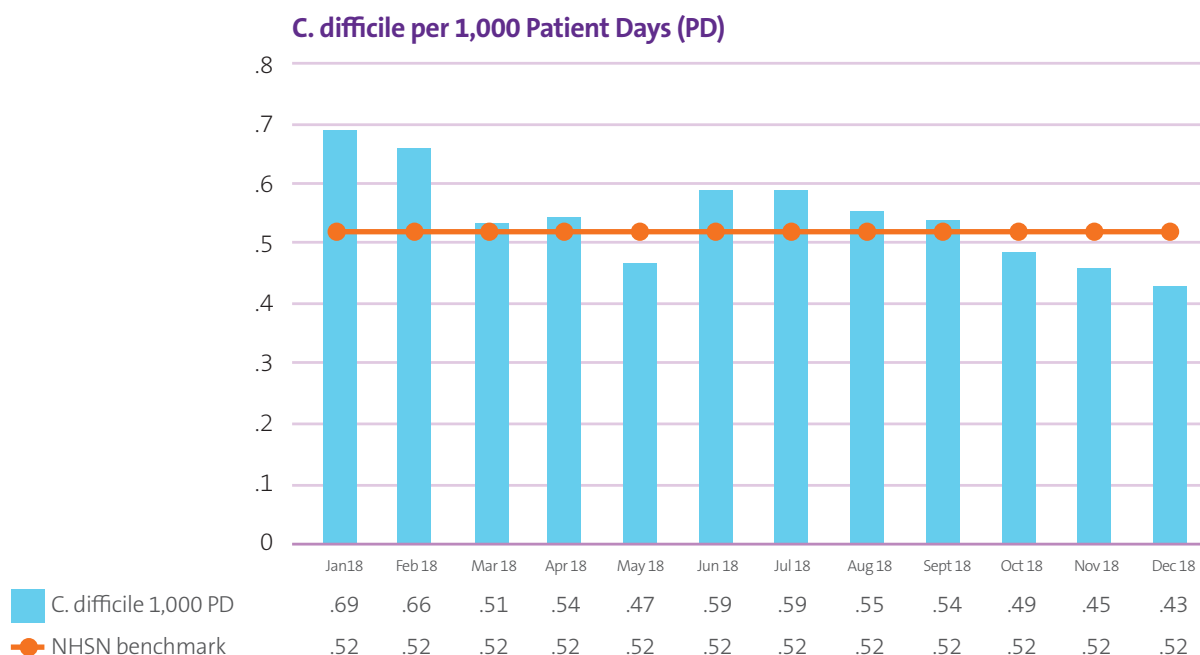
Action plans implemented in 2018 included:

- Maintaining rounding to monitor hand hygiene (HH) and personal protective equipment (PPE) compliance and reporting non-compliance to appropriate personnel.
- Expanding the C. diff task force to include a resident and aligning with New York State Partnership for Patients.
- Collaborating with Hospital Administration

and Environmental Services to evaluate the Tru-D UV light.

- Collaborating with Information Services (IS) to create a report to identify patients who should be evaluated for appropriateness of testing and to identify risk factors for patients with positive C. difficile results.
- Collaborating with IS and Nursing Informatics to improve documentation in the plan of care flowsheet for isolation precautions.

C. difficile rates began to increase in June and July 2018. Mather Hospital's rates were 0.07 above the New York State benchmark. Additional action plans were implemented to improve the outcome. These included continued work on an algorithm and form to guide appropriate testing and specimen collection.





New knowledge,  
innovations  
and improvements

# Annual Nursing Research Conference

## “Nursing Research: Past, Present and Future”

On June 15, 2018, Mather Hospital’s Nursing Research and Professional Development Council held the eighth annual nursing research conference. This year’s focus “Nursing Research: Past, Present and Future” included an overview of modern-day challenges facing professional nurses working in various health-care settings.

The keynote speaker was Dr. James A. Fain, PhD, RN, BC-ADM, FAAN who is the Associate Dean for Academic Affairs at the University of Massachusetts Medical School and Graduate School of Nursing located in Worcester,

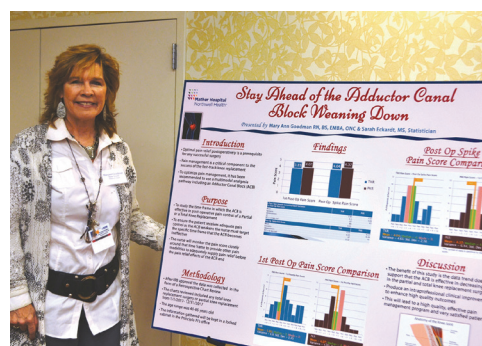
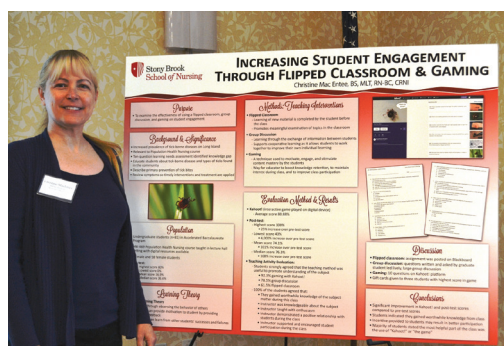
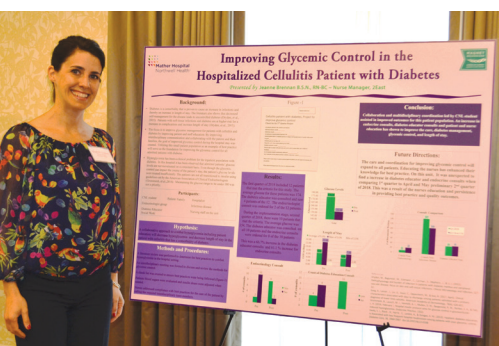
MA. He is also the author of “Reading, Understanding, and Applying Nursing Research.”

Attendees were from academia and acute care hospital settings. There were three panel sessions with 13 speakers who presented topics such as Dissemination of Research and Evidence-based Practice Projects: Guiding Principles and Lesson Learned; The Effect of Heart Failure Education on Nursing Staff Knowledge and Confidence in a Skilled Nursing Facility; and Teamwork Perceptions of Nurses and Nursing Assistants.

## Nursing Quality Showcase

Mather nurses celebrated Hospital Quality Week with the eighth annual Quality Showcase held on October 29, 2018. This year, there were 26 posters showcasing multi-disciplinary, organization-wide quality improvement projects and outcomes. These included front-line leadership initiatives, evidence-based

nursing practice projects, and interprofessional problem-solving initiatives. The showcase offers the opportunity for employees to learn about the latest evidence-based practices, research, and process improvements throughout the hospital.





## Safe Patient Handling Olympics

On December 7, 2018, Mather participated in Northwell Health's annual Safe Patient Handling Olympics held at the Center for Learning and Innovation. The team consisted

of several of our safe patient handling champions. This team competed in live patient scenarios focused on safe handling practices with patients.



## The Advisory Board Frontline Impact Program

In 2018, Mather Hospital partnered with the Advisory Board Company for a third time to help drive performance improvement and promote experiential learning. The Advisory Board is a best practices firm that uses a combination of research, technology, and consulting to improve the performance of healthcare organizations globally. Formal hospital leaders from many disciplines served as coaches for an interprofessional group of 30 staff members as they developed quality improvement projects.

At the final summit, three staff members were recognized for their exemplary projects

in three categories. The nursing winner was Christine MacEntee, MS, CLT, RN-BC, CNE, CIC, Infection Prevention Coordinator. Her project was titled: Decreasing Incidence of Clostridium difficile at Mather Hospital. The medicine winner was Islam Fayed, MD, DO, a PGY-3 radiology resident. His work was titled Overutilization of Imaging With and Without Contrast During the Same Hospital Admission. Jomar Dimanlig, PT, Assistant Director of Physical Therapy worked on a project, Establishing a Wheelchair Disinfection Protocol to Reduce Hospital Acquired Infections which won him recognition in the non-nursing category.

## IRB approved nursing research studies

Title	Principal investigator(s)	Type/Design
Authentic Nurse Leadership	Marie Mulligan, PhD, RN, NEA- BC, CNOR	Quantitative Cross-over design Non-Experimental
Decreasing Incidence of Falls with Injuries Using Two Distinct Strategies Among Adult Psychiatric Patients: A Multiphase Study	Darlene Steigman, BSN, RN, RN-BC Lilly Mathew, PhD, RN Denise Driscoll, RN-BC, CARN, PMHCNS-BC, NPP Ira Fischer, MBA, MA Patricia Cordle, BSN, RN-BC Vanessa Bishop, BS	Mixed Methods Non-Experimental
Creating a Culture of Caring: Using Aromatherapy to Increase Compassion Satisfaction Among Acute Care Nurses	Marie O'Brien, MSN, ANP-C, RN-BC, CCRN Pasqua Spinelli, PhD, PMHNP-BC Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Mixed Methods Non-Experimental
Successful New Graduate Nurse Transition to Practice	Suzanne Soltysik, MSN, RN-BC, CNE Brandy Feliu, MSN, RN Tara Hartwell, MSN, RN Patricia Alban, MSN, RN, CEN Maureen Chernosky, MSN, RN, CCRN, CEN, RN-BC Marina Grennen, MSN, RN, CEN Katherine Lewin, MSN, RN, CCRN Christine Viterella, MSN, RN-BC Marsha Deckman, MSN, RN, NE-BC, ONC Sarah Eckardt, MS, BA	Quantitative Non-Experimental
Acupuncture for Pain: A Pragmatic Pilot Study for the Inpatient Pain Service	Marie O'Brien, MSN, ANP-C, RN-BC, CCRN Patricia Dodd, MSN, NP-C, RN-BC Mehran Golpariani, MD	Mixed Methods Non-Experimental
Reiki Therapy: A Pilot Study for Post-Operative Pain Among Inpatient Joint Replacement Surgery Patients	Maryann Goodman, RN, BS, MBA, ONC Marge Scharback, RN Marie O'Brien, MSN, ANP-C, RN-BC, CCRN Patricia Dodd, MSN, NP-C, RN-BC	Quantitative Non-Experimental
Improving Glycemic Control in the Cellulitis Patient with Diabetes	Jeanne Brennan, MSN, RN-BC, CNL	Quantitative Non-Experimental



**Marie E. Mulligan PhD, RN, NEA-BC, CNOR**  
**CNO Vice President for Nursing**

**Mather Hospital**  
Northwell Health

# Decreasing Incidence of Falls with Injuries using Two Distinct Strategies among Adult Psychiatric Patients: A Multiphase Study

**MAGNET**  
Nurse-Driven  
American Nurses  
Association

**Presented by:** Darlene Steigman BSN RNC, Lilly Mathew PhD RN, Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP  
Ira Fischer MBA MA, Patricia Cordle RNC, Vanessa Bishop BS

## Background

- Occurrence of injuries related to falls is an ongoing nursing issue. Falls with injuries among psychiatric patient population increases the length of stay and interferes with recovery and treatment plan.
- This study was initiated as a response to increasing incidences of falls in a 27-bedded in-patient adult psychiatric unit at Mather Hospital.

## Problem

- In the United States, among thousands of patients that fall every year, 30 to 50% sustain injury prolonging hospital stays by 6.3 days and this increases the cost of care by \$14,000 per incident (The Joint Commission, 2015).
- Falls among adult hospitalized psychiatric patients increases the risk for physical injury, length of stay, and interferes with quick recovery. Falls among hospitalized patients can lead to fractures and intracranial hemorrhage (Kobayashi et al., 2017).
- Falls have been recognized as a high-risk issue in inpatient psychiatric settings due to the combination of mental status changes, independence of patients in their own self-care, along with freedom of ambulation throughout the milieu.

## Purpose

- **Phase I:** To identify specific factors that might be contributing to falls among the adult psychiatric patient population.
- **Phase II:** To identify the nursing staff perceptions of changing practice with using Psychiatric specific valid and reliable fall risk assessment tool.
- **Phase III:** To measure rates of falls with injuries pre and post implementation of medication management program and use of a psychiatric specific assessment tool.

## Methodology

- **Phase I: Retrospective chart review**  
In this multiphase mixed-method pilot study a retrospective chart review on (n=14) patients who had an incident of fall during their hospitalization during a 3-month period was examined.
- **Phase II: A mixed method pilot study**  
Based on the findings, two specific interventions were implemented on a 27-bedded in-patient adult psychiatric unit for a pilot period of 3 months.  
The interventions included the following:  
1. Changing practice of using a psychiatric specific fall risk assessment tool known as Edmonson's Psychiatric Fall Risk Assessment Tool (EPFRAT) in lieu of a traditional generic MORSE fall scale (Morse et al., 1989). EPFRAT is more sensitive in assessing fall risk among the psychiatric population (Edmonson, Robinson, & Hughes, 2011).
- 2. Changing the timing of administration of antihypertensive and antipsychotics.
- **Phase III: Comparison Study: Pre and Post Intervention**  
Nursing staff perceptions on the use of EPFRAT (n=25) was measured post pilot using a short questionnaire which measured four variables "User-friendliness," "Relevance," "Supportiveness" and "Clinical Judgment" and one open-ended comment question. Falls frequency rates by injuries were compared Pre and post-pilot period.

## Results

- **Phase I:** A retrospective chart review indicated two concurrent uses of medication groups (Psychotropics and Antihypertensives) as a potential factor contributing to falls among in-patient Psychiatric patients (96.43%).
- **Phase II:** Majority of the nursing staff (80%) supported the practice change of using psychiatric specific tool EPFRAT and (76%) reported improved clinical judgment.
- **Phase III:** Fall rates with injuries decreased by (87 %) post implementation of a new medication management program and psychiatric specific fall risk assessment tool.

## Fall Injury Rates

Period	Fall Injury Rate (Approximate)
Pre-Pilot (12 months)	16
Pilot (3 months)	2
Post-Pilot (3 months)	1

## Nursing Staff Perception

Category	Pre-Pilot (Approximate)	Post-Pilot (Approximate)
User-Friendliness	8	10
Relevance	8	10
Supportiveness	8	10
Clinical Judgment	8	10

## Conclusions/Implications

- Practice change with concurrent use of antihypertensive and psychotropic.
- To use a psychiatric specific valid and reliable measuring tool like the EPFRAT for assessing fall risk among adult in-patient psychiatric population.



# Creating a Culture of Caring: Using Aromatherapy to Increase Compassion Satisfaction Among Acute Care



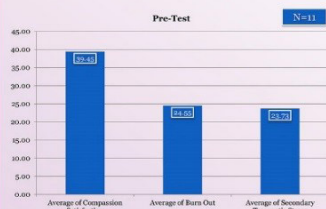
Presented by Pasqua Spinelli PhD, PMHNP-BC, Mario O'Brien, MSN, RN-BC, ANP-C, CCRN, Clinical Hypnotist, Judith Moran-Peters DNSc, RN, NE-BC and Sarah Eckardt, M.S.

## Purpose

- To identify whether aromatherapy is effective at decreasing compassion fatigue (burnout and secondary stress), while increasing Compassion Satisfaction (CS) among RN's working in an acute care hospital.

## Problem

- Compassion Fatigue (CF): Cumulative result of helping patients in challenging situations.
- Leads to low morale, physical/emotional exhaustion, impaired job performance, absenteeism, and turnover among nurses (Sheppard, 2014).
- Primary reason nurses leave the Nursing profession.
- Little is known about interventions effective in increasing compassion satisfaction while serving to decrease compassion fatigue among acute care nurses.



## Research Design

- Full Board IRB approval (Oct. 2017)
- Experimental Design
- Theoretical Framework:** Authentic Leadership Theory: Creating Healthy Work Environments for Nursing Practice.
- Healthy work environments create "sanctuaries of healing" that are beneficial for nurses (Kerfoot and Ivy, 2004).

### Setting:

- John T. Mather Memorial Hospital-Northwell Health is a 248 bed teaching hospital, located in Port Jefferson, on Long Island in New York State.
- Experimental group:** 2 South (clinical unit receiving the aromatherapy intervention).
- Control group:** 3 North (clinical unit not receiving the aromatherapy intervention).

### Subjects:

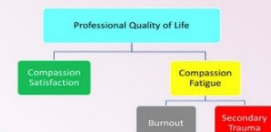
- RN's (Eligible to participate as subjects.)

### Data Collection Forms:

- Demographics Form
- Professional Quality of Life (ProQOL)
- Aromatherapy Intervention Form

**Pre intervention:** All subjects will complete Demographics Form, ProQOL

**Post intervention:** All subjects will again complete the ProQOL. Only the RN's on the Experimental Unit will complete the Aromatherapy Intervention Form.



## Preliminary Outcomes

- RN subjects will demonstrate high CF and low CS pre intervention.
- RN subjects will demonstrate improved compassion satisfaction with the use of aromatherapy.

## Conclusions

- Individual prevention strategies and organizational planning can significantly reduce the negative aspects of compassion fatigue and increase compassion satisfaction.
- The ANA Code of Ethics for Nurses with Interpretative Statements remind nurses they owe the same duties to self as to others.
- Establish a program in through which holistic modalities, such as aromatherapy, are available to all hospital staff with Employee Health being a center for health and wellness.



# Reiki: Decrease Opioid Usage in Elderly Joint Replacement Patients



A Collaborative Feasibility Study for the Mather Total Joint Replacement Program and Integrative Pain Management Nurse Practitioner Service

Maryann Goodman MSN, EMBA, RN, ONC; Margaret Scharback RN, Reiki Master Teacher; Patricia Dodd, MSN, ANP-C, LAc; Marie O'Brien MSN, ANP-C

## PURPOSE AND BACKGROUND

- To investigate the feasibility of implementing Reiki as a non-pharmacological modality to improve comfort, while decreasing opioid usage in the elderly postoperative joint replacement patient population.
- The Joint Commission 2018 Standards for Pain Management recommend the integration of evidence-based, nonpharmacologic modalities for the management of pain and associated suffering.

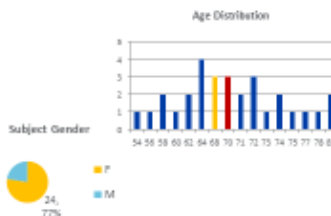
## Theoretical/Conceptual Framework

- Martha Rogers' Science of Unitary, Irreducible Human Beings (1970) provides a basis for energy work exploration in nursing, founded on the principles that man and environment are energy fields in continuous interaction, and nursing practice must seek to strengthen the human energy field to maximize health potentials.
- The National Center for Complementary and Alternative Medicine (NCCAM) places Reiki therapy in the category of biofield energy.
- Health care environments should be places of human caring. Holistic nurses and integrative care practices are leading the way for contemporary health care institutions to become holistic places of healing.



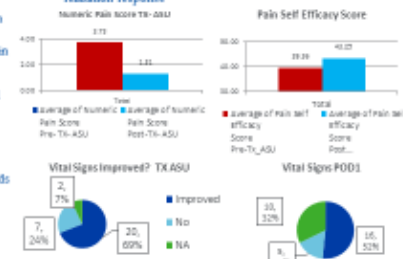
## METHODS or APPROACH

- IRB approved pragmatic research study using a convenience sample of patients received a Reiki therapy treatment in addition to usual and customary standard of care before and after Total Joint Replacement surgery.
- Patients were identified during the Total Joint Replacement educational seminar.
- Informed consent was obtained from participants.
- Participants received a 10 - 20 minute Reiki treatment session in the pre-surgical treatment area (PST) prior to surgery.
- Participants received a 20 -30 minute Reiki treatment session in their private patient room on POD #1.
- Benefit and significance was determined through a series of valid and reliable tools to measure pain, pain self-efficacy and function.
- Data collected on opioid utilization on POD #0 and POD #1.
- Defense and Veterans Pain Rating Scale (DVPRS), Numeric Rating Scale (0-10), Pain Self-Efficacy Questionnaire (PSEQ).
- Data was collected before and after treatments to identify trends in vital signs, opioid usage, adverse side effects of Reiki treatment and patient comments.



## OUTCOMES AND IMPACT

- Scores on the Pain-Efficacy Questionnaire were higher after receiving Reiki. This finding suggests that subjects were confident that, in spite of some pain, they could actively participate with postoperative requirements.
- Decrease in Numeric Pain Scores & DVPRS after treatments
- Decrease in B/P and heart rate for most patients suggesting a relaxation response



## LESSONS LEARNED

- Although valuable and beneficial, provision of complementary modalities (CAM) by a practitioner in the PST proves to be a challenge without a dedicated provider on standby due to the "fast-paced" nature of this clinical area.
- Assigning a CAM provider to the PST may allow for a more relaxing experience for the patient and prevent time conflicts related to the OR schedule.
- As a result of this study, our organization has embraced Reiki as a beneficial nurse driven caring intervention allocating resources to a Holistic Nursing Program.



*Presented by* Jeanne Brennan B.S.N., RN-BC ~ Nurse Manager, 2East

**Background:**

- Diabetes is a complex entity that is proven to cause an increase in infections and thereby an increase in length of stay. The literature also shows that decreased self-management for the disease leads to uncontrolled diabetes (Dryden et al., 2015). Patients with soft tissue infections and diabetes are at higher risk for a increase in complications and increase length of stay (Dryden, et al., 2015).
- The focus is to improve glycemic management for patients with cellulitis and diabetes by improving patient and staff education. By improving interdisciplinary communication and collaborating with the patient and their families, the goal of improved glycemic control during the hospital stay was created. This small patient population is an example of best practice will serve as the foundation for improving the glycemic control for all admitted patients with diabetes.
- Hyperglycemia has been a clinical problem for the inpatient population with diabetes. In this hospital it has been observed that admitted patients' glucose levels are not reevaluated on a consistent basis. Even though the glycemic control can impact the course of the patient's stay, the patient's glucose levels were treated inconsistently. The patients are not all transitioned to insulin using guidelines set by the American Association of Clinical Endocrinologists (Greenwood et al., 2016). Maintaining the glucose range to be under 180 was not a priority.

**Participants:**

CNL student	Patient/ Family	Hospitalist
Endocrinologist group		Infectious disease
Diabetes Educator		Nursing staff on the unit
Social Work		

**Hypothesis:**

**Hypothesis:**  
A collaborative approach to combat hyperglycemia including patient education will decrease hyperglycemia and decrease length of stay in the patient with cellulitis that has a comorbidity of diabetes.

### Methods and Procedures:

A literature review was performed to determine the best practices to combat hyperglycemia in the hospital setting.

An interdisciplinary meeting was formed to discuss and review the methods for glycemic control.

A check list was created to ensure best practices were being followed.(figure-1)

Nurses addressed compliance with best practices for the care of the patient by calling the required interdisciplinary team members.

Figure -1

Cellulitis patient with diabetes, Project to improve glycemic control

Check list for 2<sup>nd</sup> Quarter Project

All patients attached with cellulitis and diabetes

Isolation Source entered \_\_\_\_\_

Isolation Source \_\_\_\_\_

On Admission charted patient reported ICD \_\_\_\_\_

Isolation patient had a medical provider to manage and document the results within the hospital \_\_\_\_\_

Isolation patient has two tests \_\_\_\_\_

Check A1C, if not available, get HbA1c \_\_\_\_\_

Isolation education entered \_\_\_\_\_

Isolation patient started with glycemic and social work to ensure there is a follow in hospital \_\_\_\_\_

Are all patients discharged with education \_\_\_\_\_

Are all patients in the patient and social work \_\_\_\_\_

Are all patients in the patient and social work \_\_\_\_\_

Please tick the boxes to indicate a good, ongoing patient plan and reported outcomes for our patients.

When patient discharged place this sheet on clipboard at discharge

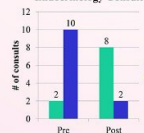
### Results:

The first quarter of 2018 included 12 patients that met the criteria for this study. The average glucose for these patients was 174. The diabetes educator was consulted and saw 4 patients of the 12. The endocrinologist consult was ordered for 2 of the 12 patients.

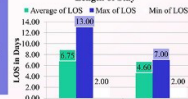
During the implementation stage, second quarter of 2018, there were 10 patients that met the criteria. The average glucose was 154. The diabetes educator was consulted on all 10 patients and the endocrine consults were ordered for 8 of the 10 patients.

This was a 66.7% increase in the diabetes educator consults and 61.1 % increase for endocrine consults.

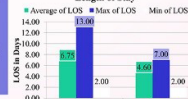
Endocrinology Consult



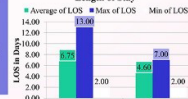
Length of Stay



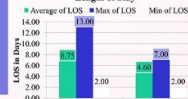
Length of Stay



Length of Stay



Length of Stay



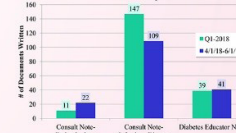
### Conclusion:

Collaboration and multidisciplinary coordination led by CNL student assisted in improved outcomes for this patient population. An increase in endocrine consults, diabetes educator consults and patient and nurse education has shown to improve the care, diabetes management, glycemic control, and length of stay.

### Future Directions:

The care and coordination for improving glycemic control will expand to all patients. Educating the nurses has enhanced their knowledge for best practice. On this unit, it was unexpected to find an increase in diabetes educator and endocrine consults when comparing 1<sup>st</sup> quarter to April and May preliminary 2<sup>nd</sup> quarter of 2018. This was a result of the nurses education and persistence in providing best practice and quality outcomes.

### Consult Comparison



## References

- References
1. Bagnoud, M., Eckmann, C., Gorman, S., Stephens, J., & Li, U. (2015). Pathophysiology and burden of infection in patients with diabetes mellitus and peripheral vascular disease: focus on skin and soft-tissue infections. *Clinical Microbiology and Infection*, 527-32.
  2. Garg, A., Lavin, J., Lin, G., Siron, C., Oppenheim, M., & Koob, B. (2017). Clinical characteristics associated with daily to discharge among patients admitted with a primary diagnosis of lower limb cellulitis. *American Academy of Dermatology*, 76(4), 626-631.
  3. Grommes, B., Lausch, M. J., Vannelli, A. J., Mullen, D. M., Bergental, R. M., Richter, S. A., & Fish, D. (2018, February). Hospital admission rates for patients on glimepiride in the glimepiride-induced hypoglycemia. *Endocrine Practice*, 22(2).
  4. Healy, S. J., Black, D., Harris, C., Lorenc, A., & Dungan, K. M. (2013). Inpatient diabetes education is associated with less frequent hospital readmission among patients with poorly glyceric control.



# 2018 nursing poster and podium presentations

Date(s)	Conference	Location	Presenters	Podium/Poster
March 1, 2018	NYU Winthrop 5th Annual Nursing Research Day	Mineola, New York	Sandra Brown, BSN, RN-BC; Jill Snelders, BS, MBA, CTS; Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Podium: Animal Assisted Activity Improves Mood States on a Telemetry Unit
			Marina Grennen, MSN, RN, CEN; Christine Viterella, MSN, RN-BC	Poster: Improving Behavioral Health Care in an Emergency Department Environment
March 18-20, 2018	NYNOEL Annual Meeting "Soaring to New Heights"	Westchester, New York	Marie Mulligan, PhD, RN, CNOR, NEA-BC	Podium: Developing and Validating an Instrument to Measure Perceived Authentic Nursing Leadership
			Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Poster: Empowering Nurses to Become EBP Experts and Lifelong Learners
March 21-23, 2018	ANA Quality and Innovation Conference: Safety, Quality, and Staffing	Orlando, Florida	Marianne Kiernan, BSN, RN, CBCN, CN-BN; Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Poster: Are Survivor Care Plans Beneficial or Not? Women with Breast Cancer Speak Out
			Melissa Pearson, BSN, RN, PCCN, CEN; Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Poster: Safety Initiative for the Diabetic Patient: Coordinating Meal Tray Delivery with Insulin Administration
May 1-3, 2018	ANCC Pathway to Leadership Conference: Igniting POWER	West Palm Beach, Florida	Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Virtual Oral Presentation: Empowering Nurses to Become EBP Experts and Lifelong Learners
May 22, 2018	Catholic Health Services of Long Island 1st Annual EBP and Nursing Research Conference	Greenvale, New York	Sandra Brown, BSN, RN-BC Jill Snelders, BS, MBA, CTS	Podium: Positive Effect of Animal Assisted Activity on Mood States and Feeling Among Patients, Visitors and Staff in a Hospital Setting
			Pasqua Spinelli, PhD, PMHNP-BC; Marie O'Brien, MSN, ANP-C, RN-BC, CCRN	Poster: Creating a Culture of Caring: Using Aromatherapy to Increase Compassion Satisfaction Among Acute Care Nurses
June 14-15, 2018	Oncology Nurse Advisor (ONA) Navigation Summit	Chicago, Illinois	Marianne Kiernan, BSN, RN, CBCN, CN-BN	Poster: Are Cancer Survivorship Care Plans Beneficial or Not? Women with Breast Cancer Speak Out!
June 19, 2018	NYU Langone Health 22nd Annual Nursing Research Conference	New York, New York	Sandra Brown, BSN, RN-BC Jill Snelders, BS, MBA, CTS	Podium: Positive Effect of Animal Assisted Activity on Mood States and Feeling Among Patients, Visitors and Staff in a Hospital Setting
			Darlene Steigman, BSN, RN-BC; Lilly Mathew, PhD, RN; Denise Driscoll, RN-BC, CARN, PMHCNS-BC, NPP; Ira Fischer, MBA, MA; Patricia Cordle, BSN, RN-BC; Vanessa Bishop, BS	Poster: Decreasing Incidence of Falls Using Two Distinct Strategies Among Psychiatric Patients: A Multiphase Study
September 15-18, 2018	Sigma Theta Tau International Leadership Connection	Indianapolis, Indiana	Marie Mulligan, PhD, RN, NEA-BC, CNOR	Podium: Developing and Validating an Instrument to Measure Perceived Authentic Nurse Leadership
			Mary Ellen Lasala, PhD, RN	Podium: The Lived Experience of Pregnant Adolescents Living in a Group Home
			Judith Moran-Peters, DNSc, RN, NE-BC, RN-BC	Podium: Empowering Nurses to Become EBP Experts and Lifelong Learners
September 17-19, 2018	Operating Room Manger Conference	Nashville, Tennessee	Karen Tuzzolo, MSN, RN, NE-BC, CNOR; Shirlee McKenna, MSN, RN, CAPA; Rose Cummings, BSN, RN, CPAN; Audrey Homis, BSN, RN	Poster: Improving Patient Safety Outcomes by Developing Perioperative Nurses into EBP Experts
September 22-26, 2018	Academy of Integrative Health and Medicine	San Diego, California	Pasqua Spinelli, PhD, PMHNP-BCV; Marie O'Brien, MSN, ANP-C, RN-BC, CCRN	Podium: Transcendental- Hypno Motivational Aromatherapy to Improve Compassion Satisfaction



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