

2021 NURSING ANNUAL REPORT



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Facts and Figures

88% of clinical nurses hold a BSN degree

41% of clinical nurses are certified

77% of nurse leaders are certified

2021 Gold plus Target stroke elite and a target type 2 diabetes Honor roll



4-star HCAHPS Summary Star Rating
Care Compare October 2021 update

94th percentile Nationally for Communication
with Nurses HCAHPS Domain

North Star 90 Awards for nursing units
achieving above the 90th percentile for
Likelihood to Recommend the Hospital were
awarded to:

- 2 East Bariatrics/Telemetry (3rd year in a row)
- 2 East
- 2 South



Mather Hospital is a twice-designated Magnet® Organization and we are on the journey to our third designation. Magnet recognition is a performance driven credential and an organizing framework for nursing and patient care excellence.

Approximately 9% of all registered hospitals in the United States have achieved ANCC Magnet Recognition status.



Transformational Leadership



DAISY AWARD



The DAISY Award is a partnership with healthcare organizations to provide ongoing recognition of the clinical skill and the compassion nurses provide to patients and families all year long. Alanna Foerth, BSN, RN, CMSRN was the DAISY Award winner demonstrating exemplary care, kindness and making a meaningful difference for patients.

Nassau-Suffolk Hospital Council Nurse of Excellence Award



Jeanne Brennan, MSN, RN-BC, CNL was our nominee for the Nassau-Suffolk Hospital Council Nurse of Excellence

Jeanne demonstrates extraordinary enthusiasm, flexibility and a willingness to serve. As a role model and leader, she takes accountability for patient outcomes through integration and application of evidence-based information. She collaborates with her staff and colleagues from other departments to implement wide-ranging evidence-based initiatives that significantly improve the quality of patient care. These include decreasing pressure injuries, decreasing length of stay, and improving glycemic control.

Zuckerberg Family Award for Nursing Service Excellence



Emily Carmel, BSN, RN was our nominee for the 2021 Zuckerberg Family Award for Nursing Service Excellence. Emily's compassion, innovation, ambition, teamwork, and unique personal manner reflect all the values in the underpinnings of a Healthy Work Environment. Emily served as the chair of the Recruitment and Retention Council and involved herself in evidence-based practice projects. Emily consistently promotes the most positive public image of nursing and always exemplifies the caring aspects of nursing.

Healthy Work Environment Challenge

In 2021, Northwell Health created a Health Work Environment Challenge to enable team members to provide the highest standards of compassionate patient care while being fulfilled at work. A healthy work environment leads to higher levels of team member engagement and satisfaction, and an increase in psychological and physical safety and well-being for team members. Mather Hospital's finalists were the team at the Partial Hospitalization Program, led by Susan Morin, NPP, Director of Partial Hospitalization Program and the team of the Integrative Pain Management Service led by Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Coordinator of the Integrative Pain Management Service. They were named as finalists in the competition.

In July, 2021 they presented their project which was focused on workplace health, safety and well-being. The goal was to enhance resiliency and self-care, and to lessen perceived levels of job-related stress. The interventions include a 4-hour training in meditation and movement, Nurse Practitioners attended Aromatherapy and Reiki classes and staff was encouraged to use the Tranquility Center Services.

Decreasing CLABSI on 3 North

Nicole Amendola, MSN, RN, PCCN and her leadership team were concerned with the 3 North CLABSI rate in late 2020. Nicole worked with her team to create an interactive education room. The assistant nurse managers worked with the clinical educators to organize specific topics with each learning station. The hands-on education experience resulted in zero CLABSI for 2021.



Decreasing Falls with Injury on 3 South

In the summer of 2021, Kim Matz, MSN, RN, CMSRN and her leadership team worked in collaboration with Physical Therapy and Workforce Safety to create an Orthopedic Mobility Program. The new process included a tool to enhance communication which resulted in zero patient falls with injury for the remainder of the year.

Structural Empowerment



Nursing Professional Development

Mather Hospital Northwell Health Professional Development Department

Our team of educators support the changing landscape in healthcare. We are committed and strive to focus on the developmental and educational processes linking NPD standards to the practice of our Magnet nurses. We demonstrate expertise in promoting competency development, evidence-based practice, and professional growth.



2021 Accomplishment Highlights

Opened Cath Lab
& EP Lab

5 New Grad Groups hired-
3 Nurse Residency Co-horts

Tele Stroke in ED
E-ICU

Converted to Roche
Accucheck Glucometer

MAB in the ED then;
house-wide

Mentor Program

1st Organ Donor Flag-raising
with LiveOnNY

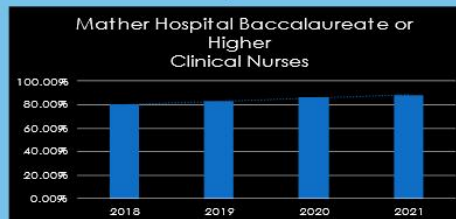
Joint Commission Survey
preparedness and staff
preparation

Magnet 3rd Reaccreditation
Journey – Due for visit in the fall

Nurse Leadership & Clinical Nurse Certification



Baccalaureate Prepared Clinical Nurses



88%
Nurses with
Baccalaureate
degree or
Higher

American Heart Association
Community Training Center
Almost twice the number of
Classes due to social distancing

82 BLS
CLASSES –

34 ACLS
CLASSES

14 PALS
CLASSES

6 PEARS
CLASSES

2021 ANCC PTAP Reaccreditation with Distinction



Create, Innovate and
Surpass your goals!



A FEW MEMBERS OF THE
NPD TEAM!

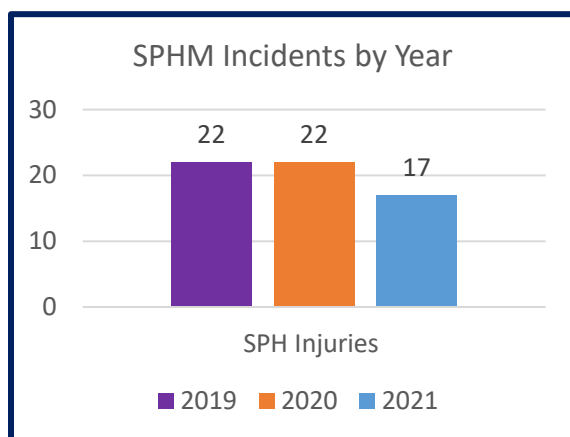


Affiliations with Schools of Nursing

In 2021 Mather Hospital collaborated with eight Schools of Nursing and placed 268 students for their clinical rotations. Students completed their rotations in various departments including Behavioral Health, Critical Care, the Emergency department, Med/Surg, Stepdown, Surgical Services, Telemetry and Ambulatory Care areas on both the day and night shift. In addition, students were placed with nurse leaders throughout the organization to fulfill their clinical time in leadership classes. In addition, 20 capstone students were positioned to complete their projects.



Safe Patient Handling and Mobility



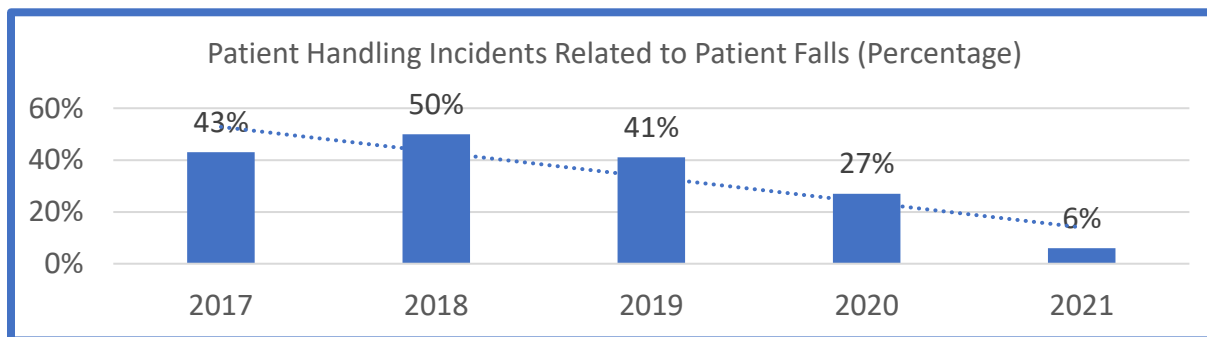
Mather hospital administration and leadership continue to contract Northwell Health workforce safety to implement and oversee an internal SPH program at Mather Hospital. This program includes workforce safety educators who provide education and act as a resource to all staff for patient handling activities.

In 2021, 10 additional Mather Team members went through the Northwell SPHM Champion class to become SPHM Champions to assist with program implementation at Mather Hospital and to be a resource for assistance and education on their units/departments. Team members from Nursing, Rehab services and

Radiology Transport included Megan Croniser, Jennifer Virga, Kristen Kane, Jaclyn Bosch, Destiny Daly, Kelli Proscia, Amanda Scholes, Francesca Yanotti, Frank Ciorcari and Jennifer Kurshner.

Despite the continued challenges faced across healthcare in 2021, Mather Hospital continued to see a decrease in SPHM Total incidents and reduction in cost from patient handling activities. From 2020 to 2021 there as a 23% reduction in incidents and a 9% reduction in total cost incurred.

Code fall response, algorithm and equipment cart continues to be a success resulting in a reduction in team member injuries related to patient falls, as well as a decrease in manual lifting of a person from the ground after a fall incident.



Professional Certification

The following registered nurses, and advanced practice registered nurses, are recognized for achieving or maintaining national Board Certification in their specialty area for 2021.

Michael Aboagye ANP-C	Reginald Charles PMH-BC	Candice Fella MEDSURG-BC, WCC
Lori Accetta CCRN	Maureen Chernosky CEN, CCRN,	Anthony Ferrara CCRN
Kathleen Adams CDN	RN-BC	Mary Ferrara OCN
Brenda Lei Agaton MEDSURG-BC	Laura Chesnowitz CEN	Divina Grace Fordham MEDSURG-BC
Patricia Alban CEN, PCCN	Nancy Clavin CRNI, OCN	Alanna Foerth CMSRN
Maureen Altieri NEA-BC	Kristen Clifford CRN	Gloria Fortune PMHNP-BC
Lisa Ambrose NP-C, CCRN	Kelly Coleman CNOR	Sandra Helene Galantino PMH-BC
Nicole Amendola PCCN-K	Donna Collins CRN, CPAN	Nicole Helen Geiss MEDSURG-BC
Marret Ida Anderson NP-C	Jennifer Ann Colucci PMH-BC	Carolyn Germaine CNL
Sherry Anderson COCN, CWCN, GERO-BC, MEDSURG-BC	Jennifer Condlin FNP-BC	Nina Gervais CCRN
Catherine Andolena ONC	Patricia Cordle PMH-BC	Elizabeth Giordano CCRN-K, CDE
Christine Arkali ANP-BC	Domenica Corrado CNOR, FNP-BC	Kimberly Giordano RAC-CT
Catherine Audus AGPCNP-BC	LoriAnn Crispino CEN	Cameron Gittens CEN, CRN, VA-BC
Deborah Aureliano WCC	Stephanie Crispino CBCN	Dina Giulietti CEN, NEA-BC
Sigal Ayalon ONC	Cassandra Cucuzzo MEDSURG-BC	Mary Ellen Glennon CCRN, WCC
Franco Baingan ONC	Maria Antonia Cuisson WCC	Michael Glinka PMH-BC, NEA-BC
Melissa Baranowski CGRN	Rose Cummings CPAN	Joan Godbold PMH-BC
Michael Anthony Barletta PMH-BC	Richard Daly NP-C	Kaitlin Graeb MEDSURG-BC
Tara Bauer CEN	Nicole D'Amore PCCN	Carrie Grattan OCN
Kim Bauman PCCN-K	Dalma Daniel WCC	Marina Grennen CEN
Laura Jeanne Bell NP-C	Marianna David MEDSURG-BC, CCDS	Theresa Grimes PGMT-BC, FNP-BC, CCRN
Deanna Marie Belte CPAN	GERO-BC, ONC	Michelle Gustaferrri CEN
Jessica Berkman MEDSURG-BC	Christine DeBernardo MEDSURG-BC	Gina Hannon PCCN
Kathleen Susan Biase MEDSURG-BC	Marsha Deckman NE-BC, ONC	Donna Hardwicke MEDSURG-BC
Donna Blaskopf CRN, VA-BC	Nicole Delvecchio AGPCNP-BC	Lauren Ann Harris MEDSURG-BC
Michele Bonafede PMH-BC	Kristina Demarco ANP-BC	Stacey Hartcorn CEN
Denise Bonneville MEDSURG-BC	Joyce DeMoore RN-BC	Margaret Hassett CAPA
Carole Boyd PMH-BC	Susan DeTurris CAPA	Elise Hausseil CNOR
Donna Bragg CRN	Kristin Dillon CCRN	Patricia Hebron FNP-BC
Anna Marie Braslow CCRN	Amy Christine Dittler PMHNP-BC	Kathleen Herrera MEDSURG-BC
Joann Brazil ANP-BC	Patricia Dodd NP-C, HWNC-BC,	Stacy Heuschneider NP-C
Jeanne Brennan MEDSURG-BC, CNL	NCCAOM, HN-BC,	Lorretta Hill-Civil PCCN
Jessica Lynn Brett MEDSURG-BC	PGMT-BC	Nicole Hoefler CV-BC
Sandra Brown MEDSURG-BC	Annemarie Doodian NEA-BC	Maria Rosaria Hofbauer MEDSURG-BC
Carissa Jo Burke WCC	Alyssa D'Oro CCRN	Joshua Hombrebueno CCRN
Maureen Burke HN-BC	Lisa Doumas PCCN, CCRN	Lyla Hongthong MEDSURG-BC
Alisa Maria Caliendo NP-C	Denise Driscoll PMHCNS-BC, CARN,	Tracy Hopkins CBN
Trisha Calvarese CAPA	PMH-BC	Donna Hughes CAPA
Allison Camuso MEDSURG-BC	Christina Drumm FNP-BC	Lisa Iuliucci PMH-BC
Dana Cardiello MEDSURG-BC	Lisa Dubrow ANP-BC	Barbara Jacome MEDSURG-BC
Jennifer Casilla AGNP-BC	Christa Dwyer RAC-CT	Kathleen Jochen PMH-BC
Maria Cassara CMSRN	Elyse Erato CCRN	Denise Johnson CEN
Irene Cassata CPAN	Stephanie Faggione PCCN	Stacey Jolley OCN
Renee Castelli MEDSURG-BC	Judee Falcone MEDSURG-BC	Tracey Joost-Morea FNP-BC
Maureen Cataldo PMHCNS-BC	Sarah Farnworth PCCN	Christine Juanta PCCN
Emily Cauchi CCRN	Lorraine Farrell FNP-BC, PAC, CCCTM	Ellen Kasprzak CCCTM
	Christina Felix CNOR	

Marianne Kiernan CN-BN, CB-CN
 Maria Kirchner CCRN
 Eleana Kitz CCRN
 Danielle Knuppel NP-C
 Kirsten Lyn Konsevitch MEDSURG-BC
 Jamie Lin Kotler MEDSURG-BC
 Austin Kraft CCRN
 Krystie Kramer NP-C
 Tracy Kuhn PCCN
 Lisa Kuveikis NP-C
 Jessica Lagala MEDSURG-BC
 Vivien Langford CRN
 Christine Lao CPAN
 Valarie LaSala ANP-BC
 Anne Lasota MEDSURG-BC, ONC
 Chhiu Mei Liu CFCN, CWON, NP-C
 Joanne Lauten SCRn, CPHQ
 Marigrace LoMonaco MEDSURG-BC
 Michael Andrew Lospinuso MEDSURG-BC
 Gerard Francis Lunetta ONC
 Julia Macauley CCRN
 Christine MacEntee CIC, CNE, MEDSURG-BC
 Phyllis Macchio ANP-BC
 Andrew Thomas Magnano MEDSURG-BC
 Nita Malik NP-C
 Margaret Maltz CAPA
 Lora Mamuyac ANP-BC
 Dianne Maniaci PCCN
 Taylor Massaro MEDSURG-BC
 Cynthia Mattson CWOCN
 Jennifer McCormac NP-C, CFCN, CWCN
 Darlene McDay NP-C
 Colleen McDermott CEN
 Kelsey McDonough CCRN
 Shirlee McKenna CAPA
 Christine McKeon CEN
 Phillip Messina NE-BC
 Kelly Miller CCRN
 Ken Mills PCCN
 Komal Mistry CCRN
 Melissa Monaghan CCRN
 Bonnie Moore MEDSURG-BC
 Judith A. Moran NE-BC, GERO-BC
 Susan Morin PMHCNS-BC
 Marie Mulligan CNOR, NEA-BC
 Christine Mulvey CNOR
 Rosa Nania WCC
 Aleksandra Nappo CNOR
 Alain Montesa Neri ANP-BC
 Laura O'Brien CRN
 Marie O'Brien NP-C, PGMT-BC, CCRN

Janice O'Connor WCC
 Jamie O'Hara CAPA
 Anthonia Onyemem PCCN
 Margie Orale CEN
 Nicole Paccione PCCN
 Brianna Passaretti CCRN, CSC
 Melissa Pearson CEN, FNP-BC, PCCN
 Karen Petrosino WCC
 Karen Picasso CEN
 Elizabeth D. Picozzi MEDSURG-BC
 Miguelina Platt CRN
 Ginger Marie Postiglione MEDSURG-BC
 Samantha Poveda PCCN
 Toni Ann Prost CNOR
 Katherine Quezada MEDSURG-BC, NP-C
 Donna Randone WCC
 Christina Razack CGRN
 Colleen Reale CEN
 Ronnie Reid CPTC
 Nicole Rice MEDSURG-BC
 Tina Riggs NP-C, NP-DW
 Nancy Robb MEDSURG-BC, OCN
 Anne Roberts CCM
 Sharyn Rodillado CEN
 Vilma Rosario WCC
 Andrew Rotjan NP-C
 Maria Rubino NP-C, CHPN, PGMT-BC
 Kathryn Rush CCRN, CRN
 Frank Russ PMH-BC
 Lisa Sammarco NE-BC, AMB-BC, FNP-BC
 Jessica Santamaria ONC
 Deirdre Sargent FNP-BC
 Mary Scannell CGRN
 Justine Schleiffelder FNP-BC
 Heidi Schrader NP-C
 Steven Schwab CCR
 Suzanne Schwamb CMSRN, CNN
 Genine Schwinge ANP-BC, VA-BC
 Michele Nicole Scomello NP-C
 Angela Shapiro CNOR
 Alicia Sheron ONC
 Deborah Shull CPAN
 Marielle Singson CCRN
 Patricia Slokovitz NP-C
 Agnieszka Sobolewska MEDSURG-BC
 Dana Lee Soler NP-C
 Pasqua Spinelli PMHNP-BC
 Tabitha Spinelli WCC
 Karen Sproul NP-C
 Renata Sterne FNP-BC
 Faustina Stoebe CPAN, RN-BC

Brittany Lauren Stokes GERO-BC, OCN
 Meghan Strebel PCCN
 Justin Stroker PCCN
 Mary Sundquist ACHRN
 Jennifer Susskraut CEN
 Michelle Swensen CPAN
 Julie Tegay CEN
 Michelle Tomaszewski OCN
 Amanda Trypaluk MEDSURG-BC
 Debra Ann Tuttle MEDSURG-BC
 Erin Vaccariello MEDSURG-BC
 Krista Vanhove PMH-BC
 Thresiamma Puthuvayalil Varughese NP-C
 Christine Viterella PMH-BC
 Samantha Villella PCCN
 Kristy Lynne Vutrano PMH-BC
 Geraldine Walter MEDSURG-BC
 Trudy-Ann Weekes-Roach CNOR
 Steven Weiss NP-C
 Maryanne Wisniewski MEDSURG-BC, ONC
 Andrea Wohlenberg COCN, CWCN, CCCN
 Kaitlyn Wong PCCN
 Sylvia Kathryn Wood ANP-BC
 Michele Wyllie CWS
 Cecil Yoo CDN
 Debra Youngs ONC

Exemplary Professional Practice



Integrative Pain Management Program



At the 2021 National ANCC Magnet/Pathway Conference Marie O'Brien DNP, ANP-C, PMGT-BC, CCRN, Coordinator of the Integrative Pain Management Service and Margaret Scharback, RN presented a podium presentation: Reiki and the Total Joint Patient. Improved Outcomes Through Holistic Nursing. The presentation provided an overview of the IRB approved research conducted by the team in 2019. The Total Joint Replacement patients received Reiki prior to, and after surgery. Participants in the study demonstrated a decrease in pain perception and anxiety. This project led to the creation of a permanent holistic nurse position.

In November 2021, the Integrative Pain Management Program was awarded one of the \$25,000 Clinical Care Innovations Grants from the Northwell Katz Institute for Woman's Health. The Nurse-led Community Integrative Care Oncology Clinic is a pilot program to provide women affected by a cancer diagnosis with holistic care. The clinic is staffed by the Integrative Care nurses, providing the participants with access to acupuncture, reiki, yoga, meditation, and other mind-body interventions to promote health and wellbeing.

Holistic Nurse Consults

Holistic Nurse Consults are within the full scope of nursing practice as identified in the American Nurses Association (ANA) *Nursing Scope and Standards of Practice, 4th edition*. The ANA Code of Ethics Provision 4 states "the nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care." Therefore, Mather Hospital's holistic nurses have the autonomy to perform nonpharmacologic pain management techniques with patients. The holistic nurse consult is used to discern the patient's preferences in healing therapies such as aromatherapy, massage, meditation, hypnosis, reiki, acupressure, or acupuncture. Consults may be requested by registered nurses, physicians, nurse practitioners, and physician assistants. The registered nurse may enter a holistic nurse consult either with or without treatment indications and recommendations in care. On consult, the holistic nurse interviews, coaches, and supports integrative services and interventions according to the patient's preferences in healing.

Nurses' Week Celebration

National Nurses Week begins each year on May 6th and continues through May 12th, the birthday of Florence Nightingale, a British nurse, statistician and social reformer who was the foundational philosopher of modern nursing. The American Nurses Association (ANA) designated 2020-2021 the year of the nurse.

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

- ❖ Advanced Practice Nurse – Valarie LaSala, AGNP-C
- ❖ Nurse Leader – Catherine Castro, BSN, RN
- ❖ Clinical Instructor – Patricia Alban, MSN, RN, CEN, PCCN
- ❖ Clinical Nurse – Nicole D'Amore, BSN, RN, PCCN
- ❖ RN "Rookie" – Anthony Segreti, BSN, RN
- ❖ Nursing Assistant – Megumi Ito, CNA
- ❖ Unit Secretary – Matthew Rabin
- ❖ Humanism – Melissa Monaghan, BSN, RN, CCRN



Tranquility Services were offered by the Integrative Pain Management Service and included aromatherapy, open meditation/breathwork, group hypnosis, labyrinth meditation, chair reiki, and auricular acupuncture. In addition, breakfast, lunch, dinner and cupcakes were offered to Nursing throughout the week.



Nicole Amendola, MSN, RN, PCCN was invited by the Northwell Health System to celebrate Nurse's Week at 30 Rockefeller Plaza in NY, NY. The Today show hosts were present to acknowledge nurses for their outstanding work during the pandemic.

2021 Professional Organizations

EMPLOYEE	TITLE	OFFICES HELD
Maureen Altieri, MSN, RN, NEA-BC	Director of Service Excellence and Magnet	New York State/Vermont Magnet Hospital Consortium Co-Chair 2020 - present
Maureen M, Chernosky, MSN, RN, ACNS-BC, CCRN, CEN, NPD-BC	Clinical Instructor	New York State Emergency Nurses Association (NYSENA) delegate to the 2021 ENA General Assembly Suffolk County Region ENA Education Chair NYS Delegate to the National ENA General Assembly Abstraction Chair for the NYSENA Setting the Pace Conference
Marina Grennen	Clinical Instructor	Emergency Nurses Association (ENA) Treasurer Injury Prevention Chairperson for Suffolk County ENA
Lilly Mathew, PhD, RN	Nurse Researcher/Statistician	Board Member for the Transcultural Nursing Society (TCNS) Northeast Chapter
Marie Mulligan, PhD, RN, NEA-BC, CNOR	CNO / Vice President for Nursing	Nassau-Suffolk Hospital Council Nurse Executives Nurse of Excellence sub-committee
Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN	Pain Management Coordinator	Recording Secretary for the American Society of Pain Management Nursing (ASPMN) Member of the Steering Committee for the National, Nurse-led Care Consortium PCORI (Patient- Centered Outcomes Research Institute)
Maria Rubino, MSN, ANP-C, AGACNP, PMGT-BC, CHPN	Integrative Pain Management Nurse Practitioner	Administrative/Corresponding secretary for the American Society of Pain Management Nursing (ASPMN) – Long Island Chapter
Genine Schwinge, RN, ANP-BC, PNP, VA-BC	Nursing Vascular Access Coordinator	Editorial board member for the Journal for the Association of Vascular Access (JAVA) Editorial Reviewer for The Journal of Infusion Nursing
Faustina (Tina) Stoebe, MS, RN, NPD-BC, CPAN	Clinical Instructor	President for NYSPANA District One (Nassau/Suffolk) Board Member NYSPANA
Michelle Swensen, BSN, RN, CPAN	Clinical Nurse	2021-present: Local District Board Treasurer New York State PeriAnesthesia Nurses Association (NYSPANA)

New Knowledge, Innovations, and Improvements



ANCC Practice Transition Accreditation Program (PTAP) Projects

Project Title	Project Lead (s)	Unit
Communication Between Staff and Elderly Patients	Brianna Genova BSN, RN Brianna Mahon BSN, RN Courtney Reid BSN, RN Chelsea Steigman BSN, RN	3 East
RN-NA Teamwork	Megan Davidman BSN, RN Madison Engrassia BSN, RN Ashley Gil BSN, RN Kim Kohlhof BSN, RN Ingrid Lea BSN, RN Nicholas Mesic BSN, RN	2 East 3 South
Commit to Sit	Julieta Amaini BSN, RN Sara Calarco BSN, RN Nick Laverna BSN, RN Jordan Sullivan BSN, RN	2 South

2021 Evidence-Based Practice Projects

Project Title	Project Lead (s)	Unit
Door to EKG Time	Christine Carbone MBA, BSN, RN	Emergency Department
How Does Proactive Autonomous Nursing Decrease Self-Injury?	Christine Viterella MSN, RN-BC Julie Vetere BSN, RN Michael Glinka MSN, NEA-BC, RN-BC	Adolescent Inpatient Behavioral Health
Reducing Same Day Cancellations in the OR	Donna Hughes MSN, CAPA Geraldine Walters BSN, RN-BC	Operating Room
Improve Employee Engagement Scores	Trudy Weekes-Roach MSN, CNOR Angela Shapiro BSN, CNOR Kelly Coleman MSN, CNOR Christine Mulvey BSN, CNOR Phyllis Hoffman	Surgical Services
Decreasing Endoscopy Length of Stay	Lisa Kuveikis MSN, AGNP-BC	Endoscopy

Evidence-Based Practice Fellowship

The Evidence-Based Practice (EBP) fellowship program offers registered nurses the opportunity to develop necessary knowledge and skills to search, critically appraise and use the evidence to initiate new, or to change, current practices for optimal patient outcomes. The fellowship is a 9-month program including didactic education, facilitated course work and independent study on a selected evidence-based practice project.

Shirlee Mc Kenna MSN, RN, CAPA was chosen to represent Mather Hospital. The project she created was “*Active vs. Passive Methodologies for Patient Education*”. The effectiveness of patient education impacts patient’s readiness for discharge, adherence to nursing/medical prescription, and behavioral change towards healthcare goals. Recommendations from the study included interactive patient education methodologies, as compared to passive education methodologies, positively impacts knowledge, adherence, and/or behavioral change toward healthcare goals, and should be broadly implemented into the practice of patient education.

Active vs. Passive Methodologies for Patient Education
 Salvati, Kristina, BSN, RN-BC, (LJFH), Buhner, Terri, BSN, RN, (Peconic Bay),
 McKenna, Shirlee J., MSN, RN, CAPA, (Mather Hospital),
 O'Connor, Slacey, M. BSN, RN, (Syosset Hospital)
 Facilitators: Jane Ellen Barr, DNP, RN, CWCN, Dena Trotto, MSN, RN, NP-BC, CMSRN, CHPN, Tonya Lawrence, PhD, RN, NP, CNM, C-EFM

Formulating the Question
 Background/Significance
 • Patient Education is a responsibility of clinical nurses in the acute care setting; it's effectiveness impacts patients readiness for discharge, adherence to nursing/ medical prescriptions, and behavioral change towards health care goals.
 • Categorization of the multiple patient learning methodologies includes active vs. passive:
 • Active education or active learning is a pedagogical approach that involves building
 • patient engagement in the learning process through guided interaction, with or without the
 • use of technological aids.
 • ...
 • Passive learning is when the learner is not actively engaged in the learning process; the instructor or knowledge content expert transfers knowledge in any format that does not include learner participation or learner interacting with the content.
 • Internal data shows that most patient education currently utilizes passive methodologies such as written materials, non-interactive videos.
 • Principles of adult learning emphasizes the use of active learning methodologies. (Brain-Based Learning Theory)

Methodology/Interventions
 PRISMA flow diagram showing the selection process from 487 references to 14 studies.

Critical Appraising Sources of Evidence
 CASP / Joanna Briggs checklists were used to evaluate quality of individual studies
 Based on the evaluation, individual studies were either included or excluded for synthesis
 For those included, data extraction (Table of Evidence (TOE)) was completed

Data Extraction & Table of Evidence
 Table with columns: Study Design, Population, Intervention, Comparison, Outcome, and Recommendation.

Recommendations
 • Active patient education methodologies should be utilized in acute care settings to improve patient's knowledge (Quality Moderate, Strength Strong), adherence (Quality Moderate, Strength Weak-Moderate), and behavior change towards health care goals (Quality Moderate, Strength Weak-Moderate).
 • More nursing research is needed to determine which active patient education methodologies for specific populations and specific topics is most effective to impact knowledge, adherence, and behavior change towards health care goals. (Quality Strong, Strength Strong)
 • More research is needed on short term and long-term effects impacting knowledge, adherence, and behavior change towards health care goals.
 • Studies addressing all 3 outcomes of knowledge, adherence, and behavior change towards health care goals shared the commonality of multi-modal methods including technology, therefore further research into multi-modal methods as compared to a singular method of active learning is needed (as delineated in Evidence Synthesis Table).
 • Interactive patient education methodologies, as compared to passive education methodology, positively impacts knowledge, adherence, and/or behavioral change towards healthcare goals, and should be broadly implemented into the practice of patient education.
 • References available upon request.
 • smckenna@northwell.edu


PICO Statement
 P (Population and Problem): Adult Hospital Patients
 I (Intervention): Interactive Patient Education (Active Learning)
 C (Comparison): Passive Patient Education (printed materials or video)
 O (Outcome): Knowledge, Adherence, Behavioral Change towards Healthcare Goal
 PICO Statement: In adult hospitalized patients, does interactive patient education methodologies, as compared to passive education methodology, impact knowledge, adherence, or behavioral change towards healthcare goals?

Magnet4Europe




The Magnet4Europe study aims to implement and evaluate the Magnet® model of organizational redesign of clinical health care work environments in over 60 hospitals in 6 European countries to promote the mental health and wellbeing of health professionals, enhance their productivity, and in doing so to improve outcomes of the patients under their care. As part of this program, more than 60 European hospital received a redesign of their work environment; supported by one-to-one “twinning” with an experienced Magnet recognized hospital in the United States. Mather Hospital’s “twin” is Bradford Hospital located in the United Kingdom. Marie Mulligan, PhD, RN, NEA-BC, CNOR, Chief Nursing Officer/VP for Nursing, Maureen Altieri, MS, RN, NEA-BC, Director of Service Excellence and Magnet, and Sarah Eckardt, MS, Statistician have worked with Bradford Hospital to share best practices, assist with gap analyses, and conduct readiness assessments for their Magnet journey. In addition, Bradford Hospital’s Magnet Program Director, Quality Lead for Nursing Excellence and other colleagues have participated in Mather’s shared governance councils.

The Keynote speaker was Debra Hanna, PhD, RN, ACNS-BC, Professor of Nursing, Coordinator Clinical Nurse Specialist Program at the Barbara H. Hagan School of Nursing & Health Sciences Molloy College.



Coping and Adaptation Among Nurses During the Coronavirus (COVID-19) Pandemic: A Mixed-Methods Study.

Judith Moran-Peters DNSc, RN, NE-BC, BC; Marie Mulligan PhD, RN, CNOR, NEA-BC; Rose Cummings BSN, RN, CPAN; Jacqueline Nugent BSN, RN; Sarah Eckardt MS, BA; Lilly Mathew PhD, RN



Problem

The COVID-19 Pandemic has had negative effects on the emotional, physical and psychological wellbeing of registered nurses (RNs), which are the largest sector of healthcare workers (Breillat & Burtis, 2020; Haskett, 2020; Labergeau & De Los Santos, 2020). Although much is known about the harmful impact of COVID-19 on RNs, very little is known about how RNs coped and adapted to changes in the workplace imposed by the COVID Pandemic. This lack of knowledge hinders development of interventions aimed at mitigating COVID-related distress among RNs.

Background

- COVID-19 is a highly dangerous and pathogenic disease (Kahn et al., 2020; Carter, 2020).
- In the USA in 2020, 20 million people (5% of the US population) tested positive for COVID19, and 345,000 Americans died from complications associated with COVID19 (CDC, 2020; NIH, 2020).
- The rapid emergence and deadly nature of COVID19 stressed healthcare workers to unprecedented limits (Moore et al., 2020; Schecher et al., 2020; Sherratt et al., 2020). The burden is especially hard felt among RNs, especially those working in acute care hospitals (Luttfik et al., 2020; Ulrich, 2020).
- Previous COVID research did not focus exclusively on RNs.
- Therefore, very little is known about the way RNs are adapting their nursing practice to cope with changes in the workplace imposed by COVID19.

Results

- RNs scored high on the CAPS Scale.
- Positive correlation between nurses' age, years of experience and CAPS scores.
- RNs were most concerned about becoming ill, running out of supplies, and fear of the unknown.
- RNs were most impressed by teamwork.
- Adaptations to nursing practice involved wearing charting and wearing Personal Protective Equipment (PPE).
- Major theme was "Pride in being a Nurse."
- Qualitative findings (responses to open-ended questions) supported quantitative findings (RN demographics and CAPS scores).
- Hypothesis was supported.

Implications for Practice

- During times of crisis, providing RNs with skilled communication, real-time information, and holistic interventions may serve to allay fear and promote teamwork.
- Further research is needed examining the effect of supportive interventions on coping and adaptation among RNs and the healthcare team, especially during times of crisis and extremely difficult situations in the workplace.

Research Questions

Qualitative Questions:

Related to working as an RN during the COVID-19 surge period (March 9, 2020-May 9, 2020), briefly describe...
 1. What situations concerned you the most?
 2. What situations impressed upon you the most?
 3. What adaptation(s) in nursing care do you think you need?
Quantitative Question:

4. Is there a relationship between RN demographic characteristics and Coping & Adaptation Scores, as measured by the Coping & Adaptation Processing Scale (CAPS) Tool – Short Form (Roy, 2015).

Theoretical Framework

The Roy Adaptation Model (Roy, 1970, 2009, 2011)

- Grand Theory (Fain, 2021).
- Systems Theory (Tourville & Ingalls, 2003).
- Descriptive Theory based on nursing practice; logical and relevant to all aspects of nursing (Frederickson, 2002).
- One of the most highly developed, practical and effective theories applied in Nursing Research (Fain, 2021; Meleis, 2012).

Methods

This study addressed gaps in what was previously known about the impact of COVID19 on acute care RNs. Knowledge gained may help authentic nurse leaders design Healthy Work Environments that promote health, safety and wellbeing among RNs during times of crisis (Giordano-Mulligan & Eckardt, 2019; Raso et al., 2020).

- Non-experimental
- Mixed-Methods design
- IRB Approved for protection of human subjects

Sample: 134 RNs (based on *a priori* power analysis)
Setting: Mather Hospital – Northwell Health (248 beds)
Instruments:

- Demographic Form
- CAPS Short Form (15 Item Likert scale)
- Open-ended Questionnaire
- Comments (Optional)

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Using TeamSTEPS® in Practice Transition Accredited Program (PTAP)
Curriculum to Improve New Graduate Nurses' Confidence in Communicating with Physicians



Problem

There are many challenges in today's healthcare environment that makes the transition of New Graduate Nurses to be confident clinical practitioners. These include nursing staff shortages, the lack of well-trained nurses, an older work force and shortage of nurse educators. New Graduate nurses may lack the skills and the confidence to communicate effectively with physicians in their first year of clinical practice.

Purpose

Promote TeamSTEPS® tools in New Graduate Nurses' daily practice to enhance their leadership, confidence and effective communication with physicians.

Background

Mather Hospital was the first hospital in New York State to achieve PTAP accreditation with distinction in 2016 and was reaccredited in 2021.


- New Graduate Nurse Transition to Practice Programs benefits graduate nurses by providing support, education and resources to the new nurse in their first year of practice.
- New Graduate Nurses generally struggle with communicating with physicians during their first year of practice.
- Mather Hospital's Transition to Practice Program is a 12 month program.
- New Graduate Nurses meet monthly for four hours with monthly education modules consisting of standardized course content.
- Faculty of the program include Clinical Instructors and subject matter experts in their fields.
- TeamSTEPS® is an evidence-based approach for Healthcare providers that can be used to prevent errors by increasing effective communication, decreasing clinical error rates and reviewing strategies to increase patient satisfaction (Parker et.al. 2018).

Methodology/ Interventions

- New Graduate Nurses are provided with TeamSTEPS® education in the first two weeks of orientation
- Casey-Fink® Graduate Nurse Experience Survey is a self-reported performance-based outcome survey and is completed by New Graduate Nurses at 0 months, 6 months and 12 months.
- TeamSTEPS® is reinforced and rehearsed at most monthly modules throughout the program.
- Case scenarios and real-life situations and role play are discussed and debriefed at monthly meetings to rehearse TeamSTEPS® tools.

Confidence communicating with physicians

March/April/May 2020 cohort



There was a statistically significant difference in the New Graduate Nurses Casey Fink survey responses from regarding their level of confidence with communicating with physicians from in New Graduate Nurses in the March/April/May 2020 cohort. The mean rating increased from initial (M=2.87, SD= .641) to (M=3.75, SD= .463) 12 months.

Future Steps

Continue to use rehearse TeamSTEPS® tools with future New Graduate Nurse Transition to Practice meetings to reinforce this skill and increase New Graduate Nurse satisfaction and self confidence.

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2021 Virtual Quality Showcase

Hospital Quality week was celebrated on with the eleventh annual Nursing Quality Showcase sponsored by the Nursing Quality Council and the Hospital Quality Management Department. The virtual posters displayed organization-wide quality improvement projects and outcomes. There were 26 poster presentations demonstrating frontline leadership projects, evidence-based nursing practice projects, interprofessional problem-solving initiatives and departmental Performance Improvement Coordinating Group (PICG) Project.



Cardiac Cath Lab
"Time is Muscle"

Nicole Hoeffer MSN, BSN, RN, CVN – Director



Purpose

To improve patient outcomes with optimal quality of care. The shorter amount of time from medical evaluation to cardiac intervention (Door to Balloon) will improve patient outcomes and decrease morbidity and mortality.

Significant Care Intervention

Streamline process of staff education including Emergency Department, Critical Care, Stepdown, and Telemetry.

- Pertinent patient information gathered prior to catheterization
- Mobile transport box with emergency medications
- Centralization of "STEMI box" to prepare patients for catheterization in essential departments
- Simulated collaborative STEMI trials to improve workflow

Project Members

Name	Role
Nicole Hoeffer, RN	Director of Cardiac Cath lab
Luis Gruberg, MD	Director of Interventional Cardiology
Claire Odenhal, NP	Nurse Practitioner
David Myers, NP	Nurse Practitioner
Lindsey Tereso, RN	DOH quality Manager
	Staff RN's and CVTs

Outcome Goals

National Quality Goals of Care for Door-to-balloon time is less than 90 minutes

- Door to EKG <5 minutes
- EKG to activation of STEMI <5 minutes
- Activation to table <30 minutes
- Table to balloon <35 minutes
- Door to balloon <90 minutes

Door-to-balloon is the timing of treatment of ST segment elevation myocardial infarction (MI), also known as a heart attack. The clock starts at the patient's arrival in the emergency department and ends when the catheter guidewire crosses the culprit lesion in the cardiac cath lab. The adage "Time is muscle" means delays in treating an MI increase the amount of cardiac muscle damage. ACC/ AHA guidelines recommend a door-to-balloon interval of no more than 90 minutes.

Collected Data


The data is collected and tabulated by DOH RN. Each case looked at individually at the time it took from "Door to Balloon". Time starts when first FMC (first medical contact) to inflation of cardiac balloon or stent.

- Data from May to October 2021
- 19 acute STEMI interventions

Data – Mather STEMI Averages

	2020	2021	2022	2023	2024	2025
Total Patients	2	4	9	3	4	10
FMC to Activation <15 min	74	33	28	23	0	11.6
Door to EKG <5 min	13.5	4.3	0	1	6.7	1.7
EKG to Activation <5 min	24	13.8	8.25	4	5.8	4.3
Activation to Table <30 min	39	29.3	23.3	36	23	32.3
Table to Balloon <35 min	47.5	34	23.7	32.3	29	28.2
Door to Balloon <90 min	94	86.7	51.5	75.3	67	66.3
FMC to Balloon <90 min	136	91.5	64	100	0	80.1


Result



Mather's Cardiac Cath lab has set and meet these goals over the past six months with the collaboration of the interdisciplinary teams (ex. Nursing education, Emergency Department, and Critical Care, Stepdown, and Telemetry.)

Current Goals

Continue to provide optimal standards of care to our local community by continuing to decrease our door-to-balloon time. Our goals are to enhance quality of life through better patient outcomes.



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Outcomes

Problem:

Problem: At Mather Hospital an increased number of falls and patient handling injuries was identified. Root cause analysis of injuries found a high percentage employee injuries sustained as a result of a patient fall or falls prevention.

Purpose statement:

Provide safety and reduce patient and staff injuries related to falls.

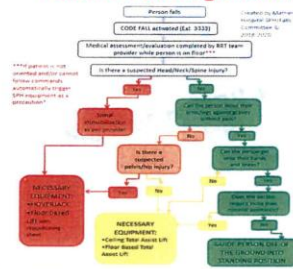
Background: In response to an increase in falls among patients, an interdisciplinary team was convened to support, create and implement a responsive activation to falls. A review of current processes, best practices and literature was conducted which identified a link between patient falls and patient handling injuries, as well as a gap in the literature regarding safe management of a patient post fall. This led to the implementation of a process which incorporates components of established best practice guidelines for patient handling and safe management of a patient post fall. The process includes a fall response team, response cart, and algorithm to guide decision making for safe patient handling and mobility procedures and equipment recommendations after a fall.

Goal Statement

- Decrease over all fall rate.
- Decrease employee injuries related to patient falls.
- Prevent further injuries with falls.
- Sustain Fall Committee and Safe Patient Handling Committee.
- Increase knowledge and appropriate usage of Safe Patient Handling Equipment for all "Code Falls".
- Continue to decrease falls to meet system goals.

Actions/Interventions

- CNO led an initiative for 1:1 Nurse Aide Justification using an evidenced based scoring system

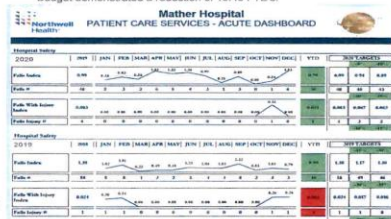


Code Fall Initiative (Uses TeamSTEPPS® Strategies: Huddle, Debrief, SBAR)

- Overhead announcement of "Code Fall", Rapid response team attendance, environmental risks evaluated, use of code fall algorithm and SPH equipment to recover patient from the floor and limit further injury to patient or staff
- Collaborative care approach. *ROLD*

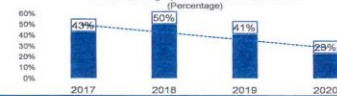
Code Fall Response Team:

- RN/NA assigned to patient; Hospital medicine allied Health provider (PA, NP), Security, Assistant Director of Nursing (house supervisor), Nurse manager/ANM/Charge Nurse/Department Head, SPH Team or SPH Committee Member
- Rapid Response Team with Response Cart
- Immediate post fall Huddle/Debrief & Documentation



Decreased Employee Injuries Related to Patient Falls

Patient Handling Injuries Related to Patient Falls



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Changing Stigmatic Perceptions on Mental Illness and Substance Abuse among Public Library Staff: A Nursing-Library Initiative

Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP, Lilly Mathew PhD RN,
Debra Engelhardt, MLS, Judith Moran-Peters DNSc, RN, NE-BC, BC, Sarah Eckardt MS, BA



Mather Hospital
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Background/Significance

Today, 44 million Americans are living with mental illness; Suicide has become the 4th leading cause of death among adults, 3rd among adolescents and children (NAMI, 2019). There are more than 9,000 public library systems across the United States (Library Research Service, 2018). Each year there are 1.5 billion visits to American libraries, which exceeds the number of physician office visits by over 50% (Pelezar, Frehill, Williams, & Nielsen, 2019).

Many homeless individuals utilize public libraries frequently for entertainment and use the internet (Kelleher, 2012). Public librarians surveyed have expressed their interest in learning more about serious mental illness so that they can effectively interact with users who have them (Pressley, 2017).

PICOT Question

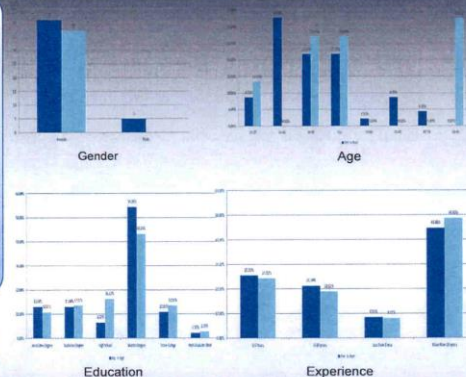
Do Public Library Staff after a 3 week educational session on mental illness and substance abuse have any change in stigmatic perceptions?

Evidence Synthesis

"Community conversations" has proven to be an effective strategy in inducing a change in social values for empowerment (Cao, Huis, Jemaneh, & Lensink, 2017) and to address mental health stigmas among ethnic minority populations (Knifton et al., 2010). This project is innovative as it addresses stigmatic perceptions among Public Library staff.

Project Evaluation

Project Evaluation
Evaluation questionnaire designed included demographic variables, years of Service in the library, and common mental health and substance abuse related perceptions



Project Outcomes/ Implications

A total of N=37 Librarians attended the educational sessions and completed pre & post questionnaire. There was a statistically significant difference in the scores for stigmatic perceptions "*commonality of substance abuse*" pre (M= 3.10, SD= 1.35) and post (M= 3.78, SD= 1.61); $t(81) = -2.07, p = .04$ and "*embarrassed to disclose mental illness*" (M=3.80, SD= 1.43) and post (M= 4.47, SD= 1.66); $t(79) = 1.94, p = .05$.

Library staff education through partnerships with the health sector like nursing is beneficial not only to address stigmas but also to help them manage patrons with mental illness and substance abuse effectively.

Project Implementation Process

In 2019, a project with New York Library Association (NYLA) Community Change Agents, established five teams to identify issues within their communities, and develop an action plan to create sustainable change. Through a structured process called "community conversations," Librarians identified a need to understand how to serve patrons with stigmatized health conditions, particularly mental illness and substance abuse.

On Long Island, the team was led by a psychiatric advanced practice nurse and the director of a local library. The project included partnering with three mental health and substance abuse agencies to provide education to the Library staff.

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Development and Validation of the Authentic Leadership Questionnaire for Nurse Leaders (ANLQ-NL)

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Research Question / Problem

- The health care environment is experiencing reformation that is unprecedented and intense.
- The continued COVID-19 crisis underscored the need for Authentic Nurse Leadership (ANL), which promotes Healthy Work Environments (HWE).
- Development of an instrument—the Authentic Nurse Leader Questionnaire (ANLQ)—that identified clinical nurses' perceptions of ANL attributes in 2017 facilitated research linking ANL with HWE.
- However, lack of an instrument to measure ANL from the perspective of nurse leaders was identified as a gap.
- Thus, the purpose of this study was to develop and validate an ANL instrument for nurse leaders which will facilitate further research aimed at identifying the relationship between ANL and HWE.

Background Information

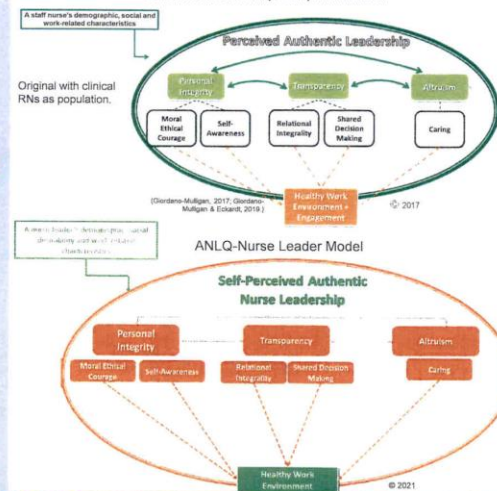
- Authentic leaders have self-transcending values, higher levels of compassion, and altruistic attributes which prepare them to be positive role models (George 2003; Gardner 2005).
- Transparency, an attribute of authentic leadership, encompasses personal integrity, relationship integrity and shared decision-making, which can lead to positive follower outcomes, such as engagement, job satisfaction and workplace well-being (Van Iddekinge, Taylor, & Edison 2005). Authentic leaders with relational integrity are open, honest and connect with others by sharing personal experiences.
- Caring, an attribute of authentic leadership, is a concept congruent with the core values of the Nursing profession.
- Caring authentic nurse leaders positively shape nurses' job satisfaction, engagement, trust and ultimately how they provide patient care (Bishop 2013; Pipe 2006; Wade, Osgood, Avino, Bucher et al., 2008).
- Research has determined that Authentic Nurse Leadership (ANL) and Healthy Work Environments (HWE) improve nurse engagement and patient outcomes.
- Until recently, research linking ANL and HWE was limited due to lack of measurement tools.
- Development of a valid and reliable ANL Questionnaire (ANLQ) provided the means to conduct research linking ANL and HWE (Giordano-Mulligan 2017; Giordano-Mulligan & Eckardt 2019).
- The ANLQ was first used in a correlational, descriptive study that identified a positive relationship between ANL and HWE (Raso, Fitzpatrick & Masick 2019).
- A second study by Raso and associates (2020) focused on determining if a positive relationship between ANL and HWE would be upheld during the COVID-19 pandemic. Findings supported ANL as an essential standard of HWE.

Significance

This research provides scientific evidence that closes the gap in previous knowledge regarding: 1) Nurse leaders' perceptions of ANL attributes; and 2) Relationships between ANL and HWE.

Theoretical Framework

The conceptual framework that guided this study was developed based on critical review of literature, authentic leadership theory (George, 2003; Avolio, et al., 2004) and the concept of caring (Ray, Turkel, & Marino, 2002; Boykin & Schoenhofer, 2013). Subsequently, research (Giordano-Mulligan, 2017) developed the ANL model.



Methods

The study used a non-experimental, correlational design to compare the ANLQ - Nurse Leader instrument (ANLQ-NL) with Healthy Work Environment (HWE), as measured by the Areas of Work Life Survey (AWS). The Marlowe-Crown Index of Social Desirability (SDI) measured nurse leaders' tendency to produce socially desirable responses. The sample consisted of 207 nurse leaders. Demographic characteristics were identified.

Expert Panel

- ANLQ-NL: 29 items, 5 subscales
- Content validity analysis determined no questions were below the CVI benchmark (S-CVI: Self-Awareness = 0.96, Moral Ethical Courage = 0.96, Relational Integrity = 0.97, Shared Decision Making = 0.97, Caring = 0.97).

Reliability and Validity

- Cronbach's alpha for reliability tested the ANLQ-NL as a full scale, as well as the subscales.
- Exploratory Factor Analysis (EFA) tested validity of the ANLQ-NL.

Results

To accurately identify validity and reliability of the tool, it was anticipated that about six to ten subjects per the items on the tool would be needed in the sample.

Sample: n=207 (~7 subjects per item)

Demographic	Range	Mean	SD
Age	42	30.45	11.32
Years practicing as a registered nurse	48	24.75	12.57
Years in current registered nurse position	39	7.73	8.39
Years practicing as a registered nurse at current hospital	50	15.49	11.47

Findings demonstrate validity and reliability of the ANLQ-Nurse Leader (ANLQ-NL).

- ANLQ-NL is highly reliable (Cronbach's alpha = 0.91)
- Majority of constructs of AWS (>0.20, p<0.05), SDI (>0.424, p<0.05) and ANLQ-NL were significantly correlated.
- Exploratory Factor Analysis (EFA):
 - Analysis of the 29-item ANLQ-NL was performed on data from 188 completed questionnaires.
 - Principal Axis Factoring with promax rotation was used to analyze factors that presented with initial eigenvalues >1. After identifying the loadings in the 8 factors of the initial EFA and how they compared to the theoretical model, an EFA with a 5-order structure was tested and found to be valid.
 - The related factor loading matrix supported the theoretical item structures. Some overlap was identified and correlated with the findings of the initial study of the ANLQ (Mulligan-Giordano, 2016).
 - The domain of Transparency (shared decision-making and relational integrity) indicated cross-loading. Aligns with ANL Conceptual Model.
 - Caring/Altruism loaded as the first factor.
- Relationships:
 - AWS Workload and Control weakest correlations to ANLQ-NL.
 - ANLQ-NL, MEC indicated fewer strong correlations than other measures except for SDI which had only 1 significant correlation to the AWS Community subscale.
 - MEC indicated the lowest significant correlation to the Social Desirability Index (SDI).

Limitations

- Majority of the demographic sample survey respondents were female (89%).
- Nurse Leaders are a small population within the typically large sample of clinical RNs.
- Difficulty in recruitment to reach a proper sample size for our reliability and validity testing of the tool (emails were used for the recruitment method at multiple Northwell sites.)
- Responses from one health system may limit generalizability of findings. Hawthorne Effect despite anonymity of participation in study.

Implications for Practice

- ANLQ-NL is a valid and reliable instrument to measure Authentic Nurse Leadership (ANL) among nurse leaders.
- ANLQ-NL, based on the ANL Conceptual Framework, was statistically supported by exploratory factor analysis (EFA).
- Study findings will facilitate "360 degree" assessment of nurses' performance.
- ANLQ-NL and ANL Conceptual Framework (both statistically significant) can be used with confidence as a Nursing Leadership Career Framework that supports development of Healthy Work Environment (HWE).
- Further research is needed using diverse nurse populations for continued validation of the ANLQ, ANLQ-NL and ANL Conceptual Framework.

Mather Hospital
Northwell Health

New Graduate Nurse Transition to Practice Program
Eliminating Nurse Burnout on a COVID-19 Unit
Cohort 11- 3 South
August 2021

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ACCREDITATION BOARD

Problem (PICOT)

Does creating a support group, for nursing staff, that meets several times a month decrease employees' level of fatigue and burnout and thereby increase job satisfaction?

Background

- COVID-19 pandemic highlighted the **high risk of burnout and compassion fatigue** in the nursing profession
- An opportunity was seen that could be improved to combat compassion fatigue and burnout was highlighted on 3 South following the first wave of the COVID-19 pandemic
- Peer support groups have been found to have a positive effect on levels of compassion satisfaction and decrease levels of burnout and compassion fatigue (Wahl, 2018)

Purpose

- Nursing burnout and compassion fatigue have been identified as a problem that can affect all nursing staff.
- Burnout and Compassion Fatigue negatively impact job satisfaction and retention rates
- The COVID-19 pandemic has brought increased attention to the high risk of burnout and compassion fatigue in the nursing profession, which is increased in emergent situations
- 3 South served as a COVID unit during both waves of the COVID-19 pandemic

Methodology

The Professional Quality of Life (ProQOL) tool is a commonly used measure of the negative and positive affects of helping others who experience suffering and trauma along with compassion satisfaction, burnout and compassion fatigue.

Professional quality of life is described as the quality one feels in relation to their work as a helper (not specified to just RN, has been used by researchers, teachers, psychologists, police/firefighters, etc.).

Shows that both the positive and negative aspects of doing your work have a direct influence on your professional quality of life.

Interventions

- Meetings were held with the staff outside: breakfast, hikes, etc.
- Interventions:** aromatherapy with Nurse Practitioners from Mather's Integrative Pain Management Program

Outcomes

ProQOL - Pre/Post Responses by Subscale

Count of 3-4m happy: Burnout

Count of 3-4m happy: Compassion Satisfaction

Count of 3-4m happy: Secondary Traumatic Stress

Although there was no statistically significant change overall with improvement with the questions on the ProQOL survey, there was positive movement in certain questions especially regarding compassion satisfaction and burnout as seen above.

References

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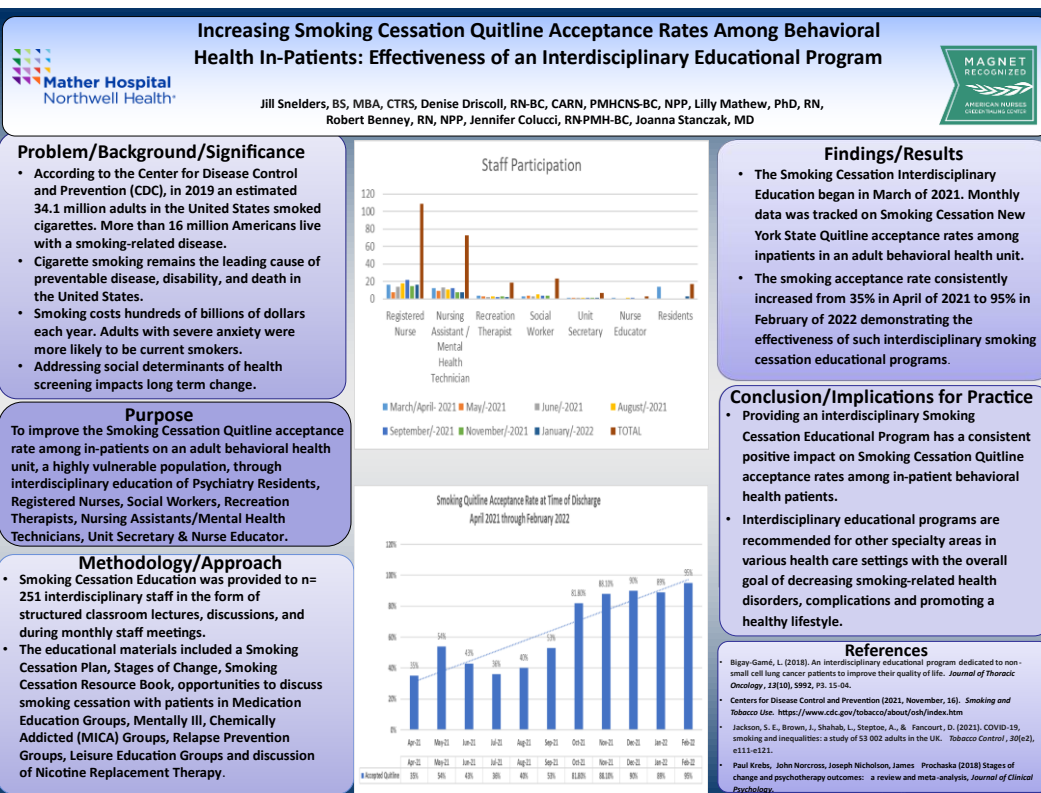
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Effective Leadership and Staff Rounds Improve Patient Outcome

Participants

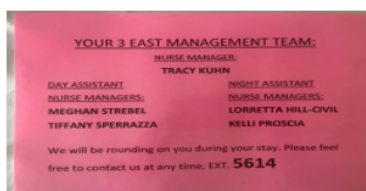
Tracy Kuhn-BSN, RN, PCCN Nurse Manager
Lorretta Hill-Civil-BSN, RN, PCCN Assistant Nurse Manager
Kelli Proscia BSN, RN Assistant Nurse Manager
Tiffany Sperrazza, BSN, RN, PCCN Assistant Nurse Manager
Meghan Strebel, BSN, RN, PCCN Assistant Nurse Manager
3 East Charge Nurses-Nicole Paccione, Celeste Cabrera, Emily Carmel, Bernadette Miletto, Kaitlyn Weckerle, Christina Juanta, & Georgia Schoen

Background

- Leadership and Staff round reports have been consistently below benchmark for calendar year 2020 to present.
- During daily rounds, nurse leaders build relationships, verify care consistency, gain real-time feedback, perform immediate service recovery as needed, and follow up with staff regarding compliments and opportunities for improvement.

Purpose

- Purposeful and timely rounding is a best practice intervention to routinely meet patient care needs, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur.
- Decrease grievances
- Increase service facilitation



DATE	NAME	Manager Rounding	Check in Hourly	Nurse Communicate Medication	Get to the toilet as soon as you want	Nucleus set up?
3/1	303					
3/2	305-1					
3/3	305-2					
3/4	307-1					
3/5	307-2					
3/6	309					
3/7	311					
3/8	313-1					
3/9	313-2					
3/10	315-1					
3/11	315-2					
3/12	317-1					
3/13	317-2					
3/14	319-1					
3/15	319-2					
3/16	321-1					
3/17	321-2					
3/18	323-1					
3/19	323-2					
3/20	325-1					
3/21	325-2					

Methodology

- Developed scripting for NM, ANM and Charge Nurse for check ins.
- Developed hourly check in sheet with specific Press Ganey questions
- Created Charge Nurse business cards
- Night shift ANM/Charge Nurse changed rounding time.
- Signage hung in room stating management team and contact information

Specific Press Ganey questions:

- Have staff been checking in on you hourly?
- Have your nurses been communicating information about your medications and their side effects?
- Have the staff been able to get you to the toilet as soon as you wanted?

Goals

Leadership and Staff round reports will maintain goal rate greater than 90%.

See an overall improvement of Press Ganey Scores and HCAPS

Outcomes

March
Leadership-100%
Staff-70%

April
Leadership-92%
Staff-79.2%

May
Leadership-95.5%
Staff-78.3%

June
Leadership-100%
Staff-85.7%

IRB Approved Nursing Research Studies

Title	Investigator	Study Type
The Development and Validation of an Authentic Nurse Leader Questionnaire-Nurse Leaders (ANLQ-NL)	Marie E. Mulligan, PhD, RN, NEA-BC, CNOR	Quantitative
Coping and Adaptation Among Nurses During the Coronavirus (COVID-19) Pandemic: A Mixed Methods Study	Judith Morn-Peters, DNSc, RN, NE-BC, BC	Quantitative Qualitative
US Clinician Wellbeing Study	Marie Mulligan, PhD, RN, NEA-BC, CNOR	Quantitative
Investigating Psychological Effects of Cancer Screening in the Breast Cancer Screening Clinic	Gregory Haggerty, PhD Marianne Kiernan, RN, BSN, CN-BC, CBCN	Quantitative

2021 Publications

- *Leveraging Academic-Clinical Partnerships to Create an Operating Room Nurse Pipeline*
Christopher Brooks, MS, RN, CENP, AOCNS; Carol Della Ratta, PhD, RN;
Mary Ellen LaSala, PhD, RN; Beverly Gerberich, MSN, RN, CNOR;
Devin Browne, DNP
Published in the Journal of Nursing Administration March 2021
- *Perceptions of Authentic Nurse Leadership and Work Environment and the Pandemic Impact for Nurse Leaders and Clinical Nurses*
Raso, Rosanne, DNP, RN, NEA-BC, FAAN, FAONL; Fitzpatrick, Joyce J. PhD, MBA, RN, FAAN, FNAP; Masick, Kevin, PhD; Giordano-Mulligan, Marie, PhD, RN, NEA-BC, CNOR; Sweeney, Cynthia, D. DNP, RN, CNOR, NEA-BC, FAAN
Published in Journal of Nursing Administration May 2021
- *Expanding Access to Nurse-managed Medication for Opioid Use Disorder*
Travis A. Cos, PhD; Laura E. Starbird, PhD, RN; Heeyoung Lee, PhD, PMHNP-BC, CRNP; Bianca Chun, BA; Kristine Gonnella, MPH; Jillian Bird, RN, MSN; Kae Livsey, RN, MPH, PhD; Shelley Bastos; Marie O'Brien, MSN, ANP-C, RN-BC, CCRN; Ivy Clark; Darlene Jenkins, DrPH; Laureen Tavolaro-Ryley, PMHCNS-BC, PMHNP-BC
Published in Nursing Outlook 2021
- *Evaluating mental illness-substance abuse stigmatic perceptions through education: A library-nursing initiative*
Denise Driscoll, Lilly Mathew, Debra Engelhardt, Judith Moran-Peters, Sarah Eckardt
Published in Public Health Nursing 2021
- *Optimizing Postoperative Pain Management in Patients with Chronic Pain: Evidence-based Recommendations*
Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN, Aaron M Sebach, PhD, DNP, MBA, AGACNP-BC, FNP-BC, NP-C, CLNC, CNE, CNEcl, SFHM
Published in the American Nurse Journal December 2021
- *Pain Coping Skills Training Unlock Patient-Centered Pain Care During the COVID-19 Lockdown*
Marie O'Brien, DNP
Published in Pain Management Nursing December 2021

Nursing Poster and Podium Presentations

Date	Presenter	Podium/Poster Title	Conference	Location
January 30, 2021	Pasqua Spinelli, PhD, RN, NPP	COVID-19 Pandemic and the Mental Health of Frontline Nurses: Understanding and Helping Our Own	Sigma Theta Tau International Honor Society of Nursing: Alpha Alpha Chapter	Saudi Arabia
February 18-20, 2021	Judith Moran-Peters, DNSc, RN, NE-BC, BC	Making the Best of a Bad Situation: Nursing Best Practices During the COVID-19 Pandemic	Sigma Theta Tau International Honor Society of Nursing	
March 18, 2021	Rose Cummings, BSN, RN, CPAN Jacqueline Nugent, BSN, RN	Coping and Adaptation Among Nurses During the Coronavirus (COVID-19) Pandemic: A Mixed-Methods Study	NYU Langone Hospital - Long Island	Mineola, NY
March 18, 2021	Meaghan Strebel, BSN, RN, PCCN	Positive Outcomes Associated with Standardized Interprofessional Bedside Rounding	NYU Langone Hospital - Long Island	Mineola, NY
June 17, 2021	Denise Driscoll, RN-BC, CARN, PMHCNS-BC, NPP Lilly Mathew, PhD, RN	Changing Stigmatic Perceptions Related to Mental Illness and Substance Abuse Among Public Library Staff: A Nursing-Library Community Initiative	NYU/Langone 24 th Annual Nursing Research/EBP Conference	NY, NY
November 11-13, 2021	Marie Mulligan, PhD, RN, NEA-BC, CNOR	Innovative Components of a Successful Fall Prevention Program	ANCC Magnet®, Pathway to Leadership, and ANA Quality and Innovation Conference	Atlanta, Georgia
November 11-13, 2021	Marie O'Brien, DNP, ANP-C, RN-BC, CCRN Margaret Scharback, RN	Reiki and the TJR Patient: Improved Outcomes Through Holistic Nursing	ANCC Magnet®, Pathway to Leadership, and ANA Quality and Innovation Conference	Atlanta, Georgia
November 11-13, 2021	Meaghan Strebel, BSN, RN, PCCN	Innovative Components of a Successful Fall Prevention Program	ANCC Magnet®, Pathway to Leadership, and ANA Quality and Innovation Conference	Atlanta, Georgia

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