

2023 Nursing Annual Report



Introduction

Problem:

Despite evidence-based fall prevention programs, patient falls continue to be a persistent problem (Dykes et al., 2022). 700,000 to one million (3%) of patients experience a fall during hospitalization; 35% sustain an injury (Gliner et al., 2022). Patient falls are the most common sentinel event reported to the Joint Commission (2023). Patient falls have increased following COVID-19 and are linked to RN Turnover (Japsen 2023).

Significance:

Patient falls have a negative effect on quality of life, morbidity, mortality and healthcare costs.

Background:

The observed phenomenon of significant differences in patients falls, and other quality outcomes, on five Medical/Surgical Units at one hospital served as the impetus for this study. One unit had one fall, without injury (January-September 2023). Other comparable Units had 5-17 patient falls.

Literature Review:

Research has identified that Nurse Manager leadership is vital to promoting teamwork and evidence-based processes that improve patient safety and quality outcomes, including patient falls (Lee & Dahinten 2021). Authentic Nurse Leadership (ANL) is a relational style of leadership that is most congruent with the values of the Nursing profession, in particular the attributes of Caring and Relationship Integrity (Giordano-Mulligan 2017). ANL has emerged as a more modern framework for Nursing leadership and leadership development (Raso, Fitzpatrick & Masick 2020,2022; Hwang, Song & Ko 2022). Although ANL has been linked to intent to leave among nurses (Raso, Fitzpatrick & Masick 2022), no known research had identified relationships between Nurse Managers, perceived as Authentic Nurse Leaders by their clinical nurses, patient falls, other quality outcomes and RN Turnover.

Methods

The **aim of the study** was to identify relationships between Nurse Managers perceived as Authentic Nurse Leaders by their clinical nurses and the following outcomes:

Patient Falls

Falls with Injury

Hospital-Acquired Infections (HAIs)

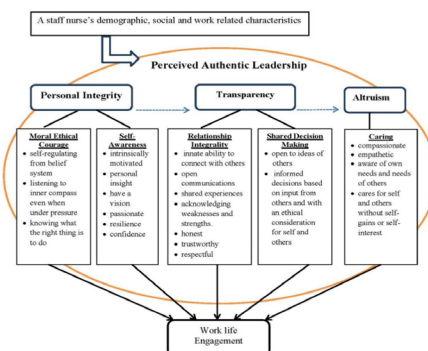
Hospital-Acquired Pressure Injuries (HAPIs)

Patient Satisfaction (teamwork and nurse leader rounding)

RN Turnover

Theoretical Framework:

Authentic Nurse Leader Conceptual Framework (Giordano-Mulligan 2017)



Sample:

A priori power analysis showed that the sample size goal is 193 RNs from 17 clinical units in 3 hospitals (Mather, Huntington, Peconic Bay) within the Northwell Health System.

Methods

Instruments:

9-Item Demographic Form

- 1.Role/Position
- 2.Status (FT, PT, PD)
- 3.Clinical Unit Information
- 4.Shift
- 5.Gender
- 6.Age
- 7.Number of RN Experience
- 8.Nursing Education Level
- 9.Professional Certification (Yes or No)

29- Item Authentic Nurse Leader Questionnaire (ANLQ)

- The main **ANL attribute categories** are:
- Self-awareness
 - Moral Ethical Courage
 - Relational Integrity
 - Shared Decision Making
 - Caring

Analysis:

The data from the ANL-Q and 9-item demographic form will be downloaded anonymously from REDCap. The Nursing-sensitive quality outcomes will be collected retrospectively. The data will be analyzed quantitatively utilizing SPSS Software. Data from the ANLQ will be scored and compared to the Quality measures. If normally distributed, this will be done utilizing a one-tailed Pearson Correlation test with a correlation coefficient (r) to determine the relationship between the two numeric values. This test will utilize a significance level of .05 (5%).

Anticipated Outcomes:

It is anticipated that the one-tailed Pearson Correlation Test will determine that there is a positive relationship between units where clinical nurses perceive their Nurse Managers as Authentic Nurse Leaders (as measured by the ANLQ) and hospital nurse sensitive quality outcomes. Additionally utilizing a mediating factor of RN Turnover. The anticipated outcome will be that units where clinical nurses perceive their nurse managers as Authentic Nurse Leaders will have a lower RN turnover rate.

Nurse Manager is identified as an Authentic Nurse Leader

Less Patient Falls, HAI's & HAPI's

Low Turnover Rate

Higher levels of Patient Satisfaction

Conclusions/Implications:

New knowledge generated from this study may bridge a gap in what was previously known about the influence of Nurse Managers' leadership style on patient and nurse outcomes.

The goal is that these findings may be helpful in developing Educational Programs aimed at building Authentic Nurse Leader attributes for current and aspiring Nurse Managers.

Bibliography

References available upon request
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3 North Fall Risk Ambulation Guide

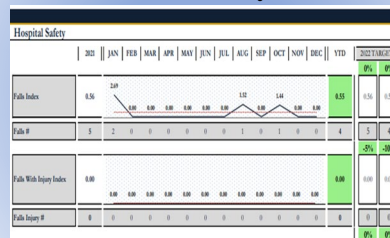
Nicole Amendola, MSN, RN, PCCN-K, Nurse Manager
Annamaria Buzzetta, BSN, RN, Assistant Nurse Manager
Kristen Lauro, BSN, RN, PCCN Assistant Nurse Manager
Jonathan Soriano, BSN, RN, Assistant Nurse Manager
Betsy Van Bourgondien, BSN, RN, Assistant Nurse Manager



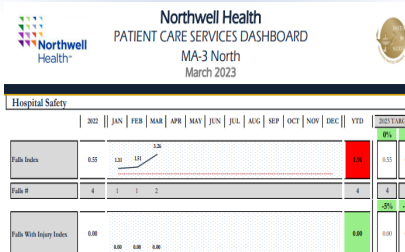
Introduction

On 3 North, we strive for excellence in Nursing care and outcomes. Between Mather Hospital's continued Magnet designation and 3 North's merits such as the "North Star 90" award, our team strives to improve our scores and to provide the best possible patient experience through our innovations, projects, and resourcefulness. This year, we have shifted our focus to an issue paramount in this current time -- patient falls. According to The Joint Commission and Sentinel Event Alert database, the most common factors contributing to falls with injury include inadequate assessment and communication failures.

In 2022, 3 North had a total of 5 falls for the year.



In 2023, our falls index had a goal of 4 falls and a stretch goal of 3 falls. As of March 2023, 3 North had reached 4 falls on the unit.



Methods

In March of 2023 we created an interactive visual guide that was placed in each patient room. It included their specific individual care plan for ambulation and their risk of fall, pictured below.

In April of 2023 Physical Therapy was educated on the guide and began to aid the nursing staff in filing out the tool based on their assessments.

In collaboration with safe patient handling in June of 2023 we amended our Fall Risk Guide to include the AM-PAC Functional Assessment Tool and APOC (Activity Plan of Care).

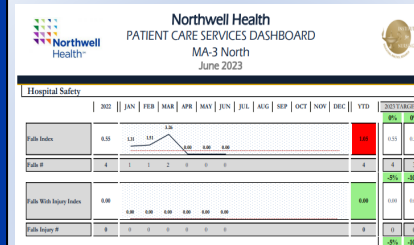
Staff were informed of the interactive guide during daily line-up and unit huddles. Members of the interdisciplinary team can edit the tool in the patient's room often, as assessments and ambulation status change. This provides interdisciplinary team members with the patient a reference tool to refer to **at the bedside** when assisting the patient with ambulation.

Interactive Fall Risk Ambulation Guide

Patient Name:	Date:	Level of Care:
Fall Risk category <input type="checkbox"/> Universal <input type="checkbox"/> Fall Risk <input type="checkbox"/> Fall with Harm Risk		
Fall Interventions (circle appropriate method) Ambulation Aids: Cane, Rolling Walker, Sara-Steady, Mechanical Lift Toileting Method: How often: Every ____ hours Bed Pan, Commode, Bathroom, Catheter/PureWick Assistance Out of Bed: Independent, Standby, 1 Person, 2 Person History of Falls: <input type="checkbox"/> Medication Side Effects: <input type="checkbox"/> Coagulation / Bleeding: <input type="checkbox"/> Walking Aid: <input type="checkbox"/> IV Pole or Equipment: <input type="checkbox"/> Unsteady Gait: <input type="checkbox"/> May Forget / Choose Not to Call: <input type="checkbox"/> Post-Op: <input type="checkbox"/>		
Activity Orders Bed Rest Ambulate as tolerated OOB to Chair Non-Weight Bearing R Foot <input type="checkbox"/> L Foot <input type="checkbox"/> R Arm <input type="checkbox"/> L Arm <input type="checkbox"/> Post-Op		

Results

In the following 3 months after the Fall Risk Ambulation Guide was implemented, our falls dashboard results improved. There were no reported falls for the months of April, May, and June.



According to a study on inpatient falls, "not all members of the care team routinely access the nursing documentation, and verbal communication of fall risk status is inconsistent. A mechanism is needed to communicate a patient's fall risk assessment and the associated, tailored interventions to prevent falls" (Zuyev et al 2011).

With the Interactive Fall Risk Ambulation Guide, we have compiled most necessary components for patient safety, and present it in a way that is interactive, concise, and palatable.

Conclusions

According to the CDC, falls are the leading cause of injury and death for adults over the age of 65. The Falls Risk Ambulation Guide correlates with a decrease in falls on 3 North since its implementation. It provides an easy-to-understand reference for hospital staff participating in patient care; its components are furthermore adapted for the AM-PAC and APOC, the current verbiage for patient activity. This project also improves teamwork and communication between the immediate acute care team – essential activity information to safely care for patients is present when properly utilized, especially useful during hectic periods such as change of shift or when census is high. With our current success with this project, we hope for a continued decrease in falls and a form of this tool can be utilized to increase safety wherever it can be trialed.

References

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- Zuyev, L., Benoit, A. N., Chang, F. Y., & Dykes, P. C. (2011, February). Tailored prevention of inpatient falls: Development and usability testing of the Fall Tips Toolkit. *Clin Computers, Informatics, Nursing* 29(2):93-100. doi:10.1007/978-1-4939-1181-8_6

Patient Name:	Date:	Level of Care:
Fall Risk category <input type="checkbox"/> Universal <input type="checkbox"/> Fall Risk <input type="checkbox"/> Fall with Harm Risk		
Fall Risks (Check all that apply) History of Falls: <input type="checkbox"/> Medication Side Effects: <input type="checkbox"/> Coagulation / Bleeding: <input type="checkbox"/> Walking Aid: <input type="checkbox"/> IV Pole or Equipment: <input type="checkbox"/> Unsteady Gait: <input type="checkbox"/> May Forget / Choose Not to Call: <input type="checkbox"/> Post-Op: <input type="checkbox"/>		
Activity Orders Bed Rest Ambulate as tolerated OOB to Chair Non-Weight Bearing: R Foot <input type="checkbox"/> L Foot <input type="checkbox"/> R Arm <input type="checkbox"/> L Arm <input type="checkbox"/> Post-Op		
Toileting Method: How often: Every ____ hours Bed Pan, Commode, Bathroom, Catheter/PureWick		

Project: Application of Evidence Based Fall Prevention Interventions to Decrease Patient Falls on 3 East Department/Unit: 3 East Telemetry

- The fall rate for 3 East in 2022 was 1.50 (n=11), with a fall with injury rate of 0.14
- The fall rate for 3 East year-to-date through September is 3.31 (n=17) with a fall with injury rate of 0.39.

Goal Statement: 3 East will improve rate of total falls and falls with injury to achieve the NDNQI benchmark

- Actions/Interventions:** Centered around changing culture and nursing practice
1. Re-education regarding purposeful hourly rounding with focus on the 5 Ps
 2. Consistently provide clear explanation of fall prevention protocols and rationale to patients/families
 3. Team member education to improve assessment of fall risk factor
 4. Unit Staff engagement
 5. Assess/address fall prevention protocols Interdisciplinary rounds
 6. Implementation of VSTOne AI-enabled fall prevention systems (September 2023)

Project Team:

Project Lead: Tracy Kuhn, MSN, RN
Executive Sponsor: Jeanne Brennan, MSN, RN
Additional members: Jessica Koch, RN, BSN, Kaitlyn Weckerle, RN, BSN, Tiffany Sperrazza, BSN, RN PCCN, Lorretta Hill-Civil, MSN, RN, PCCN, Hatty Baldwin, AAS, RN, Bernadette Mileto, BSN, RN, Celeste Cabrera, BSN, RN

2023
Ongoing

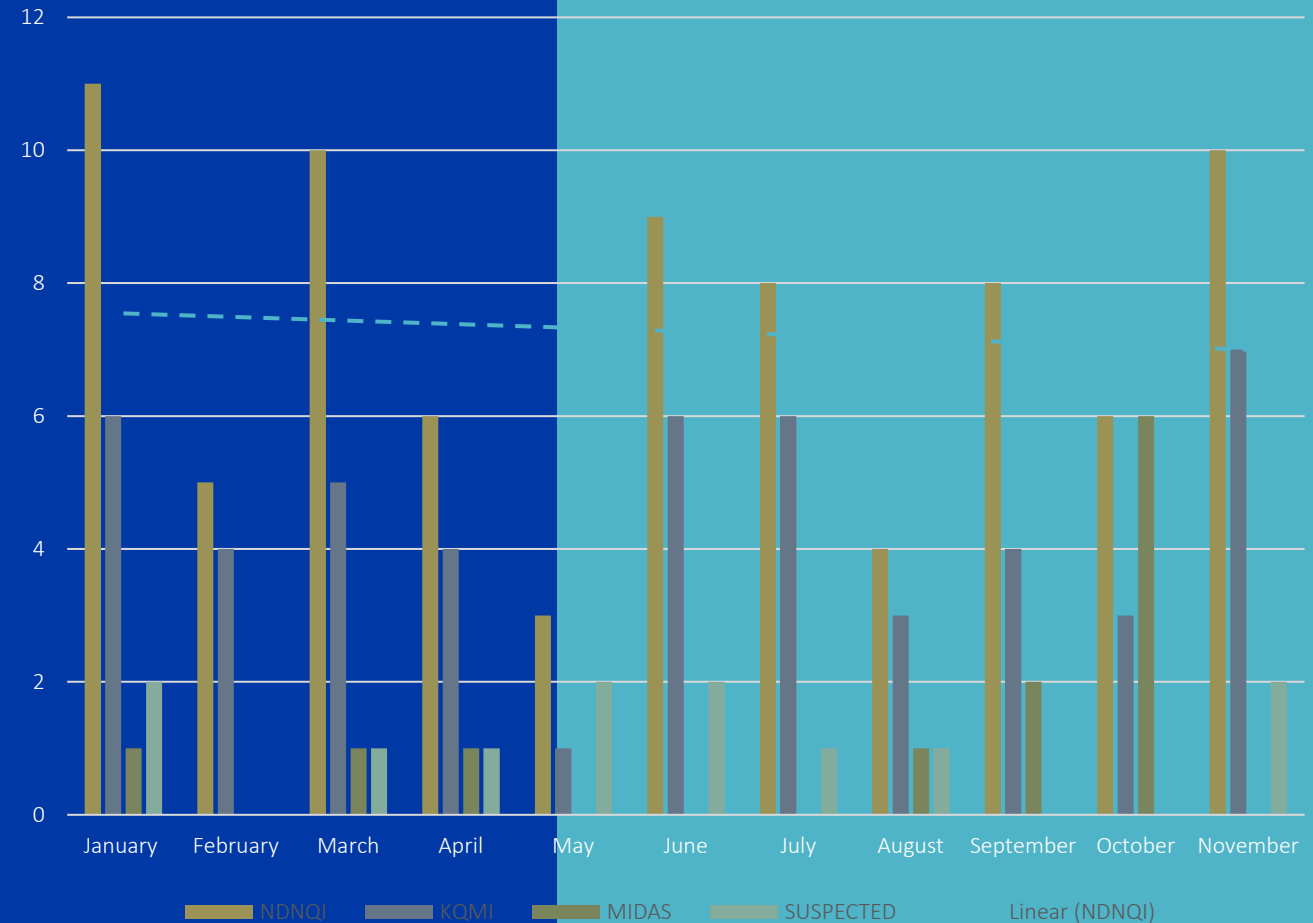
Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient Experience
Employee Engagement
Innovation & Growth

Departmental Goal

2023 Falls Education and Improvement

Falls Friday Huddles

- Review with unit staff during huddles
- Review of prior weeks falls with staff
- Discuss OFI's in
 - Assessment
 - Documentation
- Review of AHRQ or NDNQI FALLS FACT
- Review falls graphs YTD
- Review falls graphs 2022 vs.2023
- Review trends
- Elicit staff feedback and implement



3 North PI Project Medication Side Effects Education

Problem:

Nurses are responsible for the education of medications to patients and their families. Determinants of learnings can be challenging especially with shorter length of stays and the acutely ill patient. According to Press Ganey scores, patients feel that their medication education needs improvement upon discharge.

Comparison:

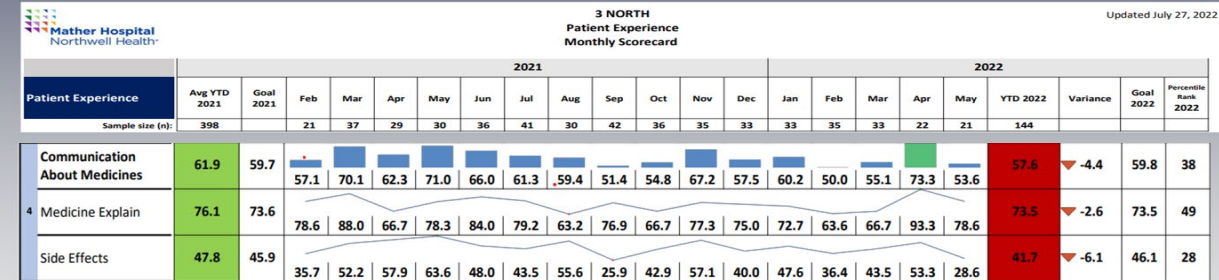
We will be using visual education tools to educate patients in addition to the auditory/verbal education that has been previously used.

Outcome:

3 North will use a consistent visual learning style, with a goal to increase Press Ganey Scores in the domain of Communication about Medicines by 10% by end of 2022.

Intervention:

Admission RN's will assess the learning needs of the patient upon admission, and will determine which medications to focus on to address knowledge deficits.



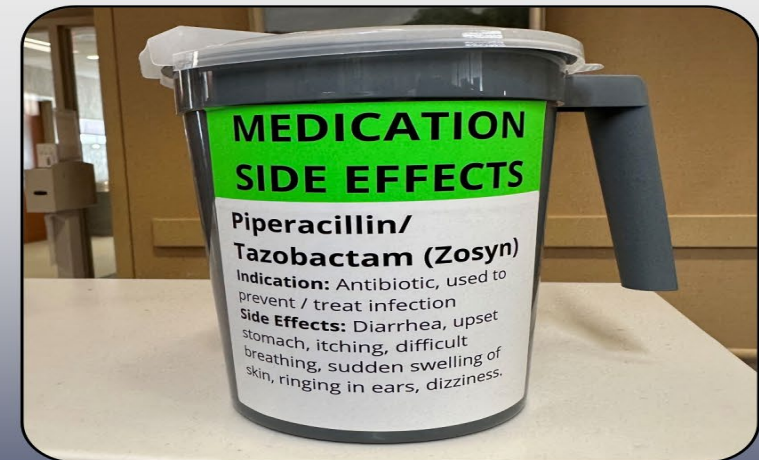
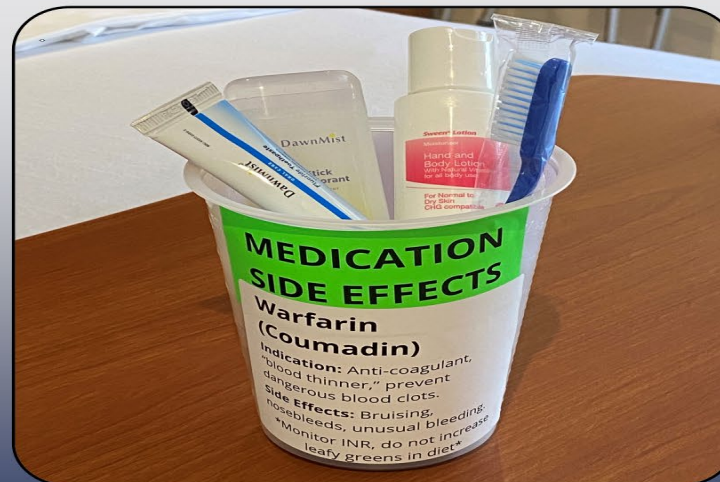
New Medications?

If yes, can patient recall side effects of new medication?

If No:
Apply Medication Education Label

Team Members

Theresa Egan, RN
Melissa Scalera BSN, RN
Betsy Van Bourgondien BSN, RN
Kristen Lauro BSN, RN
Nicole Amendola MSN, RN-PCCN-K



Gillam, S., et al. (2016). Education for medications and side effects: A two part mechanism for improving the patient experience. *Applied Nursing Research* 31, 72-78. doi:10.1016/j.apnr.2015.11.017

Introduction

2 South identified a deficit in their Press Ganey scores in regard to the “Communication about Medicines” category. This section questions patients regarding whether their medications were explained to them in a way they can understand, in addition to whether they were educated about medication side effects. After identifying this area for improvement, the Press Ganey scores were discussed at the monthly unit council to gather ideas from the clinical staff for new ideas that could be implemented to improve these scores.

Rather than simply educating patients or providing handouts and pamphlets, the staff thought to actively engage and involve the patients and caregivers in their own education. The idea to create a game that patients could play on their phones or smart devices to test their own knowledge was created.

The IT department was contacted to review the most commonly given medications on 2 South in the year prior. After reviewing the top ten to fifteen most commonly given drugs, they were organized into pharmacological categories. Once the staff knew which drug classes to focus on, these reports were brought back to the unit-based council. From there, questions and answers were created, discussed, and tweaked. Once the questions were finalized, the games and flyers were created.

Each room has a medication education flyer hanging in the room, see Figure 1. Once the patient scans the QR code and opens the link, they are brought to an interactive game, see Figure 2. This tool can be utilized by nurses during medication passes, nurse facilitators during rounds or discharge teaching, and nursing leadership.



Methods

- Each patient admitted to 2 South Oncology Unit has a medication education flyer with QR code hanging in their room. When scanned, the QR code will lead patients to a game that tests their knowledge of the medications they are taking, including side effects. Nurses and nursing leadership make it a priority to ask patients and caregivers upon rounding if they have any questions regarding new or existing medications. In addition, nurses actively engage the patients in education during medication passes using the QR code and interactive gaming system.
- The patient receives education regarding their medications as the nurse administers medication.
- Nurses offer to help the patients test themselves on their knowledge by utilizing the educational game.
- Nurses are available to provide clarity on any questions the patient may have gotten wrong due to the immediate feedback feature.
- Patients can communicate with this tool daily as their medications may change throughout their hospitalization.

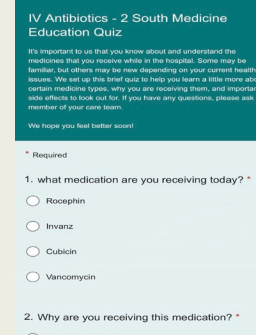
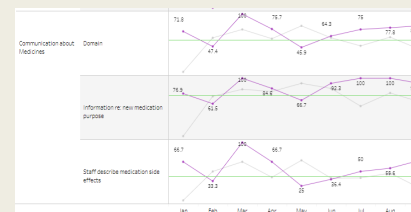
Figure #1



Results

Press Ganey Scores indicate a positive impact on both questions in the “Communication about Medication” Domain.

- The intervention was implemented in June 2023
- Information regarding new medication purpose improved from 66.7% Top Box to 92.3% Top Box (May – September 2023).
- Staff describe medication side effects improved from 25% Top Box to 69.2% Top Box (May – September 2023).



Conclusions

Press Ganey scores identified that 2 South was deficient in “Communication about Medications”. When looking at the scores for February, 2 South was down to 47.44 in the “Medication Explain” and 33.33 in the “Side Effects” subcategories. After bringing forward this deficit to Unit Council this medication education project was started.

Education was provided to all staff members to be able to implement the Medication Education Project. This Project was officially implemented in late June of 2023. The Registered Nurses utilize medication administration times to educate their patients using this new tool. In addition, management utilizes their rounds to educate on the medication project as well. Press Ganey scores have shown positive results for the month of July. 2 South continues to implement this project on the unit as they wait for further Press Ganey scores for August and September.

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Project: Improving patient and care partner engagement through interprofessional care plan meetings

Department/Unit: TCU

Problem Statement:

In 2022, The Transitional Care Unit scored in the 17th percentile for patient experience survey question “Likelihood to recommend the facility.” “Staff prepared you to function at home,” scored in the 10th percentile. Therefore, the team looked to improve discharge readiness through patient-family collaboration.

In January 2023, the interprofessional team met to brainstorm ways to improve patient and family engagement in care and discharge planning. A need was identified to standardize communication early in the TCU admission. An interprofessional meeting including the patient and care partners within 4-5 days of admission was introduced. This creates an environment of collaboration which sets expectations for the admission and transition home.

Implementation: This practice was implemented in February of 2023 and has become a standard practice Monday-Friday

Outcome:

- “Likelihood to recommend the facility” improved from 17th percentile to 36th percentile (December 2022 – YTD 2023)
- “Staff Prepared you to function at home” improved from 10th to 64th percentile (December 2022 – YTD 2023)
- “Training given to you and family re: care after DC” improved from 17th percentile to 58th percentile (December 2022 – YTD 2023)
- TCU has seen percentile rank improvement in 34 out of 36 patient experience survey questions through September of 2023

Project Team:

Project Lead: Carolyn Germaine, Director TCU; Paul Furbeck, Administrator TCU, Genevieve Trapasso, Licensed Medical Social Worker

Additional members: Occupational Therapy, Physical Therapy, Speech and Language Therapy

February 2023

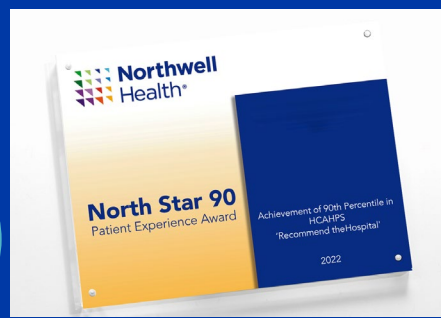
Ongoing

Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient Experience
Employee Engagement
Innovation & Growth

Departmental Goal
Just Do It
IPECC
Plan Do Study Act
DMAIC

North Star 90 2023 Recipients

2 East Bariatrics Stepdown – 5 in a row!
Critical Care – first award!



On Track for 2024

2 East Bariatrics Stepdown, 95th %ile
Critical Care, 91st percentile
2 South, 93rd percentile
3 North, 90th %percentile
3 South, 88th percentile

Communication With nurses

- Only Hospital on Long Island
- One of Four Hospitals in New York State



Currently in 90th Percentile for inpatient units

4/7 inpatient units \geq 90th percentile:

- *Critical Care, 96th percentile*
- *3 North, 92nd percentile*
- *2 East Bariatric, 91st percentile*
- *2 South, 90th percentile*



FIVE STAR QUALITY RATED CARE

by the Centers for Medicare
& Medicaid Services

JULY 2023

Project: To Train Staff and Incorporate Trauma Informed Resilience Groups and Monitor the Effectiveness of these services

Department/Unit: Partial Hospitalization Program January 2023 – November 2023

Problem Statement:

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes **trauma** as events or circumstances experienced by an individual as physically or emotionally harmful or life-threatening, which result in adverse effects on the individual's functioning and well-being.

According to the National Council for Behavioral Health, **approximately 90 percent of individuals receiving behavioral health services have experienced trauma** and, **in the U.S., approximately 70 percent of adults have experienced at least one traumatic event** in their lives. Up to 20% of this group will develop PTSD.

Adverse childhood experiences (**ACEs**) are potentially traumatic events that occur in childhood. These include abuse, neglect, living with a parent or caregiver with challenges such as mental illness, domestic violence, incarceration, etc., and other adversities such as bullying, natural disasters, community violence, to list a few.

The ACE Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for chronic health conditions and health-risk behaviors later in life.

There are several types of Trauma. Many people who experience a traumatic event will go on with their lives without lasting negative effects, but others will have difficulties and experience traumatic stress reactions and meet diagnostic criteria for psychological and physical health issues.

Identifying individuals who may have experienced trauma, abuse, neglect or exploitation is a Joint Commission Standard of care. This project will enhance the education of staff for the implementation of trauma informed care, treatment and service for the patients treated at Partial Hospital.

Goal Statement:

To ensure that all staff receive Trauma Informed Education to improve patient coping skills through resiliency building groups and lower the risk factors related to Trauma.

- All patients admitted to the PHP will receive Resiliency Training Groups.
- All staff will receive Certified Clinical Trauma Education to improve their knowledge of Trauma Informed Interventions, with a goal of 90% learning new skills and knowledge.
- Patient Surveys will be collected at Discharge with a goal of 80% reporting Resiliency Groups Increased their coping response to Stressful Situations.

Actions/Interventions:

-Monitor Quarterly, The Patient Resiliency Group Surveys to assess for successful outcomes of Group.

-Assess for improved knowledge base of staff following the trauma education.

-Evaluate the current assessment questions used at Partial, to examine if additional questions or assessment tools are needed.

Outcomes: All Outcome Goals of >80% are being met

- Was the group helpful? **87%** Did the group help to Increase Coping Skills in response to stressful situations? **81%**
- Did the group assist with their readiness for discharge? **81%** How likely are they to use the Resilience Skills to manage Stressors after Discharge? **89%**
- **100%** of the staff found the training helpful.

Project Team:

Project Lead: Sue Morin, NPP/Director Partial Hospital, Executive Sponsor: Denise Driscoll, AVP Behavioral Health, Process Owner: MD's and All Clinical Team Members at PHP

Start date:

1/1/2023

Finish date:

Ongoing

Project Focus

Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient
Experience
Employee
Engagement
Innovation &
Growth

Project Framework

Departmental
Goal
Just Do It
IPECC
Plan Do Study Act
DMAIC



PICO

How staff education and training improves nurse-patient communication with older adult inpatient populations as evidenced by improved HCAHPS scores in four major communication items on 3 East.

Purpose/Problem

Communication styles have changed over the years and can be perceived differently by varying age groups. Nursing and hospital staff lack of awareness of the generational gap can hinder nurse-patient relationships which can interfere with the patients’ perceptions of care.

Background

In alignment with the Institute for Healthcare Improvement (IHI) Age Friendly Initiative, a group of new graduate nurses enrolled in Mather Hospital’s Practice Transition Accreditation Program (PTAP) developed an educational intervention to improve clinical nurses’ communication with elderly patients. The goal of this program was to ensure patient-centered care and respectful communication throughout the hospital stay.

Intervention

Educational tools included grassroots-developed video vignettes, simulation training, flyers, and “Never/Always” badge buddies. Nurses and nurse assistants were engaged using rapid, actionable learning activities.

- A brief survey regarding team members’ knowledge of Gold and Platinum Rule principles was administered pre- and post-intervention.
- HCAHPS “Communication with nurses” Domain scores were tracked and trended.
- Barriers: An increase in Covid-19 admissions during the initial intervention period, along with nurse and nurse

Outcomes

- “Nurses treat you with courtesy/respect” is achieving Stretch goal, improving 15 rank points to 87th percentile
- All three individual “Communication with nurses” Domain questions saw positive Top Box Movement in 2023.
- “Communication with nurses Domain” and “Nurses listen carefully to you” are achieving Threshold in 2023

Lessons Learned

- Clinical team members want patients to feel respected. Many team members were surprised to find that simple changes in the way we communicate could lead to significant improvement in patients’ perception of care.
- Improving the culture and practice around patient experience takes time. Taking a consistent approach to educating staff helps to effectively enculturate change into daily practice.
- Since this intervention was implemented, Nursing leadership and Professional Development have standardized these practices across all inpatient settings within Mather Hospital Northwell Health.

Patient Experience	Top Box 2022	Top Box Benchmark 2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Top Box YTD 2023	Top Box Variance '23-'22	Top Box Benchmark 2023	Rank 2023	Target Rank 2023
Sample size (n):	271		27	16	23	28	25	23	32	10	22	206				
Communication with Nurses	81.62	77.85	81.48	85.42	83.86	88.10	80.00	81.16	85.42	86.67	92.06	83.69	▲ 2.07	79.18	78	75
Nurse Courtesy & Respect	88.41	84.75	88.89	87.50	91.30	96.43	96.00	86.96	93.75	90.00	100.00	91.71	▲ 3.30	85.79	87	72
Nurse Listen	78.62	75.04	74.07	81.25	86.36	89.29	76.00	78.26	81.25	90.00	90.48	81.48	▲ 2.86	76.59	78	77
Nurse Explain	77.82	73.76	81.48	87.50	73.91	78.57	68.00	78.26	81.25	80.00	85.71	77.88	▲ 0.06	75.16	67	75

Project: Raising Staff Wellbeing

Department: Integrative Care & Pain Management Program

Problem Statement:

Healthcare provider burnout & stress negatively impacts patient outcomes and staff turnover. Self-care, including meditation, acupuncture, yoga & other holistic practices can mitigate burnout symptoms. Staff reported the grant funded ReNew/Tranquil Thursday program that provided access to on-site, accessible wellbeing services to support self-care, was beneficial. At the conclusion of the grant, staff vocalized the need for a sustainable program with a dedicated space to support self-care and holistic services.

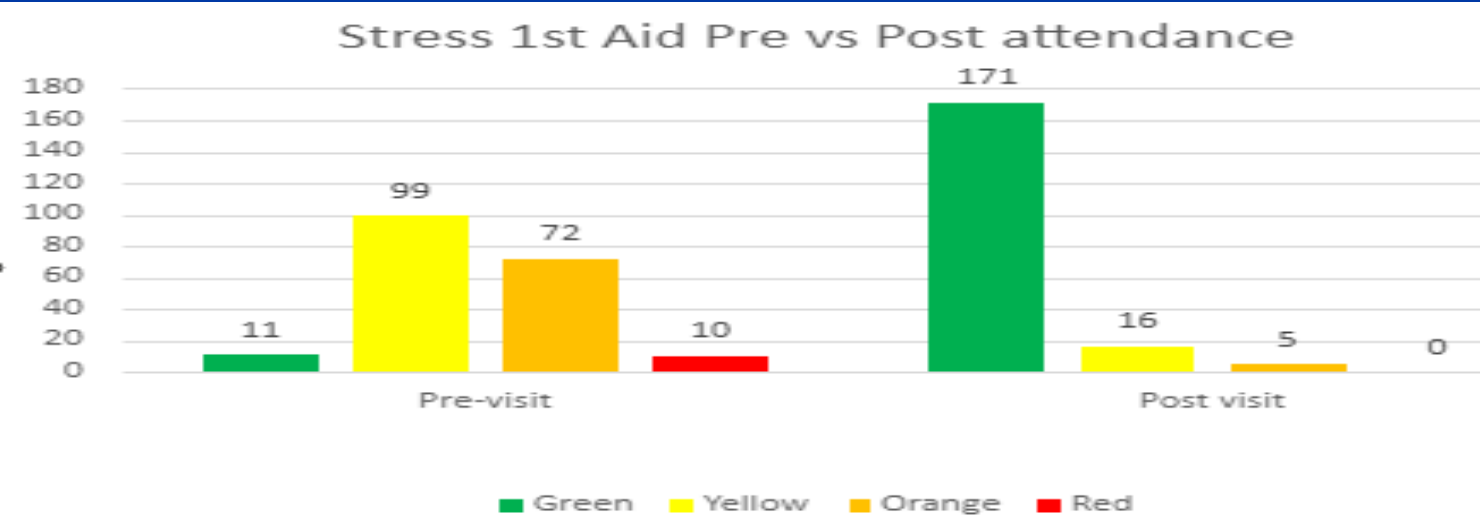
Goal Statement:

To provide staff consistent & accessible wellbeing programs that enhance resilience, mitigate burnout and foster self-care. Program will run 20 hr./wk. increasing time dependent on utilization. Additionally, serving as a location for Lavendar responses and staff recognition programs.

Actions/Interventions:

The **Sol Space Employee Wellbeing Center** opened on 10/02/2023.
Offering staff access to acupuncture, reiki, yoga & mindfulness practices.

Outcomes:



Project Team:

Project Lead: Marie O'Brien DNP, ANP-C

Executive Sponsor: Tara Matz, CNO

Process Owner: Integrative Care & Pain Management Program team

Start date: 10/02/2023
Finish date: Ongoing

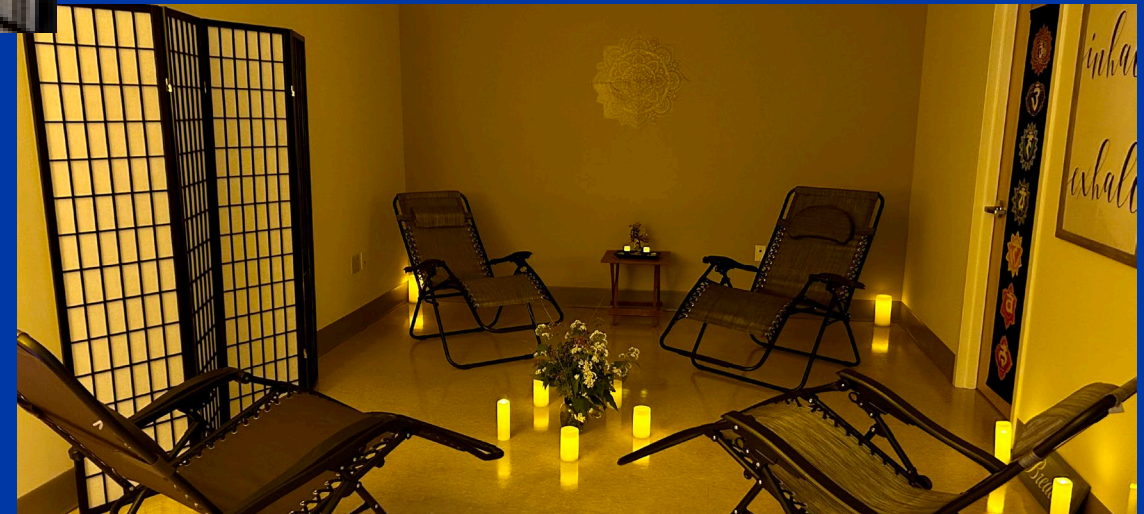
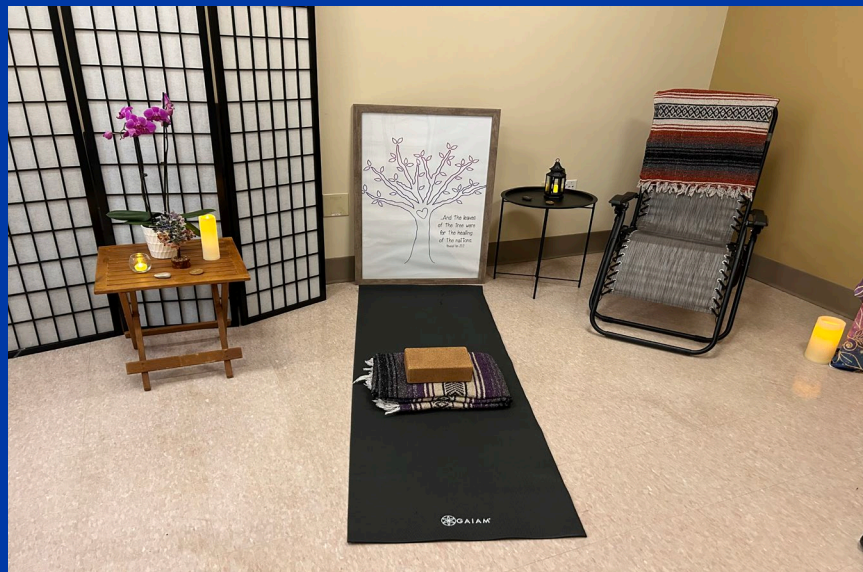
Project Focus

Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient Experience
Employee Engagement
Innovation & Growth

Project Framework

Departmental Goal
Just Do It
IPECC
Plan Do Study Act
DMAIC

Raising Staff Wellbeing



Employee Satisfaction

3 North Herald improves employee satisfaction by:

- Employee Recognition
- Team Building
- Enhanced Communication

Wednesday
November 1,
2023

3 NORTH HERALD

Volume 10

Satisfaction Turkey of the Month



Congratulations Rachel Zakra!

Patient quote: "My nurse Rachel is very attentive and kind. I am very impressed with her kindness and how I was being cared for on this floor"

Congratulations Lisa Ramsamoaji!

Patient quote: "The absolute professionalism and sense of urgency by the staff was amazing. Lisa was great."

3North at the Magnet Conference.



The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovation in professional nursing practice. During the week of October 12th-14th, our lovely manager, Nicole Armandola, and our 3 North and Magnet Coordinator, Ramesa Lastra, were representing 3 North and Magnet at the 2023 ANCC National Magnet Conference and Platform to Excellence Conference in Chicago, Illinois. They were there to hear from inspirational guest speakers and experience educational sessions, as well as meeting other nurses from Magnet hospitals. Ms. Ramesa Lastra stated "it was a spectacular time and I had a blast." Mrs. Armandola and Ms. Lastra were two of the 15 employees from Mather Hospital has celebrated their third Magnet dedication to excellence! Thank you Nicole and Ramesa for your honorable representation!



Photo of Mather's Magnet Team 2023

November Birthday's

Kristen Lauro
Shannon Thury
Keisha Dalton
Karina Fuentes
Mairead Riley
Christine McCoy

Monthly Reminders- Birth Month= Happy Birthday! Please complete your TB Questionnaire on your Employee Health Form.

December BLS/ ACLS

- T, 5 BLS Complete 8a-12p
- T, 5 BLS Renewal 3:30p-6:30p
- F, 8 ACLS Test out Sessions
- T, 19 BLS Renewal 6p-9p
- W, 27 PALS Test Out Sessions 8:30a-12p
- F, 29 BLS Renewal 8:30a-11:30a

Page 1

Project: Increasing Patient Census for the Infusion Center

Department/Unit: Infusion Center

Background:

Mather Hospital's Infusion Center has been serving the Port Jefferson Communities for nearly 40 years. In 2010, the Infusion center moved from within the hospital to the first floor of the Frey Family Foundation Medical Arts Building, conveniently attached to the hospital.

The Infusion Center is responsible for treating all different types of patients with different diagnosis. the most common treatments that the Infusion Center provides are blood transfusions and immunotherapies.

Goal Statement:

Our goal in 2023 was to increase total number of total patient visits to Mather Hospital's Infusion Center by 3%.

Actions/Interventions:

- Partnered with Public Affairs to increase advertising in the community
 - Hosted Office Manager luncheons for local physician practices
 - Created new advertising collateral such as Infusion Center brochures and pamphlets
 - Increased internal awareness among team members through Hospital Check-ins
- Participated in Mather Hospital's First Annual Health and Wellness Fair.

Outcomes:

2023 Patient visits:

1st Quarter : 1,077 Patients
2nd Quarter: 1,043 Patients
3rd Quarter: 1,128 patients

- Over the first 3 quarters of 2023, the Infusion Center treated **3,248** patients, compared to **3,068** patients in 2022.
- This is approximately a **6% increase in patient visits** compared to the previous year.
- In the third quarter of 2023 the Infusion Center recorded the highest amount of patient visits this year (1,128 total visits).
- **Total: 3,248 patient**

2023
Ongoing

Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient Experience
Employee Engagement
Innovation & Growth

Departmental Goal
Just Do It
IPECC
Plan Do Study Act
DMAIC

Robotic Surgery

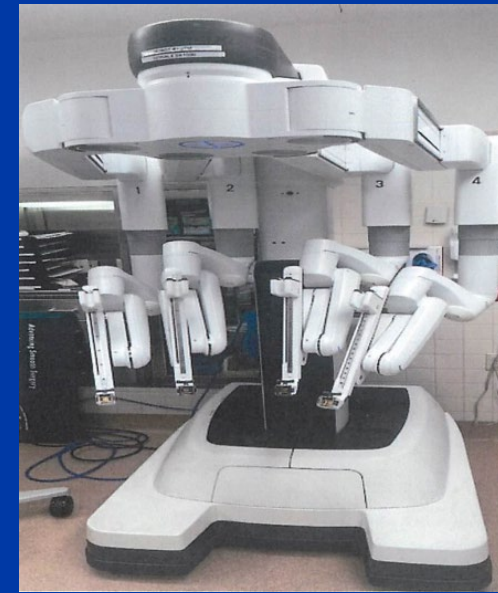
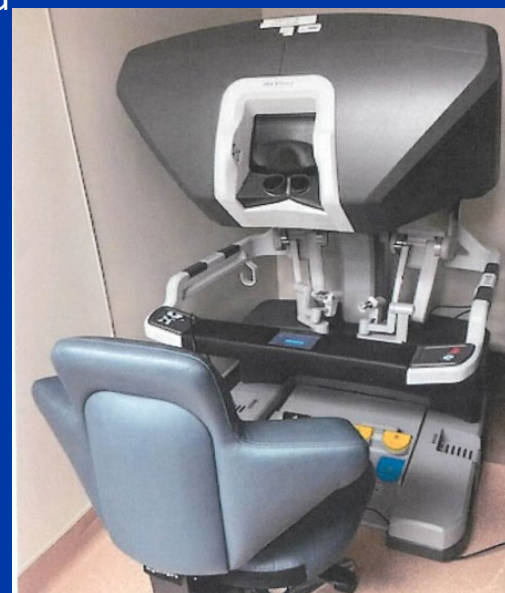
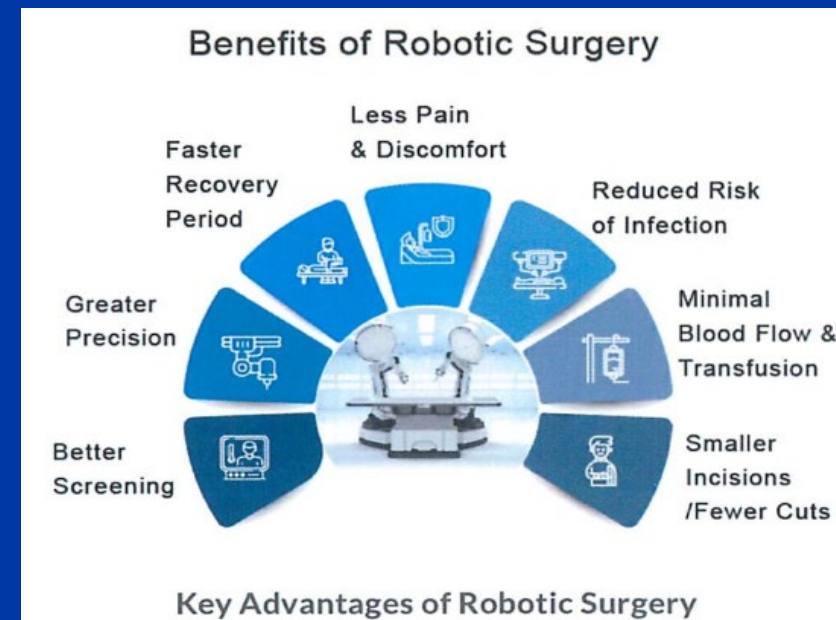
Mather Hospital was the first Robotic Center of Excellence in New York State (2016)

- First introduced at Mather in January 2011, using the Davinci SI model
 - Upgraded to XI model in 2017
- 2nd Robot added January 2018
- 3rd Robot added July 2021
- 4th Robot added June 2023, adding expanded capacity for specialty procedures in 4 rooms.
- A 5th robot was received in October 2023, and we are working toward fitting a 5th OR room for further program expansion

Year	2011	2018	2023
# of cases	115	482	1514

Available specialties and volume share (since 2011):

- General (38%)
- Urology (4%)
- GYN (11%)
- Bariatric (45%)
- Thoracic (1%)



Mather Hospital Workplace Violence Committee

Scope: An interprofessional work group assembled in September 2022, comprised of Nursing Leadership, Security Services, Workforce Safety, Physicians, Behavioral Health, Food and Nutrition Services, Environmental Services, and any other team members with an interest in improving the safety of the care environment.

Goals:

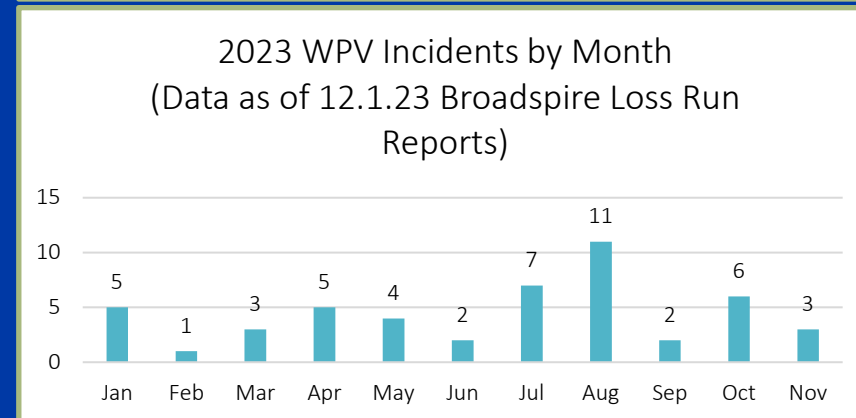
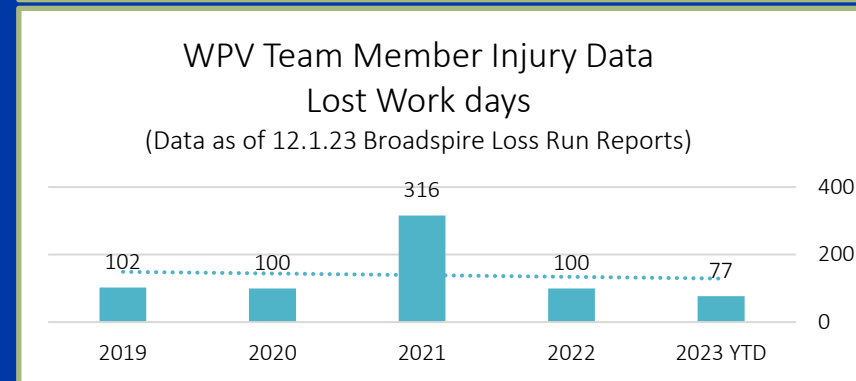
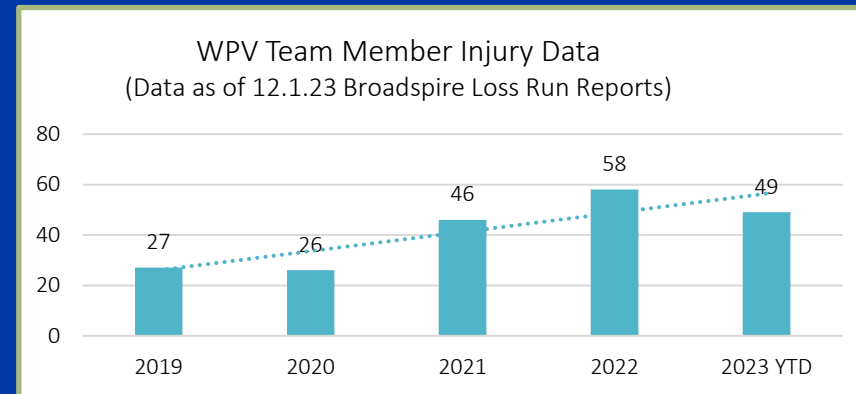
1. Increase awareness of patients with history of violence
2. Increase reporting of WPV incidents
3. Decrease severity of injuries to team members
4. Decrease lost workdays and cost incurred

Interventions:

1. **May 2023:** CMT replaces CPI, offered to all front-line clinical team members
2. **June 2023:** “Safety Check”
Green check mark outside patient door with history or potential risk of violence



Outcomes:



Post-operative Ambulation on Day 0 for Total Knee and Total Hip Arthroplasty Patients



Mather Hospital
Northwell Health*

Project Team: Kim Matz RN, MSN - 3 South Nurse Manager; Kerri Hamilton, PT, DPT, NCS – Senior Manager Rehabilitation Services

Leanne Doherty RN, BSN; Walter Heitz RN, BSN; Daniel Epstein PT, MSPT; Haley Davis PTA



Importance

Early ambulation on achieving Post Operative Day 0 (POD0) plays a pivotal role in improving health outcomes and reducing rates of venous thromboembolism (VTE).

This standard of care for the Total Joint Arthroplasty (TJA) population increases the quality of patient care and satisfaction and contributes to decrease in overall length of stay.

In 2022, 92.02% of the TJA patients were achieving POD0 ambulation, therefore early ambulation became a major focus for the orthopedic team to improve patient outcomes.

Goal

To ensure that each patient undergoing TJA surgery complete ambulation on POD 0. In 2023, the goal is to achieve between 95%-100%.

Method

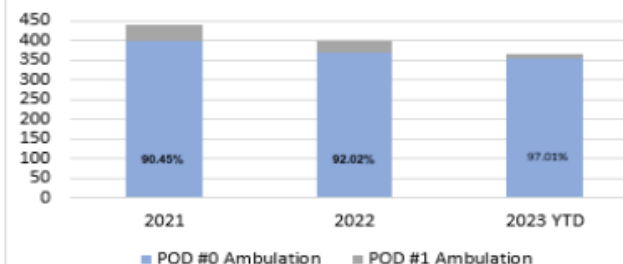
- The Rehabilitation Department previously adjusted staff hours to accommodate for later cases

2023:

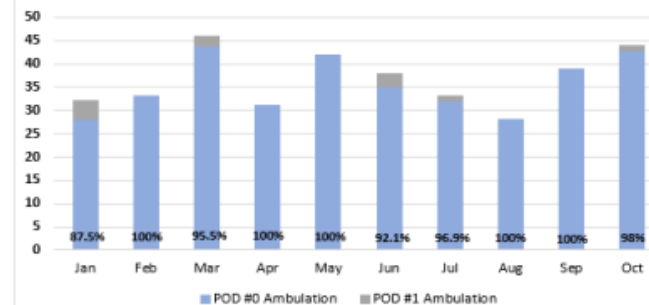
- Implementation of interdisciplinary handoff from Rehab to Nursing team
- Included patient, surgery, findings of initial rehab evaluation/concerns
- Nursing team completes neurovascular checks/sensation and will complete POD0 ambulation when deemed safe
- Nurse documents ambulation distance and use of Assistive Device

Results

Post Operative Ambulation By Year



2023 Post Operative Ambulation By Month



Conclusion

Collective efforts have yielded a 97.01% YTD average which is fully achieving our goal of 95% for the year. Continuous efforts will be made to strive towards constant improvements in the following years.

Project: Decrease PACU LOS for TKA and THA to Mather set goal of <= 120 minutes.

Department/Unit: PACU & 3 South

Problem Statement: The average PACU LOS for Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) for Mather from January through October 2023 is 160 – 200 minutes, exceeding Mather's goal of <= 120 minutes.

Goal Statement: To decrease the PACU LOS for TKA and THA for Mather to meet a goal of <= 120 minutes.

Actions/Interventions:

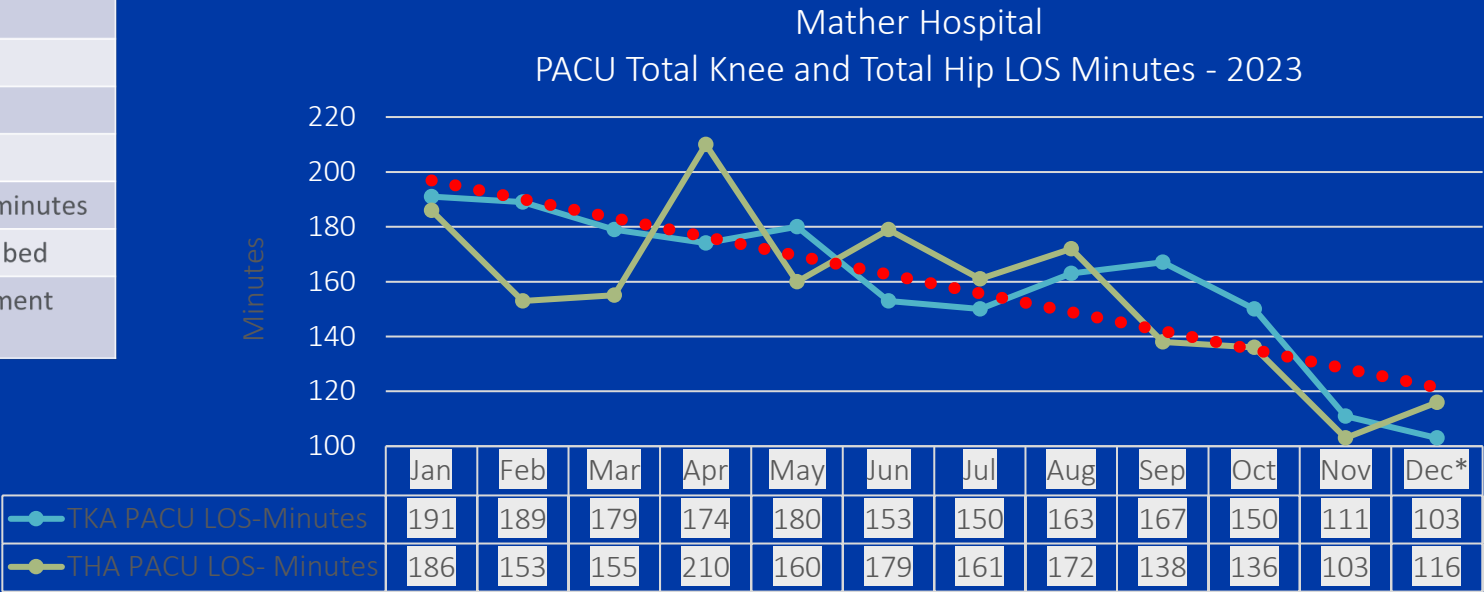
- Monthly meetings discussed/identified potential obstacles impacting LOS including PACU discharge criteria, type of anesthesia, bed availability, physical therapy.
- Established best practices through collaboration with PBMC, SSUH, Huntington Hospital, and Syosset Hospital
- The following changes were implemented in November 2023:

Former	Updated
Aldrete ≥ 8	Aldrete ≥ 8
Return of sensation to buttocks	Return of sensation to knee
Leg lift and dorsi/planar flexion	Dorsiflexion only
Long-acting spinal anesthetic	Short-acting spinal anesthetic
	PACU places RTM in teletracking within 120 minutes
	Bed coordinator notified of need for 3 South bed
	3 South staff educated on new neuro assessment findings

- Earlier participation in Physical Therapy sooner
- Average PACU TKA/THA LOS for November = 107 minutes

Project Team:

Rosa Nania, BSN, RN, Patient Care Manager - PACU
Derrick George, MD, MBA, Chairperson, Anesthesia
Michael Fracchia, MD, Chief Orthopedist
Brian McGinley, MD, Orthopedic Surgeon
Kerri Hamilton, DPT, NCS, Senior Manager, Rehabilitation Services
Kimberly Matz, MSN, RN, Patient Care Manager, 3 South



Project: Improve Safety for the Suicidal Patient and Mitigating Risks on a Medical Unit

Department/Unit: 2 East

Problem Statement:

Patients with suicidal ideations may require medical treatment prior to admission to an inpatient psychiatric unit. These patients will be admitted to a medical unit and potentially may be exposed to many ligature risks. There was a precipitating event where a patient tried to harm themselves which led to the development of safety rooms.

Goal Statement:

To have 100% of the suicidal patients receive medical treatment without self-inflicting harm.

Actions/Interventions:

- Created designated a medical unit for suicidal 1:1 admission
- Created 3 designated safety rooms on the unit minimizing potential ligature risk
- Collaboration with interdisciplinary teams
- RNs and CNAs received specialized CMT (Crisis Management Training).
- Safety room checklist created
- RN to RN handoff

Outcome: Since implementation, 26 individuals under one-to-one observation for suicidal ideation have utilized these rooms, with zero incidences of self-harm across Mather Hospital's inpatient units.

Project Team: Denise Bonneville, RN; Jeanne Brennan, RN; Dana Cardiello, RN; Elyse Erato, RN; Kirsten Konsevitch, RN; Andrew Magnano, RN; Christine Viterella, RN

Start date: June 30, 2023

Finish date: Ongoing

Project Focus
Safety
Quality

Project Framework
Plan Do Study Act

Project: Crisis Resource Management Rapid Response Simulation

Department/Unit: Nursing Professional Development

Scope: CLI team, Mather New Graduate RNs, Resident Physicians, ACPs, Respiratory Therapists

Simulation scenarios examples:

- Stroke
- Respiratory emergencies
- Code STEMI
- Code Sepsis
- BLS, ACLS
- Debriefing

Goals:

- Improve team communication and interprofessional collaboration
- Increase compliance with evidence-based practice
- Decrease errors during resuscitation efforts
- Improve patient quality outcomes

Outcomes:

- Expectation of roles during rapid response
- Improved patient assessment & development of differential diagnosis'
- Familiarity of Zoll monitor & code cart
- Team comradery & communication



Faculty:

Marina Grennen, MSN, RN, CEN, NPD-BC

Irene Cassata, MSN, RN, CPAN, CCRN, NPD-BC

Project: Reduction of Self Injurious Incidents

Department/Unit: Adolescent Psychiatry/2 North

A review of incidents of self harm by our adolescent population(38 in total for 2019) indicated a need to improve our methods of identifying patients at risk and to intervene proactively to offer and practice alternative coping strategies.

Goal Statement:

Reduce incidents of self injurious behavior by 50% by identifying at risk patients and implementing early intervention strategies.

Actions/Interventions:

- Utilize an evidence-based risk assessment tool for identifying at risk patients; **SOARS (Suicide, Onset, Aftercare, Reasons, Stage of Change)**.
- Approval was obtained for it’s usage by Dr. Nicholas Westers, Clinical Psychologist and Assistant Professor of Children’s Health at The Children’s Medical Center in Dallas, TX.
- In 2020, nursing staff implemented utilization of the SOARS tool, developing an age specific workbook and assisting patients individually.
- In 2023, the post discharge 72 Hour Call Back was updated to include the question, “Did your child engage in self injury post discharge?”

Outcomes:

- Since use of the SOARS tool began, noted was a substantial decrease in the number of I North incidents(see graph) Additionally, zero incidents of self injury were reported to staff during post discharge 72 Hour Call Backs.
- Adult Psychiatric clinical staff have identified that self injurious behavior can continue into adulthood. According to Melanie Bigger , Mental Health Review Journal 2021. “It doesn’t stop when you get to 18. Experiences of self harm in adults: the cycle continues.”
- A literature review was initiated with the assistance of Stacey Posillicco, Northwell’s System Librarian.

Next Steps:

- Bring to Unit Council to develop a process with the 2W psychiatric nurses .
- Since the “SOARS Tool” is adolescent specific, continue to search for a tool applicable for an adult population.

Project Team: Christine Viterella MS RN PMH-BC,
Julie Vetere, BSN RN, Shajimol Shaji, MSN RN-BC, Robert S. Benney, NPP RN

Start date: 5/1/2020

Finish date: Ongoing

Project Focus

- Financial
- Operational
- Regulatory
- Throughput
- Safety
- Quality
- Patient Experience
- Employee Engagement
- Innovation & Growth

Project Framework

- Departmental Goal
- Just Do It
- IPECC
- Plan Do Study Act
- DMAIC



Project: Change Dilaudid (Hydromorphone) administration to single dose vial

Department/Unit: PACU

Problem Statement: PACU nurses are diluting 1mg and 2mg vials of Hydromorphone (Dilaudid) with 10cc NS to make a concentration of 0.1mg/ml or 0.2mg/ml to accommodate ordered dose, retaining it for multiple uses during a single patient visit, scanned only once and wasting once patient is discharged from PACU.

Goal:

- Improve compliance with Knowledge Base Medication Administration (KBMA) barcode scanning and controlled substance administration within the PACU.
- Timely waste of a partial dose of a controlled substance within the PACU.
- Decrease amount of wasted Dilaudid within the PACU.

Actions/Interventions:

- PACU Pyxis stock of Dilaudid changed from 1mg/ml and 2mg/ml to 0.2mg/ml and 0.5mg/ml syringes
- In July 2023, a second Pyxis was installed in PACU to accommodate larger quantities of medications
- On August 9, 2023 Anesthesia PACU Post-op order set changed to minimize waste

Outcomes:

- Dilaudid is no longer reconstituted by the PACU RN to create a specific concentration.
- Timely Administration: The correct dose of Dilaudid to be administer is removed from the Pyxis
- Ensuring Patient Safety: Each dose of Dilaudid is scanned prior to administration.
- Amount of Dilaudid waste drastically reduced
- Timely Waste: Delay in time from dispense-to-waste eliminated.

Improvement Team:

Rosa Nania BSN RN, Nurse Manager PACU

Olga Larios RPh MS BS, Director of Pharmacy

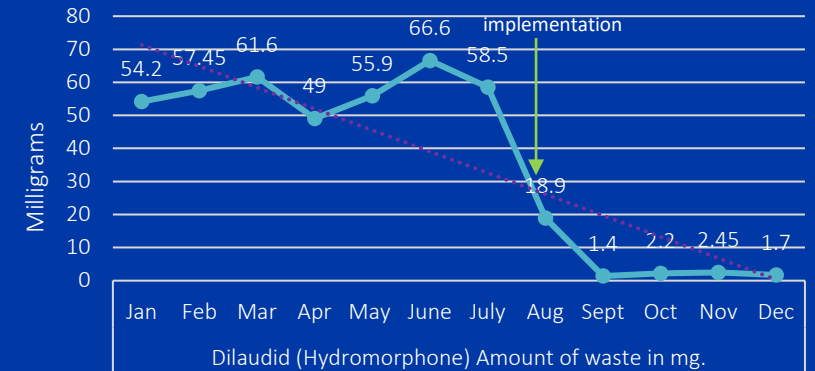
Anas Sawas MD MPH MS, CMIO

Derrick George MD MBA, Chief of Anesthesia

Faustina Stoebe MS RN NPS-BC, Nursing Professional Development

Phillip Messina, MSN, RN, Deputy Chief Nursing Officer

2023 Dilaudid (Hydromorphone) waste

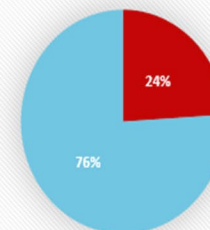


Pre-implementation (January-July 2023)

- Amount Dispensed = 1724.5mg
- Amount Wasted = 419.95mg

24% waste

Dilaudid (Hydromorphone)
Dispense/Waste % Jan-July 2023

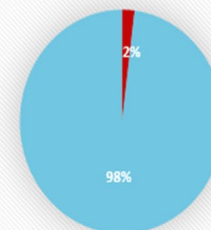


Post-implementation (August-Present 2023)

- Amount Dispensed = 642.4mg
- Amount Wasted = 10.95mg

2% waste

Dilaudid (Hydromorphone)
Dispense/Waste % Aug-Dec 2023



Implementing the SOZO Lymphedema Screening Program at the Fortunato Breast Health Center

Lymphedema is a potential side effect of Breast Cancer surgery, radiation therapy, and sometimes chemotherapy

Can appear months or even years after treatment ends

Early detection/diagnosis/referral are key for lymphedema management

92% of patients with early detection did not progress to chronic lymphedema.

SOZO uses Bioimpedance spectroscopy (BIS) that instantly and accurately evaluates extracellular fluid levels which can rapidly detect early signs of breast cancer related lymphedema.

Truly *Innovative*

We never settle and our gaze is always set on a better tomorrow.



October 10, 2022
introduced to the
technology

November 29, 2022:
Dr Martone came to
FBC to demo

New Unit approved
and delivered
February 1, 2023

Staff trained March
31, 2023

April 4-6, 2023
Workflow discussed
with Dr Martone
and OncoNav
template in place

First patient
measurement April
4, 2023

To Date: 40 patients
at risk for
lymphedema have
been measured

OUTPATIENT CARDIAC REHABILITATION



Providing care after a major cardiac event

Mather Hospital's Cardiac Rehabilitation is a 12-week supervised program including exercise training, educational classes on heart health and nutrition counseling.

Conditions Treated

- Recent myocardial infarction (heart attack)
- Percutaneous Coronary Intervention (Stent)
- Coronary Artery Bypass Grafting (CABG)
- Chronic Stable Angina
- Heart failure (Systolic)
- Cardiac transplantation
- Valvular heart surgery

Learn more at

matherhospital.org/cardiarehab
or call (631) 775-2456



- Launched in November 2023
- Currently seeing 33 patients per week
- Aggressive plan for expansion of services

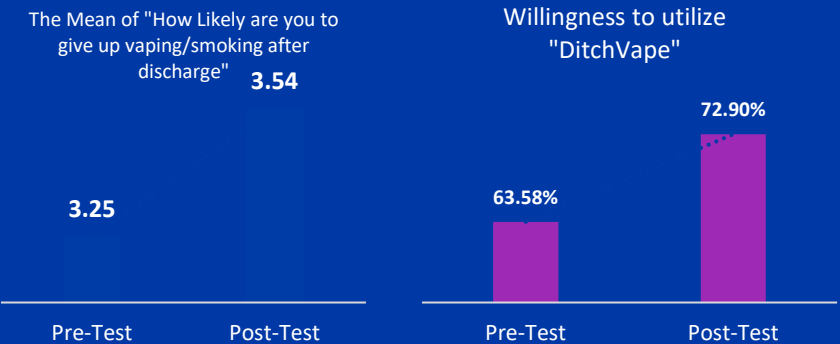
Project: Positive Impact of an Educational Program on Smoking/Vaping Cessation Among Adolescents on a Psychiatric Unit

Department/Unit: 2 North

- Problem Statement:** In 2022, over 50% of adolescent patients on an inpatient psychiatric unit reported having used smoking/vaping products
- Goal Statement:** To create awareness among the adolescents on 2 north about the risk factors for smoking/vaping through educational groups
- Actions/Interventions:**
- Formalized an interdisciplinary sub-committee for the Adolescent/Vaping initiative beginning 7/2022.
 - Literature review
 - Smoking Cessation/Vaping Treatment Planning related to barriers to quitting utilizing the Stages of Change theoretical framework.
 - Developed therapeutic activity plans for interdisciplinary educational groups:
 - Leisure Education Jeopardy: Recreation Therapy**
 - Media product: video with discussion points and questions -Mental Health Tech**
 - Group Therapy/CBT worksheet: Behavioral Health Social Work**
 - Individual Activity Packet for patients to work on independently: Nursing**
 - Pre-Quiz Survey and Post-Quiz survey questions developed.
 - Implementation of weekly educational groups lead by a different discipline each week.
 - Pre-quiz surveys given to patients prior to each group
 - Post-quiz surveys given to patients following each group.

Outcome:

171 adolescents volunteered to participate in the Educational Program. 40% of participants responded to the questions indicating that they have utilized nicotine. Using a Likert scale of 1-5, the mean score on “How likely are you to reach out for assistance and/or support to quit post-discharge” increased positively 5.8% (2.82 to 3.11). For “When it comes to smoking how likely are you to give up/quit vaping after you are discharged” positively increased 5.8% (3.25 to 3.54). Participants had an increase of 9.3% (63.58% to 72.90%) of willingness to utilize the resource “ditchvape” after discharge. Overall, knowledge of vaping and willingness to quit has improved from pre to post survey



Project Team: Jill Snelders Sr. Manager Recreation Therapy, Bridget Moley RN, Briana Adao Recreation Therapist, Melissa Siegel BH Social Worker, Dorothy Noel BH Assistant, Denise Driscoll AVP Behavioral Health, Robert Benney Director Behavioral Health, Shajimol Shaji Manager Patient Care , Cassandra Willie Statistician

Start date: July 2022
Finish date: Ongoing

- Project Focus**
- Financial
 - Operational
 - Regulatory
 - Throughput
 - Safety
 - Quality
 - Patient Experience
 - Employee Engagement
 - Innovation & Growth

- Project Framework**
- Departmental Goal
 - Just Do It
 - IPECC
 - Plan Do Study Act
 - DMAIC

Introduction

In March 2022, the Chief Nursing Officer (CNO) met with the Director of Nursing Education and the Nurse Recruiter to identify innovative methodologies and generate ideas to improve retention in the workforce and decrease the number of vacancies. This discussion then created an idea to develop our own Nurse Aid (NA) Training Program to 'grow our own' through a hospital-based NA school.

The relationship between the Registered Nurse (RN) and Certified Nursing Assistant (CNA) is an important component of teamwork and building and maintaining a culture of patient safety (Campbell et al., 2021). Therefore, the recruitment and retention of CNAs requires an innovative strategy which creates an ongoing pipeline of candidates entering the workforce.

Investigation of different programs led to the identification of the requirements needed in developing the infrastructure of the program. In order to run this program with current staffing, the program is maintained and led by the Clinical Professional Development team utilizing the Transitional Care Unit as the clinical skills unit.

Mather Hospital applied for the Nurse Aid Training Program in July 2022, and the program was formally approved by the New York State Department of Health in August 2022.

Problem

Local market competition and difficulty to recruit to retain CNAs created an impact on patient care delivery and resulted in an increased RN workload. The vacancy rate in October 2022 was 37.4% prior to the initiation of the first cohort which started in November of 2022.

Mather Hospital needed to meet the needs of the diverse population to not only grow the number of CNAs, but also seek underserved community members to pursue health care related fields. Mather Hospital would use this program as a pipeline for the candidates to begin a health-care career opportunities and utilize tuition reimbursement.

High nurse turnover results in an increase workload for nurses. This increased workload has caused a decrease in job satisfaction and an increase in perceived stress levels, which has impacted patient outcomes. Bautista et al., (2020) states that nursing workload is the most frequent cited reason for stress and that increased workload negatively impacted job satisfaction and perceived quality of care.

Purpose

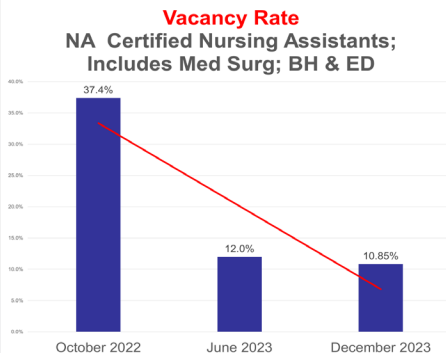
There is a lack of literature supporting implementation of programs of this kind. Mather Hospital executive leadership has committed financially to sponsoring the trainee's program tuition, compensating them throughout their training, and guaranteeing them fulltime employment upon successfully becoming a CNA.

Facility-based training is beneficial to both the CNA and the facility. CNAs are familiar with the environment in which they will work and build loyalty with less intent to leave. Tuition sponsorship draws more candidates into this profession (Mileski et al., 2016).

Background

Mather Hospital is a three-time Magnet designated organization and focuses on a healthy work environment in conjunction with Authentic Nurse Leadership. Patients and staff are crucial in achieving and maintaining Magnet designation and excellent outcomes.

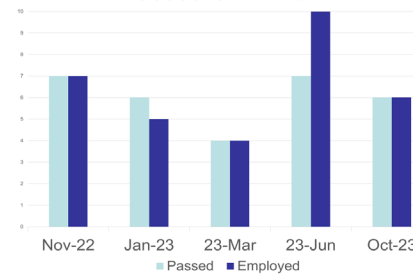
Upon notification of the approval of the Nurse Aid Training Program, Mather Hospital began to advertise the program with Public Affairs on social media networks. This generated an immediate response of over 200 interested candidates who were screened by the Nurse Recruiter, the Director of Clinical Professional Development, and the Director of Medical Surgical Services.



Results

- The first class was held November 2022 with Seven students. All the Prometric, CNA state testing exam.
- The second class was held January 2023 with seven (7) students, all passed the exam.
- The third class was held March 2023 with five (5) students, 4 employees remained employed, and all passed the exam.
- A larger class of 15 students was held June 2023. Ten (10) students remain employed, three are still pending test dates.
- October 2023 six (6) students were in the program, and all successfully passed their exam.
- We have successfully reached an overall 91% pass rate with our students to date. The goal is a 100% pass rate.

NAs Hired and Successfully Passed CNA Exam



Lessons Learned

- Interview and offer the position early. It takes time to onboard and clear these candidates.
- Immediately with Cohort 1, we provided more lab hours than the application required, to promote muscle memory for the students to ensure success of the state exam.
- Increased the opportunity in the class for written tests to help the students feel comfortable with written test taking.
- Identify early an employee availability for shifts and FT or PT status.
- In the first four cohorts, we did not immediately provide a job offer to the unit and shift upon hire. The candidates started working with Clinical Professional Development and in the 3rd week candidates were informed of their unit. We changed the process in Cohort 5. Unit and shift are offered in Week 1.

Conclusions

Conclusion:

The program has had a 91% success rate in the NAs successfully passing their exam. Three of our current employees are scheduled to take the exam.

Success! The vacancy rate has been decreased to 12% in June 2023 and further decreased to 10.85% in December 2023.

- The hospital-trained certified nursing assistants continue to fill CNA vacancies.
- The RN nursing staff are working at the full scope of their license while spending more time with patients.
- The RNs dedicate more time to educate patients and families on disease expectations, medication, and side effects, and implement plans of care
- Continued collaboration with team members to ensure the best care is delivered.
- Adequate staffing is required to reduce errors and to improve quality of care and nurse outcomes (Cho et al., 2020). This in turn improves patient satisfaction.

Next steps:

- Continue to enroll students into the Nurse Aid Training Programs to meet the organizational needs.

References

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Contact

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Prolonged Intermittent Kidney Replacement Therapy

Laura O'Brien RN, MSN, CRN, NE-BC

Margaret Pendl RN, BSN, CCRN



Background

- Critically ill patients with acute kidney injury (AKI) often require renal replacement therapy such as standard intermittent hemodialysis, continuous renal replacement therapy (CRRT), progressive intermittent kidney replacement therapy (PIKRT).
- CRRT/PIKRT are indicated for patients who are hemodynamically unstable and unable to tolerate standard hemodialysis because they remove fluid slowly over a longer period.

Relevance

- Currently, we do not provide CRRT or PIKRT in critical care.
- PIKRT and CRRT, in terms of patient outcomes, such as length of stay, mortality, kidney function recovery, dialysis dependence and fluid removal rate are the same (Levine & Vijayan, 2022).
- When used in ICU, PIKRT will allow for cost-effective and flexible treatments for critically ill patients (Clark & Vijayan, 2023).

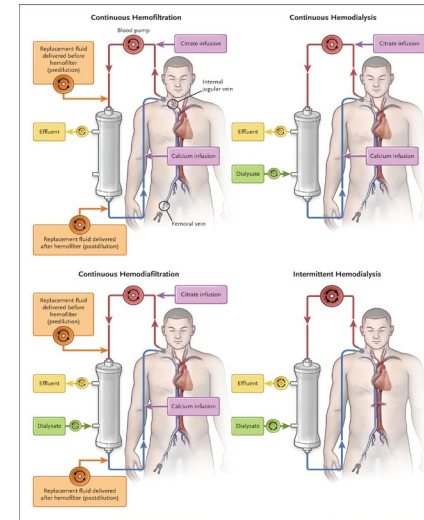
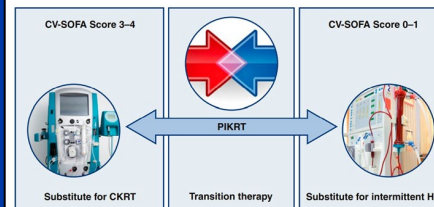


Intervention

- PIKRT can be provided using an intermittent hemodialysis machine
- Software will be added to 2 existing hemodialysis units
- The current hemodialysis staff are competent to perform PIKRT with minimal training
- PIKRT is an 8–10-hour treatment.
- With current hospital census and hemodialysis volume, we will not need to hire additional staff to perform PIKRT
- We will add a 2nd RN on call, as the 1st N is for hemodialysis. If patient needs to convert to PIKRT after failed HD, then 2nd RN on call will come in for relief given the length of PIKRT.
- PIKRT will be performed in critical care only.

Evaluation

- Track and trend outcome data of hemodynamically unstable critical care patients who receive PIKRT.

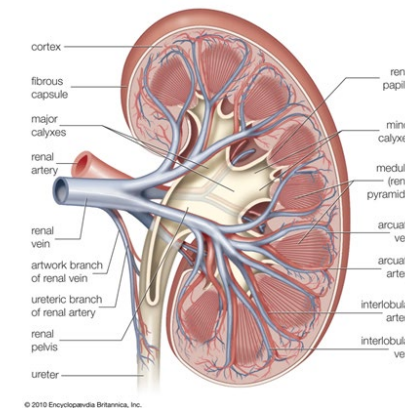


Project Members

Name	Role
Laura O'Brien RN, MSN, CRN, NE-BC	Director of Critical Care/Hemodialysis/Radiology
Margaret Pendl RN, BSN, CCRN	Manager of Critical Care and Hemodialysis
Nand Wadhwa MD	Medical Director of Hemodialysis Physician Champion
Irene Cassata RN, MSN, CPAN, CCRN-K	Nursing Professional Development
Kathleen Adams RN	Hemodialysis Nurse Champion

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NEW EMERGENCY DEPARTMENT



- Groundbreaking was May 2023
- Double the current square footage
- Additional Mental Health beds
- Expected opening: 2nd quarter 2025

Statewide Transformation Program Grant II



Mather Hospital was awarded a 6.75 Million Dollar Grant to purchase capital assets for mental health services.



The grant intent and purpose is to strengthen and protect the continued access to essential mental health care services in the community.



Mather Hospital successfully purchased 100 Highlands Blvd building to sustain and expand services to this vulnerable population.



Grant deliverables will include the development of a Rapid Access Center and expansion of existing Mental Health services.

Awards and Recognition



America's 250 Best Hospitals Award™ (2023)

Top 5% in the nation for consistently delivering clinical quality



Outstanding Patient Experience Award™ (2023, 2022, 2021)

Top in the nation for overall patient experience based on nine measures related to doctor and nurse communication, hospital cleanliness and noise levels, and medication and post-discharge care instructions



Bariatric Surgery Excellence Award™ (2024, 2023, 2022)

Superior clinical outcomes in bariatric (weight loss) surgery



Pulmonary Care Excellence Award™ (2024, 2023, 2022)

Superior clinical outcomes in treating chronic obstructive pulmonary disease (COPD) and pneumonia



America's 100 Best Hospitals for Gastrointestinal Surgery Award™ (2023)

Superior clinical outcomes in bowel obstruction treatment, colorectal surgeries, gallbladder removal, and upper gastrointestinal surgery



Critical Care Excellence Award™ (2023)

Superior clinical outcomes in treating pulmonary embolism, respiratory system failure, sepsis, and diabetic emergencies



Gastrointestinal Care Excellence Award™ (2023)

Superior clinical outcomes in colorectal surgeries, gallbladder removal, upper gastrointestinal surgery, and treating bowel obstruction, gastrointestinal bleeds, and pancreatitis





American Heart Association.
Mission:Lifeline®
Receiving Hospital

2023 QUALITY ACHIEVEMENT AWARD

The American Heart Association proudly recognizes

Mather Hospital Northwell Health
Port Jefferson, NY

Mission: Lifeline® - STEMI Receiving Center - BRONZE

Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success in using the **Mission Lifeline®** program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Michelle A. Albert, MD, MPH, FACC, FAHA
President
American Heart Association

*For more information, please visit [Heart.org/MLQualityAwards](https://heart.org/MLQualityAwards).



American
Heart
Association.

2023
Mission:
Lifeline®

BRONZE

STEMI RECEIVING

13th Annual Quality Showcase

	Department/Responsible Parties	Title of Project
1	Nursing Professional Development Kaylyn Finnerty MSN, RN, CCRN, NPD-BC, Marsha Deckman MSN, RN, NE-BC, Tara Levesque MSN, RN, Kerri Hamilton PT, DPT, NCS, Meghan Strebel BSN, RN, PCCN, Erin Dicandia, DPT, CEASI	A Reduction of Employee Injuries Related to Patient Falls: Implementation of Code Fall Algorithm, Code Fall Cart, and Code Fall Debriefing Form
2	2 East Dana Cardiello, Elyse Erato, Denise Bonneville, Kirsten Konsevitch, and Andrew Magnano	Autonomy
3	Critical Care Laura O’Brien MSN, RN, CRN, NE-BC, Margaret Pendl BSN, RN, CCRN	CLABSI Reduction in Critical Care
4	Speech Language Pathology Dina Sposito	Completion of the 2022 Dysphagia Screen for Inpatients with Stroke Diagnosis
5	Nursing Professional Development Elizabeth Giordano, MA, RN, CCRN-K, CDCES Clinical Professional Development Educator Diabetes Education and Marie Rancy, MSN, RN, CDCES, WOCN	Diabetes and Mental Illness: Key Points for Providing Excellent Care
6	3 East Tracy Kuhn, MSN, BSN, PCCN, Jessica Koch, RN, BSN, Kaitlyn Weckerle, RN, BSN, Tiffany Sperrazza, BSN, RN PCCN, Lorretta Hill-Civil, MSN, RN, PCCN, Hatty Baldwin, AAS, RN, Bernadette Mileto, BSN, RN, Celeste Cabrera, BSN, RN	Effective Nurse Communication and Purposeful Hourly Rounds: Reduce Inpatient Falls
7	Behavioral Health Shaji Shajimol	Fall Prevention (2W) Interdisciplinary Problem Solving Initiative
8	3 North Nicole Amendola, MSN, RN, PCCN-K, Annamaria Buzzetta, BSN, RN, Kristen Lauro, BSN, RN, PCCN, Jonathan Soriano, BSN, RN, Betsy Van Bourgondien, BSN, RN	Fall Risk Ambulation Guide
9	Nursing Professional Development Marsha Deckman, MSN, RN, NE-BC, Jeanne Brennan, MSN, RN-BC, CNL	Hospital Based Certified Nurse Aid Training Program Improves Healthcare Staffing Crisis
10	Nursing Judith Moran-Peters DNSc, RN, NE-BC, Denise Driscoll RN-C, CARN, PMHCS-BC, NPP, Marie O’Brien DNP, ANP-C, PMGT-BC, CCRN, Lilly, Mathew, PhD, RN, NPD-BC, Rose Cummings MSN, RN, CPAN, Sarah Eckardt MS, BA & Cassandra Willie MPH, BA, CHES	Impact of an Educational Program on Nurses’ Knowledge, Stigmatic Perceptions and Adaptive Coping Skills Toward Patients with Opioid Use Disorder (OUD)
11	Pharmacy & 3 East Maricelle O. Monteagudo-Chu, PharmD, BCIDP, BCPS, Tracy Kuhn, MSN, RN, PCCN; Nilupar Rahman PharmD, Justin Stroker, MSN, RN, Syed Hassan, MD	Impact of multidisciplinary-based interventions for the improvement of medication education patient experience in 3E unit – a pilot study
12	Chemical Dependency Clinic Alice Miller, LCSW-R	Improving Patient Engagement within the Clinical Dependency Clinic

	Department/Responsible Parties	Title of Project
13	Infection Prevention Julius Ade DrPH, MPH, CIC, Christine Amoroso MSN, RN, Nancy Clavin MSN, RN, OCN, Kelly Coleman MS, RN, CNOR, and Jacqueline Luerssen BSN, RN	Improving Compliance, Care, and Maintenance of Glucometers
14	Integrative Pain Management Integrative Care and Pain Management Program Team	Integrative and Holistic Programming at Mather
15	Infusion Center	Know Before You Go
16	Nursing Quality Tara Levesque	NADA Protocol
17	Occupational Therapy Christine Piazza-Darrohn	Patient Satisfaction with OT Services on the TCU
18	Behavioral Health	Positive Impact of an Educational Program on Smoking/Vaping Cessation Among Adolescents on a Psychiatric Unit
19	Physical Therapy Kerri Hamilton	Post-operative Ambulation on Day 0 for Total Knee and Total Hip Replacement
20	Mental Health Clinic Kerry Caldrony & Cassandra Willie	Prevention of Early Discharges
21	Critical Care Laura O’Brien, RN, MSN, CRN, NE-BC & Margaret Pendl RN, BSN, CCRN	Prolonged Intermittent Kidney Replacement Therapy
22	Cardiac Cath Lab Nicole Hoefler, MSN, BSN, RN, CV-BC, Kyla Powers, BSN, RN, CV-BC, Nicole Goldkranz, BSN, RN, CV-BC, Richard Hernandez, BSN, RN, CCRN, Donna Apinis, CVT	Right Heart Catheterization Approach; Brachial vs. Artery
23	Partial Hospital Program Sue Morin NPP, Denise Driscoll, & All Clinical Team Members at Partial Hospital	To Train Staff and Incorporate Trauma Informed Groups and Monitor the Effectiveness of these Services
24	Vascular Access Genine Schwinge, RN, ANP-BC, ACNP, PNP, VA-BC; Renee Castelli, RN, MSN, VA-BC, CRNI; Chrystina Charity, RN, BSN; Cassandra Willie, MPH, CHES; Tara Levesque, MSN	Use of a Long Peripheral IV Catheter to Reduce the Number of Intravenous Starts
25	Nursing Professional Development Julia Vetere, BSN, RN; Christine Viterella MSN, RN; Shajimol Shaji, MSN, RN-BC; Robert S. Benney NPP, RN	Using the Suicide Onset Aftercare Reasons “SOARS” Tool to Reduce Self-Harm Among the Inpatient Adolescent Population.
26	Wound Treatment Center Andrea Wohlenberg MS RN CWOCN	Venous Leg Ulcers and Compression: Efficacy of Multi-Layer Compression Wraps
27	Bariatric & Robotic Center Dr. Arif Ahmad M.D, F.A.C.S, F.R.C.S Anna Marie Braslow, RN EMBA Janet Domke, RN, BSN Nicole Drepaniotis, MS, RDN, CDN	Venous Thromboembolism Prevention After Bariatric Surgery



Presentations to Mather Advisory Board for 2023



Most Visually Appealing:

Right Heart Catheterization Approach; Brachial vs. Artery

Nicole Goldkranz, Richard Hernandez, Donna Apinis, Nicole Hoefler, Kyla Powers

Highest "QUALITY" Project:

Integrative and Holistic Programming at Mather

Marie O'Brien, Patricia Dodd, Maria Rubino, Laura Vinci, Theresa Grimes, Lisa Dubrow, Margaret Scharback, Christine Cirolli

Most Impactful Project:

Hospital Based Certified Nurse Aid Training Program Improves Healthcare Staffing Crisis

Marsha Deckman, MSN, RN, NE-BC, Jeanne Brennan, MSN, RN-BC, CNL

Most Creative Project:

Positive Impact of an Educational Program on Smoking/Vaping Cessation Among Adolescents on a Psychiatric Unit

Jill Snelders, Cassandra Willie, Brianna Adao, Melissa Siegel, Dorothy Noel, Denise Driscoll, Robert Benney, Shajimol Shaji

Project that Appeals to an Interdisciplinary Audience:

Engaging Patients in Medication Education

Catherine Castro, Kathryn Picciano, Karen Luspinuso, Deanna Lupo, Bryce Paganas

Project: Narcan Training

Department/Unit: Chemical Dependency/789

Problem Statement:

Suffolk County has the highest rate of Opioid overdoses within New York State. The State identifies lack of availability of Narcan training and Narcan kits as a contributing factor.

Goal Statement:

Provide Monthly Narcan Training for the community, patients, and Mather Hospital staff with Narcan kits distribution. Provide training for 45 CUNY SPS Faculty and Students one time per month for one year period with kit distribution.

Actions/Interventions:

Currently, the plan is to resume trainings of hospital and community members when possible.

- Built and implemented an e-learning for staff
- Built the training and PowerPoint materials
- Ordered Narcan from NY state
- Mather Hospital staff will sign up in e-learning and community will sign up through public affairs or at the clinic
- CUNY SPS Staff will receive monthly live Narcan and stigma Education.

Outcomes

The data has shown that the community are interested in becoming trained to administer Narcan. The plan would be to continue Narcan trainings virtually in the coming months.

Project Team: *Project Lead: Alice Miller,
Director Chemical Dependency Outpatient
Denise Driscoll, AVP Behavioral Health*

Start date: 1/1/2023

Finish date: Ongoing

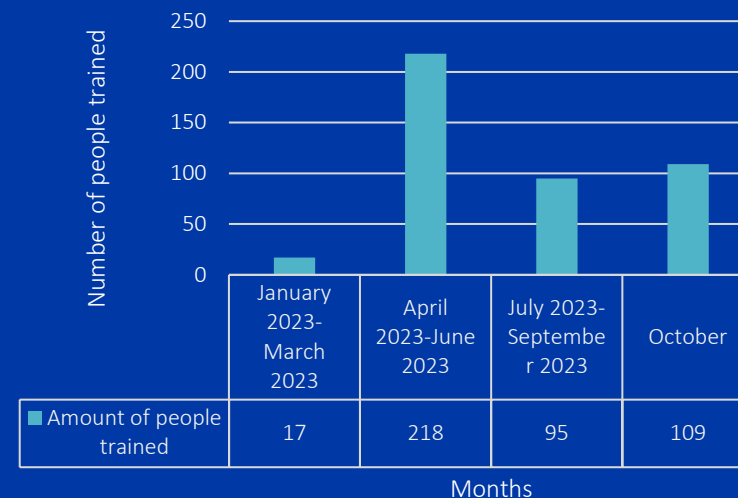
Project Focus

Financial
Operational
Regulatory
Throughput
Safety
Quality
Patient Experience
Employee Engagement
Innovation & Growth

Project Framework

Departmental Goal
Just Do It
IPECC
Plan Do Study Act
DMAIC

Mather Hospital Chemical Dependency Clinic
Number of people trained January 2023-October 2023



Impact of an Educational Program on Nurses' Knowledge, Stigmatic Perceptions and Adaptive Coping Skills Toward Patients with Opioid Use Disorder (OUD)

Judith Moran-Peters DNSc, RN, NE-BC, Denise Driscoll RN-C, CARN, PMHCS-BC, NPP, Marie O'Brien DNP, ANP-C, PMGT-BC, CCRN, Lilly, Mathew, PhD, RN, NP-BC, Rose Cummings MSN, RN, CPAN, Sarah Eckardt MS, BA & Cassandra Willie MPH, BA, CHES

Purpose:

- To identify the impact of an Educational Program on nurses' knowledge, stigmatic perceptions and adaptive coping skills toward patients with Opioid Use Disorder (OUD).
- To identify nurses' social desirability (truthfulness) of their responses.
- To identify relationships between nurses' demographic characteristics, knowledge, stigmatic perceptions and adaptive coping skills toward patients with OUD.

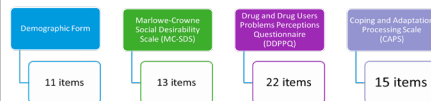
Background

- As Emergency Rooms (EDs) increasingly become the critical point of access for patients with Opioid Use Disorder (OUD), nurses must know how to properly care for this vulnerable population
- Patients with OUD being treated in EDs increased 30% from 1.5 million in 2017 to 2 million in 2020. Evidence indicates that nurses working in the ED often lack knowledge and adaptive coping skills required to provide proper care.
- Self-perceived lack of knowledge is compounded by the presence of stigmatic perceptions towards patients with OUD, which clouds judgement and increases risk for negative outcomes.
- Stigma** is defined as "the dehumanization of an individual based on their social identity or participation in negative or undesirable behaviors."
- Stigmatic perceptions among care providers can have **serious consequences**, both for recipients of care and care providers
- The COVID-19 pandemic (2022-2022) consumed the attention of nurses, nurse leaders, and researchers, which hindered research on the topic of OUD.
- Lack of scientific findings, identified as a gap in knowledge, is a problem of great significance to the Nursing profession faced with the increasing OUD epidemic.
- Lack of knowledge impedes development of educational interventions aimed at decreasing stigmatic perceptions and negative attitudes; while at the same time, increasing evidence-based knowledge and adaptive coping skills among nurses caring for patients with OUD.
- Thus, to better prepare nurses as advocates, and to promote the provision of high-quality care, for patients with OUD, there is a need for evidence-based Educational Programs that decrease stigmatic perceptions and negative attitudes, while increasing knowledge and adaptive skills among nurses (Bartlett et al. 2014; Strout et al. 2021).

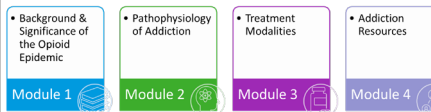
Methods

This IRB-approved study used a non-experimental, quantitative research design. The site was a community hospital in the Northeast. Nurses assigned to the ED were eligible to participate in the study. Nurses assigned to Critical Care and inpatient Psychiatry Units comprised comparison Groups.

- Participants completed the following four surveys:
 - Demographic Form
 - Drug and Drug Users Problems Perceptions Questionnaire (DDPPQ)
 - Marlowe-Crowne Social Desirability Scale (MC-SDS)
 - The Coping and Adaptation Processing Scale (CAPS)



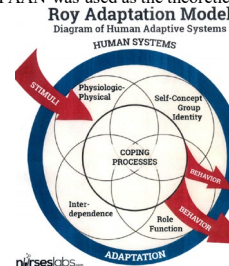
- Participants will complete an OUD Educational Program with four, 15-minute online modules:



- Participants will complete the DDPPQ and CAPS instruments after completing the educational modules to determine if their knowledge, stigmatic perceptions and adaptive coping skills have changed.

- Data was collected via Redcap. This data will be analyzed using a descriptive statistic method. Along with a paired t-test and ANOVA method.

- The Roy Adaptation Model developed by Callista Roy, PhD, RN, FAAN was used as the theoretical framework.



Results

- An a priori power analysis indicated that a sample of 54 nurses was needed. A total of 55 nurses participated in the study.

Demographics Form:

- The majority were full-time clinical nurses (95.7%)
- 26.1% were from the ED, 43.5% were Critical Care, and 30.4% were from Psych.
- Twelve (25.5%) of the nurses were male.
- Ages ranged from 22-72 years (mean=41).
- 70.2% have a BSN, 14.9% have an MSN, and 12.8% had an AS
- 44.7% had a professional certification

Marlowe Crowne Social Desirability Scale:

- The MC-SDS mean score was 22.06, or in the "average" range, which indicates that subjects answered as honestly as they could without over or underrepresenting their own beliefs.

Coping and Adaptation Processing Scale:

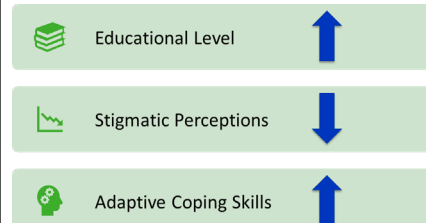
- CAPS scores ranged from 36-56, out of a possible score of 15-60. This finding indicated that subjects were not able to consistently use adaptive coping skills when caring for patients with OUD.

Drug and Drug Problem's Perceptions Questionnaire (DDPPQ)

- On the DDPPQ, 25% (n=14) of subjects felt that they "did not have working knowledge of drugs and drug related problems.", and 60% (n=33) indicated that they "have less respect for drug users than for most other patients I work with."

Anticipated Outcomes

(Post Educational Intervention)



Conclusions

- Pre-implementation findings indicated that among nurses working in the ED, Critical Care and Psych there was opportunity to improve subjects' knowledge and coping skills; and decrease stigmatic perceptions toward patients with OUD.
- Findings were used to develop an on-line OUD Educational Program.
- The DDPPQ and CAPS will be used to measure changes in subjects' knowledge level, stigmatic perceptions and coping ability in the post-intervention phase of the study.
- Researchers believed that improving knowledge and adaptive coping ability, while at the same time decreasing stigmatic perceptions related to caring for patients with OUD will improve the overall quality of care provided to this vulnerable patient population.
- Further research needs to be conducted to measure improved quality outcomes.

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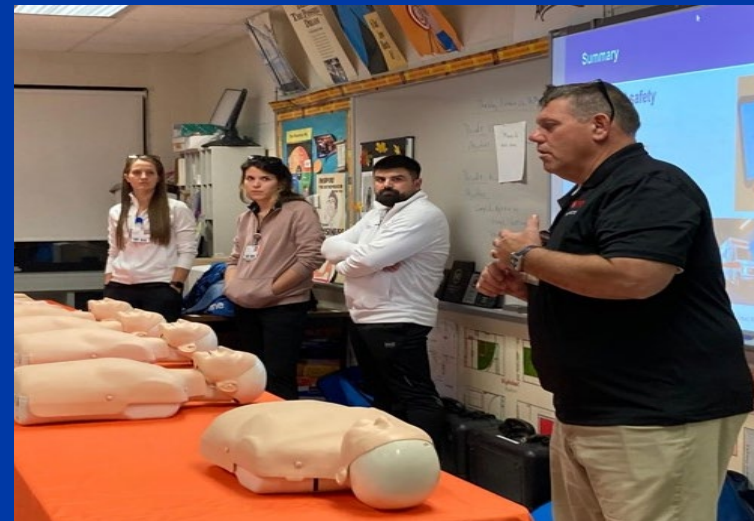
Emergency Department Community Service



ED staff volunteer educating the community on how to stop bleeding in a traumatic situation. This inaugural year we have done three successful trainings. Two schools and one church that primarily serves a Hispanic community.



Community members also receive instruction on how to perform hands only CPR.



Riverhead Community Awareness Program, Inc. (CAP)

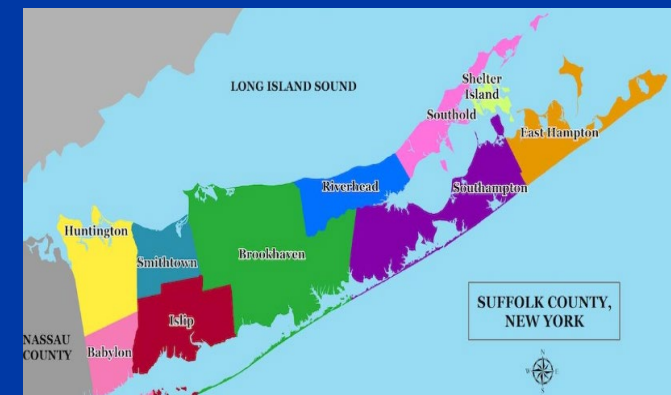


A non-profit, community-based organization to address growing problems caused by alcohol and other drugs within the Riverhead schools and community. Today, CAP is the major provider of drug and alcohol prevention, counseling and community coalition services in the Riverhead Central School District and community.

Mather Hospital's Nursing Quality Director, Tara Levesque, DNP, RN presents monthly during the school year and attends the community commencement in June.

Northwell Health Community Outreach Initiative: Caring for Our Communities

- Nurses are involved in a variety of community outreach events such as health fairs, education, blood drives and screenings. We now have the tools to better track and increase our volunteer hours.
- Our goal is to increase nursing volunteerism in the community by 10%.
- We will be partnering with our Public Affairs Leadership to better connect and meet the needs of our community.
- Based on the Northwell Health Community Health Needs Assessment (CHNA) for Suffolk County, key areas for outreach include:
 - mental health and substance abuse,
 - disruptions to care for chronic conditions,
 - poverty,
 - and access to healthy and nutritious food.





Looking into 2024:

Mather Hospital submitted the following 15 abstracts for the 2024 ANCC MAGNET conference to be presented as poster / podium presentations:

- ***Prolonged Intermittent Kidney Replacement Therapy***

Laura O'Brien, RN, MSN, CRN, NE-BC & Margaret Pendl RN, BSN, CCRN

- ***Use of a Long Peripheral IV Catheter to Reduce the Number of Intravenous Start***

Genine Schwinge, RN, ANP-BC, ACNP, PNP, VA-BC; Renee Castelli, RN

- ***Right Heart Catheterization Approach; Brachial vs. Artery***

Nicole Goldkranz, BSN, RN, CV-BC, Richard Hernandez, BSN, RN, CCRN

- ***Effective Nurse Communication and Purposeful Hourly Rounds: Reduce Inpatient Falls***

Tracy Kuhn, MSN, BSN, PCCN, Bernadette Mileto, BSN, RN

- ***Fall Risk Ambulation Guide***

Nicole Amendola, MSN, RN, PCCN-K, Kristen Lauro, BSN, RN, PCCN

- ***Hospital Based Certified Nurse Aid Training Program Improves Healthcare Staffing Crisis***

Marsha Deckman, MSN, RN, NE-BC, Jeanne Brennan, MSN, RN-BC, CNL

- ***Nurse Managers as Authentic Nurse Leaders and Quality Outcomes***

Judith Moran-Peters DNSc, RN, NE-BC

- ***National Acupuncture Detoxification Association (NADA) Protocol***
Tara Levesque MSN, DNP, RN, Patricia Dodd M.S. Lac, AGNP-C, HN-BC

- ***Positive Impact of an Educational Program on Smoking/Vaping Cessation Among Adolescents on a Psychiatric Unit***
Jill Snelders BS, MBA, Cassandra Willie MPH

- ***Engaging Patients in Medication Education***
Catherine Castro, BSN, RN-BC; Kathryn Picciano, MSN, RN

- ***Optimizing Perioperative Pain Outcomes in SUD & Chronic Pain***
Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN and Patricia Dodd M.S. Lac. AGNP-C, HN-BC

- ***Diabetes and Mental Illness: Implications in Nursing Practice***
Elizabeth Giordano

- ***Operationalizing a Nurse led Wellness Space***
Marie O'Brien, DNP, ANP-C, PMGT-BC, CCRN and Margaret Scharback, RN

- ***Improving Care of Patients with Opioid Use Disorder***
Judith Moran-Peters DNSc, RN, NE-BC; Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP

- ***Creating a MAGNET Program Director Bootcamp***
Judith Moran-Peters DNSc, RN, NE-BC

