

Jefferson Health New Jersey 2019 Nursing Annual Report





CONTENTS

- 1 A Message from the Chief Nursing Officer

TRANSFORMATIONAL LEADERSHIP

- 2 HRO (High Reliability Organization) Huddles and Education
- 3 Succession Planning at Jefferson Health New Jersey

STRUCTURAL EMPOWERMENT

- 4 Enterprise Practice Council
- 5 Personalizing Patients' Plan of Care
- 6 Sweet Dreams Service: Jefferson Cherry Hill Hospital Noise Reduction and Quietness Initiative
- 7 Improving Care through Nursing Education Needs Assessment
- 9 Employee Engagement Survey

EXEMPLARY PROFESSIONAL PRACTICE

- 10 Multidisciplinary Rounds
- 11 Primary Stroke Center Certification Achieved
- 12 CAUTI Prevention Project at Jefferson Cherry Hill Hospital

NEW KNOWLEDGE/INNOVATIONS/IMPROVEMENTS

- 14 Nurse Leader Rounding's Role in a High Reliability Organization
- 15 Occupational Fatigue
- 16 Innovative Recruitment Activities
- 17 Jefferson Health New Jersey Unit Secretaries Take Active Role with MyChart Bedside
- 18 Scholarly Activities
- 19 Awards & Recognition

Welcome to the 2019 Jefferson Health New Jersey (JHNJ) Nursing Annual Report. 2019 marked the first full year for JHNJ as a **Magnet®-designated** organization. We are well underway with plans for our re-designation in 2022.

This annual report gives readers a “sneak peek” into our Magnet nurses’ ongoing clinical excellence. Here, you will read about our **High Reliability** journey, **succession planning** as a strategic nursing initiative, and work on **Catheter-Associated Urinary Tract Infection** (CAUTI) prevention.

At Jefferson Washington Township Hospital, a multidisciplinary rounding initiative got underway in 2019. Meanwhile, Jefferson’s Cherry Hill and Stratford hospitals were recognized by The Joint Commission as **Primary Stroke Centers**. Patient care planning became embedded in the **Epic Clinical Information System**. JHNJ nurses met with nurses from other Jefferson locations to develop an **Enterprise Practice Council**. A Nursing Educational Needs Assessment Survey & Employee Engagement Survey was also completed.

You will also read about work done by the Jefferson Cherry Hill Hospital’s Night Shift Council and how unit secretaries have taken an active role in deploying computer tablets for patient views of **MyChart Bedside**, which provides a view of the hospitalized patient’s medical record. Finally, you will read stories of initiatives related to shift work safety, and innovative ways to hire additional nursing staff.

Of special note is what took place on September 28, 2019: JHNJ converted to the **Epic® Clinical Information System** throughout its locations, including Jefferson Medical Group (JMG) clinical practices. After the go-live, through the month of October, our end-users received support from our own staff of “super users,” Epic staff from Jefferson Center City, along with Epic Corporation staff.

We are now able to view a patient chart from doctor office visits, through Emergency Department visits, diagnostic testing completed, and inpatient care. The clinical staff did a phenomenal job learning this new system. In fact, our conversion was noted by the Epic corporate office as one of the best implementations across the country.

I hope you enjoy reading about these and other achievements at Jefferson Health in New Jersey.

Helene Burns, DNP, RN, NEA-BC
Senior Vice President & Chief Nursing Officer
Jefferson Health New Jersey



Helene Burns,
DNP, RN, NEA-BC

HRO (High Reliability Organization) Huddles and Education

In August 2017, we joined with the New Jersey Hospital Association (NJHA) collaborative to begin our journey to become a **High Reliability Organization** (HRO). Our Safety & Risk Department led this by joining with the NJHA and reviewing our preventable safety events. The goal of the collaborative is to reduce these events and to assist New Jersey hospitals in developing a plan and providing tools and techniques to achieve this goal.

We began our daily HRO huddles at Jefferson's Washington Township campus. The purpose was to begin our journey to high reliability with a daily, transparent dialogue, paying attention to what is happening on the front line. A hallmark of successful HROs is a preoccupation with failure – what could go wrong. With this in mind, departments anticipate failure and address concerns in the daily huddle before they happen.

The report includes even small, possibly inconsequential, errors that could potentially impact our operations. By February 2018, daily HRO huddles were occurring at all three Jefferson New Jersey campuses; today, the huddles take place seven days-a-week. During this time, many of our team attended the "Train the Trainer" class, conducted by the NJHA, to begin our education for the entire organization members.

**SUCCESSFUL HROs
ANTICIPATE FAILURE AND
ADDRESS CONCERNS
IN THE DAILY HUDDLE
BEFORE THEY HAPPEN**

The education classes have been held at all three hospital campuses. Today, the impact of this journey is palpable; our team is developing and becoming comfortable with behaviors to reduce harm to our patients. We have stories of staff using our chain of command readily; debriefing is occurring often, allowing a time to de-stress and decompress. Additionally, to ensure effective communication, our physicians are using IPASS (Illness Severity, Patient Summary, Action List, Situation Awareness, Synthesis by Receiver) for handoff report. Our ICUs and ED team work collaboratively to ensure handoff is purposeful. One by one, we are shifting our culture to where safety always comes first.

Succession Planning at Jefferson New Jersey

In Magnet organizations, the Chief Nursing Officer (CNO) advocates for support of ongoing leadership development for all nurses, with a strong focus on succession planning. The definition of succession planning used by the American Nurses Credentialing Center is: ***“a strategic process involving identification, development, and evaluation of intellectual capital, ensuring leadership continuity within an organization,”*** (ANCC 2019 magnet application manual, p. 161).

Succession planning was listed as a tactical initiative in the Jefferson New Jersey 2018 – 2021 Strategic Nursing Plan and was identified as a priority in the Clinical Workforce Engagement section of the 2019 Priority Goals for the Department of Nursing. Building on the “Intentional Development” training provided to all managers in 2016, the nursing leadership team was introduced to the process of succession planning using the 9 Box Performance – Potential tool during a January 2019 workshop.

Intentional development is a blended learning, action-based concept supported by supervisors to provide a continuous learning environment. Managers have used this process to create their individual development plans since its introduction in 2016.

It made sense to use this same process for staff, but there needed to be a way to identify which staff should be targeted for development. The 9 Box matrix is a tool that, when used strategically, can provide an objective review of all staff, identifying the top performers ready to be developed with succession planning in mind. Each box in the 9 Box tool has objective performance criteria for managers to evaluate and assign a performance – potential level – to each associate. Staff can fall into any of the boxes, and each box has training or development suggestions for managers to promote individual growth. Individuals who are placed in the upper right-hand corner of the box are considered for succession planning.



Enterprise Practice Council

In March 2019, at the request of Jefferson Health Executive Vice President & Chief Nurse Executive **Susan Campbell, DNP, RN**, about 40 nurses began the first Enterprise Nursing Shared Governance Council. After discussion between Susan and Chief Nursing Officers from throughout the enterprise, it became apparent that a group was needed to discuss standardization of nursing practice.

These nurse leaders wanted clinical nurse involvement in the discussion of best practices and evidence-based practices throughout the Jefferson system. Jefferson NJ Senior Vice President and Chief Nursing Officer **Helene Burns, DNP, RN, NEA-BC**, was chosen as the first Chair of this council. After the first meeting, it was decided to rotate locations among all divisions as a way to get to know one another in person. By July, the Council finalized the Enterprise Nursing Practice Council (ENPC) Charter.

The goals of the Council are to:

- Ensure safe, quality nursing care by providing a structure to review nursing practice for consistency across the enterprise
- Adopt an Evidence-Based Practice Model
- Align to and promote Evidence-Based Practice
- Provide consistency of nursing practice that improves patient outcomes and meets regulatory requirements
- Establish an approval process for changes to nursing practice
- Establish specialty workgroups that report process to the ENPC.

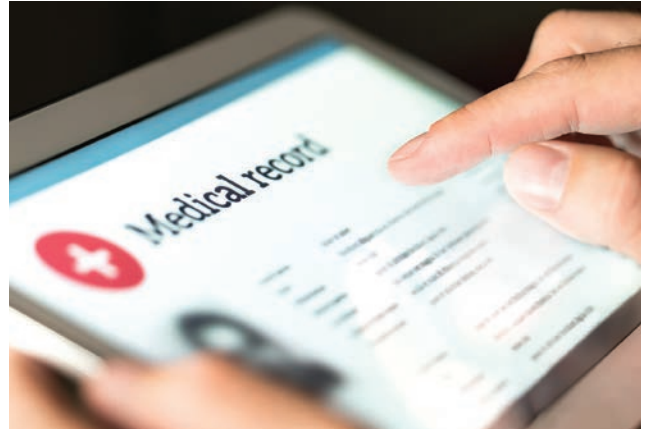
By the close of 2019, this Council made several decisions relating to nursing workflow and alignment of nursing practice throughout Jefferson Health. In addition to Burns representing Jefferson NJ, the Council includes **Ellen Coltellaro, BSN, RN, PCCN, CMSRN**, Clinical Nurse at



Washington Township; **Gwen Heaney-Cutts, MSN, RN**, Corporate Director, Clinical Education and Professional Development; **Joanne Hickman, MSN, RN, PCCN, CCCTM**, Nurse Manager at Washington Township; **Diane Holba, BSN, RN, PCCN, CMSRN**, Dialysis Nurse; **Vikki Mangano, MSN, RN-BC, PCCN, CMSRN**, Clinical Educator; and **Khainde Williams, MSN, RN-BC**, Manager of Clinical Informatics.

Personalizing Patients' Plan of Care

Jefferson Health selected **Epic** as its vendor for an Electronic Health Record (EHR). **Elsevier** Clinical Practice Model (CPM) content, a third-party, evidence-based platform for the interprofessional team, was also selected. Elsevier Care Planning is the industry's only electronic health record-based care planning solution that combines the patient story, more than 600 evidence-based clinical practice guidelines, and standardized assessments into one patient-centered plan of care across all care settings and disciplines (*Elsevier, 2019*).



The care planning guide provides evidence-based knowledge from literature, represents the critical thinking and decision-making components of professional practice, provides a consistent approach to comprehensive care based on researched evidence, and assists with assessment and prevention of potential physiologic problems associated with the patient's medical diagnosis (*Elsevier, 2019*).

For a period of one year until Go-Live on September 28, 2019, the Nursing Department and subject matter experts were involved in content validation, endorsement, and education. This included numerous educational sessions and smaller meetings based on the content or specialized areas, as well as Super-User training and support for the actual Epic Go-Live. CPM coordinators, practice leaders, and champions were identified as the guiding body for any decisions needing a higher level of oversight. The group of nursing CPM "champions" reviewed content within the care planning guides, and provided feedback relating to current practice.

CPM champions attended content validation, completed in April 2019 with the nursing staff in many areas and specialty areas (Emergency Department, Behavioral Health, Medical-Surgical Perioperative, and Women's & Children's). Champions worked with the CPM Coordinators to provide direct feedback on clinical content, as well as validate and endorse evidence-based content from Elsevier.

Through in-depth educational workshops facilitated by Elsevier, the nursing department, along with the interprofessional team, did a "deep dive" into scope of practice, inter-professional care, evidence-based practice, and the use of the CPM content in Epic. During this time, champions were educated on how to add patient-specific care planning guides, individualize patient care, document interventions, and provide patient education. Additional computer-based learning was provided before Go-Live to all nursing staff who will use Epic with the Elsevier content.

Reference: Elsevier. (2019). Care planning coordinated care across the continuum. Retrieved from <https://www.elsevier.com/solutions/care-planning>

Sweet Dreams Service: Jefferson Health Cherry Hill Noise Reduction and Quietness Initiative

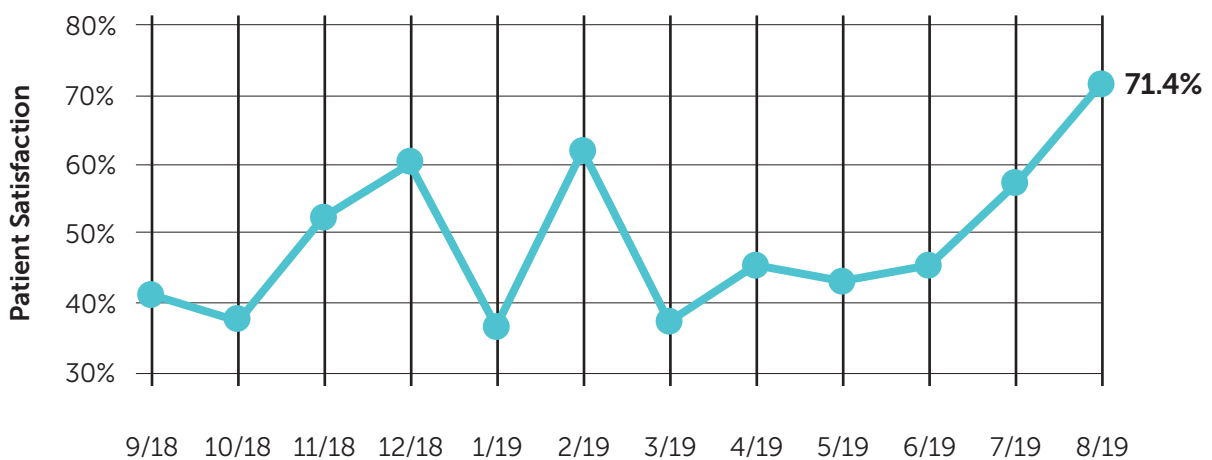
The Cherry Hill Night Shift Council, established in 2013 as a Shared Governance Council, identified noise reduction as an improvement opportunity that night shift nursing staff could directly impact. The need for sleep has a direct impact on recovery from injury and sickness, as well as the important restorative role of sleep in health and wellness. Unfortunately, the hospital environment is often poorly conducive to sleep. Hospitalized patients experience fragmented and poor quality sleep, and are at risk for marked circadian rhythm disturbances.

The Night Shift Council partnered with key leaders from Guest Services, Environmental Services, Food & Nutrition, and Nursing, to develop a strategy that embraced “best-of-class” practices to create a “wow” patient experience. The fruit of this multidisciplinary collaborative was the rollout of our **Sweet Dreams Service** at Jefferson Cherry Hill Hospital in summer 2019.

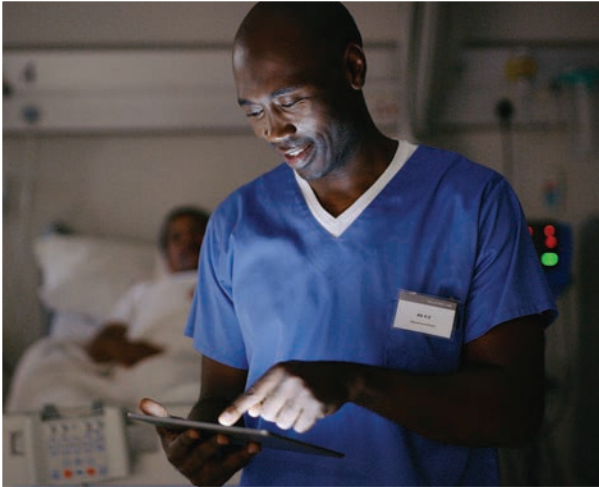
During the first phase, our host or hostess from Food & Nutrition rounds on all patients on the unit, introducing themselves and the program’s purpose. They would then offer the patient warm, moist towels; milk and cookies or a smoothie; and a warm drink, such as herbal tea. Patients are also offered a “Quiet Kit,” with earplugs, a mask, and/or TV headphones.

Next, Environmental Services rounds on all the patients; they provide a final trash pull, ensure all EVS tasks are completed, offer room darkening by pulling shades, and again offer a Quiet Kit to the patient.

Press Ganey Survey: **Noise Level In and Around Room**



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Finally, our nursing team completes the final phase of the bedtime routine. All nursing tasks are bundled as much as possible, including medication pass, vital signs, and PM care, with the goal to be completed by 10 p.m. They then ensure their patients are comfortable and not in need of anything else for a restful night's sleep. The nurse will then offer to close the patient's door and apply the "Sweet Dreams" hanger that states – *"Rest and Sleep in Progress"* – to communicate to all staff that a quiet environment must be maintained.

The pilot unit selected was Cherry Hill T2. Baseline data obtained from Press Ganey (Top box by discharge date) for the question "Noise level in and around the room" was at 42.4% as of May 2019. Following the initiation of the "Sweet Dreams" pilot, Press Ganey results demonstrated a positive increase to 71.4% by August 2019 – an amazing **29-point increase** for this Press Ganey question.

This project demonstrates the power of collaboration and innovative ideas that improve patient care at the bedside. Thanks to all who contributed to this project's success!

Improving Care through Nursing Education Needs Assessment

The nursing profession requires continued growth and lifelong learning to remain current with evolving, best evidence-based practices. In our fast-moving environment, it is essential to identify gaps in knowledge and focus on the most critical education given limited staff time, competing priorities, and an emphasis on delivering safe care.

A Needs Assessment provides a vehicle to determine which topics require more concentration, while addressing clinical staff's identified educational requests. The results of this assessment then translate into a guide for future planning and professional development.

Previously, needs assessments were broad in scope and did not provide detailed questions to discover what staff require to maintain their educational and development path.

Recognizing the importance of remaining up-to-date on current trends – along with the need to make the assessment more comprehensive, meaningful and usable – the **Clinical Education Department** partnered with the **Professional Development Council** to modernize the format of our tri-annual Continuing Education Needs Assessment.

A literature search identified best practices in seeking feedback for nursing educational opportunities. As a result, a new method was designed to include topics grouped with targeted questions to refine the details of what clinical nurses and nurse leaders seek.

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Sponsored by the previously mentioned groups, the two distinct Needs Assessments were distributed to all clinical nurses and clinical nurse leaders at Jefferson Health NJ in the second quarter of 2019. Announcements were made via *NewsFlash*, unit huddles, and on the Nursing Portal, with an allotted response period of six weeks.

The survey was made available in myJeffHub, which was an additional change in procedure, providing the ability to easily reach all clinical nurses and nurse leaders. Participation results were astounding! Respectively, 67% of clinical nurses and 64% of clinical nurse leaders completed the assessment, providing Jefferson NJ nursing with invaluable information.

Material gathered from the Needs Assessment will provide the clinical staff and nurse leaders with tailored education to meet their expressed areas for growth. Data analysis will be conducted to prioritize content areas. The Clinical Education Department and Professional Development Council are collaborating to disseminate the priorities through the Shared Governance structure. In doing so, various councils, committees, and workgroups can participate in designing CBLs, classes, and symposiums, as well as other possible venues, to deliver education. For instance, identified areas of concern from the Needs Assessment were used to design the agendas for the recent 2019 Medical-Surgical/Tele Symposium with nurse safety at the core of learning for the day. The Critical Care Service Line identified self-care as a theme for the symposium held in December. Information from the Needs Assessment allows us to provide ongoing, specialized, and meaningful educational and growth opportunities.

Employee Engagement Survey

In May 2019, Jefferson launched its first enterprise-wide Employee Engagement Survey. The survey was sent to more than 30,000 employees of both the university and clinical pillars.

The 31-question survey, managed by **Glint**, enabled our employees to anonymously share how they feel on a variety of topics, ranging from leadership and decision-making, to purpose and career growth. By conducting an engagement survey, we provided associates the opportunity to share with us our strengths as an employer and opportunities for improvement. Feedback from Jefferson Health NJ employees has been a cornerstone of our success.

The Jefferson NJ Nursing Department had a fantastic response rate of 82%! This means that more than 1,300 nursing employees shared their feedback. We also received almost 2,000 written comments from the same nursing employees. We are proud to share with you that the highest scoring item in the survey for the Nursing Department was about purpose: "the work that I do at Jefferson is meaningful to me." This was not a surprise, coming from such a dedicated and caring group of people. Other strengths included career and growth opportunities.

Jefferson NJ Human Resources Business Partners, along with individual unit/department leaders, allowed each employee to attend a meeting where the unit/department results were shared. The team members discussed the unit's strengths and determined areas for improvement.

These meetings were designed so that we can **ACT**:

- *A: Acknowledge where we are*
- *C: Collaborate on where we want to go*
- *T: Take one step forward*

Thank you to all who participated in the survey. We look forward to working with you to continuously improve the employee experience at Jefferson NJ.



Multidisciplinary Rounds

Leadership and nursing staff of MS4 at Jefferson Washington Township Hospital developed and took part in a six-month unit-based interdisciplinary rounding pilot.

Nurse Manager **Joanne Hickman, MSN, RN, PCCN**, and Clinical Coordinator **Michael Weiss, BSN, RN, CMSRN**, engaged senior nursing and physician leadership to support this pilot, with a goal of implementing an interdisciplinary process to improve coordination of patient care.

The ultimate goal of the new process was to improve discharge efficiency, decrease patient length-of-stay, and improve throughput measures. Nursing leadership used current literature to help guide the proposal.

Once the pilot was approved, the MS4 Unit-Based Council developed a unit-specific daily goals sheet to help guide the rounds and ensure patients' needs were being anticipated. The physicians and Transitions of Care team made some revisions and additions to the sheet prior to go-live. **Dr. Edmund Wilkinson** and **Dr. Adonas Woodard** were chosen by physician leadership to serve as physician participants in the pilot.

With the daily goal sheet developed, Michael Weiss educated staff on how the sheet should be filled out and used, as well as their role in the pilot and the overall goal. For consistency and success, he initially facilitated the rounds, ensuring the processes put in place were being used correctly and effectively, while providing support and encouragement through this new model.

During the pilot, weekly meetings were held with the stakeholders, and changes were made to rounding process to overcome barriers and improve efficiency. The available resources and time it took to conduct the rounds was key to its success. Initially, rounds took 1.5 hours; this process was taken away from the bedside and moved into the unit conference room, which decreased the rounds to a half hour.

Data from the pilot indicates that the improved interdisciplinary process and unit-based physician model improved discharge efficiencies on MS4. The time from a discharge order being written to the patient leaving the facility decreased, on average, more than two hours. Data also shows discharges before 2 p.m. increased, while readmission rates decreased for both physicians.

Nursing reported a feeling of better communication among medical staff, and being able to have their patients' needs met sooner during this study.

Primary Stroke Center Certification Achieved

The **Jefferson Health New Jersey Neuroscience Program** is dedicated to providing top quality treatment when seconds matter. A comprehensive approach is used from start to finish. Patients are supported by a superb team of neurosurgeons, neurologists, nurses, therapists, neurophysiologists, case managers, and other healthcare professionals, dedicated to providing exceptional care and focusing on lifelong needs.

In 2018, Jefferson's Cherry Hill and Stratford hospitals achieved **Joint Commission Primary Stroke Center Certification**, offered in collaboration with the American Heart Association/American Stroke Association.



The Joint Commission



**American Heart Association
American Stroke Association**

This prestigious certification signifies that services provided have the critical elements needed to achieve long-term success in improving stroke outcomes.

Both Jefferson Cherry Hill Hospital and Jefferson Stratford Hospital are New Jersey state-designated Primary Stroke

Centers. Since 2009, both hospitals have consistently achieved recognition through the American Heart Association's Get with the Guidelines® Stroke Program. The time had come to "raise the bar" and become recognized as a leading organization in quality stroke care. When the decision was made to pursue certification, staff engagement became apparent. Teams were empowered to **be bold** and **think differently**.

Campus-based stroke committees were formed and current practices were examined. Strong relationships were built with members across all three Jefferson Health New Jersey hospitals. Opportunities to standardize care across departments were identified. Action plans were developed and monitored through audits, bedside rounds, and use of tracer methodology. Education focused on accurate documentation and review of The Joint Commission Safer Matrix. Mutual goals were established to identify patient risk factors, improve patients' lifelong care, and minimize readmissions.

The survey occurred for two days in mid-October 2018. The opening conference validated our strong collaboration and

commitment as an organization. There was significant representation from various leaders across the organization and all departments, including EMS. Tracer methodology process was used by the surveyor to assess our program. This process allowed the survey to walk the steps of a stroke patient and validate the entire process from start to finish. Every department was involved.

During the site visit, it became clear that our process had impressed the surveyor. We heard complimentary remarks highlighting quality, collaboration, staff commitment, professionalism, and engagement. In closing, the surveyor commented that we had successfully developed a strong program, and only identified two opportunities for improvement. After submission and acceptance of the required action plans, certification became official on December 21, 2018.

As with Magnet designation, this stroke certification provides a source of pride and accomplishment for everyone involved. Jefferson New Jersey is proud to have achieved the prestigious designations of The Joint Commission Certified Primary Stroke Centers.

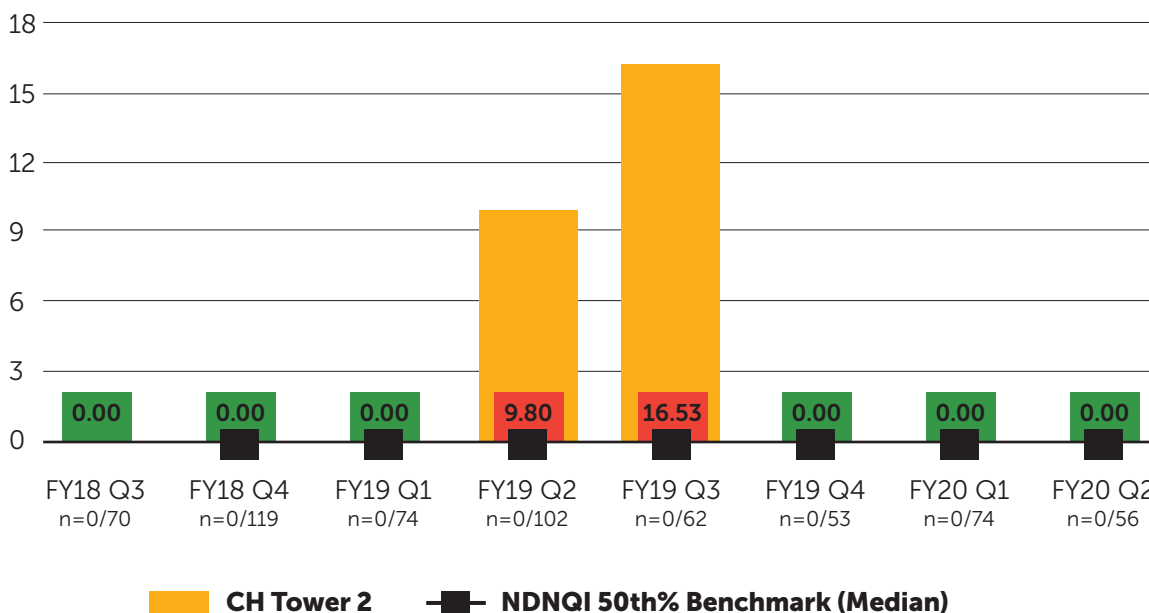
CAUTI Prevention Project at Jefferson Cherry Hill Hospital

Catheter-associated urinary tract infections (CAUTI) can lengthen hospital stays and increase morbidity and mortality, while increasing healthcare costs.

During the 3rd Quarter of fiscal year 2019, Jefferson Cherry Hill Hospital’s T2 unit noted an uptick in its rate of CAUTI. The nursing unit was already monitoring in-dwelling urinary catheters to ensure the hospital-approved criteria for having the catheter was met.

This monitoring was part of the daily unit huddle, as well as spot checks for in-dwelling urinary catheter bundle compliance. The nursing staff participated in a drill-down to identify areas for improvement. Some key areas of opportunity included proper insertion and care maintenance techniques. Discussion identified difficulty with insertion of in-dwelling urinary catheters in uncooperative patients, or those experiencing pain with positioning due to fractures. Patients with hip and pelvic fractures, as well as patients with dementia or delirium, can challenge aseptic insertion. Additional contributing factors likely included new nursing staff, inconsistent care and maintenance techniques.

**NDNQI Catheter-Acquired Urinary Tract Infection
Per 1,000 Catheter Days (CAUTI)**



What percentage of the time does your unit outperform the benchmark? 75%

Target for Magnet is to exceed the benchmark the majority of the time $\geq 62.50\%$
(Need to exceed the benchmark for 5 of the 8 quarters)

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The T2 nursing unit decided to develop an evidence-based project (EBP) to reduce and eliminate CAUTI infections among its patients. A proposal was submitted and approved for an evidence-based project focusing on improvement of insertion and maintenance compliance. The primary question the EBP hopes to answer is: how does the use of additional evidence-based strategies, along with the current CAUTI bundle, affect the incidence of CAUTI as compared to the CAUTI bundle alone?

The project included the following additional evidence-based strategies:

- All in-dwelling urinary catheter insertions would require the use of two RNs for providing proper patient positioning and to ensure aseptic technique is followed.
- Perineal care is performed using a new basin and bar of soap every time.
- In-dwelling urinary catheter maintenance care would be provided using the outline in the Jefferson Health New Jersey Policy U-1, including peri-care with soap and warm water, followed by cleansing wipes at least every 24 hours and immediately after a bowel movement. Additional care implemented in the project included care being performed by two nursing staff members, 2 RNs or an RN and Patient Care Technician.
- All nursing unit staff received pre-implementation education regarding in-dwelling urinary catheter insertion and maintenance along with key elements of the EBP project.
- Staff coaching was provided in real-time for any variance in practice, as outlined within the project submission.

The CAUTI reduction evidence-based pilot started in June 2019. Data collection was completed for the first six months of the project. Results to-date are very promising, demonstrating no hospital-acquired CAUTIs since the project's launch. Data collection will continue through June 2020 to ensure sustainability of the new process.

Nurse Leader Rounding's Role in a High Reliability Organization

The transition toward adopting the processes of High Reliability Organizations (HROs) is an emerging healthcare trend. HROs are highly complex, preoccupied with failure, and seek to implement strategies to avoid catastrophic errors.

Situational awareness exposes potential problems in daily operations that can be anticipated, detected early, and responded to for preventing harm. Effective Nurse Leader Rounding increases situational awareness and validates that the standard of care is being met, while also ensuring a positive patient experience. Senior nursing leadership plays an integral role in this culture change by helping nurse leaders build necessary skills to conduct productive nurse leader rounds. The focus of this work was to demonstrate that consistent Nurse Leader Rounding for acute inpatients, validated by senior nursing leadership, leads to improved outcomes and exceptional patient experience.

Jefferson Health NJ Clinical Education, Performance Improvement, Patient Experience, and Nursing Leadership partnered to develop an educational program that provided an opportunity to practice these skills through interactive simulation.

In August 2019, nurse leaders from adult acute care inpatient units across Jefferson Health NJ attended the didactic portion. Provided education highlighted the connection between Nurse Leader Rounding and HROs. Strategies on how to efficiently incorporate rounding into daily routines were reviewed, including using the AIDET tool (Acknowledge, Introduce, Duration, Explanation, Thank You) and validating that "must-haves" for exceptional patient outcomes are met. These "must-have" areas

include bedside shift report, hourly rounding, whiteboard completion, and quietness. Rounding also allows the nurse leader to "manage up" their nursing staff and other hospital staff to showcase the excellent care provided at Jefferson NJ.

Additionally, instruction focused on how to provide staff with real-time feedback, or "coaching," where learning occurs and opportunities for improvement are often identified. Patient rounding data is "warehoused" in the MyRounding tool and used to understand opportunities, recognize success, and celebrate wins. Extracted MyRounding data was reviewed during education sessions to demonstrate the positive observed correlation between consistent Nurse Leader Rounding and improved patient satisfaction scores.

After the educational sessions, nurse leaders were asked to participate in a simulation to better align didactic with real-time rounding expectations. Simulation design allowed the nurse leader to interact with a real "patient" and practice previously taught skills. A debriefing took place after the simulation exercise and used evaluation tools from the Studer Group, an international organization that partners with healthcare organizations to improve performance. The evaluation team included a peer (another Nurse Manager or Clinical Coordinator), Patient Experience Director, Clinical Educator, and Senior Leadership. Nursing leaders share the responsibility for ensuring that patients have an exceptional experience. Patient satisfaction and safety are not mutually exclusive. Rounding by nursing leadership, including senior nursing leadership, can lead to high patient satisfaction scores while ensuring patient safety.

Occupational Fatigue

The term “shift work” is defined by the Occupational Safety and Health Administration (OSHA) as any shift longer than eight hours, or an eight-hour shift during the evening or at night. For many Jefferson Health NJ clinical nurses, 12-hour shifts are the norm. Occupational fatigue among nurses doing shift work has been the focus of several recent research studies.

An interprofessional committee, called **Strategies for Shiftwork Safety & Wellness (S3W)**, began meeting in 2017. Members were recruited from various departments with 24/7 operations. The committee’s purpose is to recommend policies, education, and resources to support a culture that promotes work-life balance and a restorative workplace.

Several projects have resulted from the S3W committee. All new Jefferson NJ clinical nurses attend an orientation class about managing a shiftwork lifestyle. All associates can attend ongoing classes offered throughout the year. Classes are facilitated by S3W committee members who have personal experience doing shiftwork.

Gwyn Parris-Atwell, DNP, RN, FNP-BC, CEN, FAEN, an active member of the committee since its inception, completed an evidence-based practice project as part of her DNP program at Wilmington University. This descriptive study explored the associations among fatigue, work schedules, inter-shift recovery, and duty-free rest periods. Project findings showed that interventions to lessen fatigue resulted in a positive post-survey response.

Susan Fulginiti, DNP, RN, NE-BC, RN-BC, is currently analyzing the results of a survey designed to measure acute and chronic fatigue and intershift recovery in Jefferson NJ clinical nurses on shiftwork. The goal of this baseline survey is to make recommendations to the organization that promote a healthy work environment.

Parris-Atwell educates new associates to shiftwork strategies when she sees them during new-hire physicals, and Fulginiti is one of the facilitators of shiftwork education for new clinical nurses.

Jefferson Health prioritizes patient and associate safety, aligning with its mission, *We Improve Lives*, and core values: *Put People First, Be Bold & Think Differently*, and *Do the Right Thing*. Fatigue has been associated with increased patient errors, decreased associate and patient satisfaction, and associate chronic illness. Reducing fatigue in our associates has the potential to improve both patient safety and associate wellness and satisfaction.



Innovative Recruitment Activities

Recruiting experienced clinical nurses has become a national dilemma. In early 2019, it became apparent that Jefferson Health NJ was facing challenges in recruiting experienced, bachelor-prepared clinical nurses.

To eliminate overtime and agency usage, nursing leadership – in collaboration with our nurse recruitment team – began brainstorming innovative ways to attract experienced nurses to the organization. As a result of these discussions, invitation-only **Experienced Nursing Hiring** events were held at our Cherry Hill, Stratford, and Washington Township hospitals.

To attract viable candidates to these hiring events, Jefferson NJ partnered with **Indeed** and advertised on its website. Candidates using Indeed could learn more about nursing careers at Jefferson NJ, our prestigious Magnet designation, and view our annual Service Award video. Before each event, the recruitment team conducted preliminary phone screens with potential candidates. These phone conversations enabled recruiters to match the candidate's current nursing experience to the appropriate nursing department and campus.

Experienced Nursing Hiring events were held in the evenings to encourage more attendees. At each event, members of our senior nursing leadership team provided an official welcome. Light refreshments were provided, and the candidates had an opportunity to view our *Journey to Magnet*

video. Also, Jefferson NJ nursing leaders and clinical educators were on hand to conduct on-the-spot interviews and provide department tours. In many cases, members of the recruitment team extended contingent offers of employment that same evening.

Overall, the Experienced Nursing Hiring events were quite successful and resulted in 25 experienced BSNs joining our team – a move that helped to decrease our current nursing vacancy rate. These nurses were hired for our Medical Surgical, ICU, Intermediate, Emergency, Nursing Administration and Behavioral Health departments.



Jefferson NJ Unit Secretaries Take on Active Role with MyChart Bedside

Since the conversion to Epic in late September 2019, many new and exciting processes have been developed, aimed at creating an exceptional patient experience throughout Jefferson Health NJ.

One example is the implementation of **MyChart Bedside**, a tablet application that allows the patient or designee to access information about their care during hospitalization. By allowing this access, patients and their families can become engaged in the plan of care, leading to improved outcomes. Upon discharge, the patient can still access their records via the MyChart smartphone application.

A key step in engaging patients and their families in the MyChart Bedside application is the introduction of the tablet upon admission. Jefferson NJ unit secretaries have taken on this important task with enthusiasm and positivity.

Stratford 2E Unit Secretary **Julia (Julie) Smith** commented, "It's nice to hear patients' positive feedback on the MyChart Bedside and MyChart phone application. I think patients appreciate and find it interesting to see what is happening with their care. It's also nice to help people sign up to have access to their medical records. I have had a few patients who I helped set up on our iPads come back as a patient again, and they have commented on how much they like it. Positive feedback on the program is rewarding."

In addition to introducing the tablet to appropriate patients on admission, and helping them navigate the software, unit secretaries also:

- Greet patients as they arrive at the unit
- Activate the bedside tablet and deactivate upon discharge
- Create family member access as needed
- Resend PINs
- Clean, store, and charge the tablets
- Help gather important discharge information, including making follow-up appointments for patients, as needed.

With the various changes in workflows that came with the Epic conversion, the unit secretary's role has evolved to enable them to become more involved in creating an exceptional patient experience.



Scholarly Activities

Podium Presentations

Burns, H. Sigma Theta Tau Creating Healthy Work Environments Conference, February 22, 2019, *"The Chief Nurse Executive's Role for a Healthy Work Environment,"* New Orleans, LA.

McCormick, B., & Dargusch, T. New Jersey Emergency Nurses Association: 2019 Emergency Care Conference. March 22, 2019, *"Sports Injury Care in Today's Emergency Department Focusing on the Secondary School Athlete,"* Atlantic City, NJ.

Burns, H. University of Pittsburgh School of Nursing & Eta Chapter of Sigma Theta Tau, April 3, 2019, *"Nursing Speaker Series: Healthy Work Environment,"* Pittsburgh, PA.

Burns, H., Quick, W., & Stigler, J. Hackensack Meridian Health, 3rd Annual Administrative Supervisor Conference, April 30, 2019, *"Hospital Shooting, Fire and Flood, and the Aftermath,"* Neptune, NJ.

Burns H., Dutterer, L., Feldman, G., & Palmer, M., Health Facility Institute 30th Annual Symposium, May 13, 2019, *"Room with a View: How Staff Engagement Led to a Shared Vision of the Future,"* Palm Beach Gardens, FL.

Burns, H. Infusion Nurses Society, May 20, 2019, *"Violence in the Workplace: One Hospital's Perspective,"* Baltimore, MD.

Burns, H. ONL NJ Nurse Leader & Aspiring Nurse Leader Workshop: The Future of Nursing: Leading Change, Advancing Health, November 2019, *"Developing Your Leadership Skills,"* Princeton, NJ.

Publications

McCormick, B. Reviewed Chapter 13: Caring for Veterans. Kersey-Matusiak, G. (2018). Working with Diverse and Vulnerable Populations. *Delivering Culturally Competent Nursing Care*, (2nd ed.). Springer Publishing Company, 2018.

Gaguski, Michele. Byline: Health Policy Begins with You, *Oncology Nurses Society Voice*, April 4, 2019.

Burns, H.; Zedreck Gonzalez, J. F.; Hoffmann, R.L., & Fulginiti, S. (2018). "The CNO's role in a healthy work environment," *Nursing Management*, 49 (10): 22–28, doi: 10.1097/01.NUMA.0000546200.94337.06.

Shingler-Nace, A.; Zedreck Gonzalez, J.; & Heuston, M. (2018). Conquering Compassion Fatigue: Lessons learned for the nurse manager, *Nursing Management*, 49 (12), 38-45, DOI-10.1097/01.NUMA.0000547836.02707.ee.

Shingler-Nace, A.; Birch, M.; Hernandez, A; Bradley, K; Slater-Myers, L. (2019). Minimizing hospital-acquired infections and sustaining change, *Nursing* 2019, 49:10, 64-68.

Webinar Presentation

Burns, H., Illinois Organization of Nurse Leaders, July 1, 2019, *"IONL July NC-3: The CNO's Role in a Healthy Work Environment,"* Webinar.

Awards & Recognition

Poster Presentations

5th European Healthcare Design 2019 Congress & Exhibition, The Royal College of Physicians, June 17-18, 2019, *"Room with a View: How Staff Engagement Led to a Shared Vision of the Future,"* **Lisa Dutterer**, Jefferson Cherry Hill Hospital Chief Administrative Officer; **Helene Burns, DNP, RN, NEA-BC**, SVP & Chief Nursing Officer; Gabryela Feldman; and Mark Palmer, London, England.

2019 AANP National Conference, June 18-23, 2019, *"Development & evaluation of an addiction recovery coach referral program in an academic medical center emergency department,"* **Julie Daly, DNP, RN, NP-C**, Indianapolis, IN.

Penn Medicine Nurse Research Conference, December 5, 2019, *"Development and Evaluation of a Family Nurse Practitioners Directed Shiftwork Fatigue Mitigation Plan to Improve Lifestyles and Health Outcomes of Shiftwork Nurses in an Academic Medical Center,"* **Gwyn Parris-Atwell, DNP, RN, FNP-BC, CEN, FAEN**, Philadelphia, PA.

DAISY Award Honorees

4th Quarter 2018

Jane Mignone, BSN, RN, CMSRN – Clinical Nurse, CH PDN

Katherine Margiotta, BSN, RN – Clinical Nurse, WT ICU2

1st Quarter 2019

Ellen Coltellaro, BSN, RN, CMSRN, PCCN – Clinical Nurse, WT Intermediate Care Unit

Kathleen Cummings, BSN, RN, CMSRN – Clinical Nurse, CH T1

2nd Quarter 2019

Ann Riedinger, RN, RN-BC – Clinical Nurse, CH West Pavilion

Jennifer Roach, RN, CMSRN – Clinical Nurse, ST 3 West

Judith Harrison, BSN, RN, CMSRN – Clinical Nurse, WT Surgical Services

3rd Quarter 2019

Patricia Cave, RN – Home Health Care Nurse

Andrew Pierce, RN, CDN – Clinical Nurse, ST Dialysis

Alethia Kline, BSN, RN – Clinical Nurse, WT ICU

Marta Zampitella, RN – Clinical Nurse, CH T4

BEE Award Honorees

4th Quarter 2018

Regina Scarpelli – Patient Care Tech, WT MSL

Kay Pai – Patient Care Tech, CH T1

Dan McShane - Patient Safety Observer, ST 4 East

Elizabeth Davila– Patient Care Tech, ST 2 East

Kathleen Hernandez-Andino – Patient Care Tech, CH T3

1st Quarter 2019

Ellen Coltellaro, BSN, RN, CMSRN, PCCN – Clinical Nurse, WT Intermediate Care Unit

Kathleen Cummings, BSN, RN, CMSRN – Clinical Nurse, CH T1

1st Quarter 2019

Rashida McCray – Patient Care Tech, CH ICU
Laura Beer – Patient Care Tech, CH T3
Darlene James – Patient Care Tech, CH T4
Devon DeSanto – Patient Care Tech, CH T3
Ariannette Gonzalez – Patient Care Tech, CH T1
Irene Cruz – Registrar, Sidney Kimmel Cancer Center – WT, Radiation Oncology
Crystal Tworzyanski – Support Services Technician, WT Storeroom
Keyla Morales – Patient Care Tech, WT MSL
Cynthia Moore – CNA, Health Care Center, WT

2nd Quarter 2019

Hileen Thomas – Housekeeping Attendant, CH T3

3rd Quarter 2019

Calvin Hooker – Respiratory Therapist, CH
Denise Powell – Food Service Worker, CH
Tyesha Reddick – Unit Secretary, CH T4
Ashley Moore – Respiratory Therapy, CH
Tina Lewis – Unit Secretary, CH Surgical Services
Julia Martino – Unit Secretary, WT NICU
Dana Kobeissi – Food Service Worker, WT
Carlene Darrison – Patient Care Technician, ST 2 East
Shane Conaghy – Patient Care Technician, ST 3 West

March of Dimes ‘Nurse of the Year’ 2019

Recipients

Alison Brencher, BSN, RN, CMSRN – Rising Star
Barbara Midure-Crofton, MSN, RN, RNC-NIC – Neonatal and Pediatrics

Finalists

Priscilla Callahan, BSN, RN, CMSRN – Adult Health
Kristen Russell, BSN, RN, PCCN, CMSRN – Critical Care

Paula Greenbaum, MSN, RN, CMSRN, RN-BC – Nurse Educator
Margaret Rosso, MSN, RN, OCN, ONS, NE-BC, RN-BC – Nurse Manager
Arianna Zito, BSN, RN – Rising Star
Elizabeth Perry, RN, RNC-MNN – Women’s Health

Nominees

Frantz Lozier, BSN, RN, CMSRN – Adult Health
Aimee Reagan, BSN, RN, CMSRN – Adult Health
Susan Owens, RN – Adult Health
Judith Harrison, BSN, RN, CMSRN – Adult Health
Cathy Wood, MSN, RN, APN-C – Advanced Practice
Sandra Perez, BSN, RN, CMSRN, WCC – Critical Care
Lea Ann Kellum, MSN, RN, CEN, CCRN, RN – BC – Nurse Educator
Kathryn Donley, BSN, RN, CCRN-K, CNRN – Nurse Leader
Kathleen Victor, MSN, RN, APN-C – Nurse Leader
Michelle Santello-Hunt, MSN, RN, CNOR – Nurse Leader
Joanne Hickman, MSN, RN, PCCN, CCCTM – Nurse Manager

**Oncology Nursing Society
‘Excellence in Radiation Therapy’
Nursing Award**

Kathleen Solari, BSN, RN, OCN – Nurse Manager, Sidney Kimmel Cancer Center – WT

**Organization of Nurse Leaders
New Jersey 2019**

Category: Nurse Manager

Joanne Hickman, MSN, RN, PCCN, CCCTM, Nurse Manager – Nominee

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