

# Jefferson Health – New Jersey 2018 Nursing Annual Report







# CONTENTS

- 1 A Message from the Chief Nurse Executive

## **TRANSFORMATIONAL LEADERSHIP**

- 2 Nurse-Safe™ Program – Addressing Workplace Violence
- 3 Developing Leadership Skills Through Shared Governance

## **STRUCTURAL EMPOWERMENT**

- 4 The Journey to Magnet®
- 8 Giving Clinical Nurses a Voice in Workplace Environment and Staffing
- 9 Community Outreach – Veterans Haven Endeavor
- 10 Nurses Supporting Nurses
- 10 Awards and Recognition
- 12 The Pursuit of Excellence: Nursing Certification
- 13 The Pursuit of Excellence: Increasing BSN Nurses

## **EXEMPLARY PROFESSIONAL PRACTICE**

- 14 Leading the Way in Fall Reduction – TIPS
- 15 Facilitating Patient Needs Through Interprofessional Complex Care Consults
- 16 Benefits of Professional Organization Membership – Self-Extubation QI Project
- 17 Scholarly Activities

## **NEW KNOWLEDGE/INNOVATIONS/IMPROVEMENTS**

- 20 Researching Factors that Influence the Pursuit of an Advanced Practice Nurse Degree
- 21 Improving the Work Environment Through Clinical Nurse Involvement
- 22 Current Table of Projects
- 24 Improving Throughput Using An Innovative Transfer Center Approach

## A Message from the Chief Nurse Executive



2018 proved to be a hallmark year for the Jefferson Health – New Jersey’s (JHNJ) Department of Nursing. In August, we received our first Magnet® Recognition Designation, considered the gold standard for nursing excellence. The “Journey to Magnet” brings clinical excellence and an engaged workforce. Magnet standards are rigorous and they demand continual improvement. Our Shared Governance model has provided us with the framework to promote shared decision-making and a Magnet culture.

An organization that believes in the Magnet journey sees value in creating a healthy work environment (HWE). Nursing Leadership’s role is to provide direction in the development and fostering of a HWE for clinical nurses, setting the stage to sustain it. To accomplish this task, the administrative team must commit to using evidence-based practice to lead change through collaboration and partnership with nurse leaders, clinical nurses, and all disciplines.



Throughout the 2018 Annual Nursing Report, you will find examples of how we value a healthy work environment and promote clinical excellence. To the Magnet nurses, thank you for all you do to provide a healthy environment for your patients and each other.

Helene Burns, DNP, RN, NEA-BC  
Chief Nurse Executive

## Nurse-Safe™ Program – Addressing Workplace Violence

Workplace violence has become a national issue and one that has affected staff at Jefferson Health – New Jersey. Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty.

There have been incidences where we have witnessed patients and visitors verbally and/or physically assault staff. Each episode of violence takes a team effort to address the violator and support employees.

In 2018, at the recommendation of the interdisciplinary Workplace Violence Committee, Jefferson Health – New Jersey hospital administrators and nurse leaders funded a program endorsed by the American Nurses Association, called Nurse-Safe™ by CDT Training, Inc.

Classes for Emergency Department staff and inpatient nursing staff were offered from June to September 2018. The focus of the class was effective evasive/escape maneuvers to promote both staff and patient safety.

During the two-hour class, staff engaged in hands-on training, practicing effective escape techniques to address potential situations, ranging from patients grabbing a staff person's wrist, to patients choking a staff member. The instructors also showed protection measures for two items that staff members routinely carry on them: ID badges and pens.

The class's final 30 minutes focused on effective verbal de-escalation techniques and recognizing patient behaviors indicating an immediate potential for violence. The final teaching points were the use of physical evasion and verbal de-escalation techniques, applicable to staff in both their work and personal lives.

When Phase One of the Nurse-Safe classes was completed in September 2018, more than 1,000 staff members had attended. Training will resume for additional staff in 2019.

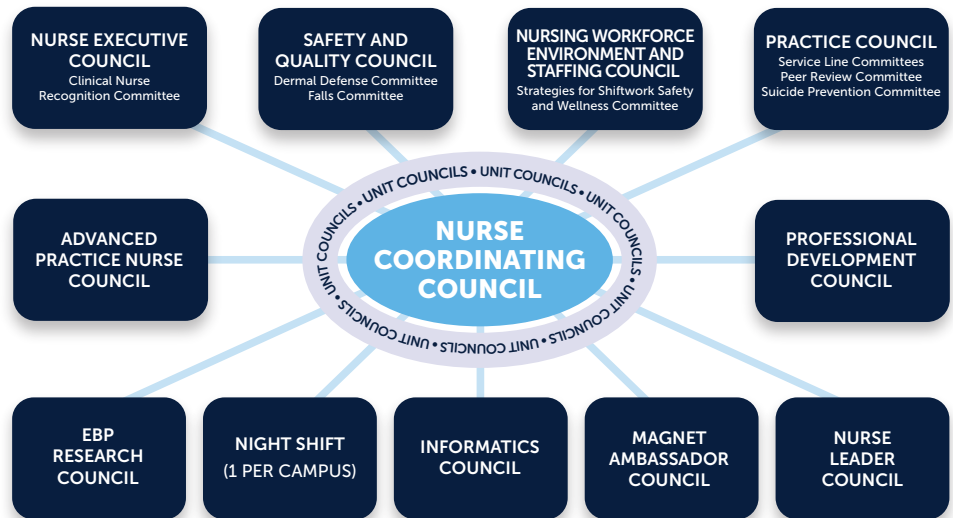


## Developing Leadership Skills Through Shared Governance

The beauty of Shared Governance is that clinical nurses share in decisions that allow them to thrive each day. Peer leadership is essential in shared governance.

The Informatics Committee has strived to mirror the shared governance model, completing 90% of (yearly) goals over the past three years. These goals have been achieved because members made the decision to become clinical leaders, taking an active role in becoming ambassadors for Informatics. As end users, members have been an integral part of Soarian® improvements, and have made recommendations and tested workflows prior to new documentation going live.

Members are leaders in clinical areas, allowing them to be a resource for other clinicians, and providing feedback concerning documentation issues. They have developed and facilitated the Informatics Skills Fair, instructed unit secretaries with service provider workspace competencies,



and became educators in teaching the documentation and nursing orientation classes. The Informatics Committee gives nurses the opportunity to participate in decision-making for clinical documentation, while understanding the process and importance of proper clinical documentation.

Last year, there was a discussion about the difference between a committee and a council. Members did not understand why Informatics was a committee and not a council. Therefore, the committee decided to create a workgroup to research their differences, and the benefits of becoming a council.

Research findings were presented at one of the monthly meetings, and a decision was made to pursue expanding the committee to a council. The proposal was presented at the Coordinating Council, and a unanimous vote elevated Informatics to a council. This newly established council is just one example of shared governance at its best. Clinical nurses are taking leadership roles, becoming engaged, and moving the organization forward in innovative ways.



## The Journey to Magnet® Recognition

On January 31, 2014, more than 50 clinical nurses and nursing leaders gathered in a room to explore nursing at Jefferson Health – New Jersey (then Kennedy), taking the first steps on our four-year journey to Magnet. This workshop discussed nursing theorists, care delivery models, our philosophy of nursing; our mission, vision, and values; and shared governance. From these preliminary talks, a draft of the first professional practice model evolved.

Energized from this exhilarating day, three work groups began to define nursing. The Nursing Theorist group selected Jean Watson, Florence Nightingale, and relationship-based care as

the foundation of our nursing practice. The Shared Governance group developed a plan to transform nursing from a hierarchical structure to a decentralized, shared decision-making process.

Lastly, the Professional Practice Model group finalized the professional practice model – our Nursing Lantern. At the April 2014 Nursing Leadership Academy, each group presented its work, which was received with overwhelming excitement.

The summer of 2014 brought nurses education about the “Journey to Excellence,” and introduced them to the groups’ work. Unit councils

were established and functioning by September, with system core councils in place by year’s end. The foundation for excellence had been established.

Increased nurse engagement in decision-making, improved interprofessional collaboration, and a healthy work environment became initiatives in 2015.

This was reflected in the Press Ganey Workforce Engagement & Nursing Excellence survey, completed the following year. The survey’s results exceeded the Magnet benchmark in 5 out of 7 categories established by the American Nurses Credentialing Center (ANCC), as shown in Table 1.

Table 1: **Press Ganey Workplace Engagement & Nursing Excellence Survey**

ANCC Category	Percentage of Work Units Above the National Nursing Excellence Mean
Fundamentals of Quality Nursing Care	66.67%
Leadership Access and Responsiveness	61.90%
Professional Development	61.90%
Autonomy	57.14%
Adequacy of Resources & Staffing	52.38%
RN-to-RN Teamwork and Collaboration	50.00%
Interprofessional Relationships	45.24%

Note: numbers shown in green exceed the national benchmark.



Completion of two research studies that took place in 2016 would become part of our Magnet document. This was a journey milestone, as one of the projects had been completed by a clinical nurse as a result of an observation she had made related to outcomes on her medical-surgical unit. It was apparent that a Magnet culture was taking root.

In late December 2016, the Magnet application was submitted to ANCC. Less than four weeks later, we were advised that the application had been accepted.

With excitement, formed workgroups began to pull together the “stories” outlining how we met each of the 49 standards. On August 1, 2017, our Magnet document was submitted for review.

The Magnet Program Office notified us on May 10, 2018, that we had achieved a threshold score that allowed us to move on to the next step — a site visit to verify, clarify, and amplify the nursing excellence, as described in the document.

Thanks to the efforts of the Magnet Ambassador Council, our nurses were ready for this site visit. Council members worked tirelessly with units to establish Magnet boards, “brag books,” and a comfort level in interacting with appraisers. On the day of the visit — June 27 — there was enthusiasm, mixed with anticipation. The energy became palpable as the days continued, and each session concluded. Jefferson Health – New Jersey nurses were “high-fiving” in the halls, and their pride was visible. At the conclusion of the visit, in the

summation, we were advised of our strengths and opportunities, and that we had zero deficiencies. This was a positive and empowering experience.

On August 15, 2018, all our hard work paid off with a call from the Magnet Commission, announcing that it unanimously voted to award Magnet recognition to Jefferson Health – New Jersey. What a great moment of pride and validation for everyone, to be the first hospital in Camden and Gloucester counties to achieve such recognition! You may ask, ‘What’s next? ... the journey continues.

We will never stop striving to be better for our patients, our associates, and our community – and look forward to what the future will bring.











## Giving Clinical Nurses a Voice in Workplace Environment and Staffing

The Nursing Workplace Environment and Staffing Council (NWESC) started as a Staffing Committee in 2016. A broader scope was identified and the committee expanded to a Council, with the purpose of addressing the workplace environment, in addition to staffing. The Council, facilitated by Chief Nurse Executive Helene Burns, adopted the Standards for Establishing and Sustaining Healthy Work Environments model from the American Association of Critical-Care Nurses (AACN) as guiding principles.

In October 2017, the Council began meeting with four other NJ hospital staffing councils as an initiative of the Organization of Nurse Leaders, New Jersey (ONL-NJ). Based on the AACN model, a teaching program was created. The program was divided into three education sessions, covering the following standards:

- **Skilled Communication:** Nurses must be as proficient in communication skills as they are in clinical skills.
- **True Collaboration:** Nurses must be relentless in pursuing and fostering true collaboration.
- **Effective Decision-Making:** Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.
- **Appropriate Staffing:** Staffing must ensure the effective match between patient needs and nurse competencies.
- **Meaningful Recognition:** Nurses must be recognized, and must recognize others, for the value each brings to the work of the organization.

- **Authentic Leadership:** Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement (AACN, 2018).

The sessions not only educated committee members on these key concepts, they also provided a valuable networking experience. Participants identified communication skills, critical conversations, and budgeting information as extremely enlightening. An “aha” moment came to many while learning about Full-time Equivalents (FTEs) and Hours Per Patient Day (HPPD).

The NY Organization of Nurse Executives and Leaders (NYONEL) invited the NJ NWESC to speak at their Safe Staffing Summit in September 2018. They were interested in learning about ONL-NJ’s Safe Staffing initiative. Council Co-Chair and Stratford clinical nurse Amelia Skelly, along with Maria Brennan, CNO of Our Lady of Lourdes Health System, and Susan Cholewka, Executive Director of ONL-NJ, presented the overview of how the ONL-NJ started the NWESC program, and how it has expanded to include nine more hospitals.

Amelia spoke from the heart, expressing how this council has provided clinical nurses with insight into the intricacies of staffing and the ability to discuss staffing with nursing leaders and be part of the decision-making process.

### Reference

American Association of Critical-Care Nurses (AACN), (2018). AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence. Retrieved from <http://ajcc.aacnjournals.org/content/14/3/187.full>



## Community Outreach – Veterans Haven Endeavor

The U.S. Department of Veterans Affairs (VA) says about 11% of the adult homeless population in America is comprised of veterans. The VA has many benefits and services to assist homeless veterans; however, not all receive the resources needed to successfully transition back into the community.

This is why strong, diverse social support networks and effective community outreach programs are indispensable. Nurses at the Jefferson Surgery Center in Washington Township reached out to Veterans Haven, a South Jersey-based transitional housing program for homeless veterans to offer their support.

Veterans Haven focuses on treatment, self-reclamation, and community reintegration. During discussions, it became clear there was a need to

educate veterans on topics related to health and wellness (e.g., basic hygiene and self-care). Through collaboration with multiple Jefferson Health departments, a plan emerged for this service project.

Using the common denominator of food – which can bring people and cultures together – a special veterans luncheon was planned. Aramark Food Services generously volunteered to provide a BBQ for Veterans Haven.

Jefferson Surgery Center purchased personal care items for the veterans. These items were packaged in gift bags and presented during the event. Other donated items were used as raffle prizes.

In addition, an online, internal request went out, asking for donations of household items

for the veterans; these items were collected from all Jefferson (NJ) campuses. Lastly, the Winslow Township Democrats made a monetary donation used to purchase many items presented to the veterans.

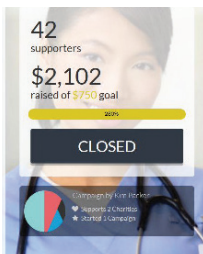
The luncheon was an enormous success and helped launch the partnership between Jefferson and Veterans Haven. Project Lead and Clinical Nurse Carlos Vascos is currently in discussions with area utility companies to find a path that would pre-approve Veterans Haven residents for energy assistance when they move back into the community.

In the coming months, Jefferson will provide health and wellness education for Veterans Haven residents. In collaboration with Winslow Township's governing body, this initiative offers support for displaced, at-risk veterans.



## Nurses Supporting Nurses

In April 2018, the Coordinating Council voted to hold a fundraiser for Nurses House, Inc., a national organization dedicated to helping RNs in need. Nurses House offers assistance with housing and medical expenses for nurses who are seriously ill, injured, disabled, or facing other dire circumstances. This worthy organization had been identified the previous year by Jefferson Stratford Hospital PACU clinical nurse Nancy Demarino. In the true spirit of community service, Nancy held an individual campaign to raise money, selling \$1 paper dolphins with the (contributor's) name, which were displayed in the hospital lobby during National Nurses Week.



The Coordinating Council set up a donation page on the Nurses House website. A modest goal of \$750 was set, and to our delight, donations came in, one after another! The campaign raised \$2,012, a 168% increase over the goal. The spirit of community outreach is strong within our Magnet® organization!

## Awards & Recognition

### 'Power of One' Award Winners - 2018

#### Clinical Nurses

Ruth Duma, BSN, RN, RN-BC, CMSRN – Cherry Hill T1  
 Patricia DeAngelis, BSN, RN, CCRN – Stratford ICU  
 Iwona Soloff, BSN, RN – Washington Township MS3  
 Susan Saporito, BSN, RN, ONC – Cancer Center

#### Nurse Leader

Jean Faubell, BSN, RN, RN-BC, CMSRN – Nursing Informatics

#### Clinical Associates

Kayan Maxam, Patient Care Technician – Cherry Hill T1  
 Jessica Stewart, Unit Secretary – Stratford 4 East/West/ACE  
 Elizabeth Peifer-Wodarczyk, Patient Care Technician – Washington Township MS1  
 Lauren Mastripolito, Patient Care Technician – Washington Township Outpatient Dialysis

### DAISY Award Honorees

#### 4th Quarter 2017

Laura Lanzelotti, BSN, RN, Clinical Nurse – CH – T3  
 Regina Siegfried, BSN, RN, Clinical Nurse – WT - ICU  
 Kristen Doerrmann, BSN, RN, Clinical Nurse – ST - ACE

#### 1st Quarter 2018

Jill Reilly, BSN, RN, RNC-OB, EFM-C, Clinical Nurse – WT – L&D  
 Kevin Grannan, BSN, RN, Clinical Nurse – CH – T2  
 Christine Crankshaw, RN, CMSRN, Clinical Nurse – ST – Medical Surgical

#### 2nd Quarter 2018

Maggie Mae Yacobacci, RN, CMSRN – CH ICU  
 Amy Smith, BSN, RN – ST 4 East  
 Mary Meyers, BSN, RN – WT MS3

#### 3rd Quarter 2018

Janice Penn, BSN, RN, CMSRN – CH T1  
 Joseph Fratanduono, BSN, RN, RN-BC, CMSRN – ST 4 East



**BEE Award Honorees**

**4th Quarter 2017**

Mary Hughes – Monitor Tech – CH – T3  
 Susan Abel – PCT – WT – MS4  
 Kathryn Montesinos – CNA – Health Care Center  
 Gabrielle Bottini – PCT – CH – T2  
 Desiree Calalo – PCT – CH – T3  
 Stephanie Washington – PCT – ST 2 East  
 Maureen Bailey – Staffing Coordinator – CH  
 Justin Ardito – Occupational Therapist– WT  
 Kenneth Burt – Physical Therapist– Homecare

**1st Quarter 2018**

Marvin Brown – Environmental Services  
 Associate – CH  
 Helaine DiFranceisco – Surgical Technician –  
 Surgical Center  
 Shannon Faulls – PCT – CH – T3  
 Rafia Qureshi – PCT – CH – T3  
 Nicole Robinson Thomas – Guest Services  
 Coordinator – WT

**2nd Quarter 2018**

Steven Foster – Nutrition Services Associate – WT  
 Denise Powell – Nutrition Services Associate – CH  
 Cheriann Young – Pharmacy Technician – CH  
 Margaret Santiago – Environmental Services  
 Associate – CH  
 Marvin Brown – Environmental Services Associate  
 – CH  
 Alexis DeRosa – Patient Care Technician – CH – T1  
 Margaret Pine – Patient Care Technician – WT – MS1  
 Thomas Mattson – Lead Construction Specialist - WT  
 Lisa Rotella – Outpatient Imaging - WT

**3rd Quarter 2018**

Kay Pai – Patient Care Technician – CH – T1  
 Robert Gordon – Mental Health Technician III –  
 CH – West Pavilion  
 Valerie Lambert – Environmental Services  
 Associate – ST  
 Janiva Richardson – CNA – Health Care Center  
 Tanya Maddox – CNA – Health Care Center

**March of Dimes**

**'Nurse of the Year' 2018**

**Category: NICU**

**Deborah Keller, BSN, RN, RN-C – Recipient**

**Category: Adult Health**

**Angelina McCurdy, MSN, RN, APN, CMSRN  
 – Recipient**

James Hillis, MHA, BSN, RN, CCRN – Finalist  
 Christine Levin, BSN, RN, CMSRN – Nominee  
 Carol Strosser, BSN, RN, PCCN – Nominee  
 Amanda Sannelli, RN – Nominee

**Category: 'Rising Star'**

Catherine Boiler, RN – Nominee  
 Gabby Umosella, BSN, RN – Nominee

**Category: Nurse Educator**

Paula Greenbaum, MSN, RN, CMSRN, RN-BC  
 – Nominee

**Category: Nurse Leader**

Tracey Dzierzowski, BSN, NE-BC – Nominee

**Organization of Nurse Leaders**

**New Jersey 2018**

**Category: Divisional Leader**

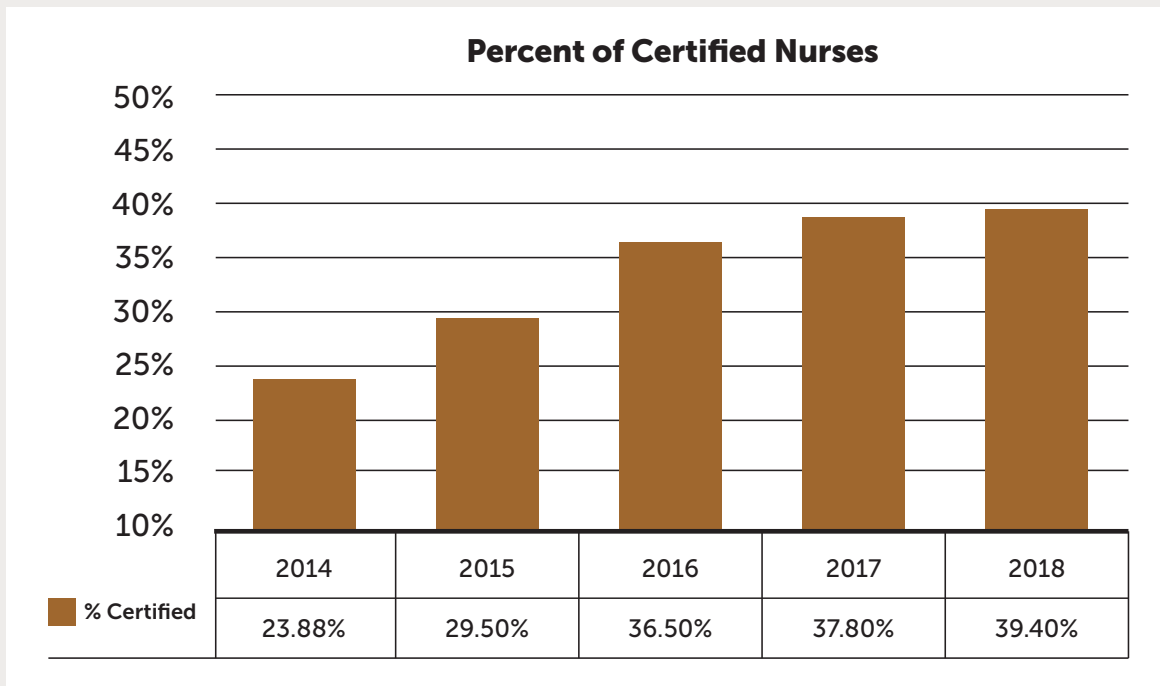
Elaine Joyce, MSN, RN, CNOR, CRNFA  
 – Nominee

## The Pursuit of Excellence: Nursing Certification

The nursing profession requires a commitment to lifelong learning. All graduate nurses take the National Council Licensure Examination (NCLEX) in order to become licensed to practice.

This license represents entry-level competence. The Institute of Medicine (IOM), in its *"To Err is Human"* report, recommends that health professional licensing bodies implement periodic reexaminations. Certification exams provide a way to meet the IOM recommendation; it validates the nurses' competence and growth beyond novice practice. Benefits of certification include: improved patient outcomes, increased nurse satisfaction, an environment of professionalism, and a culture of retention (AACN, 2018).

Over the past four years, nurses at Jefferson Health - New Jersey have been empowered to pursue certification through organizational assistance with educational preparation, financial support, and bonuses paid annually for up to two certifications. Certification has grown by 15%, and we are on track to meet our current goal of 42% certified nurses by 2021.



**Reference**

American Association of Critical-Care Nurses, (2018). Certification benefits patients, employers, and nurses. Retrieved from <https://www.aacn.org/certification/value-of-certification-resource-center/nurse-certification-benefits-patients-employers-and-nurses>.



## The Pursuit of Excellence: Increasing BSN Nurses

As a result of the changing complexity of nursing, the Institute of Medicine (IOM) issued *“The Future of Nursing”* report, outlining a key directive that the basic education level of entry into practice should be a Bachelor of Science in Nursing (BSN) degree.

Given there are currently multiple educational pathways leading to a license to practice, the recommendation was made for organizations to increase the percentage of nurses with a BSN to 80% by 2020.

This became a priority in the Jefferson Health – New Jersey Nursing Strategic Plan, and in 2014, multiple strategies were identified and put into place to increase the percentage of BSN nurses – which at that time was only 52.12%.

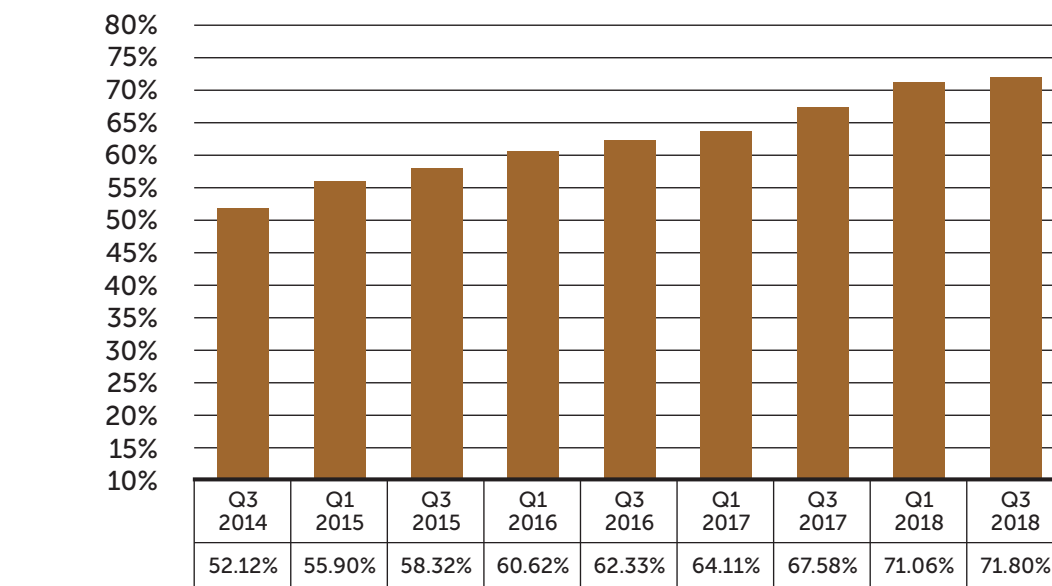
It was determined that two simultaneous initiatives would be needed: one for new hires, and one for current associates. A decision was made to continue to hire experienced candidates that share the Jefferson values, with or without a BSN degree.

However, any candidate hired without a BSN would be required to obtain the degree within three years of hire as a condition of employment. All new-to-practice hires would be required to have the BSN degree upon hire, as well as all management positions. As a result, new hires with a BSN increased by 16% in one year. In addition to tuition reimbursement, the following incentives were established to encourage current associates to return to school to earn a BSN:

- Financial bonus tied to the exemplary and mentor levels in the Clinical Advancement Program, which reward earned degrees, and pursuit of degrees.
- Increased academic partnership to streamline the pursuit of education.
- Implementation of a nursing scholarship program.

Data is collected semi-annually during the second and fourth quarters of the year. As of the fourth quarter of 2018, there were 71.8% nurses at BSN level or higher, exceeding our year-end goal of 70%. It is expected that the organization will reach the IOM recommendation of 80% by 2020.

**Percent BSN or Higher Nursing Degree**



## Leading the Way in Falls Reduction - TIPS

In late May 2017, the multidisciplinary Falls Committee engaged in a Fall Prevention Collaborative with the New Jersey Hospital Association (NJHA). Several members of the Falls Committee attended the workshop in Princeton, and were introduced to the evidence-based Fall TIPS (Tailored Interventions for Patient Safety) program.

The goal of TIPS is to prevent patient falls by translating an individual patient’s fall risk assessment into a decision-support intervention that communicates fall risk status, and creates a tailored, evidence-based plan accessible to all care team members – including the patient and family. During the workshop, the team was instructed to create a timeline for implementation, which outlined the steps toward piloting the TIPS program. This timeline became the step-by-step journey to trialing an evidence-based patient safety initiative.

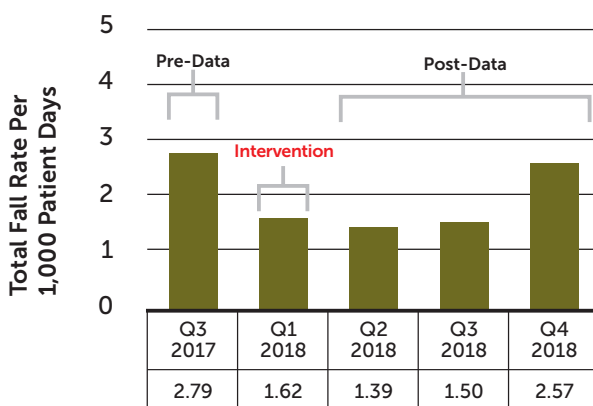
The team first had to gain support from the Falls Committee, along with nursing and hospital leadership; all parties offered unanimous and overwhelming support. An implementation team was formed and pilot units were selected. TIPS bedside posters were developed, and staff education was provided through computer-based learning (CBL). Pre-data was evaluated and a go-live date was selected.

During the pilot, unit-based process audits were conducted, as well as audits by the Falls Committee members. Patient fall data was monitored through the safety event reporting system. Weekly team huddles were initiated and held through conference calls. The pilot units were able to share positive stories, identify barriers, and discuss lessons learned.

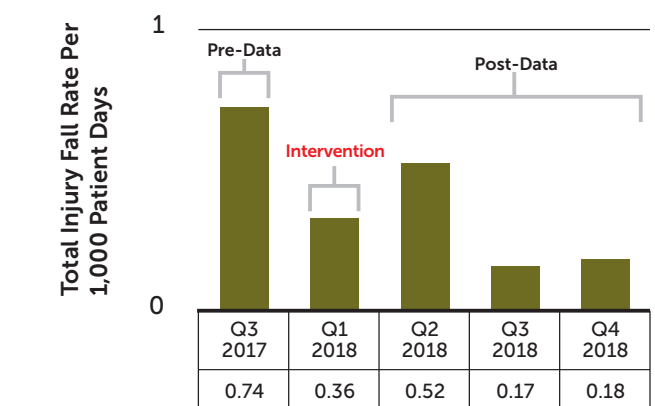
Patients and visitors reported that the colorful poster at the bedside provided a better understanding of how to partner with the staff to support the fall prevention plan. Opportunities to improve included: engaging the patients and families in fall risk assessment and care planning, location of posters at the patient’s bedside, process for patients not identified as high fall risk, cleaning processes, and posters in different languages.

Upon conclusion of the pilot, a decrease in both falls and falls with injury rates was observed. The Fall Committee recommended a system-wide roll-out of the TIPS program and received support from the Chief Nurse Executive Helene Burns. Next steps include obtaining TIPS resources, revising the current policy, aligning electronic documentation, and providing education to clinical staff. The goal is for system-wide implementation in 2019.

**TIPS Pilot Unit Fall Rates**



**TIPS Pilot Unit Injury Fall Rates**





## Facilitating Patient Needs Through Interprofessional Complex Care Consults

A Root Cause Analysis meeting is conducted after a medical error occurs to enable an interdisciplinary team to explore reasons for the error, and determine ways to prevent a reoccurrence.

As Jefferson Health – New Jersey moves into its “High Reliability Organization” status, we talk about “chasing zero” – meaning zero preventable harm to patients.

According to The Joint Commission, an estimated 80% of medical errors occur because of miscommunication between caregivers (Joint Commission Perspectives®, August 2012, Volume 32, Issue 8). Gaps in communication increase patient safety risk. And the most vulnerable patient is the one with complex healthcare needs.

In 2017, Chief Nurse Executive Helene Burns; Chief Medical Officer Dr. Tim Dombrowski; and Kim Hoffman, Corporate Director of Patient Safety & Risk Management; began searching literature for how hospitals addressed complex patient care that requires frequent communication among care providers. Most of the literature spoke about training medical staff to care for complex patients.

Procedures for better communication among care providers are often labeled “inter-disciplinary rounds,” which are challenging to conduct on a typical medical/surgical unit. The CNE and CMO drafted a new policy/procedure titled “Complex Care Consultation.” This policy provides inter-professional expertise, care coordination, and improved team communication early in the complex patient’s presentation to ensure effective communication and coordinated care planning.



Complex patients are those requiring frequent admission or re-admission to the ED or hospital; elderly and frail; frail, but not elderly; multiple and/or key chronic conditions; and/or suffer from behavioral health/or chemical dependency. The Complex Consultation Team includes, but is not limited to: medical staff, nursing, behavioral health team, case management, social services, and other appropriate support services.

Any care provider can call the hospital operator and request a “Complex Care Consultation.” Within 24 hours, the CNE or CMO facilitates a virtual meeting via conference call with all the caregivers, including medical staff on a case.

Since its inception and throughout 2018, “Complex Care Consultations” occur at least once a week among the hospitals. The process has improved communication among care providers and enhanced the individualized patient plan of care.

## Benefits of Professional Organization Membership – Self-Extubation QI Project

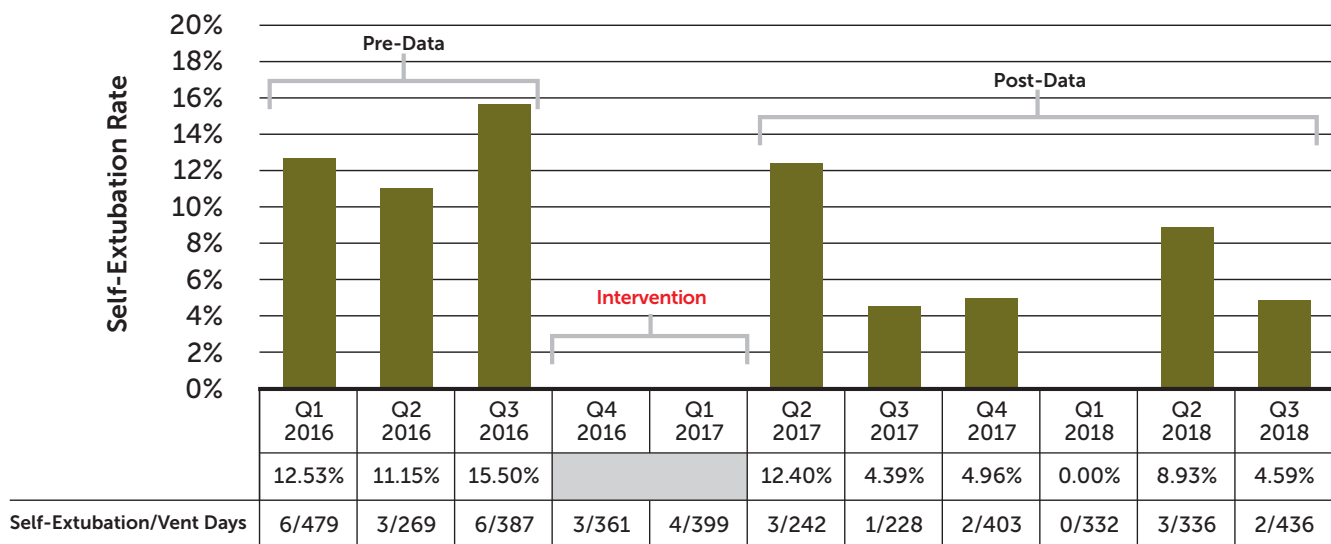
Clinical nurses are encouraged to become members of their specialty nursing organizations as a way to bring best practice ideas to Jefferson Health – New Jersey. Two nurses in the Cherry Hill ICU – Janice Coffey, BSN, RN, and Mario Battista, RN, CCRN – did just that to address an increasing incidence of patient self-extubation.

As members of the Critical Care Service Line and Unit Council, Janice and Mario were aware of the increasing numbers of ventilated patients that were self-extubating. As members of the American Association of Critical Care Nurses, both receive the *American Journal of Critical Care* and read an article addressing risk factors in self-extubations.

They brought this information to the Unit Council, leading to the development of an assessment tool to be used after all self-extubations. As a result, the main risk factor identified for the patient population was active weaning from the ventilator. A new process for increased surveillance and monitoring during the weaning process was initiated, after which, self-extubations decreased dramatically.

Nurses are lifelong learners. Professional organizations are one way of keeping up with current practice and promoting positive outcomes for all.

**CH-ICU Self-Extubation Rate**



**Reference**

Centers for Disease Control (CDC). 2016. Heart failure fact sheet. Retrieved from [https://www.cdc.gov/dhds/dsp/data\\_statistics/fact\\_sheets/fs\\_heart\\_failure.htm](https://www.cdc.gov/dhds/dsp/data_statistics/fact_sheets/fs_heart_failure.htm)

## Nursing Scholarly Activities

Jefferson Health – New Jersey nurses are encouraged to participate in scholarly activities, including submitting abstracts for poster and podium presentation; submitting manuscripts for public presentation; and participating in evidence-based practice projects and nursing research.

The following list recognizes New Jersey-based associates involved in such projects from December 2017 to November 2018.

### Poster Presentations

American Nursing Informatics Association (ANIA) National Conference, Orlando, FL, May 10-12, 2018: *Using an Interactive Informatics Skills Fair to Validate Informatics RN Competencies*  
**Dana Byrd, MSN, RN, CCRN; Gwen Heaney-Cutts, MSN, RN; Eleanor Lazar, BSN, RN, PCCN, CMSRN; and Khainde Williams, MSN, RN, RN-BC**

Organization of Nurse Leaders (ONL) Research Day, Princeton, NJ, June 6, 2018: *Enhancing the Management of the Behavioral Health Hold Patient in the Emergency Department*  
**Jennifer Clendining, BSN, RN, CEN, CPEN; and Connie Bowen, DNP, RN, APN-C, CCNS, CCRN, CEN, CPEN**

Association of Professionals in Infection Control (APIC) 45th Annual Conference, Minneapolis, MN, June 13-15, 2018: *The Missing Link with a Path Less Traveled: Incorporating an Aggressive Nursing Strategy in Antimicrobial Stewardship*  
**Donna Cybulski, MSN, RN, CCRN; David Condolucci, DO, MACOI; Cindy Hou, DO, MA, MBA, FACOI; Marianne Kraemer, BSN, RN, MPA, Ed. M, CENP, CCRN-K; and Nikunj Vyas, Pharm. D. BCPS**

Infectious Disease Society of America National Conference, San Francisco, CA, October 3-7, 2018: *Implementation and Three-year Results of Antimicrobial Stewardship Program in a Three Hospital Community Health System*

**Cindy Hou, DO, MA, MBA, FACOI, FACP; Nikunj Vyas, Pharm. D. BCPS; and Marianne Kraemer, BSN, RN, MPA, Ed. M, CENP, CCRN-K**

American Psychiatric Nurses Association Conference, Columbus, OH, October 24-27, 2018: *Quality Improvement in PMH Clinical Practicum: Utilizing Standardized Tools to Identify Change*  
**Kathleen Clark, PhD, RN, PMHCNS-BC**

### Podium Presentations

Organization of Nurse Leaders' New Jersey Nurse Leader Nursing Workplace Environment & Staffing Council Education Session, Princeton, NJ, February 23, 2018: *True Collaboration*  
**Helene M. Burns, MSN, RN, NEA-BC**

New Jersey State Nurses Association (NJSNA) Region One Meeting, Morristown Medical Center, Morristown, NJ, March 24, 2018: *Violence in the Workplace: One Hospital's Perspective*  
**Helene M. Burns, MSN, RN, NEA-BC**

Oncology Nursing Society (ONS) 43rd Annual Congress, Washington, D.C., May 17-20, 2018: *Creation of a Multidisciplinary Lung Nodule Center: An Innovative Care Model for High Risk Lung Nodules*  
**Michele E. Gaguski, MSN, RN, AOCN, CHPN, NE-BC, APN-C; Sandra Murray, RN, OCN, ONN-CG, CTTs; and Robert Davis, MBA**



## Podium Presentations

Jefferson NJ Community Health Fair, Cherry Hill, NJ, August 25, 2018: *Sudden Cardiac Arrest and Hands-Only Bystander CPR*  
**Maureen Green, BSN, RN, CEN, CPEN, TCRN**

Nursing Workplace Environment & Staffing Council Education Session, Princeton, NJ, September 14, 2018: *Research on Healthy Work Environment*  
**Helene M. Burns, DNP, RN, NEA-BC;** and Birkenstock, K.

Healthcare Facilities Symposium & Expo, Austin, TX, October 9, 2018:  
*Room with a View: How Staff Engagement Led to a Shared Vision of the Future*  
**Helene M. Burns, DNP, RN, NEA-BC;**  
**Lisa Dutterer, CAO;** Feldman, G., EDAC, CLGB, LEED Green Associate; and Palmer, M., AIA, LEED AP BD+C, CLGB

Organization of Nurse Leaders' New Jersey Nurse Leader & Emerging Nurse Leader Conference, Princeton, NJ, October 11, 2018:  
*True Collaboration & Authentic Leadership in a Healthy Work Environment*  
**Helene M. Burns, DNP, RN, NEA-BC**

AANN (American Association of Neuroscience Nurses) Philadelphia Chapter, 42nd Annual Fall Fling, Philadelphia, PA, October 25, 2018:  
*Reflections on over 50 years of Practice in Neurosurgery: A Conversation with the Simeone Institute of Neurosurgery Staff*  
**Cheryl Rosselli, MSN, RN, CNRN;** Bynum, J., RN, CRNFA; Krajewski, B., BS, CRNP, CNRN; and Simeone, F.A., MD, FAANS(L), FACS

Penn Medicine Nursing Research Conference, Philadelphia, PA, November 7, 2018:  
*Executive Support for Nursing Research: CNO Panel Discussion*  
**Helene M. Burns, DNP, RN, NEA-BC;** Conley, M.; Coladonato, A.; and Wadsworth, B.

## Webinar Presentations

Lippincott Webinar Series 2018, January 2018: *Lippincott Users Group: Lippincott has brought the Sizzle to Kennedy Health*  
**Gwen Heaney-Cutts, MSN, RN;** and **Coleen Nilsen, MS**

National HINN Leadership & Partnership for Patients (PfP), February 1, 2018: *Pacing Event Webinar on Falls Prevention NJ*  
**Helene Burns MSN, RN, NEA-BC;** and **Michelle Colbert, MSN, RN, CPPS**

Sepsis Alliance Webinar October 2018:  
*Sepsis: Across the Continuum of Care: Integration of Infection Control and Antimicrobial Stewardship with Sepsis Initiatives*  
**Cindy Hou, DO, MA, MBA, FACOI;** and **Marianne Kraemer, BSN, RN, MPA, Ed. M, CENP, CCRN-K**

## Publications

Hou, C., Davila, S., Rava, L., & Kraemer, M. (2018). A statewide antimicrobial stewardship collaborative: Findings in the first year, *American Journal of Infection Control* 46(6): 21-22.

**Cindy Hou, DO, MA, MBA, FACOI; and Marianne Kraemer, BSN, RN, MPA, Ed. M, CENP, CCRN-K**

Burns, H.M., 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

**Helene M. Burns, DNP, RN, NEA-BC; and Susan Fulginiti, DNP, NE-BC, RN-BC**

Gaguski, M.E., George, K., Bruce, S.D., Brucker, E., Leija, C., LeFebvre, K., & Thompson Mackey, H. (2017). Oncology nurse generalist competencies: Oncology Nursing Society's initiative to establish best practice, *Clinical Journal of Oncology Nursing*, 21(6), 679-687.

**Michele E. Gaguski, MSN, RN, AOCN, CHPN, NE-BC, APN-C; Kim George, MSN, APRN, ACNS-BC, OCN; Susan D. Bruce, MSN, RN, OCN, AOCNS; Edie Brucker, MSN, MPH, AGPCNP-BC; Carol Leija, MSN, RN, OCN; Kristine LeFebvre, MSN, RN, AOCN; and Heather Thompson Mackey, RN, MSN, ANP-BC, AOCN**

## Evidence-Based Projects, Performance Improvement and Nursing Research

March 2018: *The Chief Nursing Officer's Role for a Healthy Work Environment*

**Helene M. Burns, MSN, RN, NEA-BC**

September 2018: *Understanding the Experience of Clinical Nurses' Involvement in Decisions About a Healthy Work Environment and Staffing: A Pilot Study*

**Helene M. Burns, DNP, RN, NEA-BC; de Cordova, P.B.; Johansen, M.; and Weaver, S.**

*Addiction Recovery Coach Referrals from the ED: Does CARGE-AID Make a Difference?"*

**Julie Daly, MSN, APN, NP-C, BCEN**

*Opioid Crisis: ED Clinician Knowledge of Epidemic, and Prescription Drug Monitoring*

**Wanda Nocella, MSN, RN, FNP-BC**

*Safe Sleep Practices in the Neonatal Intensive Care Unit (NICU)*

**Deborah Keller, BSN, RN, RNC**

*Door to EKG*

**Barbara Lamaina, BSN, RN, CEN**

*Structured Teaching Plan for Nurses of CHF Patients*

**Shoba Mathews, DNP, RN, FNP-BC, CCRN, PCCN, CMSRN**

## Researching Factors that Influence the Pursuit of an Advanced Practice Nurse Degree

This past year, six members of the Advanced Practice Nurse (APN) Council worked together to develop and implement a research project. The project's purpose was to determine what factors appeared to influence a nurse's decision to pursue an APN degree.

There is limited to no literature specific to this research question; however, this information could assist with nurse recruitment and retention. It is expected that the nursing shortage will continue to grow as baby boomers age, and the demand for healthcare continues to rise (American Association of Colleges of Nurses, 2017). With this in mind, there will be an increasing need for both Registered Nurses (RNs) and APNs.

There are many factors that contribute to the nursing shortage, beyond the aging nursing workforce and the faculty vacancies in nursing programs, which limit access. (Carnivale, Smith & Gluish, 2015). Many nurses are leaving, or intend to leave, their current nursing position or the profession for various reasons (Chan et al., 2013; Han, Trinkoff & Gurses, 2015).

Increased psychological demands, lower autonomy, long hours, and lack of support from peers and supervisors, can lead to job dissatisfaction, and, in turn, an intention to leave nursing (Han et al., 2015). Recruitment and retention of nurses is essential (Chan et al., 2013; Steege & Rainbow, 2017). The demand for nurse anesthetists, nurse midwives, and nurse practitioners is expected to grow as much as 31% from 2014 to 2024 (US Department of Labor [USDL], 2015). This increase relates to the need for preventative care, healthcare legislation, and aging baby boomers (USDL, 2015).

The hypothesis for the research project is that the RN clinical setting is a predominant factor associated with pursuing an APN degree. Researchers believe that knowing these factors may assist with focusing efforts for recruitment to APN degree programs, as well as retention of our nurses.

The research consisted of a survey sent out to all employed Jefferson Health – New Jersey RNs. We are currently working with a statistician to interpret the data received and determine if further surveying is required, prior to releasing the results. We anticipate disseminating our final findings in the first quarter of 2019.

---

### Reference

American Association of Colleges of Nursing (2017). Retrieved February 8, 2017, from <http://www.aacn.nche.edu/education-resources/aprn-consensus-process>

Carnevale, A., Smith, N., & Gluish, A. (2015). Nursing supply and demand through 2020. Georgetown University: Center on Education and the Workforce. Retrieved February 8, 2017, from <https://cew.georgetown.edu/wp-content/uploads/Nursing-Supply-Final.pdf>.

Chan, Z., Tam, W., Lung, M., Wong, W., & Chau, C. (2013). A systematic literature review of nurse shortage and the intention to leave. *Journal of Nursing Management*, 21, 605–613.

Han, K., Trinkoff, A., & Gurses, A. (2015). Work-related factors, job satisfaction and intent to leave the current job among United States nurses. *Journal of Clinical Nursing*, 24(21-22), 3224-3232.

Steege, L.M. & Rainbow, J.G. (2017). Fatigue in hospital nurses: 'Supernurse' culture is a barrier to addressing problems: A qualitative interview study. *International Journal of Nursing Studies*, 67, 20-28.

US Department of Labor. (2015). Nurse anesthetists, nurse midwives, and nurse practitioners. (2015). Retrieved February 10, 2017, from <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-6>



## Improving the Work Environment Through Clinical Nurse Involvement

In 2015, Chief Nurse Executive Helene Burns introduced a new committee to our then-Kennedy Nursing Shared Governance Model known as the “Staffing Committee.”

Clinical nurses were invited to join the committee, which Helene chaired. Its purpose was to provide a forum for nursing leadership to share information on nursing budgets, vacancy rates, turnover rates, recruitment strategies, comparisons of nurse-to-patient ratios in our region, and local/national nurse staffing trends.

As the committee evolved, its focus turned to looking at adequate staffing and improvements to the work environment. In 2017, the committee became a core council in shared governance and was renamed the “Nursing Work Environment and Staffing Council (NWESC).” The council’s goal is now to provide a formal collaborative structure that gives clinical staff nurses a respected voice in determining human and environmental resources needed to provide the best patient care. The Strategies for Shiftwork Safety & Wellness Committee was formed to offer classes about shiftwork safety to all Jefferson Health – New Jersey staff.

Beginning in Q4 of 2017, Jefferson Health – New Jersey became one of the five pilot hospitals in the state participating in a research study: *Understanding the Experience of Clinical Nurses’ Involvement in Decisions About a Healthy Work Environment and Staffing: A Pilot Study*.

Members of the council participated in a quantitative and qualitative research study aimed at understanding more about how nurses – including clinical nurses and nurse managers/leaders – understand the healthy work environment and nurse staffing.

Research questions that guided this study were: (1) What is the experience of clinical nurses’ involvement in decisions about a healthy work environment and staffing, (2) What are nurse leaders’ and clinical nurses’ perspective of a healthy work environment and staffing?, – and (3) What are nurse leaders’ and clinical nurses’ perspective of staffing committees and how staffing committees contribute to a healthy work environment? The study was completed late in 2018 and will be disseminated early in 2019.

## ANCC Research Studies – June 2018

Research Study Title	IRB Review Type	Date Approved	Study Status	Date Study Completed
Factors that Influence a Nurse's Decision to Pursue an Advanced Practice Nursing Degree	Exempt	6/9/2017	Ongoing	
The Breakdown in Sepsis: the Link Between Skin Failure and Sepsis	Exempt	8/21/2017	Complete	6/22/2018
Understanding Clinical Nurses' Involvement in Decisions for Healthy Work Environment	Expedited	8/31/2017	Ongoing	
Opioid Crisis: ED Clinician Knowledge on Epidemic, Rx Drug Monitoring	Exempt	3/16/2018	Complete	8/28/2018
Statistical Analysis of Vein Diameter in Patients Requiring Upper Arm Access	Expedited	5/25/2018	Ongoing	

			Study Scope			Study Types		
Nurse PI, Co-PI, &/or Site PI	Role(s) of Nurse(s)	Credentials	Internal to a Single Organization	Multiple Organizations within a System	Independent Organizations Collaboratively	Replication	Qualitative	Quantitative
			Constance Bowen Rosemary Serock Julie Daly Noreen Loreto-Santos Gwyn Parris-Atwell	PI Co-PI Co-PI Co-PI Co-PI	DNP, RN, APN-C MSN, APN, NP-C MSN, APN, NP-C MSN, APN, ACNP-AG, FNP-BC MSN, RN, APN-C		●	
Patricia Zielinski Sherry Grillo Deborah Sloan	PI Co-PI Co-PI	BSN, RN, WCC RN, WCC RN, WCC, OMS	●					●
Helene Burns Mary L. Johansen	PI Co-PI	MSN, RN, NEA-BC PhD, NE-BC		●			●	●
Wanda Nocella Connie Bowen	PI Co-PI	MSN, RN, FNP-BC DNP, RN, APN-C	●					●
Danielle Shontz Kerri Swipes Herb Schoener Kelly Wright Debashis Kushary	PI Co-PI Co-PI Co-PI Co-PI	BSN, RN BSN, RN BSN, RN BSN, RN PhD		●		●		



## Improving Throughput Using an Innovative Transfer Center Approach

Effective, efficient patient throughput is vital to quality care and satisfaction. Though an Enterprise project to blend best practices, we have had the pleasure to work within the Jefferson Health system to integrate Jefferson Health – New Jersey with Thomas Jefferson University Hospital (TJUH) and its affiliates. The assigned project included the Patient Flow Management Center (PFMC) and the bed management build of EPIC. This opportunity proved more than we could have ever imagined.

Jefferson Health – New Jersey was received and welcomed into the Jefferson family by some of the most professional, hardworking individuals. The PFMC consists of environmental services, internal transport, bed management, support, and leadership to our group. We also are being integrated into the EPIC team. We were surprised to see the dedication and level of knowledge of this team, which welcomed us, providing the education and tools needed to become very patient-centric.

The build is growing seamlessly. This team also has supported us in preparation for the Jefferson Health – New Jersey task force for patient flow. We have held two meetings, to date, with our team to discuss building beds and their attributes into the EPIC system. The teams, which are engaged and work very well together, include: PFMC, EPIC, and individuals who are topic experts within the New Jersey campuses.

General Electric was contracted to realign the PFMC to include a data component for the Enterprise, and clinical pathways through our “Wall of Analytics” creation.

This integration is truly a wonderful and educational experience that will harmonize the various components of our health system into ONE JEFFERSON, while improving throughput and the patient experience across the enterprise.

## Contributors

### Executive Editors

Helene Burns, DNP, RN, NEA-BC  
*Chief Nurse Executive*

Kim Packer, MS, BSN, RN, NEA-BC  
*Corporate Director, Clinical Excellence*

### Managing Editor

Nicole Pensiero  
*Corporate Director, Communications*

### Contributing Writers

Dana Byrd, MSN, RN, CCRN  
*Clinical Nurse*

Amelia Skelly, BSN, RN, CMSRN, CNOR  
*Clinical Nurse*

Carlos Vascos, BSN, RN  
*Clinical Nurse*

Michelle Colbert, MSN, RN, CPPS  
*Manager, Patient Safety & Risk*

Julie Daly, DNP, RN, APN, NP-C  
*Nurse Practitioner*

Patricia Madden, MSN, RN, CCTM  
*Corporate Director, Nursing*

Danielle Shontz, BSN, RN, VA-BC, CEN  
*Clinical Nurse*

[KennedyIsJefferson.org](http://KennedyIsJefferson.org)

