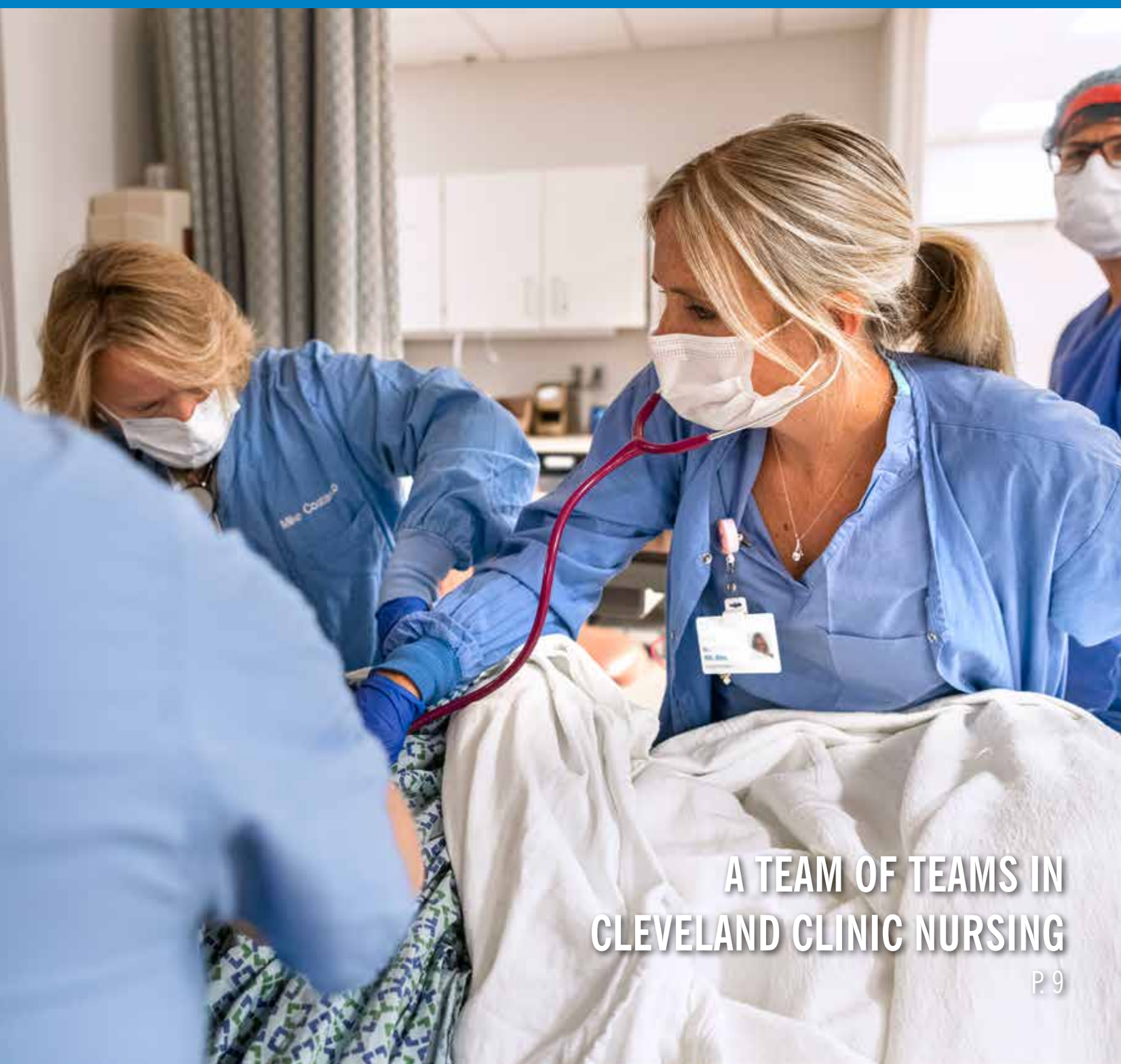
Cleveland Clinic

Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence

FALL 2021



A TEAM OF TEAMS IN CLEVELAND CLINIC NURSING

P. 9

Dear Friends,

This issue of *Notable Nursing* includes a wonderful photographic essay featuring Cleveland Clinic caregivers on medical-surgical floors, in intensive care units, in emergency departments and more.

We sought to share their professionalism and dedication and wanted to provide their perceptions of what teamwork means to them. I am so glad we did. You can see the images and read what they have to say on pages 9-13.

Whenever I round on nursing units and in our EDs and clinics, I ask managers and bedside nurses what they are most proud of. "Teamwork" is by far the most common answer, and that comes as little surprise. Teamwork helps nurses through patient-care challenges, and it has made a huge difference during the COVID-19 pandemic. We have stepped up for each other in myriad ways: helping with donning and doffing PPE, taking extra shifts when our colleagues have been out sick with COVID-19, and venturing beyond our comfort zones and into different roles on unfamiliar units, to name just a few.

Difficult though these situations can be, they also build pride and a shared sense of purpose. We know from a recent caregiver survey that our nurses believe they work well together and that their managers encourage teamwork.

Through our work in an enterprise that embraces a "team of teams" approach to caregiving, we see that strong collegial alliances and team-oriented, patients-first actions (that match our guiding principles to treat patients and fellow caregivers as family) help ensure that we are doing our best for those we serve.

As 2021 comes to a close and we look toward next year, may you stay open to new ways to celebrate and strengthen your teams. And may we all be the kind of colleagues we wish to have around us.

MEREDITH FOXX, MSN, MBA, APRN, NEA-BC, PCNS-BC, PPCNP-BC, CPON
Executive Chief Nursing Officer, Cleveland Clinic

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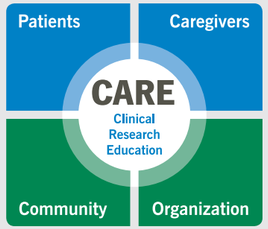
On the cover: At Cleveland Clinic Mercy Hospital, nurses Christine Guban and Julie Buchanan (with stethoscope) work together to care for a patient recently out of surgery.

These care priorities help keep our focus on caring for patients as if they are our own family, treating fellow caregivers as if they are family, maintaining our commitment to the communities we serve, and treating the organization as our home.



Nursing Care and Research Foster Evidence-Based Practice

PURSUIT OF KNOWLEDGE LEADS TO IMPROVEMENTS IN PATIENT CARE

For Cleveland Clinic nurses, evidence-based practice (EBP) is much more than a buzz phrase. It is ingrained in everything they do, from training at The Stanley Shalom Zielony Institute for Nursing Excellence to delivering care at the bedside to pursuing research.

The emphasis on EBP runs deep because nurses embrace the concept that conscious use of best knowledge and best practices is crucial for ensuring patient safety. Their own experiences have shown that outcomes are improved when care decisions result from a combination of learning experiences. Nurses use best published research, their own clinical expertise and patient preferences and values.

Antoinette Zito, MSN, RN, CPAN

"In every nursing course we teach, we talk about the evidence base, from expert opinion to consensus guidelines," says Antoinette Zito, MSN, RN, CPAN, a nurse educator in the operating room at Cleveland Clinic Hillcrest Hospital. "In undergraduate nursing programs, there is a class specifically on evidence-based practice. My vision for the future is that a course will not be necessary because we will have high-quality published evidence for the majority of practices that nurses participate in."

Nancy Kaser, MSN, clinical nurse specialist at Cleveland Clinic's main campus, agrees.

"Compared with other social sciences, the nursing knowledge base is in its infancy," Kaser says. "But evidence-based practice is now a part of our common nursing language. We're constantly examining our practice, and we're encouraging nurses to develop a spirit of inquiry at the bedside."

Nancy Kaser, MSN

In decades past, a lack of research evidence in nursing literature meant that real world practices were heavily reliant on expert opinion. As evidence has evolved and expanded, many practices that once were considered inarguable have fallen by the wayside.For example, early ambulation has replaced bed rest for postsurgical patients. Previously, when new mothers indicated that they planned forumla feeding, nurses recorded it without comment, but now nurses encourage breastfeeding because of its established health benefits for newborns.

A nurse educates a Cleveland Clinic patient on the potential side effects of opioid painkillers.

Cleveland Clinic nurses review long-held practice traditions at monthly meetings of their hospital-based nursing research councils. The Nursing Institute's "Evidence Before Tradition" campaign aims to increase awareness of outdated beliefs and practices.

Front-line nurses suggest the topics for review, which have ranged from Trendelenburg positioning for patients with hypotension to prescribing a neutropenic diet for oncology patients. After research evidence has been examined, the council identifies current practices and defines best practices. Council members share a synopsis of the findings and references with nursing colleagues.

Cleveland Clinic nurses also take an evidence-based approach in clinical work. Zito describes an experience implementing a new ketamine protocol. "It was gratifying to go to the medical literature and find so much information, not only about the science regarding the drug but also about caring for patients receiving the drug."

Among areas in which seminal data have significantly influenced nursing practice, Kaser and Zito cite prevention of venous thromboembolism, safe patient ambulation and opioid side effects.

"Today, nurses play an important role in postsurgical opioid stewardship," Zito says. "Ten years ago, we didn't teach about the adverse effects of opioids, such as addiction. Now we educate patients about the risks associated with these drugs because of new evidence that emerged over time."

Even during the extreme stress of a pandemic, Cleveland Clinic nurses have translated insights and experience into evidence-based advances. The result has been better outcomes for patients. As the pandemic progressed, for example, nurses adopted the practice of prone positioning of COVID-19 patients to improve oxygenation.

Cleveland Clinic encourages the spirit and practice of inquiry among nurses in several ways. Nurses who conduct systematic reviews of the literature on a nursing problem can apply for the Nursing Research Fund – Literature Review grant, which funds time used to complete the process of discovery and dissemination. The institution also supports EBP by sharing literature review findings via posters presented during Shared Governance Day. EBP also is shared at the Nursing Institute's Annual Research Conference; at a two-day EBP workshop; and through partnerships with local nursing research councils.

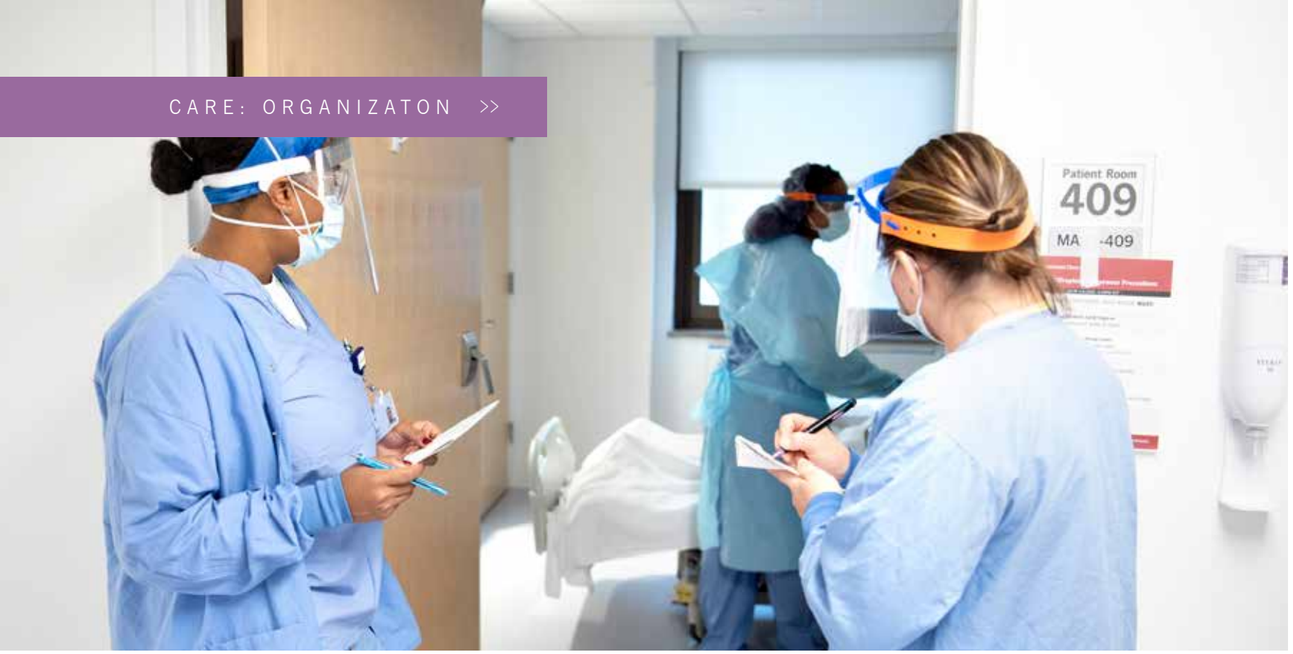
The institution also supports EBP through posters that are presented at Shared Governance Day, at the Nursing Institute's Annual Research Conference, during a two-day EBP workshop, and via partnerships with local nursing research councils. In addition, our Intranet system has an EBP link that includes definitions, algorithms, checklists and other templates, articles in the literature, an EBP model and templates of materials used to review literature. The Zielony Institute's eJournal club for EBP is unique in that the focus of the review of literature is on strength and quality of the evidence rather than on simply learning about a nursing practice. Nurses complete a quiz after reviewing papers on different topics. They can receive continuing education credit for their work.

> 'As nurses, we have a personal responsibility to stay abreast of the latest evidence and apply it to the care of our patients.'
>
> — *Antoinette Zito, MSN, RN, CPAN*

"Cleveland Clinic is so rich with EBP resources. As nurses, we have a personal responsibility to stay abreast of the latest evidence and apply it to the care of our patients," says Zito. "When one of our nurses has an idea for an innovation or a research project, they need to bring it forward. If a nursing caregiver thinks there is a better way to do something, we should look at it. We have the structure in place here to do just that."

Email comments to notablenursing@ccf.org.

Nurses at Cleveland Clinic Martin Health in Florida assist a patient who has been intubated and has been recommended for prone positioning to ease breathing. Prone positioning is among evidence-based practices that emerged from the COVID-19 pandemic.



Experienced nurses working in a variety of hospital roles underwent training to allow them to move to ICUs and elsewhere during the pandemic surge. The training also involved expanding the number of nurses who could, in turn, train others.

Carol Pehotsky, DNP, RN, NEA-BC, ACNS-BC, CPAN

Kristine Adams, RN, MSN, CNP

Barbara Zinner, DNP, RN, NE-BC, CENP

The Lessons of Workforce Readiness

PANDEMIC EXPERIENCE INFORMS THINKING ON HOW TO BUILD STRENGTH AND FLEXIBILITY INTO NURSING SYSTEMS

When nursing caregivers at Cleveland Clinic Marymount Hospital began treating COVID-19 inpatients in the spring of 2020, teams quickly learned that they could preserve personal protective equipment (PPE) by allowing one nurse to remain at the patient's bedside in gown, mask and shield while others worked as runners, staying outside the room to retrieve supplies and personnel.

That protocol sounds simple, but it had not been standard procedure before the pandemic created a supply shortage that extended around the world. Using runners to support gowned caregivers is just one of the resource management adaptations to emerge from the COVID-19 crisis. As the pandemic stretches on, nursing leaders and educators are reviewing what the pandemic has taught them about managing time, skills, equipment and personnel in a changing healthcare landscape.

At Cleveland Clinic and other hospitals, numbers of COVID-19 cases have swelled and receded, but the development of strategies for a new era is ongoing. Among those at the forefront have been Carol Pehotsky, DNP, RN, NEA-BC, ACNS-BC, CPAN, Associate Chief Nursing Officer, Surgical Services, and Senior Director of Surgical Nursing at the main campus; Kristine Adams, MSN, CNP, Associate Chief Nursing Officer, Care Management and Ambulatory Services, and Senior Director of Chronic Disease Clinics at the main campus; and Barbara Zinner, DNP, RN, NE-BC, CENP, Chief Nursing Officer at Marymount Hospital.

SURGE PLANNING

In early 2020, Cleveland Clinic nursing leaders began rethinking almost every assumption about how to leverage the health system's nursing talent for a patient surge.

"At that time, we were building the Hope (surge) Hospital and asking 'How do you staff another 1,000 beds without adding any new nurses?'" Adams says. "We discussed how nurses in some areas might be more easily reassigned, and where best to use their individual skill sets. For example, a nurse may now be focused on work in the field of quality, but formerly the nurse was clinically competent in the field of emergency department care. The question became: What do we need to do to prepare nurses to be reassigned to a previous role or work environment, should we need to do so?"

The plan identified a centralized group of decision-makers who could quickly triage the needs of individual hospitals and decide where to focus nursing caregiver support. Early on, Marymount Hospital was to be a hub for COVID-related care. At its peak, Dr. Zinner says, COVID-19 patients occupied 25 of the community hospital's 28 open ICU beds and another 70 medical-surgical beds. When case numbers quickly overwhelmed capacity, Marymount nurses shared their experiences and practices (including the use of runners) to help caregivers as other Cleveland Clinic hospitals began treating pandemic patients.

THE CHANGING WORKFORCE LANDSCAPE

As hospital leaders managed bed placement and care for a wave of patients, they also began to manage a shrinking nursing workforce.

Before COVID-19, "We had a lot of nurses working past their retirement age," Adams says.

The first wave of nurses who left their positions, she adds, were those who could have retired years ago, based on age alone. Another subset of people who had planned to retire in 2020 or 2021 decided to leave earlier than planned.

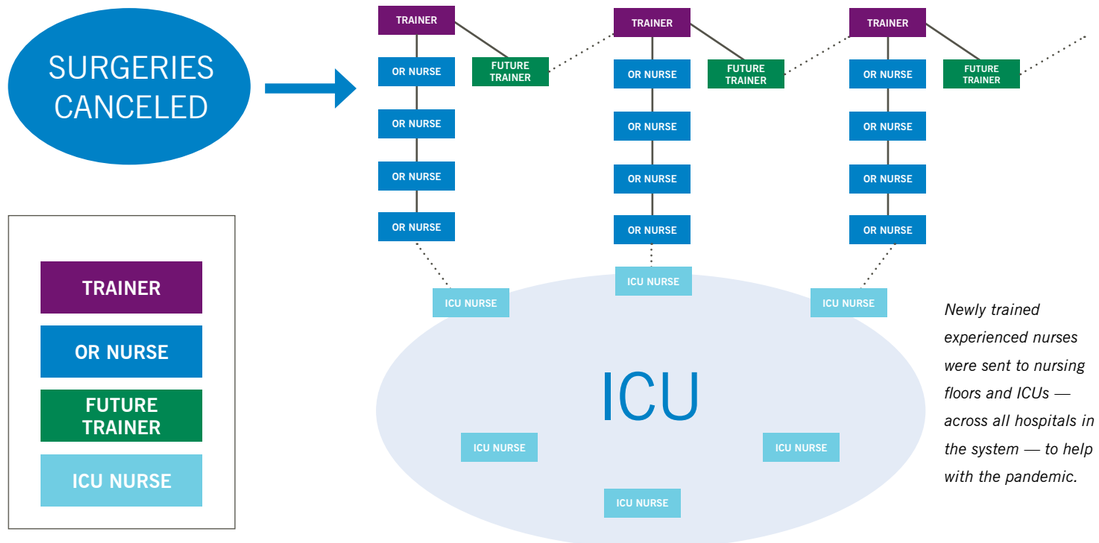
Some nurses left after contracting the virus, including a few who became seriously ill and suffered as COVID-19 "long-haulers."

As caregiver shortages hit hospitals, travel nurse agencies began offering monetary incentives, including signing bonuses, to newly graduated nurses who might otherwise have started their careers as clinical nurses on a hospital unit.

In the face of these workforce challenges, Cleveland Clinic's Nursing Institute became a "shining star" by creating classes to train experienced nurses for new assignments, Dr. Pehotsky says. When elective surgeries were temporarily canceled because of the pandemic, OR nurses became available for other assignments.

"We did our very best to send nursing caregivers to training classes before sending them to a nursing unit or ICU," Pehotsky says. "Caregivers were matched with clinically experienced nurses as soon as possible after the class, and whenever possible, to gain experience with

New Model: Training Experienced Nurses for Specialized Care



Newly trained experienced nurses were sent to nursing floors and ICUs — across all hospitals in the system — to help with the pandemic.

oversight. In my specialty [perioperative nursing], some nurses had never worked in an ICU or on a medical-surgical unit before."

Nursing Education expanded class availability to accommodate a variety of schedules so training could be completed in a short period of time. "Train-the-trainer" practices increased the number of people who could share information, Pehotsky adds, and became a practice that is expected to continue.

For nurses and managers, flexibility has become an indispensable tool. Nurse managers plan to extend help to newly cross-trained caregivers as if they were recent graduates who had to learn from the bottom up. Further, students and new nurse graduates are educated with flexibility in mind.

Currently, we live in a world of hyper specialized caregivers, especially at our quaternary care hospital. "Hyper specialization may not be sustained for the long term, especially if the workforce landscape continues to reflect high vacancy rates," Adams says.

MANAGING MATERIALS

The pandemic has also provided lessons about the need for vigilance with supplies. Cleveland Clinic developed a process to sterilize and reprocess N95 masks so that they could be reused if mask supplies dwindled. Although the reprocessed masks have not yet been needed, they remain in storage for a "rainy day," Pehotsky says. Early in the pandemic, surgery teams sent their disposable gowns to COVID-19 units and switched to cloth gowns that are sterilized and reused.

"We got creative around what could be used where," Pehotsky says. "Our Supply Chain department worked closely with us to find acceptable substitutes for hair coverings — not just in terms of covering, but in terms of infection prevention. It will be important to maintain communication with supply chain experts as the pandemic continues so that we can be ready for a future crisis.

SOLUTIONS FOR TOMORROW

Nursing leaders expect many of the changes wrought by the pandemic to continue. New models of care could include systems in which non-nurse caregivers provide clinical support under the direction of licensed nurses. Telehealth and telemedicine solutions might expand remote-care options, but only if the novel technology can be easily accessed and used by patients and providers.

In ambulatory home care, sending a nurse to 10 homes a day will not help, Adams says. "But we can monitor people remotely. And we can leverage unlicensed, non-nursing personnel to deliver equipment and supplies. The goal is to facilitate efficient and effective healthcare that promotes improved clinical patient outcomes."

In addition, leaders are learning from hospitals that are often in the paths of natural disasters. These facilities continually invest in training so that special teams can be deployed as needed during a crisis.

"We are committed to ensuring that our nurses are able to maintain training," Pehotsky says. "We've learned that regular updates and repeat training are necessary to ensure that nurses are ready to shift roles when needed. It is easy to attend training and then lose content details if training is not followed by actual clinical experience. Regular retraining promotes development of core competencies that can be expanded on when necessary."

Email comments to notablenursing@ccf.org.

Emergency department caregivers at Cleveland Clinic Euclid Hospital mobilize to respond to a code blue. The team, from left, is Natalie Barry, RN; Stephen Singleton, patient care technician; Stephanie Millam, BSN, RN; and Linnea Dominick, RN.

A Team of Teams in Cleveland Clinic Nursing

In the Cleveland Clinic Euclid Hospital emergency department (ED), nothing demonstrates teamwork in action more dramatically than the sight of caregivers moving together around a seriously ill patient, says Stephanie Millam, BSN, RN.

When the team treats an adult in cardiac arrest, Millam says, "it's all hands on deck. Caregivers are completing chest compressions, a respiratory therapist is assisting with oxygen, a nurse delivers medications, and a team member is there documenting the timing of treatments. Providers at the bedside are making management decisions and leading the care." Afterward, Millam says, caregivers disperse to continue caring for other patients on the unit.

Scenes like that play out over and over again in hospital EDs, where nurses and others develop ways of communicating efficiently, anticipating needs and staying focused on the shared goal of patient care.

But teamwork isn't just for emergencies. It's the backbone of how nurses support each other and non-nursing caregivers as part of their jobs.

Notable Nursing recently visited intensive care units, medical units, EDs and postsurgical care units at Cleveland Clinic hospitals across Northeast Ohio to capture nurses in action and to share their perspectives on the qualities of teamwork. Nurses described the ways their colleagues contributed to a common purpose, how that makes them feel and what can happen when team members do not move in the same direction. "Chaos" was a word commonly used to describe a lack of unity in purpose and actions, although those who mentioned chaos said that they had not experienced it with their current teams, if ever.

Nurses overwhelmingly described their own colleagues as a second family, and they defined colleagues as a group of mutually respectful professionals who show up for one another. Juston Burton, RN, an ED Charge Nurse at Cleveland Clinic Akron General Lodi Hospital, put it succinctly. He referred to teamwork in action as "motivated staff members who do things without being told and can predict what's going to happen next."

Meet some of Cleveland Clinic's dedicated nurses here and read more about how they view team culture.

Email comments to notablenursing@ccf.org.

Jasmine Parham, DNP, RN, NP-C, a nurse practitioner in the Respiratory Institute at main campus, views a telemonitor before consulting with a patient who has COVID-19. "As human beings, we try to help one another, whether family members, patients, coworkers or even complete strangers," Parham says. "Teamwork lies on that spectrum. Team members are so important, especially in healthcare, because we have a common goal. Knowing you have someone to count on is vital. We all need help at some point, and it's comforting to know that you are part of a unit, and someone always has your back and is able to pick up where you left off."

On the medical-surgical unit at Cleveland Clinic Euclid Hospital, Yolanda Spates, BSN, RN, brings 35 years of nursing experience to the team. "It's important to have a good, positive outlook on how the day is going to turn out, because your patients will feel that energy," she says. "People always say I have a calming demeanor, and that's what I try to bring."

Lillian Roscoe, ANM, BSN, RN, Assistant Nurse Manager in the ICU at Cleveland Clinic Hillcrest Hospital, talks with Alex Alzayed, BSN, RN, who had been a nurse for only about a year before COVID-19 hit. Teamwork has been essential during the pandemic, Alzayed says. On a recent morning, he spent three hours in a room working with six other caregivers to deliver multiple therapies to stabilize a patient suffering from the virus.

At Cleveland Clinic Medina Hospital, Assistant Nurse Manager Stephanie Pribonic, BSN, RN (left), makes a report as Palak Patel, MSN, RN, prepares to take a patient's blood pressure. "Teamwork means being there for each other through each day, with different challenges, and in busy and complicated situations," Patel says. "We understand each other. Before a co-worker even asks for help, we are there, going above and beyond to provide patient-centered care."

Pribonic agrees. "This pandemic has fundamentally changed everyone's life, and when it comes to caregivers, it requires us to have selfless teamwork. When one of us is in an isolation room and needs help repositioning a patient or gathering supplies for a procedure, we know we have others we can count on."

Juston Burton, RN, Charge Nurse in the ED at Cleveland Clinic Akron General Lodi Hospital, says that COVID-19 required hospital caregivers to pivot quickly. "It changed almost every normal process," he says. "Nurses don't like abrupt change. But in the long run, everyone was kept safe, and we appreciate what was done. It was just a little overwhelming at first."

John Parise, BSN, RN, graduated from Kent State University in 2020 and was hired into Cleveland Clinic Euclid Hospital's ED. Previous experience as a patient care technician acquainted him with the high energy of the ED. Parise loves to tackle tasks immediately and with purpose. "My biggest wish for anyone I work with is that they have that same urge. I want them to want to do things as soon as possible. I'm just someone who keeps moving."

Bart Grzybowski, BSN, RN, CEN, has worked at Cleveland Clinic for 28 years, many of them as an assistant nurse manager at Cleveland Clinic South Pointe Hospital. "Quite often when we are busy in pre-op, I will tag-team with another nurse to get ready in a more timely fashion. As the Assistant Nurse Manager, I am always willing to take suggestions from the staff on better and more efficient ways to operate the unit. We cannot function without teamwork. I work with some wonderful nurses who share my philosophy."

At left, in a post-anesthesia care unit at Cleveland Clinic Mercy Hospital, nursing team members include Kaitlin Lonca, ADN, RN; Jamie Carbone, MSN, RN; Lindsay Grace,BSN, RN, CPAN, CAPA; and Suzanna Lohmeyer, BSN, RN. "Everybody's great overall, but sometimes we bring our own special talent," Lohmeyer explains. "Some of us have coronary care backgrounds, rehabilitation backgrounds, an orthopedics background or experience in the ICU. When we come together, we're really working well as a team." Below, nurses Christine Guban, BSN, RN; Julie Buchanan,BSN, RN; Rachel Welden, BSN, RN; and Lonca attend to a patient who has recently come out of surgery.

Stacy Seals, BSN, RN, left, spent 15 years as an LPN before becoming a registered nurse in 2017. At Cleveland Clinic South Pointe Hospital, she works on a postoperative care unit, where, she says, the team is well integrated. "When everyone knows their roles, it makes for an easier workday," says Seals.

At Cleveland Clinic Euclid Hospital, Stephany Hasberry, MSN, RN, performs a neurological examination on a patient in the ED. A longtime ED nurse, Hasberry says that teamwork is integral to how caregivers manage each day. "This shows support of each other," she says. "Being proactive whenever we can supports patients and each other."

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The Heart of Nursing

CARING FOR OTHERS AND MAKING A DIFFERENCE KEEPS NURSES COMING BACK

Cleveland Clinic nurse Maria Higgins, BSN, RN, NE-BC, vividly recalls her first day working as an aide at a hospital as part of a high school career program. She was awestruck as she observed nurses performing their work with such competence and professionalism, and she wondered if she had what it took to be a nurse herself one day.

Maria Higgins, BSN, RN, NE-BC

"It seemed like they did everything with ease, and I was just so unsure," says Higgins.

On that first day, Higgins watched a nurse change a dressing on a pressure injury and got woozy. "I saw stars and had to take some deep breaths," she says.

She was never deterred. Now a nursing operations manager (NOM) at Cleveland Clinic Lutheran Hospital, Higgins says that nothing — not even a global pandemic — has hindered her commitment to the calling.

Despite some of the most demanding conditions in recent history, nursing remains a career that many regard as an expression of who they are. The work satisfies their yearning to care for others; their wish to use their technical, problem-solving and critical thinking skills; and their need to make a positive impact on the world.

Jeanne O'Toole, MA, BS, RN

"I feel like that desire to help comes from inside me," says Jeanne O'Toole, MA, BS, RN. "It is a deep passion for caring."

O'Toole retired seven years ago from full-time work as a nurse manager in surgical recovery at Cleveland Clinic Hillcrest Hospital. Nearly a year into the pandemic, in January 2021, she felt the urge to help patients and caregivers in whatever way she could.

She returned to Hillcrest Hospital, where she works about 10 hours a week supporting patients by listening to their concerns, helping them understand medical conditions and care plans, and communicating with their families. One of the most satisfying aspects of the work, O'Toole says, is helping older adult patients who may be confused about why they're in the hospital.

"When you empathize with someone, it really improves their health," she says. "They feel they've been understood."

Like many nurses, O'Toole says she considers the work more a calling than a job. "You need a deep respect for people," she says. "I don't know how you do it without that."

Jennifer Spurlin, MSN, RN, NE-BC, describes her passion for nursing in similar terms.

Jennifer Spurlin, MSN, RN, NE-BC

"I've always wanted to be a nurse, ever since I was young," says Spurlin. "I started at the age of 17 as a nurse's aide in an assisted living home. Most of the patients had Alzheimer's disease. I would go there after school and make them dinner, sit and talk with them, and get them ready for bed. That was so enjoyable, just sparking up a conversation and listening to what they could remember or what they thought the future would be like."

Like Higgins, Spurlin is a NOM at Lutheran Hospital, a position that brings with it the satisfaction of supporting fellow caregivers in meeting patients' needs. "I absolutely love working in a hospital setting," she says.

As NOMs, Spurlin and Higgins have experienced the pressures the pandemic has placed on nursing. In the beginning, as researchers worked to better understand the virus, care management policies and procedures evolved and could be a source of frustration for nurses trying to deliver best care. Over the course of the pandemic, the focus shifted to meeting the challenges of a shrinking pool of caregivers as some retired, became sick themselves or left to tend to the needs of family members. But Spurlin embraces the challenge of creative problem solving.

"Thinking outside the box and considering the bigger picture is just what we do," she says. "That's why we do what we do."

Higgins agrees. Several years before the outbreak of COVID-19, she and Spurlin were among a group of Cleveland Clinic caregivers who attended a disaster preparedness training course presented by the Federal Emergency Management Agency. Participants discussed the potential emergence of a superbug and what it would mean for healthcare delivery.

People from all over the United States discussed a crisis stemming from a communicable virus, and they role-played for an entire week, Higgins says.

"Having that experience and education gave me a better perspective when COVID-19 came along, and in turn I was able to better serve our nurses," she says.

In spite of the difficulties of the pandemic, Higgins regards this as a good time to be a nurse. As always, she says, there are ups and downs. "There have been moments when I've had to find strength and inner peace to keep going because we know that we are doing this for the greater good, to take care of our patients," she says.

Spurlin hopes that young nurses just starting out continue to feed their own passion for nursing work even if the current situation seems difficult. "Yes, these are challenging times, but everything fluctuates," she says. "Healthcare is ever evolving. It changes rapidly."

A group of float nurses Higgins manages includes seven nursing students, with whom the conversation often turns to successfully pushing through the challenges presented by the pandemic. She leads with her positivity.

Higgins says her focus is on professional development. She tells the students, "Every time there's a challenge, you learn and grow from it, and it makes you a stronger nurse. Five years from now, you're going to be able to do other amazing things because you went through a challenging time right now."

Email comments to notablenursing@ccf.org.

Formerly retired nurse Jeanne O'Toole listens to a patient recently admitted to Cleveland Clinic Hillcrest Hospital. During the pandemic, O'Toole realized she still had more caregiving to do.

At the beginning of the pandemic, Ellen Hummel, BSN, RN used her personal mobile phone to help patients contact relatives and loved ones.

How Nurses Adapted During a Unique Moment in Time

FROM PPE TO TIME FOR RECHARGING, NURSES HAVE NEEDED MORE

In the beginning of 2020, as the spread of SARS-CoV-2 sent families racing for dwindling supplies of bathroom tissue, nurses and other caregivers longed for another hard-to-come-by commodity: information about the virus itself. So much was unknown at that time.

Understanding of COVID-19 has vastly improved since then, but the pandemic continues to challenge nurses and other caregivers in myriad ways. The list of needs has ranged from the practical, such as disposable masks, gloves and gowns, to the personal, including support for mental and emotional health.

Acknowledging which resources nurses needed during the crisis offers insights into how some problems were solved and illuminates opportunities for improvement as healthcare leaders prepare for the future.

A process was put into place to conserve PPE, which included face shields, N95 masks and goggles.

THE FIRST WAVE OF SHORTAGES

In a published report that addressed nurses' resiliency during the surge in the spring of 2020, the authors noted that the global shortage of personal protective equipment (PPE) created extensive stress for nurses, who wondered how they would protect themselves and their patients.[1]

At Cleveland Clinic, supply chain leaders leaned on relationships inside and outside the health system to create source redundancy in a variety of ways. As an example, the healthcare system developed a process for sterilizing N95 masks so that they could be safely reused.

Maureen Schaupp, MSN, APRN-CNP, CHFN, Associate Chief Nursing Officer for Advanced Practice Nursing and Nursing Quality and Practice, says that during the PPE crisis, nurses needed two things: supplies and assurances.

[1] *LoGiudice JA, Bartos S. Experiences of Nurses During the COVID-19 Pandemic: A Mixed-Methods Study.* AACN Adv Crit Care. *2021;32(1):14-26.*

Maureen Schaupp, MSN, APRN-CNP, CHFN

"They needed frequent and timely communication about supplies, and they received that at Cleveland Clinic. The messaging that we had enough PPE calmed many nurses," Schaupp says.

Cleveland Clinic also established a COVID-19 hotline for caregivers who were concerned they might have contracted the virus, as well as a toolkit containing up-to-date resources for "Coping in Times of Uncertainty."

Communications technology such as computer tablets quickly became essential as restrictions on visitors, aimed at minimizing risk of transmission of the virus, resulted in bedside nurses becoming the primary contact for hospitalized patients. The ability of patients to have video chats with loved ones ameliorated some of the isolation that amplified suffering.

Nelita Iuppa, DNP, MS, NEA-BC

Early hurdles included assisting families with enabling their own devices to allow digital connections to be made. It could take up to 45 minutes to help a family member prepare for a virtual call with a patient, says Nelita Iuppa, DNP, MS, NEA-BC Associate Chief ,Nursing Officer, Informatics. Cleveland Clinic's Office of Patient Experience provided that help to families, which allowed nurses to stay focused on bedside care.

CLEAR PROTOCOLS

For nurses accustomed to evidence-based practice standards, the mysteries of COVID-19 proved especially vexing. In the resiliency report discussed earlier, the authors learned that negative emotions nurses experienced were associated with a lack of evidence-based practice recommendations for caring for patients with COVID-19.

Evidence gathered over weeks and months helped hone best practices. Early prone positioning for awake patients with severe respiratory distress due to COVID-19 emerged as a best practice.

A novel virus, Schaupp notes, can create an environment where nurses must do what they do best: adapt as information accrues.

"Long-standing evidence can be a rare luxury," Schaupp says. "In the first months of the pandemic, everyone was trying their hardest, and we were learning all the time. We had to pivot many times a day. When a change in protocol came about, a key factor in implementation was that we explained why we were making it."

TOKENS OF GRATITUDE

As the pandemic stretched on, the tidal wave of donations of food and public thank-yous waned, yet nursing teams continued to work harder than ever. A nationwide nursing shortage, worsened by the pandemic, added to nurses' work stress.

At Cleveland Clinic, leaders made an early commitment to maintain its workforce when other institutions were issuing temporary layoffs. Cleveland Clinic caregivers were recognized with a one-time bonus, a gift of gratitude for their efforts during the crisis.

In the end, Schaupp says, what most nurses seem to want is more nursing caregivers. "They want more help," she says.

Cleveland Clinic has expanded nursing recruitment efforts, says Kiersten Kanaley, Executive Director of Talent Acquisition Operations.

"To meet nurses where they are, we are engaging with them through digital media campaigns, campus recruiting events, virtual events and a newly redesigned careers website," Kanaley says. "A new sourcing team that identifies and engages talent through proactive recruiting techniques, similar to agency recruitment, is activating in November. Early next year, we are introducing interviewing technology with candidate self-scheduling and realistic job previews."

HOLISTIC SUPPORT FOR A UNIQUE MOMENT IN TIME

In addition to cross-training to meet clinical needs during patient surges, nurses need support from other nurses and from hospital systems to manage the unique pressures of the pandemic world. Cleveland Clinic's Caring for Caregivers program helps employees by making confidential, no-cost counseling available for family and emotional problems, substance use, financial challenges, and loss and bereavement. The health system also connects caregivers to resources for child care and elder care.

With nearly two years of pandemic response under their belts, nurses at every level have been part of creating a future where their needs are being met. Relationships and teams that have been strengthened through collaboratively searching for solutions will serve nursing caregivers as they adapt and face tomorrow's challenges.

Email comments to notablenursing@ccf.org.

The Association of Distractions During Patient Education and Self Care Knowledge

PATIENT AND ENVIRONMENTAL FACTORS CAN INFLUENCE OPTIMIZATION OF LEARNING

Jacqueline Nowlin, DNP, MBA, RN, NEA-BC

Educating hospitalized patients about self-care has profound implications for their long-term ability to manage chronic conditions, and a variety of factors can influence how well they incorporate new knowledge into their lives. Jacqueline Nowlin, DNP, MBA, RN, NEA-BC, Chief Nursing Officer of Cleveland Clinic South Pointe Hospital, studied the effects of distractions on patients' learning process, as internal and external distractions can influence attentiveness when viewing educational videos.

"Patient education is such a critical part of what we do as nurses," says Dr. Nowlin. "We can help patients on their journey to wellness and help them to understand self-care expectations and to manage their chronic conditions."

When serving as a nursing director at Cleveland Clinic Avon Hospital at Richard E. Jacobs Campus, Dr. Nowlin completed a research study to determine the level of distraction patients with decompensated heart failure experienced when viewing educational videos. Optimization of patient learning may be based on how attentive patients are during the education process. This study assessed the frequency and type of internal and external distractions that patients experienced when viewing video education in a hospital setting. Attentiveness was evaluated by determining the change in self-care behavior knowledge scores from before and after video education.

"There are so many things going on in a hospital setting, yet we are trying to provide patients with important information," says Dr. Nowlin. "I wondered how internal and external distractions impacted a patient's ability to retain information soon after the educational process was completed."

External distractions included medical equipment alarms, hallway conversations, environmental lights or noises (thunder, lightning, the sounds of cart wheels, overhead codes), and more. Internal distractions included patient pain, fatigue, nausea and shortness of breath.

In total, 60 patients participated during their stay at a community hospital. Before and after viewing a 13-minute video on heart failure self-care skills on smart TVs in their hospital rooms, they completed a 20-item assessment tool on heart failure self-care behavior knowledge. The knowledge tool was created years before the video was developed; thus, the video education and knowledge

Maryann Dubyoski, MBA, BSN, RN, LNHA, LSW, CMAC, shows her patient the self-care educational videos are one tool used to help patients manage chronic conditions.

tool's themes did not match perfectly. Dr. Nowlin and Beverly Will, MSN, ACCNS-AG, a clinical nurse specialist at Avon Hospital, observed patients while they watched the video and recorded the types and frequency of distractions.

Among patients who were enrolled, heart failure self-care knowledge scores improved from the pre-video to the post-video assessment, which indicated that patients were attentive when viewing the educational video. Although self-care behavior knowledge scores were not associated with distraction frequency, researchers learned that (1) non-fatigue-related internal distractions were associated with lower pre-video self-care knowledge scores, and (2) external distractions in the form of non-nursing healthcare professionals entering the patient's room during video viewing tended to be associated with lower post-video self-care knowledge scores.

Dr. Nowlin says that additional studies are warranted because the population was treated at a small community nonteaching hospital with private rooms and less noise and other distractors. Despite the limitations, she notes some key takeaways.

"When nurses provide video education, we need to be aware of the surroundings, the patient's condition and the timing of the education. Did the patient empty their bladder prior to watching the video? Did they take a medication that might make them tired?" says Dr. Nowlin. "In addition, we can modify the environment to minimize external distractions. For example, we can place a sign on the patient's door that lets others know that video education is in progress and that distractions are discouraged. We need to make sure we are promoting a quiet, restful environment conducive to learning."

Email comments to notablenursing@ccf.org.

Outcomes After Implementing a Clinical Pathway in the ED

RESEARCH EXAMINES DIURETIC USE FOR PATIENTS TREATED FOR ACUTE DECOMPENSATED HEART FAILURE

Samantha Bogner, DNP, CNP, AGACNP-BC, FNP-BC

As a nurse practitioner in the emergency department at Cleveland Clinic's main campus, Samantha Bogner, DNP, CNP, AGACNP-BC, FNP-BC, wanted to make sure that patients treated in the ED for acute decompensated heart failure were receiving optimal diuretic therapy based on national guideline recommendations.

"I reviewed the guidelines and realized they were applicable to the emergency department," says Dr. Bogner. "I thought it would be great to share content expectations and facilitate use by ED providers to help ensure that every patient was getting the same standard of care." She worked in collaboration with heart failure expert Nancy Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAAN, Associate Chief Nursing Officer of Nursing Research and Innovation at Cleveland Clinic, to create a clinical pathway for ED providers that emphasized assertive use of loop diuretics when patients presented with hypervolemia. The goal was to give an intravenous dose early after presentation, at a dosage that was based on an individual patient's total daily dose prior to the ED visit.

Dr. Bogner then designed a pre- and post-evidence-based practice intervention research study with retrospective data collection to ascertain whether diuretic treatment use and dose increased and whether patient disposition from the ED varied after implementing the clinical pathway (the hope was that patients would be more likely to be transferred to a short-stay unit from the ED, rather than be admitted to the hospital) and whether patients adhered to a post-discharge visit within seven days of being discharged from the ED or hospital.

The ED team members were very open to changing practice and discussed the plan with the research team. The algorithm was posted throughout the ED as a reminder of expectations. In total, 304 patients were included as participants. The research team was disappointed with the findings. More post-intervention patients in the ED received at least one dose of loop diuretic; however, the first dose did not differ when pre- and post-intervention data were assessed, and doses administered were generally lower than doses used by patients at home and based on national guidelines.

"Although we were trending toward an improvement in dosing, physicians and advanced practice providers didn't completely adhere to the printed algorithm," says Dr. Bogner, who now works as a nurse practitioner in the EDs at Cleveland Clinic Avon Hospital at Richard E. Jacobs Campus and Fairview hospitals. "One conclusion could be that 'old habits die hard;' but there may be other reasons for nonadherence to the algorithm; for example, fear of over-diuresing patients and causing hypovolemia. The ED is a challenging setting in which to implement specialty criteria and at the same time allow ED providers to make decisions independently. Research findings confirmed that the solution may not be simple. We need to focus on education and electronic medical record tools that aid in providing reminders and making the best decisions, in addition to using an evidence-based algorithm that meets national acute care heart failure guidelines."

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Awards and Honors

The American Association of Critical Care Nursing (AACN) honored three Cleveland Clinic units with its Beacon Award for Excellence. Through the AACN's gold-, silver- and bronze-level awards, teams are recognized for excellence in a variety of areas, including leadership, staffing, communication, learning development, evidence-based practice and patient outcomes. The **Surgical Intensive Care and Medical Intensive Care units at Cleveland Clinic's** main campus each received gold awards. **Cleveland Clinic Indian River Hospital's Critical Care Unit** received a silver award.

The **Cleveland Clinic Ambulatory Care** team's COVID Home Monitoring Program was honored by the Value-Based Health Care Center (VBHC) in the Netherlands with a Value-Based Health Care Prize for Cost Effectiveness. VBHC is an international organization focused on delivering value in healthcare.

Cleveland Clinic Fairview Hospital received a PRISM Award® from the American Organization for Nursing Leadership. The award recognizes diversity and inclusion initiatives within the nursing profession, healthcare organizations and the community. PRISM signifies Premier Recognition in the Specialty of Med-Surg.

Cleveland Clinic Marymount Hospital received Magnet® recognition from the American Nurses Credentialing Center for knowledge and expertise in the delivery of nursing care. The hospital achieved this designation with nine exemplars for exceptional practices.

The Association of periOperative Registered Nurses (AORN) honored a number of surgical units throughout the **Cleveland Clinic Health System** with its Go Clear Award™ for providing increased safety to surgical patients and healthcare workers by implementing practices that eliminate smoke caused by surgical devices.

Cleveland Clinic Medina Hospital's Stroke Center earned recognition from the American Heart Association's (AHA) Get With The Guidelines® – Stroke program as a GOLD PLUS program with Honor Roll Elite designation. The stroke center also was named to the AHA's Target: Type 2 Diabetes Honor Roll.

Joan Kavanagh, PhD, RN, NEA-BC, FAAN, and **Patricia A. Sharpnack**, DNP, CNE, NEA-BC, ANEF, FAAN, were selected by the Ohio Nurses Association (ONA) to receive the Elaine H. Martyn Writing Award for their leadership and many contributions to ONA and the nursing profession. They were honored at the 2021 ONA Convention held virtually on Oct. 5-6, 2021.

Cleveland Clinic Lutheran Hospital received Magnet® recognition from the American Nurses Credentialing Center. The hospital earned seven exemplars for outstanding work in Nursing Quality Outperformance Inpatient Setting, Quality Outperformance Ambulatory Setting, and Patient Satisfaction Ambulatory.

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In addition to our biannual *Notable Nursing* print publication, The Stanley Shalom Zielony Institute for Nursing Excellence sends out a MONTHLY eNEWSLETTER also called *Notable Nursing*. Subscribers can read the latest articles written by experts within the Zielony Institute.

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The Stanley Shalom Zielony Institute for Nursing Excellence encompasses all nurses and nursing activities at Cleveland Clinic. Its nearly 29,000 nurses include 2,355 advanced practice nurses. All provide compassionate care at the highest level of professional expertise through specialty-based units in hospital, outpatient and surgical settings at Cleveland Clinic locations in Northeast Ohio, Florida, Nevada, Canada, Abu Dhabi and London. Eight Cleveland Clinic hospitals (Main Campus, Akron General, Fairview, Hillcrest, Lutheran, Marymount, South Pointe and Cleveland Clinic Abu Dhabi) have been granted Magnet® recognition by the American Nurses Credentialing Center, four (Avon, Euclid, Medina and Mercy) have achieved the Journey to Magnet Excellence® designation and two (Medina and Weston) have achieved the Pathway to Excellence® designation. Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education for better patient outcomes and experience. More than 4,600 staff physicians and researchers provide services through 20 patient centered institutes. Cleveland Clinic is currently ranked as one of the nation's top hospitals by *U.S. News & World Report*.
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