Cleveland Clinic

YEAR OF THE NURSE

Celebrating 200 years of nursing

Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence

SUMMER 2020

Cleveland Clinic nurses from across the health system proudly shared their well-earned nursing school pins for our Year of the Nurse issue of *Notable Nursing*.

Dear Colleagues and Friends,

Six months ago, as we prepared to embrace the milestone "Year of the Nurse and Midwife" in honor of Florence Nightingale, we were unaware of the unprecedented challenges that lay ahead. The COVID-19 pandemic has challenged nurses at Cleveland Clinic and across the globe to take swift and decisive action. I could not be more proud of our nurses for all they have done.

During this time of crisis, nurses are front and center doing exactly what they were trained to do. And the core of that training stems from the foundational skills and philosophy first taught by the founder of modern nursing, the legendary Nightingale.

If only 'The Lady with the Lamp' could see nurses now. Celebrated in part for her leading efforts during the Crimean War in the mid-to-late 1850s, no doubt, Nightingale would be impressed with how the nursing profession immediately moved into action to fight today's battle against COVID-19. And while we don't yet know the timeline for the pandemic, we do know that nurses will continue their pursuit of providing the very best care to our patients.

This issue of *Notable Nursing* celebrates our front-line nurses for all they do every day. I hope you enjoy it, and I hope you are taking good care of yourself too. We will get through this together.

K. KELLY HANCOCK, DNP, RN, NE-BC, FAAN
Executive Chief Nursing Officer, Cleveland Clinic health system
Chief Nursing Officer, main campus

Follow me on Twitter @kkellyhancock
Visit consultqd.clevelandclinic.org/nursing for news updates.
Connect with me on LinkedIn at http://bit.ly/kellyhancock

Some of the photographs in this issue were taken prior to the pandemic, so nursing staff is not wearing personal protective equipment (PPE). Today at Cleveland Clinic, all staff is required to wear face masks. Full PPE is also worn as necessary.

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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.

Nightingale Program Retains the Knowledge and Expertise of Retired Nurses

Within the next 10 to 15 years, more than 1 million nurses will reach retirement age. And, while the nursing profession continues to grow, with the Bureau of Labor Statistics citing a 15% increase in the RN workforce from 2016 to 2026, the knowledge that will be lost with our retiring nurses is sure to be felt.

"Harnessing the knowledge of experienced nurses is something Cleveland Clinic's executive nursing team has been thinking about for several years," says Kelly Hancock, DNP, RN, NE-BC, FAAN, Executive Chief Nursing Officer. "In 2018, after evaluating the number of nurses who made up our seasoned workforce, we began piloting a retired nurse program. The idea was to offer recently retired nurses who weren't ready to completely stop working a chance to continue the work they do on a highly flexible, part-time schedule."

In turn, Cleveland Clinic and its nursing teams, caregivers and patients would continue to benefit from the knowledge, skills and expertise of experienced nurses. The Nursing Institute officially launched the program and gave it the 'Nightingale' namesake. The Nightingale program is currently offered in inpatient, ambulatory, operating room, care coordination and case management settings across the healthcare system.

PROGRAM OVERVIEW

The Nightingale program is designed to offer newly retired nurses a flexible, part-time opportunity to work for the nursing unit or area from which they retired. Participation in the program is based on retired nurse interest, as well as the nursing unit/area need for part-time Nightingale nurse positions, which is at the discretion of the unit nurse manager/nurse director.

Nightingale nurses can work as much or as little as they'd like, based on the needs of the unit. The only stipulation is that they have to work at least 80 hours per year. They are not required to rotate shifts, work weekends or holidays, or be on call, unless the nurse chooses to do so.

Transitioning into the Nightingale program is fairly easy. After an experienced nurse retires, they may be re-hired as a Nightingale nurse between 60 and 90 days following the nurses's last official day of work before retirement. The retired nurse must apply to a Nightingale nurse position and must be employed in good standing prior to retirement.

Upon starting in the Nightingale position, retired nurses follow individualized orientation plans developed by the unit nurse manager and Cleveland Clinic's Office of Nursing Education and Professional Development. They must remain current with all required policies, licensures, clinical competencies and skills necessary for the position, and they receive ongoing performance evaluations per Cleveland Clinic's evaluation requirements.

NIGHTINGALE IN ACTION

Nightingale nurse responsibilities vary depending on the setting and unit need. For example, Nightingale nurses may fulfill roles that are similar to the position they had before they retired, such as providing direct patient care. Or, they may work a four-hour shift on an inpatient unit where their primary responsibility is to discharge patients. Another option for Nightingale nurses is to serve as a preceptor for new nurses.

The emergency department (ED) at Cleveland Clinic Avon Hospital was the first nursing unit to use Nightingale nurses.

Stephanie Neff, RN, is the nurse manager on the unit, and to date she has hired two Nightingale nurses, **Sharon Re, RN**, and **Pam Welch, RN**.

To show how the Nightingale program works on a nursing unit, Neff and Welch provided the following insights.

Stephanie Neff, RN, Avon Hospital
ED Nurse Manager

With the Nightingale program, I have experienced nurses who can come in and pick up shifts when needed. Our Nightingale nurses can function in the capacity of a traditional ED nurse, spending time at the bedside, or they can fulfill other needs, depending on their comfort level and experience. For example, one nurse may fulfill direct patient care needs, whereas Pam generally focuses on patient call-backs, following up with patients post-ED to see how they are doing, if they've been taking their medications, if they've scheduled appointments with their physicians, etc.

I believe that having Nightingale nurses on our unit benefits everyone. There are roughly 78 caregivers within Avon Hospital's ED, 52 of which are nurses, and we can all learn from those with more experience. Our nursing staff ranges from new graduate nurses to someone who has spent 42 years in the nursing profession. I think it's great to have this varied skill mix because we all bring value. Something I've noticed with our Nightingale nurses, specifically, is their ability to help less experienced nurses learn how to better connect with patients or spend extra time with patients. This can be difficult in the ED setting because of how busy the unit can get and the complexity of the patients we see.

From my perspective, the Nightingale program is a great resource for both the staff and the department. It's also an ideal option for nurses who aren't quite ready to leave the bedside when they retire. It gives them a way to keep that connection with the work they did for all those years while providing the opportunity to contribute to the success of the department. Additionally, patients are getting great care and are truly benefiting from the expertise of Nightingale nurses!

Pam Welch, RN, Avon Hospital
ED Nightingale Nurse

My transition into the Nightingale program has been incredibly smooth. When I decided I wanted to retire last August, it was difficult for me because I loved my job, so I didn't want to completely stop working. With this program, I have the flexibility to work hours that suit my schedule without the full commitment I had in the past. I've been a nurse for 37 years, and I've never had the holidays off – but I do now!

Additionally, I like that I still get to help the nursing staff meet the needs of the nursing unit. While I will likely assume other responsibilities in the future, most of what I do currently is related to the patient call-back program. I like doing this type of work because I enjoy talking to patients, and this is a different way for me to create a personal connection. As a caregiver, I'm still very proud of the ED and the care that our team provides. It's really nice to hear positive feedback from patients even though I wasn't initially part of their care.

I think if you're a nurse, you stay in this profession until you retire because you love your job and when you walk away from something you love – even though it might become more difficult as you get older – it's still hard because it's a part of you. The Nightingale program offers a nice way to ease into the retirement transition while allowing nurses to continue to do what they love.

THE NEXT CHAPTER

Cleveland Clinic currently employs 18 Nightingale nurses and plans to expand the program in 2020 and beyond.

Email comments to **notablenursing@ccf.org**.

Bedside nursing during the COVID-19 pandemic.

Honoring Cleveland Clinic Nurses: Meet Five Bedside Nurses

In honor of the Year of the Nurse, Notable Nursing *reached out to some of our bedside nurses to learn about their paths to their career and what they love most about their chosen profession. Their backgrounds are diverse and their responses enlightening.*

According to the 2019 Gallup poll, nurses are the most trusted profession in the country for the 18th year in a row, with 85% of Americans saying nurses' "honesty and ethical standards are 'very high' or 'high.'"

These heartfelt bios reflect why nursing is one of the most trusted professions.

Quick Take

- Nurses make up 25% of the employee caregiver population at Cleveland Clinic.
- Our featured nurses have combined experience of nearly 100 years.
- Reasons for going into the profession often include a family connection and a natural inclination to take care of people.

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Elizabeth Barr, BSN, RN, knew from a young age that she wanted to be a nurse. She started working as a bedside nurse at Cleveland Clinic's main campus in 1979 and today works as a bedside nurse with the transplant unit. She went to college in New York, and when she came to Cleveland Clinic, she was one of the few RNs with a four-year degree.

WHAT MADE YOU WANT TO BE A NURSE?

I became a nurse after following my aunt – who by the way is 95 years old now – around a very small hospital in Staunton, Virginia. She was the director of nursing, and during the summer I was a candy striper. She opened my eyes to the world of nursing and to having compassion for everyone. She let me stay in the nursing dorm and listen to all the stories of the workday.

HOW HAVE THINGS CHANGED IN 40 YEARS?

Increased technology is the number one change. There is also an increased push for education programs and certifications. We have the ability now to be educated as a vascular access registered nurse (VARN), chemotherapy nurse, peripherally inserted central catheter (PICC) nurse and an advanced practice nurse. We are well rounded and share our knowledge with the world via speaking at conferences. And today, there are multiple teams led by advanced nurses who can come to my rescue if I need help with things like stomas, IV lines, wound care or tracheotomies. Also, the role of the patient care nursing assistant (PCNA) has really helped bedside nurses.

> "There is nothing more gratifying in the world than making a difference in someone's life. The opportunities for nurses today are incredible – from caring at the bedside to influencing legislation. What an exciting time! I could not be more proud of how nurses have stood strong, confident and united in the fight against COVID-19. They, along with their healthcare colleagues, are my heroes."
>
> — *Kerry Major, MSN, RN, NE-BC*
> *Chief Nursing Officer, Cleveland Clinic Florida*

WHAT DOES IT TAKE TO BE A NURSE TODAY?

It takes emotional strength, muscular strength, and time to hold hands and listen to people. You have to be able to listen to new graduate nurses, experienced nurses and physicians who are trying to decide what to do to help patients. You also need to care for yourself.

WHAT ADVICE DO YOU GIVE TO YOUNG NURSES?

My advice is to have a really good mentor who will follow you on your total journey as a nurse – that person who will let you cry on your bad days and not judge you when you have lots of questions. You need a manager who believes in you and will smile with all your advancements. Clinical nurses who work in hospital unit settings are the backbone of Cleveland Clinic. We see everything from birth to death. We sing and laugh with every patient and family. We as nurses need to take care of each other and give each other a break if the work gets too difficult to handle. Enjoy your family and pets!

Sandra Wisniewski, BSN, RN, has been with Cleveland Clinic since 2000. She received her associate degree in nursing in 1992 at a community college and her BSN in 2013 through the online program at Ohio University.

WHAT MADE YOU WANT TO BE A NURSE?

My name, Sandra, actually means helper, and nursing seemed to be the perfect profession for me. When I was first in college, I was studying to become a teacher. I started working at a hospital as a unit secretary and became very interested in nursing. I immediately changed my major.

WHAT HAS CHANGED THE MOST SINCE YOU STARTED?

When I first started as a nurse, I worked in a small hospital environment that was so different from where I am now. Cleveland Clinic has grown so much in the past 20 years. There are so many new positions and departments. There are so many more opportunities than when I was a new nurse. Nurses can receive better support for advancing their education – opportunities are more diverse now compared to the 1990s. And computer charting makes everything so much easier now.

YOUR ADVICE TO YOUNG NURSES?

Stay humble and keep a positive attitude. Expand your horizons and keep advancing your education. When you are feeling burned out,

make a change; try another type of nursing. And always ask for help. Being a bedside nurse is not easy! At Cleveland Clinic there is a lot of support from the management team of each unit. They are there not only for routine help, but also for emotional support.

Bryan Smith, BSN, RN, originally received a bachelor's degree in homeland security and emergency management while he was on active duty in the Navy. He went on to enter an accelerated bachelor's degree program through Baldwin Wallace University and has been a nurse for a year now in the ICU stepdown unit at Cleveland Clinic Avon Hospital.

WHAT MADE YOU WANT TO BE A NURSE?

I have always been that person who loved taking care of people. When I decided to separate from the service, I had a small crisis because I knew I wanted to continue making a difference. After discussing this with my ma, who has been a nurse for 34 years now, she pointed me in the direction of nursing, and I have never looked back. I was shocked at how different nursing school and real nursing are – a complete night-and-day difference. We rely on technology, but I really like paper charting – something tangible in hand that I can hold.

WHAT ADVICE DO YOU GIVE YOUNG NURSES?

Always strive to learn and always ask questions. Nothing suggests arrogance from a new nurse at their first job more than not asking when something is in question. Asking questions shows you want to learn and do better. The teamwork that is displayed on a daily basis at Cleveland Clinic is second to none. You will not find caregivers more dedicated to their patients anywhere else.

It takes a lot to be a nurse, there is no doubt about that. Your needs always take a back seat to those around you. This path means you may not be thanked and you have to deal with people's worst days. However, if in the end you have made even the slightest difference in someone's life, it all becomes worth it.

Erika Yost, BSN, RN, has worked with organ transplant patients for almost 10 years. She is also a preceptor, training new graduate nursing students for 90-120 hours at a time.

WHAT MADE YOU WANT TO BECOME A NURSE?

I'm from Hungary, where I started out as an agricultural engineer. I also have degrees in education and foreign marketing. The first degree brought me to the United States, and I have used my marketing degree working for companies and being a home daycare employee. I finally found my passion for nursing in 2010, when I shadowed a nursing friend of mine. Living in the U.S. and experiencing healthcare during the births of my children made me realize that I could work in this environment. Getting into the accelerated program was not easy, and finishing school with two young kids was even harder. I graduated with honors from Cleveland State University in 2011.

> "Today, nurses are surrounded by technology and have great opportunities for education and training. With so many uncertainties in the midst of COVID-19, nurses provide calm and strength and knowledge in addition to treatment, which makes a huge difference in patients' well-being. Their words and actions make lasting impressions on patients and families."
>
> — *Richard Lowery, MBA, BSN, RN, NEA-BC*
> *Chief Nursing Officer, Cleveland Clinic Euclid Hospital*

WHAT DOES IT TAKE TO BE A NURSE?

Patients need and want nurses who are extremely competent, attentive to their needs and passionate. Some of the skills can be learned, but kindness, listening skills and compassion have to come from the heart. While I was learning to speak English, I had to pay attention to body language and other clues, which helped me understand people better. Having a supportive husband helped me too. Today, I am able to make connections with locals and international patients, even when we don't speak a common language. Unfortunately, I lost my husband too soon to cancer. I learned firsthand what it means to stand on the sidelines and worry about a loved one and to advocate for them.

WHAT HAS CHANGED THE MOST SINCE YOU STARTED?

Our patient population has changed. Patients are more acute now; often we have tracheostomy patients with multiple diseases. We see more transplant surgeries, and patients are discharged sooner. We also teach our patients more now than we did years ago.

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WHAT ADVICE DO YOU GIVE YOUNG NURSES?

I suggest that they visit hospitals and spend time shadowing more than one nurse. Follow your heart! Study hard. Be attentive to your patients' needs. Take care of yourself on your days off. Sleep, exercise and surround yourself with friends and loved ones. Be humbled and treat patients as you would like to be treated.

Bedside nursing is one of the hardest and most rewarding positions, because we work with the sickest patient population at the worst time of their life. I struggled as a new nurse, and now I am so happy in my career. I feel that I give just as much to my patients as they give to me.

Rana Adzima, BSN, RN, works in the observation unit at Cleveland Clinic South Pointe Hospital. She received her associate degree in 2013 and her BSN from Kent State University in 2018. She is currently working on her master's degree to become an adult nurse practitioner. Adzima initially went to trade school to work in the travel industry, but a patient service job at a Cleveland Clinic family health center took her on a path to nursing.

WHAT MADE YOU WANT TO BECOME A NURSE?

I wanted to do something I could be proud of. I was inspired by my sister, who is a nurse, and the person who hired me at Cleveland Clinic. I still had small children when I went to school, and was working part time in the evenings and taking classes during the day. It took a lot of self-encouragement to make that first step, but once I did, I just kept going. One class at a time. It took many years to get all the prerequisites completed and apply for the nursing program. I studied all the time and had note cards with me everywhere I went. I went from nursing school clinical experiences straight to my work (paying job), and didn't see much of my family. It takes great commitment.

WHAT TECHNOLOGY DO YOU APPRECIATE?

Online classes are very helpful. I also appreciate being able to look at telemetry strips directly from our computer, and having our blood pressure devices connected directly to computers. The Kronos® timekeeping system has been updated, and we can see who is scheduled and type messages back and forth with staff. We have an admitting-discharge system that allows us to assign beds, request transport, see our admissions and discharges, etc. Many technologies have been added that are just one click away.

WHAT HAS CHANGED THE MOST SINCE YOU STARTED?

Procedures are always changing due to new evidence (we strive for evidence-based practice), new equipment, products, etc. I would have to say it seems much busier than it used to be, especially over the past few years.

ADVICE FOR YOUNG PEOPLE BECOMING A NURSE?

Anytime we have student nurses on the unit completing their clinical experiences, I try to be encouraging. I tell them to get as much experience as possible, which will only make it easier for them when they officially become nurses. As a nurse you have a lot of choices about where you can work and the types of roles you can take on. I also encourage them to go to school right away and not wait until they're married with children.

I really enjoy what I do. I love the feeling that taking care of people gives me, and I love making that connection with my patients. To take care of someone and put a smile on their face – to make them laugh or make them a little less scared – has made all the work it took to get here worth it.

Email comments to **notablenursing@ccf.org**.

Certified nurse midwife Susan Klein speaks with her patient post-delivery in early 2020.

Cleveland Clinic Midwives Are Integrated with Ob/Gyn and Birthing Services

Since 1995, Cleveland Clinic midwives have been providing care for pregnant and laboring mothers. The program began with three nurse midwives developing a program that would grow to meet the needs of the greater Cleveland area. Twenty-five years later, 22 full-scope midwives and many advanced practice providers offer care for women in pregnancy and childbirth and throughout their lives.

Niki Pearce, CNM

"I think recognizing the value nurse midwives bring in caring for families helped grow the advanced practice nursing (APN) department at Cleveland Clinic," says Niki Pearce, CNM, the coordinator for Cleveland Clinic's eastside midwife service. "We are equals with a strong voice in patient care."

Today, the Midwife Program, under the direction of Sue Hudson, CNM, oversees the births of about 15% of all deliveries at Cleveland Clinic. She says women seek out midwives when they are interested in a natural, unmedicated birth, or because they like the midwife philosophy that pregnancy and childbirth are life events that need nurturing.

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Cleveland Clinic's certified nurse midwives (CNMs) are registered nurses with a master's degree in nursing and a minimum of two years advanced education in caring for women throughout the life span, including antepartum, peripartum and postpartum. Today, nurse midwives are an integral part of Cleveland Clinic's Ob/Gyn & Women's Health Institute. They have privileges to deliver babies at Cleveland Clinic's three birthing hospitals, they can provide first- and second-degree repairs for tearing during births, and they can write prescriptions. And when new female patients are scheduling their annual Pap checkup, often the nurse midwives become their Ob/Gyn provider.

Jenny Ceccardi, CNM

"I find there is still a lot of uncertainty about nurse midwives," says Jenny Ceccardi, CNM, from Cleveland Clinic Hillcrest Hospital. "When I meet women for the first time to do an annual checkup and they learn I am a certified nurse midwife, this leads to a lot of questions about our services."

Ceccardi explains that midwives are nurses first — that is, APNs who offer holistic care. "Birth is a life-changing and emotional event, and we are there to support moms," she says. "We want to make the birthing experience the best it can be. Some mothers find it harder than expected, and we do our best to keep it from being traumatic. We are very interactive with moms as they give birth."

Several years ago, Cleveland Clinic moved its birthing sites off its main campus in downtown Cleveland and into two of its regional hospitals – one to the east of the city, Hillcrest Hospital, and the other to the west of the city, Fairview Hospital. This allows parents to have their babies closer to home in a suburban hospital. Since then, facilities have been renovated and upgraded. Expectant mothers with any compromising health concerns for mom or baby continue to have their deliveries scheduled at the high-risk birthing unit at Cleveland Clinic's main campus.

STAFFING AND HOSPITAL AMENITIES

For incoming moms, Cleveland Clinic's Labor and Delivery teams are always staffed with two or three hospitalists, one laborist, one midwife, two resident physicians, and an anesthesiologist or nurse anesthetist. The midwives navigate care for their patients just like the obstetricians, by triaging patients, evaluating them, placing orders and admitting and discharging mom and baby. Safety rounds are performed, and the midwives and obstetricians discuss the progress of their mothers-to-be so the whole team is aware of which patients are on-site and where they are in the birthing process. At any time that delivery becomes compromised, for example, when the mother needs a C-section or when a problem occurs with the baby or mother, one of the obstetricians is available for delivery.

"The teamwork between our physicians and midwives is paramount to the health of moms and babies," says Hudson. "We pride ourselves on that collaboration, and we work continuously to ensure that it is as robust as possible."

The spacious and high-tech birthing rooms at Fairview and Hillcrest are equipped with seated showers, birthing tubs, birthing balls (both round and peanut shaped) and more. Ceccardi says when an expectant mother arrives at the hospital, the baby is monitored for 20 minutes to ensure everything is progressing normally. After that, the nurse midwives do intermittent monitoring of their patients, which allows expectant mothers to move around freely and to use the amenities as they wish. Midwives also encourage birthing mothers to have their babies in the position that is most natural for them. After the birth, babies stay in the room with moms to help mothers get used to their child and learn to breastfeed.

Ceccardi notes that some parents also hire a doula to be present throughout the birthing process, which adds another level of support for mothers. The mom's partner is also part of the process, and the

2019 MIDWIFERY STATS

86.2% of births were vaginal births after a cesarean.

Cesarean birth rate was **10.6%.**

47.5% of our patients had an intact perineum and needed no repairs.

42.5% of patients opted for natural childbirth (i.e., no epidural).

The induction rate was **29%.**

25% of births were also attended by students.

The midwifery team helped birth **1,364 babies**.

midwives help educate them too. At Hillcrest, Ceccardi notes that the Labor and Delivery area sees a fair number of special situations such as those involving surrogate moms, older fathers, in vitro babies and more. "We meet moms and their partners where they are, and customize our care to meet their needs," she says. "Midwife means 'with women,'" adds Pearce, "and to fill that role, we support women in their care decisions, making sure they are educated about the choices available to them."

Joyce Poplar

To prepare expectant mothers/couples for childbirth, breastfeeding and baby care, midwives promote classes offered by Childbirth Education, which is part of the Nursing Institute. Joyce Poplar, a perinatal educator/holistic practitioner in Labor and Delivery, offers hypno-birthing, Reiki, and mind/body/baby classes for moms who want to be more prepared and those planning a natural childbirth. "I see how much compassion and empathy our midwives provide to moms. They create such a loving environment, starting at the prenatal visits," Poplar says. Outpatient breastfeeding and postpartum support groups are also offered.

Cleveland Clinic midwives are on call in 24-hour shifts, just as the obstetricians are. "Being a midwife is such a rewarding career, as we are there helping families," says Ceccardi. "We really get to know and bond with patients through this wonderful experience."

Email comments to **notablenursing@ccf.org**.

According to Midwives Alliance of North America, there are around 15,000 midwives in the U.S. practicing in private homes, clinics, birth centers and hospitals, with about 10% of births attended by midwives.

Remembering What's Most Important: Nurse Leaders Start Meetings with 'Mission Moments'

"We can get so caught up in the 'busy-ness' – and the 'business' – of nursing leadership that these moments are so very important," says Cleveland Clinic Executive Chief Nursing Officer Kelly Hancock, DNP, RN, NE-BC, FAAN. "By stopping and taking time to hear a grateful message from a patient and/or their family, we are getting back to what it means to be a nurse or nursing caregiver and why we are here. Hearing these messages really serves as a reset for all of us when we come together."

Every day, nurses have such an important impact on the care, comfort and outcomes of patients throughout Cleveland Clinic's hospitals and ambulatory care settings. At the start of each Executive Nursing Meeting, nurse leaders are asked to share a "mission moment." These are usually in the form of a letter or a nurse manager relaying the story.

Here are some special mission moments that were shared in 2019.

CLEVELAND CLINIC CHILDREN'S

Making a young boy feel at home

A young boy was brought to the emergency department by a family member who said she was no longer able to care for him. The boy had suffered a severe brain injury when he was a toddler, and he now had significant behavioral issues. Soon the family lost custody. An associate chief nursing officer said the boy had many "mothers" – our nurses – who all worked on his manners and celebrated special occasions with him, including his ninth birthday. Their care prepared him for a new home, which was secured expertly by Cleveland Clinic's Social Work team.

After 149 days in Cleveland Clinic Children's, the young boy was discharged to a foster home with parents who had adopted other medically complicated children. His story is an exemplar of the amazing work we can do as nurses to help the most vulnerable patients.

CLEVELAND CLINIC LUTHERAN HOSPITAL MOOD DISORDERS CLINIC

Going the extra step to help a behavioral health patient

In 2019, a patient was admitted to the mood disorder unit who was deaf and legally blind. She was suicidal and having behavioral problems. Usually her behavior would not have warranted an admission to this particular unit, but due to her vulnerability, this was the safest place for her to be admitted. Upon arrival she was given her own room for safety reasons, and in-person interpreter services were arranged.

Our nursing staff increased their knowledge of care for a patient with developmental disabilities. Using the appropriate resources, they learned basic sign language skills and improved their assessment skills for this patient, who was exhibiting aggressive behaviors and psychotic features, and who needed help with wound care.

CLEVELAND CLINIC'S SYDELL AND ARNOLD MILLER FAMILY HEART, VASCULAR & THORACIC INSTITUTE

Educating and bringing humor to one man's care

A man from out of state who had a heart transplant at Cleveland Clinic's main campus wrote a long letter thanking the "angels" who took care of him for more than a month post-transplant. He wrote: "You were my instructors who showed me how to survive and remain upbeat and gracious despite being tethered by my central line to my IV 'Christmas tree.' You sensed when I was feeling depressed and threw me a lifeline. You let me know that crying was OK but laughing was much more fun. In fact we laughed a lot… You

explored reality with me – my own existence – and helped me grow as a person. Your kindness and openness provided me with a forum in which I could communicate and dispense with my fears and worries, and purge all negativity."

CLEVELAND CLINIC'S MAIN CAMPUS EMERGENCY DEPARTMENT

Heart procedure in ED saves man

"Your team is a blessing to the healthcare community," wrote the wife of a man who was brought into Cleveland Clinic's main campus emergency department (ED) and received care for a heart scare. She noted the "friendliness and caring" of everyone she met. Her letter said: "While in the ED, my husband was given a cardioinversion. I was allowed to stay in the room. What I witnessed was so impressive! A team of amazing experts in harmony!"

The man was able to attend an important event that weekend and eventually had a heart procedure at the Miller Family Heart, Vascular & Thoracic Institute. "We are so grateful and want to thank you from the bottom of our hearts," the man's wife concluded.

HEART, VASCULAR & THORACIC INSTITUTE

Caring for a man who passed away in the hospital (cardiac nursing unit)

The man's daughter wrote: "Watching each of you form your own special relationship with my dad made my soul so happy, and I know it did his too. Your extra visits to the room, sharing stories with him, listening to his advice and wisdom…those things helped to ease his mind and added joy to his heart. He loved people…so thank you for giving that to him. My dad never wanted to pass in our home — 'our houses are made for living, not for dying' is what he told us.

"So thank you for making the place that we last spent time together as a family as much like a home as you possibly could…each of you went above and beyond. You will forever be in our hearts."

Email comments to **notablenursing@ccf.org**.

Using Big Data in Clinical Nursing Research

By Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FHFSA, FAAN

Real-world research generally refers to clinical research that uses real-world data as evidence. These data are observational; patients are not randomized into groups. Rather, all possible cases that meet inclusion criteria are used to answer research questions. Most often, data used in real-world clinical research come from big data, which is data that comes from large datasets, such as hospital electronic medical records and registries.

In hospitals and healthcare centers, big data is all around us. At our healthcare system, one of our favorite sources of big data is our billing database. It contains many patient characteristics and also many outcomes variables, such as hospital length of stay, intensive care unit stay and number of days, discharge disposition and 30-day rehospitalizations. Other big data resources are the medication administration database and long-standing registries that contain multiple variables surrounding surgical or medical procedures.

The beauty of big data is that it represents a high volume of a variety of day-to-day data that can be generated or retrieved quickly to provide insights into common problems and issues, including patient quality and safety. Once analyzed, teams can interpret findings in a way to make better future decisions or to implement new or altered interventions. Big data is easily retrievable, usually represents a lot of data and can be managed in Excel files.

In addition, many organizations with a research or quality focus have a program of big data collection and maintenance, especially organizations that are the source of Centers for Medicare and Medicaid Services (CMS) clinically based quality data. It is important for nurses to ask questions, both within their healthcare system and outside it, about the availability of big data and contact persons.

But there are some questions that must be answered before planning to use big data as research data. For variables being considered or used, questions are:

- Has each variable been defined in writing? And if definitions have changed over time, is that information available?
- Is the amount of data retrieved feasible? It is possible that the data may overwhelm the software tools used to capture and analyze data.
- Have data been recorded consistently? For example, is height data recorded in centimeters or inches?
- What is the missing data rate?
  - Variables with more than 25% missing data should not be used.
- How was the quality of data assured (if quality was even considered)?
  - Were data collectors hired for the purpose of collecting registry data?
  - Were data entered into the database as part of usual care by multiple clinicians, or were they entered by only a few people who were focused on high quality?
  - Has anyone assessed the quality of data entered into a database, compared to the source data?

For outcome variables, it is up to nurse researchers to ensure that the research sample size represents the optimal size to answer the research questions. In addition, questions to ask are:

- Do available data match the definition of data needed to answer research questions? It is possible that data may be too ambiguous. Know what is available before getting started!
- Were data collected consistently over the period of time needed? Were compliance standards in place? Outcomes data need to be rigorous for all the time periods involved.

For some variables, it is easy to tell when data are inaccurate. For example, it should be a red flag to see more than a few patients over the age of 100 years being listed in an open heart surgery database; thus, nurse researchers would need to assess each case to be sure that the patient's age was accurately recorded. It should be rare to see an adult female's weight at less than 38 kg, even if the patient is short. It is likely that someone accidentally made an inaccurate or transposed keystroke when entering data.

Not all research questions can be answered using big data. But findings of big data analyses can be important to customer service, to operational efficiency, and to decisions that could affect future productivity and clinical outcomes. Further, research findings from big data can be used to ensure optimal delivery of medical and nursing care. With regard to ensuring high-quality patient care delivery, big data findings provide evidence of conformity to optimal medical therapy, and longitudinal analyses can show trends over time that allow sites to assess maintenance or progression of high quality.

Study Looks at Why Some Nurses Don't Participate in Unit Meetings and Shared Governance

Elizabeth Cai, MSN, RN, CMSRN, Assistant Nurse Manager

Assistant Nurse Manager Elizabeth Cai, MSN, RN, CMRSN, who oversees two inpatient nursing units at Cleveland Clinic Medina Hospital, started to notice that nurses weren't always attending the monthly staff meetings. Attendance increased when she implemented a conference call feature to make it more convenient, but over time she still felt attendance could be better.

"I began to think about how we could further improve attendance and determine the reason some did not attend regularly," Cai says. Her questions led to the creation of a research study on staff meeting attendance. It soon expanded from monthly staff meetings to include nursing participation in shared governance meetings as well.

A sample of nearly 500 clinical nurses responded to a survey electronically in early 2020. All nurses were employed at a small community regional hospital in a suburb of Cleveland. The investigator-developed survey asked straightforward questions related to attendance at staff meetings and participation in shared governance, including attendance/participation rates and perceptions of what prevented them from attending.

"We learned that the most important factor for participation was 'optimism that nurses have the power to make change in their workplace,'" says Cai. "Nurses who participated in shared governance and attended unit meetings were typically those most satisfied with nursing as a profession and those who maintained professional certification." Being paid for their attendance at shared governance meetings was another motivator.

She says there was no single barrier for nonparticipants; however, in analysis, we learned that the inactive-meeting group differed from the active-meeting group in one major way — they were not as happy with their choice of nursing as a career, based on a question about work happiness.

"Some nurses will remain professionally inactive, regardless of incentives, but they are a smaller number than we anticipated," Cai says. She noted that the findings from this study may have limitations regarding generalizability to all hospital unit settings, as the sample of nurse responders was highly educated, with most having a BSN degree or higher. In addition, the responders were from a small community hospital. There may be barriers and issues with attending meetings at larger hospitals that were not experienced in the study setting, and there may be unstudied factors that need to be addressed in future research.

The study team's next steps are to delve deeper into the data to determine what facilitated and prevented attendance/participation and how new knowledge gained from this research can be translated into recommendations for nursing practice to facilitate greater interest in meeting attendance/participation.

Falls Among Acute Care Hospitalized Adults – Using Big Data to Obtain New Knowledge

Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FHFSA, FAAN

When the Centers for Medicare and Medicaid Services (CMS) identified hospital-acquired conditions that would no longer be reimbursable, the list included falls with injury, which raised the need for hospital personnel to be more proactive in preventing falls. Hospital-based nurses use fall-risk tools to assess patients for risk, however, falls with injury can occur for many reasons.

How do we move forward to ensure the highest quality of patient care, including mobilization and patient safety surrounding fall events? There are many papers, including systematic reviews, available on preventing falls within the community on the subjects of, for example, exercise, safety practices within the home, nutrition, medications and walking aids; however, evidence on preventing in-hospital fall events is less clear. Importantly, global falls-with-injury assessment tools are lacking in the literature, says Nancy Albert, PhD, CCNS, NE-BC, FAAN, Associate Chief Nursing Officer for Research and Innovation.

Senior healthcare system leaders wanted to identify specific factors associated with a fall that caused a serious injury or death. First, after determining that a two-cohort retrospective medical and administrative review design was the best research methodology, Dr. Albert communicated with the nursing leader of Quality and Patient Safety and received a list of over 5,000 falls that occurred within the health system for any reason over a 2.5-year period (from the Serious Events Reporting System database).

Before steps could be taken to temporally match patients who fell and patients who did not fall during a hospital stay (based on time, hospital and unit where patients who fell were being treated), specific nursing research actions were needed.

“First, all pediatric cases were removed, as we were focusing on adults. Second, all adult cases that occurred outside of a hospital unit environment were removed. And third, patients who were hospitalized multiple times during the study period had all but their first hospitalization removed from the dataset,” says Dr. Albert. “It may sound like an easy task to remove cases from a dataset, but some cases had missing data, requiring a research nurse to complete medical record reviews to find the data elements needed to make decisions.”

While the dataset elimination process was in motion, the team sought to review the totality of data available on factors associated with in-hospital patient falls. In total, 12 research papers that met search criteria were reviewed (including systematic reviews and ranging in publication date from 2002 to 2016). In total, 59 risk factors were identified, with only 17 factors being listed in two or more papers. Of the 17 factors that were identified in more than one paper, two were eliminated from our list, as data were not available from our electronic medical records or other hospital databases. In addition, two factors were combined with other factors, as the themes were redundant with each other, leaving 55 factors to be studied in our research.

Dr. Albert says, “Although data were retrieved from databases, review time was needed to ensure that data were being pulled correctly, using predetermined definitions. When no data were found on a factor, we reviewed medical records manually. In addition, some factors had multiple acceptable definitions, especially drug classes with multiple medication options and medical diagnoses with multiple condition names.” Ultimately, research findings are based on ensuring the sample size matches the study needs based on research questions, the right definitions are used, and the team attends to details to ensure generalizable, high-quality findings.

“In our study, nearly all 55 factors of interest were associated with falls among hospitalized adults, as expected, based on the literature review,” says Dr. Albert. “More importantly, the multivariable predictive models of moderate or major injuries/death and major injury/death had eight and five important factors, respectively, and good model discrimination.”

Next steps include discussion of findings with healthcare system leaders to determine how to translate the findings into practice and then disseminate the findings and our implications for clinical practice.

Marymount Hospital Leads A Unique Bedside Handoff Initiative

Bedside handoff communication is a critical part of safe, quality patient care. In late 2019, Cleveland Clinic Marymount Hospital decided to do something novel for its bedside handoff education efforts – it enlisted the help of the community.

Meenakshi Gapa, MSN, RN

"We went to the source and invited our Health Care Partners (HCPs) to take part in our Bedside Handoff Initiative," explains Meenakshi Gapa, MSN, RN, of the Office of Nursing Education and Professional Development at Marymount. "These partners are previous patients who volunteer on hospital committees and projects, providing feedback and input, from design to implementation, at Marymount."

The effort was a collaboration between nurse managers on nine Medical/Surgical units and personnel from the Nursing Education and Patient Experience offices. Together, they collaborated to customize the initiative for their hospital, and requested involvement from the HCPs. The HCPs received training on acting as simulated patients and family members. Then, seven members of the Marymount HCP Council volunteered to come in during nursing shifts, where they were set up in mock patient rooms during scheduled time slots that started as early as 5:30 a.m.

"Our volunteers wore a hospital gown and lay in bed so our nurses could practice applying their bedside handoff checklist," explains Nurse Manager Cathy Schreiber, BSN, RN. "During simulations, staff were able to fully immerse in scenarios and connect to content, making it more meaningful and transferable to nursing practice."

Gapa observed these mock handoffs and evaluated the nurses using an 18-step Bedside Handoff Checklist, which highlights what was achieved and opportunities for growth. Overall, there were three primary goals in conducting the simulations with HCPs on bedside handoff:

- A complete exchange of information during each change in caregivers.
- Engagement of the patient / family members as part of the care team.
- Maintenance of the patient's level of trust when transitioning from caregiver to caregiver.

This effort also included educating the Patient Care Nursing Assistants (PCNAs). The nurses simulated sharing a report, and the PCNAs simulated completing a Safety Rounds Handoff.

The scenario was modified for PCNAs, who were given handoff reports by the Educator to assume the role of the patient's primary nurse. They would then complete their own PCNA-to-PCNA handoff activity following a 14-step Safety Rounding Checklist. "It's crucial to include all parts of the nursing staff, because they are equally involved in patients' care and experience during hospitalization," says Gapa.

HCPs Laura Cappelletti and Jean Selby participate as simulated patients and family.

Diane Chung, RN, Venta Viazmitiniene, RN, Meenakshi Gapa, MSN, RN, Kwame Acheampong, RN, HCP Ingrid Albanese, and HCP Robert (Gene) Williams during their bedside handoff simulation experience.

HCP Jean Selby speaks with Assistant Nurse Manager Michelle Bridge, RN.

"Empowering PCNAs to recognize how they contribute to patient safety is beneficial to all parties," says Gapa.

Gapa notes that the nurses learned about:

- Preparing the patient for bedside handoff prior to report.
- Obtaining permission from the patient before sharing private health data.
- Prioritizing report content.
- Providing better eye contact and using open body language.
- Improving IV locations.
- Addressing patient concerns promptly so as not to delay reporting or care.

The PCNAs learned about:

- The importance of a bedside handoff when transitioning caregivers.
- Safety components to review with the patient, including fall prevention and the patient's individualized safety plan.
- Individualized goal setting with each patient that promotes patient autonomy as a priority.

Gapa and Schreiber say the community HCPs provided authentic exchanges and helped to organically create dialogues between staff, educators and volunteers. "Each community volunteer had a different history with us, and they brought genuine concerns, from repeat surgeries to having diabetes or hearing loss, and they took great care to provide us with useful feedback," says Gapa.

"Our volunteers were very honest in their feedback, and they had a lot to say," says Schreiber. "Our nurses learned, and it really opened up some very real conversations and a lot of laughter too."

Gapa adds, "Our caregivers liked it so much more than expected! They are so used to working solely with Nursing Education personnel when involved in training. And as the educator, I had to let go of some of the control and let learning happen naturally."

Medical/Surgical Nurse Tiffany Dotson, BSN, RN, says she appreciated an educational opportunity that featured hands-on training time with live patients. "Knowing that they were previous patients made the learning experience more impactful," she notes.

Orlie Fetalvero, RN, HCP Jean Selby, and Tesscina Taylor, RN, participate in a bedside handoff simulation.

Community volunteer Wendi Thumudo says this about her experience: "I was able to act out some of the issues I've encountered over the years as a patient hospitalized for Crohn's disease. It was wonderful to see how well trained the Cleveland Clinic staff is at spotting and correcting what could be potential life-threatening issues."

With a goal of supporting patient-centered care and relationship-based care, this initiative widened Marymount's focus and helped strengthen engagement with the community. The initiative went from September to December 2019, with 25 sessions on nine units encompassing four hospital floors. Other Cleveland Clinic hospitals are considering adding this process to their bedside handoff training.

Email comments to **notablenursing@ccf.org**.

Since 2009, Joint Commission National Patient Safety Goals have included Bedside Handoff as an important area to focus on to correct any patient misconceptions. This interaction is part of Cleveland Clinic's ongoing education efforts for nursing caregivers.

Cleveland Clinic

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A Big Thank-You to Our Nurses

We are so proud of the 29,000+ staff of the Nursing Institute – from Cleveland to Florida to Abu Dhabi – who have answered the call of duty over the past few months. Here are some of the highlights:

In mid-March, the first COVID-19-positive patients were admitted to Cleveland Clinic hospitals, and nurse leadership worked with Nursing Education and Professional Development to expand general medical and ICU bed capacity through cross-training and redeployment of more than 6,000 perioperative and ambulatory nurses and health unit coordinators. Also in March, drive-through testing sites staffed by nurses launched in a matter of days for COVID-19-suspected patients, with more than 15,000 people tested.

Thanks for innovations in patient care, including externalizing of ICU patient IV pumps and ventilators in hallways for constant care and nurse safety. Nurses also facilitated novel ways for patients to keep in touch with their loved ones, using iPads to call them and through-window contacts. There were many acts of compassion, including inspirational ICU window messages from patients and spontaneous celebrations when COVID-19 patients recovered and were discharged home. In April, a nurse traveled with a hospice patient to Florida so she could be with her family.

In May, 14 nurses joined physician staff to travel to New York City, and another 13 nurses traveled to Detroit to assist medical staff in these hard-hit cities. And in a third round of travel, 28 nurses went to Cleveland Clinic Abu Dhabi to help colleagues there.

The Nursing Institute would also like to thank members of the Cleveland and Florida communities for their outpouring of support, from food and financial donations to hundreds of messages of encouragement.

And Kudos

Cleveland Clinic's Nurse Residency Program has received Accreditation with Distinction from the American Nurses Credentialing Center (ANCC).

Year of the Nurse (YON) T-shirt Raffle

Join the fun and show your spirit for the YON! We will choose 50 winners for a custom-designed Year of the Nurse T-shirt. Locate two matching nursing school pins throughout this publication, and send an email to **nursesgrow@ccf.org** that includes the following: your name, address, phone, email and T-shirt size; indicate which matching pins you found and the pages they were on. **Entry deadline is August 28, 2020.** *Here's to the Year of the Nurse!*

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clevelandclinic.org

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