INTERDISCIPLINARY COLLABORATION AND INNOVATION FOR HIGH-QUALITY OUTCOMES
A message from the Chief Nursing and Patient Care Officer

Dear RN,

As I consider our organizational history of major recognitions, awards and accolades, such as our Joint Commission Disease Specific Certifications (DSCs) and Magnet, I am humbled in the backdrop of how we continuously earn and sustain these achievements.

Although we actively complete applications and document evidence to earn these recognitions, our Professional Practice and Care Delivery Models demonstrate that this who we are, what we do, and how we do it daily. There is no secret formula. I am truly honored to say that our team is one of passionate, committed and caring members, who work earnestly to ensure that we provide an exceptional experience for our patients, thereby resulting in our consistent validation of recognitions, awards and accolades.

As we approach the validation of another major recognition, Magnet, let us center ourselves and know, as I do, that as nurses and members of the HackensackUMC team, we are transformational, we are structurally empowered, we demonstrate exemplary practice and we work collaboratively to advance practice through research, innovations, and new knowledge. We are not instructed by the 2011 Institute of Medicine Report the Future of Nursing: Leading Change, Advancing Health, but rather have long since shared the vision and thus are completely aligned.

Let’s continue to shape our profession because it leaves the noblest legacy for future nurses and the best comfort for our patients!

Dianne Aroh, RN, MS, NEA-BC
Executive Vice President,
Chief Nursing and Patient Care Officer
A message from Njoki Ng'ang'a, Ph.D., MSc, RNC, Clinical Level IV, Labor & Delivery

Now, more than any other time in the history of our profession, the opportunity for nurses to showcase collective knowledge and ability to impact health is ours to seize. Two ground-breaking events have unfolded at the national level and aligned to set a lustrous stage for nurses to emerge as leaders in transforming health care. Comprehensive health reforms mandated by the Affordable Care Act signed into law by President Obama in 2010 will enable 32 million previously uninsured Americans to access health care when provisions of the law take effect in 2014. At the same time, the landmark 2011 Institute of Medicine report titled The Future of Nursing: Leading Change, Advancing Health has called for nurses to contribute as “full partners in the reformed health care system that meets current and emerging needs.”

The reality is that in order for nurses to fully exploit this golden opportunity, we must first attain higher levels of education and then be allowed to practice to the full extent of that education. Donna Shalala, the former U.S. Secretary of Health and Human Services who chaired the committee on the Future of Nursing, affirms that it is up to us to “give the profession a little swagger.” At Magnet® recognized Hackensack University Medical Center, more than 60% of nurses are baccalaureate prepared; this is almost twice the national average. Setting the baccalaureate degree as the standard for entry into practice at HackensackUMC is significant for two reasons. First, seminal studies have provided solid evidence that patients experience better health outcomes when higher proportions of baccalaureate prepared nurses deliver frontline care. Secondly, baccalaureate prepared nurses are well-positioned to advance their education to the masters and doctoral levels.

In the future envisioned by Shalala and colleagues, nurses at all levels exhibit leadership, critical thinking and thoughtful strategizing in order to effectively deliver competent and safe care as well as collaborate with interdisciplinary partners. In this future, embracing lifelong learning and supporting each other in our professional growth is vital; these core principles are already built into the model that guides professional nursing practice at HackensackUMC. As a result, resources for nurses at the medical center wishing to pursue additional qualifications are abundant. Benefit eligible nurses can apply for and receive tuition reimbursement. HackensackUMC has entered into agreement with local and regional accredited schools of nursing to offer high quality undergraduate and graduate courses at a discount, some with the option to defer payments. In addition, academic scholarships specifically targeting nurses are routinely advertised on the medical center’s intranet and through dedicated messages broadcast to “All RNs with Email.” Lastly, nurses who attain board certification in specialty areas are eligible for reimbursement of examination fees and a bonus of $1,000.

Wishing you all a professional journey filled with knowledge, adventure and wonderful experiences.
Emerging Trends in Nursing

5 ways the nursing field is changing
By Jill Elaine Hughes | March 7, 2013
Phoenix Forward: Perspectives
www.phoenix.edu

Nurses a generation ago often had different goals than those in the profession today. “Back when I first started out in 1980, there were a lot of ‘refrigerator nurses,’ housewives who worked a few hours a week to pay for a fridge or new bathroom for the household,” explains Lesley Hunt, an instructor in the University of Phoenix nursing program.

“You don’t see that anymore,” she adds, noting that most of today’s nurses work full time and view their jobs as careers, not something they just do for a paycheck. Here are five other ways the field is changing:

1. **Nurses have more responsibility.**

“There’s a component of the federal Affordable Care Act regarding Accountable Care Organizations, which manage chronically ill patients by coordinating their care across providers in a way that improves outcomes and lowers costs,” Hunt explains.

Hospitals, physicians and other providers are all subject to this rule, and they’re relying on nurses to take charge. “Somebody has to coordinate all that care, and it won’t be physicians,” she notes.

2. **Preventive care is key to the job.**

There’s a heavy focus on preventive care under the new health care law, and nurses are leading the way. “A big part of the future [of nursing] is disease prevention,” says Gemma O’Donnell, another nursing program instructor who received her master’s in nursing degree from the University.

“As a nursing case manager, I work with physicians to develop treatment plans that will help keep chronically ill patients out of the hospital,” she explains. Nurse practitioners are also providing more preventive care, freeing physicians to focus on the more complex cases.

3. **The rise of informatics requires new skills.**

By 2014, federal law mandates that all U.S. health care providers keep electronic health records. This new era brings with it a new nursing specialty, informatics — using computer science and technology to manage and analyze nursing data.

Software developers are creating new health care technology platforms to meet the demand and are relying on nurses to help them build practical systems, Hunt says. “These are new nursing skills that didn’t exist 10 years ago,” she emphasizes. “Nurses need to be involved in the creation of these systems, since they understand what the nurse does at the bedside.”

4. **Opportunities are growing in nontraditional settings.**

As health care costs skyrocket, nurses are finding opportunities to work outside the health care industry.

“Nurse case managers help keep costs down,” says Hunt, who is a case manager. “Because of that, they can find work at insurance companies, law firms … even large corporations trying to lower their health insurance premiums.”

5. **Advanced degrees often are required.**

There’s been a nationwide nursing shortage for decades, but these days only some kinds of nurses are in short supply, Hunt notes.

Most hospitals now only hire nurses with BSN degrees and above, she points out, making it difficult for nurses with associate degrees to find work. The job outlook for licensed practical nurses is even dimmer. “LPNs can only get hired in nursing homes or physician practices, if at all,” Hunt says. “Employers want [advanced] nurses who are smart, with stellar records.”

**Nurses – are these changes evident within HackensackUMC? Discuss in your staff meetings!**
What’s New?

Magnet Olympics

In preparation for our upcoming Magnet visit this year we are developing Magnet Olympics. We are going to have Opening and Closing Ceremonies and some fun games to help educate and prepare the staff for the upcoming visit. Stay tuned!

Service to the Community – Inpatient Dialysis Team

On Sunday, June 2, the Inpatient Dialysis unit team members spent time at the Bergen County Homeless Shelter to serve lunch. They also donated much needed supplies to the shelter (toiletries, flip flops, underwear, etc). The food they served was donated by Margie’s Deli in Moonachie which had sustained severe damages after Hurricane Sandy and has just re-opened. The other food donor was M&P Deli in Hackensack; Starbucks in Rockaway donated coffee; and ShopRite of Oakland donated cupcakes and cookies.

“This community outreach effort was a great example of caring and teamwork, but also had the added benefit of the after effects of altruism. We were humbled by the experience and are planning a return during the winter holidays this year.”

Submitted by Sharon Mancini, RN, Nurse Manager
From a Young Doctor: A Tribute to Nurses

By Leana Wen, M.D. | May 2013

Article shared by Pat Barnett, RN, JD, Chief Executive Officer, New Jersey State Nurses Association and The Institute for Nursing.

It was my first shift as an emergency medicine intern, and I was terrified. I was assigned to the "Fast Track" area of the Mass General ER -- a section designated for those with straightforward issues: lacerations, sprained ankles, etc. Overnight, though, I would be the only doctor in that area. I was terrified of what that Saturday night would bring.

My first patient proved my ignorance. Mrs. R was a pleasant woman in her 60s who had gotten her left hand caught in the car door and was feeling pain in her third and fourth knuckles. I'd ordered X-rays of her hand, which showed a small fracture, and I was trying to figure out how to make a splint.

"Doctor, you might want to take another look at her hand," her nurse, Kelly, said.

I ran to the room. Even from the doorway, I could see that Mrs. R's third and fourth knuckles had swollen to twice their size. The ring finger was turning a dark red, almost purplish, color.

This was an emergency! I couldn't believe that I'd forgotten to take the rings off before the X-ray, and now they were compromising blood supply to the fingers.

But what do I about it now? Mrs. R was in obvious pain, but she was also crying that these were precious rings, given to her by her late husband.

I grabbed an ice bucket and some water-soluble jelly. Kelly frowned. "How about doing a digital block first?"

Numbing the finger -- that sounded like a great idea. But alas, digital block, jelly, and ice did not do the trick. "Maybe it's time we get the ring cutter," I said.
"Let's move him to another area," Ann said. She was right -- he turned out to have a bleed in his brain and a large femur fracture. Her clinical acumen saved our patient.

The rest of the night was a blur. I remember my hesitation at ordering any medication stronger than Tylenol, and even Tylenol itself ("For God's sakes; mothers give it to their babies!"). I remember my first car accident victim, M, an intoxicated young man who had been struck while walking across the street. He looked fine to me, but his nurse, Ann, didn't think so. He was sweating and looked confused, not drunk. "Let's move him to another area," Ann said. She was right -- he turned out to have a bleed in his brain and a large femur fracture. Her clinical acumen saved our patient.

Thankfully, I have matured as a clinician since that terrifying first day, though the training process was not without its bumps and bruises. Trainees frequently credit their attending physicians and senior residents for teaching. This praise is deserved, but we must also acknowledge another group of people who have instrumental in teaching and guiding us: the nurses.

Over the last four years, I have had the honor and privilege of working with and learning from the terrific nurses at Brigham and Women's and Mass General Hospitals. Time and time again, these nurses have saved me from making mistakes, big and small. They have taught me clinical judgment and clinical skills. They have demonstrated true patient-centered care, and shown me what it means to really listen. They have inspired me to always be vigilant and always care.

In my second year of residency, my mother passed away from metastatic cancer. Before she died, she told me that she wanted to make sure I thank her nurses, because it was they who she thought really cared for her.

It was they, too, who cared for my family and for me. After we decided to withdraw her life support, I was wracked with guilt. It was what my mother had wanted, but kind of daughter was I to end my own mother's life?
All the doctors had left. Her nurse, Andy, came to find me at my mother's bedside. He told me about how he had to make a similar decision to allow his terminally-ill wife to die. "It's what she would have wanted," Andy said. "You are carrying out her last wish, to die peacefully." I will never forget his words and his kindness.

As we celebrate this year's Nurses Week, I am reminded of the Hippocrates saying that the goal of medicine is "to cure sometimes, to relieve often, to comfort always." This, too, I learn through daily example from the amazing nurses I work with.

Thank you.

Leana Wen, M.D.

Nurses, what do you think about this article? Each and every day you make a difference in not only the lives of our patients and their families, but also in the lives of physicians and colleagues. Never underestimate the impact you could have. Discuss this article at your staff meetings!
Getting To Know Us...
Let’s learn who we are!

<table>
<thead>
<tr>
<th>Program</th>
<th>Lead</th>
<th>Co-lead</th>
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<tbody>
<tr>
<td>CABG</td>
<td>Tammy Russo</td>
<td>Mary E. Jahnke</td>
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<tr>
<td>Primary Stroke</td>
<td>Karen Keating</td>
<td>Anthony Rocco</td>
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<tr>
<td>Advanced Diabetes</td>
<td>Kathe Olohan</td>
<td>Linda Cohen</td>
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<td>Depression</td>
<td>Midge Grady</td>
<td>Alexis Fitzsimmons</td>
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<td>Katie DeMarco</td>
<td>Theresa Ebel</td>
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<td>Lisa Milli</td>
<td>Diane Daniello</td>
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<td>Laura Metcalf</td>
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<tr>
<td>Breast Cancer</td>
<td>Vicki Tuchman</td>
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The other DSCs we have are: Heart Failure, AMI, Community Acquired Pneumonia, Bone Marrow Transplant, Peds Asthma, Adult Asthma, COPD, Geriatrics Delirium, Joint Replacement (Hip/Knee), Trauma.
Wellness Corner

Alas, the warm weather is here!

Swimming is the fourth most popular sports activity in the United States and a good way to get regular aerobic physical activity. Just two and a half hours per week of aerobic physical activity, such as swimming, bicycling, or running can decrease the risk of chronic illnesses. This can also lead to improved health for people with diabetes and heart disease. Swimmers have about half the risk of death compared with inactive people. People report enjoying water-based exercise more than exercising on land. They can also exercise longer in water than on land without increased effort or joint or muscle pain.

Read more by visiting: http://www.cdc.gov/healthywater/swimming/health_benefits_water_exercise.html

We continue to grow and improve!

Our Nurses Do It Again!

What began as the dedication of two nurses – Jennifer J. Pallotta, BSN, RN, CNOR and Joan L. Banovic, BSN, RN, CNOR – in the Operating Room on a recycling and waste management initiative, has morphed into not only an organizational initiative for going green, where we are now expanding recycling stations from the Second Street Café to the Aquarium Café; but has also earned HackensackUMC the 2013 “Partner for Change” Award by Practice Greenhealth.

Our current recycling rate is 30%, but we have a target of 35% by the end of the year!

HackensackUMC nurses are change agents – they change lives and practice every day.

For more details, see the President's Newsletter: Summer Edition.

Please read the below note of praise from Robert Vollero, MSN, RN-BC, to his staff for their contributions to a successful DSC site review and re-designations. As we all are aware, staff recognition is vital for fostering and sustaining a positive work environment; letting employees know they are valued and appreciated.

To All,

Just wanted to express my gratitude again, regarding the teamwork effort that resulted in a successful DSC site review and re-designation for all the DSC’s that were reviewed by the Joint Commission this week. All of the preparation, reviewing of care plans, reviewing of policies/procedures with staff, tracers, development and implementation of e-learning, sending compliance reports as to completion of e-learning, completing emergency BLS sessions, etc., are a major component of these successful site visits. Please know that although it is not said enough, all that you do EVERY DAY IS VERY MUCH APPRECIATED!!! We were reviewed on AMI with NO FINDINGS or RFI’s, Heart Failure with NO FINDINGS or RFI’s, CABG with NO FINDINGS or RFI’s and Total Knee with NO FINDINGS or RFI’s, and Total Hip with 2 findings that are yet to be clarified and possibly removed, but still received the re-designation as I understand from Helaine. A special thanks to Jackie and Lemnis for all the help with the transcripts this week as well. Again, thanks to you all for making these site visits have a successful end result.

Bob
Lessons Learned

Remember Winston M. Meikle, BSN, RN, CCRN, Clinical level II and his story from the fall 2012 issue?

Even with all of his experience, Winston encountered an area of opportunity in his practice environment that others can learn from. At the recommendation of Liz Paskas, RN, Winston began working to change practice. His evidence-based practice project focused on mitigating the risks associated with multiple IV infusions in critical care.

In times of error or uncertainty, HackensackUMC is committed to fostering a non-punitive, learning environment where peers can learn from one another’s experiences. Don’t get discouraged, it’s all in how you respond to every situation in order to provide high-quality patient care and achieve great outcomes.

UPDATE:

Positive outcomes can come from errors and proper error management. The Joint Commission wants to recognize Winston’s project as a best practice – way to go!

Below is the poster he presented (please zoom in to read):

An Evidence Based Practice Change - Patient Safety Initiative: Multiple Infusion Line Management / Line Trace / Line Labeling Standard
## Transformational Leadership

**Hey, how are we doing?**

### 2013 Organizational Goals - HackensackUMC

<table>
<thead>
<tr>
<th>Service Pillar - Arch</th>
<th>Weight</th>
<th>2012</th>
<th>1Q13</th>
<th>2Q13</th>
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<tbody>
<tr>
<td>Composite score Pres. Garvey (quarterly metric)</td>
<td>10%</td>
<td>2 of 5</td>
<td>2 of 5</td>
<td>2 of 5</td>
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<tr>
<td>RCAHPS composite score (quarterly metric)</td>
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<td>5 of 9</td>
<td>5 of 9</td>
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<tr>
<td>30 day re-admissions w/o chemo</td>
<td>10%</td>
<td>10.56</td>
<td>10.56</td>
<td>13.5</td>
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<tr>
<td>Composite score core measures</td>
<td>10%</td>
<td>12</td>
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<th>Finance Pillar - Glennning</th>
<th>Weight</th>
<th>2012</th>
<th>JAN’13</th>
<th>FEB’13</th>
<th>MAR’13</th>
<th>APR’13</th>
<th>MAY’13</th>
<th>JUN’13</th>
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<tbody>
<tr>
<td>Net Operating Income</td>
<td>20%</td>
<td>$366.8</td>
<td>$403.9</td>
<td>$443.0</td>
<td>$393.6</td>
<td>$434.3</td>
<td>$393.6</td>
<td>$393.6</td>
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<tr>
<td>Net Operating Margin</td>
<td>2.67%</td>
<td>2.96%</td>
<td>3.98%</td>
<td>2.96%</td>
<td>3.98%</td>
<td>2.96%</td>
<td>2.96%</td>
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<tr>
<td>Financial Trigger (50% of NOI Threshold)</td>
<td>50%</td>
<td>$18.4</td>
<td>$16.0</td>
<td>$16.0</td>
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<th>2013</th>
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<tr>
<td>Physician - overall partnership (annual metric)</td>
<td>10%</td>
<td>79.8</td>
<td>78.7-81.3</td>
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<tr>
<td>Employee - overall partnership (annual metric)*</td>
<td>10%</td>
<td>71.0 - 71.6</td>
<td>71.0 - 71.6</td>
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<th>FEB’13</th>
<th>MAR’13</th>
<th>APR’13</th>
<th>MAY’13</th>
<th>JUN’13</th>
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<tr>
<td>Network Development CMI</td>
<td>10%</td>
<td>5,520</td>
<td>5,579</td>
<td>5,685</td>
<td>5,520</td>
<td>516</td>
<td>1,590</td>
<td>1,480</td>
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<tr>
<td>Med/Surg CMI adjusted ACS (w/o Observations)</td>
<td>10%</td>
<td>2.96</td>
<td>2.96</td>
<td>2.94</td>
<td>3.13</td>
<td>3.16</td>
<td>3.08</td>
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<tr>
<td>New Pledges/New Cash</td>
<td>70%</td>
<td>$15.0</td>
<td>$15.8</td>
<td>$15.7</td>
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<tr>
<td>Fundraising cost (%)</td>
<td>30%</td>
<td>20.5</td>
<td>20.0</td>
<td>10.5</td>
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**Status Indicators:**
- On Target or Better
- Above Threshold but below Target
- Below Threshold

*Employee partnership response rate 76.3 maximum goal achieved. Employee Partnership 2012 score Modern Healthcare overall (% agree) 81%.*
Structural Empowerment

You’ve Crossed the Finish Line!

Professional development is an important component of our Professional Practice Model (PPM) and Care Delivery Model (CDM). It is supported and encouraged by our organization, as well as an expectation of Magnet. We applaud all of our recent graduates who have committed themselves to excellence and furthering their education.

Congratulations!

Our HackensackUMC Nursing Graduates – at a glance!

Allison Abate, RN, OCN, Clinical Infusion Nurse, John Theurer Cancer Center. Will receive her Bachelors of Science in Nursing from Thomas Edison State College at the end of June 2013.

Joan Colella, DNP, RN, APN-BC, NP-C, Value-based Projects APN. Graduated from Fairleigh Dickinson University with a Doctorate of Nursing Practice.

Shoshanah Haricha, BSN, RN, Center for Occupational Medicine. Graduated from South University Online with a Bachelors of Science in Nursing.

Beth Kwiatkowski, BSN, RN, CEN, Cardiovascular Partners. Graduated from The College of Saint Elizabeth with a Bachelors of Science in Nursing.

Laureen Ministero, BSN, RN, PACU. Graduated from The College of Saint Elizabeth with a Bachelors of Science in Nursing.

Matthew Schmarak, BSN, RN, staff nurse, Emergency & Trauma Center. Graduated from William Paterson University with a Bachelors of Science in Nursing.
Gina Jaye, MAS, BSN, RN, staff nurse, Women’s Health. Graduated from Fairleigh Dickinson University on May 21, 2013 with a Masters Degree in Administrative Science.

Marieta Branis, DNP and Claudia Douglas, DNP. Both graduated from Fairleigh Dickinson University with a Doctorate in Nursing Practice.

Njoki Ng’ang’a, PhD, MSc, RNC, Clinical Level IV, Labor & Delivery on attaining a Doctor of Philosophy degree in Nursing from Columbia University in May 2013.

Meghan Hartnett, RN, staff nurse, PICU. Graduated from New York University (May 2013) with a Master of Science degree – specialty was Advanced Practice Nursing: Pediatrics.

Margaret Orzechowski, MSN, RN, staff nurse, 3 Conklin, currently Interim Administrative Head Nurse, 3 Conklin. Graduated from Seton Hall University on May 17, 2013 with a Masters of Science in Nursing (MSN) in Health Systems Administration.

Courtney DiBona, MSN, RN-BC, Clinical Ladder III. Graduated from Kean University, Nathan Weiss Graduate School, Masters of Science in Nursing, Clinical Management with a Transcultural Focus.

Alexis Nascimento (pictured in the center), Nursing Assistant, 3 West. Graduated from William Paterson University with a Bachelors of Science in Nursing.
From left: **Samantha Rodgers, RN, MS,** 4 South; **Laura Maccone, RN, MS, CCRN,** Rapid Response Team; **Tara Gregorio, RN, MS, CEN,** Emergency & Trauma Center. Graduated from Rutgers University, Master of Science, Family Nurse Practitioner 2013

**Ramonita Jiménez, DNP, MPA, RN,** NE-BC, Administrative Director of Nursing, Department of Patient Care. Graduated from the University of Medicine and Dentistry of New Jersey with a Doctorate of Nursing Practice.

**Colleen D'Angiolillo, MSN, RN, CNOR.** Graduated from William Paterson University with an MSN – Education Track.

**Susan Dunn, BSN, RN, LNC, CNOR.** Graduated in May 2013 from the College of Saint Elizabeth with a Bachelors of Science in Nursing.

**Christopher C. Garcia, BSN, RN,** staff nurse on 3 North and his wife, **Rayda Garcia, BSN, RN,** staff nurse on 9 Pavilion West. Both graduated from Saint Peters University with a Bachelors of Science in Nursing.

**Justyna Potocka, BSN, RN.** Graduated from the College of Saint Elizabeth with a Bachelors of Science in Nursing with Highest Honor.

**Angelica Castro, BSN, RN.** Graduated in January 2013 from the Cleveland Institute of Electronics with an Associate in Applied Science in Electronics Engineering Technology.
Empirical Outcomes

In our past two issues, we featured stories titled, “Value-Based Management and Projects,” highlighting the value-based investment made by our Chief Nursing and Patient Care Officer, Dianne Aroh, with the Value-Based Advanced Practice Nurse, Joan Colella, Doctor of Nursing Practice, APN of Value-Based Projects and Radiation Oncology, and “Nursing-Led Collaborative Sitter Reduction Initiative,” announcing a two week pilot on 3PW eliminating the need for nurses to call for physician orders for sitters for non-suicidal patients. Where does this investment currently stand?

Here’s an update from Joan Colella, DNP, APN:

3PW outcomes were:
This initiative began in April and was piloted on 3PW. 3PW sitter hours decreased from the previous month (March) by 30%, cost by 79% and average sitter use by 33%, and no falls. It then rolled out to 7 units.

Thanks for the update, Joan. Please review the Safety Zone Patient Observation Policy on the HackensackUMC Intranet. A preview of the policy is to your right →
Falls:

On a national level, HackensackUMC remains below the NDNQI benchmark for hospitals with a bed size $\geq$ 500 in both falls with injury and total falls for all quarters. This is illustrated on the following graphs.

Our staff continues to keep patient safety on the forefront and our data reflects their accomplishments.

There are some exciting developments on the forefront regarding falls for both the adult and pediatric population:

With the addition of new NDNQI falls reporting categories, we are proud to announce that as of April 1, 2013, HackensackUMC will report out pediatric falls to NDNQI:

- Baby/child drop
- Developmental fall
- Falls during play

Additional NDNQI falls reporting categories added as of April 1, 2013 are:

- Assisted fall
- Physiological falls
- Suspected intentional falls

Our falls resource task force has welcomed pediatric representation and looks forward to working with these representatives to decrease falls in all ages!

Nursing PI continues to complete a thorough review of every falls incident report and identify trends. These trends are shared with the falls resource task force monthly, where staff make practice recommendations and changes. We welcome your participation!

Falls resource task force is currently collaborating with Joan Colella to integrate clinical assessment findings with fall, safety and delivery of care interventions and assign accountability.
Pressure Ulcers:
The PUP Champions continue to meet on a quarterly basis with the Wound, Ostomy and Continence (WOC) nurses to participate in the NDNQI Pressure Ulcer Prevalence Study, which is a quarterly “snapshot” in time of patients in our organization who have a hospital-acquired pressure ulcer.

On a national level, HackensackUMC remains below the NDNQI bedsize≥500 benchmark for Percent of Surveyed Patients with Hospital-Acquired Pressure Ulcers in 6 out of 8 quarters as illustrated on the below graph. These exceptional results are due to the daily dedication of our nurses to quality patient care.

In an effort to continue our outstanding patient care, below is a sampling of the interventions in place:
- Nursing PI team continues to present the most updated NDNQI results to the PUP champions during their quarterly meetings.
- Nursing PI continues to collaborate with the WOC nurses to support the appropriate completion of the NDNQI pressure ulcer prevalence study form. Most recently, a presentation including a question and answer session on the prevalence form was completed during the June 2013 meeting.

Units are recognized regularly for their outstanding performance in the prevention of pressure ulcers:
- January 2013 – 11 units were recognized
- February 2013 – 12 units were recognized
- March 2013 – 10 units were recognized

To access, follow the link below:
https://members.nursingquality.org/RNSurvey/

Our Survey Code is: 9446Z9
Ambulatory Surgery

- 2Q12: 94.5
- 3Q12: 94
- 4Q12: 94.4
- 1Q13: 93.9
- 2Q13 to date: 93.9

Outpatient Oncology

- 2Q12: 92.7
- 3Q12: 93.1
- 4Q12: 93.6
- 1Q13: 92.9
- 2Q13 to date: 92.4

Mean Score vs. Percentile Rank

Exemplary Professional Practice
PATIENT CARE SERVICES

> Exemplary Professional Practice

Inpatient Adult

July 2013 update
2Q 13 Final Results

(Please note: Zoom in to read)
New Knowledge, Research & Innovations

Our very own Advanced Practice Nurse (APN) Theresa Gabay, MSN, APN, CNRN, has contributed to the body of literature and new knowledge in the area of Pediatric Neurosurgery! Theresa published as primary author for two chapters in the 2nd Edition of a new reference textbook, “Nursing Care of the Pediatric Neurosurgery Patient.” The textbook supports persons in the continuum of care for the pediatric population with neurological issues.

Way to go Theresa! Nurses everywhere are proud of you.

Another HackensackUMC nurse does it again! Our very own Natalie Callis, DNP(c), RN-BC, CNL, Performance Improvement Clinical Advisor, got accepted to present her Evidence-Based Action Planning Algorithm at the EBP Research Consortium Conference on Friday, September 13, 2013. In her role as a Nursing Performance Improvement team member, Natalie developed the algorithm as a guide for the new HackensackUMC action plan template in 2012.

EBP Research Consortium Conference Clinical Question: What is the most effective strategy to engage the medical-surgical staff nurse in evidence-based practice change in order to increase their evidence-based practice beliefs and implementation behaviors?

Natalie’s Answer: The HackensackUMC Evidence-Based Action Planning Algorithm, of course! 😊
Announcements

New Website
The Patient Care Services/Nursing website is currently underway! We have made significant strides and look forward to representing the very essence of nursing at HackensackUMC on the new site.

Magnet Consultant Site Visit
Our Magnet Consultant, Julia Aucoin, DNS, RN-BC, CNE, will be at the medical center on a site visit with another ANCC trainee on August 29-30. We ask that you are friendly, professional, and most of all, YOU! Let’s show them what nursing at HackensackUMC is all about.

HackensackUMC team members – Dr. Sanjeev Kaul; Evan Epper, RN; Alfredo Rojas, surgical tech; and Annie Patrick, RN – joined LIG global foundation on a medical mission to Dajabon, Dominican Republic and Haiti on June 15-23, 2013. Thank you for all that you do for our patients, community and abroad!
Did You Know?
We cannot tape anything to the computer screens – this includes PCs and Workstations on Wheels (WOWs). Tape can destroy the microchips within the computer screen.

NURSES:
Have an idea to improve the patient care experience and workflow?

“Nursing Ideas Submission” is a structural platform providing you access to communicate your ideas and suggestions to the Coordinating Council via the Nursing page on the HackensackUMC Intranet. This is another avenue for you to share and offer input as we seek new innovations and ideas to improve our patient care experience and delivery of care processes.

HOW TO SUBMIT AN IDEA:
- Go to HackensackUMC’s Intranet
  > Departments
- Scroll > “Nursing”
- > “Submit a Nursing Idea”
Ever wondered, “What exactly is ACO about?” Here is some information provided by a presentation titled, “Health Care Reform: The Nurses’ Role in the Accountable Care Organization,” by Darlene Cox, MS, RN, FACHE, administrator, Patient Care Services.

**Accountable Care Organizations (ACO) Summary**

“An Accountable Care Organization is a network of healthcare providers consisting of many stakeholders’ payers; physician groups; and hospitals which receives reimbursement based on metrics”: Quality Care, Patient Satisfaction, and Reduction in Cost of Care.

An Accountable Care Organization as an advanced care delivery model visitations form, providing comprehensive patient outreach and streamlined care coordinate to enhance physician and patient engagement, is very important to:

- Meet patient satisfaction expectations and HCAHPS scores
- Access population health and chronic disease management
- Measure quality and improvements

1. **Accountable Care**

   Includes the following initiatives:

   - **Care coordination**: Staff to assist the doctor and patient in navigating the health care system and receiving the care that they require in a timely manner.
   - **Transitional care**: Making sure that each patient in navigating the health care system and receiving the care that they require in a timely manner.
   - **Patient access to care**: Reducing use of the emergency room by making it easier to be seen in the physician’s office in a timely manner.
   - **Access to information**: A computer network that shares information between the physician’s office, hospital, post-acute care and patients themselves in order to make sure that all known information is available to the physicians at the time that they are providing care. This should also help reduce unnecessary duplicate testing and treatment.
   - Under the Medicare Shared Savings Program, ACOs will report on 33 quality metrics, which are divided into four categories:
     - Patient/caregiver satisfaction
     - Care Coordination and patient safety
     - Care for patients with chronic diseases and other acute illnesses
II. Accountable Care

An Accountable Care Organization (ACO) is a group of healthcare providers (primary care physicians, specialists, and hospitals) who work together to provide patients with high quality coordinated care. The Hackensack Alliance ACO was approved by CMS through the Medicare Shared Savings Program for the April 1, 2012 start up date. By participating in the Medicare Shared Savings Program, the Hackensack Alliance ACO is held accountable to achieving the following goals:

- Reduce the per capital cost of healthcare (Lower costs)
- Improve the experience of care for individuals (Better experience, Improved access)
- Improve the clinical outcomes of patient populations (Improved quality)

- In order to accomplish these goals, Hackensack Alliance ACO has developed a series of strategies for financial and clinical systems integration. This integration will allow providers to improve their performance while maximizing quality and efficiency of care.

- The Hackensack Alliance ACO is dedicated to delivering seamless, high quality care for our Medicare Fee-for-Service patients. By improving the partnership between patients and providers, practicing evidence-based care coordination, and increasing the access to care, we will achieve cost savings that demonstrate increased value from health care spending.

Still have more questions? Don’t worry, we will feature more on ACO in our next issue, especially since we were honored among Becker’s Hospital Review’s 2013 list of “100 Accountable Care Organizations to Know.”
Magnet Monday Mania!

As you are aware, every Monday there is a new Magnet Monday Mania question to test your Magnet readiness!

Our first week was the most successful yet, and in recent weeks, we have sustained our participation rate. Take a look at the chart to your right →

Even still, we want to boost these numbers as Magnet is about everyone! We encourage you and your team to take a shot at answering these questions. Answer any time to play, but submit your answers at 1 p.m. and/or 8 p.m. for a chance to win!

The engagement of our HackensackUMC team has been great thus far, let’s aim for better!

Also, please stop by the Magnet Prize Winners Showcase in the Lobby Café to see photos of the winners!
1. Our action plan process is:
   A. Plan Do Study Act
   B. Do Plan Act Study
   C. Act Study Do Plan

2. We use which model to grade the evidence used in our action plans:
   A. Jean Watson
   B. Johns Hopkins
   C. Florence Nightingale

3. What are the types of nursing quality and satisfaction data collected?
   A. Nursing Satisfaction
   B. Employee Satisfaction
   C. Patient Satisfaction
   D. All of the above

4. What are mean scores?
   A. Total score
   B. Combined score
   C. Average score

Answers: 1 is A; 2 is B; 3 is D and 4 is C
NEWSLETTER BY:

Dionne Dixon, Ph.D., LT. USAR, Magnet® Program Coordinator and Manager, Clinical Education

Ashley Eddings, BA, Data Coordinator, Department of Patient Care

Claudia Douglas, DNP, RN, MA, CNN, APN.C, Manager, Nursing Practice & Research, for her tremendous contribution to the newsletter.

_HackensackUMC is a 775-bed not-for-profit, tertiary care, teaching and research hospital and provides the largest number of admissions in New Jersey. Founded in 1888 with 12 beds and as Bergen County's first hospital, HackensackUMC has demonstrated more than a century of growth and progress. HackensackUMC is a nationally recognized healthcare organization offering patients the most comprehensive services, state-of-the-art technologies, and facilities. HackensackUMC is a Magnet® recognized hospital for nursing excellence, first in New Jersey, second in the nation, receiving its fourth designation in April 2009._

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