Cleveland Clinic

Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence

FALL 2023

IMPROVING TEAMWORK, MORALE AND OUTCOMES WITH PLAN-OF-CARE VISITS

P. 8

Dear Colleagues,

Patients are at the heart of a nurse's work. Every assessment, critical thought and clinical action happens with the patient in mind. This issue of *Notable Nursing* is a reminder of the many ways nurses put patients first — improving their outcomes, making their healthcare experiences seamless and safe, and supporting their needs both in and out of the hospital.

On page 16, we share how real-time auditing and process confirmation efforts have helped reduce central line-associated bloodstream infections in hospitalized patients. A study featured on page 20 illustrates how nurses are using baby dolls to comfort patients with dementia, and a new birthing support model (page 13) is helping to reduce mortality rates in pregnant patients of color.

Mounting evidence shows that safety, satisfaction and outcomes improve when patients are included in the healthcare decision-making process, as described on page 8. In this issue, we also highlight a program that provides post-emergency care for those struggling with addiction (page 3). Another nurse-driven program (page 10) is helping to reduce the statistically significant incidence of patients leaving the emergency department before treatment is complete.

A study detailed on page 19 demonstrates the difference that can be made in patients with diabetes when nurses improve their knowledge. We also describe a nurse-led project (page 18) focused on keeping the meaningful work of nursing caregivers front and center. And a story focused on Cleveland Clinic London (page 5) paints an inspiring picture of what can happen when diverse nursing teams unite on behalf of their patients.

Once again, I'm proud to showcase the many ways in which Cleveland Clinic nurses help their patients live healthier lives. I hope you'll join me in recognizing the pivotal and tireless role they play in the well-being of communities across the globe.

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

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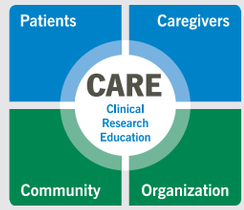
On the cover: From left, Thomas Downerd, PTA; Torri Hileman, BSN, RN; Alexis Stener, BSN, RN; and Joshua Dahlheimer, APRN, FNP-C, ENP-C, focus on communicating with patients during plan-of-care-visits.

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



Emergency nurses like Jonathan Sanchez, MBA, BSN, RN, pictured here, help patients with substance use disorders connect to outpatient addiction treatment.

Pilot Program Helps Akron General Patients Find Sobriety

RECOVERY'S IN REACH PROVIDES TREATMENT OPTIONS, PEER SUPPORT TO THOSE STRUGGLING WITH ALCOHOL AND DRUG USE

A new nurse-led program at Cleveland Clinic Akron General is fighting substance abuse through early interventions and peer-to-peer counseling. Created to provide ongoing support to patients who present to the emergency department (ED) for drug or alcohol issues, Recovery's in Reach enables a rapid, seamless transition to addiction treatment that reinforces the possibility of sobriety.

When a substance abuse disorder is diagnosed in Akron General's ED, the patient is given an opportunity to talk with an on-site recovery coordinator who can help arrange long-term supportive care, explains Nurse Manager Jonathan Sanchez, MBA, BSN, RN, Lead Program Coordinator for Recovery's in Reach.

"I've been a nurse in the ED for more than a decade, so I've seen how alcohol and drugs affect our community," he explains. "Research shows that the longer patients must wait to enter treatment, the less likely they are to seek help, so it's imperative to address these problems as early as possible. In many cases, opportunities arise when patients present to the ED in crisis — either because they're in withdrawal or because their addiction has simply become unmanageable."

DEFINING SUCCESS

Since the program was initiated in April 2022, the Akron General ED has evaluated an estimated 1,000 patients for substance use disorders, more than 50% of whom ultimately agreed to work with a recovery coordinator. The program is funded by a one-year $1 million grant from the Summit County Opiate Abatement Advisory Council. (Akron General is in Summit County.)

"We're extremely pleased with the number of patients who have trusted us enough to seek treatment," says Sanchez. "These decisions are extremely personal — and for many patients, it can be complicated and painful to admit the need for help. We measure our success one patient at a time."

Recovery's in Reach Program Coordinator Beth Albaugh, BSN, RN, says she is proud of the new initiative's success stories as well. Of the 580 patients who have accepted help for their substance use, an estimated 64 have remained sober. Because the decision to enter a recovery program is intensely personal, Albaugh equates success with her ability to simply "plant the seed" of a sober life in her patients.

Beth Albaugh

"Even if only one of our patients has gone on to break free from addiction, it's all worth it to me," she says. "As an emergency provider, you don't always know what becomes of the seeds you've planted, so you must have faith that patients will make changes when they are ready and able. We really want sobriety for our patients, but they also must want it for themselves."

PROVIDING A PATH TO RECOVERY

Patients who accept the services offered by Recovery's in Reach during their ED visit undergo screening to determine the type and level of addiction they're battling, their readiness for recovery, and any potential withdrawal issues. The program's recovery coordinators then work closely with the treating physician to determine the best course of action.

Albaugh explains that the team's overarching goal is to connect patients with an outpatient recovery center of their choice prior to discharging them from the hospital. Each patient is also paired with a peer coach — a licensed counselor who is currently in recovery from a substance use disorder — to help guide the healing process.

"Peer counselors have a powerful ability to relate to patients struggling with addiction because they've fought and overcome similar problems," she says. "There's simply no substitute for connecting with others who have shared and understand your experience."

Jonathan Sanchez

Sanchez adds that peer recovery specialists can also help eliminate the stigma that often accompanies substance abuse, making it less awkward for patients to address their problems candidly. "Peer support bridges the gap by validating what the patient is going through and demonstrating that recovery is truly within reach," he explains. "Most importantly, these relationships remind patients that they don't have to go it alone."

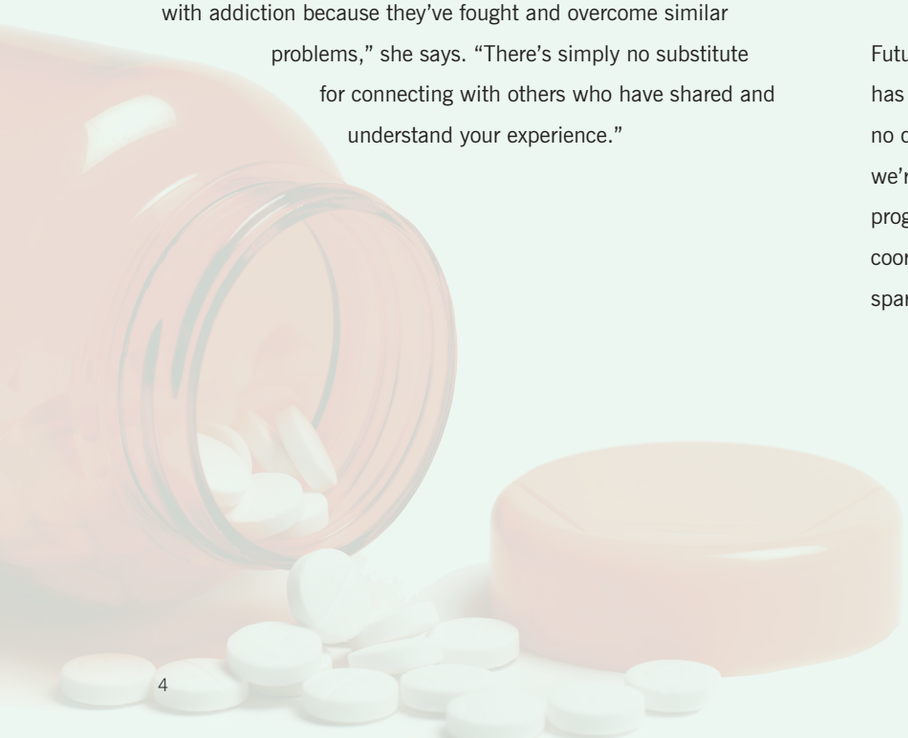
Once a patient is discharged from the ED and enters treatment, a recovery coordinator follows up with the individual every 30 days. These check-ins only stop when and if the patient no longer desires them.

BRIGHT FUTURE

Like her three fellow recovery coordinators at Akron General, Albaugh has a background in behavioral health. She previously worked for BrightView, an outpatient drug and alcohol addiction treatment center that has since partnered with Cleveland Clinic.

Although she emphasizes the importance of addressing drug and alcohol abuse in any setting, Albaugh says the ED is particularly conducive to such interventions. "Being stationed in the ED allows us to get right to the heart of the problem," she explains. "In this environment, our recovery coordinators are accessible to doctors, nurses and other caregivers who make patient referrals, which is key to finding appropriate support for patients who agree to treatment."

Future funding for Recovery's in Reach is pending, but Sanchez has high hopes that the program will continue to grow. "There's no doubt that recovery support is an invaluable resource, and we're proud of the scope and variety of treatment plans our program has been able to provide," he says. "Our recovery coordinators and peer counselors do essential work that aims to spare our community from the destructive trail of addiction."



Breaking Barriers: Cleveland Clinic London Helps Caregivers Find Common Ground by Embracing Diversity

NURSING LEADERS EMPHASIZE CROSS-CULTURAL ENGAGEMENT AND COMMUNICATION WHEN BUILDING INTERNATIONAL TEAM

Even before they greeted their first patients in March 2022, the nursing team at Cleveland Clinic London was a study in diversity, representing a wide array of nationalities and cultures.

Although the nursing staff admits this diversity made for some fabulous potluck lunches, it also presented a major challenge: How could the hospital respectfully meld more than 350 diverse individuals representing more than 70 nationalities into a unified team?

Sheila Miller

"Just from the nursing perspective, there were so many variables to consider," says Sheila Miller, DNP, MBA, RN, Cleveland Clinic London's Chief Nursing Officer. "But we knew that in an international city like London, there would be a real strength in being able to understand and appreciate each other. Ultimately, this would help us connect with our patients and see their perspectives," she explains.

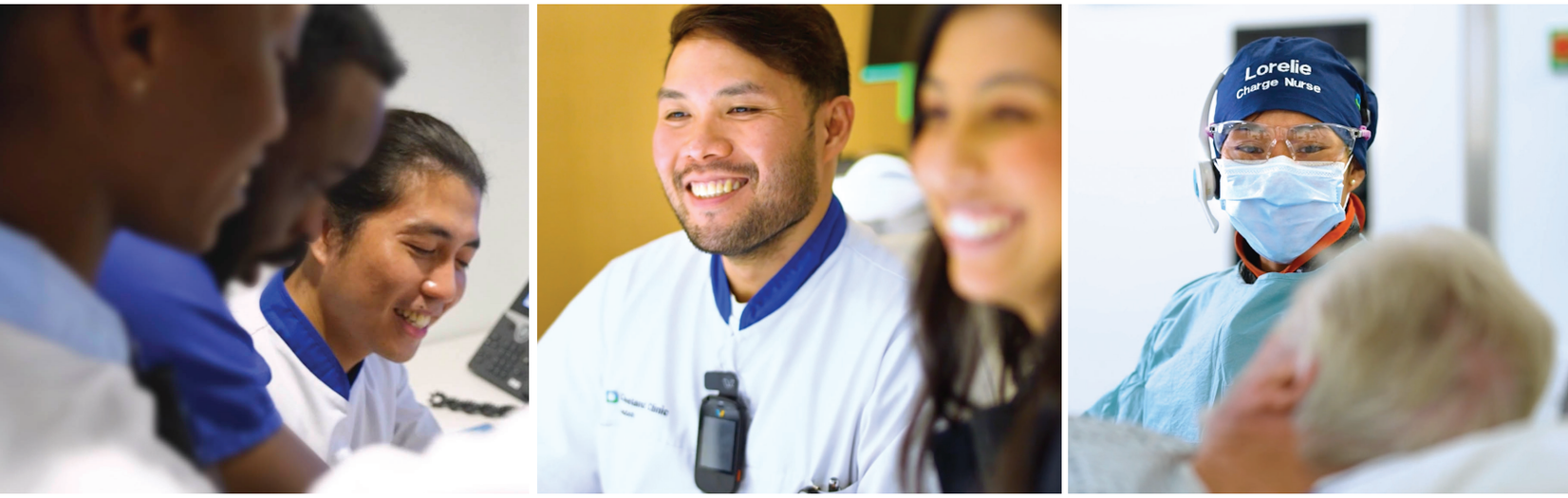
ONE, OUT OF MANY

Although the diversity of backgrounds, experiences and ideas has resulted in a remarkably rich and adaptable nursing team, she explains, it initially left her wondering how the team would ever find common ground.

"Education, expectations and the role that nurses play in the healthcare system vary widely from country to country. Even basic practices can vary, so the question becomes: Whose practices do we follow?"

Two nonnegotiable standards helped shape the answer. "First, we established very clear expectations about respecting and valuing each individual for their unique strengths," says Miller. "And second, we approached the idea of team building with awareness and intentionality. We knew that we would need to work together to identify and seek substantiating evidence for best practices from among our backgrounds and pull together the threads required to deliver world-class nursing care."

Clinical Nurse Educator Khaled Hussein, DNP, MSN, RN, played a key role in that process. Born in Abu Dhabi and educated at the American University of Beirut in Lebanon and Case Western Reserve University in Cleveland, Khaled joined Cleveland Clinic London in October 2021.



Unifying the diverse London nursing team required leaders to capitalize on caregivers' similarities while understanding their differences. Pictured from left: charge nurses Jero Esplanada, BSN, RN; Marc Laro, RN; and Lorelie Lim, RN.

Khaled Hussein

Before relocating to the UK, he served as a nursing education specialist in the ICU at Cleveland Clinic Abu Dhabi for seven years, an experience that introduced him to the benefits and challenges of workplace diversity.

"Honestly, it was a little shocking when I started at Cleveland Clinic London," he says. "All humans have the same anatomy and physiology, so you'd think we would all practice nursing the same way. But I quickly learned that — surprise, surprise! — things are done a little differently in every country. In the beginning, we all loved to say, 'Back home, we used to do it this way!'"

Khaled quickly realized that getting everybody on the same page would take some planning. "In order to do that, I needed to understand the background of each person, the curriculum they had studied and the clinical reasoning behind their practices," he explains. "I discovered a lot of similarities, but there were a lot of differences as well."

The implication was clear, he says. "Before we even opened the doors, we had to make sure that all the nurses underwent the same onboarding process — all of us, together, getting the same training."

He says practice simulations were especially helpful and provided an opportunity for the new nurses to share what they had learned in their previous work settings. Once everyone had an opportunity to be heard, the time was right to discuss the rationale behind Cleveland Clinic's policies, procedures and protocols.

CREATING UNITY

Even beyond direct patient care, issues arose that required shared knowledge. For instance, the use of Epic, the electronic health records system used in all Cleveland Clinic locations, was unknown to many of the London caregivers. "The majority of the nurses from the UK had never used it before, so the American nurses stepped up to share their knowledge of how to use it," he says.

That's one of the strengths to be found in diversity, Khaled adds. "Sharing with each other helped us come together as a team."

Cleveland Clinic's shared governance model, which empowers nurses to be an active part of the decision-making process, was also new to many caregivers, he explains. "Instead of the old mandate 'this is how you're going to do it,' shared governance allows team members to own their individual challenges and create their own solutions. Better yet, it helps the staff feel more valued and engaged, which improves the quality of care."

Chief Nursing Officer Sheila Miller, DNP, MBA, RN (center), rounds with (from left) Sophie Hall, RN; Bryan Bernales, RN; Warren Little, RN; and Jenny Bautista, MSc, RN.

Nurse Manager Tabiso Mahlambo, BSN, RN, counts herself among the nurses won over by Cleveland Clinic's nonhierarchical management approach.

Tabiso Mahlambo

Born in South Africa, raised in Zimbabwe and trained in the UK, Mahlambo began her nursing career in 2005 in a National Health Service Hospital in London. From there, she moved to a private healthcare organization, where she served as nurse manager for the orthopaedic and neurosciences departments. Mahlambo joined Cleveland Clinic London in June 2021, where her role has included onboarding and training the new nursing team.

"Every caregiver believes that their practice is the best practice, of course, and thinks the way they learned to do things is the right way," she adds. "Our job was to pull the rug out from under everybody's feet and say, 'Now, we need to standardize our own new way of working.'"

An imbalance between the number of skilled nurses in the orthopaedics and neurosciences departments provided Mahlambo with a chance to take the lead in some creative problem-solving. Recruiting more nurses would have meant going over the budget, so she saw an opportunity to merge the two departments to create one team.

Her solution was to cross-train her staff so that every caregiver could manage any patient who came into either department. She laughs, explaining that the strategy required some convincing. "The orthopaedics nurses initially felt they could not possibly look after the neuro patients — and vice versa," says Mahlambo.

In an effort to boost the team's confidence and knowledge, the nursing leaders issued training challenges. "For example, we might ask the neuro team to research how to manage a hip replacement or ask the ortho team to research what a craniotomy involves," she says. "Then we would invite the nurses to come back and present what they had learned to the whole group."

Mahlambo says the hospital's advanced practice providers were eager to provide the team with education, guidance and support — a dynamic that improved caregiver relationships and instilled confidence in nurses. "By the time we opened the facility to patients, our caregivers were prepared to look after everyone who came through the doors," she says.

Mahlambo also introduced a "buddy system" in which a nurse with an orthopaedic background was partnered with a nurse with a neurology background. She says the process allowed colleagues to support one another while troubleshooting any gaps in education or experience. "It has made us an exceptionally strong team," she adds.

FORMING CROSS-CULTURAL BONDS

Forging a united front doesn't happen only during work hours, adds Khaled, explaining that old-fashioned fun also served as a valuable bonding agent. During downtime, the team organized a variety of social activities, including soccer matches, dances and a 10K run.

Shared meals also played a unifying role. "There was a lot of food," he says. "For instance, one day we arranged to have each caregiver bring in food from their own country, and as they presented it, we were also learning about the culture they came from. It really helped us understand each other's backgrounds and even informed our understanding of our international patients."

The hospital's diversity and inclusion group continues to support organized caregiver events, including Pride celebrations and cultural festivals, notes Miller. The result is what she calls a "dynamic" work environment fueled by staff members who are proud of both their individual identities and being part of a truly global nursing team.

In the end, Khaled insists that the key to London's success has been clear communication. "In the beginning, it was natural for our nurses to get frustrated from time to time," he says. "For years, many had performed their jobs the same way, but then they were suddenly out of their comfort zones and were expected to do things differently. So as a leader, I found that visibility was critical. Unity was made possible by talking to the staff, really listening to their opinions and identifying strategies that would resolve their very natural concerns."

Mahlambo says she has also reaped the rewards of that approach. "The first thing I noticed when I joined Cleveland Clinic London was the positivity of my colleagues and their willingness to help," she explains. "At first, I assumed people were just being polite, but I soon realized that my teammates really cared — and their concern was genuine."

In sum, she says, a team of former strangers has now become a family.

Improving Teamwork, Morale and Outcomes with Plan-of-Care Visits

COLLABORATIVE APPROACH LEANS ON EXPERTISE OF NURSES

Asking questions, translating medical jargon and helping patients communicate their concerns are informal work responsibilities that most clinical nurses do every day. With the implementation of plan-of-care visits, conversations have become a formalized, integral part of hospital patient care at Cleveland Clinic.

Also known as collaborative medical rounds, plan-of-care visits are designed to ensure that a patient's clinical nurse and primary physician or advanced care provider are actively engaged in medical rounds at the patient's bedside. The approach, which relies heavily on the unique expertise of nurses, has been found to improve staff teamwork and patient satisfaction while reducing patient length of stay, readmissions and adverse events.

Shannon Kunberger

"These visits are intended to be three-way collaborations in which the patient, nurse and provider play critical roles in the decision-making process," explains Shannon Kunberger, DNP, RN, NEA-BC, Chief Nursing Officer at Cleveland Clinic Euclid Hospital. "There is great value in the different perspectives each individual brings to the conversation, and these daily visits enable us to compile those ideas and convey a unified message to everyone involved."

EMPOWERING NURSES

When developing a plan of care, nurses are encouraged to flag medical issues and report overnight concerns or changes in the patient's condition. "Because we spend so much time with patients, we may be aware of subtle changes that other providers might overlook," she says. "For example, the doctor might think a patient is ready to go home, but the nurse knows the patient still cannot ambulate independently. In a case like this, a plan-of-care visit would give the nurse an opportunity to suggest physical therapy. Multidisciplinary collaboration allows nurses to simultaneously advocate for both patients and providers."

During these meetings, nurses are also called upon to report on medication use; the status of lines, drains or airways; nutritional concerns; and other clinical or safety issues.

Stephanie Braun

Stephanie Braun, BSN, RN, Assistant Nurse Manager at Euclid Hospital, has seen the benefits of plan-of-care visits firsthand. "Simply put, they work," she says. "It's an efficient team approach that allows us to care for the whole patient by ensuring that everybody's on the same page."

In a literature review of 25 studies with adult patients conducted by the Office of Patient Experience at Cleveland Clinic, researchers found that plan-of-care visits reduced hospital length of stay, readmission, mortality, adverse events and inpatient costs and enhanced the patient experience. Patients reported an increase in shared decision-making, staff teamwork and consistent communication by doctors and nurses. For nursing caregivers, plan-of-care visits appear to improve teamwork, interprofessional communication, and job satisfaction and to reduce inefficiencies (including calls to physicians) and burnout.

Importantly, Braun says that plan-of-care visits reinforce the role of nurses as valued members of the caregiving team and increase their confidence when sharing ideas or concerns that may be important to the case. She recalls one situation in which she spoke up during a plan-of-care visit about an issue that she believed the surgeon had overlooked. "We brought everyone together and changed our approach," Braun explains. "As a direct result of that collaboration, the patient had a better outcome and was able to leave the hospital earlier than previously anticipated."

QUICK, SCRIPTED INTERACTIONS

Plan-of-care visits are intended to be brief, focused daily meetings that last no more than 10 minutes. The process involves the following steps:

- Providers notify the health unit coordinator or clinical nurse when they are on their way and/or when they have arrived on the unit.

Plan-of-care visits give patients and their healthcare team an opportunity to develop a collaborative treatment plan. Pictured, from left: Victoria Ettswold, RN; Sharon Sabb-Oce, RN; and David Sugar, DO.

- Once in the patient's room, the plan-of-care discussion begins.
- The provider opens the conversation, sets an agenda and asks questions regarding the patient's perspective, status and concerns.
- The nursing team discusses their clinical observations, updates the patient and addresses any questions or concerns.
- The clinical team and patient develop a treatment plan together, including a tentative discharge date.
- The provider confirms that the patient understands and agrees to the proposed plan.
- The team documents in Epic that a plan-of-care visit occurred.

Another key component in these visits is the use of scripted language to ensure clear, effective communication that the patient will understand. Strategies to reduce confusion include eliminating medical jargon, using plain layperson terminology and encouraging all providers to use the same keywords and phrases consistently.

"All too often, patients express confusion about their condition or the care they're receiving, but we've found that we can avoid a lot of uncertainty by standardizing the vocabulary we use," says Kunberger. "Plan-of-care visits are excellent opportunities to recenter the care team. We can't go wrong when we lead with empathy and put ourselves in patients' shoes."

ADAPTING TO CHALLENGES

Kunberger explains that demanding workloads sometimes make it difficult for nurses and physicians to convene at the patient's bedside, so different units developed systems for handling scheduling conflicts.

"We can't let perfection get in the way of progress, so we've had to remain flexible and open to new approaches," she says. "Plan-of-care visits for surgical patients are relatively straightforward, but things become more complicated when managing patients whose hospitalizations were unplanned. In these cases, we've had to get creative by relying on whiteboards and other tools, developing additional verbal scripts, and conducting more frequent visits. Even in the rare instance that a patient's caregivers can't be together in person, we've found communication strategies that can help us overcome physical distance."

Despite the occasional challenge, Braun says plan-of-care visits are well worth the extra effort. "These interactions create an added layer of support for caregivers, patients and their families by enabling nurses to express and reiterate the goals of care throughout the course of their shift," she adds.

Emergency Departments Adopt Creative Strategies to Discourage Patients from Leaving Before Treatment Is Complete

AKRON GENERAL AND UNION HOSPITAL INCREASE THROUGHPUT AND PATIENT SATISFACTION BY RETHINKING THEIR APPROACH TO CARE

Emergency department (ED) crowding and staffing shortages are ongoing challenges for hospitals across the country, many of which are struggling to curb the rate of patients who ultimately leave before treatment is complete (LBTC). Although the number of U.S. patients who LBTC has nearly doubled since 2017,[1] two Cleveland Clinic hospitals, Akron General and Union Hospital, have developed successful strategies for keeping patients informed and engaged in the care plan — and in the ED until they can be safely discharged.

Despite national trends, Cleveland Clinic Akron General and its three satellite facilities in Bath, Green and Stow have seen a dramatic decrease in the number of ED patients who LBTC since 2020, when the hospital began to implement several plans designed to decrease department crowding and improve communication.

Julie Gorecki

"Emergency department volumes can be difficult to predict, but we're able to prepare by staffing the unit according to historical trends," explains Julie Gorecki, MBA, BSN, RN, NEA-BC, Associate Chief Nursing Officer at Akron General. "Losing someone prior to the completion of their visit can obviously be dangerous for the patient, but these situations are also lost opportunities for the healthcare system. Fortunately, we've learned how to change our approach in a way that alleviates strain not only on patients who are at risk of LBTC, but also on our nursing staff and the ED itself."

Charli Landis

As a nurse manager in Cleveland Clinic Union Hospital's ED, Charli Landis, MSN, APRN-CNP, NE-BC, has also seen a downward trend in the number of patients who LBTC. After the ED adopted several new patient retention strategies in late 2021, the number of "lost" patients dropped from 22% to 2.9% in 2022 — one of the lowest rates in the entire Cleveland Clinic enterprise, she says.

Both Gorecki and Landis insist that caregiver collaboration is crucial to the success of their efforts, as is fostering a culture that values the input of nurses.

"We know teamwork improves clinical care, outcomes and patient experience," explains Gorecki. "It also encourages staff engagement, which makes caregivers happy to come to work and reminds them that they can succeed." She adds that strong, involved ED leaders who express appreciation for their staff also play a pivotal role in the success of these initiatives by "setting a positive tone for their departments."

DIRECTING TRAFFIC

When high clinical volumes threaten to interrupt flow in the Bath, Green and Stow health and wellness center EDs, Gorecki says the staff are prepared to open nontraditional clinical spaces, including conference and evaluation rooms, for patient care. By bringing in vital sign equipment and blood-draw carts, the team can create a makeshift split-flow area where patient care can be provided.

"Our clinicians are highly engaged in the ED process and focused on reducing unnecessary delays," says Gorecki. "There are no 'weekends' here; we must be ready to provide emergency care every day of the year. If X-rays or an echocardiogram are needed on a Saturday, a caregiver will be here to perform the test — and ideally, get the patient discharged so the bed can be open for someone who needs it."

The Akron General ED also features a split-flow area for low-acuity patients, which is staffed by a nurse and an advanced practice provider (APP). This strategy allows patients who don't require admission to

be discharged more efficiently, explains Gorecki. The ED also features an internal waiting room inside the triage area, which enables staff to keep a closer eye on sicker patients without having to send them back to the main waiting room.

RETHINKING THROUGHPUT

Concerned that high-risk patients were leaving the ED before receiving a full evaluation, both Union Hospital and Akron General kicked off their new approach by stationing an APP in their triage areas. Working alongside a nurse, the APP can initiate medical tests and a screening exam in the critical first minutes of a patient's arrival.

"Assessing and testing patients faster improves our ability to identify potentially life-threatening conditions sooner, particularly obscure illnesses that can be more difficult to recognize with a more limited triage evaluation," says Landis. "The strategy also makes patients happier because it usually allows them to be seen by a clinician within minutes of arrival."

Gorecki adds that the extra clinical support "really keeps things moving and allows us to quickly identify what a patient requires." In the event of staffing shortages or increased ED volume, medical-surgical and critical care nurses are also brought in to help with patient care, and paramedics or trained clinical technicians may be brought in to draw blood.

In addition, Union Hospital has instituted nurse-initiated protocol orders, which help reduce administrative hiccups that can lengthen wait times. "Understandably, patients get upset when they're forced to sit for long periods — and this 'downtime' can create the perception that the ED staff is doing little to help," says Landis. "Now, our nurses can initiate care based on the patient's chief complaint. Anything additional can be ordered once they see the APP, but the process helps us better serve our patients by avoiding unnecessary delays."

Landis's team has also stationed a "tasker" in the triage area who is responsible for completing orders, thus allowing the triage nurse to see one patient right after the other.

FORMING PERSONAL CONNECTIONS

Based on research literature, patients often signal their desire to leave the ED before they actually do. One key to preventing premature departures, says Landis, is to pay close attention to what patients are saying with both their words and their body language.

Caregiver collaboration is a principal focus of ED leaders at Akron General and Union Hospital. Pictured from left to right: Crystal Smith, RN; Unit Clerk Angel Miller; and Maria Palko, RN.

When faced with high ED volumes, nurses like Brad Webel, RN (pictured here), are prepared to open nontraditional clinical spaces for patient care.

"It's important to be able to interpret their verbal and nonverbal cues," Landis says. "Nurses can often calm an agitated or concerned patient by simply responding to their concerns with genuine understanding. By answering their questions and providing whatever comfort we can, we often defuse high-risk situations before they escalate. Most patients don't want to leave the ED without being seen, and we can discourage them from doing so by initiating care when they come through the door."

During Akron General ED's peak hours of 3 to 11 p.m., a two-person evaluation team consisting of a physician and a clinical nurse engages with patients while they're still in the waiting room. Even low-acuity patients may find this waiting period to be uncomfortable or frustrating, circumstances that can increase the risk they may LBTC, explains Gorecki. To address this problem, the Akron team developed a protocol that involves frequent gestures of reassurance.

"We know that patients are far more tempted to leave the ED if they feel ignored," says Gorecki. "We've found that even brief interactions can provide the support patients need to stay. By talking with them every hour or so and rechecking their vital signs while they're still in the waiting room, we let our patients know that we care about them, value their time and are invested in their well-being."

This approach has become integral at Union Hospital as well. "Although it seems obvious, it means so much to people when you take time to explain, 'We haven't forgotten about you!'" says Landis. "Even a simple update like 'We're going to start the process out here, but we'll put you in a bed as soon as one becomes available' can make a tremendous difference."

Furthermore, by communicating estimated wait times and the availability of immediate treatments for minor injuries or symptoms, EDs may be able to increase the amount of time that patients are willing to wait, adds Landis.

"Simply put, patients want to feel seen and heard," she says. "By keeping the lines of communication open and acknowledging whatever problem has led them to the ED that day, we also increase patients' confidence in us."

1. *Janke AT, Melnick ER, Venkatesh AK. Monthly Rates of Patients Who Left Before Accessing Care in US Emergency Departments, 2017-2021.* JAMA Netw Open*. 2022;5(9):e2233708.*

TeamBirth nurse Christine Sadusky, RN, updates the in-room whiteboard, which describes the patient's preferences, progress and time of the next scheduled check-in.

Nurses Champion New Patient-Centric Model of Labor and Delivery Care

TEAMBIRTH AIMS TO IMPROVE OUTCOMES BY FACILITATING COLLABORATION BETWEEN PATIENTS AND CAREGIVERS

Cleveland Clinic Akron General began piloting a new model of care in October 2022 on its labor and delivery unit. TeamBirth, a key component of the broader Maternal HealthCARE initiative sponsored by the March of Dimes and the U.S. Department of Health and Human Services, places patients giving birth at the center of shared communication and decision-making with their caregivers.

Loretta Creager

"Labor is such an intimate, vulnerable time in which patients can sense a loss of control," says Loretta Creager, DNP, RN, Nurse Manager of labor and delivery, perinatal care, and the obstetrical emergency department at Akron General. "The TeamBirth model gives control back to the mom and ensures that the patient's voice is heard."

The labor and delivery unit's Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores for nurse communication point to the model's effectiveness: The score for "nurses listen carefully to you" rose 10.56% in the first quarter of 2023 to 90.48%.

PLAN-OF-CARE HUDDLES

Akron General is one of four hospitals in the United States participating in the initial pilot of the TeamBirth model. A group of caregivers attended a one-day training session last fall led by the March of Dimes and Ariadne Labs, which codeveloped the evidence-based approach. The team included a nurse educator, nurse managers, assistant nurse managers and clinical nurses (who serve as TeamBirth champions) from the hospital's New Life Center, as well as Jennifer Savitski, MD, Chair of Obstetrics and Gynecology, and obstetrician Natalie Bowersox, MD.

Plan-of-care huddles are central to the TeamBirth model. All members of the clinical team meet with the patient giving birth and their support person upon admission to the labor and delivery unit and at regular intervals. Creager says this approach ensures that the team understands the patient's preferences and condition and is able to establish clear expectations.

"As a team — with the patient at the center — we develop a plan of care for the mom, her labor process and the baby," she explains.

Every labor and delivery room has a patient communication whiteboard that includes all members of the care team, the patient's preferences and progress, and the next scheduled check-in.

Stacy Kovacs

"The board is a shared decision-making tool," says Stacy Kovacs, MSN, RN, NEA-BC, Director of Nursing for women's health. "When we come together, that's our focal point."

Although whiteboards in other patient rooms throughout the hospital display information that is primarily useful for clinical nurses, such as the patient's fall risk or allergies, the TeamBirth boards are patient centric.

"During care huddles, we talk to patients about their preferences," says Creager. "They may want to have an epidural, have skin-to-skin contact with the baby or breastfeed. Whatever is important to the patient is listed as a preference on the board."

Prior to completing the admission huddle, the team decides when they will gather again. Huddles routinely occur any time there is a change in the plan of care, after delivery and before moving the patient to the mother/baby unit. They provide a venue not only for patients to express their thoughts, but also for physicians and nurses to air concerns and explain decisions to patients in a way they will understand.

Patients are encouraged to explain their preferences and goals to their clinical team during care huddles.

EVIDENCE POINTS TO SUCCESS

"Nurses are key to the TeamBirth model," emphasizes Creager. "We organize the huddle and rally the team together."

Although clinical nurses are the driving force behind the model, nurse leaders initially had to create buy-in for the initiative.

"It took a little bit to explain how TeamBirth would change daily practice," says Creager. "I would hear nurses say, 'This is what we do all the time.' I would reply, 'You explain to patients what you are doing, but you don't ask them how they feel and if it's OK.'"

In the past, for instance, a clinical nurse might tell the patient they were going to perform a vaginal exam. Under the TeamBirth model, the nurse might explain that they haven't done a vaginal exam in three hours and it's time for another one, then ask for the patient's thoughts.

"We were able to create enthusiasm for the pilot and reiterate the importance behind it, but what's really helping us now is seeing the improvements in our Press Ganey healthcare experience scores," says Kovacs.

In addition to higher CAHPS nurse communication scores, the team improved in these areas in the first quarter of 2023:

- Staff worked together to care for you — Up 11.34% to 88.1%
- Response to concerns/complaints — Up 18.11% to 84.62%

ADVANCING EQUITY

The overarching aim of the Maternal HealthCARE initiative is to improve maternal outcomes and advance equity in labor and delivery.

"When we learned about the program, we thought it fit with our commitment as a hospital to decrease racial disparities in healthcare," says Kovacs. "Taking part in the initiative is the right thing to do for our patients and community." Since joining the pilot, the hospital has taken several steps to ensure equity, including developing an anti-racism statement, offering implicit bias training to caregivers and examining policies for bias.

As part of the TeamBirth program, Akron General is stratifying labor and delivery data by race, comparing the NTSV (nulliparous, term, singleton, vertex) cesarian birth rate of patients. In a few months, when the hospital has obtained sufficient data, leaders plan to examine disparities and develop strategies to mitigate them.

The labor and delivery unit will continue using the TeamBirth model even after the pilot ends in September. Other units in the New Life Center, including the mother/baby unit, have also adopted the approach for continuity of care. Two other hospitals within the Cleveland Clinic health system that provide maternity services, Fairview and Hillcrest hospitals, also plan to implement TeamBirth.

"We are excited to take a leading role in TeamBirth, be part of the change and try to make a difference in the lives of our patients and their babies," says Kovacs.

Caregivers like nurse-midwife Linda Delciappo, RN, are key to TeamBirth's evidence-based approach.

Nurse-Led Effort Pays Off by Reducing CLABSIs

REDESIGNED PROTOCOLS ENHANCE INFECTION-PREVENTION MEASURES

Cleveland Clinic's ongoing program to reduce central line-associated bloodstream infections (CLABSIs) has led to the implementation of multiple initiatives designed to address issues that contribute to potentially deadly nosocomial infections.

In recent years, the majority of CLABSIs enterprisewide have been traced back to issues with central-line maintenance. Now, a nurse-led multispecialty team aims to reduce the risk of infection with a visual, easy-to-understand central-line assessment (CLA) form and a confirmation process that maximizes its effectiveness.

Kayla Little

"We requested input from every team that touches patients — nursing, nursing leadership, continuous improvement, infection prevention, pharmacy and others — to ensure that each patient receives the best care possible," explains Kayla Little, MSN, APRN, AGCNS-BC, PCCN, the cardiovascular clinical nurse specialist who developed the visual form.

LOOKS MATTER

The CLA form lists 13 evidence-based measures for reducing CLABSIs, superimposed on an illustration of a correctly applied dressing. Each step includes a box with three options to circle: a green check mark indicating the step was performed correctly; a red X indicating the step was not performed correctly or at all; and an option that indicates that the step was unnecessary (N/A) or that an umbilical catheter (U) was used. (See illustration on facing page.)

Little explains that the form's simplicity makes it faster to implement and reduces misunderstandings. Artwork reinforces the processes, and definitions are included on the back of the form for clarity.

"When we first trialed this form, novice nurses said it gave them a better understanding of what was expected," says Little. "The tool empowers nurses to coach their peers and makes everyone aware of best practices."

FORM AND FUNCTION

At the start of every 7 a.m. shift change, two nurses take a form to the bedside of each patient with a central line. They address each of the 13 measures one by one, circling the appropriate response. Is the central-line dressing dated? Is it clean, dry

and intact on all sides? Measures that receive a red X are immediately corrected.

After all lines have been checked, the forms are submitted for review at a centralized location, where outcomes are displayed for the entire unit to see. Approximately 334 assessments are performed each day on Cleveland Clinic's main campus. Nurse managers collect the data, and any incorrectly performed or omitted preventative measures are plotted by type on a Pareto chart in Excel.

Myra King

"We need to know how we are doing, so if preventive measures were not taken in 100% of cases, we can examine why those failures occurred and decide what corrective steps are needed," explains Myra King, DNP, APRN-CNS, ACNS-BC, CCRN-CSC, an advanced practice nursing manager.

ONGOING PROGRESS

The success of projects like the visual CLA form is enhanced by Cleveland Clinic's Continuous Improvement (CI) personnel, who work with front-line nursing caregivers to design pragmatic, useful clinical tools. In addition to training and coaching the users, CI leads develop processes for gathering and evaluating the resulting data and teaching leaders how to develop effective corrective-action plans.

Michael Waterman

Senior nursing leaders turned to Michael Waterman, MBA, BSIE, CSSBB, CI Program Director for the Stanley Shalom Zielony Nursing Institute, to identify a process for evaluating compliance with CLABSI prevention measures. Process confirmation is used to verify that a best practice is being followed. This tool is one of 10 tactics in Cleveland Clinic's CLABSI reduction strategy.

Waterman worked with Little and her colleagues to refine the CLA form and optimize the usefulness of the data obtained. "We plot trends by individual units and across all hospitals so we can focus on where improvements need to be made," he says. "In this way, each unit can tailor solutions to its specific problems and monitor performance for the entire site."

SEEING POSITIVE RESULTS

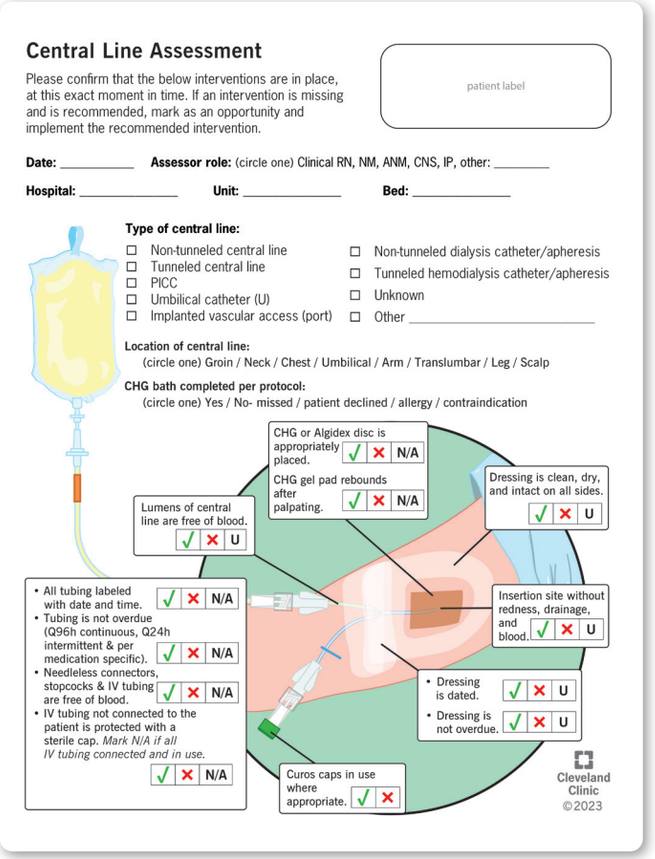
CLABSI rates on Cleveland Clinic's main campus have dropped by 31.4% since November 2022, when all nurses began using the CLA form daily. That translates to approximately 75 fewer infections per year. Importantly, the standardized infection ratio at Cleveland Clinic improved 31% in the first quarter of 2023.

Kalyani Gonuguntla

"Daily line maintenance is one of the most important elements in reducing CLABSIs," says Quality Improvement Specialist Kalyani Gonuguntla, MBA, who led the enterprisewide CLABSI reduction efforts. "It's where you get the biggest bang for your buck."

Although nurses know the 13 evidence-based measures on the daily CLA form quite well, a paper checklist helps ensure that no step is missed.

"When it comes to CLABSI prevention, you want to cross your t's and dot your i's 100% of the time," says Gonuguntla. "Patients' lives are in our hands."



CLABSI rates on main campus have dropped by 31.4% since November 2022, when all nurses began using the pictured CLA form.

Evaluating Caregiver Perceptions and Illuminating Nurse Retention Strategies

RESEARCHERS REVEAL FACTORS ASSOCIATED WITH ATTRITION

Authors of a recent report by the International Council of Nurses predict a global shortage of 13 million nurses by 2030 unless action is taken to reduce attrition and accelerate the rate at which new caregivers are entering the healthcare workforce. The COVID-19 pandemic only compounded the pressures encountered by nurses in medical, surgical and ICU settings, who continue to leave clinical practice in record numbers.

To better understand this troubling trend at a local level, nurses at Cleveland Clinic Euclid Hospital conducted a study aimed at identifying strategies for retaining nurses at the bedside. Nurse investigators distributed a questionnaire designed to explore caregiver satisfaction and help identify effective strategies for reducing turnover.

Kathy Tripepi-Bova

"The time from hire to turnover among hospital-based clinical nurses is much shorter than in previous years," says Kathy Tripepi-Bova, DNP, APRN, CCNS, CCRN, a clinical nurse specialist at Euclid Hospital. "Nurses are now looking for jobs that impose fewer demands than a typical acute medical-surgical setting. During the pandemic, employment opportunities expanded in scope, which exacerbated existing problems with traditional staffing patterns. We initiated this project after recognizing that a critical step in improving nurse retention involves examining factors that influence turnover."

Tracy Ball

Nurse Manager Tracy Ball, MSN, RN, NEBC, who led the study with Tripepi-Bova, explains, "The shrinking nurse workforce has serious ramifications for patient care, particularly in community hospitals like ours. By taking a deep dive into the attitudes and perceptions of our nurses, we hope to create policies and procedures that better support their well-being."

COLLECTING DATA

Approximately 60 RNs working on medical-surgical units and ICUs at Euclid Hospital were invited via email to participate in the project. Participants were asked to complete an abbreviated version of the Casey-Fink Nurse Retention Survey, which was modified to address factors unique to Cleveland Clinic. Presented in three sections, the anonymous survey used a five-point Likert scale to capture how nurses perceive their value and role in the work setting and rate their satisfaction with specific components of their job. Six open-ended questions were also used to identify factors that contribute to attrition and generate potential strategies for retaining bedside nurses.

Survey questions included:

- If there was one thing I could fix about my job it would be...
- Has COVID-19 changed your perspective on nursing? If so, what has changed?
- What do you think Euclid Hospital can do to improve registered nurse retention?

Respondents were also asked to indicate how strongly they agreed or disagreed with statements like:

- I feel my peers provide encouragement and feedback about my work.
- I feel that my contributions to this organization are acknowledged.
- I am satisfied with my chosen nursing specialty.
- I felt isolated at work during the COVID-19 surge.

NURSES' VOICES

In analyzing the results, investigators learned elements that fostered retention, including camaraderie with fellow nurses and managers, a sense of "making a difference," good benefits, convenient work location, and flexible scheduling. Ball adds that many respondents indicated a desire to be recognized and rewarded for their years of nursing experience.

Several factors that contribute to job dissatisfaction were highlighted in the analysis, including staffing shortages, time-consuming nonnursing responsibilities and unbalanced caregiver-patient ratios.

"Prior to the survey, we knew that workload perception and burnout positively correlated with attrition, but we were interested in learning more about specific factors that underlie those problems," says Ball. "Our ability to identify those factors will be critical to the success of any future retention initiatives."

The research team, which is currently preparing a manuscript for peer-reviewed publication, hopes to translate its study results into real-world initiatives that encourage retention.

"Nurses aim to cover staffing shortfalls while providing excellent patient care. As leaders, we have a responsibility to apply interventions designed to mitigate current perceptions," adds Tripepi-Bova. "We hope this survey will be the start of an ongoing dialogue that enables us to meet nurses' professional needs."

Study Highlights Gap Between Real and Perceived Diabetes Knowledge in Outpatient Nurses

LONGEVITY IN HEALTHCARE, PERSONAL EXPERIENCES MAY PROVIDE CAREGIVERS WITH FALSE SENSE OF CONFIDENCE

More than 37 million people in the U.S. have diabetes. In addition to its health ramifications for patients, the chronic condition is a substantial economic burden. Health experts estimate that the cost of diabetes care globally will reach $2.1 trillion by 2030.

The role of nurses in caring for and educating patients with diabetes continues to rise commensurately with the growing prevalence of the disease. This reality has prompted a Cleveland Clinic research study designed to examine the relationship between perceived and actual diabetes knowledge among nurses in ambulatory settings.

Although anecdotal evidence suggested potential knowledge gaps among the healthcare system's outpatient nursing caregivers, a team of nurse investigators identified a need for specific, actionable data. When an informal initial survey on the management of low blood sugar revealed several educational weaknesses, the researchers were inspired to dig deeper.

Shannon Knapp

"We suspected that a substantial number of nurses were holding onto — and maybe even repeating — outdated or inaccurate information about diabetes, but we wanted to better understand these misperceptions and how they may affect patient care," explains Shannon Knapp, MEd, RN, CDCES, Manager of Diabetes Care and Education at Cleveland Clinic. "Because diabetes is a common and widely discussed public health issue, it feels familiar to most of us. Unfortunately, that familiarity can lead to a false sense of knowledge or clinical expertise."

Sue Cotey

Sue Cotey, RN, CDCES, Ambulatory Care Team Lead, adds that the amount and quality of diabetes education most caregivers receive vary widely, which can further exacerbate knowledge discrepancies.

"When formal education is lacking, we tend to draw on information we've gathered through personal experience," says Cotey, who co-led the study with Knapp. "But anecdotal evidence can lead to erroneous conclusions that should not be used to guide patient care. Our goal was to identify some of the most persistent myths about diabetes so we could find better ways to debunk them."

Unable to find an existing survey to meet their needs, the Cleveland Clinic investigators created their own tool, the DiaBAK (Diabetes Basics Assessment of Knowledge). The study involved an 11-question survey designed to measure nurses' actual and perceived knowledge of hypoglycemia treatment, insulin storage, glucose monitoring, health maintenance and food label basics. Nearly 500 RNs, APRNs and LPNs who worked in an ambulatory Cleveland Clinic facility responded.

KEY FINDINGS

The research team found a weak relationship between nurses' perceived and actual knowledge of diabetes basics; many nurses who believed they had adequate diabetes knowledge actually scored poorly on the DiaBAK.

In analysis, caregivers with the highest *perceived* knowledge were diabetes care and education specialists, nurses with diabetes or with family members or friends with the disease, and nurses who had received diabetes information through continuing nursing education or on-the-job experience.

Caregivers with the highest *actual* knowledge were diabetes care and education specialists, nurses with diabetes, caregivers who received diabetes-related continuing education within the past five years, and those who had on-the-job experience with the disease. Interestingly, the age of the participants and their number of years in the nursing profession was not a factor in their level of diabetes knowledge.

Melissa Matras

WORDS MATTER

"Ambulatory care nurses have countless patient interactions throughout the day, and many involve conversations about chronic diseases like diabetes," notes Melissa Matras, BSN, RN, CNML, Nursing Professional Development Specialist for Ambulatory Nursing Education. "Accuracy is imperative any time you're sharing clinical information with patients, which is why it's so important to understand where knowledge gaps exist."

Knapp adds, "Diabetes is a complex disorder that requires a highly personalized treatment approach. Although every patient manages their

continued on p. 21

Baby Doll Therapy Shows Promise for Managing Agitation in Patients with Dementia

PILOT STUDY CONFIRMS FEASIBILITY OF CONDUCTING ADDITIONAL RESEARCH ON THE NOVEL TREATMENT

Healthcare facilities that manage patients with dementia or Alzheimer's disease have reported success in reducing confusion and agitation when using baby dolls or toy dogs and cats. Despite ample anecdotal evidence to support the value of tactile nonpharmacologic interventions, acute-care researchers had not previously explored the feasibility of conducting formal studies to understand the efficacy of baby doll therapy (BDT).

Ashley Hall

A team of Cleveland Clinic nurse investigators addressed this knowledge gap with a pilot study aimed at evaluating the viability of further BDT research. Led by assistant nurse managers Ashley Hall, MSN, RN, and Elizabeth Cai, MSN, RN, CMSRN, the research team not only found BDT worthy of future study, but also confirmed that the therapy itself may provide benefit to patients with dementia.

Elizabeth Cai

"Randomized controlled trials can be quite costly, resource intensive and time-consuming, so it was important to test the feasibility of providing baby dolls to patients with cognitive impairment," says Hall. "We wanted to learn if a larger study could be completed from a logistical standpoint, and we hoped our research would illuminate how patients might respond to their dolls."

STUDY SPECIFICS

Prior to starting the therapy, all clinical nurses who worked on the two Cleveland Clinic study units were required to attend specialized training on how to use and interpret the agitated behavior scale (ABS). Cai says the training was designed to reduce nurse-to-nurse scoring variations and improve the fidelity of data collection.

The study included 12 hospitalized men and 34 women aged 70 to 96 years with dementia. Subjects were initially evaluated using the ABS; those who scored a 3 or more were issued a doll provided by a grant from the Medina Hospital Foundation.

The soft-bodied dolls used in the study were provided by a grant from the Medina Hospital Foundation.

WARM RECEPTION

Hall explains that the feasibility of future research on BDT hinged on answers to several key questions, including whether the dolls would be well received by both male and female patients and their families. "The answer to our primary question was overwhelmingly *yes*!" she says. "Almost without exception, patients received the dolls with open arms. It was actually quite astonishing to watch how they interacted with their 'babies.'"

Cai adds that many of the dolls — soft-bodied with blinking eyes — were named by their patient 'guardians.' "We were introduced to Violet, Josephine, Daisy and even Sweet Baby Jesus," she says.

Some patients held or slept with their doll; the bedside table was even used as a crib by one patient and a "baby bouncer" by another, Cai explains. In some cases, the baby doll was forgotten by the patient and had to be reintroduced several times.

Although each patient (study participant) approached their "caregiving responsibilities" differently, interactions with the doll seemed to correspond to a reduction in agitation, says Hall. "Although evaluating the effectiveness of BDT was not our original objective, we found that ABS scores decreased among patients who received a doll," she adds. "Both caregivers and family members expressed witnessing notable changes in patient demeanor, and we were amazed by the positive feedback we received."

FUTURE IMPLICATIONS

Ultimately, the pilot study demonstrates that BDT appears to be associated with a reduction in agitation behaviors. However, investigators caution that more research is needed.

"It took us a long time to get from developing a hypothesis to receiving pilot study outcomes, but our findings are encouraging, and we are excited to consider next steps," says Hall. "We were hopeful that patients would respond positively to the dolls, but we were not expecting the nursing staff to be as engaged in and excited about the therapy as they were. We're still fielding requests for more dolls!"

Cai adds, "Caring for a doll can put structure and sense of responsibility back into the lives of patients with dementia and provide them with comfort."

Study Highlights Gap Between Real and Perceived Diabetes Knowledge in Outpatient Nurses

(continued from p. 19)

disease a bit differently, we must establish and abide by universal standards when providing basic information about the disease to our patients. This study is a step in that direction."

Cotey, who says the study findings confirm the need for annual competencies in diabetes, hopes the project will serve as a springboard for further education on the disease. In the near future, the team — with support from nursing research mentor Lee Anne Siegmund, PhD, RN, ACSM-CEP — plans to assemble an outpatient diabetes committee that includes healthcare stakeholders from across Ohio.

"The way we manage diabetes is constantly evolving, and nurses must be aware that the information they received 20 years ago may no longer be pertinent," she explains. "Patients look to us for sound advice, and we want to make sure we can deliver it. By identifying and addressing knowledge gaps and outdated assumptions, we can ensure our patients go home with high-quality information that supports the successful management of their disease."

Upcoming Events

ADVANCED PRACTICE REGISTERED NURSE PHARMACOLOGY CONFERENCE

SAVE THE DATE

Tuesday, Nov. 14, 2023

Hybrid (in-person and live-streaming) events

Cleveland Clinic Administrative Campus
Building 3, Lower-Level Auditorium
3050 Science Park Drive, Beachwood, OH 44122

Save the date for an event dedicated to the pharmacologic management of disease in an ever-changing healthcare environment. Hot topics include obesity, palliative medicine, chronic kidney disease, inpatient and outpatient management of adult and pediatric patients with diabetes, and much, much more.

EVIDENCE-BASED PRACTICE WORKSHOP
Searching, Critiquing and Synthesizing the Evidence

Thursday, June 6 – Friday, June 7, 2024 | In-person event

Cleveland Clinic Administrative Campus, Building 3, Auditorium
3050 Science Park Drive, Beachwood, OH 44122

This two-day event is designed to engage and educate participants in the meaning and work of evidence-based practice.

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Awards and Honors

Cleveland Clinic's **adult extracorporeal membrane oxygenation (ECMO)** program on main campus has received the ELSO Award for Excellence in Life Support — Gold Level for 2023-2026. Awarded by the Extracorporeal Life Support Organization (ELSO), the international honor recognizes institutions whose processes, procedures and systems promote exceptional care in ECMO.

Heather Dicioccio, DNP, RNC-MNN, C-ONQS, has been named a 2023 Reviewer of the Year by *Nursing for Women's Health*, the practice journal of the Association of Women's Health, Obstetric and Neonatal Nurses. Dicioccio is a Nursing Professional Development Specialist at Fairview Hospital.

The American Nurses Association Center for Ethics and Human Rights has named **Georgina Morley, PhD**, an expert panel member of the 2025 revision of the *Code of Ethics for Nurses with Interpretive Statements*. Morley, Director of Cleveland Clinic's Nursing Ethics Program, will help further develop ethical guidance on the values and ideals of the nursing profession and identify ethical challenges affecting the health and well-being of patients.

Lee Anne Siegmund, PhD, RN, ACSM-CEP, was accepted as a fellow of the American Academy of Nursing. Siegmund, a nurse scientist in Cleveland Clinic's Office of Nursing Research and Innovation, was one of only six Ohio nurses selected this year.

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In addition to our biannual *Notable Nursing* print publication, The Stanley Shalom Zielony Institute for Nursing Excellence produces a monthly e-newsletter also called *Notable Nursing*. Subscribers can read the latest articles written by experts from the Zielony Institute.

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