

Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence
WINTER 2020



CARE THAT
SPANS ALL
COMMUNITIES
P. 3





Dear Colleagues and Friends,

After years of serving as Executive Chief Nursing Officer of the Cleveland Clinic health system — and having moved into the role of Chief Caregiver Officer in June — I've long known that nurses play a pivotal role in healthcare. But during the COVID-19 pandemic, I have been so impressed by the actions and the can-do attitude of nurses not only at Cleveland Clinic, but around the globe.

When Cleveland Clinic main campus admitted its first patient in the medical intensive care unit at the outset of the pandemic, our nurses cared for him physically and emotionally. One of the ways they communicated with him in isolation was by writing messages with dry-erase markers on the glass door to his room. I know that sounds like a simple act, but it made a world of difference for the patient, who said afterward that it alleviated his fear and suffering.

Throughout 2020, I've witnessed innumerable acts of kindness and selflessness from our nurses. They have volunteered at hospitals hit hard by COVID-19 across the country and supported peers within the Cleveland Clinic health system. They have cross-trained to take on assignments outside their areas of expertise and prepared for a surge of potential patients. This issue of *Notable Nursing* highlights efforts of Cleveland Clinic nurses, from executive leaders to front line caregivers, during the COVID-19 pandemic.

The pandemic has elicited a lot of emotions from all of us, including anxiety and fear. But I also believe it re-established hope and gratitude. I am optimistic moving forward that it has inspired young men and women across the country to pursue a career in nursing as they have witnessed firsthand the meaningful work done by nurses. I applaud the efforts of our nurses — and yours, too — during the pandemic.

K. KELLY HANCOCK, DNP, RN, NE-BC, FAAN
Chief Caregiver Officer, Cleveland Clinic health system



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TABLE OF CONTENTS

- 3 Care that Spans All Communities
- 6 Answering the Call to Help Fellow Caregivers and COVID-19 Patients
- 7 Pandemic Fast-Tracks Innovations
- 9 Making Virtual Connections
- 11 Ask A Nurse Program Donates PPE
- 12 Keeping Caregivers Informed
- 15 Lessons Learned by Nursing Leaders
- 16 Taking Care of the Caregivers
- 18 **Research:** Study Considers Patient Perception of Virtual Rounds
- 19 **Research:** Examining the Experience of IV Drug Users with Infective Endocarditis
- Back Page**
Awards and Honors

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





Cross-training of nurses was quickly implemented by nursing leadership as the pandemic hit in early 2020.

Care that Spans All Communities

IN A GLOBAL HEALTHCARE SYSTEM, NURSING STEPS UP TO MEET DEMANDS

2020 has been an unprecedented year of change and accomplishment in healthcare — and one of heartache and challenges. As COVID-19 began to come to light in January, nurses around the globe were called to duty.



Meredith Foxx, MBA, MSN, APRN, PCNS-BC, PPCNP-BC, CPON

Cleveland Clinic nurses, as part of our global healthcare system, were involved in every aspect of the health system's response to the worldwide pandemic. It started with drive-through COVID testing and cross-training of nurses to meet patient needs. Soon, nurse leaders were developing a new surge hospital on Cleveland Clinic's main campus. Cleveland Clinic nurses reached out to local and distant communities to show support, meet supply and equipment needs, and provide medical and nursing care in hospitals that required added personnel support.

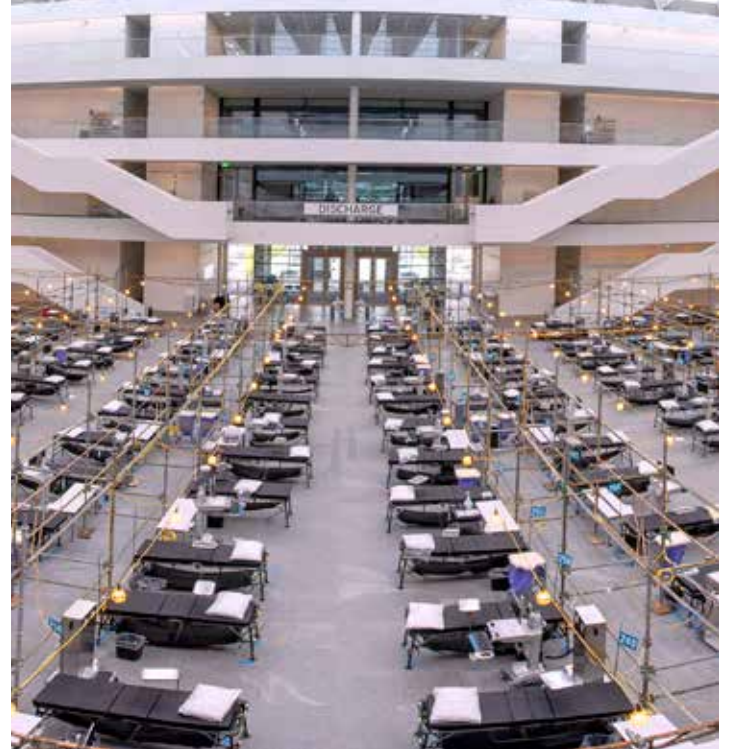
"During the Year of the Nurse, it has truly been remarkable how our nursing teams have come together and led with empathy, compassion and integrity during this pandemic," says Meredith Foxx, MBA, MSN,

APRN, PCNS-BC, PPCNP-BC, CPON, Executive Chief Nursing Officer of Cleveland Clinic. "I have witnessed Cleveland Clinic nurses at their highest level of professionalism."

CROSS-TRAINING NURSES AND RN LICENSING

At Cleveland Clinic, one display of remarkable professional collaboration occurred when the Office of Nursing Education and Professional Development developed and launched an immersive clinical training experience for ambulatory and perioperative nurses. The goal was to prepare them to assist in critical and acute care settings if and when a surge happened. Educators included nursing professional development specialists, clinical nurse specialists, members of the simulation team and members of the American Heart Association resuscitation team.

With more than 6,000 Cleveland Clinic nursing caregivers needing training in a very short amount of time, Education and Professional



Cleveland Clinic's Health Education Campus before and after the 1,000-bed surge facility — dubbed Hope Hospital — was created. The building on main campus was selected due to its location and proximity to caregivers who could support Hope Hospital's efforts.



Joan Kavanagh,
PhD, RN, NEA-BC,
FAAN

Development Associate Chief Nursing Officer Joan Kavanagh, PhD, RN, NEA-BC, FAAN, reached out to deans and directors of Northeast Ohio schools of nursing to help cross-train.

"Although we had a village of great educators, the Nursing Education leadership team soon realized we needed more help — and we needed help that would be meaningful and from experts in education," says Dr. Kavanagh. "So we turned to our academic partners at Northeast

Ohio's schools of nursing in hopes of creating a unique academic-practice partnership." More than 20 faculty helped provide education throughout the 11 weeks Cleveland Clinic held the training.

The training featured experiential, engaging learning sessions in a simulation laboratory setting using patient manikins, ventilators, chest and IV tubes, and more. Running 7 a.m. to 7 p.m., seven days a week, the courses were five to six hours in length and were offered in the morning, afternoon or on weekends at main campus and several ambulatory surgery centers that were closed at the time due to the virus. Skills that the participants learned included donning and doffing personal protective equipment, central line care, ventilator care, rapid sequence intubation, operation of mechanical compression devices and codes for COVID-19 positive patients.

"The generosity of spirit from Cleveland Clinic's partners in academia — giving of their time and talents as they were able — was extremely commendable and appreciated," says Dr. Kavanagh. "It was an incredible opportunity to work closely together with these trusted colleagues."

BUILDING A HOSPITAL

Anticipating a swell of COVID-19 patients that might overwhelm area hospitals as the pandemic peaked in Northeast Ohio, Cleveland Clinic accomplished the daunting challenge of creating a 1,000-bed surge facility in a matter of weeks. By April, a multidisciplinary team had turned Cleveland Clinic's state-of-the-art Health Education Campus into a site for COVID-19 patients that became known as Hope Hospital.



Shannon Pengel,
MSN, RN

Shannon Pengel, MSN, RN, Chief Nursing Officer of Cleveland Clinic Main Campus, was part of the multidisciplinary team that developed clinical workflows, safety procedures and other guidelines so that caregivers could function seamlessly in an unfamiliar space. Team members met in the building's whiteboard-equipped classrooms to map out the directives, then walked the soon-to-be treatment areas to verify their plans would work in real-world settings. They developed playbooks for all surge hospital personnel, describing everything from

where and how to don personal protective equipment to the location of break areas. To aid navigation, the building was divided into color-coded units, just like a traditional hospital. In addition to hospital leadership, everyone from pharmacy to supply chain to laboratory medicine was involved.

“It was a true team-of-teams’ effort. We had to consider every patient interaction and how we could keep them safe and our caregivers safe,” says Pengel, who served as CNO of Hope Hospital. “It was



Nelita Iuppa, DNP, MS, BSN, NEA-BC, RN-BC, FHIMSS

intensive and included everything from getting a patient to the bathroom to planning emergency evacuations.”

Equally important to planning and preparing the physical space and adopting procedures was ramping up technology solutions. “Nurses were instrumental in collaborating with information technology, clinical engineering and third-party vendors in preparing and validating the technology required for Hope Hospital

operations,” says Nelita Iuppa, DNP, MS, BSN, NEA-BC, RN-BC, FHIMSS, Associate Chief Nursing Officer of Informatics.

Solutions were divided into three categories: technology equipment and hardware for Hope Hospital caregivers, medical equipment and devices for technology infrastructure, and nursing-specific digital solutions. With the help of the nursing informatics team, more than a dozen technologies were validated, tested and stood up in Hope Hospital during a three-week period. These included a custom patient/nurse call light system, large-volume IV smart pumps, mobile medication dispensing cabinets, wireless communication devices and iPads for virtual family visits and private patient consultations with providers. In addition, the Office of Nursing Informatics coordinated virtual and socially distant onboarding training on electronic medical record documentation and other building technologies for approximately 300 staff who were assigned to work at the new location.

Edmund Sabanegh, MD, President of Main Campus and Regional Hospitals, called the creation of Hope Hospital “a heroic effort by hundreds of people.” Fortunately, the expected surge did not happen in Cleveland, and the teams were able to decommission the hospital in August.

HELPING BEYOND OUR WALLS

In the early days of the COVID-19 crisis, healthcare professionals around the globe united in an all-hands-on-deck fashion. When a call

Cleveland Clinic nurses traveled by caravan to Michigan and flew to New York and Abu Dhabi during the early months of the pandemic to provide much-needed assistance to hard-hit areas.



for help came in, the Cleveland Clinic nursing team, physicians and other caregivers stepped up to the plate.

In April, 15 Cleveland Clinic nurses volunteered to travel from Cleveland to various New York-Presbyterian Hospitals in New York City, and 13 nurses went to several Henry Ford Hospital locations in Michigan. They were there to provide much-needed relief to fellow nurses as COVID-19 was rapidly spreading throughout both states.

In May, 26 Cleveland Clinic nurses boarded a plane for Abu Dhabi in the United Arab Emirates. During the peak of the COVID-19 surge at Cleveland Clinic Abu Dhabi (CCAD), the hospital increased its intensive care bed capacity from 72 to 130, creating a staffing challenge. “For six weeks, these volunteers gave their time and provided expert

Answering the Call to Help Fellow Caregivers and COVID-19 Patients

Nurses who left their home hospitals to lend a hand elsewhere shared their experiences, thoughts and lessons learned with fellow Cleveland Clinic caregivers and leaders. Below are a few remarks from some of the nurses who served.

“I have seen many patients take their last breath without their loved ones at their bedside. Being a Cleveland Clinic nurse has helped me prepare for all the obstacles I’ve encountered. I’m grateful we were able to be there for patients who needed our care. I’m forever proud to be a nurse. Everyone’s efforts at home have made it possible for us to support New York-Presbyterian and truly show them the Cleveland Clinic way.”

— **Amy Mahnke, RN**, Neurological ICU, Main Campus

“I had the pleasure of being on a unit where a patient was first extubated after three weeks of being intubated. When extubated, we were all cheering, and someone got out a computer and started playing ‘We Are the Champions.’ The patient just had this sigh of relief when the breathing tube came out, and it was amazing to be a part of that.”

— **Kelly Claridge, Nursing Assistant**, ICU, Main Campus

“The hospital has been fantastic to us. People need help, and they’ve been nothing but grateful to have us here. It really alleviates the stress of taking care of this patient population.”

— **Hunter Flagg, RN**, Surgical ICU, Main Campus

contributions to help out not only our community and family here at CCAD, but the community of Abu Dhabi during our greatest time of need,” says Sue Behrens, DNP, RN, ACNS-BC, NEA-BC, Chief Nursing Officer of CCAD.



Sue Behrens, DNP, RN, ACNS-BC, NEA-BC

Together with Cleveland Clinic caregivers in Abu Dhabi, the Cleveland-based nurses shared their expertise and best practices and learned about Abu Dhabi’s program for treating patients. “Volunteering is rewarding, but it can also be a sacrifice,” acknowledges Dr. Behrens. “Words cannot express the acts of kindness these caregivers provided, and I thank each of them for making the leap of faith and for making a difference. We wouldn’t have been able to provide the care we did without their help.”

Nursing leaders and clinical nurses back in Cleveland were instrumental in the cause too. The human resources team called all nurses who had expressed an interest in volunteering and explained the assignments. They also vetted interested nurses to make sure they had the required experience in intensive care nursing. Next, the team considered staffing requirements at Cleveland Clinic.



Jill Prendergast, PHR

“Once we identified nurses who were available and qualified to go, we had to determine if we could really let them go based on our needs here,” says Jill Prendergast, PHR, Senior Human Resource Director for the Nursing Institute. “We used our usual protocol on filling staffing gaps, including our internal float pool group and other ICU nurses who could pick up additional hours.”

Prendergast’s team organized a kickoff call for all nurses who were traveling to explain the logistics of travel, as well as the support they would receive from Cleveland Clinic. Each nurse had contact information for a human resources staff member in case they had questions while they were gone, and Terri Murray, MSN, RN, NEA-BC, Nursing Director for the Respiratory Institute, the Head & Neck Institute and Infectious Disease, Main Campus, kept in regular contact with the traveling nurses. In addition, the Officer of Caregiver Experience supported the families of volunteer nurses while they were gone, touching base to see if they needed anything and delivering free meals to them.

The willingness of nurses to pull together during the pandemic and help one another — and patients — came as no surprise to K. Kelly Hancock, DNP, RN, NE-BC, FAAN, Chief Caregiver Officer of Cleveland Clinic. “Nursing is a family, and we are there for one another,” said Dr. Hancock during Cleveland Clinic’s virtual Nursing Excellence Awards event in September. “We were so proud to see the compassion and above-and-beyond dedication of our nurses who traveled to help colleagues and patients outside of their home cities.”

Email comments to notablenursing@ccf.org.

Pandemic Fast-Tracks Innovations

RESOURCEFUL NURSES DEVISE TIMELY SAFETY SOLUTIONS

When faced with challenges, nurses don't throw up their hands in frustration. They roll up their sleeves and solve problems. During the COVID-19 pandemic, nurses at Cleveland Clinic found solutions to issues both small and large. Here are two noteworthy innovations related to safety.

ELEVATING IV TUBING

Within a few weeks of when the pandemic began, a new nursing innovation related to IV tubing was on a prototyping fast track. To decrease the frequency with which nurses needed to enter patient rooms, healthcare providers moved IV poles and pumps outside of patient rooms. This helped preserve personal protective equipment (PPE) stock and enhance safety measures. The downside was that IV tubing dragged on floors, which was a safety risk for personnel and patients. For example, it increased the potential risk of bacterial contamination and undue pressure on the IV site (from manipulation of IV tubing). An innovation, named the High-Line™, turned out to be an effective way to elevate IV tubing.

The High-Line was developed by advanced practice pediatric nurse Jane Hartman, MSN, APRN, PNP-BC, to raise IV tubing of pediatric patients off the floor during ambulation. When the pandemic began in March, Hartman saw the value the invention might offer intensive care teams, and she immediately met with her High-Line co-developer, Nancy Albert, PhD, CCNS, NE-BC, FAAN, Cleveland Clinic's Associate Chief Nursing Officer of Research and Innovation.



Jane Hartman, MSN,
APRN, PNP-BC

continued on page 8

The High-Line system in use on a COVID unit, with color-coded lines mounted to the ceiling and fed through the door to an IV pole outside the patient's room.





Nurses use the buddy system to don and doff PPE safely and to provide supplies to one another quickly.



*Nancy Albert, PhD,
CCNS, NE-BC,
FAAN*

The two discussed critical care nursing needs and how they might revise the High-Line to meet these needs. “We recognized that the High-Line would need to raise more than one tubing off the floor concurrently,” says Dr. Albert. “And there needed to be flexibility because some ICU doors close in the middle and others close on one side, close to a wall.”

The two-part High-Line system features a 10-inch silicone stem with an O-ring and up to 8 color-coded cradles per stem to hold multiple IV tubings. The High-Line can mount on a ceiling or wall hook, depending on the configuration of ICU rooms. The flexible stem can stretch to prevent tension on IV or enteral insertion sites, and the color-coding of the cradles can help identify which tubing is attached to each cradle.

The chair of the critical care affinity group shared the High-Line innovation with leaders of all system-wide intensive care units and gave each team samples to evaluate. Dr. Albert and Hartman created a video that provided instruction on how to set up the High-Line. “It was such a timely project and so easy to use,” says Terri Murray, MSN, RN, NEA-BC, Nursing Director for the Respiratory Institute, the Head & Neck Institute and Infectious Disease, Main Campus.

Myra Cook, DNP, APRN, ACNS-BC, Clinical Nurse Specialist in the Cardiovascular ICU, also appreciates the functionality of the High-Line. “COVID patients can have up to eight lines,” she says. “And having the different colors helps to keep them separate and organized so that nurses can get to the drip quickly. It really improves overall patient safety.”

Dr. Albert and Hartman worked with a team from Cleveland Clinic Innovations to refine the innovation, develop plans to commercialize it and complete patent and trademark registration work. The Lerner Research Institute’s Medical Device Solutions (MDS) team worked closely with Hartman and Dr. Albert to ensure the best product.

“As an inventor, it has been gratifying to watch the evolution of this invention, from sketches to different iterations to being deployed and

effectively used in the critical care setting,” says Hartman. “Ultimately, the High-Line has been an effective, affordable and disposable way to manage patient tubing and keep patients and caregivers safe.”

DEVELOPING THE BUDDY SYSTEM

Earlier this year, nurses were using an average of 66 pieces of personal protective equipment each day when entering COVID-19 patient isolation rooms in the intensive care units. Soon into the pandemic, Cleveland Clinic nurses began using the buddy system to put on and take off personal protective equipment. It was all about infection prevention.

Together with infection prevention experts, nurses in the neurological and medical intensive care units developed the buddy system, with steps put in place for nurses to collaborate — or buddy up — when they put on (don) and take off (doff) all pieces of personal protective equipment needed to enter a patient room.

Video tutorials and visuals were crafted so that the procedure was available and understood by all. Before nurses enter a patient room, their buddy is on hand to help them don equipment to cover their body, eyes and mouth. Physicians also adopted this interdisciplinary practice, and it has become part of the culture in the ICUs.

“We wanted to make sure there were no shortcuts when putting on personal protective equipment and that there was minimal risk of contamination of personal protective equipment and each other,” says Murray. “We used algorithms and a picture board to enculturate the process, and nurse managers stressed its importance.”

The buddy system became a best practice for nurses, which proved particularly helpful as safety protocols were refined during the rapidly evolving pandemic. “There were so many iterations of personal protective equipment due to emerging knowledge and the need, for example, to reuse N95 masks,” says Dr. Cook. “Nurse leaders had to regularly update clinical nurses on revised protocols related to the best steps of donning and doffing.”

Teaming up with a buddy helped ensure that nurses followed protocol, curbed infections and remained safe.

Email comments to notablenursing@ccf.org.

Making Virtual Connections

TELEHEALTH INITIATIVES TAKE OFF DURING PANDEMIC

In the wake of the COVID-19 pandemic, Cleveland Clinic began utilizing numerous telemedicine and virtual health strategies to provide care for patients — especially in primary care and home care settings. In the span of just five weeks, from March 7 to April 11, Cleveland Clinic outpatient visits increased from 2% remote (virtual or phone) to 75% remote.



*Kristine Adams,
MSN, CNP*

“In the early stages of this pandemic, we did not know a lot about how the virus behaved and affected people. So out of an abundance of caution, any visit that could be done virtually was done virtually,” says Kristine Adams, MSN, CNP, Associate Chief Nursing Officer of Care Management and Ambulatory Services. “Telemedicine was critical in this stage to keep our patients safe yet engaged in their ongoing care, preventing worsening of disease and potential infection with the virus.”

To quickly and effectively ramp up telehealth services, several steps were taken almost simultaneously. Cleveland Clinic expanded telehealth privileges, trained and reorganized its workforce (including nurses), and created new documentation and workflows. “Our ambulatory care management nurses pivoted quickly to a virtual and telephonic platform to manage our highest-risk chronic disease patients, as well as our COVID



positive patients who were not in hospital but being monitored for signs and symptoms at home,” says Adams.

HOME MONITORING OF COVID+ PATIENTS

Since March, Cleveland Clinic has been home-monitoring patients diagnosed with COVID-19. Nurses and care coordinators provide outreach to COVID positive and suspect patients. In addition, the health system trained an interdisciplinary team to help make calls, including child life specialists, audiologists, ophthalmic technicians and others.

Using a unique technology available through Epic’s MyChart, Cleveland Clinic was the first healthcare system to customize MyChart Care Companion to enhance the Home Monitoring Program for COVID-19 patients. Michelle Card, MSN, RN-BC, CCCTM, Manager for Primary Care Coordination, led the COVID-19 Home Monitoring Program team, which operates seven days a week from 8 a.m. to 8 p.m.



*Michelle Card,
MSN, RN-BC,
CCCTM*

Cleveland Clinic offers the program to every patient who tests positive for COVID-19 at the healthcare facility or is suspected of having it. Patients must agree to be enrolled in the easy-to-use program, which is available via their MyChart account on a mobile app or website.

“Once the COVID test comes back positive, we reach out to the patient to learn more about their symptoms, provide education, offer support and help them sign up for the MyChart Care Companion platform,” says Card. “At that point, the health department has also been in touch with the patient for contact tracing and isolation/quarantine guidance. We are here to help them manage their symptoms from day to day.”

For 14 days, patients receive a daily questionnaire about shortness of breath, cough, weakness and other symptoms,

and if they are better, the same as or worse than the day before. Patients with a thermometer are asked to record their temperature, and patients with a pulse oximeter are asked to record their oxygen reading.

Any worsening symptom response triggers a real-time message to a pool of registered nurses, prompting a phone call to the patient to further assess and determine next steps, such as additional care at home, a virtual visit with a provider or getting to an emergency department, if necessary.

“A diagnosis of COVID-19 causes a lot of stress and anxiety for patients,” says Card. “Our regular contact helps to alleviate some of that anxiety by providing ongoing support, human contact during a time of isolation and reassurance to the patient that we are watching for those MyChart Care Companion responses.”

Ultimately, the program is intended to address emergent symptoms sooner, preventing hospital admissions and an inpatient surge. But it’s also designed to increase patient engagement. In addition to reporting symptoms, patients can use the platform to access resources about stress and other COVID-centric health topics. Patients who are clinically recovered are connected with their primary care provider to help manage any lingering or long-term symptoms of COVID-19.

MANAGING PATIENTS WITH CHRONIC CONDITIONS

Soon into the pandemic, Card said it became clear that patients with chronic diseases were not visiting their physicians. “During this pandemic, it is critical that we don’t minimize the importance of supporting our patients with chronic conditions,” says Card. “We need to be proactive in assessing them for subtle changes that can be addressed before they decompensate, resulting in hospitalization that could impact their risk even more.”

To ensure that the health of patients with chronic conditions was being managed, Cleveland Clinic began using the MyChart Care Companion platform to monitor these patients at home. Nurses and care coordinators also called patients weekly, using a standard template to guide the conversation. They began by asking whether patients had any new or worsening symptoms they would like to discuss with their physician. If they did, then the caregiver asked what the symptom was, whether it was new, how long they’ve had it, and whether it was getting better, worse or staying the same. Patients’ responses led to the following actions:

- If symptoms were present but not severe, patients were routed to the pharmacy clinical triage pool.
- If symptoms were severe, nurses or care coordinators would page the virtualist physician team to conduct a virtual visit with the patient.
- If there were concerns about safety, food, housing or medication affordability, patients were routed to the primary care social work pool.
- If patients were anxious or feeling down, they were

directed to the behavioral health social work pool.

Collaborating with many healthcare providers and leveraging technology allowed nurses to reach more patients, address changes in their health and connect them virtually with the right providers, says Card.

“A diagnosis of COVID-19 causes a lot of stress and anxiety for patients. Our regular contact helps to alleviate some of that anxiety.”

— Michelle Card, MSN, RN-BC, CCCTM
Manager for Primary Care Coordination

“Our priorities are to keep our patients with chronic conditions well at home, ensure they have the medications they need, provide education on how to remain safe and reduce their chance of contracting COVID-19, support the stability of their chronic disease and provide for any psychosocial needs,” she says.

EDUCATING THE COMMUNITY AT LARGE

Earlier this year, Adams joined a webinar hosted by a local chamber of commerce in Northeast Ohio on how businesses can safely reopen during the pandemic. She provided

recommendations for keeping employees and customers safe that focused on the importance of three main actions: screening, cleaning and distance in-between(ing).

The chamber of commerce reached out to Cleveland Clinic to present the webinar as part of the healthcare organization’s new Ask A Nurse program. Launched in August, Ask A Nurse features a team of Cleveland Clinic nurse experts who support community organizations, including faith-based organizations; congregate housing, such as nursing homes, assisted living facilities and homeless shelters; state, county and federal government entities; and 501(c)(3) nonprofits. The program is free to organizations in Cleveland Clinic communities.

Through the Ask A Nurse program, a team of six nurses offers a variety of support, including the following:

- Answers to questions pertaining to COVID-19 via telephone or email.
- Answers to specific questions related to the faith-based, nonprofit, government or congregate housing group via telephone or email.

- Virtual meetings for up to an hour with one or more members of the Ask A Nurse team.
- Review of written reopening plans.

The program is part of a larger initiative spearheaded by Chief Caregiver Officer K. Kelly Hancock, DNP, RN, NE-BC, FAAN, and Chief Clinical Transformation Officer James Merlino, MD, to provide evidence-based guidance to businesses and other organizations in the community at large. In addition to nursing, other groups within the healthcare system have agreed to serve as resources, including Occupational Health, Market and Network Services, Infectious Disease and Quality.

“When this pandemic hit, financial fears and the urgency to open back up were palpable,” says Adams. “People needed a clearinghouse to ask their specific questions and not wade through potentially wrong information from the news media. They trusted Cleveland Clinic. We gave them practical, straight-up answers, and we shared our best practices here at Cleveland Clinic.”

Email comments to notablenursing@ccf.org.

Ask A Nurse Program Donates PPE

When the COVID-19 pandemic hit Northeast Ohio, local companies that were concerned about the well-being of Cleveland Clinic caregivers donated masks, face shields, gowns, bleach and other supplies. Fortunately, the healthcare system was well prepared. But rather than let the donations sit in a warehouse, Cleveland Clinic’s Ask A Nurse program agreed to organize and deliver supplies to needy nonprofit agencies and schools in the area.

Here are some of the items, with the total number donated, as of mid-October:

BLUE IMPERVIOUS GOWNS	455	EYE SHIELDS	2,105
BOOTIE COVERS	5,000	SURGICAL GLOVES	540
CLOTH MASKS	27,450	VINYL GLOVES	59,200
DISPOSABLE LAB COATS	200	THERMOMETERS	13



Nursing leaders rounding on units, gaining insight from caregivers on the front lines.

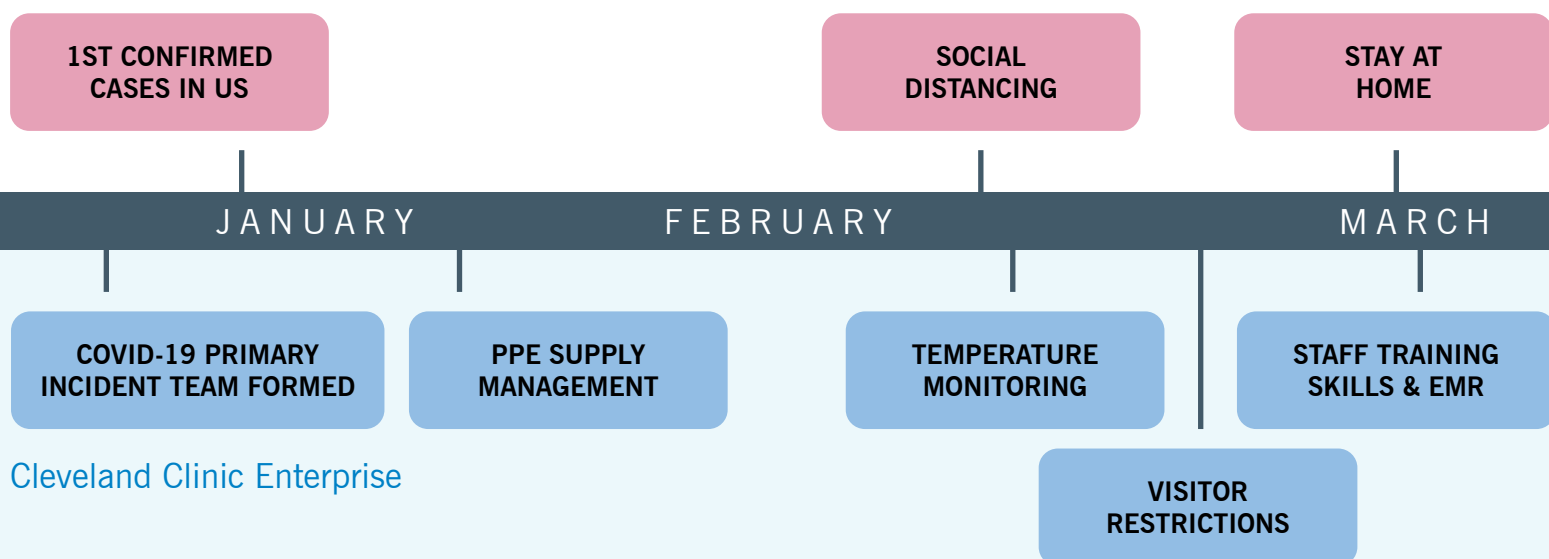
Keeping Caregivers Informed

FREQUENT COMMUNICATION IN MULTIPLE MODES WAS KEY

As far back as January, Cleveland Clinic's Nursing Executive Leadership team was preparing for the coronavirus pandemic. Nurses represent the largest caregiver group at Cleveland Clinic, with 23,000 members working throughout the 6,026-bed health system, which encompasses a 165-acre main campus and hospital, 17 additional hospitals and more than 220 outpatient facilities and locations in Northeast Ohio, Southeast Florida, Las Vegas, Toronto, London and Abu Dhabi. With such a large workforce around the world, then Executive CNO K. Kelly Hancock, DNP, RN, NE-BC, FAAN, knew that regular and robust communication was critical.

ABBREVIATED TIMELINE

Worldwide and National



Cleveland Clinic Enterprise

“It was about keeping everyone informed so our nurse caregivers knew what we were doing and what was expected of them,” says Meredith Foxx, MBA, MSN, APRN, PCNS-BC, PPCNP-BC, CPON, who became interim Executive Chief Nursing Officer (ECNO) in June when Dr. Hancock was named Chief Caregiver Officer for Cleveland Clinic. Foxx was named ECNO in October. “We also wanted our nursing staff to know that we were focused on keeping them safe and protected from the virus.”

Realizing that the pandemic was likely going to continue for months, nursing leaders acknowledged the need to be flexible and make the best decisions with the information available at the time. “We were — and are — constantly learning and adapting,” says Foxx. “Executive leaders instilled their trust that our leaders would communicate downstream and be transparent in delivering COVID-19 updates to caregivers. In this situation, over-communication did not exist.”

MEETINGS, TOWN HALLS, HUDDLES AND MORE

At Cleveland Clinic, leadership teams communicated around the clock. Dr. Hancock and Edmund Sabanegh, MD, President of Main Campus and Regional Hospitals, co-led planning for the organization. The decision-making cycle was rapid — from resource preparation and planning to necessary improvements, process changes and more.

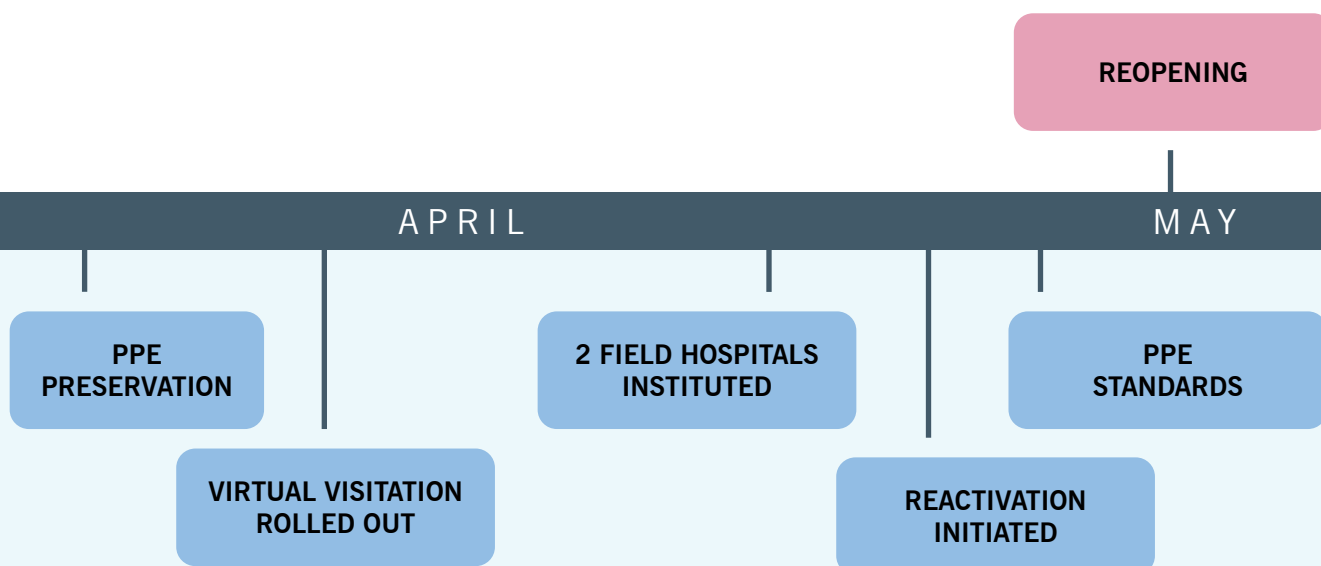
In March, Dr. Hancock and Foxx began meeting with Cleveland Clinic’s Executive Leadership team almost daily to make decisions. They

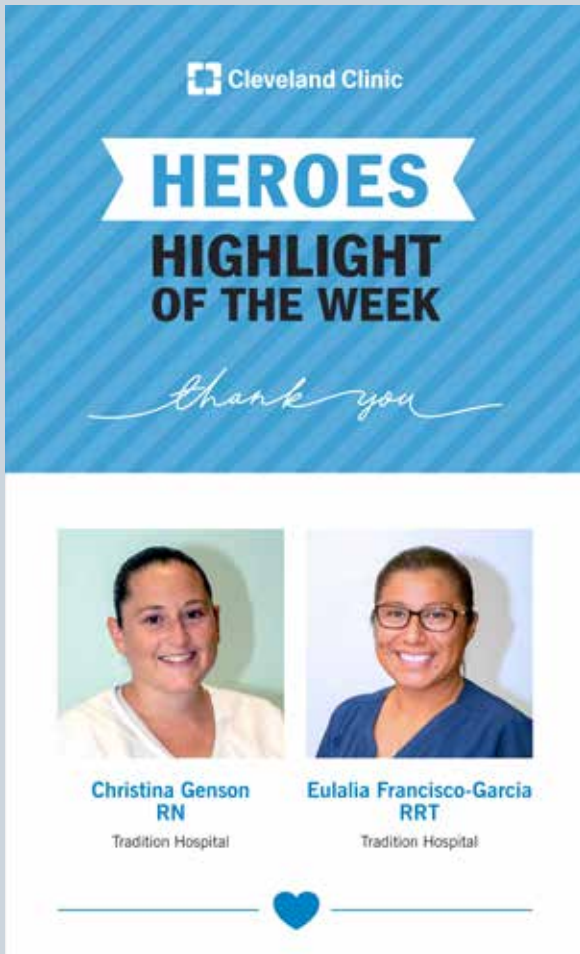
initiated daily calls at 5 p.m. with all nurse leaders and CNOs across the enterprise. Afterward, an executive briefing was distributed to all attendees. Nursing leaders would then communicate with their teams during daily huddles and cascade information to clinical nurses across the organization to keep them informed of fast-changing events and protocols, as well as statistics on national, Ohio and Cleveland Clinic censuses for COVID-19 patients.

Nursing also utilized virtual town halls to ensure that important information was disseminated to all caregivers, including a monthly Enterprise Nursing Leadership town hall and monthly personal protective equipment update meetings with nurse leaders across the system. Each Enterprise Nursing Leadership town hall began with updates from Dr. Hancock and ended with a Q&A. The agenda for June featured information on clinical reactivation, staffing updates, human resource updates, financial stewardship, infection prevention accountability and a time for gratitude. A new heroes program was developed so that a nurse who had gone above and beyond could be recognized with an award.

A PLETHORA OF TOOLS AND RESOURCES

Working with corporate communications, nursing leadership developed numerous communication platforms throughout the spring and summer covering topics such as donning and doffing of personal protective equipment, handling visiting hours with patients, and facilitating visits between COVID-19 patients and their families via iPad. Nurse



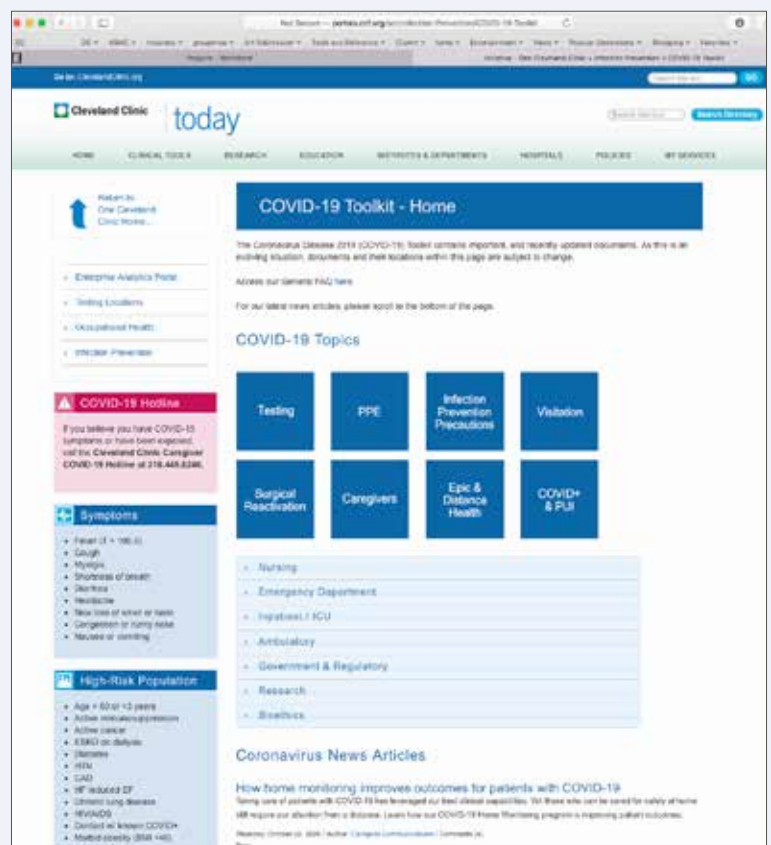


Initiatives implemented during the pandemic included a nurse recognition program, virtual visits between COVID-19 patients and their families, and timely PPE signs available in an online toolkit.

managers routinely received one-page “mini-meeting” tools with pertinent information to share during huddles, and information was also housed on the Nursing Institute’s intranet for quick reference.

Cleveland Clinic launched a COVID-19 Toolkit on its intranet with dozens of resources for caregivers and staff. The toolkit includes a dropdown menu specifically for nursing, featuring the following:

- Best practice guidelines on topics ranging from withdrawal from life support in the ICU to resuscitation of COVID-19 positive patients or suspected positive patients.
- Policy updates related to personal protective equipment, infection prevention, routine care, bundled care for COVID-19 positive patients and patients under investigation, and more.
- Educational videos on topics such as critical care competency, nasopharyngeal swab collection and respiratory therapy.
- Scripts for nurses on how to talk to patients and visitors about the sensitive nature of receiving care for COVID-19.
- Resources for caregivers on how to keep themselves and their families safe.



Cleveland Clinic’s COVID-19 Toolkit, located on the intranet for all caregivers to access.

“The toolkit houses everything a caregiver would need as a resource,” says Terri Murray, MSN, RN, NEA-BC, Nursing Director for the Respiratory Institute, the Head & Neck Institute and Infectious Disease, Main Campus.



Terri Murray, MSN,
RN, NEA-BC

SURVEY SUPPORTS SUCCESS OF COMMUNICATION EFFORTS

The multipronged approach to providing open, frequent communication has been a success. “You can’t underestimate the power of communication, particularly from leaders,” says Dr. Hancock.

But rather than simply rely on anecdotal evidence that the organization was handling the pandemic well in the eyes of its employees, Cleveland Clinic conducted a brief survey of caregivers in June to gauge whether or not they felt supported. The engagement scores were 85%, with caregivers citing effective communication among leadership.

“There were so many efforts among our leaders — being present on the units, making daily calls and building a dedicated intranet site. It was incredible!” says Dr. Hancock. “Our nurses really appreciated authentic, transparent communication.”

Email comments to notablenursing@ccf.org.

Lessons Learned by Nursing Leaders

“As we began the new year — the Year of the Nurse and the Midwife to celebrate Florence Nightingale’s 200th birthday — we had no idea of the challenges ahead of us,” says K. Kelly Hancock, DNP, RN, NE-BC, FAAN, Chief Caregiver Officer. “But nurses rose to the challenge. They did — and continue to do — everything in their power to help and heal our patients, families and one another.”

Along the way, as nursing leaders planned for the unfolding COVID-19 pandemic and revamped practices and policies, they learned valuable lessons, many of which they will carry into the future. Here are the reflections of some Cleveland Clinic nursing leaders.

“I would encourage leaders to lean in and be present for caregivers, particularly during a crisis. That will go a long way for your organization and for your caregivers to feel supported.”

– **K. Kelly Hancock, DNP, RN, NE-BC, FAAN**, Chief Caregiver Officer

“It has been truly remarkable how our nursing teams have come together and led with empathy, compassion and integrity during this pandemic. Through this time, I have learned to be patient, be humble and be forgiving. Nurses are resilient!”

– **Meredith Foxx, MBA, MSN, APRN, PCNS-BC, PPCNP-BC, CPON**, Executive Chief Nursing Officer

“As a healthcare organization, we have learned to do things differently, literally ‘virtualizing’ almost everything — from meetings and provider visits to education and patient-family/patient-nurse communication. We certainly have been tested, and we have led the way in caring for patients and each other with efficiency, compassion, ingenuity and resilience.”

– **Terri Murray, MSN, RN, NEA-BC**, Nursing Director for the Respiratory Institute, the Head & Neck Institute and Infectious Disease, Main Campus

“Listen to your gut. If you sense your team is in danger, do what you have to do to keep them safe. If that means you have to change your workflows to maintain social distancing, then do it. Never hesitate on a safety issue. In addition, always tell your team the truth and everything you know. A crisis is no time to withhold information or stop communications. Get right to the front lines if you have to, and remain available to them.”

– **Kristine Adams, MSN, CNP**, Associate Chief Nursing Officer of Care Management and Ambulatory Services

Taking Care of the Caregivers

FRONT LINE HEROES PROVIDED RESOURCES AND SUPPORT

In the midst of the COVID-19 pandemic, while nurses were on the front lines caring for patients, nursing leaders developed strategies to care for caregivers.



K. Kelly Hancock,
DNP, RN, NE-BC,
FAAN

“The safety of our caregivers while they are in the workplace is our No. 1 priority. We implemented a variety of programs to support them with personal protective equipment, education and communication tools,” says K. Kelly Hancock, DNP, RN, NE-BC, FAAN, Chief Caregiver Officer at Cleveland Clinic. “But equally important to us is their emotional well-being and support outside of the organization.”

ORGANIZATIONAL SUPPORT FOR CAREGIVERS

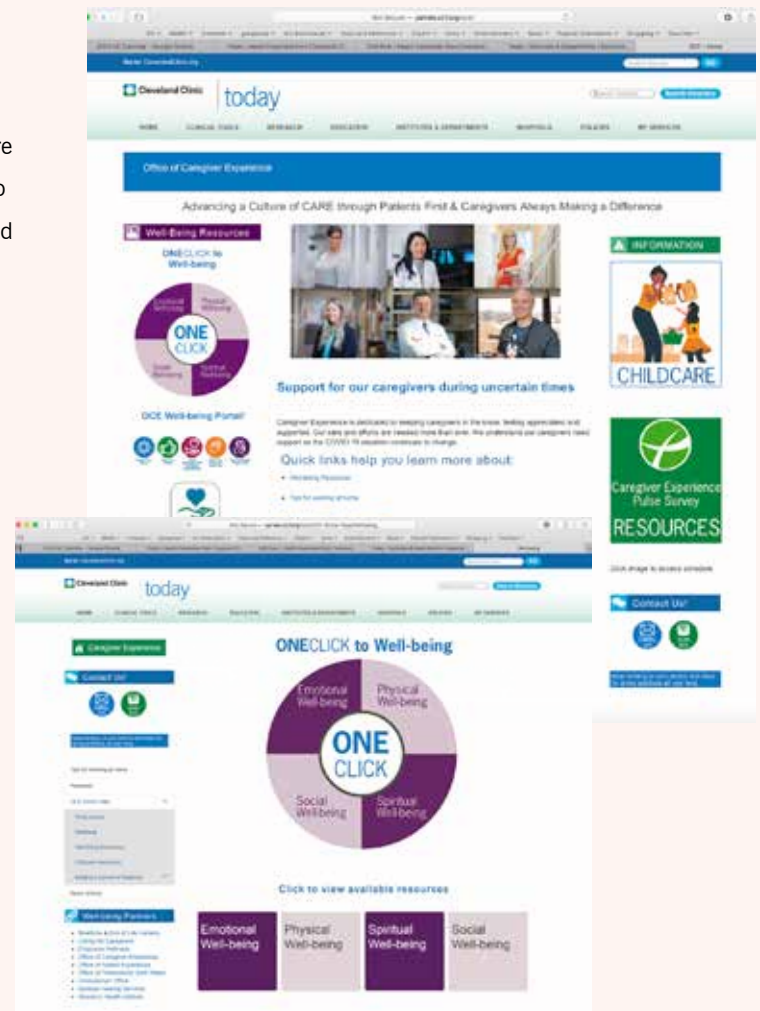
Cleveland Clinic has developed numerous resources to assist its nurses and other healthcare providers, including meal delivery, connections to child and elder care services, well-being apps and

behavioral health support. The healthcare system set up a COVID-19 caregiver hotline available 24/7 that provides information about virus exposure, travel restrictions, COVID-19 test management, virtual visits with physicians, return-to-work policies and more. From the time the hotline launched in April until mid-October, it managed 50,155 calls from caregivers.

Recognizing that there is no one-size-fits-all approach to providing support, Cleveland Clinic uses a variety of platforms to reach its caregivers. The OneClick to Well-Being portal on the healthcare system’s intranet houses information about emotional, physical, spiritual and social resources. The Caregiver Experience Wellness portal provides a venue for caregivers to disconnect, unwind or say thank you virtually. Cleveland Clinic’s Moral Distress Reflective Debriefs and Dialogues offer a safe forum for individuals or caregiving teams to work together through any moral distress they may be experiencing.

A clinical nurse in the surgical intensive care unit at Cleveland Clinic main campus knows firsthand the importance of organizational support. Loice Burgess, MSN, APRN, AGACNP-BC, CCRN, had COVID-19 in April and recovered at home for four weeks. She received daily check-ins from the care coordination team. In addition to monitoring her symptoms and state of mind, they ensured she had sufficient practical items, such as toilet paper. The team also provided daily meal delivery to Burgess and her husband.

In particular, Burgess was grateful for the emotional support of the care coordination team during a time of social isolation and anxiety. “COVID is not linear. I would feel better one day, then 100 times worse the next,” she recalls. “A lot of what they provided was counseling, reassuring me that I was not alone and this was totally normal for the disease process.”



Burgess' nurse manager also contacted her prior to returning to work and during her first shift back to ask how she was doing and offer encouragement. Burgess says the "overwhelming outpouring of love and support" were invaluable to her recovery.

"As we support our patients and their wellness, we have to support our own caregivers so they are strong enough emotionally and physically to take care of themselves, their families and our patients," says Jill Prendergast, PHR, Senior Human Resource Director for the Nursing Institute.



A GRASSROOTS EFFORT TO CARE FOR NURSING PEERS

Support for caregivers doesn't only stem from nursing leaders and administration. Clinical nurses bolster their peers, too. "I have been so impressed by how colleagues have helped each other at Cleveland Clinic, from buying lunches for other departments to writing words of inspiration in chalk outside of emergency departments," says Dr. Hancock.



Angela Sotka, BSN, RN, CPAN

One shining example is the nursing team from the perioperative services unit at Cleveland Clinic Hillcrest Hospital. At the start of the pandemic, the unit prepared to convert to an intensive care unit and provide care for COVID-19 patients if extra beds were necessary. Perioperative nurses shadowed one-on-one with ICU nurses for cross-training. "Our nurses would return to the unit and tell stories about the critical care RNs," says Angela Sotka, BSN, RN, CPAN, Nurse Manager of Perioperative Services. "They had such empathy for them, providing care for COVID patients and not being sure about their own safety and the safety of their families at home."

Soon after, a perioperative clinical nurse began collecting small comfort items, such as ponytail holders and lotion, for her colleagues in the ICU. As word spread, more nurses brought in contributions. The perioperative nursing team gift-wrapped the items, wrote thank-you notes and created more than a dozen gift baskets, which they delivered to units at Hillcrest Hospital that cared for patients with COVID-19.

"After we delivered these baskets, the staff decided to spread the love to other areas of the hospital as well," says Sotka. From March through June, the nurses took baskets with comfort items to staff in pharmacy, radiology, the lab, environmental services and more.

"Although my nurses struggled with uncertainty coming through the hospital doors every day, they overcame their fears and went above and beyond by reaching out to do something kind for their peers in the COVID units," says Sotka. "That's what nurses do — take care of people. But it was a proud moment for me as nurse manager when they wanted to take care of each other as well."

Email comments to notablenursing@ccf.org.

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Study Considers Patient Perception of Virtual Rounds

NURSES INTERVIEW POSTOPERATIVE ORTHOPAEDIC PATIENTS



Tonya Moyle, MSN, RN

Daily interdisciplinary rounding on patients who are hospitalized is an important part of providing high-quality care. But for some clinicians, such as orthopaedic surgeons at Cleveland Clinic who operate at multiple hospitals in the healthcare system, in-person rounding can be challenging. What if patients could continue to connect with an interdisciplinary team that includes the primary

provider? Tonya Moyle, MSN, RN, Nurse Manager on the orthopaedic unit at Cleveland Clinic's main campus, conducted research on utilization of virtual rounds.

"In today's world, virtual technologies allow us to eliminate geographic barriers and enable surgeons to connect and communicate with their patients, as well as collaborate with the care team while off-site," says Moyle. "I was particularly interested in how our patients would perceive virtual rounding."

Working alongside a team of nurses and two orthopaedic surgeons, Moyle spearheaded a qualitative, phenomenological study to understand patients' perceptions of their virtual rounding experiences. The team conducted interviews with 27 adult patients who had participated in virtual rounds during hospitalization on the orthopaedic surgery unit. Interviews were conducted at the patient's bedside on the day of discharge and were digitally recorded. Data were analyzed using inductive, qualitative content analyses and constant comparative methods. The researchers then came together as a group to listen to the recorded interviews and discuss the themes they had identified.

During the daily virtual rounds, nurses and advanced practice providers (APPs) brought tablets attached to wheeled stands into patient rooms, then the surgeon connected remotely. Typically, virtual rounds lasted for approximately five minutes per patient. Since surgeons did not always have access to the patient's electronic medical record, the APP took on the role of providing real-time updates. Communication using the tablets was comfortable for most patients since many patients/families used tablets at home. The RN or APP positioned the camera on the tablet to allow the



surgeon to assess surgical sites and the patient's general range of motion.

Several themes emerged from the data analysis. "Orthopaedic virtual rounds provided a positive experience for most patients, but not all," says Moyle. "Some patients did not feel prepared for the virtual rounding experience. However, patients understood the need for using technology to enhance their communication with their surgeon and felt that virtual rounds were convenient and the format allowed time to ask the physician questions about their surgery and recovery process."

Moyle says the feedback received from patients will be used to enhance virtual technology and to educate the care team on their approach so that patients are better prepared for what to expect during virtual rounds. "When in-person rounds are not possible, virtual rounds are certainly a viable alternative to enable our physicians to connect with their patients and the caregiver team on the unit," she says.

Email comments to notablenursing@ccf.org.

Examining the Experience of IV Drug Users with Infective Endocarditis

ADVANCED PRACTICE NURSES STUDY PATIENT PERCEPTIONS



Jennifer P. Colwill,
DNP, APRN-CNS,
CCNS, PCCN

As the No. 1 hospital for heart care, ranked by *U.S. News & World Report*, Cleveland Clinic performs many valve replacement surgeries for patients with infective endocarditis. “With the opioid epidemic, we started seeing more patients,” says Jennifer P. Colwill, DNP, APRN-CNS, CCNS, PCCN, Clinical Nurse Specialist for Cleveland Clinic’s Heart, Vascular & Thoracic Institute. “I noticed that caregivers knew how to clinically manage people who inject drugs, but caregivers — including me — had some discomfort or frustrations managing adults who were intravenous substance users on a day-to-day basis.”

Dr. Colwill collaborated with Minerva Sherman, MSN, APRN, ACNP, a nurse practitioner on a team that evaluates patients preoperatively, to explore the experience of intravenous substance users with infective endocarditis. The purpose of the grounded theory study was to understand the process of opioid addiction, hospital admission and reentry into society from the perspective of persons with infective endocarditis who inject drugs.



Minerva Sherman,
MSN, APRN, ACNP

“Discrimination and stigmatization of individuals who abuse intravenous substances have been reported by the healthcare community,” says Dr. Colwill. “Understanding the process of substance use/abuse and hospital admission in this subset of patients from a patient-centered perspective could be helpful in managing care, especially post-cardiac surgery.”

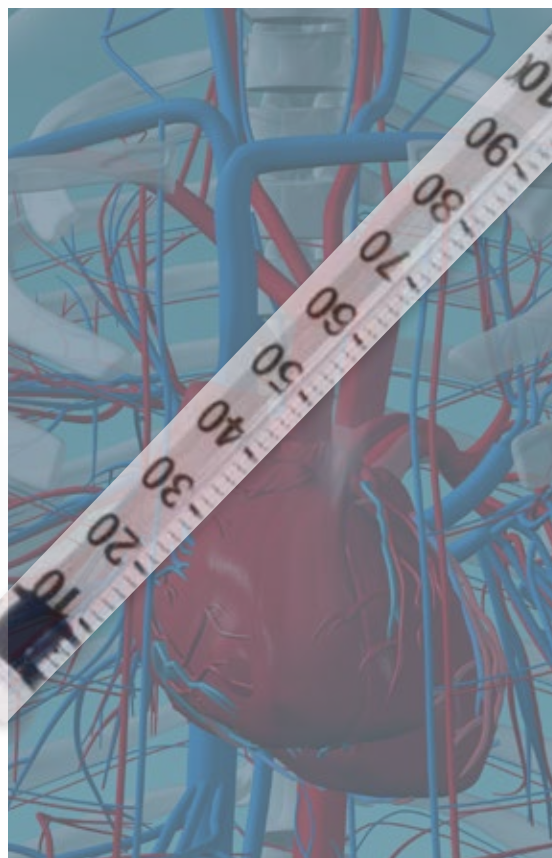
Dr. Colwill and Sherman asked open-ended questions to 11 participants in the qualitative study, who were recruited during the preoperative or postoperative phase. The research team recorded and analyzed data, then coded data into themes to create a theoretical model about persons who inject drugs, the healthcare system and society as a whole.

Several themes emerged, including the self-perception of patients as addicts and the potential of infective endocarditis to serve as a catalyst for change. “It is a wake-up call for many patients — a moment when they evaluate where they are and feel like they really need to change,” says Dr. Colwill. “Healthcare providers taking care of these patients can capitalize on the moment and support patients by providing help and resources.”

Another theme concerned patients’ fear that they would relapse once discharged from the hospital. “As they go back into society — into the same places and circumstances that brought them to the hospital — many patients were afraid of relapsing back to using/abusing drugs,” says Dr. Colwill. “Nurses should work with community organizations and social workers to identify ways to break the cycle of intravenous substance use/abuse and intervene on behalf of patients.”

Dr. Colwill adds that conducting the research project was invaluable for her personally as a caregiver. “Sitting and listening to patient stories helped me grow as a person,” she says. “It was an important learning moment about unconscious bias in the way we approach and talk to patients — especially vulnerable patients.”

Email comments to notablenursing@ccf.org.





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Awards and Honors

Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FHFSA, FAAN, assumed the presidency of the Heart Failure Society of America (HFSA). Dr. Albert, who is the ACNO of Nursing Research and Innovation at Cleveland Clinic, is the first nurse to become president of the HFSA and will serve in the role until the end of the HFSA's 2021 Annual Scientific Meeting next September.

Joan M. Kavanagh, PhD, RN, NEA-BC, FAAN, ACNO of Nursing Education and Professional Development at Cleveland Clinic, was selected by the American Academy of Nursing as a Fellow. Recognized for their significant contributions to healthcare, Academy Fellows are encouraged to improve health and achieve health equity through nursing leadership, innovation and science.

Julia Blanchette, PhD, RN, CDCES, a diabetes care and education specialist in Cleveland Clinic's Diabetes Center on main campus, received the inaugural Mentored Postdoctoral Fellowship in Integrated Diabetes Management from the Association of Diabetes Care & Education Specialists (ADCES) Foundation and the Certification Board for Diabetes Care and Education (CBDCE). The ADCES and CBDCE launched the fellowship, which includes a \$100,000 stipend, to support their long-term goals of building on existing research in diabetes care and enhancing health outcomes for people with diabetes, prediabetes and other cardiometabolic conditions.

The nursing team on the **5 Main medical-surgical unit at Cleveland Clinic's Hillcrest Hospital** earned the **PRISM Award®**, co-sponsored by the Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB). The award honors medical-surgical nursing units that achieve sustained excellence through effective leadership, recruitment and retention, evidence-based practice, positive patient outcomes, a healthy practice environment and lifelong learning of unit staff members. 5 Main is the first medical-surgical unit at Cleveland Clinic to win the PRISM Award and the third in the state of Ohio.

Three nursing units on Cleveland Clinic's main campus earned the **Beacon Award for Excellence®**, Silver Level from the American Association of Critical-Care Nurses in 2020: **the cardiovascular intensive care unit, the neurological intensive care unit and the thoracic surgery step-down unit**. In addition, **the cardiovascular step-down unit** was recertified at the Gold Level. The award lauds North American hospital units that employ evidence-based practices to improve patient and family outcomes.

Cleveland Clinic Fairview Hospital is the recipient of the **2020 Chest Pain – MI Registry™ Gold Performance Achievement Award** from the American College of Cardiology. The award recognizes hospitals participating in the registry that have demonstrated sustained, top-level performance in quality care and adherence to guideline recommendations. The award is tangible evidence of Fairview Hospital's hard work and commitment to delivering the highest quality cardiovascular care.

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