



Notable Nursing

A Publication For Nurses By Nurses | Spring 2009



Feature Story

Improving Patient Experience and Outcomes

How some of our units did it - p. 01

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From the Editor

Welcome to the spring 2009 edition of *Notable Nursing*, a publication for nurses by nurses, now in its 9th year of printing. This new year presents us with challenges professionally as well as personally. Concerns regarding the global economy coupled with the rise in unemployment here in the United States require us to be diligent in the use of resources. Nurses are well prepared and positioned to serve as responsible stewards of these resources. Our management of patient care across the entire continuum affords us many opportunities to partner with other providers to impact both the efficiency and effectiveness of patient care.

In this issue, we are pleased to introduce our newest nurse leader — Sarah Sinclair. Sarah joined us in February as our first Executive Chief Nursing Officer for the Cleveland Clinic health system. We look forward to sharing more regarding Sarah's vision for us in the fall 2009 edition.

We are also pleased to introduce Stanley S. Zielony, a friend and wonderful supporter of nurses at Cleveland Clinic. In this issue you will read of his gift and the Stanley Shalom Zielony Center for Nursing Education at Cleveland Clinic.

Notable Nursing reflects the commitment that Cleveland Clinic nurses share to deliver the highest quality patient care, a commitment that is responsible for Cleveland Clinic's ongoing ranking as one of the nation's top hospitals and our redesignation as a Magnet hospital. Please share it with your colleagues. You can review past editions of *Notable Nursing* by visiting clevelandclinic.org/nursing and clicking on *Notable Nursing Newsletter*.

Sincerely,
Michelle Dumpe, PhD, MS, RN
Executive Editor



Cleveland Clinic is proud to support the Forest Stewardship Council. FSC certification helps ensure that the world's forests are managed in a positive manner: environmentally, socially and economically.

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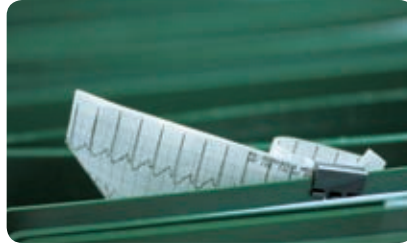
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cover story

Survey Gives Opportunity to Improve Patient Experience and Outcomes

There has been a significant shift in the public's knowledge of and expectations about quality of hospital care during the past five years. People now can access online publicly reported information about each individual hospital's quality-of-care metrics.

The Centers for Medicare and Medicaid Services (CMS) is a rich source of information about healthcare facilities across the country. CMS developed the Hospital Consumer Assessments of Healthcare Providers and Systems (HCAHPS) survey, and participation in the survey is required for member organizations.

The standardized survey is used to collect patients' feedback on a number of indicators regarding their experience during a recent hospital stay. HCAHPS was designed to measure each of these indicators in detail. The survey forms are sent to patients two weeks after their discharge. Responses reflect their opinions about the overall quality of care that hospitals provided them, their family members and their visitors. In effect, it's a snapshot of how well a hospital is doing at any given time. Once scores from the responses are calculated, the results are posted on the CMS website. Patients, as well as physicians, are then able to access and compare several facilities at a time to determine which hospital they feel can best meet their needs.

As part of the survey initiative, Medicare and Medicaid also established benchmarks that indicate best practices. "The survey responses let us know where we stand against those benchmarks," explains Michelle Dumpe, PhD, MS, RN, Associate Chief Nursing Officer. "We review our patients' responses every day to see how we're doing."

Debi Albert, MSN, MBA, RN, NEA-BC, Chief Nursing Officer and Chairman of the Nursing Institute, adds, "Patients aren't typically able to assess or measure the quality of the nursing care they receive. They do know, however, if we cared about them as a person. When I get letters or feedback from patients and families, it's very rarely about the technical aspects of the nursing care, but often how we interacted with them and provided care."

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“Our nurses are the safety net for our hospitalized patients.”

– *Debi Albert, MS, MBA, RN, NEA-BC*

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Along with benchmarks, CMS also introduced new reimbursement guidelines. “They will no longer reimburse for hospital-acquired conditions that negatively affect patient outcomes, such as falls, infections or pressure ulcers patients experience during their stay,” Dumpe says.

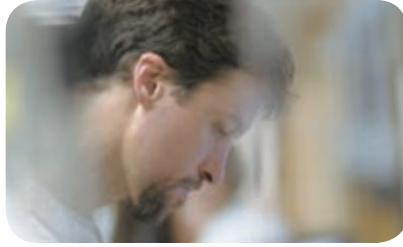
In light of these reimbursement changes, she points to the significant difference nurses can make in patient care. “Many of these hospital-acquired conditions can be avoided by proactive nursing interventions.” She notes that there are now 16 patient safety goals, and the majority of these safety concerns are easily influenced by nurse practice. “For example, turning patients regularly can prevent pressure ulcers and falls can be avoided through regular rounds by nursing personnel. Nurses ensure that patients receive information about their medications, their diagnoses and follow-up appointments, decreasing the likelihood of their being re-admitted,” she adds.

The CMS benchmarks cover the continuum of patient care, according to Dumpe. “We have to make sure our patients have the right medications and constantly assess their nutritional status, pain, and ability to manage activities of daily living. Our nurses also determine what patients must

have in place at home to continue their healing process and whether arrangements have been made for this support,” she explains. Given the new reimbursement guidelines and the tremendous influence nurses have on patient care and outcomes, the Nursing Institute reviewed staffing guidelines for each of their inpatient units. “It’s vital that we have enough nurses,” Dumpe says. “This is a major and important investment for us at Cleveland Clinic.”

According to Albert, there’s a rich body of evidence showing that appropriate RN staffing directly impacts patient outcomes. “It’s the bedside nurse who spends the most time with patients and is often the first one to notice when a patient’s condition has changed. Our nurses are the safety net for our hospitalized patients. Having the right number of trained staff is essential to providing quality patient care.”

The HCAPHS survey has raised the bar for patient care. Survey responses have proven to be a valuable source of information for Cleveland Clinic, and the nurses embrace the opportunity to improve the quality of care by responding to patients’ feedback, Dumpe says. “Knowing where we stand in relation to the national scores is a tremendous motivator, and we strive to continually be the destination for nursing practice.”



Exceeding Benchmarks for Excellence in Patient Care – How Three Cleveland Clinic Nursing Units Did It

Three nursing units are recognized for exceeding HCAPHS benchmarks for nursing practice. “Our goal is to replicate these best practices in all of our patient care areas,” says Michelle L. Dumpe, PhD, MS, RN.

COLORECTAL SURGERY

Bruce Robinson, RN, is the inpatient nurse manager for colorectal surgery units within the Digestive Disease Institute. The units were recognized by Cleveland Clinic’s Nurse Executive Council for surpassing the HCAPHS national benchmark goals for patient satisfaction scores in overall care and nurse communications. “Our overall patient care score, through last October, was 70 percent, compared to the national benchmark of 63 percent,” Robinson reports. “Also in October last year, we achieved a nurse communication score of 80 percent, while the national target is 74 percent.”

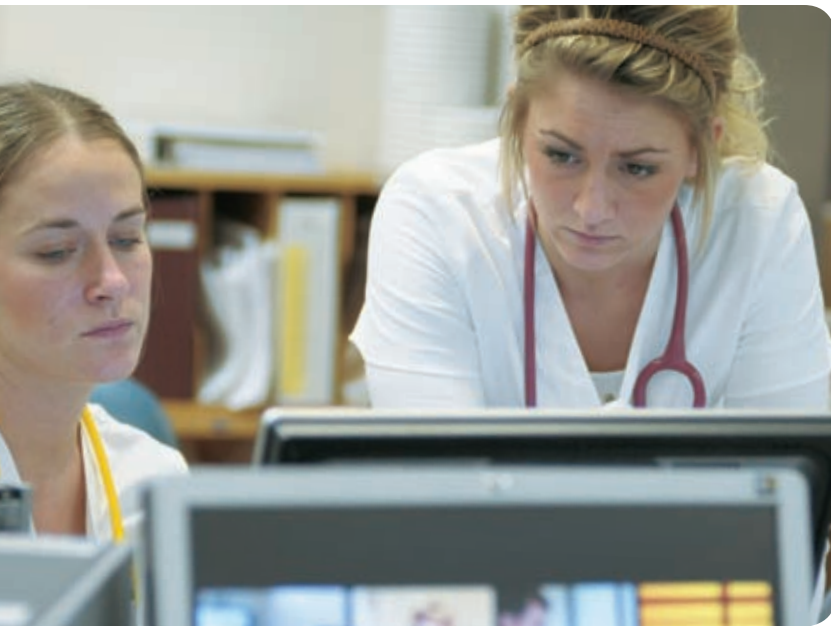
Robinson points out that the nursing communication score comprises three questions that reflect how well nurses explain, how well they listen, and whether their patients and families feel they are treated with respect. “It’s important that nurses explain procedures and provide information to patients and their families,” he explains. “We also have to take the time to listen to them when they’re telling us how they feel — if they’re in pain and so forth. Respecting patients is absolutely vital. People are very vulnerable when they enter the hospital. We need to keep that in mind and treat them with dignity, just like we would want to be treated if we were in the same circumstances,” he adds.

BONE MARROW TRANSPLANT

The Bone Marrow Transplant Unit in the Taussig Cancer Institute also scored above the CMS benchmarks. According to Nurse Manager Patti Akins, RN, BSN, OCN, the unit received high ratings in the area of pain management. “Because of the acuity of our patients, we have a lower nurse-to-patient ratio than the typical nursing unit. This enables us to meet patient needs more efficiently and effectively,” she explains.

“Our staff has a lot of compassion and empathy for how a patient is feeling,” Akins says. Bone marrow transplant patients receive high doses of chemotherapy, so they’re highly susceptible to infection. “We get their vital signs every four hours, check them for fevers, and assess their pain,” she explains. Due to the preparative regimen transplant patients undergo, these patients can experience several unpleasant side effects. “They often get severe mucositis, which causes painful ulcers in their mouths and throats,” Akins notes.

Nursing care of these patients is critical to their therapy progress. Some nursing units permitted their unlicensed patient care nursing assistants to collect pain scores for patients. Akins’ unit decided to have only the registered nurses gather this information. This has provided a more timely response in meeting the needs of the patient with respect to optimal pain control. “Our nurses work very closely with the staff physician and physician assistant to manage the patient’s pain. Our team takes a proactive stance in meeting patients’ pain-care needs.”



quote

“Our motto has always been that our patients come first, and we will do whatever we can for them and their families.”

– *Marci Molnar, RN*

SURGICAL ACUTE CARE

The staff of the Founders' Suite and Surgical Short Stay units set their sights on exceeding the HCAPHS benchmark score in the metric of nurse communications, and they met their goal. “We improved by doing a better job sharing information with our patients and keeping them informed about their progress and their care,” says Marci Molnar, RN, the unit nurse manager.

“What we did may seem so basic, but it’s very important. We implemented a process that improved shift-to-shift hand-offs. When one nurse is going off the shift, and another is coming on, they go together to see the patient at bedside. The nurse whose shift is ending introduces the oncoming nurse to the patient. Together they ask the patient if he or she needs anything, has a question or would like more information about his or her care.” This could be anything from inquiring about an upcoming test, requesting a specific food, or asking about a medication a doctor ordered, Molnar explains.

A bedside nurse’s practice is to provide patient care, monitor patient safety needs and provide patient education. At times however, a patient may have other concerns that do not require unique nursing skills. The unit decided to use the expertise of the Patient Service Associate to help with these additional needs. This individual works with other offices, such as case management and physician referrals, to find answers and meet patient requests. “This is a tremendous help for both our patients and our nurses because it’s a team approach,” Molnar says. “Patients get the information they want, but it doesn’t take our nurses away from their primary duties to their patients.” To keep everyone in the loop, the associate shares the information with the patient’s nurse and the patient’s family, if needed.”

We communicate well among our staff. Our motto has always been that our patients come first, and we will do whatever we can for them and their families.”

PATTI AKINS received her nursing degree from Capital University in Columbus, Ohio. She was OCN certified in 2006. She has worked on the Bone Marrow Transplant Unit for about 17 years.

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DEBI ALBERT earned her bachelor’s and master’s degrees in Nursing from the University of Akron. She received her MBA from Cleveland State University. She has spent her entire career at Cleveland Clinic.

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MICHELLE DUMPE earned her doctorate in Nursing Science with a specialty in Healthcare Economics from the University of South Carolina in Columbia. She is a member of the Association of Nurse Executives and is on the faculties of Kent State University and Cleveland State University.

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MARCI MOLNAR is a graduate of St. Vincent Charity Hospital School of Nursing. She obtained her bachelor’s degree in Professional Arts (major in healthcare administration) from St Joseph’s College, Maine. She has been in her current position at Cleveland Clinic for 20 years.

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BRUCE ROBINSON received his nursing degree from the Fairview Hospital School of Nursing. He has spent the past 25 years at Cleveland Clinic.

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New Executive Chief Nursing Officer Appointed

Sarah Sinclair, RN, BSN, MBA, FACHE — a healthcare executive with more than 25 years of leadership experience — is the first to hold the post of Executive Chief Nursing Officer. Sinclair began work at Cleveland Clinic February 1.

In an effort to streamline nursing practice across the Cleveland Clinic health system, a new leadership position of Executive Chief Nursing Officer (CNO) of the Cleveland Clinic Health System has been created.

Sinclair came to Cleveland Clinic from Memorial Hermann Health System in Houston, where she served as System Chief Patient Care Officer. As Cleveland Clinic's Executive CNO, she will oversee chief nursing officers at Cleveland Clinic's main campus and its eight community hospitals.

Debra Albert, MSN, MBA, RN, NEA-BC, who had served as interim Chief Nursing Officer at Cleveland Clinic's main campus since last summer, will take on the position of CNO of the main campus and Chair of the Nursing Institute on the main campus.

Part of Sinclair's role will be spearheading efforts to establish evidence-based standards of care across the system, creating a work environment that enhances professional practice and providing opportunities for nursing staff and leaders to optimize their career growth.

Prior to joining Cleveland Clinic, Sinclair was responsible for patient care, critical care services, organizational effectiveness, emergency services and other services at Memorial Hermann, an 11-hospital health system serving the greater Houston area. As the first system chief patient care officer in the hospital system, Sinclair led initiatives that resulted in more than \$12 million total annual savings.

Sinclair also served as senior vice president of Novant Health/ Forsyth Medical Center in Winston-Salem, N.C., and executive vice president of Covenant Health in Knoxville, Tenn. Sinclair received a bachelor's degree in Nursing from Southern Adventist University and a master's degree in Business Administration from Loyola College in Baltimore.

Nursing Researchers Working on Spectrum of Projects

Nurse researchers at Cleveland Clinic have a number of research projects under way. Nancy Albert, PhD, RN, Director of Nursing Research and Innovation, describes four of them:

BEDSIDE NURSING | CHANGES IN THE MODEL OF CARE | PET THERAPY | ER PATIENTS WITH REPEATED BOUTS OF ASTHMA

“In the bedside nursing research project, we’re looking at what motivates nurses to do research and what resources they had to get started,” Albert says. “We want to attract more nurses to do research, so we’re interviewing our nurse researchers to determine what helped get them started on the journey of nursing research work.”

The patient care that nurses provide day in and day out is very complex, but they’re often interrupted by things like not having resources, such as medications, wheelchairs and oxygen tanks readily available. “We’re researching the issues that affect the care they provide to get a better handle on which are the most problematic for them,” she explains. “By surveying 30 of our nurses anonymously on surgical units with the same nurse manager, we’ll be able to identify specific factors, so we can make changes to decrease these distractions.”

The pet therapy research project explores the effects of pet therapy on many different patient outcome factors, including anxiety, social support and satisfaction with their hospital stay. “We’re collecting data from 150 patients — 75 whose care includes pet therapy and 75 whose care does not,” Albert says. The research team is led by a nurse clinician and includes a social worker, a nurse manager, a patient support associate, and volunteers who manage the certified therapeutic pets.

Before leaving, individuals with asthma who come to the ER for treatment receive instructions on self-care. This research project focuses on asthma patients who keep returning to the ER. “We’re interviewing 100 of these individuals to find out how knowledgeable they are about managing their condition,” Albert says. “The results will tell us if we need to focus more on educating them or, if that’s not the problem, if we should concentrate more on getting them to adhere to what they know they need to do to take care of themselves.”

NANCY ALBERT earned her nursing diploma from Huron Road Hospital School of Nursing and her bachelor’s degree in nursing from Cleveland State University. She received both her master’s and her doctorate degrees from Kent State University. She has worked at Cleveland Clinic for 18 years.

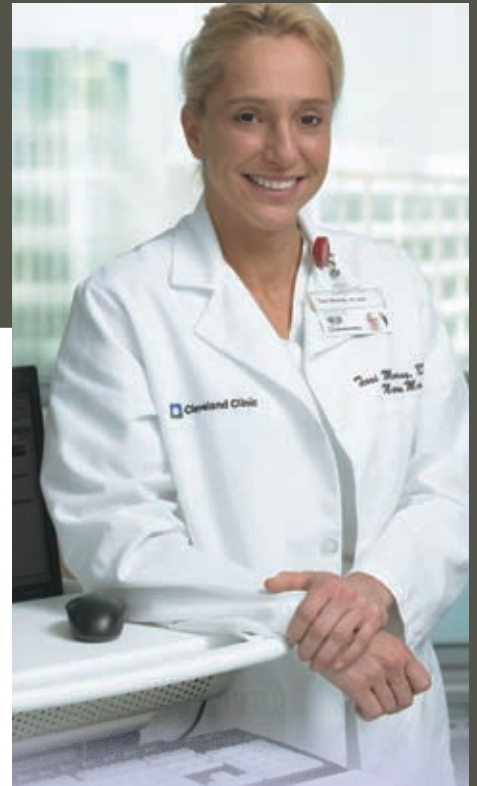
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TERRI MURRAY earned her bachelor’s degree in Nursing at Ursuline College. She has worked at Cleveland Clinic for 18 years.

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JACKIE SPENCE received her nursing degree from Cuyahoga Community College.

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Jackie Spence, RN, and Terri Murray, RN, (pictured above), both conduct nursing research. Spence and Murray are Nurse Managers in Cardiothoracic Intermediate Care in the Sydell and Arnold Miller Family Heart & Vascular Institute.

“We were both amazed to see how much nursing research was being done at Cleveland Clinic and to also learn that there’s an entire department dedicated to nursing research,” Spence says. “Terri and I have been able to design research projects based on the needs of our units. She and I have similar floors in that our patients are all surgical and are recovering from open-heart surgery. We’ve been able to orchestrate data collection, enter the data and work closely with our statisticians.”

Spence and Murray value the feedback they receive from patients “Patients have great insight and ideas that may be very simple to implement, yet are quite beneficial,” Spence says.

Music Therapy During Bronchoscopy



Can music help improve the patient experience during bronchoscopy? That's the question Jodi Krizmanich, RN, BSN, Nurse Manager in the Respiratory Institute, is attempting to answer through a clinical study.

With 15 years experience in bronchoscopy, Krizmanich is well acquainted with the anxiety and stress that the procedure often evokes in patients. "Because we are a tertiary care center, our procedures tend to last longer than routine bronchoscopies. Patients are anxious because they fear not being able to breathe," she explains. Anxiety persists in many patients despite the sedation used during the procedure to suppress the cough response.

In fact, Krizmanich notes, a high level of anxiety increases the amount of sedation required during the procedure to keep the patient comfortable, adding to the cost of the procedure. The objective of her study is to determine whether listening to music during bronchoscopy reduces patient anxiety. "If this is true, it raises the issue of whether we can reduce sedation by the use of an inexpensive, familiar intervention — music," she says.

The study included 65 patients undergoing diagnostic bronchoscopy at Cleveland Clinic. To participate, patients had to be mentally competent with intact hearing and agree to be randomized to music or no music during bronchoscopy. Patients were asked to score their anxiety level prior to the procedure.

Patients who were randomized to the music arm of the study made their own selection from a range of genres, Krizmanich explains. "All patients wore headphones during bronchoscopy to ensure that the nurses were blinded to which patients were listening to music," she notes. As soon as the patient was on the table, the headphones were put in place and music began. Conscious sedation was administered, and music continued throughout the procedure. At the conclusion, the headphones were removed and the patient was asked to score his or her anxiety level immediately and again at discharge.

Krizmanich hopes that her study will make a significant contribution to the limited body of data available on music therapy during bronchoscopy. "Although the concept of music therapy to enhance the effects of analgesia is not new, few studies on the subject have appeared in the literature, and the results are inconclusive," she says.

For example, a 1999 study of 60 patients concluded that relaxation music administered through headphones to patients during flexible bronchoscopy did not decrease procedure-related anxiety (*Chest*. 1999 Sep;116(3):819-24). However, a 2006 study of 200 patients concluded that music reduced anxiety during bronchoscopic examination, based on a 21 percent reduction in physiological indicators of anxiety such as mean heart rate and systolic and diastolic blood pressures in patients who listened to music compared with those who did not (*Respiration* 2006;73:95-99).

Krizmanich will correlate anxiety scores with presence or absence of music during bronchoscopy to test her hypothesis that music therapy reduces patient anxiety. With Cleveland Clinic Respiratory Institute physicians performing more than 2,400 bronchoscopies in 2008, the results have potentially far-reaching implications for patient care and cost management.

JODI KRIZMANICH earned her nursing degree at the University of Akron. She is enrolling in a master's degree program to continue her nursing education. Jodi has worked at Cleveland Clinic for the past 18 years. The first five years she worked in pulmonary medicine. Email comments to krizmag@ccf.org.



An Investment in the Future of Nursing at Cleveland Clinic:

Philanthropic Gift Will Establish Nursing Education Center and Expand Programs

The Cleveland Clinic Nursing Institute recently received a significant gift to support a nursing education center from Stanley S. Zielony, president of Publications Expediting Inc., a magazine shipping business in Long Island, N.Y.

Mr. Zielony's gift will establish the Stanley Shalom Zielony Center for Nursing Education at Cleveland Clinic, designed to provide advanced nursing education opportunities, expand current nursing programs and support the vision of nursing practice excellence at Cleveland Clinic.

The gift will allow the Nursing Institute to offer scholarships to Cleveland Clinic nurses desiring to further their education. In 2009, 50 nurses will be chosen as Zielony Scholars and will receive tuition support to obtain a BSN or MSN degree. The nurses will go through a rigorous selection process and committee review. Decisions will be based upon evidence of previous academic success and current clinical excellence. The tuition support will result in a work commitment at Cleveland Clinic upon completion of the degree. Associate Chief Nursing Officer Michelle Dumpe, PhD, MS, RN, Director of Nursing Education and Professional Practice Development, says some of the scholarships will be utilized to help fill positions that are generally more difficult to fill, including clinical nurse specialists, nurse practitioners and nurse anesthetists. The expansion in the ability to offer graduate education to nurses will also help in recruiting efforts, Dumpe says.

Mr. Zielony's gift also includes an endowed fund to address the needs of the center's most innovative endeavors to advance the nursing profession. This endowed fund will be used to help maintain and further develop the simulation skills lab and computer lab, which are utilized by more than 1,000 nurses annually (*See next page*).

Dumpe says plans in 2009 include updating the high-fidelity mannequins, developing additional clinical scenarios for training and increasing the number of interdisciplinary train-

ing opportunities. "Our desire is to expand our simulation experiences in an effort to minimize 'reality shock,' especially for our new graduate nurses," Dumpe says. The Nursing Institute also will partner with local schools of nursing to coordinate a continuum of development opportunities from student nurse to experienced bedside nurse.

Income from the endowed fund will allow the Nursing Institute to also provide financial support to nurses to obtain specialty certifications, and provide funds for travel fees for nurses to attend national and regional nursing conferences. Some of the funds also will be set aside to support nursing retention programs.

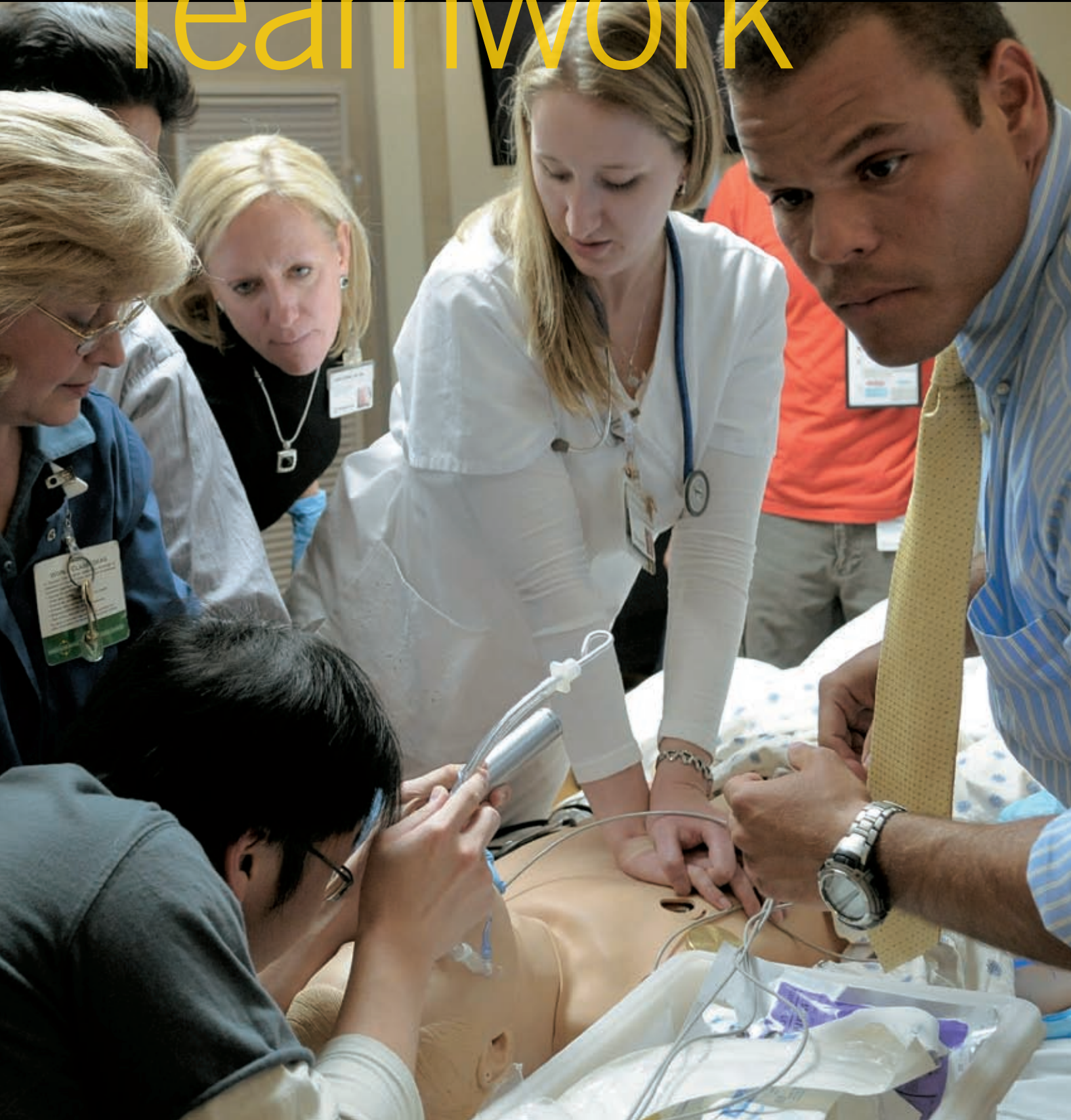
Mr. Zielony emigrated to the United States from Israel in 1955. He has previously made substantial donations to the Cleveland Clinic's orthopaedic and neurological initiatives and toward the development of a new and innovative material for hip replacements. Mr. Zielony is also a strong supporter of Technion Israel Institute in Haifa, Israel, a major engineering and medical institution. He received an honorable doctorate degree from Technion in 2003 for his innovations and accomplishments.

"My desire to support a Center for Nursing Education was generated through the wonderful patient care I received at Cleveland Clinic," said Mr. Zielony. "Given the general economic downturn in the United States, and my view of education as the single most important investment we can make in our youth, I thought this was a perfect time to support a program dedicated to the recruitment and training of a new generation of young nurses and to helping nurses interested in advancing."

A Crash Course in

Using a mannequin that imitates a real patient, nurses and residents practice lifesaving techniques regularly in a simulation lab on Cleveland Clinic's main campus. Real equipment, such as monitors and defibrillators, are used during these mock codes.

Teamwork



Mock Code



Residents, nurses and a respiratory therapist gather around a “patient” in the nursing education simulation lab. The multidisciplinary team is being briefed on the details of a mock code they are about to run.



The “patient,” also known as “Sim Man,” is a mannequin whose simulated blood pressure, breathing and pulse, among other lifelike characteristics, are controlled by a computer. A computer program is used during the code to change the patient’s vitals and give the participants scenarios on which to act. Here, nurses perform chest compressions and provide oxygen in an effort to “save” the patient.



A resident and respiratory therapist take over during the mock code. Everything that happens during the mock code is recorded for a debriefing session later. A replicated “crash cart” is used to allow nurses to become familiar with its contents outside of an actual code setting.

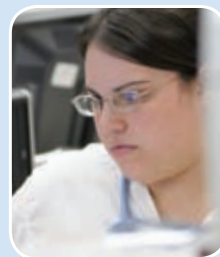
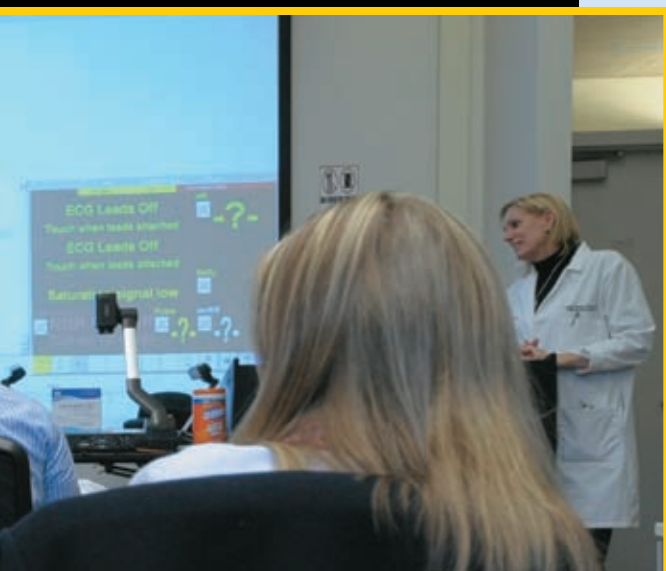
The mock codes are held once a month and open to any health professionals who may be involved in a code.

Residents, nurses and respiratory therapists gather for a debriefing in a classroom across from the simulation lab to talk about the mock code in which they just participated, review the recordings, and learn from what went well and what didn’t.





During an interdisciplinary mock code, nurses and residents who may or may not know each other must work together as a team — just as would happen in a real-life setting. Every person must know their own and each other's roles and interact accordingly.



TRANSLATING IT TO REAL LIFE

Three new nurses bring hands-on learning experience to the bedside

Fresh out of nursing school and four months into their new careers as nurses on the bone marrow transplant unit, Anna Zenczak (*above left*), Kelly Reiter (*center*), and Brittany Kelley (*right*) had all gone through simulation lab training for codes as part of their orientation process at Cleveland Clinic. They were as prepared as they possibly could be having learned and practiced on a high-tech mannequin.

“I always have thought it would be helpful having gone through the actions in a mock code,” says Brittany. “The one thing I hadn’t experienced, though, was the emotion — the fear.”

One night in the fall of 2008, Brittany stopped in to check on one of her patients whose temperature had been dropping. Her other vitals were stable. When Brittany returned about 20 minutes later with a PCNA, she found the patient was not breathing, had no pulse and was unresponsive.

“I screamed,” she says. “I immediately called in a more experienced nurse and called the emergency response number (for a code team).”


Doctors and other health professionals arrived for the code — the first any of the three new nurses had been part of. It ran smoothly and was organized. Brittany did the recording, Anna took over the floor and Kelly rounded up equipment.

Although she said she felt overwhelmed being part of a real-life code for the first time, Anna says the training she got in the simulation lab did help.

“Every time you have one it reinforces what you’ve learned,” she says. “Each experience you have builds up your confidence so you don’t have as much anxiety.”

Although this situation is something you learn to prepare for as a possibility on the bone marrow transplant unit, it was difficult for Anna, Brittany and Kelly.

Patti Akins, RN, BSN, OCN, Nurse Manager for the unit, is proud of them. “It is intimidating to go through this as a new nurse. But they showed a great example of teamwork. I think they are developing into strong clinicians.”



Calling the Rapid Response Team:

Round-the-Clock Immediate Help for the Bedside Nurse

It's 2 a.m., you're a new nursing graduate on a med-surg floor, and Mr. Jones in 341 is having problems. He's been restless all night, and now he's awake and says he doesn't feel well. You take his vitals and find his respiration and pulse are down. His skin feels clammy. You're worried. The patient's doctor is an hour away, and the clinical nurse specialist is off tonight.

If you're a nurse at Cleveland Clinic, immediate help is just a phone call away. Any day, any time, Cleveland Clinic nurses can call a rapid response team to a patient's bedside for urgent assessment and intervention.

Cleveland Clinic implemented rapid response teams to enhance patient safety. In the process, says Associate Chief Nursing Officer Michelle Dumpe, PhD, MS, RN, "We have found that our rapid response teams also enhance the skills and confidence of our bedside nurses."

Now a requirement of The Joint Commission, Cleveland Clinic's three rapid response teams, adult, cardiac and pediatric, cover its more than 900 patient beds around the clock. Each team consists of a critical care nurse, a respiratory therapist, an attending physician or an advanced practice nurse and a resident or fellow. Cleveland Clinic has a unique model in that it bases its adult rapid response team out of Emergency Services.

"The goal of the team is to intervene at early signs of patient deterioration to prevent further worsening or car-

diopulmonary arrest," explains Barbara Morgan, MSN, RN, CAN, Clinical Nursing Director of the Emergency Services Institute. Physiological processes underlying cardiopulmonary arrest are often treatable, and those treatments will have greater efficacy if they are initiated early. "By activating more resources earlier, we hope to reduce ICU admissions and patient mortality."

Specific physiologic criteria for calling a rapid response team exist, but bedside nurses are encouraged to make the call whenever their professional instincts tell them that "something isn't right," Morgan says. "If the nurse is worried about a patient, the team can be activated."

For novice nurses in particular, the teams provide critical support and education, she notes. "For less experienced nurses, it is very reassuring to know that there is someone to call, especially during the night."

The teams' "no blame, no fault" policy gives even the newest nurse the confidence to call for support without worry, Morgan adds. "The team always arrives on the unit with a 'thank you for calling, how can we help?' attitude."

JANIE BURKE joined the Cleveland Clinic nursing staff immediately after graduation from Youngstown State University in 1988 with a bachelor's degree in Nursing. She completed a master's in Business Administration from Baldwin Wallace College in December 2008. Janie is a member of the American Organization of Nurse Executives and the Society for Pediatric Nurses.

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MICHELLE DUMPE earned her doctorate in Nursing Science with a specialty in Healthcare Economics from the University of South Carolina in Columbia. She is a member of the Association of Nurse Executives and is on the faculties of Kent State University and Cleveland State University.

Email comments to dumpem@ccf.org.

quote

“By activating more resources earlier, we hope to reduce ICU admissions and patient mortality.”

Barbara Morgan, MSN, RN, CAN

As the situation unfolds at the bedside, it can be a learning experience for the nurse at any stage in his or her career. Some studies have suggested that non-intensive care nurses learn better assessment skills from interacting with rapid response teams.

The nurse calls the attending physician at the same time the rapid response team is called, but the teams have the advantage of being in-house 24/7 and often can arrive at the patient’s bedside ahead of the physician. The team takes report from the nurse who made the call, performs an assessment and initiates appropriate intervention to stabilize the patient, collaborating with the physician when he or she arrives. Equipped with high-level point-of-care capabilities, including portable ECGs and blood analyzers, the team can obtain immediate test results.

The pediatric team averages about four calls a month, a number that Pediatric Nursing Director Janie Burke, MBA, BSN, RN, CPN, hopes will grow.

As of January 2009, patients’ families now are authorized to call the team if they have a concern about their child and believe intervention is needed, she explains. “The physicians and nurses can evaluate a child clinically, but we believe that the parents know their child the best and can tell when something isn’t right. We educate parents on appropriate use of the team and its resources in these situations.”

The cardiac team averages three calls a day from in- and outpatient areas. “All nurses on the team are certified in advanced cardiac life support so they provide an additional set of hands to assist the bedside nurse in whatever intervention is necessary to stabilize the patient,” says Heart Center Clinical Director Kelly Hancock, MSN, RN, NE-BC.

In 2008 the adult team responded to 892 calls — more than 100 of them in December. This is good news, Morgan says, because it reflects growing awareness of the team and its capabilities. “We are seeing the number of rapid response team calls increase and the number of codes decrease. We want to see that pattern continue and hope to demonstrate an impact on outcomes.”

KELLY HANCOCK earned a bachelor’s degree in Nursing from Ursuline College and returned there for a master’s degree in Nursing, which she completed in May 2007. She is a member of the American Association of Heart Failure Nurses, the American Association of Critical Care Nurses, the American Academy of Ambulatory Care Nurses and the Preventive Cardiovascular Nurses Association.

Email comments to hancock@ccf.org.

BARBARA MORGAN completed her bachelor’s of science in Nursing at The Ohio State University and her master’s degree in Nursing at Ursuline College. She is a member of the Emergency Nurse’s Association, the American Organization of Nurse Executives and Sigma Theta Tau. She earned a Certification in Nursing Administration in 2006.

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Healing Services 'Code Lavender'

Creating a Positive Environment for Nurses and Innovating Patient Care

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It's like Code Blue, but it's for the human spirit instead. That's how Michelle Cameron, RN, BSN, BC-HN, Assistant Director of Healing Solutions in the Office of Patient Experience, describes Code Lavender.

"Code Lavender is rapid response by the Healing Services Team to stressful experiences our patients, families and employees are having," Cameron explains. "The purpose of Code Lavender is to act quickly to help these individuals deal with their stress. It can be a higher-than-normal level of stress within a single event or over a period of time. We respond within 30 minutes of a request."

The Healing Services Team provides relationship-centered care. The focus is on being supportive and also on using touch therapies, such as Reiki, Healing Touch, and massage, spiritual support and counseling, snacks and therapeutic presence, among other techniques.

Services are provided by the Healing Services Team on Cleveland Clinic's main campus.

"By responding to nurses' human spirit needs as soon as the stress occurs, we're helping our nurses in a holistic manner, supporting their desire to be the kind of nurse they want to be," says Cameron, a certified Holistic Nurse. She teams

up with the chaplains, touch therapists and the employee assistance program. "Holistic nursing," she explains, "is a specialty nursing practice that focuses on whole-person healing, including self-care."

According to Cameron, the concept for Code Lavender evolved from the nursing wellness program monthly support, which began in the summer of 2006. Cleveland Clinic's volunteer Touch Therapy Team offered Reiki and Healing Touch to the nursing staff right on the units in 10-minute sessions. "We had an overwhelmingly positive response to these services, which made us realize that we need a rapid-response team to provide these and other stress-alleviating services," she says.

Code Lavender became official last fall. By the end of 2008, Cameron reports, the team had helped more than 780 staff members. "We're serving another 600 plus every quarter through ongoing unit-based stress reduction services provided by our Touch Therapy Team."

The impressive responses to a recent survey of patients and employees who have received support through Code Lavender indicate that the team's efforts are effective and much appreciated. The survey results were impressive.

- 93% of patients surveyed said that the services they received were helpful.
- 90% of patients said they would recommend these services to other patients.
- 99% of employees reported that the services they received met or exceeded their expectations.
- 98% said they would recommend it to another nurse.
- 98% rated their interaction with a Code Lavender team member as a 3 or 4, with 4 being the highest score.

Cameron shares some comments from nurses who completed the survey. "I love the whole concept of Code Lavender. It makes us feel appreciated and valued," wrote one nurse. Another comment reads "It is helpful because it's nice to get your stress out. It's also good to know that our workplace feels our pain and is willing to be there for us."

Cameron is considering enhancements to Code Lavender. "We're now working on developing additional measures, including additional hands on deck, training employees in touch therapies and including other stress reduction tools to broaden the scope and effectiveness of our services."

MICHELLE CAMERON received her bachelor's degree in Nursing from Kent State University. She has worked at Cleveland Clinic for the past 3 years.

Email comments to camerom@ccf.org.


'Energized' Program Specially Targeted to Enhance Nurses' Well-Being

Nurse wellness has a direct impact on the quality of daily care nurses provide. Cleveland Clinic takes a holistic approach to wellness, addressing the key areas of nourishment, movement, and self-management of stress through the "Energized" program.

Nurses (and all other employees) enrolled in the hospital's employee health plan have access to free Weight Watchers® meetings and other nutrition counseling. Also available are free memberships to Curves®, Cleveland Clinic fitness centers and free yoga classes. Help with stress management is available through Healing Services and Code Lavender, as well as through educational offerings.

"We also offer a Nursing Refresh Center for our night-shift staff, which enables them to rest before they leave if they're too tired to drive," Cameron says. "There's a virtual sanctuary space on most of our nursing units with massage cushions and guided imagery CDs available for a relaxing and refreshing break."

Cameron notes that new nurses are oriented about how to take care of themselves in the areas of sleep, diet, exercise and dealing with their stress as they begin to rotate shifts. "We provide them with their own wellness pack, which includes a guided imagery CD, ear plugs and aromatherapy."



Cleveland Clinic's Tobacco Treatment Center Directed by Advanced Practice Nurse Helps Thousands Quit

In its first year of operation in 2007, Cleveland Clinic's Tobacco Treatment Center provided service to approximately 100 individuals addicted to tobacco. By the end of 2008, that number hit around 1,500, which is a testament to how many people want to quit smoking.

Originally funded through a grant in collaboration with the Ohio Tobacco Prevention Foundation, the center is now fully funded by Cleveland Clinic. The Tobacco Treatment Center offers one-on-one counseling and true medical management of nicotine addiction for adults as well as teenagers.

“Our focus is on treatment of nicotine dependence,” says Iyaad Hasan, MSN, CNP, CTTS, director of the Tobacco Treatment Center. “It doesn't matter if the person is a cigarette smoker, a cigar smoker or a tobacco chewer, quitting tobacco is one of the most important things he or she will ever do,” Hasan says. “At one point or another in their lives, tobacco users will be told they have to quit. We encourage people to make the decision themselves, before they are told to, and to let it be their decision, not someone else's.”

Hasan wants smokers to know that the Tobacco Treatment Center is a specialty clinic where both professionals and clients can find help. “Most tobacco users don't plan to fail, they fail to plan,”

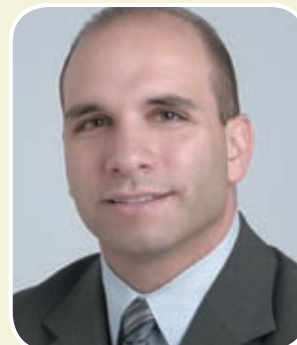
he explains. “We help them with the right plan, so they can quit and stay quit.”

The combination of behavioral therapy and medication used at the center has proven to dramatically increase the chance of success. “Research shows that, with intense counseling and true medical management, chances of beating the nicotine addiction and sticking with it are doubled,” Hasan explains. “Our quit rate one year out is 45 percent. The national average is approximately 20 to 30 percent.”

Hasan knows first-hand the importance of finding help for nicotine addiction. “I was a smoker myself,” he says. “In fact, at one point in my life, I even thought about opening a humidor shop! I know what it's like. I know the importance of making sure people understand the need to quit.

“Our ultimate mission at the center,” he adds, “is to provide world-class care to help individuals, the community and the environment be tobacco-free.”

IYAAD HASAN received his undergraduate degree in Medical Anthropology and his master's degree in Nursing from Case Western Reserve University. He began his career at Cleveland Clinic in 2004 working in radiation oncology. In 2007 he was appointed director of the Tobacco Treatment Center. He is a board-certified family nurse practitioner and a certified tobacco treatment specialist. Email comments to hasani2@ccf.org.



Nurses of Note

This issue's Nurse of Note spotlights two dynamic Cleveland Clinic nurses who arrived at Cleveland Clinic through different paths. Their motivation, however, was the same — to help and serve others.

KIRSTE CARLSON, RN

Clinical Nurse Specialist Kirste Carlson, RN, has devoted more than 23 years of service to the nursing profession. In her many roles throughout her career — as nurse, therapist, teacher, author and presenter — her focus has always been the same. “My desire has always been to be of service to others,” she says. “It’s something that motivated me to become a nurse.”

Her journey toward nursing didn’t follow a conventional path. As an undergraduate at the University of Illinois, she was a crafts major who received a BFA in 1979. “I made jewelry and raised silver and copper forms from flat metal,” she recalls. “I wasn’t good enough and didn’t have the passion to pursue grad school, so to make a living, I was managing a hotel, and I was bored.”

Two of her aunts and a good friend were happy and successful nurses who really enjoyed their careers. Their examples prompted Carlson to research graduate programs for non-nursing undergraduates. She found the Nursing Doctorate (ND) program at Case Western University, and the rest, as they say, is history.

Promoted to her current position in 1991 as the first psychiatric-mental health CNS at Cleveland Clinic, Carlson feels that both she and the job have developed over the years into what it is now. “It’s a unique combination of responsibilities,” she says. “Basically, it’s teaching and promoting nonviolence and safety for those in challenging situations like psychiatric emergencies, cultural clashes, abusive patients, and patients needing restraint to preserve medical therapies.”

Prior to her clinical position, Carlson served in one of the original group of nurses hired to staff the Alcohol and Drug Recovery Center, which was then new to Cleveland Clinic. It was during that time that she completed her master’s degree. “I had a lot of moral support from my colleagues and nurse manager,” she says.

Carlson is a Certified Gestalt Therapist and a Certified Diversity Professional. She has practiced the nonviolent martial art of aikido for the past seven years.



KAREN HARRIS, RN

During her 39 years as a nurse at Cleveland Clinic, Karen Harris, RN, has provided care for kings, princes and heads of state. Yet her most rewarding experiences, she says, come from providing care to those patients who come to Cleveland Clinic day in and day out, many of whom have become lifelong friends.

“My motivation has always been to help others,” says Harris, who works in the Glickman Urological & Kidney Institute. “As a nurse, that goal continues to be filled. My career path has been both rewarding and exciting.”



Harris joined the Cleveland Clinic nursing staff as an LPN in 1969. Encouraged by her mother to continue her education, she pursued and received her associate degree in Nursing from Cuyahoga Community College in 1972.

Since then she has worked as a staff nurse in the Intensive Care Unit, assistant nurse manager and then nurse manager on the Cardiac Telemetry Unit, a float nurse, pre-operative nurse educator and a staff nurse in the operating room.

Although her roles have varied over the years, her commitment to giving her work her all has remained constant. “I have played an integral role in the planning of floor layouts in (two of the hospital buildings),” Harris explains. “I was also instrumental in the advancement of cardiac medicine by participating in trials and also implementing telemetric systems on the cardiac floors.”

Harris has seen and experienced many changes — new technology, new procedures and new treatments — in her 39 years at the Cleveland Clinic. She is proud of the fact that Cleveland Clinic has always been on the cutting edge of medical and technical advances, and looks forward to what the future will bring to healthcare.

“I have worked with many of the leaders who have paved the way to Cleveland Clinic’s success,” she says. “It has been a privilege to be part of this experience.”

Email comments to carlsok@ccf.org and harrisk2@ccf.org.



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Teaching, Learning and Supporting a Complex Practice of Care: A Breakfast Program with Patricia Benner, RN, PhD, FAAN
TeachNursingNow.com

May 7, 2009

5th Annual Nursing Research Conference
clevelandclinic.org/nursingresearch

September 13-15, 2009

The Nursing Institute, with the generous support of Stanley S. Zielony, presents Dimensions in Cardiac Care 2009
clevelandclinic.org/cardiaccare



Weekend Visit Program

Our weekend program offers the perfect chance to get an in-depth look at the exciting career opportunities we offer at Cleveland Clinic's main campus, to meet our nursing staff and also to experience Cleveland. We hope you'll invest some time with us. We promise it will be time well spent!

Highlights:

- Receive a complimentary stay at a hotel near our campus
- Enjoy lunch and dinner on us
- Discuss employment opportunities with a nurse recruiter
- Receive an on-site job interview
- Participate in a guided tour of the Cleveland Clinic main campus
- Shadow a nurse on one of our inpatient hospital units
- Explore Cleveland's nighttime attractions

To be eligible, you must:

- Be a registered nurse or senior nursing student
- Live at least 75 miles away from the Cleveland Clinic
- Be willing to relocate
- Be interested in working on a medical, surgical, cancer center or cardiac hospital nursing unit at our main campus in Cleveland, Ohio

The Weekend Visit Program is scheduled for the 3rd weekend of each month. Additional dates are available for groups of four or more.

For more information, please call 216.448.0300.

Visit clevelandclinic.org/weekendvisit to register and apply online.

