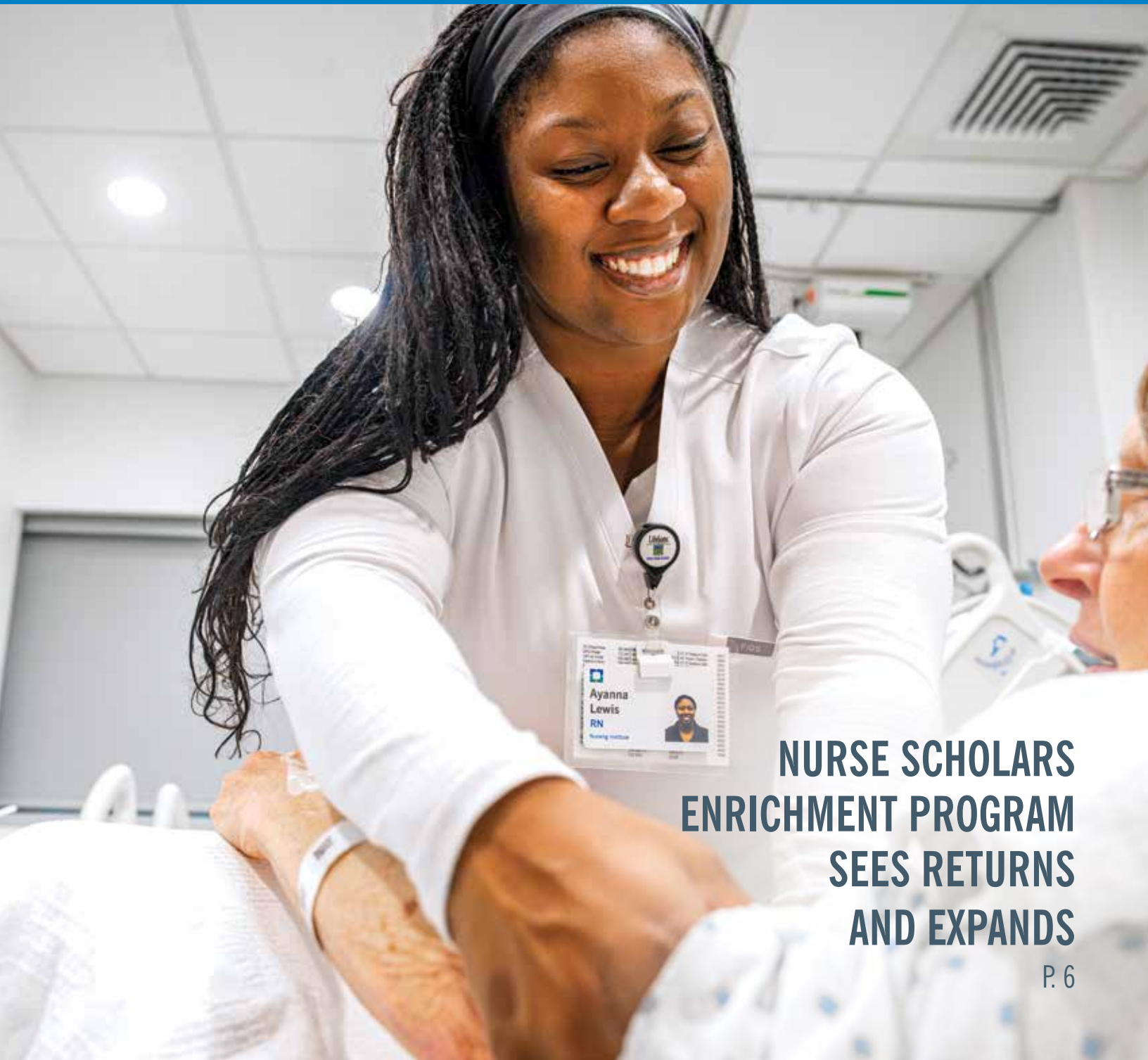


Notable
NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence
FALL 2024



**NURSE SCHOLARS
ENRICHMENT PROGRAM
SEES RETURNS
AND EXPANDS**



Dear Friends,

Whether it's in Ohio or Abu Dhabi or on Capitol Hill, Cleveland Clinic nurses deliver strength and innovation that elevate the profession and communities they serve. Nowhere is that more apparent than in this issue of *Notable Nursing*, which continues to illustrate the broad reach and versatility of our exceptional educational and career-expanding programs.

In every venture, our nurses' commitment to providing excellent patient care remains front and center. As the stories here will attest, Cleveland Clinic nurses understand the importance of advocating for people and using technology, clinical knowledge and their voice to effect change.

It's truly inspiring to see what a difference our caregivers can make in the lives of others. We can help shape local and national policies, as described on page 13. We can conduct novel research like the new nurse-led studies highlighted on pages 16 and 17. We can explore the globe to find like-minded healthcare partners (page 3) and provide empathetic, lifesaving care to the critically ill (page 11). And perhaps most importantly, we can help prepare the next generation of nurses for the challenges and opportunities ahead (page 6).

As you read this issue, I hope you're reminded why you chose this path. Please join me as we explore the myriad ways nurses can use their critical-thinking and clinical skills to help their patients — and fellow caregivers — thrive.

May you continue to find hope and inspiration in the essential work you do.

Meredith Foxx

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

 Follow me @MeredithLahl.

 Connect with me at Meredith Foxx.

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Awards and Honors

Cover: After seven years of dedicated study, Howley ASPIRE Nurse Scholar Program graduate Ayanna Lewis, BSN, RN, helps her patient become more comfortable in the ICU at Cleveland Clinic Main Campus.

As a part of Cleveland Clinic's shared governance, each hospital establishes a structure that provides a voice to the clinical nurse and allows for bidirectional communication and shared decision-making as it relates to nursing professional practice.





Connected to the World

NURSES FORGE GLOBAL LINKS WITH AFFILIATE HEALTHCARE ORGANIZATIONS

Since launching its Connected program in 2022, Cleveland Clinic has made steady progress toward its goal of creating a global network of independent, like-minded, quality-focused organizations with the shared mission of improving patient care. The key criteria for membership in the program is an alignment with Cleveland Clinic's mission to improve safety, quality and the patient experience (SQPE) with the overarching goal of improving reliability in healthcare.

To identify and support like-minded affiliate institutions, a rigorous vetting process has been put into place. Once a potential partner has been invited to join the Connected program, a select team primarily composed of Cleveland Clinic nurses is tasked with visiting and evaluating the new institution to understand its foundational safety, quality and continuous improvement processes.



Margee Pagnucco

“Our goal is to share our subject-matter expertise and best practices with these affiliates, both domestic and international,” explains Margee Pagnucco, MSN, RN, CPHQ, Enterprise Senior Director of SQPE for Cleveland Clinic Connected. “On both an initial and ongoing basis, we want to make sure our affiliates are keeping patients at the center of every decision they make while focusing on safety and quality.”



Laura Pease

That mission has taken Pagnucco and members of a small but highly experienced team of nursing-quality specialists — including Laura Pease, MSN, RN-BC, NEA-BC, Senior Director, Nursing Quality and Wound Care; Maureen Schaupp, MSN, APRN-CNP, Executive Director, Associate Chief Nursing Officer, Advanced Practice Nursing; and Annie Fitz, MSN, MBA, RN, NE-BC, CPHQ, CCM, Program Director, Nursing Quality and Practice — to locations ranging from U.S. institutions in Washington, Florida and Indiana to international institutions in Ireland, India and Vietnam.



Maureen Schaupp

In recent months, the program has welcomed its three newest affiliates: two in Vietnam and one in Titusville, Florida.



Annie Fitz

ORGANIZATIONAL ONBOARDING

The vetting process begins with a collaborative on-site visit, which provides the team with an opportunity to learn about the facility and its practices over the course of two to three days.

“We start by meeting with multiple teams within the organization — nursing teams, quality teams, infection prevention teams and so on — to best understand how they are addressing each element of quality,” explains Pease. “We also try to

spend time with direct caregivers, the clinicians who are at the patients’ bedsides, to really understand how care is delivered.”

“Although we avoid becoming overly focused on accreditation components, we do look at various departments — the lab, pharmacy, nursing units, etc. — to address each element of SQPE,” she adds. “We focus on assessing how each of these departments affects the safe and evidence-based delivery of patient care.”

Key performance indicators are also established to identify data that the affiliate is asked to track.

“We want affiliate sites to set targets and work toward improvement in the areas we’ve established,” explains Pagnucco. “For example, we might look at mortality: How many patients died in your hospital last month? What are your processes around that, and what opportunities for improvement exist?”

The team also assesses the general culture and communication of facility personnel, she says. “What is the safety culture, for instance? Are people willing to speak up and bring things to the attention of the team leader? What are the interactions like between the nurses and physicians? Are teams leading improvement efforts? How do they work together — and do they actively collaborate on patient care?”

Pagnucco emphasizes the importance of cultural sensitivity during this part of the process.

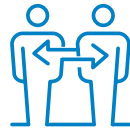
“With international clients, we see quite a bit of variation in the roles physicians and nurses play,” Pagnucco says. “And I think that, as nurses, we can be influential in helping affiliate sites understand our Western nursing professional-practice model. Nurses may be marginalized in certain places in the world, and our process gives us an opportunity to help nurses understand the potential benefits of elevating their roles.”

The team’s makeup itself emphasizes the influence of Cleveland Clinic nurses, adds Pagnucco, and can create space for meaningful discussion. “By modeling our leadership and executive presence, we hope to demonstrate our subject-matter expertise and the level of influence we hold within our own organization.”

Once organizations become Cleveland Clinic Connected members, they have access to an array of offerings such as:



Education and training



The ability to discuss complex patient cases with a Cleveland Clinic colleague



New program development



Advisory services



Cleveland Clinic Connected
co-branding and marketing support



Continuous improvement

BUILDING LONG-TERM CONNECTIONS

Once the partnership has been formalized, new affiliates can expect to receive ongoing support by way of remote quarterly meetings, which are used to follow up on key performance indicators that were established during the initial phase of membership. Regular meetings also enable the team to identify trends, discuss recent successes and consider opportunities for improvement.

“Not only do these quarterly SQPE reviews help affiliates focus on performance data,” Pease adds, “but they also help our partners exercise their general problem-solving skills through the use of continuous improvement tools.”

In cases where improvement has been difficult to attain, the affiliate can request the team’s expertise in taking an in-depth look at the issue. Previous areas of concern include postoperative care; pressure ulcer reduction or elimination; and medication administration, storage, reconciliation and safety practices. “The program enables us to take a deep dive with the affiliate, going step by step as we work toward better outcomes,” Pagnucco says,

adding that the length and scope of the program varies depending on the needs of each individual organization.

Quarterly remote visits are followed by annual in-person visits, which serve to highlight the affiliate’s performance improvement efforts and strengthen institutional relationships — a step that both Pease and Pagnucco agree is vital to the success of the program.

“Since basic differences in how healthcare is delivered in different countries can be a barrier, we have to be both knowledgeable and thoughtful in our approach,” explains Pease. “We can’t simply impose our own standards on an affiliate. The region’s regulations and educational standards may be different from ours, and there may be cultural variations that must be addressed with sensitivity.”

SPARKING CHANGE

But challenges are not without their rewards. “I sometimes feel like navigating cultural disparities is the best part of my job,” says Pagnucco. “It’s fun to interact with nurses from different parts of the world and get the chance to really understand how they deliver

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Expanded Nurse Scholars Initiative Sees Returns

ENRICHMENT PROGRAM ENABLES VULNERABLE STUDENTS TO EXPLORE CLINICAL CARE

With 14 of its graduates now working as registered nurses at Cleveland Clinic, the Howley ASPIRE Nurse Scholar Program has come full circle. Founded in 2017, the 12-week enrichment course empowers economically challenged high school students in Northeastern Ohio to explore careers in nursing.

Designed for high school juniors, the initiative provides participants with an insider's view of professional nursing while familiarizing them with the critical skills needed to pursue a career in healthcare. Howley ASPIRE students may also return to serve as program mentors during their senior year and continue to build on what they have already learned.



Lisa Baszynski

“The final years of high school are all about exploration, so we've worked to create a safe space that encourages that natural curiosity,” says Lisa Baszynski, DNP, RN, NE-BC, Executive Director, Associate Chief Nursing Officer at Cleveland Clinic. “Although many of our students do indeed decide to pursue nursing careers, others don't. Either way, they walk away from the program with invaluable life skills and a new appreciation for the importance of teamwork.”

Unlike similar initiatives around the country, the Howley ASPIRE Nurse Scholar Program nurtures and supports its students all the way through college, says Baszynski. Because the course was developed in collaboration with Ursuline College's Breen School of Nursing and Health Professions, its students also have the ability to earn a scholarship to Ursuline, where they can complete a Bachelor of Science in Nursing (BSN) degree.

“Our ultimate goal is to give graduates the opportunity to return to Cleveland Clinic and work as registered nurses, so we've developed a sustainment plan that encourages a lifelong relationship between our organization and our Howley ASPIRE Program alums,” she says. In the past two years, our 14 graduates have returned to Cleveland Clinic to launch their careers.

GROWTH AND OUTREACH

This past spring, support from the Howley Foundation made it possible for the program to double its cohort from 25 students to 50. Baszynski says this is a “particularly exciting development” in light of the growing number of applicants the program receives each year. “We'd absolutely welcome every applicant into the program if we could,” she adds.

Now in its eighth year, the Howley ASPIRE Nurse Scholar Program has 155 active students, including high school juniors and seniors, college students,



Instructor Daria Sheafe, MSN, BSN, RN, addresses the program's inaugural class of 2017, which included recent graduates LaShariah Williams and Ayanna Lewis.

LaShariah Williams, BSN, RN, checks on her patient in the cardiovascular ICU — four weeks into her new position at Cleveland Clinic Main Campus.





Pamela Combs

and new graduates. Achieving this level of success has involved a “strategic, targeted recruitment process that relies on the expertise of our entire team,” says Pamela Combs, DNP, BC-NP, Director of the Howley ASPIRE Nurse Scholar Program. She explains that the team’s diverse recruitment strategies include nursing “field trips” to area high schools, where program representatives can connect directly with students; social media campaigns; flyers distributed at student hot spots; and good old-fashioned word of mouth.



LaShariah Williams

LaShariah Williams, BSN, RN, first heard about the program at an informational presentation given at her high school. “I’d been interested in nursing for a long time, but I didn’t know what the profession actually entailed,” Williams explains. “The information I heard that day really inspired me and sparked a curiosity that has continued to grow.”

Williams was accepted into the Howley ASPIRE Nurse Scholar Program in 2017 as part of the initiative’s inaugural class and

A high school junior participates in the Howley ASPIRE Bootcamp — rolled out this year — where she is educated on surgical personal protective equipment requirements and job responsibilities.

soon accepted a job at Cleveland Clinic as a patient care nursing assistant (PCNA), a position she held throughout college. Shortly after earning a BSN from Ursuline College in 2024, Williams officially launched her nursing career in the cardiovascular ICU at Cleveland Clinic Main Campus.



Linda Gardner

A HOLISTIC APPROACH

Linda Gardner, DNP, RN, Senior Director of Nursing Education at Cleveland Clinic, says the success of the Howley ASPIRE Nurse Scholar Program relies on the support of multiple caregivers within the organization, including healthcare educators, mentors and volunteers. “We definitely depend on a team of teams to make it all happen,” she says.

Rather than focusing solely on grades when evaluating applicants for the program, the admissions team also considers factors outside the classroom, including letters of recommendation, interviews, essays and involvement in extracurricular activities.

“One thing we quickly learned is that many of these students have personal demands that conflict with the academic demands of high school — expectations like making dinner every night, taking care of their siblings or working a full-time job,” explains Gardner.



“Those are the kind of life experiences that can tell you a lot about someone’s character and grit — who they are as a whole person. We fully understand that your grade point average does not define who you are.”

One of the program’s chief goals is to prepare participants for the rigors of nursing school, particularly its focus on math and science. “It is important for participants to learn how to think critically and innovatively,” she adds. “We continue to emphasize these skills when speaking with our students so they can be mindful of them when choosing their classes and preparing for the challenges ahead.”

To promote success, the program stresses immersion in nursing early and often. This approach includes hiring Howley ASPIRE nurse scholars to work as PCNAs at Cleveland Clinic throughout

college — a strategy that has given Williams an additional edge. “Being in the field and learning from other nurses while you’re still in school quickly helps you connect those pieces,” she says.

Baszynski explains that her team’s commitment to following every student through their college careers has been one important key to the program’s success. “After all, they’re still Howley ASPIRE nurse scholars when they go off to college — they are a part of us,” she says.

Combs adds, “There’s a very strong sense of belonging that gives participants an important educational advantage.” She adds that the program’s comprehensive, long-term structure enables its leaders to foster professionalism, job readiness and life skills in its participants.

Williams, for one, can personally attest to absorbing these qualities. “I’ve learned to delegate, speak up for what is right,

communicate effectively and take full advantage of my professional development skills like problem-solving and networking,” she says.

Williams believes confidence is one of the most important characteristics the Howley ASPIRE Nurse Scholar Program instilled in her. Not only was she invited to return as a program ambassador and mentor during her senior year of high school, but she was also invited to speak at Cleveland Clinic’s 2018 Nursing Leadership Summit and discuss the program on local television.

SHAPING THE FUTURE

Gardner says the program’s infrastructure and vision were designed to be expanded over time to reach an increasing number of students. “We take what we learn and adjust the curriculum every year to meet the evolving needs of our students — and the healthcare system in general,” she says.

“Although I had an interest in nursing before joining the Howley ASPIRE Program, the experience solidified my desire to turn it into a career. The program taught me how to be a leader in my profession — and in my life — and has helped me grow into the well-rounded person I am today. I’m indebted to the Howley Foundation for its tremendous support and am grateful to the Howley ASPIRE team for instilling in me a passion for nursing.”

— LaShariah Williams

In the near future, the Howley ASPIRE team plans to build on its success by creating an Alumni Association and a new Nurse Scholar Leadership Academy.

Williams has nothing but praise for her experience. “It’s rare for high school students to have access to career enrichment

programs of this caliber — especially those that provide resources like financial assistance, counseling services and mentorship,” she says. “The Howley ASPIRE Nurse Scholar Program has created a space for nurses to become successful in their careers while minimizing obstacles and barriers along the way.”

As a third-generation nurse herself, Combs understands the effect this program can have on the future of families. “What really moves me is knowing that people we’ll never meet or see will be affected by the work we’re doing,” she says. “It’s incredibly gratifying to be a part of something that can help shape generations of future caregivers.”

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Connected to the World

(continued from p. 5)

care. Our conversations about how to improve practice at an international level can be incredibly rewarding.”

Pease recalls a particular exchange in Vietnam in which she and her team were able to share information about Cleveland Clinic’s shared governance structure with the Vietnamese nursing team. The discussion allowed the new affiliate to begin conceptualizing a similar structure there.

“Some of the more theoretical concepts can be hard to grasp for nurses who do not have experience working in environments with those structures in place,” she explains. “So being able to share our experience with them in a meaningful way — not just handing them a document to read — makes us feel like we’re making a difference.”

“That’s the core of what makes this job so cool,” Pagnucco adds. “When you’re a clinical nurse, you affect the lives of the patients you’re caring for that day. But in this role, I feel like we’re improving the lives of patients all over the world — now and in the future — even those we’ve never met. And that feels just great.”

It also helps put Cleveland Clinic’s work into perspective, Pease and Pagnucco agree.

“When working with such diverse organizations, it becomes easy to recognize how fortunate we are to be at Cleveland Clinic, where we have access to the best resources and practitioners anywhere in the world,” says Pagnucco. “We’re humbled by our good fortune.”



Nurses Explore Ethical Challenges Related to Patients Receiving ECMO Therapy

ECMO SPECIALISTS PARTNER WITH ETHICISTS TO GUIDE FELLOW CAREGIVERS IN CRITICAL DECISION-MAKING

For patients in severe circulatory or respiratory distress, extracorporeal membrane oxygenation (ECMO) can be a lifesaving bridge to recovery or definitive treatment, including device or organ transplantation. The increasing availability of the sophisticated therapy, however, has prompted a growing number of ethical questions surrounding its potential rewards and sobering risks.



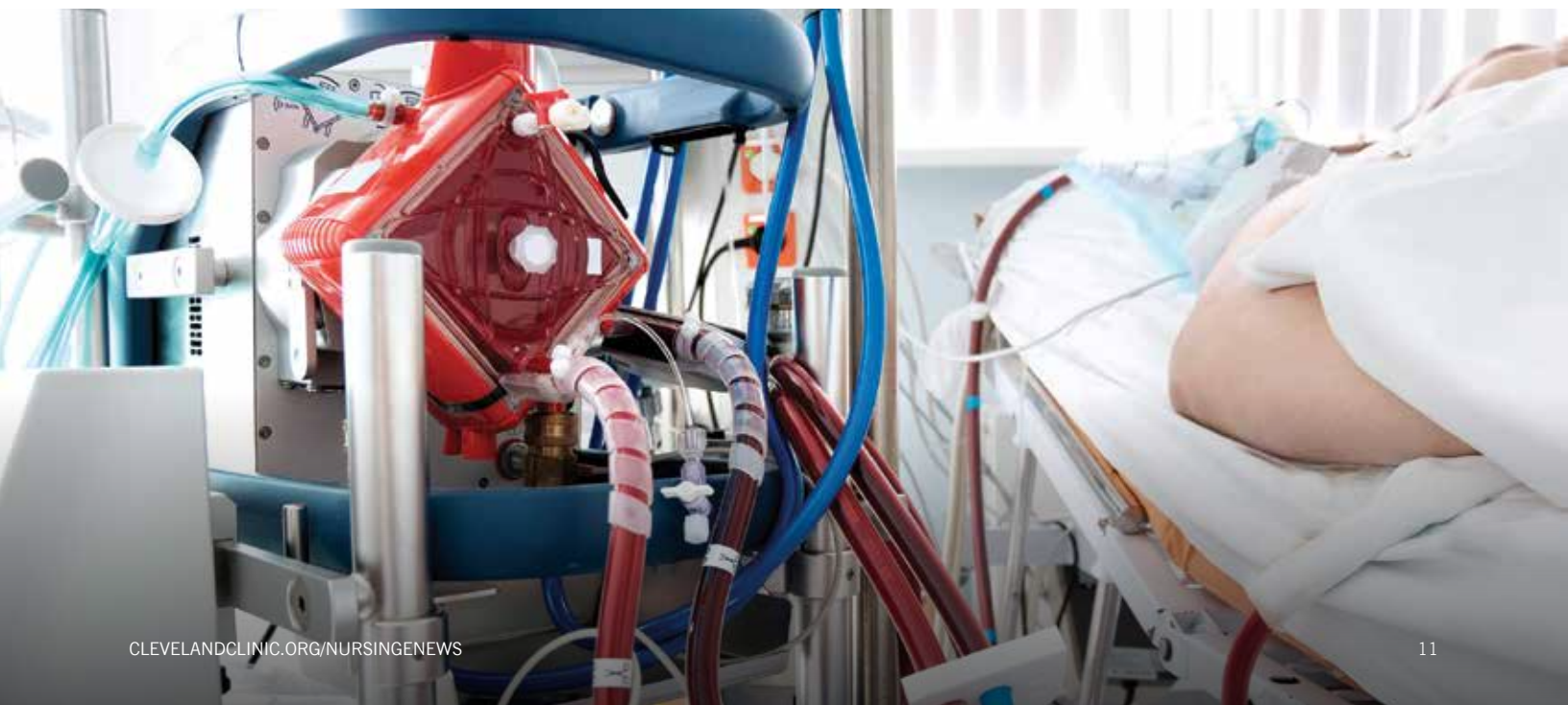
Georgina Morley

For nurses on the front line, caring for a dying patient on ECMO can be both clinically and morally challenging — particularly when managing discordance between the patient's family members or healthcare surrogates. Furthermore, the complexity and lifesaving nature of ECMO can sometimes make it difficult to achieve true informed consent, says Georgina Morley, PhD, MSc, RN, HEC-C, Director of Cleveland Clinic's Nursing Ethics Program.

ADOPTING AN ETHICAL FRAMEWORK

To manage such uncertainties, Cleveland Clinic nurse specialists are providing education on the Four-Box method, a common approach to working through ethical problems. Developed and described by Jonsen et al., the method is a case-based approach to ethical decision-making that helps providers organize and analyze relevant information about a clinical dilemma.¹

"The stakes are quite high anytime ECMO is considered, so families — and sometimes the patients themselves — are under an enormous amount of pressure to make the 'right' decision and make it quickly," Morley explains. "In many cases, the patient is too unstable to



provide informed consent, so clinicians must work closely with each other and the patient's healthcare surrogates to determine the best course of action. When considering high-risk treatments like ECMO, the Four-Box method can be incredibly effective for illuminating the clinical and personal factors that matter most."

The method, she explains, is based on four categories (i.e., boxes) that each hold the same weight in the deliberation process:

- **Medical indications:** the patient's medical problems, disease process and prognosis
- **Patient preferences:** their goals, desires and ability to speak for themselves
- **Quality of life:** the patient's ability to enjoy themselves and their current quality of life
- **Contextual features:** the patient's family, finances, religious beliefs, ethnic background and relationships with care providers



Rachael Jividen

The framework can be particularly valuable for helping nurses navigate ethical gray areas, says Rachael Jividen, DNP, APRN-CNS, ACCNS-AG, CCRN-CSN-CMC, Acute Care Clinical Nurse Specialist and Cleveland Clinic's Adult ECMO Program Coordinator. She explains that such clarity can, in turn, enable nurses to have compassionate, informed conversations with families and other healthcare proxies.

"When managing a patient who lacks decision-making capacity, providers are left to rely on surrogate decision-makers and their own judgment to interpret a patient's presumed preferences," she says. "Although family members can help clinicians define goals of care, ECMO presents several more-nuanced questions that can be difficult to answer, including questions about what medical interventions the patient would accept and what a meaningful recovery looks like after separation from the ECMO circuit. The Four-Box method enables the entire care team to make decisions that respect the patient's values yet limit nonbeneficial use of the therapy."

GRAPPLING WITH THE UNKNOWN

Because patients managed in the intensive care unit are so sick when they arrive, clinicians can have difficulty imagining them as

"whole, healthy people with full lives outside the hospital walls," Morley says. "Your understanding of who they are and what makes them tick can be distorted by their current circumstances. Evaluating each case through an ethical lens, however, allows the care team to consider the perspectives of everyone involved to answer the most important question: What makes this patient's life meaningful, and can ECMO help them regain it?"

Because nurses perform so many patient-facing functions, they are especially likely to experience moral distress when faced with morally ambiguous scenarios like those commonly seen with ECMO, Morley adds. To address these high-intensity concerns, Morley and Jividen round weekly in the Cardiovascular Intensive Care Units with Loni Adams, MSN, MBA, RN, CCRN-CSC-CMC-CCTC. During these rounds, caregivers are encouraged to discuss any ethics questions they have and receive input about possible next steps.

"By rounding each week and through our nursing ethics education program, Moral Spaces, our hope is to create and sustain a network of clinicians who have expertise in exploring the ethical dilemmas surrounding 'destination' therapies like ECMO," she explains. "Nurses may feel conflicted because, although they want to be hopeful and optimistic, many have witnessed bad outcomes

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A former COVID-19 patient who relied on ECMO for her recovery returns to thank the team involved in her care, including Daelle Waldron-Gearhart, MSN, RN.



A Unified Body of Voices

COUNCIL PROVIDES ADVOCACY EDUCATION, URGES NURSES TO SPEAK UP ON HEALTHCARE LEGISLATION

While pursuing her doctoral degree at Indiana University, Shannon Kunberger, DNP, RN, NEA-BC, took a class on health policy, legislation and advocacy with an expert in the field.



Shannon Kunberger

“The instructor’s engagement in health policy initiatives enlightened me about how I can use my voice as a nurse on so many different levels,” says Kunberger, Vice President, Chief Nursing Officer of Cleveland Clinic Euclid Hospital. “I’m committed to advocacy and want to empower other nurses to find and use their voices as one unified body.”

That commitment led Kunberger to accept the role of executive sponsor of the Nursing Institute’s Legislative and Healthcare Policy Council in 2023. The council supports Cleveland Clinic’s advocacy at the local, state and federal levels.

“As nurses, we can move the dial on so many important issues by sharing our voices, our opinions and our expertise,” she says.

THE MISSION AND ISSUES

The Zielony Nursing Institute launched the Legislative and Healthcare Policy Council a decade ago. After a hiatus during the COVID-19 pandemic, it was rejuvenated last year under Kunberger’s leadership. The council, which meets six times a year, strives to:

- Educate nursing caregivers about legislative policy and processes.
- Communicate information on active legislation impacting healthcare.
- Provide access to resources to facilitate informed decision-making.
- Collaborate with Cleveland Clinic Government Relations for a shared purpose and message.
- Inform nurses on how to engage on policy and legislative issues in compliance with Cleveland Clinic Government Relations’ policy.

Nearly 200 nursing caregivers participated in the first few meetings in 2024. Early meetings set the foundation for the council, with a representative from Government Relations explaining the department's role and the legislative process. Topics in subsequent meetings included Ohio legislation on workplace violence and staffing mandates.



Erica Shields

House Bill 452, aimed at reducing violence in healthcare settings, was passed earlier this year by the Ohio House of Representatives and forwarded to the Senate. During the May meeting of the Legislative and Healthcare Policy Council, a Government Relations spokesperson discussed the bill and Erica Shields, MBA, BSN, RN, NE-BC, Executive Director,

Associate Chief Nursing Officer of Emergency Services/Behavioral Health, shared Cleveland Clinic's strategies for protecting nurses in the workplace. (A July 2024 episode of the *Nurse Essentials* podcast features insight from Shields on preventing workplace violence.)

"I had my own experience of aggression and assault early in my career while working in emergency medicine," says Kunberger. "I want to do everything I can to protect our caregivers, so they don't have a similar experience."

ACADEMIC PARTNERS FOR ADVOCACY



Lisa Baszynski

Lisa Baszynski, DNP, RN, NE-BC, Executive Director and Associate Chief Nursing Officer of Education and Professional Development, joined the council to help ensure that nurses have a say in legislation and policies that impact them.

"If we don't have nurse leaders and clinical nurses at the table making decisions about practice and healthcare, then somebody else will be making the decisions for us," she says.

Baszynski also chairs the Deans' Roundtable, a collaborative group of local nursing school deans, directors or delegates who meet

with Cleveland Clinic nursing leaders to strengthen academic and practice partner relationships. She is introducing the Legislative and Healthcare Policy Council's work to members of the Deans' Roundtable and encouraging them to become involved in policy and legislation.

During meetings with academic partners, Cleveland Clinic nursing leaders have been addressing clinical and academic faculty shortages, which impact the student-faculty experience, preparation of new graduate students and the pipeline of nurses. "While we're looking at the issue locally, we began to wonder how we could make changes on a bigger level," says Baszynski.

Kunberger attended the Deans' Roundtable earlier this year to discuss ways its members can become agents of change at the local, state and federal level. Other guests included leaders from the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs and the chair of the National League for Nursing.

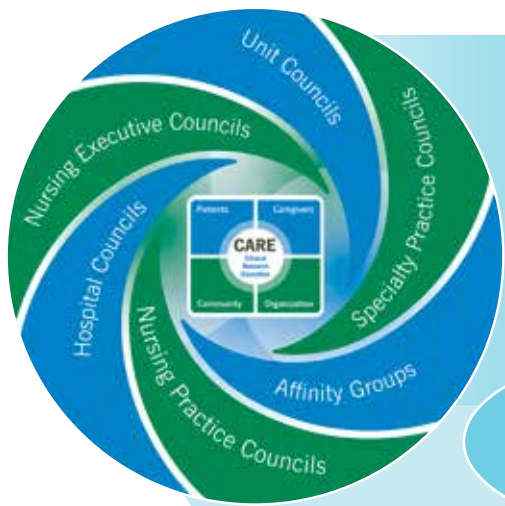
Ohio State Representative Rachel Baker, PhD, a nurse researcher, made a virtual appearance at the Deans' Roundtable in August to share her story of becoming involved in legislation and provide advice on how to get started.

"There is so much energy around legislation, policy and advocacy among our Deans' Roundtable," says Baszynski. "We are still in the discovery phase, exploring how we can come together with the Legislative and Healthcare Policy Council and tackle issues related to faculty and nursing shortages. But we are ready for action item discussions."

INSPIRING THE NEXT GENERATION

Kunberger welcomes collaboration with members of the Deans' Roundtable not only to connect with academic leaders, but also to reach their students.

"There is a great opportunity for nursing students to learn about advocacy," she says. "I was a doctoral candidate when I learned about it. Imagine if we expose students earlier and include the voices of the younger generation to help drive our profession and changes in healthcare policy?"



CONCERNS AND ISSUES ARE DISCUSSED IN COUNCILS AND UNITS FROM VARIOUS LOCATIONS THROUGHOUT THE ENTERPRISE, INCLUDING

DEANS' ROUNDTABLE

LEGISLATIVE AND HEALTHCARE POLICY COUNCIL

GOVERNMENT RELATIONS

Issues from across the healthcare system funnel down to the Legislative and Healthcare Policy Council and are then shared with Government Relations representatives, who interact with Ohio Statehouse and national government officials.



Nurses Analyze Parents' Perceptions of Their Hospitalized Child's Pain

OVERESTIMATION OF PAIN CAN ESCALATE TREATMENT, BUT UNDERESTIMATION CAN HAVE UNINTENDED CONSEQUENCES



Jane Hartman

A study led by a Cleveland Clinic advanced practice provider reveals that parents of hospitalized children tend to overestimate their child's highest pain level and significantly overestimate their child's lowest pain level. Importantly, the researchers learned that children frequently used alternative approaches to pain management, including distraction, more than their parents realized.

"Many parents weren't aware their children were using distraction techniques," explains Jane Hartman, MSN, APRN, CPNP, longtime pediatric nurse practitioner at Cleveland Clinic Children's and principal investigator on the study. "Furthermore, although pet and music therapy are commonly used to comfort hospitalized children, we found that providers and clinicians did not encourage children to use distraction and other nonpharmacologic alternatives to pain medication with each encounter. When managing pediatric patients, providers should be encouraging nonpharmacologic treatments for pain control 100% of the time, so it's clear that we have work to do in that realm."

Research findings have important implications for clinicians. For example, clinicians may get more reliable information by speaking directly with children about their pain rather than reflexively turning to parents, says Hartman. She adds that failing to involve children in discussions about their pain may lead to improper pain management and may have unintended consequences of long-term mistrust of the healthcare system and caregivers. In addition, relying on the parents' assessment alone may result in children receiving higher or lower doses of pain medication than necessary, she notes.

"As a pediatric nurse, I know it can be tempting to ask parents for information even when their children are reliable and can participate in conversations about how they feel," Hartman says. "We understand that

parents, especially mothers, want to be involved in their children's care, but our findings indicate that we may not be giving children enough credit."

Hartman emphasizes that children should be involved in planning how their own pain is treated. "Pain management should be individualized, but children's opinions matter," she adds. "More research is needed to understand if prioritizing how children view their own pain — rather than how their parents view it — will lead to a higher level of physical activity or engagement in the hospital environment."

The study findings were presented at Cleveland Clinic's 2024 Nursing Research Symposia. To learn about both parents' and children's perceptions of a child's pain, parent-child dyads were surveyed simultaneously but separately. Children with moderate to severe developmental delays were excluded.

KEY TAKEAWAYS

Hartman recommends that providers speak to the pediatric patient first — before consulting with other family members — because children may be reluctant to contradict their parents. "When you talk with children directly, they will talk directly back to you," she says. "But if you bypass them, they will let it happen and defer to the adults in the room. That's why it's so important for us to include them in the conversation."

"It's important to get this right because our patients' trust in us as caregivers is at stake," she says. "By really listening to children, we demonstrate our respect for their well-being and autonomy."

Hospital Staff Respond More Favorably to Nonclinical Overhead Announcements When Plain Language Is Used

STUDY HIGHLIGHTS THE BENEFITS OF CLEAR, CONCISE MESSAGING

Hospitals across the country frequently use coded language to announce both clinical and nonclinical emergencies like severe weather, a chemical spill or an active threat of violence. A new nurse-led study explores nurses' perceptions about converting to an emergency announcement system.



Ashley Hall

Inspired by an unsettling experience they shared, investigators Ashley Hall, MSN, RN, CMSRN, and Elizabeth Cai, MSN, RN, CMSRN, examined the pitfalls of using coded language in situations where every second counts. When walking through the hallways of Cleveland Clinic Medina Hospital, where they both serve as Assistant Nurse Managers, Hall and Cai heard a coded overhead announcement for a “Code Silver.”



Elizabeth Cai

“The phrase ‘Code Silver’ was repeated several times, followed by ‘This is not a drill, take action to protect yourself and others,’” recalls Hall. “I knew what a Code Silver was, but I had never heard it called overhead.”

Although Hall and Cai understood the announcement, they inexplicably hesitated to take action. “We knew we needed to respond immediately, but panic set in,” says Hall. “For the first several moments, we didn’t move. We just stood there in disbelief as we processed what we were hearing and translated the two-word code in our heads.”

When reflecting months later about why they were slow to react to the warning, Hall and Cai decided to examine how nurses would respond to direct, more descriptive nonclinical emergency announcements.

“We believed that if the overhead announcement had been in plain, simple language rather than in coded language that needed to be deciphered, valuable time may have been saved because clinical caregivers would

have understood the nature of the threat and reacted more quickly,” explains Hall. “However, since a plain language announcement could prompt nursing caregivers to panic, stifling their ability to initially act as expected, it was important to understand how nurses interpreted emergency announcements and their preference for plain language or coded messages.”

ACTIONABLE RESULTS

In their study, Hall and Cai focused on an announcement to indicate a weather-related emergency. The researchers recorded two announcements: one using a coded term (“Code Gray”) and one using plain language. Nurse participants were asked to listen to both announcements and answer questions about their perceptions and the strengths and limitations of each version.

“The hospital’s policy outlines eight steps for responding to a weather emergency,” explains Hall. “When we played the coded announcement, not a single participant could identify all eight components — no matter how long they had worked at the hospital.” Overall, less than 50% of participants were able to identify the type of emergency indicated by a Code Gray.

When Hall and Cai played the plain language announcement, participants’ ability to describe an appropriate response to the emergency increased dramatically. Participants explained that the coded language failed to convey the urgency of the emergency as effectively as the plain language version.

“Plain language was more helpful because it took out the guesswork by describing exactly what needed to happen,” explains Cai. “Not only could staff members understand and immediately respond to the situation, but patients and visitors could also take action without guidance from hospital staff. Emergency codes, even when standardized across hospitals, may not be explicit enough to prompt necessary action.”

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Nurses Explore Ethical Challenges Related to Patients Receiving ECMO Therapy

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for patients receiving the treatment. This dynamic can trap caregivers between the desire to be encouraging yet realistic. That's where our ethicists come in. Using the Four-Box method, we aim to help nurses come to terms with the uncertainty that often accompanies these cases.”

The Four-Box method can also help nurse managers address moral dilemmas within their staff, Jividen adds. “After all, different nurses have different perspectives. Because our ultimate goal is to return the patient to their preferred quality of life — something that is not always possible — discussions about the long-term benefits of treatment can be complex and emotionally charged,” she explains.

ANSWERS THROUGH EDUCATION

To further increase nurses' comfort with ethical decisions regarding ECMO therapy, Jividen uses Cleveland Clinic guidelines for extracorporeal life support and an ECMO hands-on competency checklist to train them on patient admissions, assessment of cannulation sites, ECMO circuit and oxygenator function, troubleshooting and intervention skills. A wet lab — a circuit primed with saline — is also used to review potential emergencies that caregivers might encounter.

“Arterial blood gases, venous blood gases, flow and other technical elements of ECMO need to be managed every day while also keeping an eye on the bigger picture,” Morley says. “In other words, can this treatment provide a meaningful life for the person in the hospital bed? By reinforcing both the clinical and ethical aspects of ECMO, we hope to improve nurses' confidence not only in providing care but also in guiding patients and their families through their high-stakes journey.”

1. Jonsen A, Siegler M, Winslade W. *Clinical ethics*. Sixth ed. New York: McGraw-Hill, 2006.

Hospital Staff May Respond More Favorably to Nonclinical Overhead Announcements When Plain Language Is Used

(continued from p. 17)

The researchers hope their findings will inspire other healthcare organizations to use plain, nonclinical language when making their own emergency announcements. When an announcement may potentially frighten visitors, Hall suggests hospitals describe any immediate actions that should be taken.

“The study was an important reminder of how a simple change can make a world of difference — and potentially decrease confusion

and stress in employees, patients and visitors within the hospital setting,” says Hall. “Many of our participants asked us why plain language announcements weren't standard practice — a question that has strengthened our resolve to help translate our findings on a large scale in clinical practice.”

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Awards and Honors

Heather Dicioccio, DNP, RNC-MNN, C-ONQS, a Nursing Professional Development Specialist at Fairview Hospital, was named 2024 Reviewer of the Year by the *American Journal of Maternal/Child Nursing*.

Laurie Gronowski, BSN, RN, CNOR, a staff surgical nurse at Cleveland Clinic Beachwood Family Health and Surgery Center, received a 2024 Top Nurse Award from cleveland.com.

Carol Pehotsky, DNP, RN, NEA-BC, CPAN, Executive Director, Associate Chief Nursing Officer of Cleveland Clinic Surgical, Procedural, and Dialysis Services, has been named a 2024 Clinical Supply Chain WaveMaker. The award was presented by Cardinal Health WaveMark Solutions for her leadership in driving clinical supply chain excellence.

Cleveland Clinic Union Hospital received a Go Clear Award (Gold Level) from the Association of periOperative Registered Nurses. The award, which was also presented to **Coral Springs Ambulatory Surgery Center** and **Weston Hospital**, recognizes medical facilities for their commitment to protecting patients and caregivers from the hazards of surgical smoke.

Coral Springs Ambulatory Surgery Center and **Weston Hospital** were named Centers of Excellence in Surgical Safety: Smoke Evacuation by the Association of periOperative Registered Nurses.

Cleveland Clinic Weston Hospital earned multiple honors from the American Heart Association (AHA), including Get with the Guidelines Awards in Resuscitation (Gold) and Stroke (Gold Plus). In addition, the hospital was named to the AHA's Target: Stroke Honor Roll (Elite Plus), the Target: Type 2 Diabetes Honor Roll and the Target: Stroke Honor Roll Advanced Therapy.

Cleveland Clinic Main Campus earned a Get with the Guidelines Award in Heart Failure (Gold Plus) from the American Heart Association.

The **cardiac, cardiothoracic stepdown** and **heart failure intensive care units** at Cleveland Clinic **Main Campus** earned Beacon Awards for Excellence (Gold) from the American Association of Critical-Care Nurses for distinction in leadership, staffing, communication, learning development, evidence-based practice and patient outcomes.

The **G101 Specialty Care Transplant Team** at Cleveland Clinic Main Campus was presented with the 2024 Top Nurses Team Award by cleveland.com.

Cleveland Clinic Weston Hospital earned Magnet recognition from the American Nurses Credentialing Center for knowledge and expertise in the delivery of nursing care. **Cleveland Clinic Hillcrest Hospital** received its third such designation.

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