

Notable NURSING

FALL 2025

The Stanley Shalom Zielony Institute for Nursing Excellence



**ELEVATING CARE THROUGH
NURSE-LED CONTINUOUS
IMPROVEMENT INITIATIVES**

p. 3



Dear Friends,

As we come together to celebrate the incredible work being done across Cleveland Clinic, it is with great pride that I share this issue of *Notable Nursing* with you. The stories you'll read are a testament to the dedication, compassion and innovation that our nurses bring to their roles.

Please join me in exploring our impressive array of nurse-led continuous improvement projects, which are helping Cleveland Clinic raise the bar on patient care every single day (page 3). We'll also delve into the complexities of managing patients with liver failure and highlight how nurses are harnessing state-of-the-art technology to save lives (page 11). Their unwavering commitment to patient-centered care reflects the high standards we strive to uphold.

In addition, we'll explain how we're fostering collaboration and innovation through nurse-led ideation sessions designed to generate creative solutions to common clinical problems (page 13). The ideas introduced by our forward-thinking nursing teams illustrate the power we have to drive meaningful change.

This issue also highlights important research efforts aimed at reducing the risk of acute care transfers (page 16) and empowering nursing caregivers through shared decision-making (page 17). Both are further proof of our nurses' commitment to advancing the science of nursing and ensuring that every patient receives exceptional care that aligns with their values and goals.

I hope you find inspiration in these pages and continue to take pride in the profound impact that nursing has on our patients and our community.

With gratitude,

Meredith Foxx

MEREDITH FOXX, MSN, MBA, APRN, NEA-BC, PCNS-BC, PPCNP-BC, CPON
Senior Vice President, Chief Nursing Officer, Cleveland Clinic
Connect with me at Meredith Foxx.

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Cover: Cassandra Holman, RN (left), and her nursing peers at Avon Hospital led an initiative to improve the accuracy of documenting patients' fluid intake and output.

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.





Weston Hospital's nursing team implemented countermeasures to quickly offset a trend in discharge delays.

CLEVELAND CLINIC WESTON HOSPITAL

CI challenge: Discharge delays

By prioritizing early discharge planning, leveraging medical records to streamline the documentation process and improving communication with post-acute providers, the hospital successfully reduced its discharge delays by 32%.

Elevating Care Through Nurse-Led Continuous Improvement (CI) Initiatives

CAREGIVERS SPEARHEAD CHANGES THAT IMPROVE PATIENT CARE, SHAPE HOSPITAL CULTURE

From emerging technologies to shifting patient demographics and increased demand for quality and safety, hospitals are under constant pressure to adapt, innovate and improve. At the heart of these efforts lies a powerful but sometimes under-recognized force: nurses.

Although hospital leaders are frequently at the forefront of strategic initiatives, it is the front-line caregivers who often identify gaps, initiate practical changes and ensure sustainability. Whether it's reducing patient falls, improving medication administration or enhancing communication among care teams, hospitals that foster a culture of continuous improvement (CI) have been shown to demonstrate better patient outcomes, higher staff satisfaction and lower operational costs.

A CULTURE OF LEARNING AND PROGRESS



Kerry A. Major

Nurses are uniquely positioned to drive CI thanks to the clinical insights they derive from their close, consistent contact with patients, explains Kerry A. Major, DNP, RN, NE-BC, Vice President, Chief Nursing Officer, Florida Region and Cleveland Clinic Weston Hospital.

“Nurses often notice inefficiencies or safety risks before anyone else, and

— when empowered to voice their concerns — they can guide process changes that improve relationships, reduce errors and increase patient and staff safety and satisfaction,” she says.

In 2024, after noticing a concerning trend in discharge delays, Weston’s nursing team implemented countermeasures that quickly offset the problem. By prioritizing early discharge planning, leveraging medical records to streamline the documentation process and improving communication with post-acute providers, the hospital successfully reduced its discharge delays by 32%.

“The results reflect positive momentum and the sustained impact of CI interventions,” Major says. “When we commit to evaluating current practices and seeking ways to do better, even small changes can lead to major improvements over time.”



Julie Fetto

“As the largest segment of the healthcare workforce, nurses can help hospitals unlock tremendous potential,” says Julie Fetto, MBA, BSN, RN, NE-BC, Vice President, Chief Nursing Officer, Cleveland Clinic Medina Hospital. A CI project spearheaded by Fetto’s team is a case in point.

Concerned about the spread of highly contagious bacteria, nurses at Medina Hospital set out to reduce the incidence of hospital-acquired *Clostridioides difficile* (*C. diff*) infections, a potentially life-threatening problem that can prolong inpatient stays and increase the cost of treatment.

After studying their infection-prevention protocols, the Medina nursing team retooled their processes to close any potential gaps that could increase the risk of contamination. The revised approach requires nurses to use standard personal protective equipment (gown and gloves) when providing stool incontinence care, regardless of the patient’s isolation status. In addition, they were expected to accurately document and describe the patient’s stool patterns in the medical record, preferably soon after admission.

“To encourage adherence to the revised processes, the hospital’s Nursing Quality team performs weekly audits to confirm consistent documentation,” Fetto says. In addition, when inpatient nurses noted a new stool pattern, they were required to complete a documentation form and discuss their findings with the patient’s providers.

“An accurate account of stool patterns from the time a patient is admitted, combined with an accurate assessment of their preadmission bowel patterns, makes it easy for clinicians in the care continuum to recognize notable changes in the patient’s health,” Fetto explains. “The success of our CI *C. diff* project emphasizes the fact that nurses’ insights are grounded in lived experiences, and their commitment to patient care makes them natural allies in any effort to improve.”

MEASURING AND CELEBRATING SUCCESS



Craig Tobias

Hospitals that succeed in CI often rely on shared governance, a model that provides nurses with a formal voice in decision-making, explains Craig Tobias, MSN, MBA, RN, Vice President, Chief Nursing Officer, Cleveland Clinic Avon Hospital. Supported by Cleveland Clinic’s Continuous Improvement Department, the model allows nurses to address issues

like workflow inefficiencies, patient education gaps and staff training needs.

“The key is that nurses are not only encouraged to identify problems but are also supported in developing and testing solutions,” he says.

Nurses including (from left) Danielle Razavi, MSN, RN; Samantha Lyons, BSN, RN; and Ed Leichter, BSN, RN, helped implement their hospital's new infection-prevention strategies.

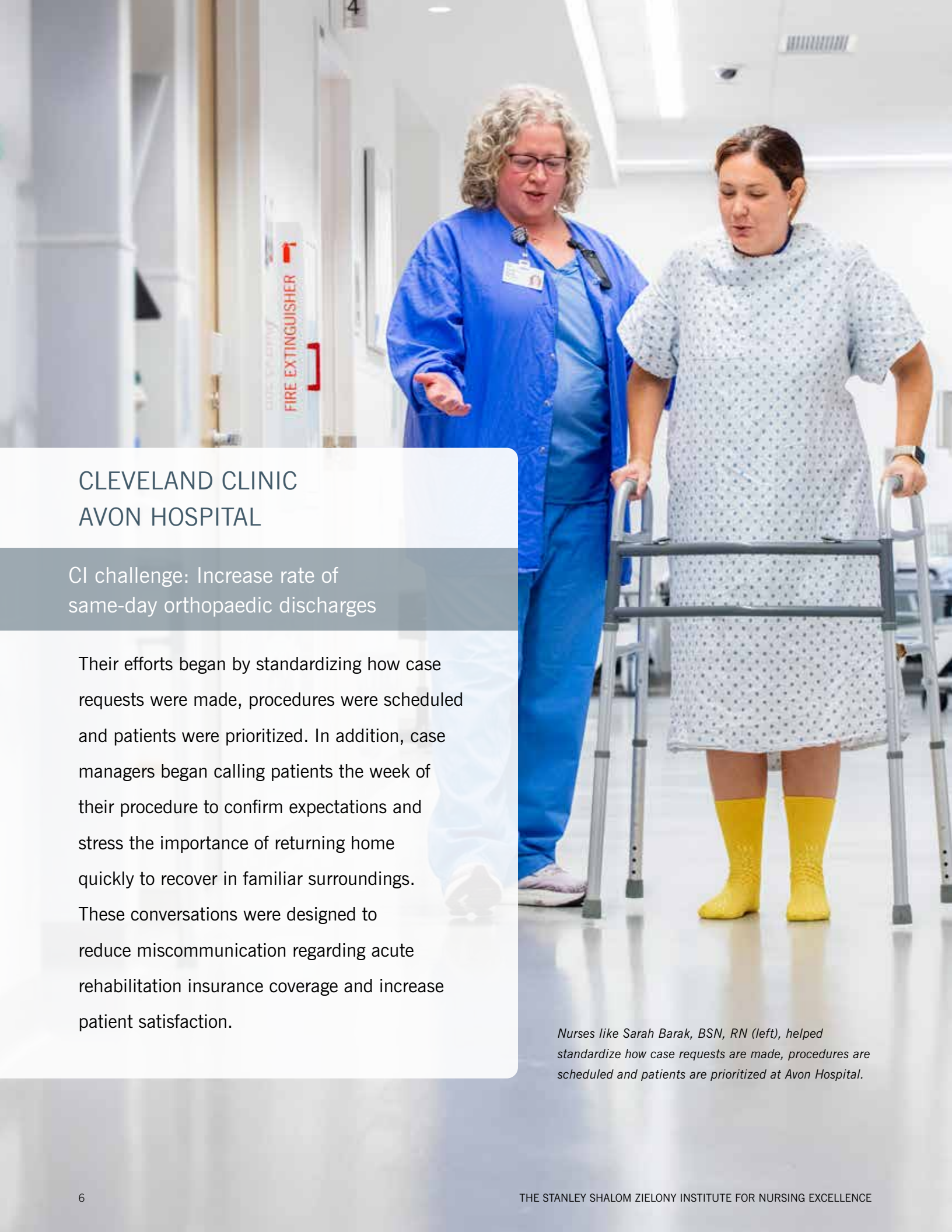


CLEVELAND CLINIC MEDINA HOSPITAL

CI challenge: Reduce the incidence of *C. diff* infections



After studying their infection-prevention protocols, the Medina nursing team retooled their processes to close any potential gaps that could increase the risk of contamination. The revised approach requires nurses to use standard personal protective equipment (gown and gloves) when providing stool incontinence care, regardless of the patient's isolation status. In addition, they are expected to accurately document and describe the patient's stool patterns in the medical record, preferably soon after admission.

A full-page photograph of a hospital hallway. On the left, a nurse with curly blonde hair and glasses, wearing blue scrubs and a name tag, is walking and talking to a patient. The patient is a woman with dark hair, wearing a light blue patterned hospital gown and bright yellow rubber boots. She is using a silver metal walker. The hallway has white walls, a fire extinguisher on the wall, and a door in the background.

CLEVELAND CLINIC AVON HOSPITAL

CI challenge: Increase rate of
same-day orthopaedic discharges

Their efforts began by standardizing how case requests were made, procedures were scheduled and patients were prioritized. In addition, case managers began calling patients the week of their procedure to confirm expectations and stress the importance of returning home quickly to recover in familiar surroundings. These conversations were designed to reduce miscommunication regarding acute rehabilitation insurance coverage and increase patient satisfaction.

Nurses like Sarah Barak, BSN, RN (left), helped standardize how case requests are made, procedures are scheduled and patients are prioritized at Avon Hospital.

A recent project launched at Avon Hospital further emphasizes the central role that data plays in CI. After recognizing several stumbling blocks that were hindering the throughput of their orthopaedic surgery patients, Avon's nursing team initiated a new protocol to increase the rate of same-day discharges.



Sarah Barak

Their efforts began by standardizing how case requests were made, procedures were scheduled and patients were prioritized. In addition, case managers began calling patients the week of their procedure to confirm expectations and stress the importance of returning home quickly to recover in familiar surroundings. “These conversations were designed to reduce

miscommunication about acute rehabilitation insurance coverage and increase patient satisfaction,” says Sarah Barak, BSN, RN, Nurse Manager, Post-Anesthesia Care Unit at Avon.

Within a year of instituting the new procedures, the hospital increased the rate of same-day discharges following hip and knee surgeries from 7% to 32% — an improvement that reduced costs and preserved valuable inpatient beds, Barak explains.

“Seeing the improved data is a reminder that what we do matters,” she says. “When patients can recover in a familiar space — their own homes — they have better outcomes and are at less risk for hospital-acquired infections. In addition, when a patient can go home within hours of their procedure, it also frees a hospital bed for someone else in need.”

A green sign posted outside patients' rooms plays a key role in improving the orthopaedic discharge process by confirming that all prescreening procedures have been completed.

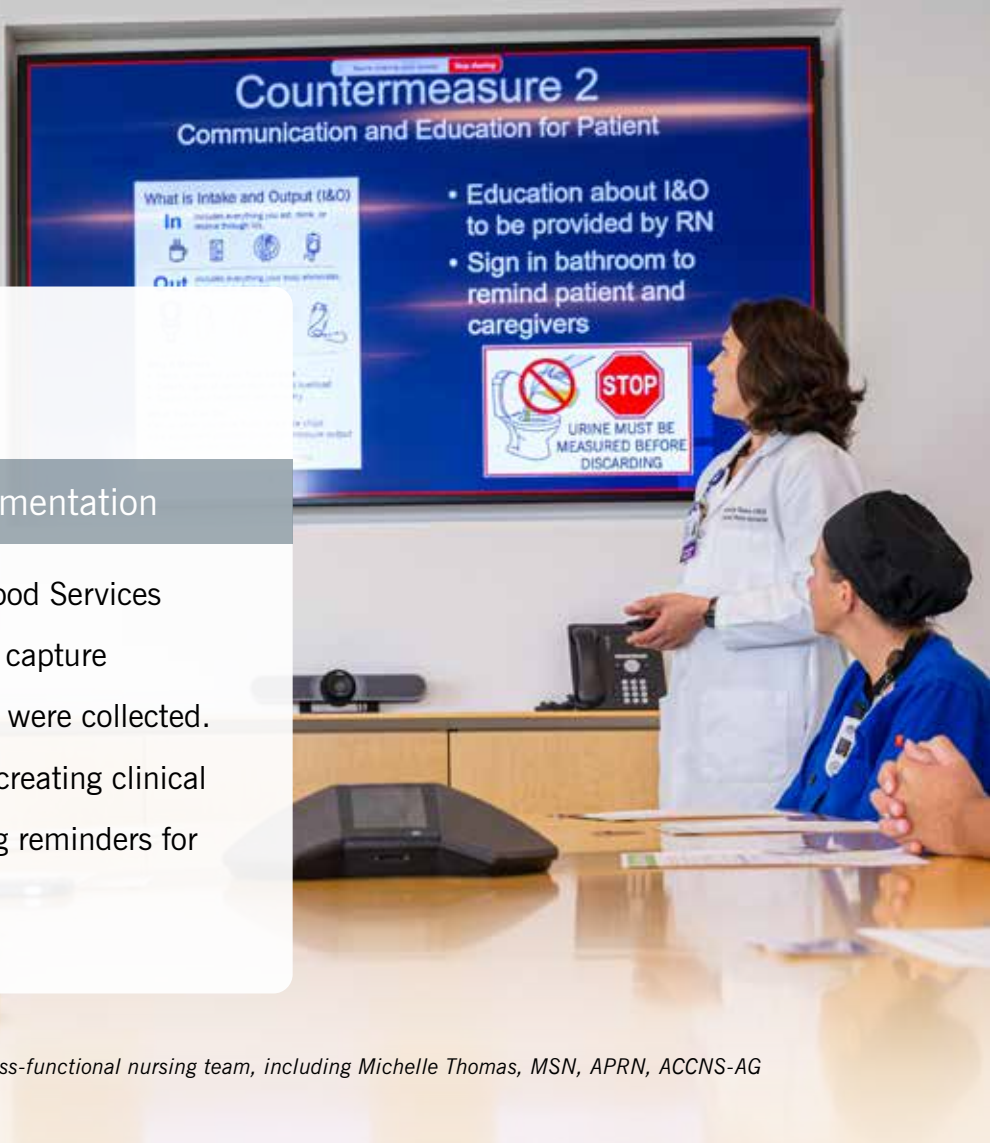


CLEVELAND CLINIC AVON HOSPITAL

CI challenge: Improve I&O documentation

By collaborating with the hospital's Food Services team, nurses improved their ability to capture patients' oral intake before meal trays were collected. Additional countermeasures involved creating clinical education materials and implementing reminders for both patients and nurses.

Avon Hospital's new I&O procedures were led by a cross-functional nursing team, including Michelle Thomas, MSN, APRN, ACCNS-AG (standing).



What is Intake and Output (I&O)

In includes everything you eat, drink, or receive through IVs.



Out includes everything your body eliminates, like urine or drainage.



Why It Matters:

- Helps us monitor your fluid balance
- Detects signs of dehydration or fluid overload
- Supports your treatment and recovery

What You Can Do:

- Tell us when you drink fluids or eat ice chips
- Use equipment provided so we can measure output (urinal, bedpan, toilet hat etc.)
- Let us know if you vomit or have diarrhea



Nurses like Cassandra Holman, RN (right), rely on patient-facing educational materials (left) and improved signage and documentation to ensure patients maintain proper hydration.



Michelle Thomas

Clinical Nurse Specialist Michelle Thomas, MSN, APRN, ACCNS-AG, describes leading another CI project at Avon Hospital designed to improve the accuracy of documenting patients' fluid I&O, a process that ensures

patients are maintaining proper hydration and electrolyte levels.

By collaborating with the hospital's Food Services team, nurses improved their ability to capture patients' oral intake before meal trays were collected. Additional countermeasures involved creating clinical education materials and implementing reminders for both patients and nurses.

"We get a clearer picture of our patients' health by carefully recording every bit of fluid they consume or excrete, which helps the team create an appropriate and accurate treatment plan," Thomas says. "CI is all about using those details to prevent complications and guide our patients on their path to recovery. Projects like this one are an important reminder that meaningful change often begins with those closest to the patient: nurses."

EMPOWERING CAREGIVERS

Concerned that clinical caregivers could be doing more to stem the national surge in workplace violence, nurses at Cleveland Clinic Medina Hospital recently developed a simple, discreet safety icon to improve caregiver safety and situational awareness. The icon — an orange-and-blue square magnet that can be affixed to a patient's doorframe — alerts nonclinical caregivers to check in with the patient's nurse before entering the room.

The door sign serves as a trigger for staff to seek pertinent information regarding the specific risks

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Rosa Kovach, BSN, RN, discusses safety precautions with Cleveland Clinic Police Sergeant Gregory Stemm.



CLEVELAND CLINIC MEDINA HOSPITAL

CI challenge: Increase caregiver safety



Medina Hospital's orange-and-blue square magnet serves as a simple yet powerful reminder of the need for caregiver safety — a critical priority for sustaining a healthy, resilient workforce.



The MARS® program relies heavily on the expertise of specially trained nurses to initiate the therapy and provide around-the-clock monitoring. Pictured here are Nicholas Koch, BSN, RN, and Ashley Haas, BSN, RN.

Liver Dialysis Program Provides New Hope to Patients with Liver Failure

NURSES HARNESS CUTTING-EDGE TECHNOLOGY AS A BRIDGE TO HEALING

The liver performs hundreds of vital functions necessary to sustain life. When this essential organ fails, transplantation is often the only definitive treatment, but numerous factors — from organ shortages and strict eligibility criteria to underlying health conditions — can stand in the way.

Although supportive therapies like dialysis can temporarily manage symptoms, they cannot fully replace the liver's vital functions. As a result, many patients face limited treatment pathways and challenging decisions that require them to weigh quality of life against the strain of aggressive interventions.

Now an advanced therapy that replaces the liver's lost excretory and detoxification functions is giving new hope to Cleveland Clinic patients with reversible causes of acute liver failure.

HEALING THROUGH INNOVATION

Designed to remove protein-bound and water-soluble toxins from the bloodstream, the Molecular Adsorbent Recirculating System (MARS®) purifies blood by passing it through a specialized filter of albumin and activated charcoal before returning it to the patient's circulation.



Two of the approximately 15 MARS machines in the United States are located at Cleveland Clinic.

There are approximately 15 MARS machines in the United States that can be used to treat patients with liver failure — and two of them are located at Cleveland Clinic's Medical Intensive Liver Unit (MILU), a subspecialty ICU within the Medical Intensive Care Unit.

By supporting the injured liver, MARS can help stabilize critically ill patients and give the liver time to regain normal function, explains Lynne Kokoczka, MSN, APRN-CNS, ACCNS-AG, CCRN, Clinical Nurse Specialist at Cleveland Clinic's Main Campus.



Lynne Kokoczka

Unlike other types of life support, including extracorporeal membrane oxygenation (ECMO), ventilation and dialysis, MARS cannot be used indefinitely. Limited to five consecutive days of eight-hour treatments, the therapy can only serve as a bridge to either liver recovery or transplant.

"Without transplantation, outcomes are unpredictable in acute liver failure, and mortality can be as high as 80%," Kokoczka says. "Unfortunately, transplantation may not be an option for those who lack a strong social support system or have a history of repeated intentional medication overdoses. For those patients, MARS can be lifesaving — a beacon of hope when there are few other options."

TEAM OF EXPERTS

Established in 2021, the MARS program relies heavily on the expertise of specially trained nurses to initiate the therapy, provide around-the-clock monitoring and intervene should any problems arise.



Nicholas Koch

“It’s a unique feeling knowing that you are among only a handful of nurses in the world with the knowledge and ability to deliver life-changing therapy, and it’s been an honor to be able to teach and share this knowledge with other caregivers in the organization,” says MILU nurse Nicholas Koch, BSN, RN. “It truly is a team effort that makes this therapy successful, and it’s been amazing to see the difference it has made in patients’ treatment and prognosis.”

Nurses in the MILU work closely with a team of pharmacists and clinical specialists, including critical care physician Aanchal Kapoor, MD, and gastroenterologist Christina Lindenmeyer, MD, Co-directors of the MILU.

Kokoczka says the team’s multidisciplinary approach is ideal for addressing the complex plan of care that acute liver failure requires.

“Communication is critical when managing patients as sick as those in the MILU, so we all work closely and collaboratively to provide the highest level of care possible,” she says.

“MARS is a risky, time-intensive process that demands a lot of our caregivers, so it’s essential that we support and advocate for one another. Watching the team come together is like seeing a work of art.”

This coordinated effort becomes particularly important while the team is navigating the moral dilemmas that can arise when managing patients in the MILU, Kokoczka notes.

Among the chief causes of liver failure are intentional acetaminophen overdose and alcohol use disorder — both of which “require caregivers to leave their judgments at the door,” she says. “Our nurses are here to meet each and every patient where they are and help them recover.”

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A coordinated, multidisciplinary effort becomes vital when the team is navigating the moral dilemmas that can arise in the MILU. Pictured clockwise from left: Lynne Kokoczka, MSN, APRN-CNS, ACCNS-AG, CCRN; Douglas Melquist, BSN, RN; Jeffrey Pannekoek, PhD; Tarik Hanane, MD; Matthew Siuba, DO; and Aanchal Kapoor, MD.





Forum Fosters Bright Ideas

IDEATION SESSION GENERATES SOLUTIONS TO MEDICATION ADMINISTRATION ERRORS

An estimated 1 in 30 patients are exposed to preventable medication errors worldwide, according to a meta-analysis in the peer-reviewed journal BMC Medicine. Drug-related mistakes, which are among the most common causes of patient harm, can arise when an incorrect dose or drug is administered, an incorrect delivery method is used or a medication is given to the wrong patient or to the right patient but at the wrong time.

This past spring, The Stanley Shalom Zielony Nursing Institute for Nursing Excellence hosted an interdisciplinary ideation session to solve the problem by generating a variety of ideas.



Nancy M. Albert

“Our goal was to receive a large quantity of ideas from multiple stakeholders to prevent medication errors in the inpatient setting, as medication errors can jeopardize patient safety and lead to complications,” says Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FHFSa, FAAN, Executive Director and Associate Chief Nursing Officer for Nursing Research and Innovation.

PROTECTING BOTH PATIENTS AND CAREGIVERS

The Zielony Nursing Institute has previously held ideation sessions to generate solutions for other issues, including nurse/patient communication systems and patient falls. The decision to tackle medication administration errors stemmed from an executive nursing leadership team meeting. During a robust discussion among chief nursing officers and associate chief nursing officers about quality and safety issues, Albert suggested using an ideation session to develop solutions that reduce the risk of preventable medication errors.

Executive Editor

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Maureen A. Schaupp

“Medication administration is a core function of hospital-based clinical nurses — and, unfortunately, medication errors have plagued the global nursing profession for a long time,” says Maureen A. Schaupp, MSN, APRN-CNP, Executive Director and Associate Chief Nursing Officer of Advanced Practice Nursing and Nursing Quality and Practice. “We wanted to gather nurses who administer medications, pharmacists who prepare medications and other stakeholders to come up with ideas on how we can

make the processes of medication preparation and delivery safer for our patients. How can we help our nurses do the right thing, most easily and reliably, over and over again to produce quality results?”

Medication errors are a pervasive problem across hospital sites and settings that can not only lead to patient harm but also traumatize nurses. “When nurses discover that they are the individual who created a medication error, they may react by becoming stressed, anxious, and worried for their patient. In addition to emotional reactions, they may develop physical symptoms of stress,” says Albert. “No one wants to create patient harm or even worry that there could be patient harm. After medication error events occur, nurses may change the way they deliver care, as a lesson learned, but our goal is to prevent errors from occurring!”

Medications that are liquid and come in ampules or vials often look alike (ampule/vial size, label coloring, cap coloring, etc.) and are of great concern, but even oral tablets can be mistaken for another drug, especially when many medications are delivered at the same time. Albert notes that pharmaceutical companies have not individualized medications to assist in error prevention.

SESSION LEADS TO SOLUTIONS AND PROTOTYPES

Nursing leaders invited 16 clinical nurses from Main Campus and regional hospitals throughout the enterprise to the four-hour ideation session that was co-led by Albert; Karen Schaedlich, MSN, RN, Innovation Program Coordinator in the Office of Nursing Research and Innovation; and Cleveland Clinic Innovations team members, who foster healthcare innovation and technology transfer. Other attendees included two clinical nurse specialists, two pharmacists and two engineers.

“We wanted interdisciplinary representation and experts in clinical specialties where medication administration errors are most likely to occur, such as critical care and diabetes care,” says Albert.

When kicking off the ideation session, Schaupp discussed the problem (nationally and locally) and posed a question: How might we eliminate medication errors in

the inpatient setting? Participants were then given time to ponder the question and record their ideas on sticky notes.



Karen Schaedlich

Next, Schaedlich led a visual stimulus activity. She showed the group four pictures that were totally unrelated to nursing, including a colorful playground and a restaurant kitchen. “We wanted to tap into the unique connectivity that these pictures might spawn,” says Schaedlich. “That’s one of the ways to get fresh ideas that enable us to take a deeper dive into the creative aspect of innovation.”

Within 40 minutes, the group had generated more than 220 ideas ranging from process enhancements to new devices. The sticky notes were displayed on a whiteboard, and participants placed stickers next to their favorite ideas. Albert and Schaupp grouped similar concepts into several themes and then selected the top four themes for further ideation.

Attendees were divided into four small groups for a 45-minute hands-on breakout ideation session focused on one of the top themes that had been identified. The groups used construction paper, molding clay, pipe cleaners, scissors, glue, rulers and other supplies to create simple prototypes. For processes, participants used poster paper and markers to describe their prototypes or novel solutions. The final segment of the ideation session involved solution sharing. All members reconvened to share their solutions, answer questions and elicit ideas from the audience.

“The activity really brought solutions to life,” says Schaedlich. “Although the prototypes were very early in development, it was easy to understand the vision and what each group was trying to accomplish.”

Three participant groups came up with devices, and one group proposed an internal innovation. Since the ideation session, the groups have held

follow-up meetings to further develop and refine their solution prototypes. All four groups completed invention disclosure forms, and two of the groups are planning research studies to determine the value of their inventions.

“The next step is to create research proposals, secure institutional review board approval and study the planned research outcomes when the intervention is used in day-to-day practice,” Albert says.

TOOL OF EMPOWERMENT

Schaupp was energized by the ideation session and says she is excited to watch the medication administration solutions continue to develop. “When you get people together with common goals, amazing things can happen,” she says. “It’s great to work with nurses who are empowered to solve problems by being given the tools and the time they need to focus on generating ideas.”

Schaedlich plans to lead more ideation sessions in the future and encourages nursing professionals in other health systems to explore a similar approach. “It’s not a one-time exercise, and it doesn’t have to be enterprise wide,” she says. “You can hold ideation sessions in one hospital, one department or one nursing unit.”

“When a commercial solution is unavailable, ideation sessions can be a vital tool for addressing long-standing problems and finding novel solutions,” Albert says.

“Innovation is a tool that can be used to promote change and growth, show support for staff and improve nursing care and practice,” she says. “Medicine constantly changes; nursing needs to change as well. And innovation is part of that change.”



Identifying Rehabilitation Patients at Risk for Acute Care Transfers

NURSE RESEARCHERS EXPLORE THE RELATIONSHIP BETWEEN READMISSION RISK SCORE AND ACUTE CARE TRANSFERS

Inpatient rehabilitation focuses on restoring function, promoting independence and improving quality of life in patients recovering from serious illness or injury. Readmission to acute care hospitals from inpatient rehabilitation facilities adversely impacts patients and the healthcare system by stalling therapy progress and increasing medical costs. Preventing avoidable readmissions is a common target of healthcare quality improvement initiatives.

The goal of a recent Cleveland Clinic study was to identify patient factors that predict risk for acute care transfers. Clinicians investigated relationships between patient variables, including the 30-day readmission risk score, and readmission from an inpatient rehabilitation facility back to the hospital, where rehabilitation progress can be interrupted.



Jessica Gumucio

USING DATA TO REDUCE RISK

By creating a predictive model of specific factors that are most closely aligned to hospital readmission, we can enable targeted early interventions for patients most at risk for acute care transfers (readmission), explains Cleveland Clinic researcher Jessica Gumucio, CNP, a physical medicine and rehabilitation nurse practitioner at Cleveland Clinic Rehabilitation Hospital in Avon, Ohio.

“Reducing preventable admissions is critical for quality improvement for a myriad of reasons, including safety, costs and outcomes,” Gumucio says. “With the aid of a reliable risk-assessment tool, clinicians may be able to utilize resources to intervene early and prevent complications that would require transfer back to acute care for more intensive treatment. After all, preventing complications allows patients to focus on what is most important: recovery.”

For the retrospective study, Gumucio and her team analyzed data from nearly 1,700 inpatient rehabilitation patients to identify the factors that were most strongly linked to transitioning patients back to acute care. Researchers found that elevated scores on Cleveland Clinic’s 30-day

readmission risk assessment and lower scores on functional mobility measures were the two most significant predictors of acute hospital readmission.

Although patients’ medical and functional needs are reviewed throughout the rehabilitation admission process, readmission risk scores are not presently considered when planning care for patients admitted to our rehabilitation facilities. Utilizing objective data, such as a readmission risk score, could help rehab providers identify those most at risk.

“No prediction model is perfect, and clinical judgment is always important, but the risk score provides valuable data that can be leveraged to guide time-sensitive interventions in those most at risk,” she says. “We know that high-quality post-acute care is one of the most effective ways to prevent hospital readmissions, so a predictive tool can be enormously helpful in enabling our teams to provide personalized, data-driven treatments and support.”

Time-sensitive interventions may include verifying the patient’s medical stability before transitioning them to rehab, increasing communication between acute and rehab providers about the patient’s condition and ensuring timely follow-up in higher-risk cases, she adds.

GUIDING FUTURE CARE

In recent months, Cleveland Clinic added more variables to its readmission criteria, which has changed how the readmission risk score is calculated, Gumucio notes. As a next step, she and her team plan to repeat their study using the new criteria. Researchers also hope to use their findings to create a readmission risk calculator specifically for adults receiving rehabilitation care.

“Risk calculations can be used to create a model that enables us to stratify patients into high, moderate and low risk — which are crucial distinctions that support more informed decision-making,” she says. “By understanding the individual rehospitalization risks of our rehab patients, we can better identify and prioritize potential complications before they escalate.”

Giving Nurses a Stake in Day-to-Day Decisions

STUDY ILLUMINATES VALUE OF SHARED DECISION-MAKING

When nurses are encouraged to contribute to decisions that affect their daily practice, they are more likely to report improved job satisfaction. That's the conclusion of a research study completed by Cleveland Clinic clinical nurses.



Tina DiFiore

"Although participation in shared decision-making may require time, resources and a hospital culture that fosters communication and ongoing improvement, shared governance programs that foster shared decision-making are an important investment," says primary investigator Tina DiFiore, MSN, APRN, NNP-BC, CNS, an advanced practice nurse at Cleveland Clinic Hillcrest Hospital.

"As front-line caregivers, nurses can offer unique perspectives that ensure decisions are grounded in patient needs and practical clinical realities; they know firsthand how policies and workflows affect outcomes," she says. "Including nurses in the decision-making process also fosters a sense of ownership, improves morale and strengthens trust between leadership and staff — ultimately leading to safer, more efficient and more compassionate care. It's critical for nurses to have a voice."

Hillcrest Hospital implemented a shared governance model in 2012, a move that provided nurses with more opportunities to weigh in on administrative decisions, she notes. The hospital also initiated a formal CI program the same year, which was designed to empower clinicians at every level to make changes that enhance operations and patient care.

Because both shared governance and CI activities often require nurses to step away from the bedside to participate in council/committee/planning and initiative implementation meetings, the research team felt it was important to understand how shared decision-making and CI were related and whether they — individually or together — are associated with job satisfaction, DiFiore notes. To measure research outcomes, a cross-sectional, prospective research study was developed using survey methods.

STUDY SPECIFICS

Nurse investigators asked clinical nurses (including assistant nurse managers) to complete an anonymous survey in 2023 at multiple Cleveland Clinic hospitals in Ohio. Participants were asked about the level of control and influence they had over different aspects of their jobs, the amount of access they had to information and their ability to negotiate solutions to problems and conflicts. The survey also asked nurses to describe their experience with CI processes and overall satisfaction with their practice.

DiFiore says she and her research team discovered a few key takeaways: Shared decision-making was positively associated with nurses' job satisfaction and active involvement in CI activities on their units. However, researchers also learned that statements on the survey reflecting shared decision-making were often not completed by clinical nurses, ultimately reflecting that shared decision-making was not applied uniformly by nursing leaders or that clinicians did not feel comfortable making decisions affecting their unit.

VALUE OF NURSE-INFORMED DECISIONS

"All hospitals want an engaged workforce — clinicians who look for solutions and try to provide the best care they can for their patients,"

DiFiore says. "The survey responses reflected what's happening in the real world. Although equal participation in decision-making is ideal, clinical nurses who are not formal leaders may not wish to make decisions that affect every caregiver on the team. More importantly, we learned that it matters a great deal to simply have a voice. Being able to

provide input and personal perspectives while knowing that leaders are listening is a big step toward a greater sense of job satisfaction."

Moving forward, DiFiore hopes that her team's research findings can help hospital leaders (formal and informal) understand the value of giving clinical nurses a seat at the table and a stronger voice.

"Clinical nurses need to be given time to participate in committees and other decision-making activities," she says. "We need access to data, including budgets and quality improvement process outcomes and we need to have influence over day-to-day clinical unit decisions," she says.

"It matters a great deal to simply have a voice at the table. Being able to provide input and personal perspectives while knowing that leaders are listening is a big step toward a greater sense of job satisfaction."

— Tina DiFiore

Elevating Care Through Nurse-Led Continuous Improvement Initiatives

(continued from p. 9)



Donielle Finding

a patient may pose, explains Donielle Finding, MSN, MBA, RN, CCRN, NEA-BC, Director of Nursing at Medina Hospital.

“Healthcare employees are five times as likely to experience workplace violence as other employees, so it’s critical for hospitals to do everything they can to

create a climate of safety,” she says. “Workplace violence not only affects the mental health and well-being of nurses, but it can also trickle down and compromise patient safety and satisfaction.”

Finding says the campuswide use of the orange-and-blue squares, implemented last year, has reinforced the hospital’s commitment to safety and increased the confidence of staff entering patient rooms.

“A seemingly small addition to our safety protocols has given caregivers an awareness of the unique needs of certain high-

risk patients and preparedness to seek assistance, if needed,” she explains. “Our success illustrates how CI enables nurses to make data-driven decisions, identify areas for improvement and implement targeted solutions.”

Perhaps most importantly, the initiative has been a simple yet powerful reminder of the need for caregiver safety, Finding says.

“Caregiver safety is a critical priority for sustaining a healthy, resilient workforce,” she adds. “By promoting a culture of safety, nurses can advocate for the protections and resources they need to perform their roles effectively.”

Major notes how CI is changing the health system’s approach to work by providing caregivers with a mindset and tools to enhance quality and reduce costs.

“Nurses don’t just follow procedures — we shape them,” she adds. “At the end of the day, everything we do should come back to the patient. If we’re always learning, always improving, then we’re giving our patients the best we have to offer.”

Liver Dialysis Program Provides New Hope to Patients with Liver Failure

(continued from p. 12)



Jeffrey Pannekoek

Staff Ethicist Jeffrey Pannekoek, PhD, notes that individual patient circumstances can affect what kinds of therapies are appropriate for patients, as they can help determine transplant candidacy.

“For qualifying patients, MARS is an amazing and ethically straightforward treatment because it is time-limited by design,” he says.

“However, there are many ethical issues surrounding the clinical care of patients with liver failure and liver transplant, as well as research involving new therapies, including xenotransplant.”

LOOKING AHEAD

Kokoczka says the MILU team is exploring several novel therapies for patients who are ineligible for transplantation, including miroliverELAP®, which uses a bioengineered porcine liver seeded with human hepatocytes to externally clean the patient’s blood. One of the first-ever human clinical trials to evaluate this new technology is currently underway at Cleveland Clinic.

“Liver failure is a devastating disease that progresses rapidly and often leaves patients with very few treatment options,” she adds.

“We believe it’s essential to keep searching for new and better therapies that improve the odds of survival and recovery — and our nursing team is enormously proud to help guide that mission.”



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Awards and Honors

Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FHFSA, FAAN, Executive Director, Associate Chief Nursing Officer, Nursing Research and Innovation, Cleveland Clinic, has received a Lifetime Achievement Award from the American Association of Heart Failure Nurses. It is the highest honor given by the organization.

Maureen A. Schaupp, MSN, APRN-CNP, Executive Director, Associate Chief Nursing Officer, Advanced Practice Nursing, Quality and Clinical Practice, Cleveland Clinic, and **Craig Tobias, MSN, MBA, RN**, Vice President, Chief Nursing Officer, Cleveland Clinic Avon Hospital, have been selected for the Johnson & Johnson Nurse Innovation Fellowship. They are one of 14 teams in the 2025-2026 cohort. The program is designed to strengthen leadership and entrepreneurial skills among nurse leaders.

Cleveland Clinic London has achieved the ANCC Pathway to Excellence® designation, signifying its commitment to a positive practice environment and staff well-being. This international recognition

highlights the hospital's focus on shared decision-making, strong leadership, safety, quality, well-being and professional development.

The **emergency departments (EDs) of Cleveland Clinic Martin North and Cleveland Clinic Tradition** hospitals have received the Emergency Nurses Association Lantern Award. The honor recognizes EDs that demonstrate exceptional and innovative performance in areas such as leadership, practice, education, advocacy and research.

The **6 Medical-Surgical Telemetry Stroke Unit at Cleveland Clinic South Pointe Hospital** has received the Academy of Medical-Surgical Nurses PRISM award. The honor acknowledges the hospital's outstanding patient outcomes, high staff satisfaction and commitment to continuous improvement, teamwork and professional excellence.

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