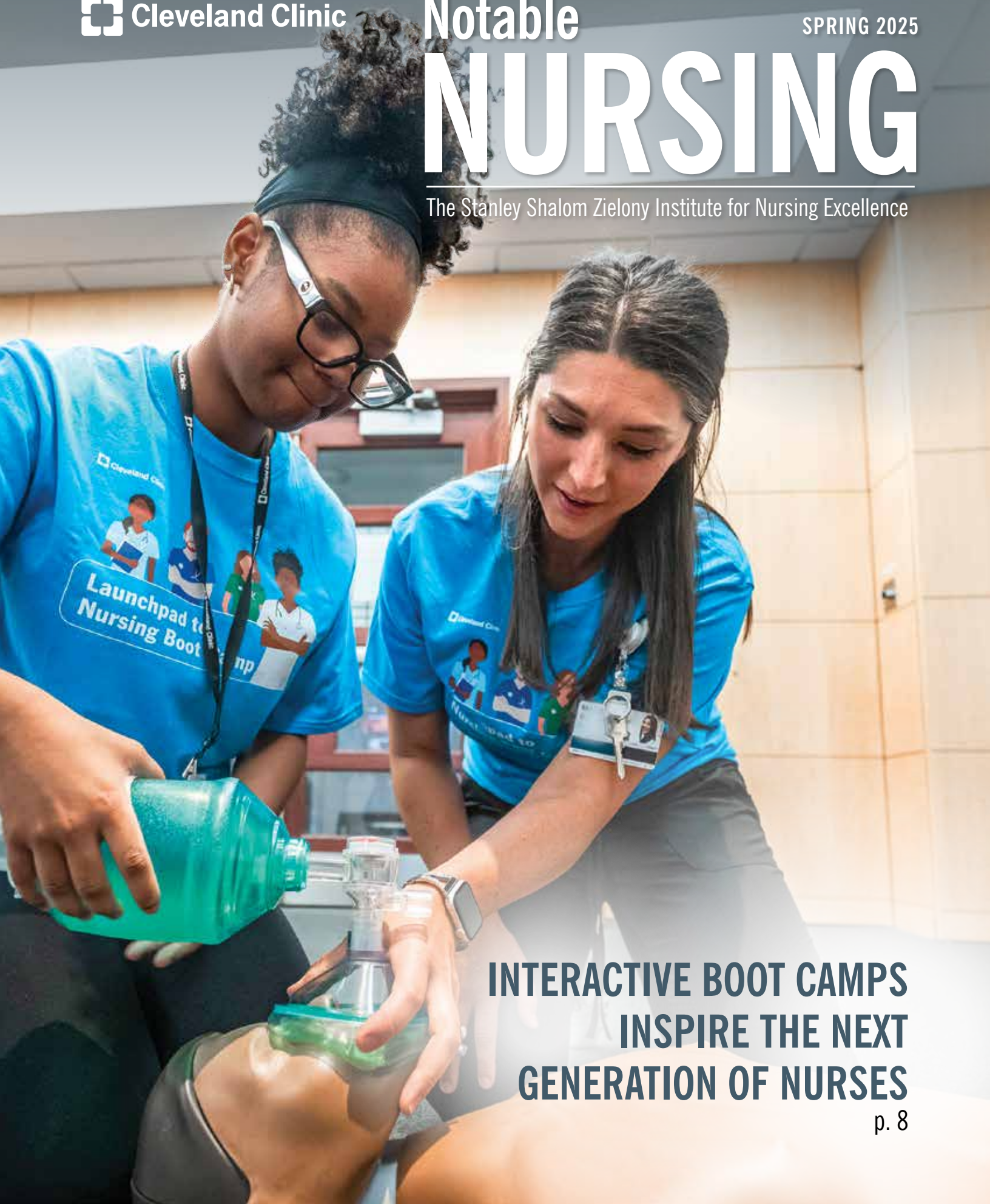


NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence



**INTERACTIVE BOOT CAMPS
INSPIRE THE NEXT
GENERATION OF NURSES**

p. 8



Dear Friends,

Throughout the years, I've witnessed innumerable acts of kindness and selflessness from Cleveland Clinic nurses. In an international climate of constant change, they have continued to find new ways to provide stability and compassion to patients and their families. Such efforts are especially powerful when managing underserved populations, including neurodivergent patients (page 11).

Our nurses have also prioritized ongoing education and have developed creative, inspiring ways to reach future generations of nurses, as our cover story on the Launchpad to Nursing Boot Camp attests (page 8).

They have also developed ongoing programs to support the careers of their healthcare colleagues, including patient care nursing assistants, and foster their professional growth (page 3). And perhaps most important, nurses have continued to prioritize patient and caregiver safety by implementing novel protocols designed to mitigate potential problems and encourage caregivers to bring their concerns to the collective table (page 13).

As an academic medical institution, Cleveland Clinic provides unique opportunities for nurse scientists to pursue lines of inquiry aimed at improving the lives of both caregivers and their patients. I invite you to explore a new study that evaluates the toll that perceived stress can take on nurses (page 16) and another project that captures the experience of family members in a neurological step-down unit (page 17).

Once again, I hope you'll join me in applauding our nurses' tireless efforts to promote well-being in their communities — and each other.

Meredith Foxx

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

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Awards and Honors

Cover: Immersive career-exploration program gives middle and high school students the opportunity to spend a day as a nurse.

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.



Retention Efforts Focus on the Engagement and Support of Nursing Assistants

PROGRAM HIGHLIGHTS NEED FOR FOUNDATIONAL PATIENT CAREGIVERS

In Cleveland Clinic's hospitals, patient care nursing assistants (PCNAs) lay the groundwork for basic clinical care. They combine clinical tasks with personal care responsibilities to ensure patients are comfortable, supported and safe. Bridging care and communication between nurse and patient, their role on the healthcare team is dynamic and essential.



Barb Zinner

"Nursing assistants add so much to the patient and caregiver experience, and their work contributes significantly to patient outcomes," says Barb Zinner, DNP, RN, NE-BC, CENP, Vice President, Chief Nursing Officer at Cleveland Clinic Marymount Hospital.

"Retaining this indispensable group of caregivers is a top priority of Cleveland Clinic's executive nurses."

According to a report by *Bucketlist*, nursing assistant roles consistently face some of the highest turnover



Ricardo Jimenez, PCNA, connects with a patient.



Michael Vargas, PCNA, reviews a patient's electronic record.

rates among healthcare positions, at times exceeding 30% annually. Zinner spearheads Cleveland Clinic's PCNA retention efforts, which aim to ensure that these caregivers have the tools needed to perform at their highest level, that they are engaged, and that they are personally and professionally satisfied.

KEEPING THE PROS IN PLACE

It's common for the nursing assistant position to be used as a stepping stone for other caregiving opportunities. At Cleveland Clinic, many PCNAs are pursuing, or have plans to pursue, a nursing or other medical degree while working in the hospital, yet others find the role itself to be a rewarding career. Zinner calls these caregivers the "pros in place" and explains that they are committed PCNAs with no desire to change careers — now or later.

"Some PCNAs have no desire to attend nursing school; their goal is to be the best nursing assistant they can be, period," says Zinner. "We want those caregivers to make Cleveland Clinic their professional home for their entire career."

To encourage organizational commitment, Zinner and her colleague Mary Beth Modic, DNP, APRN-CNS, CDE, Clinical Nurse Specialist, Diabetes, initiated a new program that would further empower and engage these dedicated professionals.



Mary Beth Modic

Zinner and Modic began by redesigning a curriculum from the medical center's highly impactful MAGNUS empowerment program for clinical nurses. Together with MAGNUS Facilitator Jane Hartman, MSN, APRN, CPNP-PC, the team created a career-enrichment program designed to meet the unique needs of PCNAs.

With four cohorts now complete, the program encompasses education and training to help pros in place grow and excel in their roles. Participants, who are selected by their nurse manager or clinical director based on their job performance,

attend a series of guided, interactive discussions on the dignity of career, finding purpose in your work, bringing joy to your job and expressing gratitude.



Michelle Hinton

“I never expected that this program would be something that would build me up personally and professionally,” explains Michelle Hinton, a PCNA at Marymount Hospital who participated in the first cohort. “The program gave me the tools I need to fulfill my responsibilities, taught me how to multitask and showed me how to build better relationships with my co-workers.”

Hinton says the insight she garnered on approaching difficult situations, being a better communicator and listener, and encouraging and supporting her teammates has positively affected her daily work and overall career satisfaction.

“The experience gave me a sense of belonging and instilled pride in my position,” she shares.

Hinton’s testament is reflective of program results to date.

Modic explains, “The transformation of many participants is notable in observable behaviors like increased self-confidence, enhanced communication skills, and heightened sense of contribution and value to the organization.”

SUPPORT FOR EVERY CAREER PHASE

To further harness the valuable insight offered by the pros in place, alumni of the MAGNUS program are invited to join a systemwide PCNA task force. Among its many responsibilities, the group aims to help identify retention-related gaps and devises solutions with the chief goal of reducing PCNA turnover across the enterprise.

“These caregivers have profound ideas and innovations for retaining nursing assistants,” says Zinner, who leads the task force with Modic; Amy Graves, MSN, RN, NE-BC, CCRN, Nursing Director at Cleveland Clinic Hillcrest Hospital; Cindy Willis, DNP, MBA, CMSRN, Senior Director of Nursing Education; Anna VanHal, MSN, RN, NPD-BC, Nursing Education Manager; and Krissy Cochrane, MSN, RN, Continuous Improvement Specialist.

For the past year, the work has focused on enhancing job clarity and creating support resources for potential, new and current PNCAs. Materials are housed in a new PCNA Toolkit, which is available to Cleveland Clinic’s inpatient nursing teams. Key objectives have been to:

1. Establish clear job expectations for potential candidates.
2. Provide enhanced orientation and training for new hires.
3. Create standardized shift responsibilities and expectations for all nursing assistants.

POTENTIAL CANDIDATES

“We knew we needed to help people better understand the job before they were hired,” notes Hinton. “Some weren’t aware of everything that was expected of them — a factor that would lead to disappointment and attrition.”



Patient care nursing assistant Jacqueline Joo (right) rounds with nurses, including Edna Nahine, RN, during a shift change.

To address this potential pitfall, the task force proposed a PCNA shadowing experience. Prior to shadowing, candidates complete an interview summary that asks questions such as “What is it about working as a PCNA that you find exciting?” It also helps hiring managers evaluate an individual’s comfort level with specific job-related tasks.

The completed form, along with feedback from the caregiver leading the shadowing, helps inform nurse managers whether the potential employee is a good fit. The process provides candidates with a clear understanding of the job description and requirements.

“The process allows candidates to see firsthand what the job entails,” explains Zinner. “They are able to make a more informed decision to determine if it’s a job they can see themselves doing.”

New hires

For those who are hired into the organization, the task force has also refined its PCNA clinical orientation practices to include a precepting experience. Thanks to the enhanced training they receive, MAGNUS alumni have been well equipped to serve as preceptors along with other tenured nursing assistants.

“There are specific requirements for becoming a preceptor,” explains Zinner. “They must have commendable or above-average

annual performance reviews, attend preceptor courses and quarterly PCNA Council meetings, and more.”

Upon hiring a new PCNA caregiver, nurse managers assign a preceptor by sending a detailed letter about the individual, including their work schedule, previous work experience and length of orientation. A welcome flyer is posted in the unit break room with their name, role and preceptor information.

“The new precepting is incredibly structured,” says Hinton, who often mentors new hires. “You are prepared with in-depth information about the person you are training, so you know where to start with them.”

The task force also created an orientation guideline with a detailed timeline that spans the first day of orientation to the last. It lists specific skill expectations for each day in the orientation period, which is typically about four weeks.

Preceptors provide daily feedback on caregiver performance. They prompt new hires about their goals when a shift starts, and when it ends, they ask the PCNA to share their thoughts on strengths and opportunities.



PCNAs like Sarafina Laroche, pictured, are guided by role-related care standards.



PCNAs like Keyera Wilcoxson (right) provide indispensable support to registered nurses on their unit, including Enedelia Urbieto, RN.

“Many people who become PCNAs have no previous medical or clinical experience,” says Hinton. “It’s a fast-paced role that can be overwhelming. Without adequate training and preparation, some new hires leave. The task force agreed that a comprehensive orientation guideline would give these caregivers the best experience possible during their training.”

Collaborative weekly meetings with the caregiver, their preceptor and the nurse manager offer further guidance and support throughout the transition. Meetings also lay the groundwork for development of the caregiver’s personal action plan.

“The weekly check-ins highlight strengths and opportunities with concrete examples,” adds Zinner. “New PCNAs are becoming more quickly engaged in their work, which boosts their confidence. They recognize that their leaders support them and want them to succeed.”

Current PCNAs

For all Cleveland Clinic PCNAs, the task force has outlined role-related care standards. These include specific tasks nursing assistants may be expected to perform during a shift. Tasks are organized in checklist format by categories that include changing/bathing, oral care, environment, and mobility, as examples.

“Last November, we began discussing the relationship between PCNAs and RNs and identified ways to enhance both roles,” says Zinner. “Delegation was one area in need of improvement. Some PCNAs didn’t realize that when they were delegated a task, they needed to go back to the nurse to tell them it was completed. Having standardized care forms helps improve communication between all parties.”

Delegation is also a topic that is covered through educational sessions that are offered by task force leaders. Other topics include collaboration and teamwork (what it should look like and how caregivers can recognize and reward each other).

Additional nursing assistant support tactics include coaching and mentoring, a Nursing Support Caregiver Career Path, a job development training program to help overcome work-readiness barriers, professional development, and enhancement options to ensure individuals are working at the highest level that their training allows.

INSURMOUNTABLE BENEFITS

Modic emphasizes that the role of the PCNA on Cleveland Clinic’s care teams is invaluable. “They provide the highest standard of compassionate care — often with more frequent patient

interactions than any other caregiver,” she says. “PCNAs establish trusting relationships with patients and their families and provide comfort and support. They also gain valuable insight about patients that the entire team can use to inform future care decisions.”

“Care teams need to be stronger than ever right now, and PCNAs are a vital piece of the puzzle.”

— Barb Zinner

Beyond that, the specialized skills PCNAs possess can help close staffing gaps and reduce nurse burnout, says Modic, noting that the U.S. Department of Health and Human Services anticipates the national shortage of full-time registered nurses to continue, with projections of 10% in 2027, 8% in 2032 and 6% in 2037.

Leaning on PCNAs for clinical support allows Cleveland Clinic’s nurses to spend more time focusing on complex treatments, medication administration and the critical assessments necessary for the delivery of high-quality care, notes Modic.

“The nursing shortage isn’t going away anytime soon,” Zinner says. “Care teams need to be stronger than ever right now, and PCNAs are a vital piece of the puzzle.”

Zinner adds, “Nursing assistants are incredibly important to our Cleveland Clinic family, and we want all PCNAs to flourish here for many years to come.”

Interactive Boot Camps Inspire the Next Generation of Nurses

PROGRAM HELPS PARTICIPANTS EXPLORE NURSING THROUGH HANDS-ON EXPLORATION



Nursing faculty members, including Christine Rafferty, BSN, RN, CPAN (center), design the program to provide students with informative, immersive learning experiences.

Thanks to a new Cleveland Clinic program, middle and high school students can spend a day as a nurse — doing patient intake, listening to heartbeats through a stethoscope and even drawing blood from a simulated human arm.

Last year, Cleveland Clinic created the Launchpad to Nursing Boot Camp, a hands-on, exploratory nursing career experience for sixth through eighth graders and ninth through 12th graders.



Lisa Baszynski

“The Launchpad to Nursing Boot Camp is an initiative by Cleveland Clinic’s Center for Nursing Exploration to introduce students to nursing at a younger age in a way that is interactive and exciting,” says Lisa Baszynski, DNP, RN, NE-BC, Executive Director and Associate Chief Nursing Officer for Nursing Education and Professional Development at Cleveland Clinic.



Linda Gardner

“Our goal is to have students come and see what a nurse does,” says Linda Gardner, DNP, MEd, BA, RN, CNOR, Senior Director of Nursing Education for Cleveland Clinic. “Imagine a day where students are transported into the dynamic world of healthcare using simulation, didactic instruction and real-life scenarios. We want to change the



Boot camp participants perform head-to-toe assessments, draw and interpret blood values, perform CPR, learn hand hygiene, don and doff PPE and prepare patients for imaging.

face of nursing by providing an immersive experience that equips students with a profound understanding of what it means to be a nurse.”

BROADENING HORIZONS

Gardner explains that prior to the boot camp experience, students might not have understood the true role of a nurse.

“Everyone thinks we’re caring individuals — and yes, we are,” she says. “But we do more than just hold hands: We are critical thinkers, innovators and patient advocates.”

The day starts when students meet with real Cleveland Clinic nurses who explain the “why” behind their job. Each student receives a paper chart, and as a team, participants rotate through a series of five stations designed to simulate a real patient experience.

The mock patient at each interactive station describes symptoms of a common illness, and the students are given the opportunity

to draw blood from a simulated arm. Participants are also taught how to read the values from a blood draw, perform a head-to-toe assessment, properly wash their hands and save a life using CPR.

Once they’ve completed all the stations, students walk through how to do a thorough nurse handoff.

“Students have the opportunity to engage in simulations designed to build their confidence and sharpen their analytical and decision-making abilities,” Gardner says. “In addition, the real-life scenarios they encounter bring them face-to-face with the human side of healthcare, highlighting the emotional intelligence, empathy and communication skills that are indispensable in nursing.”

The culminating activity is an escape room, where the students “escape their shift” by reviewing the patient’s information and providing proper handoff instructions to the next nurse.

The exercise is designed to show the significance of good communication and reinforce the lifesaving information students

can take back into the community. Students receive a certificate of completion at the end of the program.

PREPARING CAREGIVERS OF THE FUTURE

In 2024, 181 students from 58 schools applied for 100 Launchpad to Nursing Boot Camp spots. Cleveland Clinic makes schools aware of the program primarily via social media, and Gardner reports that interest in the course is already starting to outpace availability. Six Launchpad to Nursing Boot Camps are already scheduled for 2025 with the possibility for more. Each session is designed to accommodate 40 students.

Gardner and her team also hope to expand the program to fourth and fifth graders and to create a “part two” boot camp for students who have completed Launchpad and want a deeper dive into nursing.

“We learned that we have to get in front of students early and often and engage them in a hands-on way,” says Gardner. “As these young minds navigate the intricacies of patient care, they witness

the profound impact nurses have on individual lives and the healthcare system as a whole.”

“It’s never too early for students to start looking into their career options and exploring opportunities,” adds Baszynski.

“Students interested in nursing need to know before high school what courses to take,” she explains. “Nursing school is rigorous, so we want them to be prepared.”

The nursing shortage affects hospitals across the country, so it has never been more critical to “pack” the nursing pipeline, Gardner notes.

“Our nursing education department has created a program unlike anything I’ve seen before,” Baszynski says. “The boot camp serves not only as an educational platform but also as a beacon of inspiration, igniting a passion for nursing that may shape their future careers. Our investment in the future nursing workforce sets Cleveland Clinic apart.”



Students use a hand-washing station equipped with GloGerm and black lights to demonstrate proper hand hygiene.



Fidget popper sensory toys are just one of the resources available to improve the experience of neurodivergent patients.

Caring for Patients With Neurodivergence

TRAINING, TOOLS AND RESOURCES LEAD TO SAFER, MORE COMPASSIONATE CARE

Neither a diagnosis nor a disease, neurodivergence is simply a way to describe people who experience variations in brain function.



Lori Matich

“Neurodivergence isn’t a difference in brain physiology,” explains Lori Matich, MSN, RN, NE-BC, Senior Director of Nursing at Cleveland Clinic Tradition Hospital in Port St. Lucie, Florida. “Rather, the term describes differences in how people process information.”

Autism spectrum disorder, attention-deficit hyperactivity disorder and dyslexia are among the conditions associated with neurodivergence.

As a result, patients with neurodivergence may present with unique medical needs. For example, patients might experience sensory challenges like hypersensitivity to light, sound or touch; communication problems; and behavioral challenges, including unregulated emotions and an insistence on routine. Even basic interactions like requesting a glass of water or showing a provider where something hurts can be fraught.

“We’ve always been able to manage these patients’ medical needs, but we’ve found that — in order to provide a compassionate, safe and inclusive environment — we must step back a bit,” Matich explains. “It’s important to understand how to address any problems that can lead to communication deficits, stress and distrust.”

To that end, Matich and her nursing staff turned to Travis Haycock, PsyD, ABD, who, as Assistant Director of Cleveland Clinic Children's Autism Development Solutions, has almost 30 years of experience working with children with autism.

"Travis came in and helped us learn how to meet these patients — both children and adults — on their own level, in a way that promoted trust and understanding," Matich says.

BUILDING CONNECTIONS

One of the first points Haycock emphasized was the importance of reducing sensory overload and improving communication by interacting slowly, intentionally and mindfully.

"Less is more," Matich says. "Don't approach too quickly or forcefully. Minimize your words. Speak in a neutral tone, use an age-appropriate voice, and don't talk down to patients."



Shannon Kunberger

Shannon Kunberger, DNP, RN, NEA-BC, Vice President and Chief Nursing Officer for Cleveland Clinic Euclid Hospital, agrees.

"As someone who identifies as neurodivergent, I can tell you that a caregiver's approach must be very mindful," she says. "Pause and be a listener and an empathizer, without judgment or assumptions. Identify the

person first and their behaviors second. And don't be afraid to ask the patient or their family direct questions about what works for that person and what does not."

Commonsense approaches like closing the door, dimming the lights, letting patients see and touch the equipment, and providing behavior-specific praise also go a long way toward providing stress relief for patients who are neurodivergent.

Beyond simply gaining trust, patient-centered approaches can be crucial to successful treatment outcomes, Kunberger notes.

The importance of ensuring that the patient clearly understands what's happening, including any postcare instructions, is critical, she says. "Ask the patient — especially an adult patient — how they best learn: 'Do you want this all written down?' 'Would



Laura Stanley, MS, CCLS (left), and Jessica Himick, BSN, BSW, RN (right), stock a sensory cart.

you like to see pictures?' 'Would it be better if I just talk you through everything?'"

"Without a doubt, how we educate these patients about their diagnosis and aftercare requirements can impact outcomes significantly, especially if the patient is having trouble absorbing the information the way a neurotypical patient might. It's really all about being aware and taking the time to listen and move forward accordingly."

NOVEL IDEAS

Beyond the need for education, the nursing staff has also recognized the necessity of tools and resources, including essential sensory support items, to improve the care of these patients.

"Our nursing team has been incredibly invested in doing more for our neurodivergent patients," Matich says. "Once we received more training, we immediately began assembling 'sensory carts'

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Bringing Caregivers to the Table

CONFIDENTIAL FORUMS HELP ADDRESS BARRIERS TO THE TIMELY ESCALATION OF CARE

Although the need to escalate care when a patient's condition is deteriorating is fundamental to safety and outcomes, there are numerous barriers to this critical practice, ranging from clinical inexperience to high staff workload and fear of criticism by senior colleagues.



Maureen Schaupp

"Before care escalation can happen, nursing caregivers must recognize that patients are beginning to deteriorate," says Maureen A. Schaupp, MSN, APRN-CNP, Executive Director, Associate Chief Nursing Officer Advanced Practice Nursing, Nursing Quality and Practice at Cleveland Clinic.

"Recognition usually involves a combination of patient factors, including vital signs and lab work trending in the wrong direction. Once a problem is recognized, clinical inpatient nurses are responsible for escalating concerns to the appropriate provider group to ensure patients receive proper care."

Two years ago, nursing leaders at Cleveland Clinic set out to better understand if caregivers within the healthcare system felt equipped to identify and communicate changes in patients' conditions to appropriate clinical leaders. The team partnered with the Cleveland Clinic Alliance for Patient and Caregiver Safety, which is certified as a Patient Safety Organization (PSO) by the Agency for Healthcare Research and Quality (created under the Patient Safety and Quality Act of 2005). PSOs gather and analyze data voluntarily collected by providers to improve patient safety and healthcare quality.

"Encouraging a safety-focused culture empowers our nurses to escalate concerns without hesitation and reinforces team collaboration," says Christine M. Pokryfky, BSN, RN, JD, Program Manager, Patient Safety Organization, Cleveland Clinic Alliance for Patient and Caregiver Safety.

IDENTIFYING OPPORTUNITIES

Among the activities coordinated by PSOs are "Safe Tables" — confidential forums where healthcare professionals engage in robust discussions about patient safety issues.



Christine M. Pokryfky

"Safe Tables provide a venue for caregivers to speak openly and freely about concerns related to all sorts of safety topics they encounter day to day," says Pokryfky. "It allows the healthcare organization to learn from caregivers and make improvements."

In 2023, Cleveland Clinic selected escalation of care as a topic for Safe Tables based on results of a previous year's caregiver engagement survey. One of the questions asked caregivers how they felt about their ability to challenge the decisions and actions of those with more authority.



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“The feedback was not as favorable as we would have liked, so we identified an opportunity to collaborate with nurses,” says Schaupp. “Our nurses may have a wonderful ability to recognize patient deterioration, but if they find it difficult to escalate care, patient outcomes can be less than optimal.”

CREATING ACTION PLANS

The Cleveland Clinic Alliance for Patient and Caregiver Safety held Safe Table discussions at 15 U.S. hospitals within the healthcare system, which were attended by 241 nursing professionals representing all care areas and shifts. The PSO and nursing content experts developed four open-ended questions to guide discussions.

“Safe Tables provide a venue for caregivers to speak openly and freely about concerns related to all sorts of safety topics they encounter day to day. It allows the healthcare organization to learn from caregivers and make improvements.”

— Christine Pokryfky

“We wanted to hear directly from the nurses if they felt there was a hesitancy to escalate care and, if so, why?” says Schaupp. “For example, was there a barrier to communication? Were they unsure who to call? Did they previously experience a negative interaction with a provider?”

The PSO analyzed the qualitative information gathered before sorting it into themes pervasive across the healthcare system.

“The nursing executive team created action plans in concert with our caregivers and other stakeholders based on feedback we received,” says Schaupp.

“Feedback was robust because caregivers felt psychologically safe to speak up during the Safe Table activities.”

One of the overarching areas the team focused on was ensuring there was a clear escalation pathway in every unit within the organization. Due to the confidentiality of Safe Tables, nursing leaders don't share specific details about their discussions. Leader discretion about what is shared contributes to the success of Safe Tables — and also Cleveland Clinic's commitment to improving escalation-of-care efforts.

“Safe Tables have been a wonderful tool to help us dig a little bit deeper into our caregivers’ needs,” says Schaupp. “This approach allowed the nursing leadership team to key in on areas where we could help caregivers, remove barriers and make sure they felt like they could question those with more authority.”

The strategy worked. “By the time we conducted our caregiver engagement survey in 2024, our scores for the question related to the *ability to challenge the decisions and actions of those with more authority* improved,” she adds.

THREE TIPS TO IMPROVE ESCALATION OF CARE

Schaupp and Pokryfky offer the following advice to other nursing leaders:

- **Prioritize timely escalation of care.** “Essential to delivering high-quality, high-reliability care are the following three elements: Have the right protocols, policies and procedures in place; educate caregivers; and promote open communication in a psychologically safe environment,” says Pokryfky.
- **Lean into the culture.** “Nurses need the tools to feel confident escalating their concerns, but it’s equally important to make sure they know they are supported by all leaders within their organization when these situations arise,” says Schaupp. “The culture at the top is what makes things run smoothly.”
- **Be open to vulnerability.** “Our nursing leadership team was willing to be vulnerable and ask our bedside caregivers what was going on at the patient level,” says Schaupp. “I think it was well worth it because we came away from the Safe Tables experience stronger than when we started. Our nurses are now better equipped to escalate treatment, and our patients are getting the care they need.”

Focusing on escalation of care has also reinforced Cleveland Clinic’s team of teams approach, Pokryfky says.

“The safety culture is so important, and it needs to be pervasive across the entirety of the enterprise,” she adds.

“This was a wonderful step by nursing leadership to show they really care about the perspectives of the nursing caregivers at the bedside.”

Safe Tables 2025

The Cleveland Clinic Alliance for Patient and Caregiver Safety’s first Safe Tables forum focused on central line-associated bloodstream infections, followed by discussions on escalation of care in 2023.

This year, the Patient Safety Organization will host quarterly Safe Tables at the healthcare organization’s U.S. hospitals for all caregivers, including nurses, physicians, advanced practice providers, environmental services personnel, social workers, risk managers, case managers, transporters and others.

HERE ARE THE 2025 TOPICS:

Q1: Medication Safety and Reconciliation

Q2: Preventing Burnout and Promoting Mental Health Well-Being in Healthcare Teams

Q3: Bridging Gaps in Care: A Safety-Focused Discussion

Q4: Enhancing Telemetry Safety and Alarm Management



Longer Shifts, Poor Diet and Low Physical Activity Linked to Lower Quality of Life for Nurses

NEW STUDY SEEKS TO UNCOVER THE MODERATING EFFECT OF STRESS

In research publications, poor health behaviors, including low physical activity and an unhealthy diet, have been linked to physical and emotional stress reactions. Unfortunately, little is known about associations between nurses' health behaviors and perceived stress and quality of life. A team of Cleveland Clinic nurse researchers is working to change that with a new study investigating how stress affects the well-being of the largest group of healthcare professionals.

The study, which was conducted during the COVID-19 pandemic, showed that diet, stress, physical activity and shift work correlated with nurses' perceived quality of life. Researchers also found that the pandemic had the greatest negative impact on mental quality of life for nurses working in jobs they considered to be lower stress pre-pandemic.



Beth Abood

"This shows that there's more work to be done," says Beth Abood, BSN, RN, a nurse manager in endocrinology at Cleveland Clinic and principal investigator for the study. "We're never going to completely remove stress in the nursing field, but we can focus on promoting self-care and finding other ways to help ourselves and our nursing teams."

The study highlights the need for more nurse-driven research, she adds. Researchers sent surveys to more than 2,630 Cleveland Clinic nurses working in both inpatient and ambulatory settings in Northeast Ohio. Of these, 429 nurses completed surveys.

The surveys included questions designed to measure perceived quality of life, sleep disturbance, physical activity and perceived stress. Researchers note that few validated nutrition questionnaire tools were available, so they focused on evaluating participants' consumption of sugary beverages, water and fast food.

Nurse scientists also recorded participants' demographic data, including information about their shift work, length of shift and years working as a registered nurse. Finally, they asked participants to rate how the COVID-19 pandemic affected their quality of life.

LONG SHIFTS AND WELL-BEING

Researchers found a significant correlation between consuming a higher number of fast-food meals per week and lower perceived physical quality of life. Stress and physical activity were also important correlates for mental quality of life.

In addition, study investigators identified shift work as an important factor. Nurses who worked 12-hour shifts reported a higher consumption of sugary drinks, greater sleep disturbance and greater stress levels compared to those working eight-hour shifts. Nurses who worked night or rotating shifts were also more likely to have a higher consumption of sugary drinks compared with those who worked day shifts.

"In the inpatient hospital environment, most nurses work 12-hour shifts, so it's worth taking a more careful look at the nutrition resources available to shift workers to determine if we can enhance their health and, ultimately, their quality of life," Abood says. "The long shifts might be great for work-life balance, but we are uncertain if they support a high quality of life."

One surprising finding was the impact of the COVID-19 pandemic. Nurses who had a high level of perceived stress before the pandemic did not report a significant change, but nurses with lower or normal stress levels prepandemic reported a greater impact on their quality of life, she notes.

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Family Perspectives in Neuro Step-Down Units

NURSE-LED RESEARCH PROVIDES SURPRISING INSIGHTS



Amy Young

Inspired by the events surrounding her own father's hospitalization, Cleveland Clinic nurse researcher Amy Young, MSN, APRN, ACCNS-AG, CCRN, sought to examine the often-overlooked emotional and psychological burdens faced by family members visiting patients in a neurological step-down unit (NSDU). Recalling the state of her father's hospital room, which she found disorganized and chaotic, she explains that her unease sparked a curiosity about others' experiences in the unit.

"I couldn't help but wonder what other family members felt when spending time in these rooms," she says.

IMPORTANT QUESTIONS

Young's contemplation raised essential questions about what clinicians could do to help families cope in a setting that may be both stressful and foreign to them. She says the choice to focus on the step-down unit rather than the intensive care unit (ICU) was strategic; the step-down environment typically accommodates more families and presents a slightly reduced level of anxiety compared with ICU settings.

The average length of stay in an NSDU is between three and four days, which provides nurses and other providers with a unique opportunity to engage with families, she notes.

"Family members are pulled out of their day-to-day routine and thrown into an environment that can be quite disorienting," she says. "It's important for caregivers to remember that families are managing their lives outside of the hospital and, at the same time, managing the stress of their loved one's health status, which can change dramatically from one moment to the next."

The central question posed to family members in Young's study was: "What is it like to be a family member here?" Researchers adopted an open-ended approach that encouraged participants to share their thoughts freely. This methodology allowed for richer dialogue and more authentic insights into their experiences, says Young.

KEY THEMES

Young says a qualitative analysis of interview responses revealed four prominent themes: communication, caring, life-stress balance and the environment.

Family members expressed mixed feelings. While some appreciated the updates they received, many felt they were insufficient. Families said they desired ongoing, reciprocal communication characterized by openness and transparency. Simple updates such as "He's doing well today" or "We had a tough night" were highly valued.

Young provides a poignant example shared by one respondent who highlighted perceived gaps in communication: "I thought [the patient] was having surgery today. I get up here, and it's been moved to the next day." Such instances of miscommunication can contribute significantly to the stress experienced by families and underscore the need for consistent, reliable information from healthcare providers, Young says.

Young says her findings also emphasized the significance of caring. Families expressed gratitude for the compassion and attentiveness exhibited by the healthcare staff, indicating that emotional support can help influence their overall experience.

"Our results demonstrate how important it is for clinicians to engage with patients' families in a way that acknowledges the role they play and the emotional investment they're making in the care of their loved one," she explains.

Participants also named life-stress balance as a major challenge, noting they struggled to balance work, personal responsibilities and social commitments with the demands of being present in the hospital.

Finally, families reflected on their perceptions of the physical space (the patient's hospital room) and its impact on their experience. An organized, welcoming environment was perceived as one that helped alleviate stress and provided solace, says Young.

"The research sheds light on an essential aspect of healthcare: the often-neglected perspectives of family members," she says. "By recognizing family challenges and incorporating their feedback, healthcare professionals can enhance family support, ultimately leading to better outcomes for both patients and their loved ones. A greater understanding of family experiences not only enriches the care process but also fosters healing and connection, which are vital in the wake of neurological illnesses."

Caring for Patients With Neurodivergence

(continued from p. 12)

with items like headphones, soft lighting options, fidget boards and communication cards.”

With input from a work group that included the emergency department, inpatient and ambulatory pediatric units, a child life specialist, and a community liaison, Matich was able to secure funding for the carts by way of a Catalyst Grant, a Cleveland Clinic program designed to help caregivers champion ideas that deliver high-quality, compassionate care for patients and the community.

So far, the team has assembled eight carts — one in each of the four emergency rooms at Cleveland Clinic Martin Health, one in the pediatric unit at Cleveland Clinic Tradition Hospital, and one in each of the institution’s three pediatric outpatient clinics. Going forward, the maintenance of the sensory carts will be part of each unit’s operating budget.

In the meantime, educational materials relating to care for neurodivergent patients, including simulations, have been posted on Cleveland Clinic’s online learning platform, where they can be accessed by staff throughout the enterprise. Plans are also in place to expand the availability of neurodivergence-related tools and resources to all Cleveland Clinic locations.

The response from caregivers, families and patients has been encouraging, Matich says. “Just the fact that we wanted to do better in caring for our neurodivergent patients — and that we took the time to achieve that — has been very well received.”

Longer Shifts, Poor Diet and Low Physical Activity Linked to Lower Quality of Life for Nurses

(continued from p. 16)

LOOKING AHEAD

Although the rest of the study’s findings may not be entirely surprising — it’s generally well known that nurses’ health behaviors can negatively affect their quality of life — Abood says the research provides important evidence about these previously studied issues.

“As we embarked on this study, what really resonated with me was the lack of health literature on these topics,” she says. “I would have thought we would be inundated with literature on nurses’ stress and quality of life, but that was really not the case.”

“More data is needed to highlight the connection between nurses and nutrition,” she notes.

Since conducting the study, Abood’s nursing team has implemented changes designed to support well-being, including a regular wellness check during their weekly huddle and addressing nurses’ self-reported sources of stress.

“Leadership has an important role to play in ensuring we communicate and promote healthy self-care practices,” Abood says. “Healthy behaviors may also lead to better nursing workforce retention and a healthier nursing workforce overall.”

Although making time for research can be challenging for busy nurses, Abood encourages colleagues to try it.

“Even if nursing research is not your top professional priority, going through the process at least once is a great experience,” she says. “It opens your eyes to other areas of nursing, and it can give you a new or different perspective on the topic of interest.”

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Awards and Honors

Nelita Iuppa, DNP, MS, BSN, NEA-BC, RN-BC, FHIMSS, Executive Director and Associate Chief Nursing Officer in Cleveland Clinic's Enterprise Office of Nursing Informatics, was named one of 2025's Most Influential Women in Healthcare IT by the Healthcare Information and Management Systems Society Inc.

Mary Beth Modic, DNP, APRN-CNS, CDCES, FAAN, was named Clinical Nurse Specialist of the Year by the National Association of Clinical Nurse Specialists.

Cleveland Clinic Abu Dhabi's coronary, heart and vascular (Level 8), **surgical intensive care** (Level 7) and **neurological intensive care units** (Level 6) earned Beacon Awards for Excellence (Silver) from the American Association of Critical Care Nurses.

Cleveland Clinic's **Akron General Lodi** and **Indian River hospitals** have been designated by the American Nurses Credentialing Center Pathway to Excellence Program for their commitment to creating a positive practice environment that empowers and engages staff.

Cleveland Clinic Hillcrest Hospital has been certified by the International Board of Lactation Consultant Examiners. The hospital also received a Best Practice Award: Bag-Free Designation from the Ohio Hospital Association and the Ohio Department of Health for its efforts to reduce the negative impact of formula marketing materials on breastfeeding initiation. In addition, Hillcrest Hospital was named among

America's Best Maternity Hospitals by *Newsweek* magazine and was redesignated as a Baby-Friendly[®] hospital by Baby-Friendly USA for upholding the highest standards in infant feeding.

The **Cleveland Clinic Martin Health Emergency Department** earned a Lantern Award from the Emergency Nurses Association for exceptional performance in leadership, practice, education, advocacy and research.

The American Association of Critical-Care Nurses presented Beacon Awards for Excellence (Gold) to the **J62 cardiovascular surgery step-down** and **J52 thoracic surgery step-down units** at Cleveland Clinic's Main Campus. Beacon Awards (Silver) were also given to the **J51/J53 cardiovascular surgery step-down** and **J82 heart and lung transplant units** at **Main Campus**, the **medical intensive care unit** at **Cleveland Clinic Weston Hospital**, and the **intensive care unit** at **Cleveland Clinic Indian River Hospital**. The award recognizes distinction in leadership, staffing, communication, learning development, evidence-based practice and patient outcomes.

The **Vascular Access Resource Nurse (VARN) Program** at Cleveland Clinic was awarded the Infusion Nurses Society Seal of Approval for its commitment to providing hands-on education in vascular-access care. Cleveland Clinic is the first hospital system with a VARN program to receive the award.

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