

Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence
SPRING 2021



**CREATING A CULTURE
OF SAFETY AND
SUCCESS**

P. 10



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Dear Friends,

A little more than a year ago, the coronavirus pandemic started us on a collective journey that we neither predicted nor wished for. Although that journey has taken us to unexpected places, it would be inaccurate to say we were unprepared. As nurses, we expect the unexpected. We are innovative, creative, flexible and relentless in finding solutions. Even in crisis, we provide the means to better experiences for patients, their families and our colleagues.

We bring empathy to our calling. Nurses make up a community of care — an idea that we celebrate in this issue of *Notable Nursing*.

The demands of the pandemic may have temporarily diverted us from some of our goals and plans, but our shared standards and values have remained intact and are perhaps stronger than ever.

Evidence-based practice is key to providing high-quality and safe care. We must continue to empower each other as nurses to find or create high-quality evidence and challenge the status quo. Doing so ensures nurses practice in a way that reflects contemporary care that promotes optimal outcomes and patient safety. High-quality care is an important reason why nurses continue to be among the most trusted professionals.

As nurses, you do extraordinary things that elevate the profession. I hope you keep that in mind every day. May the coming months bring you a sense of renewed energy and hope.

MEREDITH FOXX, MSN, MBA, APRN, PCNS-BC, PPCNP-BC, CPON, NEA-BC

Executive Chief Nursing Officer, Cleveland Clinic



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



Nancy Albert leading a discussion on research.



The Qualities of Leadership

5 CLEVELAND CLINIC NURSES STRESS LIFELONG LEARNING, EVIDENCE-BASED CARE, MENTORSHIP AND MORE

Nursing leadership shows up in many forms, and Cleveland Clinic nurses find countless avenues for pursuing meaningful careers while expanding knowledge and contributing to an ever-growing national community of care. Five nurses whose dedication has made a difference within and beyond the Cleveland Clinic health system talk about their career trajectories, explain what energizes them about their areas of specialty, and offer thoughts on what will be important to nursing in the future.



Jane Hartman, MSN, APRN, PNP-BC
*Pediatric Clinical Nurse Specialist
Office of Advanced Practice Nursing
Stanley Shalom Zielony Institute for Nursing
Excellence*

“I have been a pediatric nurse for 40 years because I love children,” says Jane Hartman. “Their tenacity, resilience and grit amaze me on a daily basis. I have worked in many care settings and have learned a great deal from each experience.”

As a pediatric clinical nurse specialist, Jane interacts with clinical nurses caring for very sick children and offers guidance on many clinical issues. Her specific area of expertise and passion is pediatric vascular access, where the work includes providing comfort to children during painful procedures.

Hartman is committed to lifelong learning and is a professional problem-solver — themes that nursing leaders return to again and again as important to a meaningful career. She created the Pediatric Peripheral Vascular Access Algorithm, which directs nurses when starting IVs on pediatric patients, and she revised and validated a Pediatric Difficult IV access scoring tool. “Through the use of the algorithm, Cleveland Clinic Children’s increased first-attempt success rates from 52% to 67.7%, with the odds of first attempt success increasing by 156%,” Hartman says.

She also invented the High-Line™ to address the problem of IV tubing dragging on the floor in pediatric units. “I had just received 25 handmade prototypes and was in the early stages of testing when COVID-19 arrived,” Hartman says. “We immediately recognized that this could be a solution for tubing snaking across floors in our ICUs as IV pumps were placed in the hall to preserve PPE and to decrease COVID-19 exposure.” Cleveland Clinic has used more than 6,000

High-Lines since April 2020. Throughout the United States several hospitals requested and received samples to assist with these same issues.

The future of nursing is bright, Hartman believes, but post-pandemic stress disorder and burnout will need to be addressed. “The pandemic was especially hard on our front-line caregivers, who were thrust into unimaginable situations over long periods of time,” she says.

She also is concerned about a projected 80,000 baby boomer nurses retiring during this decade. “The impact of both of these phenomena occurring simultaneously is yet to be determined,” she says.



Sarah Croes, BSN, MSITM, BGS, RN-BC, CPHIMS, CAPM
*Nursing Informatics Manager
Office of Nursing Informatics
Stanley Shalom Zielony Institute for Nursing Excellence*

As a nursing informatics manager, Sarah Croes manages teams that support Epic® software for inpatient nursing. During her five years at Cleveland Clinic, she has worked as a programmer, inpatient RN, clinical analyst and manager.

Croes began her career as a computer scientist, during which she won awards for developing programming efficiencies and forecasting applications that could predict future outcomes in specific scenarios. She worked with a number of corporate clients in those days, but Cleveland Clinic was her favorite, she says. She decided to return to school to pursue a nursing degree, and although she was raising children at the time, she managed to graduate at the top of her class.

She was a clinical nurse initially but always expected to move into informatics, since it is the perfect combination of the computer science and nursing disciplines.

“Nursing informatics is the synthesis of nursing practice, computer science and information technology, which is great for me since I have worked in all these areas,” Croes says.

The nursing informatics teams make improvements to Epic so that electronic documentation enhances rather than hinders practice, Croes says. Projects include reporting, decision support, documentation optimization and nurse-driven requests.

“I love working with clinicians to discover better ways to address problems,” Croes says. “We do a lot of analysis, innovation and troubleshooting, but it all comes back to improving patient care. One small change can impact thousands of caregivers.”



Beth Faiman, PhD, APRN-BC, AOCN, FAAN
*Nurse Practitioner
Department of Hematology and Medical Oncology
Taussig Cancer Institute*

Beth Faiman found her calling early in her career. She specializes in the diagnosis and management of patients with plasma cell disorders,

a trajectory that began when she was a Cleveland Clinic nursing assistant and was sent to work in Hematology and Medical Oncology. She quickly realized the positive impact that care, compassion and education can make for patients and their caregivers.

She earned her BSN in 1996 and her MSN degree and nurse practitioner certification in 2002, and became a nurse practitioner in the Multiple Myeloma program at Cleveland Clinic in 2004. A decade later, she earned her doctoral degree from Case Western Reserve University.

‘We do a lot of analysis, innovation and troubleshooting, but it all comes back to improving patient care.’

— Sarah Croes, BSN, MSITM, BGS, RN-BC, CPHIMS, CAPM

Over the years, Dr. Faiman has led numerous efforts in her field.

- She is a founding member of the International Myeloma Foundation Nurse Leadership Board. “I voiced the need to develop and publish nursing care management guidelines on multiple essential topics that had previously been underpublished in nursing forums: drug side effects, survivorship care, supportive therapy and patient education resources.
- She created the first of five national e-mentorship nursing programs to link national myeloma nurse-expert mentors with nonexpert nurses.
- In 2013, she established the first international myeloma nurse workshop; it was held in Kyoto, Japan.

- She is one of few advanced practice nurse members of the prestigious American Society of Hematology (ASH); is on the Hematology Specialty Board at the American Board of Internal Medicine; and was recently appointed a Clinical Member of the Case Comprehensive Cancer Center Board.
- She is editor-in-chief of Journal of the Advanced Practitioner in Oncology, the official journal of the *Advanced Practitioner Society of Hematology and Oncology* (APSHO).

Dr. Faiman’s work as a nurse scientist informs her publications and presentations.

“I collaborated with a national cancer symptom expert in a study that affected nursing practice. I learned that nurses could be taught to perform clinical assessments to identify neuropathy promptly and intervene early in neuropathy symptoms,” she says. “In a second collaborative study, myeloma patients were given tablet devices and asked about common symptoms. Based on responses, we created a personalized, evidence-based care plan of reported symptoms and concerns.”

In her clinical practice, she recognized that peripheral neuropathy and diarrhea were common, chronic and debilitating but understudied symptoms of myeloma. She conducted studies to test the effect of glutamine on neuropathy symptoms and to explore whether diarrhea could be a sign of an effective anti-myeloma immune response or related to immunodeficiency.

In collaboration with Medscape Nurses, Dr. Faiman developed a web-based, accredited myeloma program. Within four months, this activity reached 12,654 learners, generated 3,560 nursing certificates of program completion, and led to three additional programs.

She also believes in shared decision-making and allowing patients and caregivers to collaborate with medical teams. “Having worked at other organizations and in collaboration with international nurses, I feel very fortunate for the support that is given to me and our departments with regard to staffing, time off and patient care decision-making, and hope this will continue,” she says.



Dianna Copley, DNP, APRN, ACCNS-AG, CCRN
Clinical Nurse Specialist
Office of Advanced Practice Nursing
Stanley Shalom Zielony Institute for Nursing Excellence

In 2009, Dianna Copley joined Cleveland Clinic as a clinical nurse in the surgical intensive care unit (SICU). She earned a Master of Science in Nursing degree and became a clinical nurse specialist (CNS) in advanced practice nursing, primarily supporting hospital medicine, in 2015. Last year, she returned to surgical intensive care and earned her Doctor of Nursing Practice degree.

‘They have given me honest feedback that has improved my writing and presentation abilities and given me the confidence to pursue additional professional opportunities.’

— *Dianna Copley, DNP, APRN, ACCNS-AG, CCRN*

Clinical nurse specialist Kathy Hill, MSN, RN, who became her mentor, was the person who encouraged Dr. Copley to consider becoming a clinical nurse specialist. “Through practicing in the SICU, I recognized how much I loved critical care and wanted to make a further impact with translating evidence into bedside practice,” Dr. Copley says.

Mentors have been essential to her career. “I have had wonderful opportunities, many of which I was encouraged to pursue by mentors,” she says. “They have given me honest feedback that has improved my writing and presentation abilities and given me the confidence to pursue additional professional opportunities.”

Among those have been opportunities to present nationally at both the American Association of Critical-Care Nurses National Teaching Institute annual conference and the Academy of Medical-Surgical Nurses annual convention. “I am always excited to represent Cleveland Clinic during these large national events,” she says.

Copley also is proud of work she did as part of her doctoral studies.

“I wanted to pick a topic that supported clinical nurses. I made an error as a novice nurse and remember the profound impact it had on me,” she says. “What I experienced is known as second victim phenomenon. For the scholarly project, I studied *Second Victim Phenomenon Mitigation Educational Program Evaluation*. I presented this work at the 2021 Quality and Safety Education for Nurses (QSEN) International Forum.”

Dr. Copley credits her ongoing professional growth to volunteering in national nursing organizations. She currently serves as the chair-elect for the Academy of Medical-Surgical Nurses program planning committee and as co-chair for the National Association of Clinical Nurse Specialists website and listserv committee.

Dr. Copley believes that nursing caregivers should capitalize on the public's improved understanding of the value and expertise of nurses — spurred on by the COVID-19 pandemic. "Nursing must capitalize on this momentum and advocate for issues such as support for nursing education to continue to grow our workforce," she says.



Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FHFA, FCCM, FAAN
*Associate Chief Nursing Officer
Office of Nursing Research and Innovation
Stanley Shalom Zielony Institute for Nursing Excellence*

Nancy Albert has been a Fellow of the American Academy of Nursing since 2015, an honor that speaks to the impact she has made on the advancement of nursing as a science and as a profession.

In 2019, she became president-elect (2019-2020) and now serves as president (2020-2021) of the Heart Failure Society of America — a national multidisciplinary organization composed primarily of physicians, nurses and pharmacy professionals.

"I never imagined that a nurse would be selected to lead the organization, and am humbled and honored that I have had a chance to do so," Dr. Albert says.

Her trajectory in cardiac care began in nursing school, when she became fascinated with the heart.

"It's such a small organ and so essential to life," says Dr. Albert. "I was intrigued by the heart's connotation of love, and equally interested in the electrical and mechanical systems in constant play. Once I learned more about myocardial infarctions, heart failure, atrial fibrillation and other cardiac conditions, and observed an open heart surgery, my desire to learn more continued to grow."

She started asking questions and finding answers by reviewing research literature and hearing experts speak on topics of interest at national meetings. She spent 14 years at a community hospital before moving to Cleveland Clinic.

"My first position at Cleveland Clinic was nurse manager of the coronary care unit," Dr. Albert says. "There was a lot of research going on — medical research — and I was thrilled simply to be part of the team caring for patients who were in research trials."

These days she conducts her own research and works alongside inquisitive colleagues. "New knowledge is exciting, no matter the theme and participant discipline or population. It helps us develop a firmer foundation of nursing science, which I believe is extremely important," Dr. Albert says.

One of the first research studies she was involved with was designed to learn the level of knowledge of nurses caring for patients with heart failure. "Specifically, I wanted to know if they had adequate knowledge to teach patients about how to take care of themselves at home," she says. "There was no tool available on the topic, so I had to create my own. That tool was my first 'innovation,' and I continue to receive requests to use it today."

Her love of innovation extends well beyond cardiac care.

"I enjoy mentoring nurses in idea generation and in problem-solving, no matter the theme," she says. "I find the process of developing something from nothing to be fascinating and rewarding, similar to research in that it feels like I am putting a puzzle together. Both research and innovation can be mentally draining, but they involve collaborating with others, which promotes growth. I find them both to be mentally stimulating and fun."

Going forward, Dr. Albert says, "We need to look carefully and critically to ensure diversity, equity and inclusion in all healthcare programs and for all people who require services."

Precision health is also important, she adds. "Not only do we need new assessment and treatment models that promote individualized care, we need to understand how culture, socioeconomic, personal and family factors, and other criteria affect care decisions. We must also be able to provide healthcare opportunities that are meaningful and beneficial to the people we serve."

Finally, she says, COVID-19 has demonstrated that care can be delivered from a distance. "We need to determine how to make distance health practical for patients who choose it, and we need to develop innovations that improve delivery and evaluation of distance health services so that healthcare professionals can make the best decisions from afar — decisions that do not simply hold off impending doom, but improve quality and length of life."

Email comments to notablenursing@ccf.org.

Nursing Professional Practice Model Evolves

UPDATE REFLECTS CURRENT PRACTICES, POLICIES, VALUES AND CARE PRIORITIES

When the Stanley Shalom Zielony Institute for Nursing Excellence was formed in 2009, one of the top priorities of Cleveland Clinic's executive nurse leaders was to develop and implement a unified nursing practice model for all Cleveland Clinic nurses. Less than a year later, the first Professional Practice Model (PPM) was introduced, serving as a framework to support and guide nurses to manage their everyday practice and ensure delivery of high-quality care to patients.



Deborah Small, DNP, RN, NE-BC

“A professional practice model captures the art and science of nursing care and professional practice while bringing purpose and value to the work of the nurse,” says Deborah Small, DNP, RN, NE-BC, Chief Nursing Officer of Cleveland Clinic London. “It promotes cohesion in nursing and ownership of practice.”

Through the years, Cleveland Clinic's PPM has helped the Nursing Institute address challenges, identify opportunities and advancements in healthcare, and more. Recently, executive nurse leaders refreshed the model to better reflect Cleveland Clinic's current nursing practices, policies, values and care priorities.

“A nursing practice model must reflect new and innovative concepts in our ever-changing healthcare environment,” Dr. Small says. “As systems grow and expand, models require updates to align with strategic plans. New caregiver ideas and knowledge continue to improve and build on the foundations of our past. Cleveland Clinic's model refresh was in direct response to growth, globalization and expanding digitalization and in anticipation of future healthcare changes at the bedside and in the community and home.”

A LOOK AT THE ORIGINAL PPM

The original PPM centered on Cleveland Clinic's Patients First guiding principle and was designed to facilitate delivery of consistent nursing care to multiple patient populations and to meet family needs. Dr. Small was one of the key members of the first PPM steering committee, which included stakeholders from Cleveland Clinic hospitals and service areas. She says the process to create and introduce the first model was comprehensive and extensive.

To begin, the committee conducted research and gathered feedback from other hospitals and health systems and performed a thorough assessment of the current state of nursing at Cleveland Clinic, which included numerous focus groups. They elicited feedback from nurse managers, assistant nurse managers, advanced practice registered nurses, charge nurses, registered nurses, licensed practical nurses, nursing assistants, clinical instructors, physicians and other caregivers. They mapped out Cleveland Clinic's current nursing care delivery process, including accepted definitions, expected competencies, practice environments and levels of care. They also outlined specific issues the model should address.

When the analysis was complete, the committee reviewed nursing and management literature to identify the best theoretical framework for Cleveland Clinic's model. In the end, the executive nurse leaders determined that existing nursing care models, even patient-centered ones, were too specific and task-oriented to adequately encompass the care needs of their complex health system. Cleveland Clinic's nurse leaders wanted their model to also reflect the concerns and care needs and best practices of the Cleveland Clinic nurses and the Nursing



Institute. They ended up combining nursing care theories with broader-based management theories to achieve complete coverage of identified issues, and Cleveland Clinic's first nursing PPM was born.

The model included a foundation of system thinking based on shared vision (per work by P.M. Senge). The non-nursing theoretical component allowed other concepts of care to be combined into a Framework of Care: serving leader (per work by R.K. Greenleaf), relationship-based care (per work by M. Manthey) and thinking in action (per work by P. Benner).

The Framework of Care formed the foundation for nursing practice and encompassed four domains of influence, also known as quadrants. The quadrants allowed customization for a nurse's specific role, professional goals, and personal preferences. The original model's domains were:

- Quality and patient safety
- Healing environment
- Research and evidence-based practice
- Professional development and education

"The original model was an amalgamation of knowledge in four core domains that promoted value-driven ethical decisions, as well as competent care and practice," Dr. Small adds. "These principles were designed to guide the nursing profession and promote standardization among multiple settings and roles, since decreasing practice variation improves quality and patient outcomes. The model's Patients First principle was the driver of shared decision-making and keeping the patient front and center as nurses aimed to deliver on the promise of world-class care."

MODEL EVOLUTION FOCUSES ON NEW AND CHANGING PRACTICE NEEDS

Similar to the original model, the Nursing Institute's revised PPM continues to align nursing practice with Cleveland Clinic's mission, vision and values and guides the Nursing Institute to excellence. Leaders made sure the new model kept the same consistent visual feel of the original model. The revised model also continued to depict the Nursing Institute's values, as well as the structures and processes that support nurses in owning their practice and delivering high-quality care. One big change was to replace quadrants of influence with new central concepts — Cleveland Clinic's four care priorities:



- Caring for patients
- Caring for caregivers
- Caring for the organization
- Caring for community

Nurses support these priorities through Cleveland Clinic's values of quality and safety, empathy, teamwork, integrity, inclusion and innovation. In alignment with the care priorities, professional goals and responsibilities ensure that nurses:

- Provide each patient a lifetime of high-quality, seamless care enabled by technology.
- Create an inclusive and supportive culture that empowers caregivers to thrive.
- Steward their resources, enabling Cleveland Clinic to grow responsibly and serve as many patients as possible.
- Serve communities by tailoring care to meet unique needs and ensure better health.

The theoretical foundation for the new model is the nursing need theory (based on work by V. Henderson). The theory reinforces nurses' commitment to nursing excellence by providing the best possible care and helping patients become as healthy and independent as possible.

Additionally, aligning with the Nursing Institute's mission to be the global leader in the professional practice of nursing, today's PPM incorporates the following overarching themes:

Team of teams: High-performing cross-functional teams work together. Everyone is aligned for a common purpose — to take the best care of patients.

Strategic leadership: Leaders provide direction to the organization by outlining a vision for future growth, maintaining stability and managing through change. All nurses are leaders. By exerting character traits that empower others to collectively and collaboratively achieve a goal, nurse caregivers can influence those around them to create momentum.

Engagement: Nurse caregivers are actively involved in the organization to ensure sustainability and growth. Patients and their families, along with the healthcare team, participate in planning and implementing care.

Professional governance: Nursing practices a shared decision-making model where nurses and other caregivers on the interdisciplinary team have the power to make decisions and are accountable for their actions.

The revised PPM, like the original, is a driver of shared governance. The PPM continues to be at the center of the Nursing Institute's shared governance model, which empowers nurses by giving them a voice in the decision-making processes that affect their practice and the care they provide patients.

The PPM revision addresses the four domains of influence, which were fine-tuned to further define how the model is implemented in daily practice. The new domains/quadrants are:

- **Quality and safety:** Nurses provide safe care that enables patients and caregivers to achieve high-quality outcomes.
- **Relationship-based culture:** The culture captures the relationships of nurses with patients, each other, other caregivers and the community.

- **Professional practice and development:** Nurses embrace lifelong learning and continuous professional growth to advance the professional practice.
- **Research, evidence-based practice and innovation:** Evidence guides clinical practice and management; through research and innovation, nurses transform healthcare to provide the best outcomes for patients.

"The refreshed model fosters nursing professional identity," says Dr. Small. "It ensures nursing is aligned with the strategic plan, healthcare priorities and changing knowledge across the system."



*Barbara Yingling,
MAEd, BSN, RN*

At Cleveland Clinic Mercy Hospital, which joined Cleveland Clinic health system in February 2021, Barbara Yingling, MAEd, BSN, RN, Vice President of Patient Care Services and Chief Nursing Officer, says Mercy nursing caregivers completed their first-ever PPM about a year and a half ago by working through a shared governance system. The Mercy model represents efforts by nurse leaders and staff to articulate the hospital's nursing values, which dovetail with Cleveland Clinic nursing standards.

"The two models have many similarities, especially in what they emphasize: evidence-based practice, recruitment, retention — all of those branches that you're looking for in a professional practice model," Yingling says. "I feel good about the model that we created as a group, and we will be able to move right into the Cleveland Clinic professional practice model very easily."

ENSURING WORLD-CLASS PATIENT CARE

The revision of the Nursing Institute PPM was led by a steering committee consisting of nursing representatives from across the health system. Committee members reviewed the original model, collected feedback from caregivers involved on all nursing practice councils and repeated the process multiple times to identify recommendations for the revised model.

Cleveland Clinic's nursing PPM continues to be a symbol of unity — uniting the Nursing Institute on its path to deliver world-class care to all patients.

Email comments to notablenursing@ccf.org.

Creating a Culture of Safety and Success

SUPPORTING NEWLY GRADUATED RNs BEFORE AND AFTER THE PANDEMIC

Lightning-fast advances in knowledge and technology present enormous opportunities for improving healthcare while the newly graduated RN preparation-to-practice gap continues to widen. As the pandemic hit, pre-licensure programs suddenly faced a steep new hurdle: how to help nursing students gain crucial experience when hospitals tightened restrictions to protect patients, caregivers, faculty and students.

By Joan Kavanagh, PhD, RN, NEA-BC, FAAN; Christine Szweda, MS, BSN, RN; and Kathryn Stuck Boyd, MSN, RN, NPd-BC



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

The collective response from nursing educators has offered reasons for optimism. Nursing programs responded with creativity as they pivoted from presenting in-person classes and clinicals to virtual classes and truncated clinical experiences. When events forced innovation, nursing programs were nimble, and they demonstrated to future nurses — and to program leaders themselves — that they can adapt under intense pressure. (Kavanagh, J., & Sharpnack, P. (2021). Crisis in competency: A defining moment in nursing education. *OJIN: The Online Journal of Issues in Nursing*, 26(1), 1-11).



Christine Szweda, MS, BSN, RN

Flexibility under pressure will continue to be valuable after the pandemic, as we respond to the imperative to improve nurse competencies in an environment that is changing at warp speed.



Kathryn Stuck Boyd, MSN, RN, NPd-BC

At Cleveland Clinic's Stanley Shalom Zielony Institute for Nursing Excellence, systems we have put in place to help newly graduated RNs improve competency and confidence are showing results that make a difference in care delivery and in the professional experiences of new nurses.

PROVIDING SAFE, HIGH-QUALITY PATIENT CARE

The ability of nursing graduates to think critically is a key to safety, particularly in the area of identifying changes in patients' conditions, according to team (Kavanagh, J., & Szweda, C. (2017). A crisis in competency: The strategic and ethical imperative to assessing new

graduate nurses' clinical reasoning. *Nursing Educational Perspectives*, 38(2), 57-62).

Recognizing this need, deans from the nation's schools of nursing affiliated with the American Association of Colleges of Nursing approved "The Essentials: Core Competencies for Professional Nursing Education," setting competency expectations for graduates of baccalaureate and graduate-level nursing programs.

To support new graduate RN (NGRN) success, in 2014, Cleveland Clinic launched a competency- and evidence-based one-year residency, accredited with distinction by the American Nurses Credentialing Center in 2020. The residency follows what is typically a three-month orientation. During that time, each NGRN is paired with an experienced RN success coach. The success coaches are nurse professional development specialists who serve as liaisons between new nurses, their preceptor and the nurse manager.

TOOLS FOR ASSESSMENT

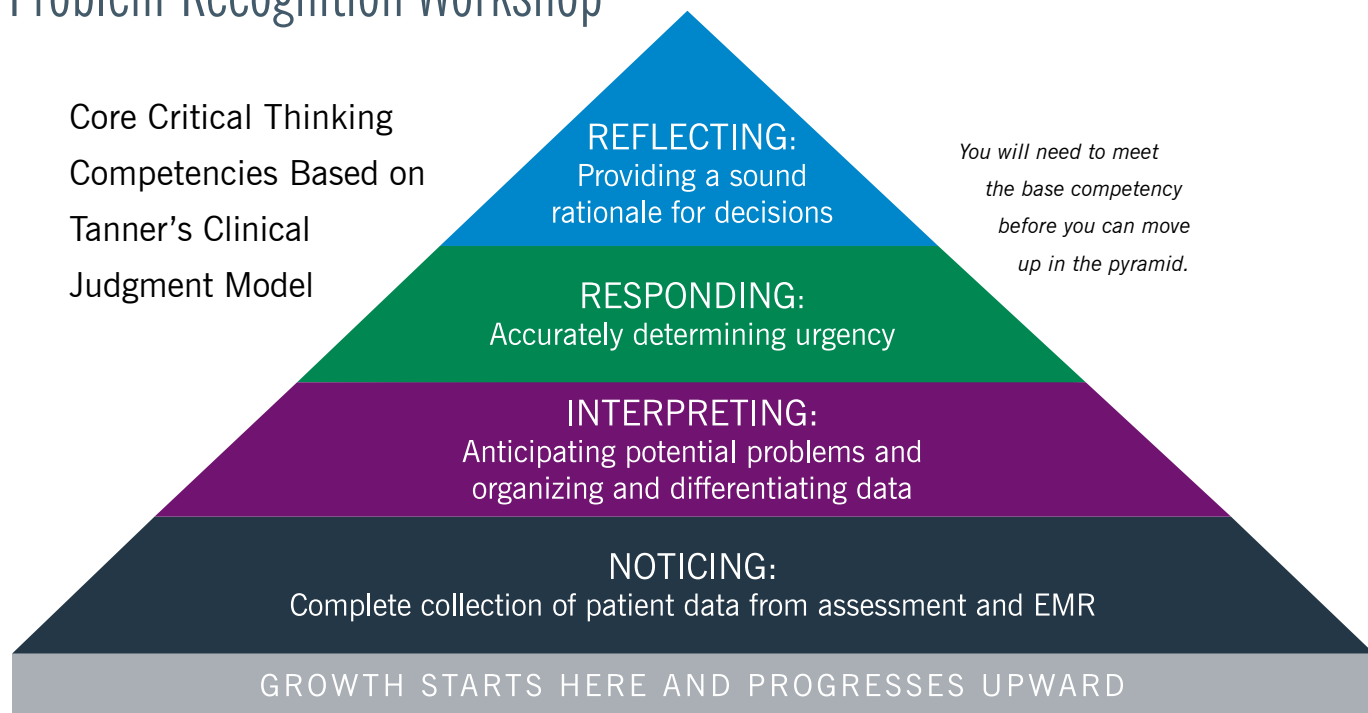
During orientation, caregivers self-assess using a holistic proprietary tool that explores topics such as coping mechanisms, organizational and professional commitment, professional behavior, self-efficacy, and help-seeking behavior. The outcomes help the success coach anticipate and support the unique needs of each nurse.

Historically, Cleveland Clinic used the Performance-Based Development System[®], which evolved into an artificial intelligence platform supported by HealthStream, called Jane, to assess critical thinking and identify newly hired nurses' strengths and opportunities for growth. In the asset-based environment of Cleveland Clinic nursing education, Jane is referred to as the Success Navigator.

PROBLEM-RECOGNITION WORKSHOP

Perhaps one of the most powerful tools we have developed to advance new-nurse readiness is the Problem-Recognition Workshop.

Problem-Recognition Workshop



Participation in the three-day immersive experience involves assessments to better understand if new-graduate nurses consistently recognize a change in a patient's condition or understand the level of urgency. Failure or inconsistency in recognizing a change in patients' conditions may result in a failure to escalate concerns or ask for help. The program employs an innovative framework for developing self-confidence, critical thinking and patient problem-recognition skills.

Based on Tanner's model of clinical judgment, the Problem Recognition Workshop assumes and respects the knowledge individuals bring to the program. The workshop uses facilitated small-group case study and problem identification discussions that:

- Focus on noticing and interpreting patient data and then organizing the data using the situation-background-assessment-recommendation (SBAR) format.
- Use a consistent set of open-ended questions to establish a pattern of thought when approaching an evolving patient situation.

Nurses who fixate on irrelevant data are generally unable to identify the chief patient problem, so the ability to sift through patient information is key. Throughout the program, information is provided incrementally as the patient would exhibit a change in status throughout a nurse's shift. The participant builds their SBAR reports as new information is

provided, and at the end of the case study they are asked to share the problem they think the patient is experiencing.

The program begins with the use of video vignettes that present a patient who, over time, decompensates or declines in some way. Participants review the patient's history, identifying what the patient may potentially be at risk for. Then, in small groups, participants use a proprietary exercise called the Dot Method (see sidebar) to identify the problem.

Prioritization exercises simulate a full patient assignment and give participants an opportunity to differentiate urgency, identifying who should be seen first and who is non-urgent.

Deductive reasoning and critical thinking patterns that were learned in the classroom are then applied in a virtual clinical environment. Participants review the unique de-identified chart of a real patient who was on a medical/surgical inpatient unit, including the most recent head-to-toe nursing assessment. Then they present an SBAR report to the small group which is debriefed to ensure the nurse has identified relevant data and accurately anticipated risks.

A low-fidelity simulation experience further develops the nurse's ability to differentiate relevant from irrelevant data. Participants receive an overview of how to use manikins and are coached to incorporate the



Simulation Operations Specialist Nicholas Toth, BS, runs a simulation with first-year nurses from across the Cleveland Clinic health system.



Udunma Ikoro, RN, practices setting up a chest tube used in caring for a cardiac patient in the Nurse Residency program.

entire patient environment in their assessment to anticipate and plan for safe care. They independently identify the patient problem occurring and prioritize the scenario as urgent or non-urgent.

In another activity, nurses collect patient information by scanning QR codes that link to assessment findings or other clinical data points. This innovative strategy allows nurses to assess the patient in whatever order they feel appropriate.

WORKSHOP FOSTERS SKILL-BUILDING AND CONFIDENCE

The Problem-Recognition Workshop's immersive, generative environment places nurses with peers of similar abilities to build confidence and competence in a nonthreatening, supportive atmosphere. Participants describe feeling completely comfortable asking questions in their small peer groups. The workshop helps nurses



A Code Blue simulation with a manikin reinforces knowledge gained during school. Focusing on patient assessment skills, problem-solving techniques and technical skills in a safe environment helps close the new-nurse competency gap.



First-year nurses Kelly Loftus, RN, and Liam Flaherty, BSN, RN, review Code Blue procedures for preparing medication in a Bristoject, which needs to be placed in a plastic syringe. The new graduate practices assembling the syringe using aseptic technique.

connect the pieces of data and pull relevant information from the stores of knowledge they have acquired through school and practice.

The program also encourages increased rapidity of the critical thinking process by subtly reducing the time frame allotted for answering questions. Participants progress so that they can proceed from SBAR review to assessment to final conclusion in a clinically realistic time of 10 minutes.

Designed by nurses for nurses, the Problem-Recognition Workshop reinforces standards for performance. There are strong indicators that the methods can be easily implemented in hospital and academic settings to improve anticipatory thinking, early recognition of patient problems and prioritization of patient needs. These skills contribute to safe practice and reflective thinking throughout one's career.

Email comments to notablenursing@ccf.org.

The Dot Method

The Dot Method visual management technique is somewhat similar to concept mapping. It helps nurses sort through data points to identify those that best correlate with the patient's history and presentation and will lead to accurate problem recognition.

The dot metaphor applies as well to Cleveland Clinic's Problem-Recognition Workshop as a whole, which can be likened to a pointillist painting. Standing up close to the painting on the wall of a museum, one sees discrete dots. Only by viewing the painting at a distance can one see the essence of the picture.

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A Diverse Nursing Workforce for a Diverse Community

CLEVELAND CLINIC INITIATIVES FOCUS ON EXPANDING OPPORTUNITIES

During the COVID-19 pandemic, nurses demonstrated resilience and strength. This challenging time has also highlighted health disparities in our communities. To combat this, we must further develop a diverse nursing workforce that is representative of the populations we serve.



Gina Cronin,
Chief Talent Officer

Although nursing has made strides since the early 1990s — when only 11% of registered nurses identified as minorities — recruiting and retaining a more diverse pool of nurses will be essential to improving health and well-being across the nation.

IMPROVEMENT STARTS WITH DIGGING DEEP

Meaningful expansion of diversity in nursing begins with a commitment from top leadership. Cleveland Clinic has long placed a high value on diversity as a part of an overall commitment to excellence in healthcare, says Gina Cronin, Chief Talent Officer.

“We serve such a wide variety of patients,” Cronin says. “So whether that is in the city of Cleveland, in Cuyahoga County, in Abu Dhabi, in Florida, in Canada — patients we serve are very diverse by ethnicity and race, religion, physical abilities, sexual identity, and socioeconomic standards.”

The health system is further deepening its commitment this year.

“In April, we welcomed 3,000 leaders into a session called Building Inclusive Leadership. They have conversations about what inclusive leadership really means, and what commitments they can make to inclusion,” Cronin says. “The session will be followed up with further development opportunities to provide a culture that supports conversations about diversity and inclusion. You can hear it in everyday language. People are getting comfortable talking about its importance and actions that they can take.”

An estimated 28% of all Cleveland Clinic employees identify themselves as being part of a racial or ethnic minority demographic, Cronin says. Across the nation, however, expanding representation in nursing and in health leadership is still a challenge. In a 2017 study by the National Council of State Boards of Nursing and the Forum of State Nursing

Workforce Centers, 19.2% of registered nurses identified themselves as being part of a minority population.

“Cleveland Clinic nursing colleagues have done a great job of building a deeper pipeline of talent,” Cronin says. “We’re not just relying on what’s coming out of the schools of nursing, although I think they have a strong commitment to building diversity within their student populations. We’re reaching even deeper into the pipeline. For example, we have Nursing Institute programs that build employee pipelines for nursing assistants and a high school program that extends into colleges for new graduate nurses.”

In addition to fulfilling an ethical commitment to reflect the community, a more diverse nursing workforce improves healthcare outcomes and equity.

“Although nurses are among the most trusted professionals as a group, we also know that patients benefit when they can connect to healthcare professionals who look like them or who share cultural connections,” says Meredith Foxx, MSN, MBA, APRN, PCNS-BC, PPCNP-BC, CPON, Executive Chief Nursing Officer. “Trust contributes to communication and aids adherence.”

Diversity also has rewards for nursing caregivers, she adds. “From the perspective of creating a healthy and meaningful career for our nurses, being with colleagues from a variety of backgrounds, with a variety of experiences, enriches our professional experience.”

CHALLENGES TO BUILDING A DIVERSE NURSING WORKFORCE

Some of the biggest hurdles stem from demographic, cultural and economic issues:

- The overall need is growing for new talent to deliver expanded healthcare services and to replace retiring nurses.
- Students from economically disadvantaged backgrounds may not have been encouraged to seek careers in healthcare.
- Students from poorer school districts may need stronger preparation in math and science.
- Costs of attending nursing college can be a hurdle.

WHAT CLEVELAND CLINIC IS DOING

Cleveland Clinic has expanded its overall commitment to diversity, equity and inclusion through multiple initiatives.

Internally, Cleveland Clinic executives are increasing diversity in their leadership teams as part of their annual goals and objectives. Specifically, Foxx notes, they are focusing on ensuring that diversity in leadership is proportionate to the diversity on the teams being led.

Cleveland Clinic recently established the Diversity, Inclusion and Racial Equity Council. The goal for this advisory team from across the enterprise is to help drive transformational change central to building a culture free from racism, bias and health disparities that adversely impact caregivers, patients and communities. Beri Ridgeway, MD, Chief of Staff, and K. Kelly Hancock, DNP, RN, NE-BC, FAAN, Chief Caregiver Officer, are co-executive sponsors. LeJoyce Naylor, Executive Director, Office of Diversity, and Adam Myers, DPM, are co-chairs.

Externally, Cleveland Clinic is focused on removing barriers to entry into healthcare careers and to success. Programs that support these goals include:

THRIVE Program

In 2019, Cleveland Clinic launched THRIVE, a program to support patient care nursing assistants (PCNAs) during their first year on the job. The program strengthens their skills and workforce readiness.

For many, the PCNA position serves as their entry into the workforce, and many PCNAs have diverse ethnic and racial backgrounds. THRIVE is there to reinforce needed skills and to identify potential challenges before they become barriers to success, Cronin says. “What risk points might there be that would prevent a new PCNA from being successful on day one? The orientation curriculum includes more than simply orienting new PCNAs to their job roles. It includes relational elements so we can provide support for issues and opportunities that may affect their work roles,” Cronin says.

By focusing on individual risk factors, the program has increased first-year retention. “Our hope is that PCNAs continue on into further nursing degrees as well,” Cronin adds.

ASPIRE Nurse Scholars

Sponsored by Cleveland Clinic and the Howley Foundation in collaboration with Ursuline College, ASPIRE is an enrichment program geared toward under-represented high school juniors in Northeast Ohio who are interested in nursing. Participants experience simulation, professional mentoring and evidence-based practices. They learn about



ASPIRE graduate and nursing student Zavion Polak, PCNA, and Corey Salomon, RN, discuss their patient's liquids and IV protocols in the surgical intensive care unit at Cleveland Clinic Hillcrest Hospital.

college readiness and have a chance to shadow working nurses.

They also learn about the wide array of nursing career options and the rewards of caregiving.

As high school seniors, ASPIRE scholars serve as mentors for juniors in the program and have an opportunity to earn a scholarship to pursue a bachelor's degree in nursing at Ursuline College.

OneTen

In December 2020, Cleveland Clinic joined with more than 30 large employers to become part of OneTen, a coalition committed to hire, train and promote 1 million Black Americans into sustaining careers.

LOOKING TOWARD THE FUTURE

At Cleveland Clinic and at healthcare institutions across the nation, improving diversity is an ongoing effort requiring strong communication and collaboration among educators, organizational talent officers and nursing leaders. “We are on a journey, and this work requires sustained attention over time,” Foxx says. “This is important work that benefits all involved, so we're eager to do it.”

Email comments to notablenursing@ccf.org.

Martin Health Initiates Program to Honor Departed Nurses

IN THE MIDST OF THE COVID-19 PANDEMIC, NURSING LEADERS DEVELOPED STRATEGIES TO CARE FOR CAREGIVERS.



Beth Eaton, MBA,
LBC, CPHQ

Funeral services for members of a police force, a fire department or the military often include the presence of an honor guard that helps pay final tribute. Beth Eaton, MBA, LBC, CPHQ, Senior Continuous Improvement Specialist at Cleveland Clinic Martin Health in Florida, believes that dedicated nurses who have died deserve the same. Eaton and colleagues at Martin have launched a Nursing Honor Guard to make that happen.

“The presence of the Honor Guard is one way to honor the life of the nurse,” Eaton says. “What the Nursing Honor Guard can provide is their presence at calling hours and services, to pay respect for the dedication and nursing professionalism that the departed person has invested during their life.”

Volunteer Honor Guards have developed among nursing groups throughout the country to offer services to surviving loved ones. Guard members attend end-of-life ceremonies in white uniforms, traditional nurse caps and capes. During calling hours, they stand watch by the casket, and perform a brief ceremony that involves the lighting of the Nightingale lantern, symbolizing the tradition of selfless service begun by Florence Nightingale. A recitation of the Nightingale tribute acknowledges the many contributions the nurse made, in part:

*When a calming, quiet presence was all that was needed,
(nurse's name) was there.
In the excitement and miracle of birth or in the mystery
and loss of life, (nurse) was there.*

At the end of the recitation, the guard officially sounds a chime and relieves the nurse of duty. A white rose may be laid on the casket or next to the urn.

The Honor Guards work with family members to determine what level of involvement they will have in end-of-life ceremonies.

Eaton became interested in starting Martin's Nursing Honor Guard in 2020 and quickly amassed a list of about 60 volunteers. The COVID-19 pandemic hindered the startup, although auxiliary volunteers, who were not allowed in the hospital because of the pandemic, continued their service to the hospital by sewing 10 traditional Victorian capes that guard members will wear during the ceremony. “I can't tell you how much love and care went into the making of the capes,” Eaton says.

The group is working with regional funeral directors to help alert families to their service and availability. The deceased need not have worked at Martin for the guard to be present.

“The ceremony is simple, but the presence of the Nursing Honor Guard is so moving,” Eaton says. “Nursing is more than a job, it's a calling and a way of life. We are used to being there for each other at work, and I can't think of anything more meaningful than being there to officially recognize the nurse at the end of life.”

Email comments to notablenursing@ccf.org.

Exploring the Relationship of Quality of Life, Depression and Anxiety in Patients with Heart Failure

NURSES SHOULD EMPHASIZE IMPORTANCE OF SELF-CARE MANAGEMENT

Approximately 6.2 million adults in the United States have heart failure, according to the Centers for Disease Control and Prevention. Heart failure self-care maintenance behaviors, including taking medications as prescribed, monitoring symptoms and consuming a low-salt diet, have been recognized as effective strategies for reducing symptoms, slowing down the progression of the condition and improving quality of life. However, depression and anxiety are common in adults with heart failure.



Marlene Patrick, BSN, RN, CMSRN

A team of nurses from Cleveland Clinic Avon Hospital, led by Marlene Patrick, BSN, RN, CMSRN, assistant nurse Manager of a medical-surgical/telemetry unit, conducted a research study aimed at the confluence of these factors. The quantitative, cross-sectional study using survey methods sought to answer two primary questions:

- What is the relationship between self-care maintenance and management behaviors and quality of life in older adults with heart failure?
- Does depression or anxiety moderate the relationship between self-care maintenance or management behaviors and quality of life?

“It’s important for nurses to understand how heart failure self-care maintenance and management behaviors and confidence in completing self-care behaviors are related to quality of life in patients with heart failure,” says Patrick. “Furthermore, it’s important to understand the role of depression and anxiety in the relationship so nurses can better address these constructs in practice.”

Convenience sampling was used, and participants 65 years and older with a diagnosis of heart failure at Cleveland Clinic locations in Northeast Ohio were mailed survey packets. The packets included four self-administered questionnaires: the Kansas City Cardiomyopathy Questionnaire (KCCQ-12), Self-Care of Heart Failure Index (SCHFI), Patient-Reported Outcomes Measurement Information System (PROMIS®) Anxiety short form 4a, and PROMIS Depression short form 4a.

Responses from 84 returned surveys were analyzed by the research team. Among participants, heart failure quality of life scores (KCCQ-12) were positively associated with self-care (SCHFI) confidence in older adults; however, confidence scores decreased with increasing age. About one-half of participants (56%) met criteria to self-assess their self-care management behaviors (that are aimed at reducing symptoms of heart failure). In general, quality of life scores were not associated with self-care maintenance or management behaviors; however, in patients with depression, as quality of life increased, self-care management behaviors decreased.

“Depressed older adults with heart failure who perceived themselves to have a high quality of life may have fewer symptoms to manage, which could account for lower self-care management scores in the setting of depression,” says Patrick. “Alternatively, and similar to other research findings, patients who experience depression may simply be less likely to carry out self-care management behaviors and require an incentive to do so. Nurses need to emphasize the importance of self-care management behaviors and provide practical information on self-care management to patients and families, regardless if they perceive themselves to be feeling well.”





Soothing music and monitors displaying exotic locations help to relax patients before surgery.

Examining the Impact of the OR Environment on the OR Team

NURSE-LED STUDY REVEALS MULTIMEDIA COMPONENTS PROVIDE A CALMING EFFECT

The impact of the aesthetic environment in the perioperative setting on surgical patients has been studied extensively. However, very few studies have been conducted on the environment’s impact on staff. A team of nurse researchers at Cleveland Clinic Marymount Hospital conducted a phenomenological study to ascertain the perceptions of the built environment, defined as human-made surroundings intentionally designed to provide a soothing setting.

The aim of the study was to describe the lived experience of operating room (OR) personnel working in an OR equipped with SignatureSuite™ (STERIS), an OR integration system that incorporates a relaxing, multimedia experience including scenes on a monitor, music and lighting. This was a substudy of an earlier quantitative study on the effect of the SignatureSuite environment on patients undergoing thyroid surgery.

“In the initial study, we did not find a significant change in patient anxiety based on receiving care in the SignatureSuite or in standard OR settings; however, in conversations with staff, we learned that surgical staff who worked in the SignatureSuite environment perceived lower levels of patient anxiety and an increase in their own focus on patients that needed further exploration,” says Linda Soos, BSN, RN, CNOR, a perioperative clinical nurse at Marymount Hospital. “That prompted the qualitative study.”

Soos was a co-investigator on the qualitative study, which was led by Charika Burns, MSN, RN, CNOR, perioperative nurse educator at Marymount Hospital. Co-investigators included Christian Burchill, PhD, MSN, RN, CEN, former nurse scientist II at Cleveland Clinic and research mentor for the project; MaryBeth Houlahan, BSN, RN, CNOR, nurse manager of the perioperative department at Marymount

Hospital; and Rosemary Field, MS, APRN, AOCNS, a clinical nurse specialist at Cleveland Clinic.

The research team used a semistructured script with open-ended questions to conduct interviews with



Linda Soos, BSN, RN, CNOR



Charika Burns, MSN, RN, CNOR



MaryBeth Houlahan, BSN, RN, CNOR



Rosemary Field, MS, APRN, AOCNS

members of surgical teams that had used SignatureSuite at least twice within the past year. There were 23 participants, including surgeons, anesthesiologists, nurse anesthetists, registered nurses and surgical technicians.

After thorough analysis of verbatim transcripts and research team discussions, researchers identified a primary theme that encapsulated the thoughts of multiple participants. Specifically, the SignatureSuite environment calmed surgical staff, and participants perceived the environment had a calming effect on patients. In addition, participants indicated it contributed to a greater focus on the patient. “When the SignatureSuite was used, it acted as a trigger for staff to become more patient focused — to concentrate on what they were doing at the time and to perform the necessary tasks without distractions,” says Soos.

The study could have implications for hospital administrators when designing new facilities or redesigning ORs. Further research should be conducted using SignatureSuite at sites with different characteristics than the midsize community site where this study was done. New knowledge is needed on thyroid surgery populations and surgical staff caring for different populations. “Based on lessons learned from the first and second studies, it will be important to obtain new knowledge regarding how a technology aimed at creating a relaxing, multimedia experience affects patients and healthcare professionals in multiple healthcare environments,” says Field.

Email comments to notablenursing@ccf.org.

Patients can choose from four exotic location videos to view before surgery in the SignatureSuite.



Preparing Nurses for Qualitative Research

Linda Soos, BSN, RN, CNOR, was asked to join the research substudy to better understand the perceptions of the soothing environment on OR personnel because she is an experienced perioperative clinical nurse. At the time, she had never participated in a research project. “It was definitely new and exciting for me,” says Soos. “In addition, as an OR nurse, I am used to working in an environment with set, precise guidelines. A qualitative research study presented a different way of thinking for me.”

Qualitative research takes a humanistic approach to understanding a query. Qualitative methods commonly include observations and/or interviews and textual analysis of written records to understand people’s beliefs, experiences, attitudes, behaviors and interactions. Cleveland Clinic offered several tools to help Soos and her nursing peers who were new to research better understand qualitative methods and become valued co-investigators and researchers. Those tools included the following:

- Guidance from nurse scientist mentors through the Office of Nursing Research and Innovation.
- Online courses, including modules on research methods and ethics from the Collaborative Institutional Training Initiative (CITI Program) and HIPAA, as well as the four-part Evidence-Based Practice Education Program from Cleveland Clinic.
- E-learning modules from the Nursing Institute’s Research eJournal Club that aid in understanding the strength and quality of published evidence.

“It was incredible how much Linda learned and was able to connect all the pieces moving a research question forward,” says Rosemary Field, MS, APRN, AOCNS, who served as a co-investigator on the qualitative study. “I hold her up as the model for involvement, engagement and persistence.”



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Awards and Honors

Cleveland Clinic received a 2020 Richard L. Doyle Award from MCG Health to recognize innovative use of evidence-based guidance and technology.

The **Cleveland Clinic Nurse Residency** program received accreditation with distinction in May 2020 from the American Nurses Credentialing Center.

Cleveland Clinic Fairview Hospital medical intensive care unit received a Gold Level Beacon Award for Excellence from the American Association of Colleges of Nursing.

Cleveland Clinic Lutheran Hospital was the recipient of the Choosing Wisely® Trailblazer Award from Nurses Improving Care for Healthsystem Elders (NICHE) and the American Board of Internal Medicine Foundation.

Cleveland Clinic Avon Hospital was the recipient of the Go Clear Award – Gold Recognition Level Surgical Smoke-Free Award from the Association of periOperative Registered Nurses .

Cleveland Clinic health system was the recipient of the Innovation Award from Patient Safety & Quality Healthcare.

The American College of Emergency Physicians (ACEP) has awarded **Cleveland Clinic's main campus Emergency Department** a Level 1 Geriatric Emergency Department Accreditation. Cleveland Clinic is one of only three hospitals in Ohio to achieve Level 1 accreditation.

Cleveland Clinic Fairview and Hillcrest hospitals were named Best Maternity Hospitals 2021 by *Newsweek* magazine working in partnership with The Leapfrog Group, a nonprofit that reports on quality and safety in U.S. healthcare facilities.

Danielle Eden, BSN, RNC-NIC, a neonatal intensive care nurse at Cleveland Clinic Hillcrest Hospital, was profiled in *American Nurse* in an article about the healing properties of storytelling for nurses.

Mary Ann Donovan, MSN, MSED, RN, CPAN, received the 2020 Above and Beyond Service Recognition Award from the 2020 American Society of Perioperative Nursing.

Jane Hartman, MSN, APRN-PNP-BC, won Cleveland Clinic's Outstanding Innovation in Medical Device Award for developing the High-Line™ system , a product that keeps long lines of IV tubing off hospital floors.

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The Stanley Shalom Zielony Institute for Nursing Excellence encompasses all nurses and nursing activities at Cleveland Clinic. Its nearly 29,000 nurses include 2,355 advanced practice nurses. All provide compassionate care at the highest level of professional expertise through specialty-based units in hospital, outpatient and surgical settings at Cleveland Clinic locations in Northeast Ohio, Florida, Nevada, Canada, Abu Dhabi and London. Six Cleveland Clinic hospitals (main campus, Akron General, Hillcrest, Fairview, South Pointe and Cleveland Clinic Abu Dhabi) have been granted Magnet® recognition by the American Nurses Credentialing Center, six (Avon, Euclid, Lutheran, Marymount, Medina and Mercy) have achieved the Journey to Magnet Excellence® designation and three (Lutheran, Medina and Weston) have achieved the Pathway to Excellence® designation. Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education for better patient outcomes and experience. More than 4,600 staff physicians and researchers provide services through 20 patient-centered institutes. Cleveland Clinic is currently ranked as one of the nation's top hospitals by *U.S. News & World Report*.
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