LANTERN AWARD
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APPLICATION QUESTIONS for Cycle 15 (2025-2028)

Do not include identifying information in your application.
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Facility Demographic Information (responses in this section are not scored)

Questions in this section focus on the demographic characteristics of your facility and emergency department.

1. Which of the following best describes your facility?

Non-government, not-for-profit 1
Investor-owned, for-profit 2
State or local government 3
Federal government/military/VA 4

2. Please indicate which of the following characteristics apply to your hospital/emergency department:

	Yes	No
Academic medical center (hospital aligned with a university)	1	0
Teaching hospital, non-academic affiliated (hospital where students of various disciplines come for their clinical experience)	1	0
Community hospital in/near a metropolitan area	1	0
Critical Access hospital	1	0
Rural hospital	1	0
Free standing emergency department	1	0
Non-U.S. hospital	1	0

3. Which of the following best describes your emergency department's patient population?

*General (both adult and pediatric patients) 1
*Adult only 2
**Pediatric only ………………………………………………………… 3

PLEASE NOTE:
* If you choose "GENERAL" or "ADULT ONLY," SECTION Q WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION
** If you choose "PEDIATRIC ONLY," SECTIONS O & P WILL AUTOMATICALLY BE SKIPPED IN THE ONLINE APPLICATION

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4. What types of accreditation and recognition does your hospital currently have?

	Yes	No
The Joint Commission	1	0
Healthcare Facilities Accreditation Program (HFAP)	1	0
DNV Healthcare Inc., National Integrated Accreditation for Healthcare Organizations (NIAHO)	1	0
Magnet status	1	0
Beacon award(s)	1	0
Baldrige award	1	0
Critical Access Hospital certification	1	0
Designated trauma center	1	0
Designated chest pain center	1	0
Designated stroke center	1	0

5. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of patient visits to your ED?

_____ patient visits

6. Which of the following best describes how your facility defines the age of a pediatric patient?

Birth through 12 years of age (< 13 years of age) 1
Birth through 15 years of age (< 16 years of age) 2
Birth through 17 years of age (< 18 years of age) 3
Birth through 21 years of age (< 22 years of age) 4
Our facility does not have a definition for
   pediatric patients 5
Other 6
   Please specify: _____

7. Of the total ED patient visits for the most recent four (4) quarters for which you have data, what was the total number of **pediatric** patient visits?

_____ pediatric patient visits

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8. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many patient visits did your ED have for the following facility levels?

Note: Facility level refers to the hospital billing code (not physician/professional fees) assigned to each patient visit.

The combined total number of visits for the following categories should not exceed the total number of ED visits to your facility during the same period.

Total Facility Level 1 (CPT 99281 / APC 609) patient visits .... _____

Total Facility Level 2 (CPT 99282 / APC 613) patient visits .... _____

Total Facility Level 3 (CPT 99283 / APC 614) patient visits .... _____

Total Facility Level 4 (CPT 99284 / APC 615) patient visits .... _____

Total Facility Level 5 (CPT 99285 / APC 616) patient visits .... _____

Total Facility Level 6 (CPT 99291 / APC 617) patient visits .... _____

9. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **designated treatment spaces** did your ED have? (Do <u>not</u> include overflow treatment spaces such as hall stretchers, chairs, etc.)

_____ designated treatment spaces

10. Using a rolling calendar, for the most recent four (4) quarters for which you have data, on average, how many **overflow treatment spaces** did your ED need daily? (Includes hall stretchers, chairs, etc. utilized during high census)

_____ overflow treatment spaces

11. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of patients admitted to your hospital **came through the ED**?

_____ %

12. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of your ED patients were admitted to the hospital?

Note: Include observation patients in the calculation.

_____ %

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13. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **total licensed inpatient beds** did your hospital have, not including newborn bassinets?
   Definition of Licensed Inpatient Beds: The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all of the beds for which they are licensed.

_____ total licensed inpatient beds

14. Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many **total staffed inpatient beds** did your hospital have, not including newborn bassinets?
   Definition of Staffed Inpatient Beds: Beds that are licensed and physically available for which staff is on hand to tend to patients who may occupy the beds. Staffed beds include those that are occupied and those that are not occupied but available for patients.

   Responses to Questions #13 and #14 should not be the same number. However, if your ED's numbers are the same, please provide a brief, specific explanation. [100-word limit].

_____ total staffed beds

15. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the average occupancy rate for your hospital, not including newborns?

_____ %

16. Using a rolling calendar, for the most recent four (4) quarters for which you have data, did your ED track the number of hours that admitted patients boarded in your ED?
   Note: Boarding is the practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made. (The Joint Commission)

Yes 1
No 0
[If answered "No," skip to question #18.]

17. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what were the total number of hours that admitted patients boarded in your ED?

_____ hours

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

Do not include identifying information in your application.
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18. Which of the following describes who provides nursing care to admitted patients that board in your ED?

Our ED does not have boarders	1
ED nurses only	2
Non-ED nurses only	3
Combination of ED nurses and non-ED nurses	4
Other	5

Please specify: _____

ASSIGNED EXEMPLARS:

A.5 Assign this question to a <u>physician</u> in your ED:

Provide an exemplar from the past two years regarding the collaborative working relationship between nurses and physicians in your ED (examples of initiatives started more than two years ago are acceptable but must still be active).

Highlight an innovative event, initiative or program that required collaboration to achieve a goal and <u>include outcomes</u>. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support <u>outcomes</u>. **[1,000-word limit]**

Please do not use any names of individuals, committees, hospitals, cities, or states in your response. *To ensure a blinded, unbiased review process, it is essential to omit information from your application that could be used to potentially identify your emergency department.*

A.6 Assign this question to a <u>staff nurse</u> in your ED:

Provide an exemplar from the past two years regarding the collaborative working relationship between nurses and physicians in your ED (examples of initiatives started more than two years ago are acceptable but must still be active).

Highlight an innovative event, initiative or program that required collaboration to achieve a goal and <u>include information on outcomes</u>. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support <u>outcomes</u>. **[1,000-word limit]**

Please do not use any names of individuals, committees, hospitals, cities, or states in your response. *To ensure a blinded, unbiased review process, it is essential to omit information from your application that could be used to potentially identify your emergency department.*

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<u>Do not include identifying information in your application.</u>
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Question C.3 must be assigned to a <u>staff nurse</u> in your ED.
The nurse assigned should generally work a different shift and have a different experience level than the nurse assigned to question C.4.
C.3 Staff Nurse #1:
Provide an exemplar from the past two years that highlights factors that contribute to <u>each</u> of the following (examples of initiatives started more than two years ago are acceptable, but must still be active): **[1,000-word limit]**

1. Your professional satisfaction, growth, and development
2. Your willingness to stay in your emergency department
3. The impact that you feel you make on safe patient care
4. Please include the shift you generally work and how long you have been working in your emergency department.

Please do not use any names of individuals, committees, hospitals, cities, or states in your response. *To ensure a blinded, unbiased review process, it is essential to omit information from your application that could be used to potentially identify your emergency department.*

Question C.4 must be assigned to a <u>staff nurse</u> in your ED.
The nurse assigned should generally work a different shift and have a different experience level than the nurse assigned to question C.3.
C.4 Staff Nurse #2:
Provide an exemplar from the past two years that highlights factors that contribute to <u>each</u> of the following (examples of initiatives started more than two years ago are acceptable, but must still be active): **[1,000-word limit]**

1. Your professional satisfaction, growth, and development
2. Your willingness to stay in your emergency department
3. The impact that you feel you make on safe patient care
4. Please include the shift you generally work and how long you have been working in your emergency department.

Please do not use any names of individuals, committees, hospitals, cities, or states in your response. *To ensure a blinded, unbiased review process, it is essential to omit information from your application that could be used to potentially identify your emergency department.*

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APPLICATION QUESTIONS for Cycle 15 (2025-2028)

Do not include identifying information in your application.
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Leadership – Practice

Questions in this section focus on qualities that foster professional pride, confidence, and a community of support for emergency nurses.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section A. Professional Practice

A.1 Provide an exemplar (which may include more than one example) from the past two years that describes how shared governance, collaborative decision-making (which may include committee work) and staff nurse autonomy affect change in nursing practice in your ED **and** your organization. Highlight specific changes in practice or innovative ideas and report measurable outcomes. **[1,000-word limit]**

A.2 How are nursing staff recognized? **[300-word limit]**

A.3 Is the manager/director in the emergency department a registered nurse (RN)?
Note: ED manager/director refers to the individual who oversees the day-to-day operations for the ED and is responsible for the ED nurses.

> Yes.. 1
> No.. 0

A.4 Does ED leadership report to a nurse at the senior administrative level?

> Yes.. 1
> No.. 0

Section B. Emergency Department Staffing

B.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of **budgeted FTEs** for the ED?
Include RNs as well as other staff in this number.   _____ budgeted FTEs

B.2 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the total number of **budgeted direct care RN FTEs** for the ED?
Include bedside RNs only in this number.   _____ budgeted direct care RN FTEs

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

Do not include identifying information in your application.
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B.3 As of the date that you are responding to this question, what is the number of **actual FTEs employed** in your ED for the following personnel?
Note: If any of the following types of personnel are not utilized in your ED, please enter zero (0).

RNs (Direct Care/Bedside Only)	_____	FTEs
Nurse Practitioners (NP)	_____	FTEs
Clinical Nurse Specialists (CNS)	_____	FTEs
Agency RNs	_____	FTEs
Traveler RNs	_____	FTEs
LPNs/LVNs	_____	FTEs
EMT/Paramedics	_____	FTEs
Aides/Techs	_____	FTEs
Care Coordinators	_____	FTEs

B.4 Describe how you develop your annual staffing plan for the emergency department.
Include information on <u>all</u> three of the following: **[500-word limit]**
1. The individuals involved in developing the plan
2. The factors used to determine annual staffing levels
3. The patterns, trends and outcomes analyzed to evaluate the effectiveness of the staffing plan throughout the year.

B.5 Describe the factors that are considered on a daily basis to distribute and adjust the number of staff working in the emergency department. In addition, include information on who is involved in making decisions/requests. **[300-word limit]**

B.6 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the annual **average** RN vacancy rate in the ED?
Enter an exact percentage; do not enter a range. _____ %

B.7 Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many days did it take, <u>on average</u>, to fill vacant RN positions?
Include all ED positions held by an RN _____

B.8 Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many <u>individual RNs</u> did you hire in the ED?
Enter the actual number of individuals, not FTEs. _____

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**Do not include identifying information in your application.
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B.9 Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many of your hires were **new graduate RNs**?

If you had no hires during this period, enter "N/A".   _____

B.10 Using a rolling calendar, for the most recent four (4) quarters for which you have data, how many nurses hired in your ED were **referred** by current employees?

If you had no hires during this period, enter "N/A".   _____

B.11 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was your turnover rate (percent) for RNs in your ED?

Note: Turnover rate is calculated as the number of RNs who resigned, transferred, retired, expired, or were terminated divided by the number of RNs employed during the same period. Do not include per diem (those that float to numerous units), agency, supplemental, and travelers.

_____ %

B.12 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was your turnover rate (percent) for **controllable resignations** of RNs from your ED? *(If turnover/resignation rates are high, an explanation may be provided in your response to question C.2.)*

Note: This turnover rate is calculated as the number of RN controllable resignations (i.e., RN employees that left as a result of an issue or environmental feature or trait that is under the control of the employer) divided by the number of RNs employed during the same period. Do not include per diem (those that float to numerous units), agency, supplemental, and travelers.

_____ %

Section C. Nurse Satisfaction

C.1 How do you measure nurse satisfaction?

We do not measure nurse satisfaction............................ 1
[If answered "1," skip to question D.1]

External data collection company 2
In-house surveys.. 3
Other.. 4
     Please specify: _____

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C.2 Based on a recent nurse satisfaction survey in your emergency department, describe how your department responded to an area that needed improvement. Include details regarding the specific satisfaction indicator(s) addressed, the improvement plan, and <u>measurable outcomes</u>. *(An explanation for high turnover/resignation rates in B.12 may be included in this response.)* **[500-word limit]**

Section D. Healthy Work Environment

D.1 Describe your organization's policy and plan for addressing **patient and visitor violence**. Include information on the emergency department's protocol:
- before (prevention),
- during (mitigation),
- and after (debriefing, reporting, evaluating, etc.) an incident in your ED.

[500-word limit]

D.2 Describe your organization's policy and plan for addressing **staff/horizontal violence**. Include information on the emergency department's protocol:
- before (prevention),
- during (mitigation),
- and after (debriefing, reporting, evaluating, etc.) an incident in your ED.

[500-word limit]

D.3 Describe your organization's policy and plan for preventing and addressing caregiver (e.g., nurse) work-related injuries (e.g., due to patient handling, slips/trips/falls, needlesticks) in your ED. Include information on the emergency department's protocol. **[500-word limit]**

D.4 Describe your organization's policy and plan for reducing workplace stress and supporting a healthy lifestyle among caregivers in your ED. Include information on the emergency department's protocol. **[500-word limit]**

D.5 Provide <u>an example with outcomes</u> that highlights your organization's response to <u>one</u> of the following that occurred in your emergency department during the past two years:
- patient/visitor violence,
- staff/horizontal violence,
- workplace physical injuries,
- or workplace stress.

[500-word limit]

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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Leadership – Operations

Questions in this section focus on operational improvement activities and development of systems and processes.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section E. Throughput – Patient Flow

E.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the annual percentage of patients who left your ED before they were supposed to leave?
  Note: The percentage should include all patients in the following categories:

- Patients who left without being seen (leaving the ED before initiation of the medical screening exam)

- Patients who left before treatment was complete (leaving the ED after the medical screening exam but before the provider documented treatment complete)

- Patients who left against medical advice (leaving after interaction with the ED staff but before the ED encounter officially ended, including completion or refusal to complete document confirming the intent to leave against the recommendation of medical care staff)

- Patients who eloped (elopement is defined as an event where a patient who is cognitively, physically, mentally, emotionally and/or chemically impaired wanders, walks away from, or escapes from the care of the facility unsupervised prior to discharge)

- Patients who eloped who were in police custody or under arrest (refers to individuals who are in police custody, under arrest or incarcerated who are brought to the ED for medical evaluation and escape from the facility)

_____ %

E.2 Explain your process for achieving or improving the rate at which patients leave your ED before they are supposed to leave. Address all patient categories included in Question E.1. **[500-word limit]**

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E.3 What is the earliest point at which you record your patients' arrival to the emergency department?

> At sign-in or bedside immediately after the patient
>   enters the ED.. 1
> During quick registration 2
> At the <u>start</u> of triage 3
> At the <u>end</u> of triage.. 4
> Other.. 5
>   Please specify: _____

E.4 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the **<u>average (median) time in minutes</u>** for ED length of stay (from ED arrival time to ED departure time) for **<u>discharged</u>** patients. **(CMS Measure OP-18b)**

> _____ average # of minutes

E.5 Provide an exemplar from the past two years that demonstrates your facility's/hospital's commitment to decreasing the time from decision-to-admit to patient physically in an inpatient bed.
  Do not include ED observation patients, Clinical Decision Unit patients, and Clinical Decision Area patients.
  [1,000-word limit]

Section F. Patient Satisfaction

F.1 How do you measure patient satisfaction/experience in the ED?

> External data collection company 1
> Internal data collection process.................................... 2
> We do not measure patient satisfaction 3
> **[If answered "3," skip to question G.1]**
>
> Other.. 4
>   Please specify: _____

F.2 Based on your last four quarters of patient satisfaction surveys, describe two issues that consistently were identified by your emergency department patients as needing improvement. Include information on your plan for improvement and <u>outcomes</u>. **[500-word limit]**

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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Section G. Patient Safety

G.1 Select <u>one</u> of the 29 Serious Reportable Events, or "Never Events" listed at: https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx that has occurred in your emergency department within the past two years, and describe one outcomes-based quality improvement initiative for the selected Never Event.
[300-word limit]
If your department has not experienced any of the listed events, share the proactive risk assessment strategy, prevention program and best practices in place that promote patient safety.

G.2 Describe a medication error that occurred in your emergency department in the past two years and what you did to prevent future occurrences. **[500-word limit]**
If your department has not experienced a medication error in the past two years, share the proactive risk assessment strategy, prevention program and best practices in place that promote patient safety.

G.3 Describe how you <u>support safe patient care</u>, for example, as it relates to mislabeled lab specimens, infusion errors, transfusion errors, etc. **[500-word limit]**

G.4 Describe the <u>hand-off processes</u> and communication techniques that your emergency department uses to enhance patient safety. **[500-word limit]**

G.5 Select <u>one of the following areas</u> and describe the process by which you achieved improved outcomes:
- pain management,
- fall prevention,
- restraint reduction,
- or a core measure initiative.

[500-word limit]

Section H. Emergency Management and Preparedness Planning

H.1 Effective emergency management and preparedness requires the combined strategies of 1) preparation, 2) planning, 3) mitigation, and 4) recovery.
Explain how your **department and facility** has successfully utilized these <u>four</u> strategies and incorporated innovative processes to prepare staff. **[500-word limit]**

H.2 Explain your **facility and community's** joint training and involvement for emergency management and preparedness. Identify the position(s) responsible for the management and coordination of emergency management and preparedness. **[500-word limit]**

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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Education

Questions in this section focus on demonstration of instilling knowledge and competency through quality and accessible education**.**

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section I. Education

I.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what were the **average number of paid educational hours** for a single RN in your ED (e.g., meetings, classes, mandatory training or other courses)? Do not include orientation hours.

Example: In one year, an average RN might attend 12 one-hour staff meetings, 4 hours of annual safety training, 8 hours of annual competency testing, and 8 hours of re-certification (ACLS, etc.), so 12+4+8+8 = 32 hours.

_____ hours

I.2 Are the following personnel involved in staff education in the emergency department?

	Yes	No
Clinical Nurse Specialist (CNS) (Minimum Masters-prepared)	1	0
ED-Based Clinical Educator	1	0

I.3 Explain your methods/strategies for orienting new emergency nursing staff, including new graduates, nurses without ED experience, and nurses with prior ED experience. **[500-word limit]**

I.4 Explain your methods/strategies for ongoing emergency nursing staff development. **[300-word limit]**

I.5 Explain your methods/strategies for mentoring staff in your emergency department. **[300-word limit]**

I.6 Describe the methods that are used to allow your staff the opportunity to contribute to the practice of emergency nursing and advance knowledge in this specialty. **[300-word limit]**

I.7 Describe how your ED leadership remains current, shares expertise, and/or contributes to the body of knowledge as it relates to emergency nursing practice. **[300-word limit]**

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Section J. Verifications and Memberships

J.1 Which of the following verifications are required in the RN job description?

	Yes	No
ACLS	1	0
PALS	1	0
ENPC	1	0
TNCC	1	0
GENE	1	0
Other	1	0
Please specify: _____		

J.2 What percentage of your ED nurses are current members of a professional nursing association?
_____ %

Section K. Certifications

K.1 What percentage of RNs in your ED have obtained a Certified Emergency Nurse (CEN) certification?
_____ %

K.2 What percentage of RNs in your ED have obtained a Certified Pediatric Emergency Nurse (CPEN) certification?
_____ %

K.3 What percentage of RNs in your ED have obtained at least one of the following certifications?
- Cardiac Vascular Nursing (RN-BC)
- Certified Critical Care Nurse (CCRN)
- Certified Flight Registered Nurse (CFRN)
- Certified Nurse Educator (CNE)
- Certified Pediatric Nurse (CPN)
- Certified Transport Registered Nurse (CTRN)
- Gerontological Nursing (RN-BC)
- Nurse Executive – Board Certified (NE-BC)
- Nurse Executive, Advanced – Board Certified (NEA-BC)
- Sexual Assault Nurse Examiner-Adult/Adolescent, Board-Certified (SANE-A)
- Sexual Assault Nurse Examiner-Pediatric, Board-Certified (SANE-P)
- Stroke Certified Registered Nurse (SCRN)
- Trauma Certified Registered Nurse (TCRN)
- Vascular Access, Board-Certified (VA-BC)

_____ %

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Section L. Nursing Education

L.1 What <u>percentage of RNs</u> in your ED hold the following as their **highest** educational preparation/degree in **nursing**?
If none, please enter zero (0).
The total of all responses must equal 100%.

Diploma...	_____ % of RNs
Associate degree....................................	_____ % of RNs
Baccalaureate degree	_____ % of RNs
Master's degree.....................................	_____ % of RNs
Doctoral degree	_____ % of RNs

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APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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Advocacy

Questions in this section focus on how the future of the emergency nursing profession and quality patient care are influenced through advocacy and innovation in your emergency department.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section M. Advocacy

M.1 Choose one of the following three areas below and describe how your ED currently promotes advocacy for patient care in that area.
Provide specific details related to the program/initiative, including the target population, underline outcomes, and any challenges encountered. **[500-word limit]**

1. Organizational or community collaborations that result in identifiable and sustained improvements in patient care or services.

   OR

2. Community or population-targeted prevention programs that result in identifiable and sustained improvements in patient care or services**.**

   OR

3. Involvement in program development or health care policy research with local, state, or national government and/or health care agencies that results in identifiable and sustained improvements in patient care or services.

M.2 Describe how your organization currently promotes the practice of family at the bedside in the ED. Include information on any supporting policies, innovative approaches, and limitations. **[300-word limit]**

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Research/Practice

Questions in this section focus on advancing the emergency nursing profession and practice through quality improvement, evaluation of clinical outcomes and research.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

N. Research/Practice

N.1 How does your ED use ENA's book, entitled, "_Emergency Nursing Scope and Standards of Practice"_ to appraise, develop, and evaluate the practice and professional development of the ED nursing staff?
(ENA Emergency Nursing Scope and Standards of Practice is a landmark book that describes the competent level of behavior expected for the nurses practicing in the specialty of emergency nursing. The dynamic nature of the practice environment is explored in the scope of emergency nursing. The book can provide a guide for the practitioner to understand the knowledge, skills, attitudes, and judgment that are required for practicing safely in the emergency department setting. This foundational book provides the details of what is expected in this specialty of care and helps other members of the professional team understand the role of the emergency nurse.) **[300-word limit]**

N.2 Describe 2-3 nursing-sensitive indicators that your emergency department collects and briefly describe your action plans for improvement and outcomes. **[500-word limit]**
The nursing-sensitive indicators must be from the Press Ganey National Database of Nursing Quality Indicators® (NDNQI®) list of structure, process or outcome indicators. Click HERE and scroll down to pages 2-3 to see the list.

N.3 Choose one of the following two questions below and:

1. Describe how your department utilizes, promotes, and translates evidence-based practice and research to **create safe practice and achieve optimal patient outcomes**.

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OR

2. Describe how your department utilizes, promotes, and translates evidence-based practice and research to **shape the future and specialty of emergency nursing**.

[300-word limit]

APPLICATION QUESTIONS for Cycle 15 (2025-2028)

Do not include identifying information in your application.
See "De-Identifying Your Responses" in the Lantern Handbook for details.

Questions N.4 – N.7 require narrative responses to support four (4) different graphs (to be uploaded separately) of quality metrics (from the most recent four quarters for which you have data) that demonstrate exceptional patient care/outcomes.

- **Each graph may only be one page**
- **Each graph should be limited to one indicator/outcome**
- **Each graph should highlight a different indicator/outcome**
- **Highlight quality metrics OTHER than those that are part of the core measures covered in sections O, P, or Q**

Each graph must include all the following: *(click here to see sample graph)*
  o **name of the indicator measured**
  o **timeframe of the measurement period**
  o **label for x axis**
  o **label for y axis**
  o **target/goal**
  o **sample size**

N.4 Narrative for Graph #1 (graph uploaded separately): Provide a narrative for Graph #1 that identifies the action plan, accomplishments, and challenges to reach your goal (include the title of the graph in the narrative). **[300-word limit]**

N.5 Narrative for Graph #2 (graph uploaded separately): Provide a narrative for Graph #2 that identifies the action plan, accomplishments, and challenges to reach your goal (include the title of the graph in the narrative). **[300-word limit]**

N.6 Narrative for Graph #3 (graph uploaded separately): Provide a narrative for Graph #3 that identifies the action plan, accomplishments, and challenges to reach your goal (include the title of the graph in the narrative). **[300-word limit]**

N.7 Narrative for Graph #4 (graph uploaded separately): Provide a narrative for Graph #4 that identifies the action plan, accomplishments, and challenges to reach your goal (include the title of the graph in the narrative). **[300-word limit]**

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APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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[Hospitals that chose "Pediatric only" to Demographic Question 3 will not be able to view/answer Section O. in the online application system]

Section O. Sepsis Care Measure (Early Management Bundle, Severe Sepsis/Septic Shock - **CMS SEP-1**)
O.1 Provide the percentage of patients who received appropriate care for severe sepsis and septic shock. ****Enter "N/A" if metrics are not tracked****

_____ %

[Hospitals that chose "Pediatric only" to Demographic Question 3 will not be able to view/answer Section P. in the online application system]

Section P. Timely and Effective Care Measures
P.1 Using a rolling calendar, for the most recent four (4) quarters for which you have data, what **percentage** of patients who came to the emergency department with acute stroke symptoms received interpretation of brain scan (CT or MRI) results within 45 minutes of arrival? **(CMS Measure OP-23)**
Enter "N/A" if metrics are not tracked

_____ %

[Hospitals that chose "General" or "Adult only" to Demographic Question 3 will not be able to view/answer Section Q. in the online application system]

Section Q. Pediatric Quality Measures
Q.1 Provide a response to **TWO** of the following three questions about pediatric quality indicators.

Note: Respond to **only two** of the three questions below.
1. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of emergency department patients less than 13 years of age had a current weight documented in kilograms in the ED record (measured weight or estimated weight based on the Broselow tape)?

_____ %

2. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what percentage of emergency department pediatric patients received assessment of pain, treatment for pain, and reassessment of pain?

_____ %

3. Using a rolling calendar, for the most recent four (4) quarters for which you have data, what was the percentage of admitted pediatric asthma patients who had the first dose of a reliever or systemic corticosteroid dose administered in the emergency department?

_____ %

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APPLICATION QUESTIONS for Cycle 15 (2025-2028)

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Q.2 Describe an adverse patient event from the past two years, the process used to evaluate the event, and the impact that the event had on nursing practice in your emergency department. **[300-word limit]**
If there has not been an adverse patient event in the past two years, describe the proactive risk assessment strategy, prevention program and best practices used to prevent an event.

Scroll down to view the 🌱 PRESS GANEY document

Turn Nursing Quality Insights into Improved Patient Experiences

Nurses must be at the forefront of the mission to reduce suffering and deliver patient-centered care. By providing a national database for examining relationships between nursing and patient outcomes, the National Database of Nursing Quality Indicators® (NDNQI®) delivers evidence to support the importance of investments in nursing strategy. As a leading nursing quality improvement program, NDNQI advances the vital efforts of nursing to help achieve higher quality, more coordinated care through a robust national database of nursing-sensitive quality indicators and leading job satisfaction and practice environment RN surveys.

Help Prevent Adverse Events and Promote Quality Patient Care

More than 2,000 U.S. hospitals and 95% of Magnet Recognition Program® facilities participate in the NDNQI program, demonstrating the value of nurses in promoting high quality, patient-centered care. Participating hospitals use NDNQI to measure nursing quality, improve nurse satisfaction, strengthen the nursing work environment and improve reimbursement under current pay for performance policies.

NDNQI features nursing-sensitive structure, process and outcomes measures to monitor relationships between quality indicators and outcomes. The nursing-sensitive quality indicators include hospital-acquired conditions and adverse events subject to the CMS non-payment rule, such as:

- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated blood stream infections (CLABSI)
- Patient falls
- Pressure injuries
- Ventilator-associated pneumonia and events (VAP, VAE)

With powerful unit-level data, NDNQI enables action-planning and intervention for specific units needing improvement. NDNQI helps hospitals achieve the highest levels of nursing performance by tracking progress and meeting data requirements for the Magnet Recognition Program®.

Empower Nurses with Actionable Unit-Level Comparisons

NDNQI delivers actionable information to identify and prioritize quality improvement needs to help prevent adverse events. It is recognized as a leading platform for hospitals in collecting, analyzing, comparing and reporting unit-based nursing-sensitive quality indicators. With a robust comparative database, organizations can benchmark to peer institutions, both nationally and regionally in key quality areas. Sharing NDNQI data empowers nurses, and provides clear evidence to support staffing or process changes within an organization.

NDNQI also measures characteristics of the nursing workforce related to the quality of patient care and the patient experience such as staffing levels, turnover, and RN education and certification.

Capture the Voice of Nursing to Improve Quality

Conducted annually, the NDNQI RN Surveys capture the voices of more than 300,000 nurses to provide hospitals with insights to drive quality improvements, reduce costly nursing turnover and improve the organization's nursing culture.

The unit-level focus of the NDNQI RN Surveys enables hospitals to develop more effective, finely targeted improvements. This type of unit-level examination also helps hospitals understand the relationship between the nursing sensitive quality indicators, staffing data and RN Survey data. Both RN Surveys, the Job Satisfaction Scales-Revised (JSSR) and Practice Environment Scale (PES) RN surveys are compliant for four of the seven new Magnet program categories.

Comprehensive Nursing-Sensitive Quality Measures

The National Database of Nursing Quality Indicators® (NDNQI®) allows organizations to track up nursing-sensitive quality indicators that include more than 250 individual measures to provide actionable insights based on structure, process and outcome data. More than 2,000 hospitals submit measure data to NDNQI. This depth of data allows organizations the opportunity to choose from more than 80 unit types and 170 peers groups to create the most direct comparison and give nurses true clinical performance insight.

Structure

- Nurse Turnover
- Patient Volume and Flow
- Admissions, Discharges and Transfers (ADT)
- Emergency Department Throughput
- Patient Contacts
- RN Education/Specialty Certification
- Staffing and Skill Mix*
- Workforce Characteristics

Process

- Care Coordination
- Device Utilization
- Pain Impairing Function
- Patient Falls*
- Pressure Injuries
- Pediatric Pain Assessment/Intervention/Reassessment (AIR) Cycle
- Restraints

Outcome

- Assaults by Psychiatric Patients
- Assaults on Nursing Personnel
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line Catheter Associated Blood Stream Infections (CLABSI)

- Hospital Readmissions
- Multidrug-Resistant Organisms (MDRO)
- C. difficile Infections
- MRSA Infections
- Pain Impairing Function
- Patient Falls*
- Pediatric Peripheral Intravenous Infiltrations
- Perioperative Clinical Measure Set
- Patient Burns
- Surgical Errors
- Unplanned Postoperative Transfers/Admissions
- Pressure Injuries
- Ventilator-Associated Events (VAE)
- Ventilator-Associated Pneumonia (VAP)

RN Survey Options
Structure, Process and Outcome

- RN Survey with Job Satisfaction Scales
- RN Survey with Practice Environment Scale (PES)*

*Includes National Quality Forum-endorsed measures.

Learn More About NDNQI
Contact your Press Ganey account team member today to learn more using NDNQI to support your nursing quality improvement journey.

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