High Scored Response

Leadership - Practice

Question A.2 – How are nursing staff recognized?

Nursing recognition occurs on many levels and in many ways. The organization recognizes and values the impact of nursing care on patient outcomes. One organizational nursing recognition award is the nationally recognized Daisy Award which recognizes exceptional nursing care, outstanding clinical skill, and compassion. Nursing staff also are nominated for the annual Director's Award for Excellence in Nursing which recognizes professionals demonstrating autonomy, specialized knowledge, societal obligation, professional organization involvement, and strong commitment. Awards and recognitions are given to nurses nominated by their peers and patients as being outstanding in nursing practice.

This recognition includes community awards, such as the Florence Nightingale which recognizes nurses who function as role models for excellence, demonstrate caring and compassion, and contribute significantly to the improvement of nursing care. Departmentally nurses are recognized through recognition grams from peers, patients, families, and management. Staff also receives personal letters and cards of recognition, patient discharge callback comments, and staff meeting recognition. A weekly newsletter is published for the department and the front page is devoted to team member recognition. Within the ambulatory facility, all departments also participate in an employee of the month recognition. In the past four quarters, the emergency department has received three awards. Many of the department nurses are active ENA members at the chapter and state level. At the chapter level, two department nurses received recognition with the annual "Clinical Excellence in Emergency Nursing" award and "Outstanding Contribution to Emergency Nursing" award. Staff members were recognized at the local chapter's luncheon, department's newsletter, monthly staff meeting, and organizational monthly Nursing Forum.

Nurses are also recognized for emergency nurses week with daily recognition activities. On a daily basis, recognition is achieved through daily shift change huddles, direct communication, and small tokens of appreciation. Each holiday a meal is provided and small tokens of appreciation provided.

Low Scored Response

Leadership - Practice

Question A.2 – How are nursing staff recognized?

The Emergency Department Leadership team recognizes staff throughout the year for collective and individual achievements. Different methods of recognition ensure staff feel supported and recognized not only by their co-workers but also by their managers. A monthly newsletter was created. Stories are gathered from staff emails, patient and family letters, and clinical team leader reports. The staff receive the newsletter in an email format and it is displayed on a dedicated television in the break room. The first newsletter started out as only one page and it has grown into an average of twenty pages. Staff awards are recognized annually.

The award categories have expanded over the past few years. Last year, there were twenty individual award categories presented. The awards are special to staff because they are voted on by all disciplines in the department. The award certificate is presented during a ceremony during the annual Christmas party. Some of the awards include a free day of Paid Time Off to be used during the year. The award recipient's names are displayed on a plaque in the department.

Exemplary performance is recognized by the Emergency Department's Senior Director with challenge coins. Challenge coins are given as a form of recognition in the military. The department's coin was designed with the Emergency Department colors and logo on the front and the department's mission statement on the back. These coins are of great honor to receive and are often attached to staff member's badges. Nursing preceptors are recognized by the unit educators throughout the year with gift certificates for mentoring staff. These are only a few of the methods employed to recognize staff.

High Scored Response

Leadership - Operations

Question G.1 – Based on the information regarding "Never Events" at http://psnet.ahrq.gov/primer.aspx?primerID=3, describe one outcomes-based quality improvement initiative from the past two years related to a Never Event.

Our facility experienced a "never event" related to a patient fall on our post critical care unit. A 79 year old male patient climbed over the bed rail and fell out of bed striking his head on the floor. He had been identified as high risk for fall utilizing the Morse Fall Risk assessment tool. Current fall risk precautions had been in place which included a yellow patient arm band, a falling star sign outside the patient's room, and yellow slippers. The patient had been on Plavix and had a history of metastatic cancer. Post fall, CT head results showed a subdural hematoma and subarachnoid hemorrhage. Patient died within 48 hours of the incident. This event was reported to the Department of Inspection and Appeals.

A root cause analysis (RCA) was completed with opportunities identified and action plans implemented. While fall precaution processes have been in place in our facility, this event led the ED to refocus and re-educate our staff on additional fall risk measures. The action plan and policy changes that impacted the ED included the use of the high risk for injury tool, placing green arm bands on patient's identified as high risk for injury, and the appropriate use of bed alarms. After the "never event", a post fall huddle now occurs immediately after any fall to review circumstances and identify opportunities to prevent additional falls. Documentation of the post fall huddle is tracked, trended, and shared throughout the hospital.

In addition, during ED team huddles, fall risk patients are identified to enhance situational monitoring throughout the department. The inpatient units continue to monitor bed alarm use, rounding logs, and patient data related to fall risk and at risk for injury patients. There have been no further "never events" related to falls since this incident.

Low Scored Response

Leadership - Operations

Question G.1 – Based on the information regarding "Never Events" at http://psnet.ahrq.gov/primer.aspx?primerID=3, describe one outcomes-based quality improvement initiative from the past two years related to a Never Event.

An outcome based quality improvement initiative at our hospital regarding "Never Events" is the mislabeling of specimens and hemolyzed lab specimens. Prior to this initiative, nurses typically drew labs from an intravenous catheter line and labeled specimens at the bedside. At that time, the ED had a 2% hemolyzed specimen rate and a fairly high mislabel amount. For instance, in 2012 there were 16 mislabels out of 50,000 ED visits; in 2013 14 mislabels out of 49,582 ED visits; and in 2014 1 mislabel so far. We went back to the bedside to reintroduce the red rule and added a caveat of marking in yellow marker the patients arm band and the lab labels that went along with it.

Since we started this process in 2014 we have had only 1 mislabeled specimen. In fact, we are the only unit in the hospital who by utilizing this process has not had an increase in unlabeled or mislabeled specimens. Decreasing hemolyzation was a task all its own. We noticed an uptick of hemolyzed specimens when certain nurses drew blood off their IV line. Our educator was instrumental in providing education to staff on how to properly draw blood off an IV line. We initially started with drawing blood off the IV line for only difficult stick patients and all others received a separate blood draw. Once techniques were perfected, our hemolyzation rate began to decrease and is at a percentage of 0.9 % presently and mislabels to <.1%.

High Scored Response

Research / Practice

Question 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?

Our organization's professional practice environment framework is comprised of four components: care delivery, leadership, collaborative practice, and professional development. Our model has evolved based on review of professional nursing practice, evidence from the literature, input from nurses about the meaningfulness and application of the model, and evaluation of outcomes. Emergency nursing clinical practice is guided by the *Emergency Nurses Association's (ENA) Scope and Standards of Practice* in conjunction with the American Nurses Association's Scope and Standards of Practice, Code of Ethics, and Social Policy Statement. Our board of registered nursing provides guidance on nursing practice under the state nurse practice act. The standards of practice are embedded throughout our professional development pathways and our ongoing evaluation of emergency nursing practice. We have emergency department guidelines of care, policies, and procedures that direct nursing practice. These documents are based on the standards set forth by ENA's Emergency Nursing: Principles and Practice, Emergency Nursing Core Curriculum, and Manual of Emergency Care.

Additional standards from accrediting bodies (e.g. Joint Commission) are also incorporated into our structures that support safe patient care delivery. Practice is appraised through obtaining the voice of the frontline emergency staff, coordinated performance improvement, data analysis, and ongoing competency. Educational programs are determined through a formal educational needs assessment survey, trended data, regulatory requirements, and upcoming strategic initiatives. Annual competencies are developed through collaboration with staff and leadership, and measured using a novice-to-expert scale. A variety of educational offerings prepare staff for meeting these competencies. Performance criteria for each competency are developed for determination of level of competence and opportunity for developmental needs. Methods used to evaluate our professional practice include self-assessment of nursing scope and standards of practice, performance evaluation, competency assessment, reflective learning, and frontline feedback from the National Database of Nursing Quality Indicators' practice environment scale.

Low Scored Response

Research / Practice

Question 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?

Our ED houses a distinctive nursing practice, filled with unstable, undiagnosed patients that appear suddenly. Care is provided to children of all ages, from birth up to and including adults. The ER nurses must be prepared to react to each child's demand for medical care based on the variety of ages. Caring for these children necessitates the need for advanced training. Each nurse must take required courses to prepare them for the needed skills, shadow senior nurses, and perform specialized tasks with observation, before they can act independently. Every nurse is required to have a valid CPR card. Within the first year of employment a PALS (Pediatric Advance Life Support) card is required. NRP and ACLS are suggested but not mandatory.

Further training is needed to be a Trauma team member. Participation in a trauma course and educational modules with a minimum of 16 CEUs is mandatory. ENPC (Emergency Nursing Pediatric Course) is suggested for advanced skills. Management supports this training and educational pay is provided for most of these trainings. These skills are evaluated continuously by leadership and reflected upon during the yearly performance appraisal. Continuing education to advance college degrees or for professional advancement is encouraged. Management supports this advancement by allowing time off for studies and through the tuition reimbursement program. Nurses that have obtained higher degrees are offered positions within the ER. Finally, as nurses gain experience they are encouraged to take on charge roles.