

HOSPITAL  
FOR  
**SPECIAL  
SURGERY**

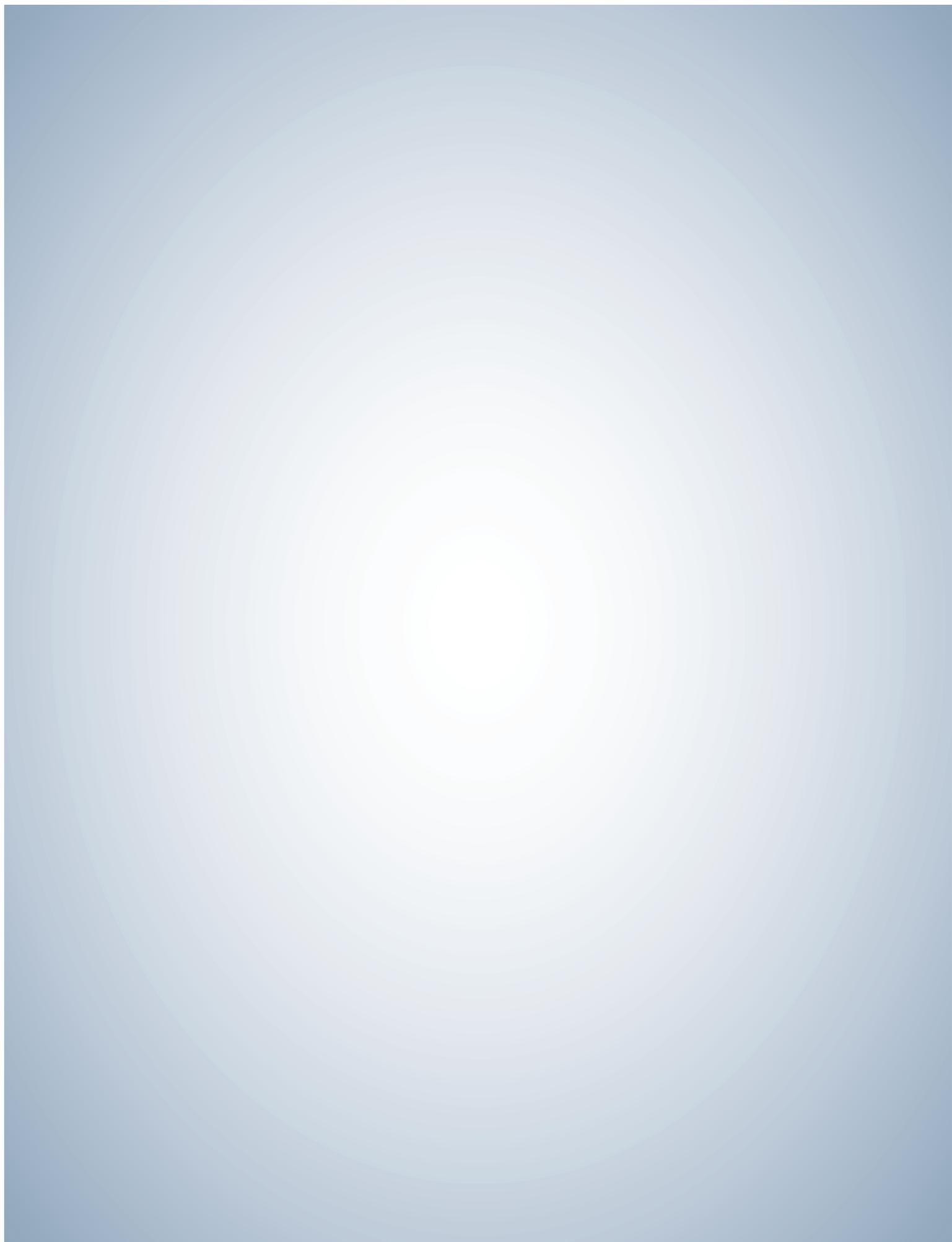


# Department of Nursing 2009 Annual Report



HOSPITAL FOR SPECIAL SURGERY





# Table of Contents

<b>Leadership Message</b> .....	2
<b>Transformational Leadership</b> .....	3
HSS Strategic Plan .....	3
Care Delivery Model .....	3
Patient Education Refinement .....	4
Integration of Caring Principles .....	4
<b>Structural Empowerment</b> .....	5
Professional Engagement and Decision Making .....	5
Council Accomplishments 2009 .....	5
Commitment to Professional Development .....	5
Levels of Education and Rates of Certification .....	6
Office of Professional Development, School Affiliations, 2009 .....	6
Recognition of Nurses .....	6
<b>Exemplary Professional Practice</b> .....	7
Nurse Satisfaction .....	7
Staffing .....	8
Autonomy and Accountability .....	8
Redesign and training of Clinical Nurse II (CNII) and Clinical Nurse III (CNIII) .....	8
Interdisciplinary Care Coordination .....	8
Patient Safety & Nursing Sensitive Indicators .....	8
Patient Satisfaction .....	10
<b>New Knowledge, Innovations, &amp; Improvements</b> .....	11
Research .....	11
Innovation .....	12

**Design** • Cynthia Conklin, HSS Digital Media Center

**Printing** • HSS Digital Media Center

© 2010 Hospital for Special Surgery

June, 2010

Dear Colleague,



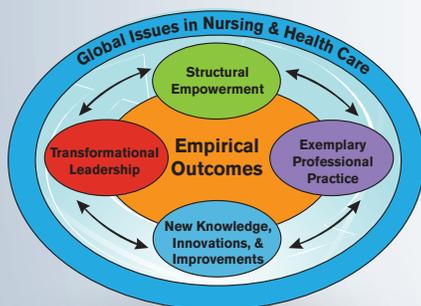
I am pleased to share the Hospital for Special Surgery's Nursing 2009 Annual Report. The report format continues to be presented within the framework of the American Nurses Credentialing Center's Magnet Model. The model helps us describe and focus on the impressive achievements and outcomes of 2009. Simply put, our benchmarks for quality measures were either met or surpassed for the year. The number of nurses who obtained specialty certification exceeded the established target. Turnover rates reached a new low and nurse satisfaction "set the bar" at a new high. Congratulations to our staff on a great year of accomplishments!

We continue our determined efforts to improve patient satisfaction scores with all Nursing Services. I am extremely proud to share that our 2009 patient satisfaction scores met or exceeded our goal for all 4 quarters. These results reflect the "caring and compassion" nurses give to our patients each and every day. The patient care provided by our nursing staff reflects the diverse talents, skills, abilities, competence and overall commitment to the HSS mission and vision. It is an honor to serve as Chief Nursing Officer and to work with my exceptional team.

I congratulate each and every member of the nursing team for a job well done and look forward to our work in 2010.

Sincerely,

Stephanie Goldberg, MSN, RN, NEA-BC  
Senior Vice President Patient Care Services and  
Chief Nursing Officer



*American Nurses  
Credentialing Center's  
Magnet Model*

© 2008 American Nurses  
Credentialing Center. All rights  
reserved. Reproduced with the  
permission of the American  
Nurses Credentialing Center.



## HSS Strategic Plan

HSS Nurse Leaders elicit the involvement of nurses at all levels to achieve professional and organizational expectations. Leaders transform strategic goals into practice through planning, advocacy and influence as well as through visibility, accessibility and communication. Nurse involvement in the strategic plan is pervasive but the emphasis lies in perfecting the patient experience. Stephanie Goldberg, MSN, RN, NEA-BC, Senior Vice President of Patient Care Services provides leadership to this area of strategic improvement and to this end, several major initiatives were implemented:

- A coordinated care delivery model tailored to the needs of the orthopedic and rheumatology patient
- Refinement of patient education to respond to current and future learning needs
- Integration of caring principles into staff development activities

## Care Delivery Model

In 2009, the nurses at HSS began the roll-out of a new care delivery model “Redesign of Care at the Bedside,” which was developed in 2008 based upon the conceptual tenets of Watson’s Transpersonal Caring theory. The model as illustrated below, depicts the important and vital interplay between the RN and the patient that is supported by a safe and efficient work environment, that includes human relationships as well as technological and financial resources.

### Safe & Efficient Environment:

- Clear mission & vision
- Clear role expectations
- Adequate resources
- Evidence based practice
- Competitive performance (outcomes based)
- Assurance of competency



Throughout 2009, the Nursing Department put a concerted effort into applying the model, which included orientation to new roles, responsibilities and changes to service provision. A new clinical ladder was developed to increase both nurse visibility and accountability. Changes in service provision were aimed toward seamless care delivery, wherein communication methods were formalized. These changes include standardized handoffs, hourly rounds and an escalation policy. Collaboration was facilitated through teamwork training using relationship-centered principles.

# Transformational Leadership

## Patient Education Refinement

In the current age of technology, organizations are challenged to provide access to efficient and valid health information. To this end, efforts to streamline and update patient literature were put into play during the 2009 year. The following new patient education literature were developed:

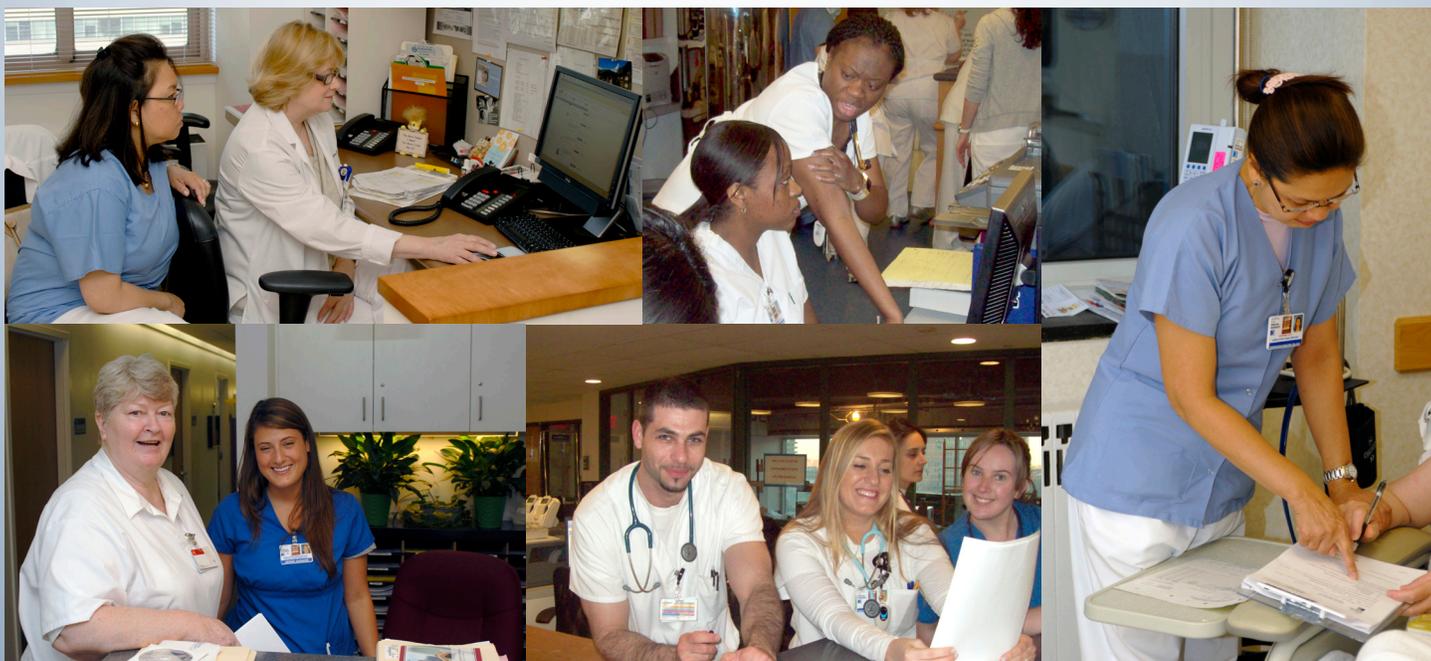
- A Patient's Guide to Foot & Ankle Surgery
- Patient Safety Brochure
- A Patient's Guide to Pediatric External Fixators
- A Guide to Pediatric Scoliosis Surgery
- A Guide to Varus Rotational Osteotomy (VRO), Hamstring Lengthening, Tendo Achilles Lengthening (TAL) and Gastrocnemius Recession
- A Patient's Guide to Pincare for the Limb Lengthening Service

In addition to the paper-based learning materials, RN patient educators developed web-based learning. This adjuvant to classroom learning allows for learning to begin earlier in the episode of care. The patient education classroom was modernized and space reconfigured to accommodate more patients as well as audiovisual equipment to allow for media-related presentations.



## Integration of Caring Principles

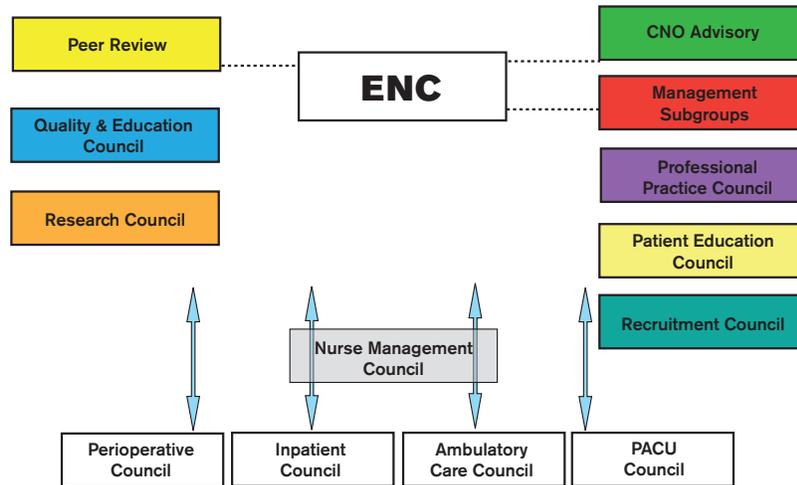
In 2009, the First Touch Model was introduced to the nursing staff. First touch is a paradigm that embeds caring principles such as the importance of being “present” to patients during all service related interactions. First Touch training is currently part of monthly Nursing Orientation. This training was also provided to all levels of staff as part of the new care delivery model roll-out.





## Professional Engagement and Decision Making

Nursing governance structures are designed to foster self-directed decision making in essential spheres of empowerment that include: professional engagement, professional development, community involvement as well as recognition and rewards. The Nursing Council structure is comprised of specialized councils that serve to provide nurse involvement in organized problem-solving that address these areas to enrich the work environment and caliber of nursing practice.



## Council Accomplishments 2009

During the 2009 year the work of the Councils resulted in numerous accomplishments. Highlights of these accomplishments include:

1. Activation of the "HSS Nursing Kardex". This was a re-introduction of a traditional, yet reliable tool used to organize shift-to-shift report information. The tool has been well received by the staff and found to be useful to standardize important topics of information during RN-RN patient hand-offs.
2. Introduction of a "Patient Care Assistant (PCA) Assignment Sheet". Through routine self-assessment activities, the Inpatient Nursing Council identified a need to standardize communication of work assignment detail for the PCA staff. The assignment

sheet is viewed as a useful tool to provide clear direction and focus to the care of patients.

3. "Post Discharge Phone" calls are made by RNs to all patients. This intervention allows for patient-RN dialogue once the patient returns to the home setting. The intervention provides opportunities for additional assessment, referral and patient teaching.
4. An "Operating Room Safety Checklist" with talking points for universal protocol was developed as well as quality improvement tools for flash sterilization and medication labeling.
5. The Ambulatory Care Service Council developed a telehealth protocol approved for Ambulatory Care Nursing Services.

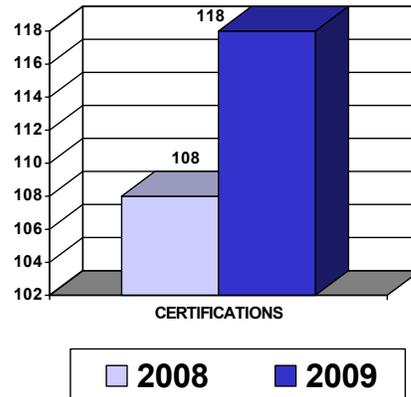
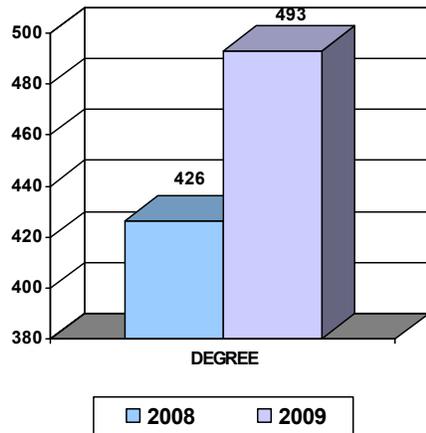
## Commitment to Professional Development

Highlights of professional development initiatives include:

1. Multiple Continuing Education programs were presented:
  - a. *Evidence Based Practice* (Presenter: Patricia Quinlan, DNSc)
  - b. *Skeletal Dysplasia* (Presenter: Erin Carter)
  - c. *Electromyograms* (Presenter: Jennifer Solomon, MD)
  - d. *Hip Resurfacing* (Presenter: Edwin Su, MD)
  - e. *Limb lengthening* (Presenter: Robert Rozbruch, MD)
2. RN "Competency Day" was added to the competency program to reinforce practice with high risk, low volume procedures. RNs are scheduled off care to demonstrate proficiencies in a simulated hospital environment.
3. Six new graduate residency programs for inpatient, perioperative and PACU staff were completed.

# Structural Empowerment

## Levels of Education and Rates of Certification



## Office of Professional Development • SCHOOL AFFILIATIONS, 2009

The office of professional development had affiliations with three schools of nursing and hosted 39 students in 2009.

- Aldephi University used clinical experiences on 7E to fulfill coursework in Medical Surgical 1.
- New York University used clinical experiences on 8E and 7E to fulfill coursework in Medical Surgical Fundamentals, 4th Floor PACU to fulfill coursework in
- Advanced Practice Nursing, Information technology for coursework in Nursing Informatics and the Main OR for coursework for Surgical Technicians.
- The College of Mount Saint Vincent used clinical experiences on the 4th Floor PACU to fulfill coursework in Nursing Care of the Community, 111 and Preceptorship.

## Recognition of Nurses

The theme for 2009 Nursing recognition week was “Nurses: Building a Healthy America.” Keynote speakers were provided by Ron Perez, RN, AVP and Loretta Chin, RN, nurse resident on 6E as well as poster presentations from all levels of RN staff.

In addition, “Special Recognition” was given to the following nursing leadership: Geri DiLorenzo, RN, Nurse Manager, 6E; Virginia Forbes, MSN, RN, Director, Ambulatory Care Services; Eileen Finerty, RN, Director, Infection Control and Occupational Health Services; and Ingrid Herrera-Capoziello, RN, Clinical Nurse Specialist, Nursing Professional Development. Chao Wu, Director, Service Excellence, was recognized with a “Special Friend to Nursing” award.



Chao Wu receiving the “Special Friend to Nursing” award.



*Excellence in Professional Nursing Practice awards were presented to Jennifer Sutherland, RN, 9th Floor OR; Mary Campbell, RN, 9th Floor PACU; Nisha Jose, RN, 8 East; Myoungsook Kwon, RN, 7 East; Cassandra Gathers, RN, 6 East; Nordis Brijmohan, RN, 5 East; Ronald Monteron, RN, 4th Floor PACU-SDU; Amelou Ivory, RN, Main OR; Maria DiBenedetto, RN, ACC; Mary Nolan, RN, 1st Floor SPU H & F Center; Cynthia Reid, RN, Private Amb. Care; Wendy Chen, RN, PSS; Geraldine Cassidy, RN, SDS/Holding; Margaret O'Donahue, RN, Infusion Room; Sharyn Tondel, DNPc, AHN-BC, RN, CRNA, OHS; Patricia Shea, RN, Infection Control; Monica Richey, RN, Rheumatology*

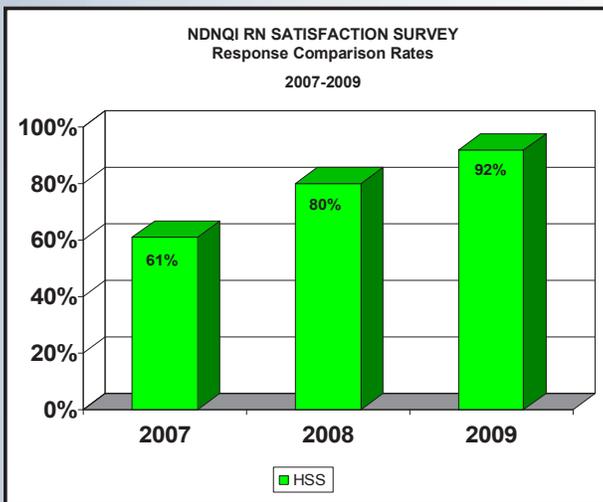
# Exemplary Professional Practice



The HSS Nursing Professional Practice Model provides the paradigm for professional practice. The model frames decisions about professional practice, care delivery, how nurses communicate and how nurses' work is valued.



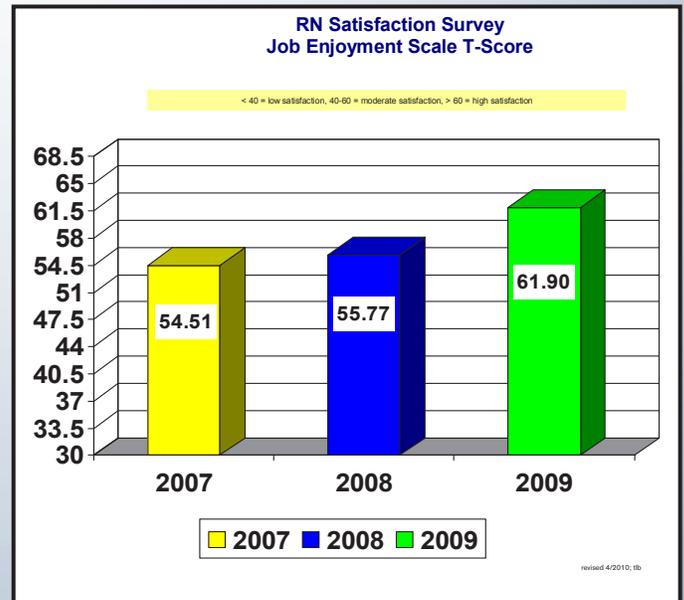
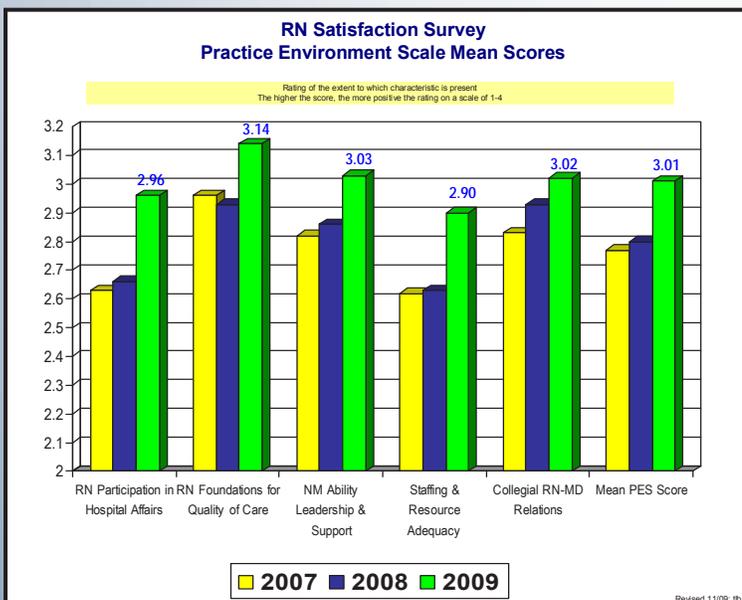
\*\* Carative Factors  
Forces of Magnetism  
Patient Safety Goals  
*Wolf, Greenhouse, 2007*



## Nurse Satisfaction

HSS evaluates application of the professional practice model through a variety of outcomes measurement including nurse-sensitive, patient indicators and nurse perception of the work environment. Each year, HSS sponsors a RN Satisfaction Survey conducted by the National Database of Nursing Quality Indicators (NDNQI). The 2009 results show continued improvement in response rates, Practice Environment Scales (PES) and Job Enjoyment.

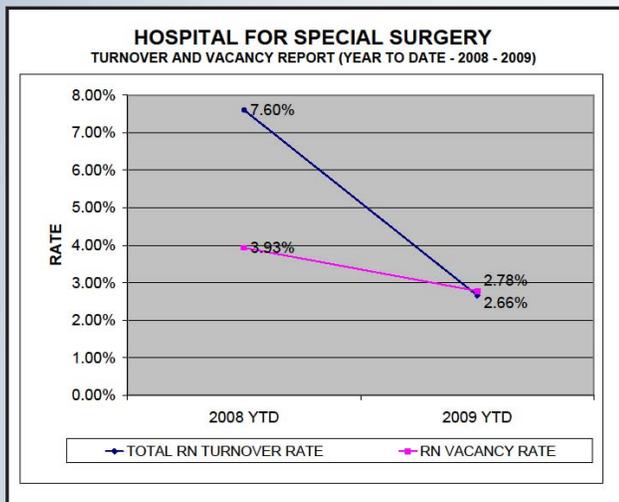
The HSS RN response rate during 2009 was 92%. Overall perception of the work environment also showed a continued upward trend in annual scores. Overall job enjoyment exceeded prior HSS performance for the prior two years, a 14% increase since 2007. HSS job enjoyment scores exceeded the NDNQI all hospital comparison group.



# Exemplary Professional Practice

## Staffing

Resource management is key to patient care delivery. HSS leadership maintains a careful eye on metrics of staffing adequacy. Turnover and vacancy rates are important measures of nurse resource management. Efforts to control turnover during the year included expansion of the Nurse Residency Program, a known best practice for mitigating turnover. In 2009, the HSS RN Turnover rate as well as the Vacancy rate showed a substantial downward trend.



## Autonomy and Accountability

Several important initiatives were conducted during 2009 to enhance both autonomy and accountability of the RN workforce at HSS. In addition to the self governance council modifications, role clarification was an area of focus:

## Redesign and training of Clinical Nurse II (CNII) and Clinical Nurse III (CNIII)

In the latter part of 2008, a new clinical ladder program was created that restructured roles and responsibilities of the Clinical Nurse II and Clinical Nurse III positions. Education to this new structure included four 2-day long, comprehensive training sessions delivered by a diverse, expert faculty. Thirty-six CNIIIs participated in this series. A modified version of the series was repeated for 25 CNIIIs over 3-day periods. Explicit education, credentialing and certification expectations serve to foster an environment that increases the caliber of nursing practice. Program evaluations were positive overall. Upon successful completion, the attendees became members of various nursing councils and evidence-based practice teams to fulfill ladder performance expectations.

## Interdisciplinary Care Coordination

RNs work with other healthcare disciplines across multiple settings to ensure the continuum of care. During 2009, one important initiative toward this aim was adoption of “The Firm”, a best practice model of care coordination.

The Firm’s system is a reorganization concept pioneered by the Johns Hopkins Medical house staff in 1975 to improve accessibility and continuity of care. The interdisciplinary care coordination of the Firm concept was piloted on 7 East and used as a daily rounding mechanism to update the healthcare team, patient and the family on the plan of care and any issues related to patient needs and progress. The Firm initiative contributed to improved continuity of care with a decreased average length of stay (ALOS) from a starting point of 4.02 days in last quarter 2008 to 3.74 days in the last quarter of 2009.

## Patient Safety & Nursing Sensitive Indicators

During 2009, efforts to fortify the “Culture of Safety” at HSS included the implementation of a new electronic event reporting system. In addition to increasing our efforts to identify and report “near miss” events, the Department of Nursing closely observed performance measures designed to capture the impact of nursing care.

### Electronic Risk Reports

Nursing staff collaborated with Risk Management and other interdisciplinary team members in the customization, design and implementation of an online occurrence reporting system, rL Solutions. The occurrence reporting system is designed to record any event or near miss/good catch that could compromise safety to a patient, visitor, employee/affiliate, or HSS property.

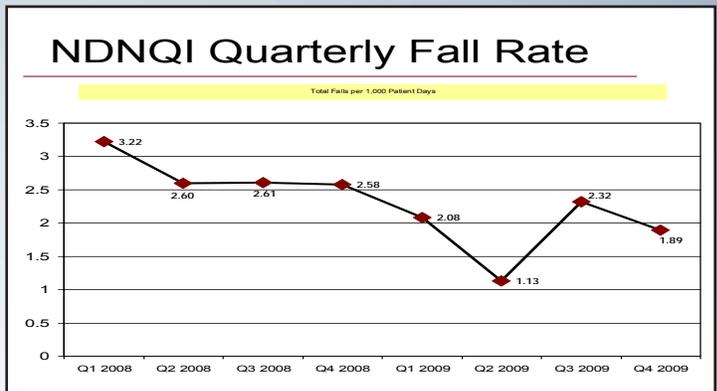


## Patient Falls

Falls reduction is an HSS priority and the Interdisciplinary Falls Team work diligently toward this objective using evidenced based practice strategies. New activities conducted during 2009 included:

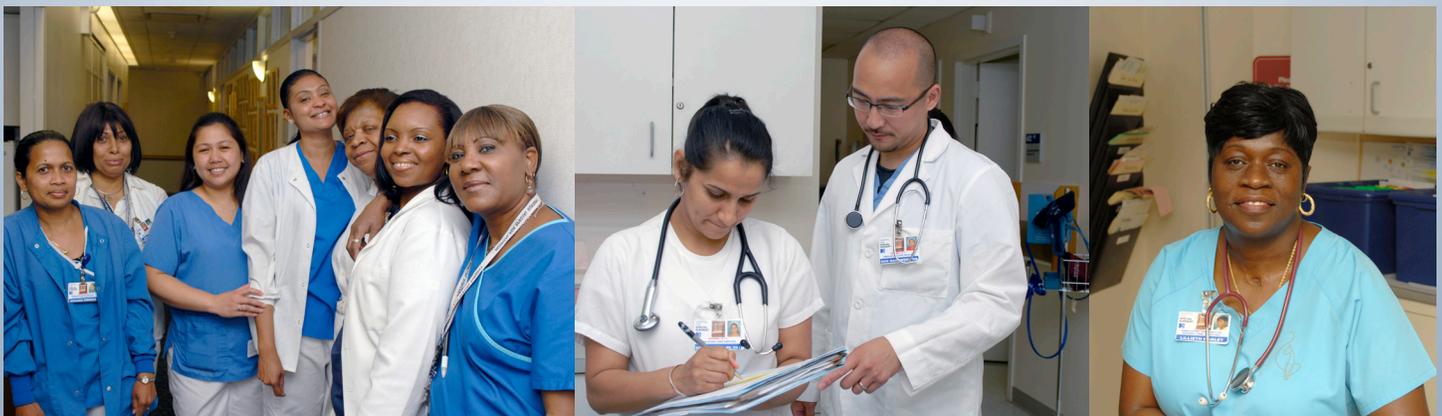
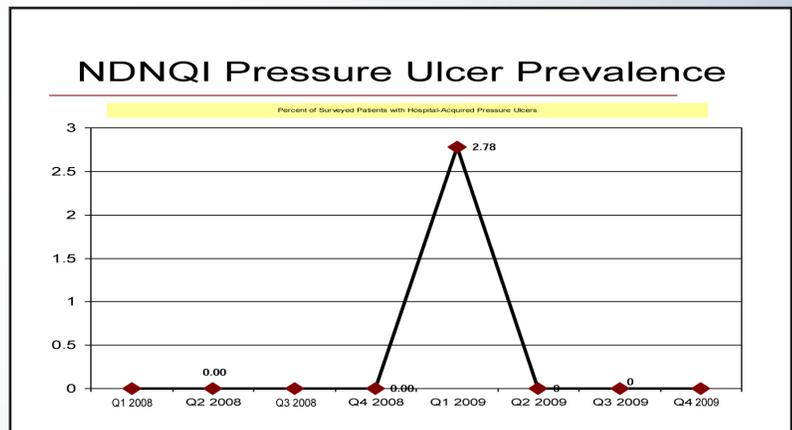
- Standardization of falls wrist bands to national colors recommended by the American Hospital Association
- Communication of risk through new standardized structures and processes
- Routine Environmental Rounds
- Education
  - House wide e-Learning program on falls prevention
  - Staff education on how to assist patient falls to prevent injury to patients and staff

Falls team initiatives as well as unit based efforts that emphasize teamwork resulted in a 36% decrease in falls from 2008 through 2009.



## Pressure Ulcer Prevention

Pressure ulcer prevention is an important measure of effective nursing care delivery particularly in the setting of orthopedic surgery. Though HSS nurses are proud of a pressure ulcer rate that consistently outperforms the national benchmarks, efforts were made to implement standardized best practices during the 2009 year. A major clinical practice enhancement in 2009 was the assessment and treatment of pressure ulcers. The development of an interdisciplinary assessment and documentation practice that addressed role expectations, electronic order sets, hand-off communication, skin care products, documentation requirements as well as monitoring and reporting mechanisms was developed. An external consultant, Sharon Osgood, RN, BSN, WOCN assisted with the comprehensive education for all RN, and prescriber staff. HSS pressure ulcer prevalence continues to be low as we strive for continued reduction in this nurse sensitive outcome.

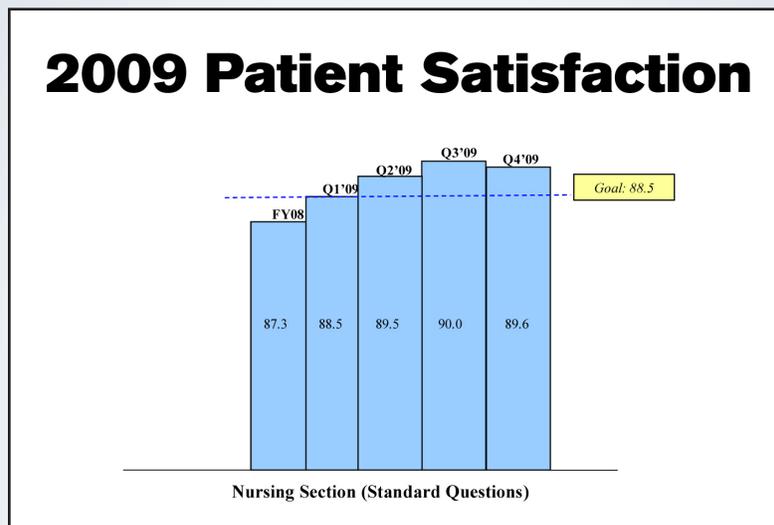


# Exemplary Professional Practice

## Patient Satisfaction

Patient satisfaction is closely and continuously monitored to measure the effects of efforts toward improving the patient experience. Patient feedback affords validation of previously described efforts and affords the opportunity to advance successful programs and rework services in areas where patients disapprove or report less than satisfaction.

Overall, mean satisfaction scores improved in 2009 compared with 2008 in nursing specific service related items.





## Research

The Nursing Research Council is the oversight structure for:

- a) research utilization
- b) conduct of research and
- c) evidence based practice

Activities during 2009 include:

1. Developed a Nursing Clinical Review Panel
2. Added a partial time academic nurse researcher to the council membership
3. Sponsored Journal Club activities on various topics: Effects of music on pain, Trauma, Vitamin D, Standardized Communication Using SBAR, Patient Education Conceptual Models and Pneumatic Compression Devices
4. Conducted Nursing Research

Two Nurse driven research studies were completed during 2009:

### ***Exploratory Study Using Queuing Theory to Improve Staffing Effectiveness***

In 2007, Columbia University and the Hospital for Special Surgery were awarded a 2 year grant (R21HS017423) from the Agency for Healthcare Research and Quality (AHRQ) to develop an innovative nurse staffing model based upon economic queuing theory. The queuing model used demand and service data from the 6East patient care unit to estimate various measures of patient delays for varying levels of staffing. Results of this study included the identification of 42 orthopedic specific interventions using the Nursing Intervention Classification (NIC) taxonomy that represented patient demand for orthopedic nursing services as well as average time estimates for 16 interventions. Measures of demand were formulated using the electronic admission-discharge-transfer as well as nurse call systems. Patterns of demand by day and week were modeled and delays in response to demands were estimated. Though it was not possible to differentiate between the different types of demand, the queuing models generated a nurse staffing plan based upon varying combinations of demand and response time targets.

### ***The Relationship Between Health Literacy, Health Knowledge and Adherence to Treatment in Patients with Rheumatoid Arthritis***

This is a cross sectional study ( $N=125$ ) conducted in the outpatient setting of the HSS Rheumatology Service. The primary aim was to determine whether health literacy was a predictor of health knowledge while controlling for socioeconomic factors. A secondary aim was to determine if health literacy is a predictor of adherence. In multivariate analyses, health literacy was found to be independently associated with education ( $p < .001$ ), race ( $p = .001$ ) and age ( $p = .017$ ). Health knowledge was found to be independently associated with health literacy ( $p = .002$ ), age ( $p = .01$ ), household income ( $p = .008$ ) and education ( $p = .004$ ). Predictors of adherence included neighborhood income ( $p = .041$ ) and confidence in contacting provider with questions about medications ( $p = .006$ ). Health literacy was not found to be a predictor of adherence ( $p = .896$ ). Recommendations for healthcare include increased patient education regarding medication and self-care with an emphasis on patient safety. Content should include coaching on patient-provider communication and these efforts should be extended to include community neighborhoods with low resources.



## New Knowledge, Innovations, & Improvements

### 5. Evidence Based Practice

During 2009, 36 CNIIIs successfully completed the re-design of care education program. Part of the curriculum was devoted to an overview of Evidence Based Practice (EBP) that included introduction to the IOWA Model, and to an interactive session on how to search electronically for evidence and research ethics. The new performance expectation require CNIIIs to participate in EBP projects. Five service-based projects were initiated:

- The use and effectiveness of Povidone-Iodine versus Chlorhexidine in reducing the risk of surgical site infections

- Decreasing urinary tract infection and hematuria in the patients with requiring a urinary catheter
- Comparison of methods and devices to measure body temperature in a surgical hospital
- Preventing pin site infections through best practice
- Venipuncture and blood pressure measurement in post mastectomy patients

Project teams are comprised of CNIII staff and are mentored by members of the Research Council as well as the Academic Researcher.

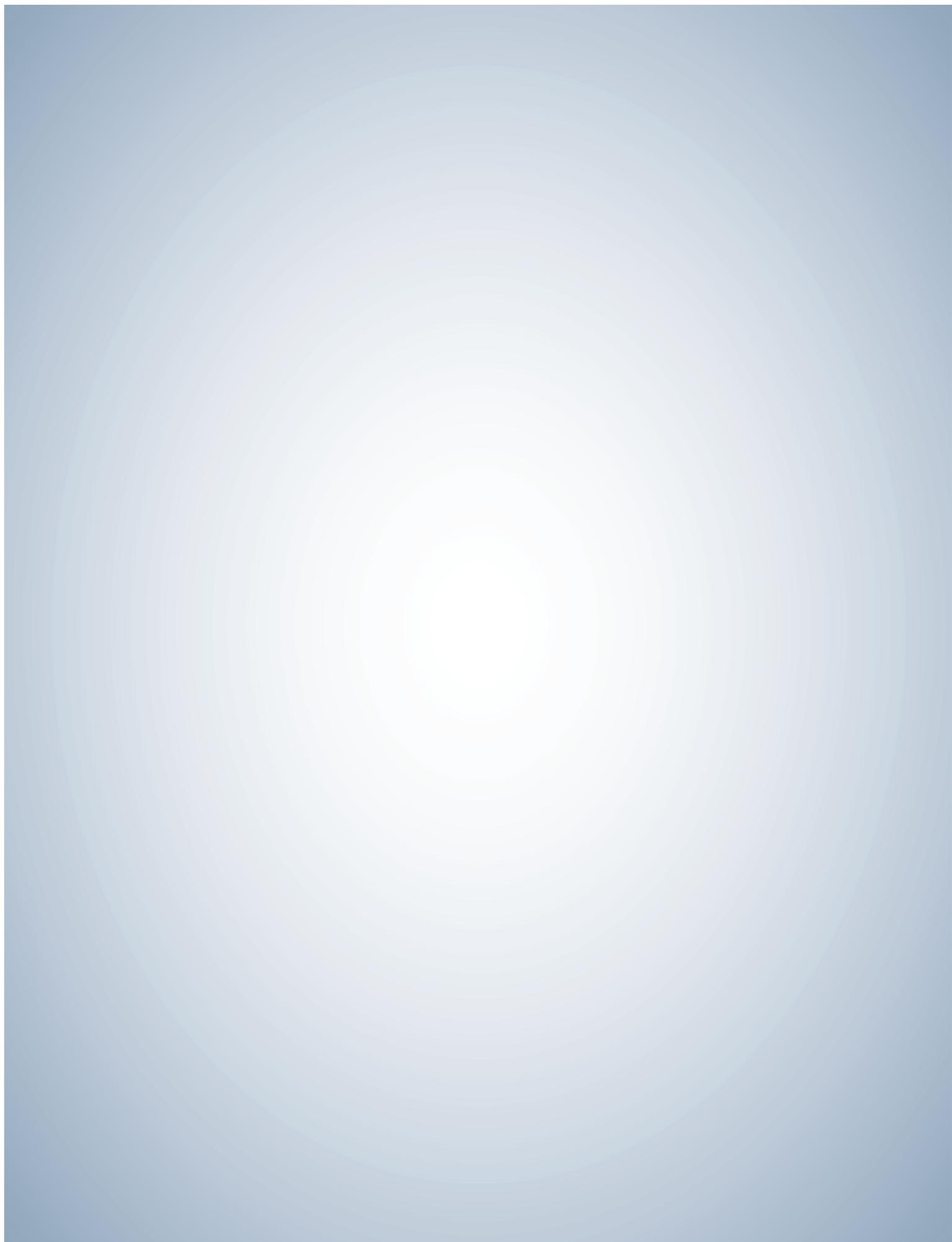
### Innovation

Nursing participation is valued when changes are made to architecture and technology. During 2009, the patient environment on the in-patient units 7 and 6 East was redesigned. The large 42 bed patient units were reduced by half and each section is supported by a satellite nursing station located on the north and south sections of each nursing unit. These architectural changes to the work environment provide a closer proximity for patient observation, improve access to supplies and facilitate effective assignments.



In the Ambulatory Care areas, the workflow of the interdisciplinary Presurgical Screening team was enhanced with a relocation and renovation. The space now includes a beautifully appointed reception area, 9 examination rooms, a nursing station, nurse manager office and anesthesia consultation room. Admitting Assistants each have spacious office areas to register patients. The new space includes a larger reception area to allow for more seamless patient flow and enhanced patient and staff satisfaction.





# HOSPITAL FOR **SPECIAL SURGERY**



Hospital for Special Surgery is an  
affiliate of NewYork-Presbyterian  
Healthcare System and Weill Cornell  
Medical College.

535 East 70th Street  
New York, NY 10021  
tel 212.606.1000  
[www.hss.edu](http://www.hss.edu)



**HOSPITAL FOR SPECIAL SURGERY**