Letter from the Chief Nursing Officer

Dear Nursing Colleague:

As your Chief Nursing Officer, I am happy to present the 2013 Nursing Annual Report. It highlights major accomplishments from the past year that were achieved thanks to the incredible effort of our staff. This year, we completed many of the initiatives described in our Nursing Strategic Plan 2015. We continued to provide the highest quality of patient care, while improving mobility and enhancing the quality of life for all of our patients.

During 2013, we continued to expand within the hospital and opened the Orthopedic Special Care Unit and the Long Island – Uniondale Center. In July, the Complex Care Program was launched, adding Nurse Practitioners to our staff. These Nurse Practitioners are specialized in the care of patients with diseases such as diabetes, atrial fibrillation, and cardiac device management. In addition, the Post-Operative Care Program (POCP) was developed to provide an alternative site to care for patients with specific post-operative conditions.

In 2013, several of our nurses presented on scholarly topics at professional conferences, both nationally and internationally. Additionally, we worked on research and evidence-based practice projects to enhance our nursing practice and influence care delivery to our patients.

As we look back at this year and into the future to achieve Magnet redesignation, I am proud of the skills and accomplishments of the nursing staff to meet hospital goals and achieve excellence in the delivery of patient care at Hospital for Special Surgery.

Thank you for your continued support.

Sincerely,

Stephanie J. Goldberg, MSN, RN, NEA-BC
Senior Vice President, Patient Care Services and Chief Nursing Officer
The 2013 American Nurses Credentialing Center (ANCC) Magnet Conference was held in Orlando, Florida from October 2nd through October 4th. The theme was “The Magic of Magnet.” Attendees to the conference included some of the 2013 Nursing Excellence Award recipients, including: Irma Pangcog, BSN, RN; Erin Walsh, BSN, RN; Geoffrey Canlas, BSN, RN; Cynthia Bruder, BSN, RN, ONC; Melanie Almonte, BSN, RN; Woldy David, BSN, RN; Keesha Holmes, MS, RN; and Luzviminda Angoluan, RN-BC. One of the 2013 Surgeon-in-Chief Certified Nurse Recognition Scholarship Award Winners, Virginia Soria, BSN, RN, ONC, also attended along with nursing leadership representatives including Richard Persaud, RN, MPH, Patricia Quinlan, PhD, MPA, RN, CPHQ and Virginia Forbes, RN-BC, MSN, NE-C.

Attending a Magnet Conference was truly inspirational. The enthusiasm, engagement and commitment of nearly 8,000 nurse attendees were both contagious and uplifting. The educational sessions were based upon the five components of the Magnet Model: Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovations and Improvements; Transformational Leadership and Empirical Outcomes.

HSS nurses learned about challenges posed by the evolving role of nursing in the current healthcare landscape, and strategies that can be used to meet those challenges. Participants shared knowledge gained at the conference by selecting their favorite presentation and sharing key points or highlights from these lectures with HSS Nurses in a formal classroom setting.

HSS nurses learned best practices, current research findings and strategies for transfer of evidence to daily practice. A common theme among presentations was the importance of innovation to advance professional practice and positive outcomes. The attendees returned from the conference newly charged with ideas and platforms for discussion that are expected to continually improve practice at HSS.

The Nursing Research Committee hosted 95 attendees for a day of education and dissemination of best practices. More than 30 HSS staff presented various topics including: Lean Strategies, Pediatric Anesthesia, Virtual Patient Education, RN/MD Collaborations, Platelet Rich Plasma (PRP), Clinical Nurse Leader Role, Complex Spine, Cold Therapy, Ketamine Infusions, Safe Patient Handling and Perioperative Medication Guidelines. Posters were also presented on other topics including: Audience Response System, Spinal Headache, Role of the Patient Educator, Employee Engagement, RN Fatigue Working Off-Shift, Occupational Health EMR, RN Educators, Nurse Resident Program and RN Wellness. The program was approved for 7.3 contact hours and received very positive evaluations.

Research & Education Day: April 15, 2013: “Collaboration, Learning and Evidence-based Practice”
In May 2013, 21 HSS nurses attended the 33rd Annual National Association of Orthopaedic Nurses (NAON) Congress in San Antonio, TX. Doreen Johnson, MSN, RN, ONC, assumed her elected position on the NAON Executive Board of Directors for 2013 to 2014. Mark Angelo, MBA and Ron Perez, RN, JD, CNOR, presented a breakout session entitled: “Implementing Lean Strategies to Drive OR Efficiency in Sports Ambulatory Surgery.”

Jack Davis, MSN, RN, ONC, presented at two breakout sessions: “Preoperative Patient Education: It’s More than Just a Class,” as part of a session entitled “Methods of Orthopaedic Patient Education” and “The Role of the ‘ONCB Ambassador’ to Enhance the Culture of Orthopaedic Certification” during the Orthopaedic Certified Nursing luncheon program.

In addition, 13 HSS nurses presented 11 posters:

- Lani Blanco, MA, BSN, RN received 3rd Place Prize for the poster, “Let’s Get Engaged! Development of an Employee Engagement Committee to Foster an Engaged Workforce in the Orthopaedic PACU Setting.”
- Joanne Romano Diamond, ADN, RN, presented “Nursing Education Promotes Nursing Leadership in the Orthopaedic Office Setting.” Co-authored by Catherine Biviano, RN, MA, ONC, NE-BC; Sandra Johnston, ADN, RN, ONC; Gerald Pimental; Henry King, BSN, RN, ONC; Lucille Gil, BSN, RN; Erica Brusdeilins, BSN, RN; Cynthia Reid, RN; Bayyinah Guerrant, BSN, RN; and Susan Gamallo, BSN, RN
- Angelica Beato, BSN, RN presented “The Journey of Caring for the Patient with Complex Spine Deformity,” co-authored by Amanda Ailleo, MS, RN, CEN.
- Nateesha Ingwersen, RN, BSN, presented “Nursing Management of the Patient Undergoing Blood Patch Procedure.” Co-authored by Marilyn Unabia-Martinez, RN, BSN, CCRN.
- Margaret Penner, RN, BSN, presented “Caring for the Pediatric Patient with Osteogenesis Imperfecta.” Co-authored by Dania Scoccimarro, RN and Heather Snow, RN.
- Kelly Radtke, RN, BSN & Amanda Ailleo, MS, RN, CEN, presented “Implementation of an In-Patient and PACU Residency Program and its Effects on Retention Rates and Job Satisfaction.”
- Erin Niklinski, RN, BSN, “Nursing Care of the Patient Receiving High Dose Ketamine.” Co-authored by Jennifer Katarivas, MSN, RN-BC, ACNS-BC; Heidi d’Esposito, RN, BSN, CCRN; Nateesha Ingwersen, RN, BSN and Marilyn Unabia-Martinez, RN, BSN, CCRN.
- Christine McMorrow, MSN, AGNP, ONC, presented “One Hospital’s Journey to Night Shift Wellness.”
- Richard J. Slote, RN, presented “Pulling the Plug on Brain Drain: Understanding International Migration of Nurses.”
- Arnulfo Delatorre, BSN, RN, ONC & Anabelle Duma, RN, presented “Anesthesia for Out Patient Shoulder Surgery: Local vs. General.”
- Kaye Estioco, RN, “Harmonizing the Voices of Patients and Healthcare Disciplines.”
International Orthopaedic Nurses Day: October 30th

Stephanie J. Goldberg, MSN, RN, NEA-BC and Louis A. Shapiro, President & CEO, provided opening remarks to kick-off the HSS celebration with a historical review of the annual event and recognition of the impressive contributions that the orthopaedic nurse makes to the HSS community.

Two Nurse Practitioners from the newly formed Complex Care Program presented on complex care issues. Yasmine Lee, MSN, ANP-BC, presented a session on Atrial Fibrillation and Ruben Diaz, AGNP-BC, CDE, presented on the topic of Diabetes Management.

Other presentations during the session included:

- *Nurse Certification Programs* by Jack Davis, MSN, RN, ONC
- *NAON Congress Update* by Amanda Ailleo, MS, RN, CEN and Jack Davis, MSN, RN, ONC
- *Global Immunization* by Eileen A. Finerty, MS, RN, CIC, FNP
- *Nursing Spearheads Skin Prep Practice* by Veronica Daly, MS/MPA, RN, CNOR
- *Educating Patients and the Reduction of Unassisted Falls*, presented by Tina Bailey, BA, MS and Doreen Johnson, MSN, RN, ONC. Co-authored by Patricia Quinlan, PhD, MPA, RN, CPHQ and Ann LoBasso, MBA, RN, NE-BC

Celebrating HSS Nurses and the Nursing Excellence Awards

Members of the Department of Nursing joined together on June 18th to celebrate Nurses Day and the Nursing Excellence Awards. The event, which was delayed from May’s National Nurses Week due to the visit from The Joint Commission, focused on the theme, “Delivering Quality and Innovation in Patient Care.”

Stephanie J. Goldberg, MSN, RN, NEA-BC, Senior Vice President, Patient Care Services and Chief Nursing Officer, opened the afternoon’s program referencing the Hospital’s 150th anniversary and looking at the journey from the past into the future. “The sky is the limit for what we can accomplish. It is because of all of you that we have achieved significant outcomes in terms of patient care and patient satisfaction and I thank each and every one of you,” said Ms. Goldberg.

Louis A. Shapiro, President and CEO, then addressed the audience, highlighting the important role
Celebrating HSS Nurses and the Nursing Excellence Awards

Nursing played in the Hospital’s successful Joint Commission survey and went on to share some feedback from nurses about what it means to be a nurse at HSS. He also shared patient letters about nursing care and added, “You help make our patients’ experience a positive one and get them back to enjoying the things they love to do. The skill, compassion and quality of care you provide from the OR to the bedside contribute to our reputation and to the reasons why patients choose to come here from across the country and around the world.”

There were two keynote speakers. The first address was given by Jessica Drago, BSN, RN, who spoke about what it means to be a nurse. “I have never learned what it means to be a good nurse at HSS – I’ve learned what it means to be a great nurse. Our nursing staff is simply amazing.”

Diana Mason, PhD, C, FAAN, RN, Rudin Professor of Nursing at Hunter College, then followed with the Keynote Address on Research and Innovations in Nursing and Health Care.

Patricia Quinlan, PhD, MPA, RN, CPHQ, Senior Director, Nursing Excellence, provided an overview of the criteria for the Nursing Excellence Awards and Ms. Goldberg then announced the winners:

**Structural Empowerment**
- Melanie Almonte, BSN, RN, Call Center
- Luzviminda Angoluan, RN-BC, Pre Surgical Screening
- Anna Distad, RN, 8 East
- Rie O’Brien, RN, CNII, OR

**Exemplary Practice**
- Angelica Beato, BSN, RN, 6 East
- Ashley French, BSN, CCRN, PACU
- Mikhail Kolomoytsev, BSN, RN, 8 East
- Freda Weintraub, BSN, RN, CNOR, Ambulatory Surgery OR
- Margaret O’Donohue, MSN, RN, CCRN, Infusion Therapy

**New Knowledge, Innovation & Improvements**
- Geoffrey Canlas, BSN, RN, Ambulatory Surgery OR
- Woldy David, BSN, RN, 6 East
- Arnulfo Dela Torre, BSN, RN, ONC, Ambulatory Surgery
- Erin Walsh, BSN, RN, Pediatrics

**Transformational Leadership**
- Cynthia Bruder, BSN, RN, ONC, Call Center
- Keesha Holmes, MS, RN, 75th Street Special Procedure Unit
- Dawn Miller-Salsberry, BSN, RN, Pre Surgical Screening
- Irma Pangcog, BSN, Hand & Foot OR
- Hyun Sook Choi, BSN, Same Day Surgery

Barry Brause, MD, Director of Infectious Diseases, was honored as the 2013 Friend of Nursing, a special award in recognition of his, “dedication and commitment to others; as a physician who is dedicated to patients and to others who care for them; as a gifted clinician who generously shares his wealth of knowledge; as a loyal colleague who respects and enhances the work of others.”

*Story and photographs courtesy of ECHO, the Employee Newsletter of The Hospital for Special Surgery*
Expansions & New Units

HSS Long Island – Uniondale Center

In 2013, Hospital for Special Surgery (HSS) expanded its outreach to Uniondale, Long Island. A two-part growth initiative began in April, initially with the expansion of a well-established, physician practice that included an increase from 17 to 34 staff members. Physicians and nurses worked together to provide care access for a total of 19,189 patient visits in 2013. By July 2013, the second phase of this initiative was completed with the opening of a state-of-the-art Pain Management Center. The Center implemented a nurse practitioner model to manage care for patients who come to this treatment setting with chronic pain. The nurse practitioner serves as the on-site clinical leader providing specialized, safe care to patients requiring procedural interventions for pain relief. Since July 2013, HSS Long Island has provided pain control interventions to over 400 patients.

Orthopedic Special Care Unit

On October 7th, 2013, HSS proudly opened its first Intensive Care Unit. The Orthopedic Special Care Unit (OSCU) is a 4-bedded ICU, which provides services to patients whose conditions require complex nursing care including continuous cardiopulmonary monitoring. The unit is staffed by an interdisciplinary team trained in the specialty of critical care.

The OSCU offers advanced ventilator support, intensive cardiovascular monitoring, and management of complications after lengthy surgeries. The OSCU has been enthusiastically received by our multidisciplinary staff. They enjoy working in this innovative space that raises the level of care at HSS.

The patient rooms are equipped with state-of-the-science technology. Private rooms are spacious and overlook the East River offering a serene, therapeutic environment to foster healing. Open visitation allows family involvement all day and night to promote a therapeutic, comforting environment for both the patient and their loved ones. To date, over 100 patients have been treated in the OSCU.
Post-Operative and Complex Care Programs

Post-Operative Care Program

The Hospital for Special Surgery (HSS) Post-Operative Care Program (POCP) was designed as an alternative site to the emergency room for patients who are in need of care for common post-operative problems outside of the surgeons’ normal office hours. This innovative program was created based upon an estimate that at least 250 patients a year who had surgery at HSS visited an outside emergency room for problems related to their surgery. Use of the emergency room by patients with non-life-threatening and minor complaints is associated with long wait times and high financial costs. Post-operative patients who use emergency room services may also be exposed to other comorbid and infectious conditions that can potentially compromise their wound healing and recovery.

Driven by our own experience and current trends in medical care, the POCP was structured to operationalize tenets of a transitional care model (CMS 2014) and address the needs of postoperative orthopedic patients after discharge.

An interdisciplinary team consisting of Hospital Administration, the Departments of Nursing, Radiology, Pharmacy, Information Technology, and the Visiting Nurse Services, collaboratively designed the POCP transitional care program. Patients are treated for: wound erythema and/or drainage, unilateral extremity swelling, surgical pain and joint dislocation. The POCP is staffed by Nurse Practitioners specifically trained to diagnose and manage these common surgical problems during this important transitional stage of recovery.

The POCP opened in Pre-Surgical Screening on July 15th, 2013. Nurse Practitioners treated 129 patients in 2013, who would have otherwise sought treatment in a local emergency room. Though treatment included the readmission of 13 patients, nurse practitioner interventions prevented hospital readmissions in 116 patients. Plan of care treatment included patient and family education along with communication to outside visiting nursing and physical therapy agencies. Post-discharge phone calls were made to see how patients were feeling and ensure they understood their care instructions. All diagnoses and treatments were performed in direct collaboration with the patient’s surgeon. To date, a total of 38 surgeons have utilized this program.

Complex Care Program

The Complex Care Program was created to improve quality of care of patients with complex comorbidities, a growing portion of the HSS population. The aim of the program is to evaluate and manage the care of patients with complicated medical conditions. Nurse Practitioners (NPs) that specialize in the care and treatment of diabetes, atrial fibrillation and delirium, work with patients to tailor a plan of care to optimize health before surgery and minimize post-operative complications.

NPs collaborate with the interdisciplinary team to support patients across care transitions toward independence at home. The following describes the program activities of two disease specific care sections:

Diabetes

The Complex Care Program for diabetic patients began in November 2013. A board-certified Nurse Practitioner (NP), with national certification as a diabetes educator, works with patients who have insulin as part of their treatment regimen. The program is designed to optimize medical status prior to surgery, decrease rate of postoperative complications, facilitate an interdisciplinary collaborative plan of care, improve clinical outcomes, and decrease length of stay.

Patients are identified in one of four
ways: pre-operatively in the surgeon's office, during pre-surgical screening, at the medical clearance appointment or postoperatively on the inpatient floors. The NP follows the patient throughout the perioperative process to continuously re-evaluate the current treatment plan, coordinate care, and provide a written care plan that anticipates future needs.

The NP is also involved in revision of existing diabetes protocols to ensure that the care provided for diabetic patients is up to date with current evidence-based care. Future initiatives include: coordination with the HSS diabetes Nurse Practitioner and Visiting Nurse Service of New York to assist in transitioning patients, with diabetes on insulin, requiring additional care at home after discharge.

Additionally, the NP:

- Provided staff and patient diabetes education
- Prevented a transfer to the Step Down Unit and delays in discharge
- Coordinated with outpatient endocrinologists/PCPs to coordinate care, prevented medication error, continuity of care
- Assisted with patients hypoglycemia, hyperglycemia, insulin pump trouble shooting with referrals from physicians/physician assistants, nutrition, nurses, morning rounds and email sign-outs

As of December, 29 diabetic patients were seen by the NP, and three had insulin pumps.

**Cardiovascular Disease**

Cardiovascular Disease (CVD) is still the number one cause of death in the United States. It accounts for 33% of all deaths from heart disease for persons 65 and older. Atrial Fibrillation is a common postoperative cardiac complication. It is a major cause of morbidity and mortality after non-cardiac surgery.

Atrial Fibrillation (AF) is characterized by predominantly uncoordinated atrial activation resulting in inconsistent cardiac output and risk of stroke. Patients with AF are five to six times more likely to suffer a stroke than those not affected. Orthopedic surgery patients are often at risk for developing postoperative AF due to physiologic-surgical stress and comorbidities. Close monitoring of these patients is important as they sometimes require intensive care.

The purpose of the AF management protocol within the context of the Complex Care Program is to reduce both the length of hospital stay and the hospital costs by managing this arrhythmia early and appropriately using ACCF/AHA evidence-based guidelines. Early recognition of AF arrhythmias is done preoperatively by the cardiovascular (CV) NP. These patients are evaluated and treated carefully by CVNP in collaboration with cardiologists and/or internists toward the best possible care.

The AF section of the Complex Care Program began in September 2013. To date, an average of 3.5 AF patients have been evaluated every week. The majority of patients are either new onset or paroxysmal AF, and seldom persistent AF (i.e., patients with valve disease).
Nursing Research & Innovation Projects

Research & Evidence-Based Practice Projects

Members of the Nursing Research Committee continued to provide oversight and guidance to a number of research and evidence-based practice initiatives.

Cold therapy

Nurses from 6 East collaborated with Patient Education, Spine Services and Pharmacy to launch a randomized controlled trial on the effects of cold therapy in patients with spinal fusion surgery. The primary outcome of this study was post-operative pain reported by participants using the Numerical Rating Pain Scale. The secondary outcome of this study was the consumption of narcotic equivalent analgesia by post-operative spine fusion patients. Subject enrollment during the first five months reached 40 participants or approximately 20% of the desired sample size.

Community Education

Members of the Nursing Community Education Committee continued their volunteer efforts to teach seniors in neighboring community centers. The nurse-driven program provided nine educational sessions in 2013. The outreach was approved by the Institutional Review Board as a before and after evaluative study. Each patient was his or her own control. Baseline measurement was taken before the intervention (education) and compared with measurement taken after the intervention. The primary outcome was the knowledge gained on the topics. Secondary outcome will address satisfaction with an education program taught by nurses at urban, senior community centers. Satisfaction will be measured using a standard HSS program evaluation sheet.

Perioperative Hand-off

Complete and accurate communication between nurses is critical for the safe care of patients throughout the perioperative experiences. However, adequate patient information is not always communicated during nurse hand-off. In an effort to improve hand-off communication, the Perioperative Nursing Council nurses assigned a team of nurses to evaluate and improve existing handoff practices. The goal was to standardize the process using an evidence-based practice approach that included review of the literature and best practice recommendations of the Association of Perioperative Registered Nurses (AORN). Nurses standardized the HSS Perioperative hand off process using the SBAR (Situation, Background, Assessment, and Recommendation) method described in Team STEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety) and recommended by AORN. Hand-off tools were adapted for circulator nurse-to-circulator nurse and scrub-to-scrub hand-offs listing key information categories to guide verbal exchange. Nurses also designed a survey to evaluate project effect on staff perceptions of whether the tool improved patient safety.

During 2013, the hand-off tool was introduced to the 4th Floor Main OR, Ambulatory Surgery and the Hand and Foot Centers. Pre and post surveys were completed by 63% of staff and the results indicated a positive impact. Post test scores improved after intervention, specifically: overall rating of communication, effectiveness of communication during breaks and change of shift, knowing what to communicate, and completeness of report.

Pain Program

Satisfaction with pain management is an important nursing sensitive, patient care outcome in the context of orthopaedic surgery. Nurses
Research - continued

require education to remain current and successful in their pain management practice. In 2013, the HSS Continuing Education Provider Unit supported a program with experts from pain management and the Department of Anesthesiology, *Chronic Pain Management in 2013: Issues, Challenges and Treatments.*

The 2013 pain program provided clinically relevant information to registered nurses, nurse practitioners, social workers, case managers and physician assistants.

The majority of the respondents “strongly agreed” that the learning objectives were reached. These respondents also provided examples of the changes they intend to make as a result of attending this activity, such as:

- Look into the use of Ketamine more for the chronic pain patient.
- Listen a bit more closely - being mindful of the importance of being with the patient.
- Be more of a patient advocate when providing nursing care in the patient diagnosed with fibromyalgia.
- Review medication for pain management.
- Discuss protocols for Ketamine in post-operative spine patients.
- Have a better understanding of injections and time span of relief.
- Better understanding that clinical presentations can be a coping issue not a disease manifestation.
- Further awareness of other strategies for pain management.

The program was comprehensive and provided information on best practice for pain control by experts in the pain management field, as well as opportunities to discuss personal questions about pain management in the context of patient situations. Review of HSS patient satisfaction data observed consistent positive patient satisfaction with pain management above the 90th percentile (see table A). Based upon these findings and continued request on needs assessment surveys, the Provider Unit plans to offer a Pain Management Program annually and will continue to monitor satisfaction metrics.

Nursing Journal Club

Nursing staff members critiqued numerous manuscripts on various topics throughout the year and shared them with colleagues. The articles are available for review though the Kim Barrett Memorial Library intranet page. A list of 2013 presenters and topics included:

- Natalie Trezza, MSN, RN, CNOR: “Communication Failures in the OR”
- Rena Goldstein, RN, “Surgical Safety Checklist in the OR”
- Colleen McNaughton, RN, BSN, “Traffic Flow in the OR”
- Jack Davis, MSN, RN, ONC, “Childhood Obesity and Orthopaedic Issues”
- Kelsey Vukov, BSN, RN, “Medication Discharge Planning”
- Tina Bailey, BA, MS, “Risk Factors of Fall Related Injuries”
- Jack Davis, MSN, RN, ONC, “Bowel Regimen to Prevent Constipation and Ileus Following Hip and Knee Surgery”
- Patricia O’Neill, RN, BSN, “Medical Adhesives and Patient Safety”

Bright Ideas

In November, the Department of Nursing launched the Bright Ideas Program as part of the Nursing Strategic Plan 2015. This Program offers a means to inspire the nursing staff to develop and share ideas that improve patient care and generate costs savings for the department. Staff must submit a proposal that includes: the background of the issue, description of the idea, what benefits will be provided if the idea is implemented, and a step-by-step procedure for how the idea will be implemented. Within two months of the launch, the program generated ideas for two major initiatives. Plans to move forward with those initiatives will take place in 2014.
Pastoral Care

Hospital for Special Surgery’s Pastoral Care Department is headed by Sister Margaret Oettinger, OP, BCC, of HealthCare Chaplaincy. The staff includes three chaplains, seven Eucharistic ministers and three patient visitor volunteers. The overall mission of the Pastoral Care Department is to offer spiritual, cultural and emotional support for HSS patients, staff and families. The success in carrying out this mission is amply demonstrated by the Department’s consistently high Press Ganey ratings in categories focusing on the spiritual and emotional well-being as well as a high rate of nursing referrals for chaplaincy care.

Unit-Based Chaplain

In collaboration with the Nurse Managers, a unit-based chaplain structure was developed to improve patient access to pastoral care services. Having a unit-based chaplain facilitates early and timely intervention, daily rounding and in-depth debriefing at the local level, increased numbers of patients visited, and additions to specific referrals.

Information Technology

The electronic program for requesting a chaplain visit was updated to include an itemized list of referral reasons. The list of choices makes referrals easier to complete and track standardized data on visit frequency and referral indication.

Screening Questions

In collaboration with the nursing staff, a pilot study took place incorporating standard spiritual screening questions into the hospital’s admission form or a discharge assessment. This program resulted in increased referrals. The Department of Nursing had the largest amount of referrals in 2013.

Sukkah

The Pastoral Care Department hosted a “Sukkah Party” for all patients, families and staff that emphasized the concept of “Sukkat Dhalom” or “Shelter of Peace.” Staff and guests were welcomed and educated in the history, customs and understanding of the meaning of the holiday. The Department received positive responses from attendees, including several Jewish colleagues.

Grief Counseling/Services

In 2013, several employee deaths spurred the need for support group grief counseling meetings for staff, and additional support by the nurses and chaplains. For example, on September 11th, chaplains and nurses were available for prayer and spiritual/emotional support. Groups were led by Sister Margaret, OP. “In Remembrance” cards were distributed to patients and staff.

Prayer Shawl Ministry

The HSS Prayer Shawl Ministry met regularly in 2013. The shawls became an important part of the healing process for patients. The Ministry has 11 members, including Pastoral Care and nursing staff. They are an ambitious group of volunteer women who knit prayer shawls for patients who need “TLC” from the Pastoral Care Department. Our HSS staff has described patients who received these shawls as emotionally grateful and brought to tears, expressing joy and deep gratitude.

Cultural Competency

Cultural competency initiatives began by presenting a workshop, “Jewish Traditions in a Hospital Setting” to the nursing staff and International Center Leaders. The Pastoral Care Department updated the information pamphlet for Jewish patients with helpful information on HSS policies and services that Pastoral Care provides to Jewish patients. New additions to the pamphlet are two prayers for before and after surgery, “Blessings” by Misheberakh and Healing Prayers.

Wholeness of Life Award

This was the 26th Wholeness of Life Award which has included many of the nurses and physicians. Glenn W. Garrison, CPO, Director of Prosthetics & Orthotics was recognized with the HealthCare
Chaplaincy’s 2013 Wholeness of Life Award. This award each year is a source of inspiration for all who come to work at HSS every day and have the privilege of playing a role in the healing process.

The Operational Excellence Program at Hospital for Special Surgery (HSS) is an organizational-wide initiative focused on eliminating waste and driving greater efficiency throughout the system. The program is guided by Lean principles and brings together multidisciplinary teams focused on guiding process improvements that increase patient satisfaction, enhance employee engagement and improve overall quality and safety. Nursing is an integral part of this program and uses a solid foundation of nursing practice to guide changes that are evidence-based.

**Perioperative Value Stream**

There were a number of initiatives in 2013 geared towards optimizing care delivery across the perioperative value stream and Nursing played a key leadership role in each one.

Nursing was the true driver of the surgeon-led “first case on-time start initiative” in the main OR. Nursing coordinated the interdisciplinary effort and continued to refine the process throughout the trial period to ensure success. In three months, on-time starts in the Operating Room (OR) increased from 60% to well over 80%.

The Department of Nursing also played a key role in the new “High Performance OR Initiative,” a project designed to identify the primary barriers to efficiency in the OR and enable the rapid testing of new processes. In collaboration with Dr. David Mayman, the team created a “living laboratory” within the OR, testing new processes and uncovering new insights to help improve quality, safety and efficiency of patient care. Frontline staff designed and tested several process pilots, enabling Perioperative leadership to identify key strategic priorities for 2014. The combination of these and other efforts throughout 2013 yielded an 11% reduction in average room turnover in the main OR.

**Supply Chain Value Stream**

The Nursing OR staff collaborated with Central Sterile Processing (CSP) staff on a number of initiatives to improve the efficiency of the instrument processing and delivery loop in 2013. Corporate Compliance, Materials Management, and the OR Business Management Team revised and improved the process for supply ordering and receiving. Based on their joint efforts, CSP was able to increase the number of complete case carts to 92%, thereby reducing OR delays and the excess work involved with managing an incomplete cart. The percentage of missing instruments was also maintained within the 4% range thanks to the combined efforts of OR and CSP staff in improved handling, monitoring and tracking of instrumentation.

CSP implemented a new sterilization process for compliance with the Association for the Advancement of Medical Instrumentation (AAMI) best practice standards, specifically for quarantine of trays containing implants. Additionally, implemented Q-sight, which is the automated perpetual inventory and supply distribution management system on the 4th floor.

**Spirituality & Health Forum: Wholeness of Life**

In May, over 140 administrators, staff, chaplains, nurses and members of the community attended the Spirituality Forum held at HSS. Dr. C. Ronald MacKenzie, MD, Department of Medicine and Rheumatology, presented a program on “Mindful Practice” as a way to respond to the challenge of considering how psychosocial and spiritual factors influence patient outcomes. Dr. MacKenzie used slides depicting medical practice through history, and especially those that illustrated mindful practice. He also led the audience in a mindfulness exercise, and answered questions from the audience.
Electronic Clinical Documentation & Timekeeping/Management System

Nursing Informatics

A major ongoing goal for the Department of Nursing is the use of the Electronic Health Records (EHR) to facilitate and support clinicians to provide safe, efficient and high quality care. The Nursing Informatics Committee, along with their Information Technology colleagues, used an evidence-based approach to engineer electronic documentation, while keeping the focus on patient-centered care. The Committee supported a number of important initiatives in 2013 including an intraoperative electronic documentation and an upgrade for the inpatient EHR. Together the team met conditions for Stage 1, Meaningful Use including: a) automated flow sheets to capture patient education documentation, b) patient controlled analgesia and ventilator documentation, and c) converting the documentation of inpatient and Coumadin discharge instructions to electronic recording. Highlights of some of these initiatives are as follows:

Perioperative Electronic Documentation

In April 2013, the perioperative areas went live with a new intraoperative software system and an electronic patient tracking system. Through a collaborative effort of numerous departments, including the Perioperative Nursing Department, Information Technology, Finance, Scheduling, and Service Excellence, the successful implementation of the new perioperative system was no small feat. Replacing a legacy intraoperative system with a new system brought increased efficiency, facilitated communication across departments and disciplines, offered newly automated processes, and enhanced the OR nursing documentation system.

The patient tracking system allows patient locations and pertinent clinical information to be tracked from the time of arrival all the way through the perioperative continuum. Keeping communication fluid, OR nurses are proactively notified of patient readiness in the holding areas, surgeons are automatically e-mailed once their patient arrives in the OR, and the PACU nurses are alerted to start preparing for an incoming post-op patient. Large screens were useful in essential perioperative patient care areas, displaying significant patient information at a glance. Not only does the new system optimize communication between departments and help reduce phone calls, it also provides functionality to efficiently manage OR time and increases nurse, clinician and patient satisfaction.

The new intraoperative system provides an enhanced OR nursing documentation system. The transition to the new documentation system provided minimal disruption to the nursing workflow because of thoughtful preparation and world-class nurses. The OR nurses were well-prepared and met the change competently because of carefully coordinated training sessions, timely practice and review sessions.

Peer nurses acting as super-users during the initial weeks of transition created a sense of teamwork and encouraged camaraderie. For timely access across disciplines, the Nursing OR Record now seamlessly transfers to the inpatient electronic medical record system as the hospital moves toward integrated systems and a “paperless” environment.

Increased Electronic Inpatient Flowsheet Documentation

Nurses captured endless patient data adding to the intricate story of how patient progress at any given time during the episode of care. This year, an effort was made to move the data that was recorded on Patient Controlled Analgesia, Ventilators, and Patient Education flow sheets and put them in the electronic medical record. Electronic data meant that not only the caregiver at the bedside, but all members of the care team could access the information increasing communication and facilitating the care of the patient.

Successful Attestation to Stage 1 Meaningful Use

The first stage of “Meaningful Use” is an incentive program through Medicare and Medicaid for hospitals and eligible health care providers to capture, track, and share structured data in electronic health records. HSS showed “meaningful use” of the electronic medical record by reporting data capture by documentation completed by nursing as well as other members of the health care team. Some additional examples of our meaningful use of the electronic medical record are described.
below in the electronic discharge instructions, and patient education documentation.

**Patient Education and Discharge Instructions**

Empowering patients is one of the goals of the “Meaningful Use” initiative. Understanding what to expect during their hospital stay is an important part of the patient experience and includes: diet, procedures, therapy, medications, and how to care for one self when going home or to a rehabilitation facility. This year, the hospital began to electronically document all the patient education starting with the pre-op classes and through to the discharge instructions.

**Electronic Timekeeping & Management System**

In April 2012, the Nursing Department implemented an electronic timekeeping and management system that allows HSS to control labor costs, minimize compliance risks, and improve workforce productivity. After 15 months of training, planning, and testing, the Department completed the ambitious goal of implementing the electronic timekeeping system across all services. Future plans include an upgrade that will increase schedule management and productivity by incorporating hand held devices. This will enable end users to use the full functionality, forecasting and reporting features of the system. The upgrade will also make the system much more user-friendly and easily accessible to managers and timekeepers.

**Quality Indicators**

![Registered Nurse Vacancy Rate](chart)

- 2012: 1.98%
- 2013: 1.33%

![Registered Nurse Turnover Rate](chart)

- 2012: 5.73%
- 2013: 2.27%

![Registered Nurse Master's Degree Rate](chart)

- 2012: 6.90%
- 2013: 10.00%
Quality Indicators

**Overall Patient Satisfaction with Nursing Care**

- 2012: 92.3%
- 2013: 92.4%

**Influenza Immunization Rate**

- Q1 2012: 85%
- Q1 2013: 98%

**Overall Pneumococcal Immunization Rate**

- Q4 2012: 90%
- Q1 2013: 89%
- Q2 2013: 89%
- Q3 2013: 98%

**Catheter Associated Urinary Tract Infection (CAUTI) Rates**

- 2012: 2.14 per 1000 catheter days
- 2013: 0.94 per 1000 catheter days
Professional Contributions and Accomplishments

Published Journal Articles

- Sister Margaret Oettinger, OP, authored the article, “Revive Your Spirit to Manage Pain,” in HealthCon-nection HSS.

Poster Presentations

- Erin Walsh, BSN, RN; Mary Ann Carroll, RN, BSN, and Catherine Biviano, RN, MA, ONC, NE-BC, presented the poster, “Preparing Nurses to be Effective Patient Teachers: A Literature Review,” at the HSS Nursing Research Day. The poster co-authors include the presenters plus Lisa Briskie, BSN, RN, ONC; Susan Gamallo, BSN, RN; Henry King, BSN, RN, ONC; Doreen Johnson, MSN, RN, ONC; Julita Canu-Reyes, RN, BSN-C and Virginia Forbes, RN-BC, MSN, NE-C.
- Monica Richey, MSN, ANP-BC, GNP, Rheumatology, authored a poster, “The Mary Kirkland Center for Lupus Care (MKCLC) General Health Assessment Initiative for Systematic Lupus Erythematosus Patients,” and was selected for participation at the National Conference for Nurse Practitioners in Nashville, TN.

Speaking Engagements

- Julie Pollino-Tanner, MA, RN, Nurse Manager, Rheumatology, sat on the planning committee for the event, “Honoring Lupus Heroes,” as part of the Hospital's 150th Anniversary Celebration. The event was featured in The Rheumatologist December 2013 edition.
- Carolyn Tinio, DNP, MSN, BSN, RN, presented “Nursing Theory” on October 10, 2013 and “Let’s Meet Betty Neuman: Nurse Theorist” on October 17, 2013 to MSN students at St. Peter's University, Englewood Cliffs Campus, NJ.
- Ricky Guillot, RN, CNOR, MHA, was a guest speaker at New England Baptist Hospital Orthopedic Nursing Education Day. The topic was: “Magnet, Quality, Efficiency: A Roadmap to High Functioning Teams in the Ambulatory Orthopedic Surgery Setting.” (October 2013)
- Mary Brojan, RN, presented “Perioperative Pressure Ulcers” at Nursing Grand Rounds in October 2013
- Linda Leff, RN-BC, MPA, Nurse Manager of Infusion Therapy and Monica Richey, MSN, ANP-BC, GNP, Rheumatology, both spoke at the HSS sponsored event, “Honoring Lupus Heroes.” (September 2013).
- Stephanie Goldberg, MSN, RN, NEA-BC, presented on HSS’s Pain Management Program as part of a webinar presented by the Agency for Healthcare Research and Quality (AHRQ). (July 2013)
- Julie Pollino-Tanner, MA, RN, Nurse Manager, Rheumatology, gave a presentation to the community at the Washington Heights YMCA, “How to Get a Good Night’s Sleep” (June 2013)
- Ambulatory Nursing Grand Rounds were held in June. JoAnn Stern, RN, Nurse Clinician presented a lecture, “An Overview of the Shoulder.” In PAP, the following programs were presented by staff: Dwuda Agosto, LPN, presented “PRP Review”; Vera Daka, LPN, presented “Care of the Patient with an External Fixator”; Ibis Best, LPN, presented “DeNovo NT Graft Overview”; Susie Kewal, LPN, presented “Internet Resources”; and Roz Baguyo, LPN, presented “Visco Supplementation Injections.”
- “The Orthopedic Nurse Residency Program: A Qualitative Study,” by Carolyn Tinio, DNP, MSN, BSN, RN, was accepted and was presented at the 14th Annual International Neuman Systems Model Symposium in Vancouver, BC (June 2013)
- Linda Leff, RN-BC, MPA, Nurse Manager of Infusion Therapy, gave a presentation at the Greenberg Academy on Medication Use and Safety Training for Seniors (May 2013). She also presented
Professional Contributions and Accomplishments


• Carolyn Tinio, DNP, MSN, BSN, RN presented “The Orthopaedic Nurse Residency Program: A Qualitative Study,” at the AORN Chapter 3304 meeting (April 2013)

• A workshop entitled, “Challenging Patients,” was held in a collaborative effort initiated by Julie Pollino-Tanner, MA, RN, Nurse Manager, Rheumatology; Su Jin Kim and Juliette Kleinman, Social Workers; and Stacey Jacques, Patient Advocate. The attendees included Rheumatology Fellows, A. Bass, MD and J. Berman, MD.

• Cory Nestman, MS, CRCST, ACE, FCS, Senior Director CSP & ORMD, Participated in an IAHCSMM “Standard Setting and Cut Score work group” as a subject matter expert. She also authored a chapter on Ortho Spine instrumentation for the IAHCSMM Certified Instrument Specialist text book and she completed the IAHCSMM Certification in Healthcare Leadership (CHL).

• Katherine Kim, RN, had an abstract accepted for the Reproductive Counseling Program for Lupus Patients at the Systemic Lupus Erythematosus- Antiphospholipid Syndrome Center of Excellence at HSS to the American College of Rheumatology.

• Patricia Quinlan, PhD, MPA, RN, CPHQ, presented, “Implementing Evidence-Based Practice in a Hospital Setting,” at the November 14, 2013 annual New York Presbyterian Hospital Nursing Research Day.

• Patricia Quinlan, PhD, MPA, RN, CPHQ, was a workshop tutor at the New York Academy of Medicine Annual Meeting in August 2013 and presented, “Teaching Evidence Assimilation for Collaborative Health Care Symposium”.

Certifications

• Luis Polanco and Rochel Rodriguez, Cast Technicians, received national certification as Orthopedic Technicians from the National Association of Orthopedic Technicians (NAOT) (October 2013)

• Patrick Francis & Mathew McKie, Unit Assistants in ASC OR, completed their ST Program from Long Island University and passed their CST Certification (September 2013).

• Patricia Donohue, MSN, ACNP-BC, ONP-c (Post-Operative Care Program), was the first NP at HSS to achieve an Advanced Practice Orthopaedic Certification. She successfully passed the NP examination to receive the credential Orthopaedic Nurse Practitioner-Certified (ONP-C). This challenging examination offered by the Orthopaedic Nurse Certification Board (ONCB) since 2006 has been granted to a relatively small number of NPs nationally (approximately 75).

Organizations

• Patricia Quinlan, PhD, MPA, RN, CPHQ, was appointed a Fellow of the New York Academy of Medicine (NYAM) by the Board of Trustees. (January 2013)

• Maria Cristina Uy, BSBA, RN, MSN, CNOR, is currently one of the Board of Directors for the AORN Chapter #3304 (Manhattan) for the 2011-2013 term.

• Patricia O’Neill, RN, BSN, Performance Improvement Specialist, received her Occupational Nurse Certification from NAON. (December 2013)

• Jocelyn Suanico, RN, received her Certified Post Anesthesia Nurse (CPAN) certification. (November 2013)

• Patricia Quinlan, PhD, MPA, RN, CPHQ, was a workshop tutor at the New York Academy of Medicine Annual Meeting in August 2013 and presented, “Teaching Evidence Assimilation for Collaborative Health Care Symposium”.

• Diana Mak, RN, CNI, received her ONC certification.

• Ingrid Herrera – Capoziello, MSN, RN, ANP, Clinical Nurse Specialist, received her Professional Development Specialist certification from the American Nursing Credentialing Center (ANCC)

• Arnulfo Dela Torre, BSN, RN, ONC, CNI, 9th Floor, received his ONC certification.

• Aileen Escobinas, RN, CNI, Ambulatory Surgery, received her ONC certification.

• Heidi d’Esposito, RN, BSN, CCRN, Orthopedic Specialty Care Unit, received her CCRN certification.
• Catherine Biviano, RN, MA, ONC, NE-BC, passed her Nurse Executive Certification Exam.

• Melissa Martyn, RN-BC, received her certification for Pain Management in Nursing from the ANCC.

• Maureen Smith, CNI, Main OR, received her certification in the Operating Room (CNOR) from the Competency and Credentialing Institute.

• Tracy Willett, MSN, MBA, RN, NEA-BC, CNOR, Director of Nursing, Operating Rooms, received her certification as a Nurse Executive, Advanced, from the American Nurses Credentialing Center.

Newly-Degreed Staff

• Augustine Brown, ANP/GNP, NP-C, completed her degree on Adult Nurse Practitioner and Geriatric Nurse Practitioner in January 2013. She received her certification (NP-C) through AANP (American Academy of Nurse Practitioners) (September 2013)

• Patricia O’Neill, RN, BSN, Performance Improvement Specialist, was awarded a Bachelor of Science Degree in Nursing with Honors from the University of Phoenix. (July 2013)

• Keesha Holmes, MS, RN received her Master of Science degree in Nursing from Pace University. (May 2013)

• Leisha Bedenbaugh, RN, BSN, CNIII, completed the Executive Program for Nurses at Teachers College, Columbia University. She received her M.A. degree in Nursing Administration and was also inducted into the Honor Society of Nursing, Sigma Theta Tau International, Alpha Zeta Chapter of Columbia University (May 2013).

• Colin Fischer, MSN, RN, CNOR, completed his degree in Master of Science in Nursing Administration (May 2013)

• Jennamarie Castro, MSN, RN, CNOR, completed her degree in Master of Science in Nursing Education (May 2013)

• Euna Lee, FNP, RN, CNOR, completed her degree in Family Nurse Practitioner from Lehman College (May 2013)

• Bayyinah Guerrant, MSN, RN, received her Master of Science in Nursing from the University of Phoenix. (October 2013)

• Noreen Ryan, BSN, RN, Nurse Manager 9th Fl PACU, received her BSN.

• Jennifer Katarivas, MSN, RN-BC, ACNS-BC, is Board Certified as an Adult Clinical Nurse Specialist (May 2013)

• Carol Crescenzo, Nurse Manager for Same Day Surgery, received her BSN.

Clinical Nurse Ladder Achievement 2013

• Keesha Homes, MS, RN was promoted to CNII in the 75th Street - Special Procedures Unit. (April 2013)

Other

• Jayne Hoffmann, MPA, BSN, RN, facilitated and hosted a visit to HSS for two RNs from the Royal Orthopaedic Hospital in the U.K. and an RN from Hadassah University Hospital in Israel. The nurses were interested in the pre-surgical process from start to finish. They spent their two day visit in pre-surgical screening, patient education classes with Jack Davis, Manager Patient Education and the office of Douglas Padgett, MD. The nurses also spent time in same day surgery, visited the in-patient units and met with Chao Wu, Director, Service Excellence. They were very impressed and grateful to share knowledge and experiences with the staff at HSS and stated that they would welcome a visit to their respective facilities in the future. (November 2013)

• Four members of the Central Sterile Processing Leadership team worked with the NYC Chapter of the IAHCSMM to host a chapter meeting at HSS. The topic was, “How to Achieve and Monitor Quality Performance for the CCSD Department.”