ADAPTING TO THE NEW NORMAL NEW GRADUATES: PREPARING THEM FOR SUCCESS

November 5, 2021

WELCOME!

PA-AC Nurse Residency Collaborative Fall Meeting

Amy H. Ricords, Director Nursing Professional Advancement for the PA-AC

AGENDA

8:30 - 8:35	WELCOME
8:35 - 8:45	GIVE ME A LITTLE SLACK- A TUTORIAL
8:45 - 9:00	HOW TO CREATIVELY USE PRECEPTORS
9:00 - 9:30	MONL TRANSITION TO NURSE RESIDENCY PROGRAM
9:30 - 9:45	HOW TO FILL THE CLINICAL GAP: PATHWAYS PROGRAM
9:45 - 9:55	STRETCH BREAK
9:55 - 10:50	NURSE RESIDENCY EBP PROJECT PRESENTATIONS
10:50 - 11:00	STRETCH BREAK
11:00 - 11:45	BREAK OUT DISCUSSION
11:45 - 12:00	CLOSING

PA-NRC SLACK WORKSPACE

Instruction Guide

Why Slack?

- A way to connect virtually with other PA-NRC Members
- Users can share files, pictures, etc.
- The PA-NRC Workspace will have different channels for specific topics (Example: #vizient-conference)
- **IT IS FREE TO DOWNLOAD**
- It is not mandatory to download or use Slack

Download SLACK to…

- **Cell Phone**
- **Desktop**
  - **Download for Windows**
  - **Download for Mac**

- **Link to join PA-NRC Channel**

**Link expires November 20, please reach out to Zaharaa Davood at zadavood@phmc.org for new link*

How Do I Join Slack? (DESKTOP)

- **DESKTOP**
  - **From your desktop, visit https://slack.com/get-started**
  - **Enter your email address (we suggest using your work email address). Then click Continue.**
  - **Check your inbox for an email invitation from Slack.**
  - **Click Join Now.**
  - **Enter your full name and a password, then click Create Account**

How do I join Slack? (MOBILE)

- iOS
  - Download the Slack app for iOS.
  - Check your mobile inbox for an email invitation from Slack
  - Tap Join Now
  - Enter your full name and password, then tap Next
- Android
  - Download the Slack app for Android.
  - Check your mobile inbox for an email invitation from Slack
  - Tap Join Now
  - Enter your full name and tap Next
  - Create a password and tap Next

How to join PA-NRC Workspace?

- **Workspace Name: PA Nurse Residency Collaborative (panursereside-x5v5551.slack.com)**
- **Create an account and join**
- **Desktop:**
  - **From your desktop, visit https://slack.com/get-started**
  - **Enter your email address (we suggest using your work email address). Then click Continue.**
  - **Check your email for a confirmation code from Slack and enter it.**
  - **Below Accept an invitation, click Join next to the workspace you'd like to join.**

- **OR join using this link – Link to join PA-NRC Channel**

**Link expires November 20, please reach out to Zaharaa Davood at zadavood@phmc.org for new link*

What is a channel and how do I join?

What is a channel?

Slack organizes conversations into dedicated spaces called channels. You can create them for any project, topic, or team.

MOBILE

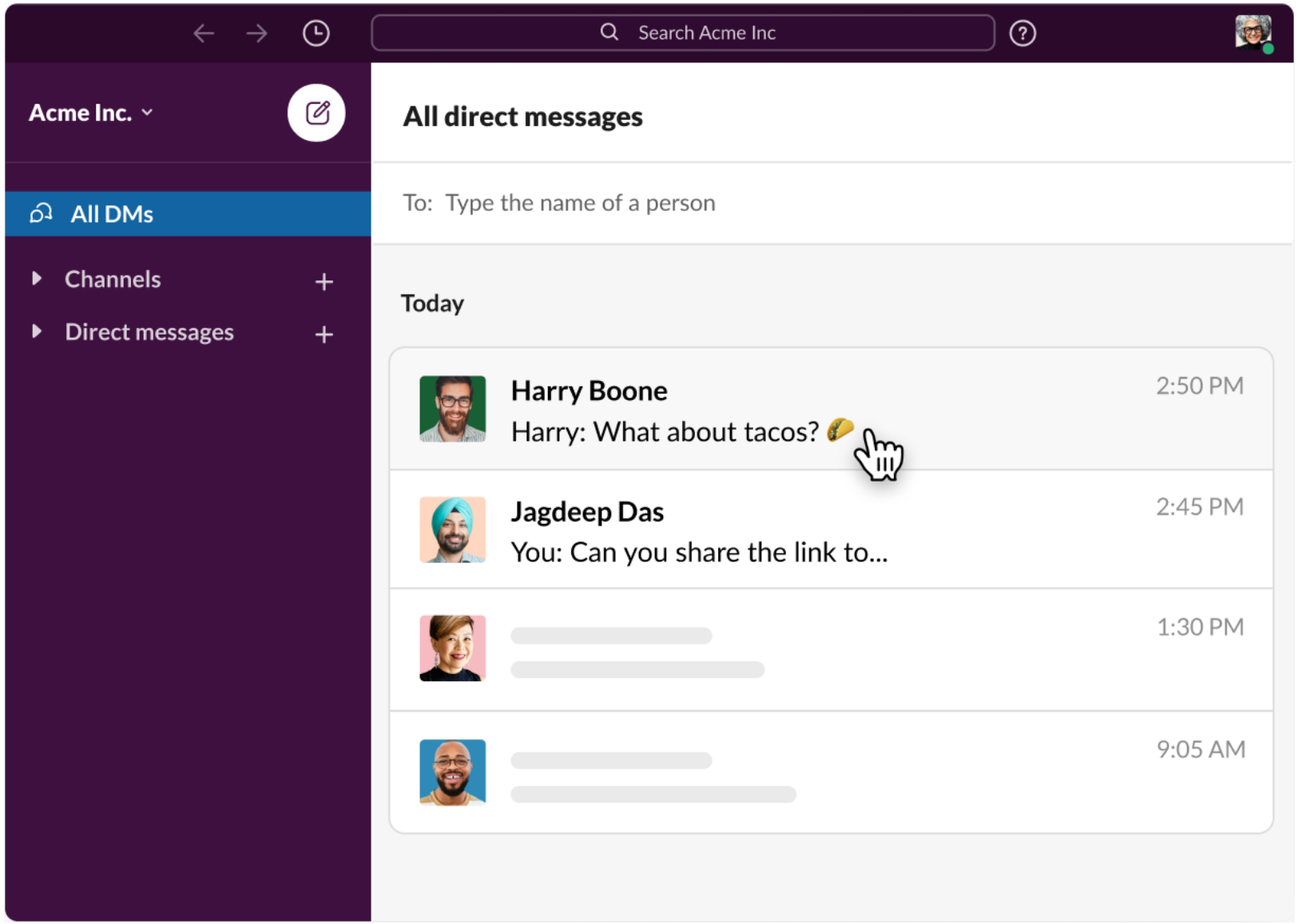
- Tap “Search” at the bottom of your screen.
- Tap Browse channels.
- Search for a channel or select one from the list.
- Tap Join Channel.

DESKTOP:

- Click “Channel browser” at the top of your left sidebar. If you don't see this option, click More to find it.
- Browse the list of public channels in your workspace or use the search bar to search by channel name or description.
- Select a channel from the list to view it.
- Click Join Channel.

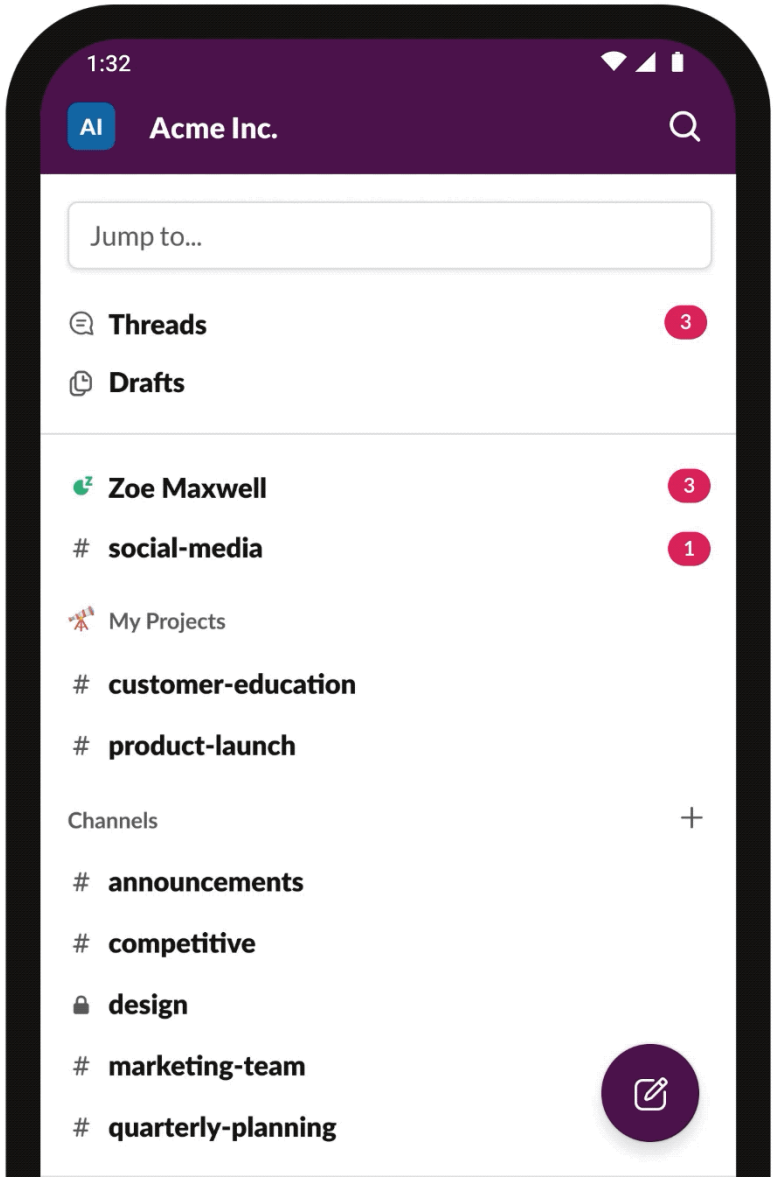
Create a Channel

If you think of a topic or idea that is not already included in the channels, you have the option to create one.



How to send direct messages? (DESKTOP)

- **Click “All DMs” at the top of your left sidebar. If you don't see this option, click “More” to find it.**
- **By default, your most recent conversations are listed below the Direct Messages header in your left sidebar.**



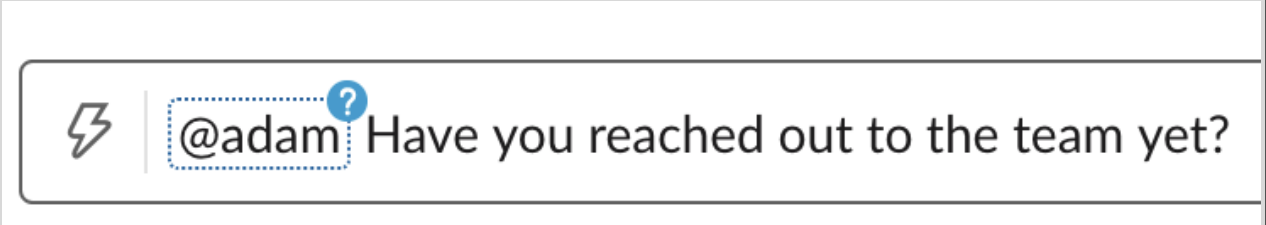
How to send direct messages? (MOBILE)

- Click “All DMs” at the top of your left sidebar. If you don't see this option, click More to find it.
- By default, your most recent conversations are listed below the Direct Messages header in your left sidebar.

What Are Mentions?

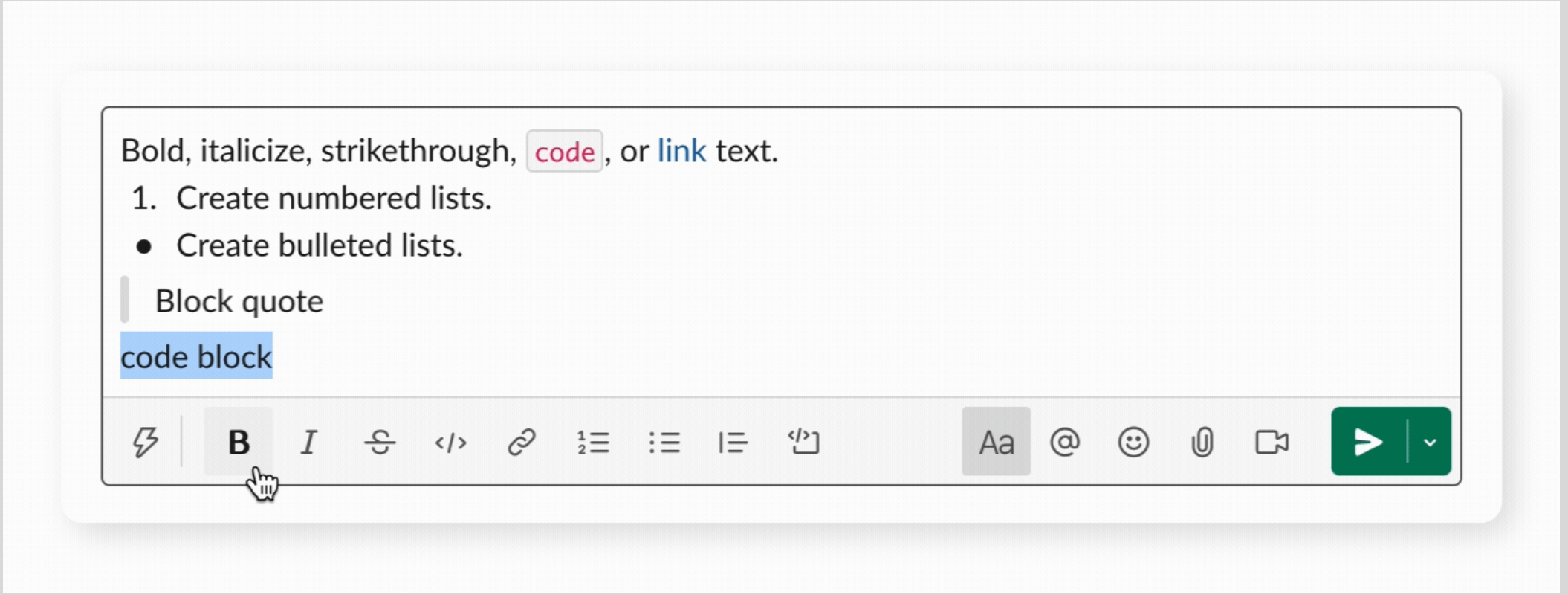
Mentions are a direct way to notify people of something that needs their attention in Slack.

- **As you're writing a message, enter the @ symbol.**
- **Enter a member's name or select one from the list of members. You can repeat this step for every person you'd like to mention in your message.**
- **Send your message.**



Formatting

- **Highlight the text you'd like to format, then select an option from the formatting toolbar. You'll see exactly what your message looks like before you send it, and you can add multiple formatting options to the same text.**



droplrindia
general
mac-app
mac-app-support
marketing
monitoring
partners
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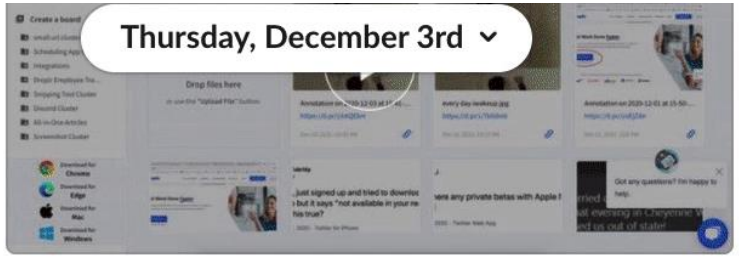
service
+ Add channels

Direct messa...
Slackbot
Meli Taylor you
Greta Kotova
Greta Kotova, Jas...
Greta Kotova, Jas...



Slackbot 3:06 PM
You can keep track of links by sending them to yourself — just select the plus sign (+) next to the direct messages list, and search for your own name.

Meli Taylor 3:09 PM
https://d.pr/v/dOrlzG

Slackbot 3:09 PM
Pssst! I didn't unfurl https://d.pr/v/dOrlzG because it was already shared in this channel quite recently (within the last hour) and I didn't want to clutter things up.

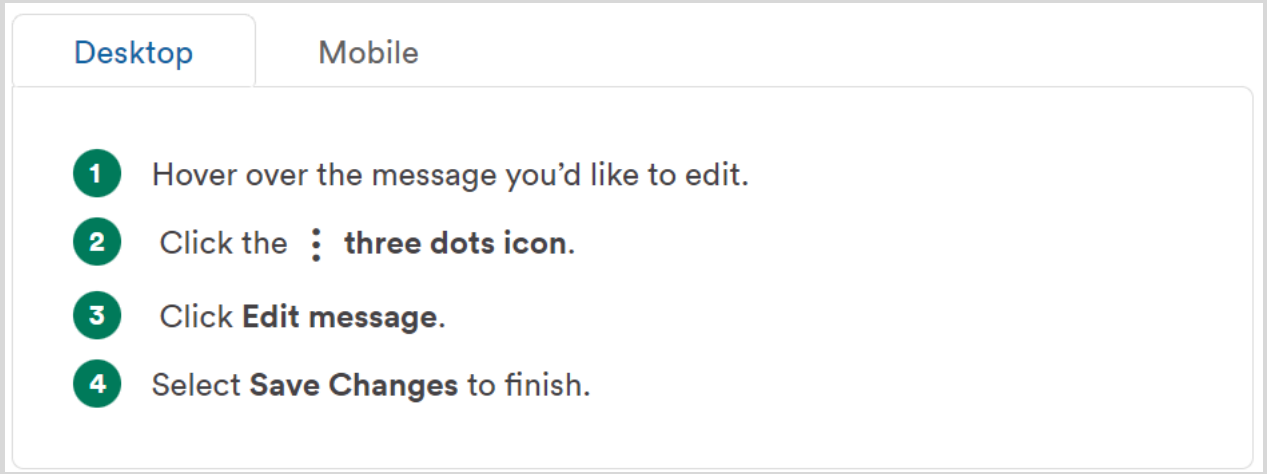
Show Preview Anyway | Do Nothing

You can keep track of links by sending them to yourself — just select the plus sign (+) next to the direct messages list, and search for your own name.

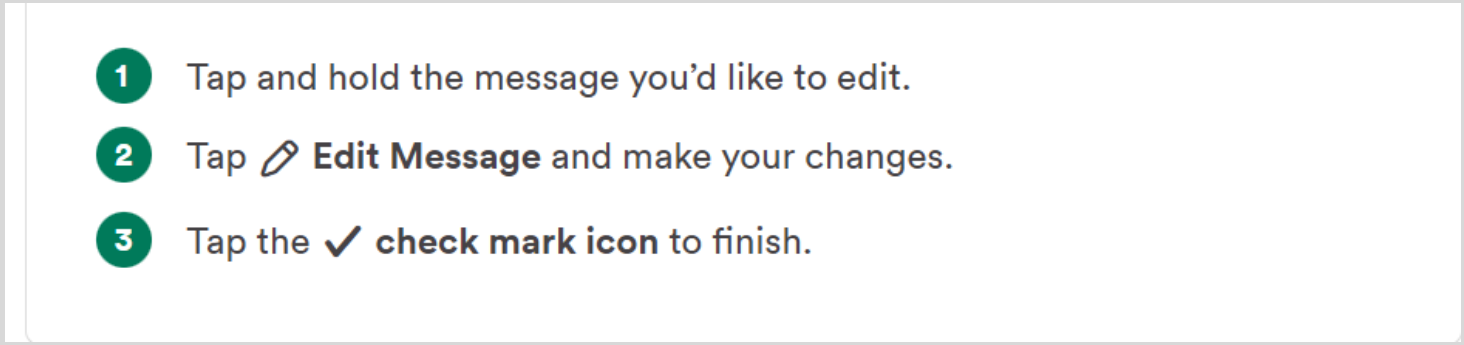
Adding Emojis

Edit Messages

- **DESKTOP**



- **MOBILE**



Edit Messages

Delete Messages

- **DESKTOP**

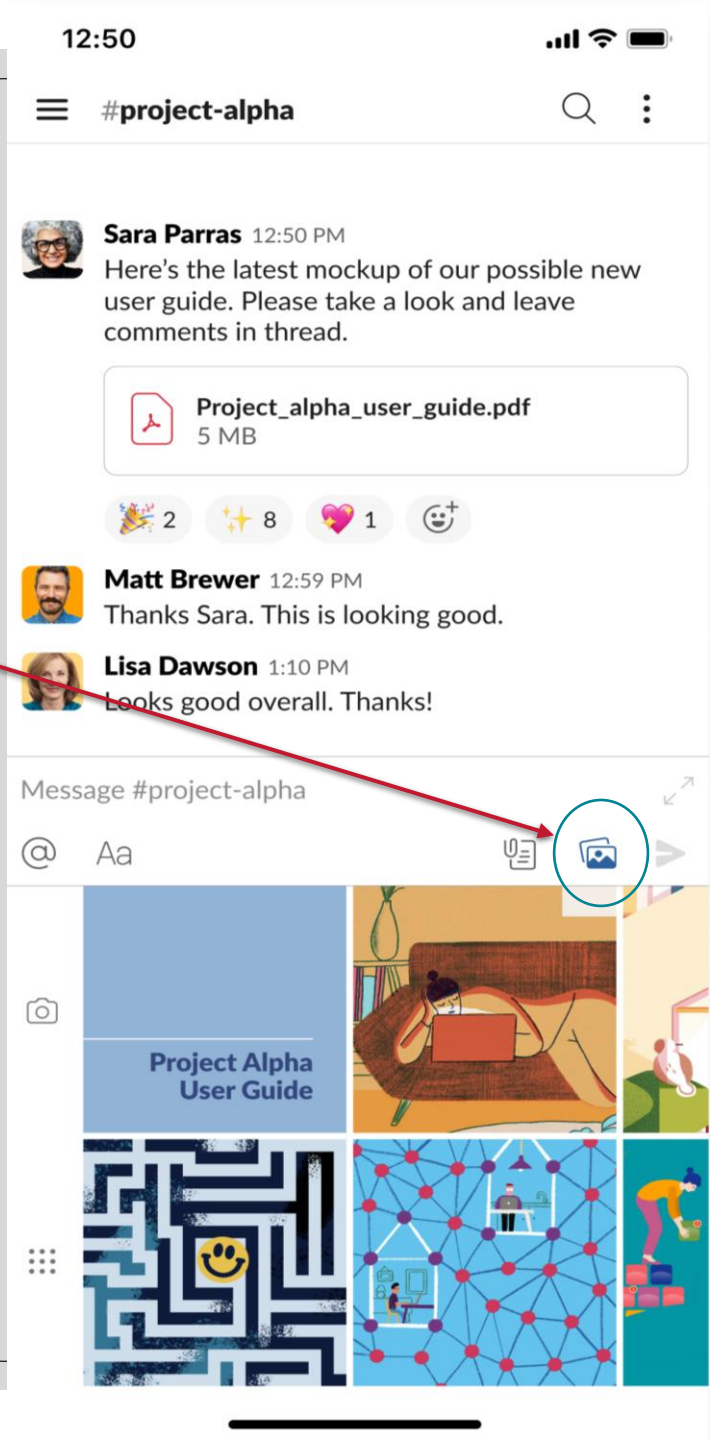
1. Hover over the message you'd like to delete.
2. Click the ⋮ **three dots icon**.
3. Click **Delete message**.
4. Select **Delete** to confirm.

- **MOBILE**

1. Tap and hold the message you'd like to delete.
2. Tap 🗑 **Delete Message**.
3. Tap **Delete Message** again to confirm.

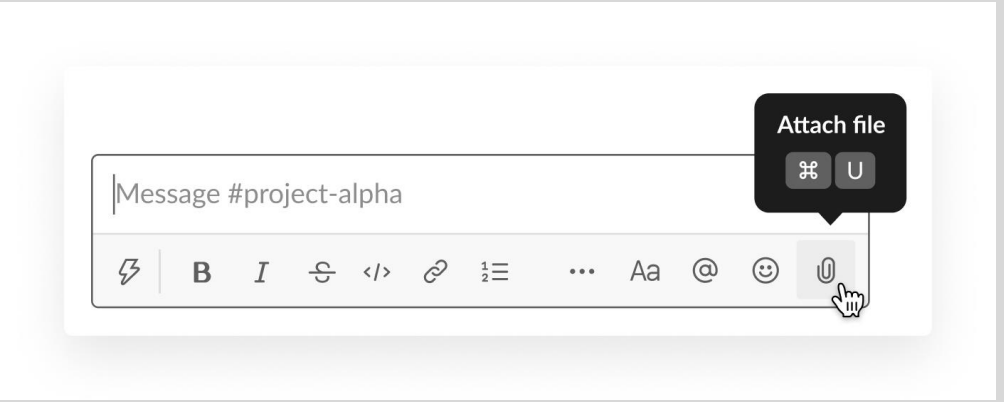
File Sharing (MOBILE)

1. **Tap the photo button to choose a shot from your camera roll or click the Files button to access recently shared items.**
2. **Write a message describing the file and hit send.**

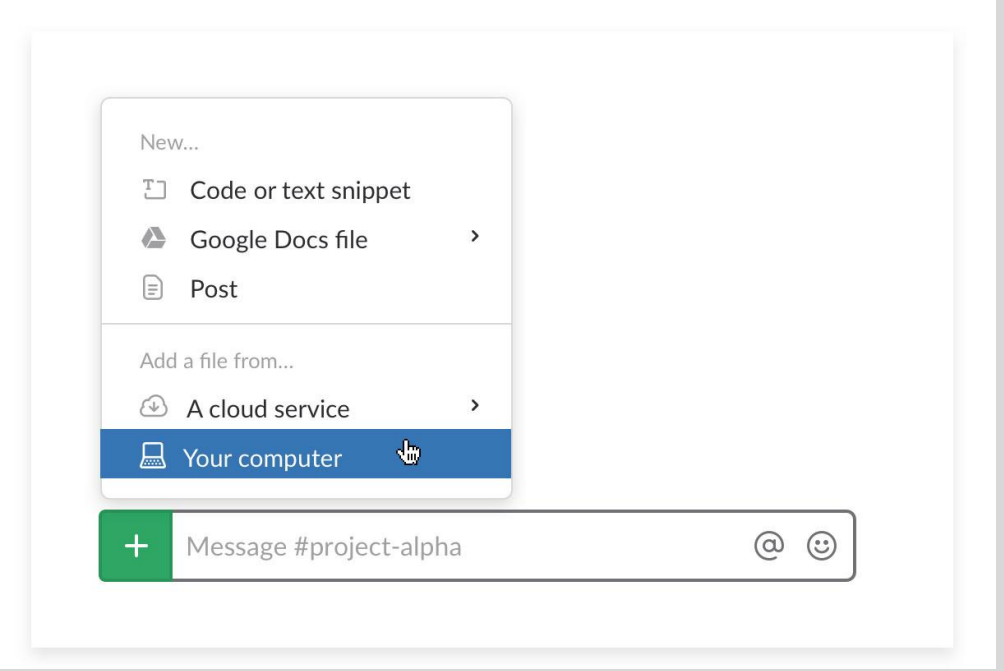


File Sharing (DESKTOP)

1. Click the attachment button on the right of the message box.

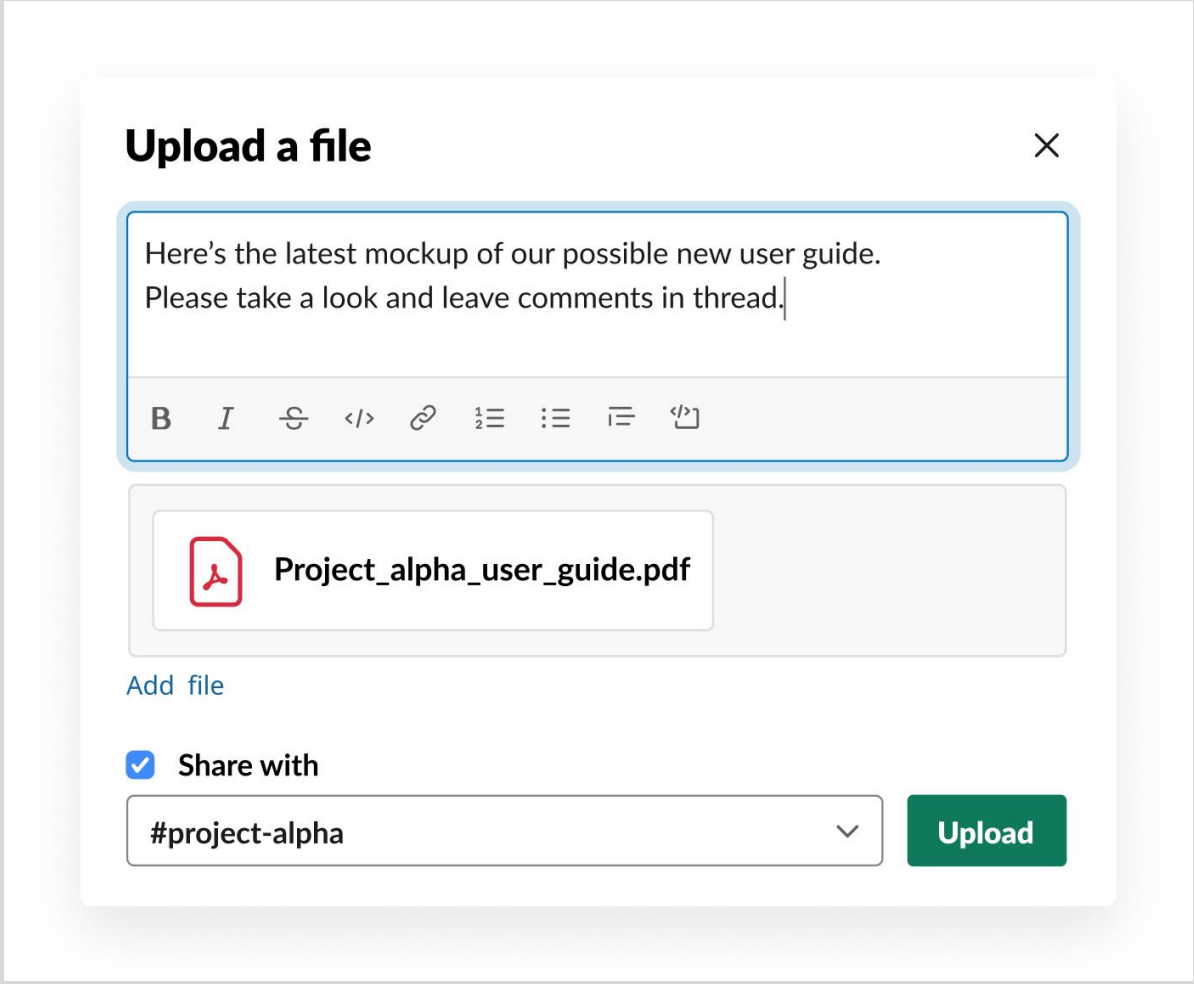


2. Choose a file from your computer.



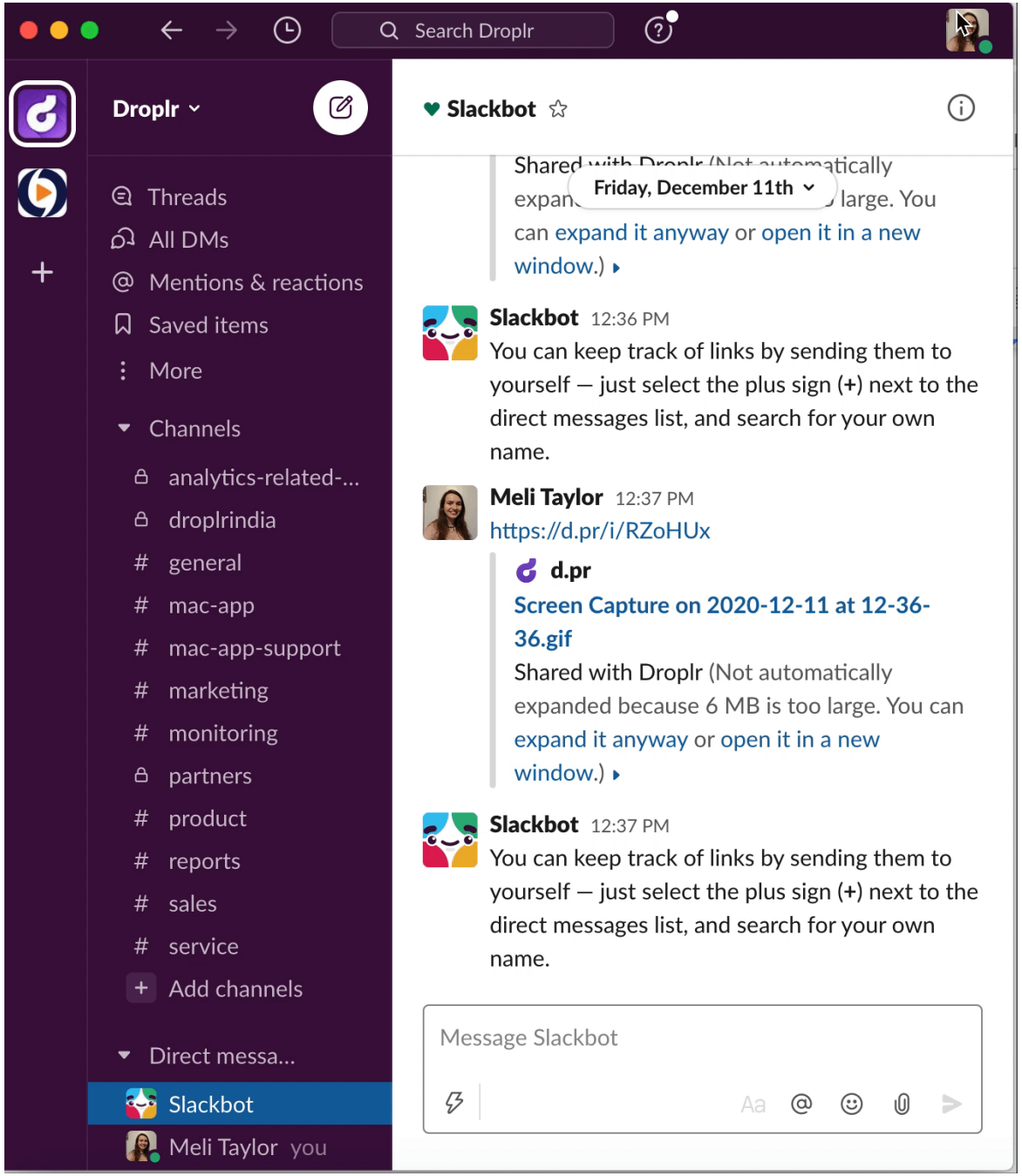
File Sharing (DESKTOP)

3. Write a message describing the file and click upload.

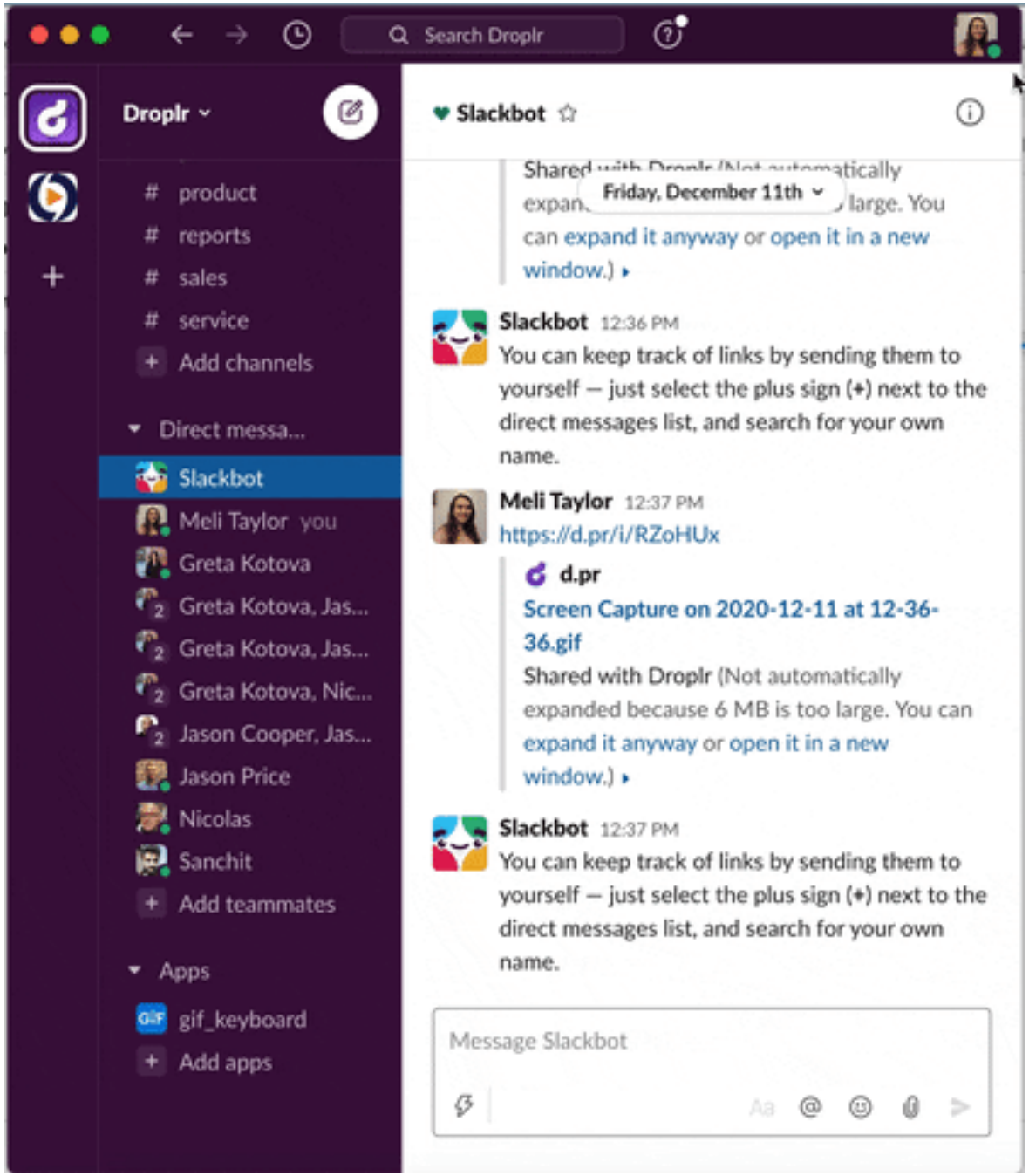


How to Pause Notifications

- **You can turn off notifications for a specific period of time**
- **Go back to your profile picture on desktop or “You” tab on mobile.**
- **Then, click “Pause notifications” to enter “Do Not Disturb” mode.**
- **You can pause notifications for 30 minutes, 1 hour, 2 hours, tomorrow only, or set a custom amount of time.**
- **You can also set a notification schedule, which lets you set the period of time you want to receive notifications every day as well as which days you can receive notifications. Finally, you can set a different schedule for each day.**
- **If you want to turn back on notifications before your selected time is up, simply go back to the “Pause notifications” tab and click “Turn off”. You can also readjust how long notifications are turned off from this tab.**



How to Pause Notifications



How to Set *Away* Status

- Click on your Slack profile picture (upper right corner on the desktop app)
- Click “set status as away”. (circle next to your icon will switch from a green circle to a white circle)
- To set your Slack status back to active, simply click on your profile picture again and click “set status as active”.

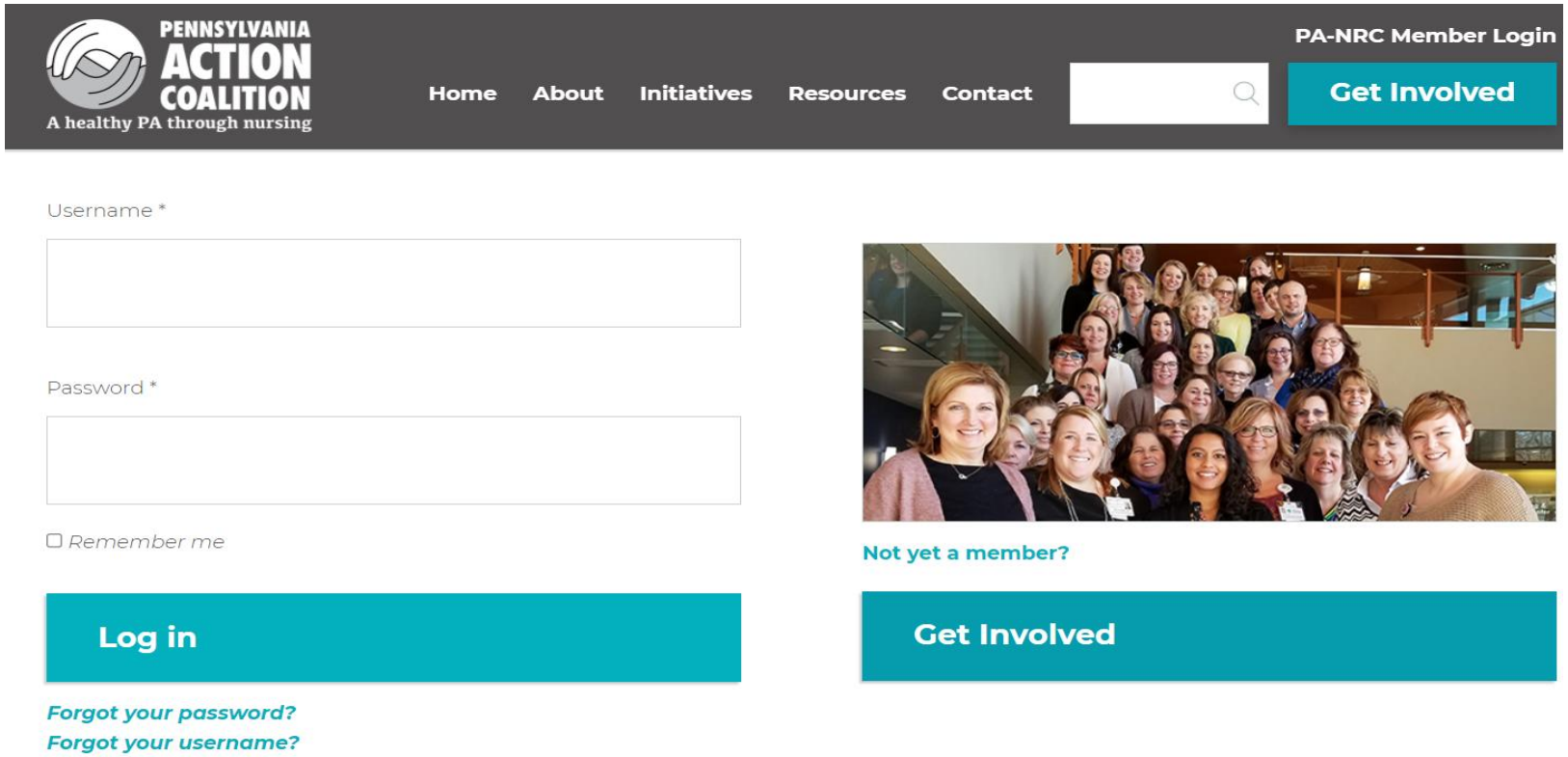
Contact

- **For other resources about how to use Slack:**
  - **How to Use Slack**
  - **Tutorials**

Questions or Issues with Slack?

Reach out to Zaharaa Davood at zadavood@phmc.org

https://www.paactioncoalition.org/member-login.html



PA-NRC Login

- Materials from past PA-NRC meetings, including recordings
- Contact info. of PA-NRC members from all hospital systems
- Review contacts and email changes!

Cohorting GNs During Orientation

By:
Kevin Williard, MBA, BS, BSN, RN, NE-BC
Nurse Operations Manager- Nursing Education
Penn State Health Holy Spirit Medical Center

Guidelines For Success

- Precepting RN cannot be in charge
- GNs cannot be reassigned during a shift
- NMs, no recruiting GNs
- Nurse Professional development specialist assigned to a GN cohort for assistance/oversight to preceptor
- Preceptor cannot have additional patients. Only the patients the GNs are caring for
- Preceptor cannot be reassigned during a shift
- The focus is hospital orientation, not unit orientation if on a unit the GN is not hired to

The Path of the GN

Week 1-2

- General nursing orientation

Week 3-6

- Nursing school model
  - 1 RN precepting 3 GNs
  - 6 patient assignment to the team of 4
  - Each GN has 2 patients
  - Focus: patient assessment, medications, documentation, line care

Week 7-10

- Nursing school model
  - 1 RN precepting 2 GNs
  - 6 patient assignment to the team of 3
  - Each GN has 3 patients
  - Focus: care plan, increased patient load, admissions/DCs

Week 11

- GN has a full patient assignment. The preceptor does not have any patients

Week 12

- GN has a full patient assignment. The preceptor moves to a mentor role, has a full patient assignment as well. The two will work the same shifts for the week.

Barriers Identified

- Struggle for the preceptor
  - First week is the hardest
  - Attention divided 3-ways
  - Where to start with the GNs
- A pre-cohort meeting was needed between the preceptor and the education department

- Struggle for the GN
  - Wanted to move more quickly than preceptor
  - Felt the focus was not on them entirely
  - Some GNs didn't start on their unit of hire

How We Adapted

- Staggered start times the first week
  - 1 GN @ 0700, 0900 and 1100
  - During time not on unit, computer education was covered
- Finding an orientation unit to meet the GN needs
- The “right” preceptor makes all the difference
- Continual assessment of GN. No two GNs progress at the same speed
  - ICU transitioning back to hired unit

Maryland Nurse Residency Collaborative

Nurse Residency Program

TRANSITION TO NRP PROGRAM

Jennifer Stephenson Zipp, DNP, MS, RN

November 5, 2021

Maryland MONL Organization of Nurse Leaders

Taskforce

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Maryland MONL Organization of Nurse Leaders

Acknowledgements

We want to thank Althea I. Miller-Umar, BSN, RN, University of Maryland Psychiatric DNP Student, for conducting the environmental scan on the impact of COVID-19 on prelicensure nursing education.

We also thank Molly Somerville for editing and formatting the Toolkit.

Maryland MONL Organization of Nurse Leaders

Situation

New nurses graduating during the COVID-19 pandemic are entering hospitals with less clinical experience and highly variable learning, social and emotional needs (ONL & NLN, 2020).

Maryland ONL Organization of Nurse Leaders

Background

- Traditional prelicensure nursing education disrupted by pandemic
- Clinical Experiences halted/varied
- Alternate theory-based teaching strategies like virtual clinical and simulation explored to educate students
- The disruption further widened the pre-existing education-practice gap

Maryland MONL Organization of Nurse Leaders

Assessment

- A statewide Maryland task force convened
  - PURPOSE: to develop an innovative solution to support and retain new to practice nurses entering the workforce during the pandemic.

- Environmental Scan:
    - >55% transferred to sim./virtual clinical
    - most adversely affected:
      - behavioral health
      - women's health (labor/delivery)
      - pediatrics
    - Help needed with:
      - fundamentals
      - communication
      - lines, tubes, and drains
      - medication administration
      - wound care
      - point of care testing
      - nursing leadership
      - professionalism skills

Maryland MONL Organization of Nurse Leaders

- **Implement a Transition to Nurse Residency Program (TNRP)**
- time-limited
- 80 to 160-hour
- Does not replace NRP
- Should not lengthen NRP/Orientation Time

- TNRP Toolkit is available

- <u>Anticipated results:</u>
  - competence
  - confidence
  - productivity
  - job satisfaction
  - socialization
  - retention
- <u>Over the long term</u>
  - onboarding time and costs
  - quality of care
  - patient safety
  - patient satisfaction
  - **preceptor satisfaction**

Recommendation

Maryland MONL Organization of Nurse Leaders

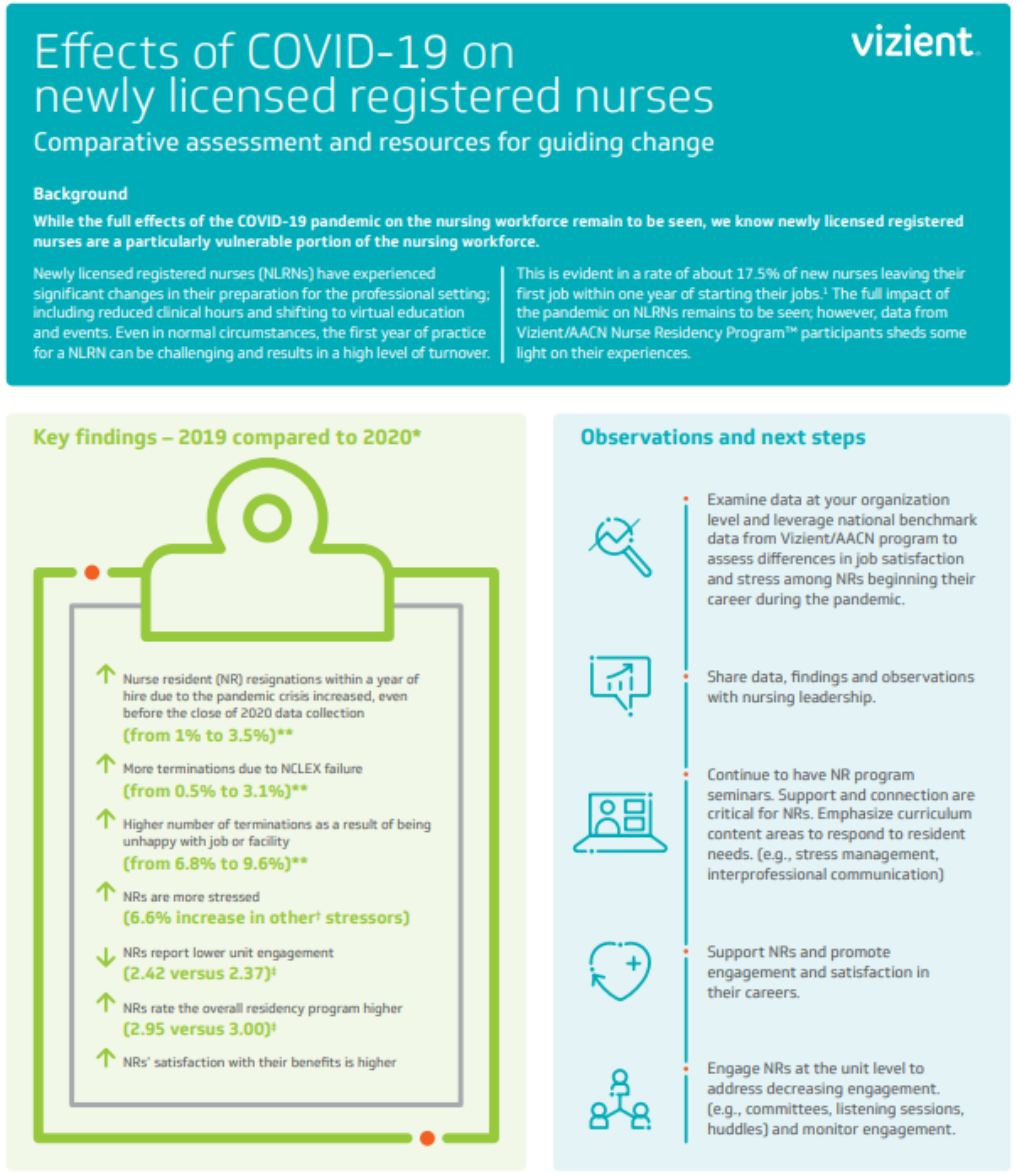
Transition to NRP TOOLKIT

https://s3.amazonaws.com/nursing-network/production/files/100597/original/TNRP.Toolkit_28v6_29.pdf?1613706061

- Infographic
- SBAR
- Assumptions
- Implementation Plan
- Curriculum
- Pre/Post Assessment
- Metrics
- Program Evaluation

Maryland MONL Organization of Nurse Leaders

Vizient Infographic



Maryland MONL Organization of Nurse Leaders

Vizient/AACN Nurse Residency Program (2021, January). Effects of Covid-19 on newly licensed registered nurses.

Implementation of the Transition to Nurse Residency Program
SBAR

Situation

- New nurses graduating during the COVID-19 pandemic are entering hospitals with less clinical experience and highly variable learning, social and emotional needs (ONL & NLN, 2020).

Background

- In March 2020, the COVID-19 pandemic disrupted traditional prelicensure nursing education. The pandemic's strain on the health care system, coupled with nursing student safety concerns, caused hospital and academic leaders to make the difficult decision to halt clinical experiences.
- Disruption of the traditional on-site clinical experiences forced nursing school faculty to find alternate theory-based teaching strategies like virtual clinical and simulation to educate students.
- The disruption further widened the pre-existing education-practice gap.

Assessment

- A statewide Maryland task force of hospital and academic leaders convened to develop an innovative solution to support and retain new to practice nurses entering the workforce during the pandemic.
- An environmental scan of nursing school programs to identify the impact of COVID-19 on pre-licensure education found:
  - more than 55% of traditional nursing student clinical experiences were transferred to simulation or virtual clinical platforms.
  - the most adversely affected clinical experiences were behavioral health, women's health (labor/delivery), and pediatrics. Nursing school programs converted up to 100% of the clinical hours to alternative teaching methods for these specialties.
  - new nurses may require help in successfully performing skills and competencies in the following categories: fundamentals, communication, lines, tubes, and drains, medication administration, wound care, point of care testing, nursing leadership, and professionalism skills (Addendum A-Toolkit Comprehensive List).

Recommendation

- Implement a Transition to Nurse Residency Program (TNRP) for new-to-practice nurses graduating during the COVID-19 pandemic to assess and develop specific skills and competencies that pre-licensure nursing students could not demonstrate or experience due to the reduction or cancelation of in-person clinical education.
  - The TNRP is a time-limited, 80 to 160-hour onboarding program for new to practice nurses who experienced the loss of traditional on-site clinical nursing education during their prelicensure program due to the COVID-19 pandemic.
  - The TNRP does not duplicate nor replace the 12-month Vizient/AACN Nurse Residency Program.
  - TNRP Toolkit is available to guide implementation and evaluate learner and organizational outcomes.
- Anticipated results include improved new-to-practice nurse competence, confidence, productivity, job satisfaction, socialization, and retention.
- Over the long term, the TNRP may reduce onboarding time and costs and improve quality of care, patient safety, and patient satisfaction.

Maryland MONL Organization of Nurse Leaders

Program Assumptions

- All have less clinical experience
- Loss is varied
- Assessment and evaluation a must before assuming a patient assignment

Maryland MONL Organization of Nurse Leaders

Program Implementation

Intended Audience

All new to practice nurses enrolled in a pre-licensure nursing program during the COVID-19 pandemic.

Objectives

By the conclusion of the program, the participant will be able to:

- Demonstrate competence in fundamental nursing skills.
- Demonstrate competence in communication skills.
- Demonstrate competence in assessment skills.

Maryland MONL Organization of Nurse Leaders

Program Implementation

Structure

Personnel requirements:

- NPD practitioners/preceptors/RN coaches/ or nursing faculty
- FTE requirement dependent on the number of new nurse hires
- 4-6 new nurses assigned to 1 NRP practitioner or other

Maryland MONL Organization of Nurse Leaders

Program Implementation

Resources

- NSP I & II grant (State of Maryland)
- Partnership with a local school of nursing
- Retired/ Soon-to-Retire RNs
- Zero Hour RNs

Maryland MONL Organization of Nurse Leaders

Program Implementation

Learning environment

- In-person
- Using hands-on patient experiences
- High/low fidelity simulation

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Program Implementation

Approach

- After completion of hospital and nursing classroom orientation
- Before preceptor-led unit-based orientation
- Cohort model
- Covering the fundamentals, communication, and assessment skills
- NRP practitioner or other leads the cohort of 4-6 new nurses
- **No patient assignment while enrolled in the program**
- Self-assessment → demonstrate skills and competencies

Maryland MONL Organization of Nurse Leaders

Program Implementation

Length

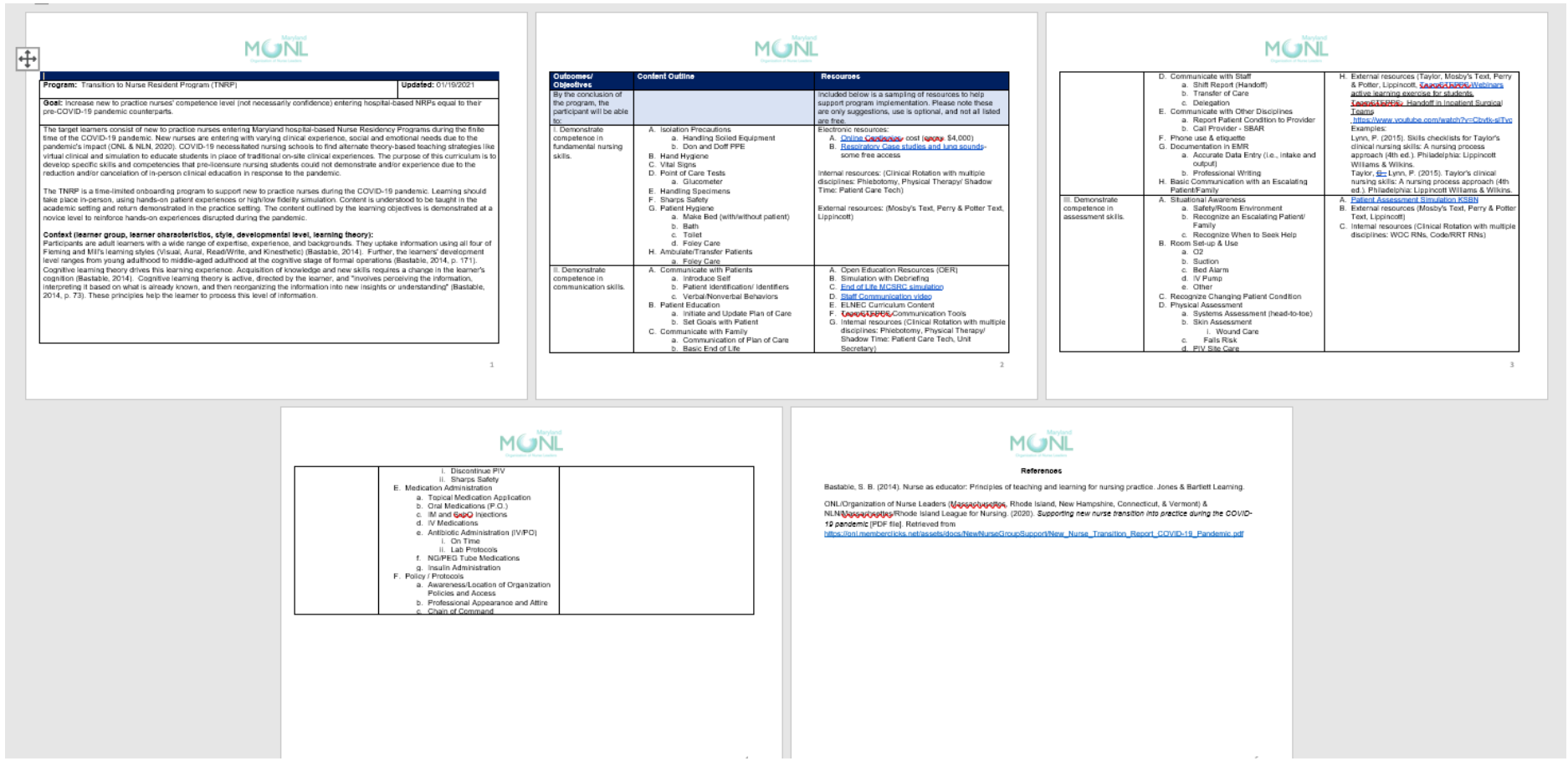
- 80 to 160 hours
- 8 or 12-hour shifts

Scheduling

- Organization determined
- Works collaboratively with nursing leadership to schedule residents

Maryland MONL Organization of Nurse Leaders

Curricular Content



Program: Transition to Nurse Resident Program (TNRP)	Updated: 01/19/2021

Goal: Increase new to practice nurses' competence level (not necessarily confidence) entering hospital-based NRPs equal to their pre-COVID-19 pandemic counterparts.

The target learners consist of new to practice nurses entering Maryland hospital-based Nurse Residency Programs during the finite time of the COVID-19 pandemic. New nurses are entering with varying clinical experience, social and emotional needs due to the pandemic's impact (ONL & NLN, 2020). COVID-19 necessitated nursing schools to find alternate theory-based teaching strategies like virtual clinical and simulation to educate students in place of traditional on-site clinical experiences. The purpose of this curriculum is to develop specific skills and competencies that pre-licensure nursing students could not demonstrate and/or experience due to the reduction and/or cancelation of in-person clinical education in response to the pandemic.

The TNRP is a time-limited onboarding program to support new to practice nurses during the COVID-19 pandemic. Learning should take place in-person, using hands-on patient experiences or high/low fidelity simulation. Content is understood to be taught in the academic setting and return demonstrated in the practice setting. The content outlined by the learning objectives is demonstrated at a novice level to reinforce hands-on experiences disrupted during the pandemic.

Context (learner group, learner characteristics, style, developmental level, learning theory):
Participants are adult learners with a wide range of expertise, experience, and backgrounds. They uptake information using all four of Fleming and Mill's learning styles (Visual, Aural, Read/Write, and Kinesthetic) (Bastable, 2014). Further, the learners' development level ranges from young adulthood to middle-aged adulthood at the cognitive stage of formal operations (Bastable, 2014, p. 171). Cognitive learning theory drives this learning experience. Acquisition of knowledge and new skills requires a change in the learner's cognition (Bastable, 2014). Cognitive learning theory is active, directed by the learner, and "involves perceiving the information, interpreting it based on what is already known, and then reorganizing the information into new insights or understanding" (Bastable, 2014, p. 73). These principles help the learner to process this level of information.

1

Outcomes/ Objectives	Content Outline	Resources
By the conclusion of the program, the participant will be able to:		Included below is a sampling of resources to help support program implementation. Please note these are only suggestions, use is optional, and not all listed are free.
I. Demonstrate competence in fundamental nursing skills.	A. Isolation Precautions a. Handling Soiled Equipment b. Don and Doff PPE B. Hand Hygiene C. Vital Signs D. Point of Care Tests a. Glucometer E. Handling Specimens F. Sharps Safety G. Patient Hygiene a. Make Bed (with/without patient) b. Bath c. Toilet d. Foley Care H. Ambulate/Transfer Patients a. Foley Care	Electronic resources: A. Online Conference cost (~~pay~~s $4,000) B. Respiratory Case studies and lung sounds- some free access Internal resources: (Clinical Rotation with multiple disciplines: Phlebotomy, Physical Therapy/ Shadow Time: Patient Care Tech) External resources: (Mosby's Text, Perry & Potter Text, Lippincott)
II. Demonstrate competence in communication skills.	A. Communicate with Patients a. Introduce Self b. Patient Identification/ Identifiers c. Verbal/Nonverbal Behaviors B. Patient Education a. Initiate and Update Plan of Care b. Set Goals with Patient C. Communicate with Family a. Communication of Plan of Care b. Basic End of Life	A. Open Education Resources (OER) B. Simulation with Debriefing C. End of Life MCSRC simulation D. Staff Communication video E. ELNEC Curriculum Content F. ~~Lippi~~ TeamSTEPPS Communication Tools G. Internal resources (Clinical Rotation with multiple disciplines: Phlebotomy, Physical Therapy/ Shadow Time: Patient Care Tech, Unit Secretary)

2

	D. Communicate with Staff a. Shift Report (Handoff) b. Transfer of Care c. Delegation E. Communicate with Other Disciplines a. Report Patient Condition to Provider b. Call Provider - SBAR F. Phone use & etiquette G. Documentation in EMR a. Accurate Data Entry (i.e., intake and output) b. Professional Writing H. Basic Communication with an Escalating Patient/Family	H. External resources (Taylor, Mosby's Text, Perry & Potter, Lipcinott, ~~Lippi~~ TeamSTEPPS Webinars active learning exercise for students. ~~Lippi~~ TeamSTEPPS: Handoff in Inpatient Surgical Teams https://www.youtube.com/watch?v=Cbvtk-slTvc Examples: Lynn, P. (2015). Skills checklists for Taylor's clinical nursing skills: A nursing process approach (4th ed.). Philadelphia: Lippincott Williams & Wilkins. Taylor, ~~C~~ Lynn, P. (2015). Taylor's clinical nursing skills: A nursing process approach (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
III. Demonstrate competence in assessment skills.	A. Situational Awareness a. Safety/Room Environment b. Recognize an Escalating Patient/ Family c. Recognize When to Seek Help B. Room Set-up & Use a. O2 b. Suction c. Bed Alarm d. IV Pump e. Other C. Recognize Changing Patient Condition D. Physical Assessment a. Systems Assessment (head-to-toe) b. Skin Assessment i. Wound Care c. Falls Risk d. PIV Site Care	A. Patient Assessment Simulation KSBN B. External resources (Mosby's Text, Perry & Potter Text, Lippincott) C. Internal resources (Clinical Rotation with multiple disciplines: WOC RNs, Code/RRT RNs)

3

	i. Discontinue PIV ii. Sharps Safety E. Medication Administration a. Topical Medication Application b. Oral Medications (P.O.) c. IM and ~~sub~~Q Injections d. IV Medications e. Antibiotic Administration (IV/PO) i. On Time ii. Lab Protocols f. NG/PEG Tube Medications g. Insulin Administration F. Policy / Protocols a. Awareness/Location of Organization Policies and Access b. Professional Appearance and Attire c. Chain of Command	

4

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5

Maryland MONL Organization of Nurse Leaders

Pre/Post Assessment

- Variability makes it difficult to predict abilities and learning needs
- Self-assessment completed at the time of hire
- Assessment grouped into three overarching categories:
  - Fundamentals
  - Communication
  - Assessment
- Evaluation signed off when competency is demonstrated

Maryland MONL Organization of Nurse Leaders

Transition to Nurse Residency Program (TNRP)
Skills Assessment

Resident Name: Preceptor Name:

Program Start Date: Program End Date:

Instructions

Resident Self-assessment
The skills assessment helps to individualize and guide your competency development as a new to practice professional nurse. Read each item, rate your level of independence performing each skill using the rating scale below (0 = no experience; 3 = competent in performing the skill), and write-in the number that best reflects your ability.

Preceptor/Coach/Nursing Professional Development Practitioner/Faculty
Review and discuss the ratings for each of the skills with the nurse resident. Using preferably hands-on patient experiences or high/low fidelity simulation, observe and coach the nurse resident to perform each skill. Rate and initial each skill indicating level of competence. At the end of the TNRP, rate any remaining skills and complete the feedback section. Review ratings and feedback with the resident.

0 = No experience
1 = Limited experience
2 = Performed skill; still needs guidance
3 = Competent in performing the skill
N.A. = Not applicable

Fundamental Skills	Pre-Orientation Assessment (Resident Self-Assessment)		Post-Orientation Assessment (Coach/Preceptor Assessment)	Coach / Preceptor Feedback
Isolation Precautions				
• Handling Soiled Equipment				
• Don and Doff PPE				
Hand Hygiene				
Vital Signs				
Point of Care Tests				
• Glucometer				
Handling Specimens				
Sharps Safety				
Patient Hygiene				

Transition to Nurse Residency Program (TNRP)
Skills Assessment

Resident Name: Preceptor Name:

Program Start Date: Program End Date:

• Make Bed (with/without patient)				
• Bath				
• Toilet				
• Foley Care				
Ambulate/Transfer Patients				
• Foley Care				
Communication Skills	**Pre-Orientation Assessment (Resident Self-Assessment)**		**Post-Orientation Assessment (Coach/Preceptor Assessment)**	**Coach / Preceptor Feedback**
Communicate with Patients				
• Introduce Self				
• Patient Identification/ Identifiers				
• Verbal/Nonverbal Behaviors				
Patient Education				
• Initiate and Update Plan of Care				
• Set Goals with Patient				
Communicate with Family				
• Communication of Plan of Care				
• Basic End of Life				
Communicate with Staff				
• Shift Report (Handoff)				
• Transfer of Care				
• Delegation				
Communicate with Other Disciplines				
• Report Patient Condition to Provider				
• Call Provider - SBAR				
Phone use & etiquette				
Documentation in EMR				

Transition to Nurse Residency Program (TNRP)
Skills Assessment

Resident Name: Preceptor Name:

Program Start Date: Program End Date:

• Accurate Data Entry (i.e., Intake and output)				
• Professional Writing				
Basic Communication with an Escalating Patient/Family				
Assessment Skills	**Pre-Orientation Assessment (Resident Self-Assessment)**		**Post-Orientation Assessment (Coach/Preceptor Assessment)**	**Coach / Preceptor Feedback**
Situational Awareness				
• Safety/Room Environment				
• Recognize an Escalating Patient/ Family				
• Recognize When to Seek Help				
Room Set-up & Use				
• O2				
• Suction				
• Bed Alarm				
• IV Pump				
• Other				
Recognize Changing Patient Condition				
Physical Assessment				
Systems Assessment (head-to-toe)				
Skin Assessment				
• Wound Care				
Falls Risk				
PIV Site Care				
• Discontinue PIV				
• Sharps Safety				
Medication Administration				
• Topical Medication Application				

Transition to Nurse Residency Program (TNRP)
Skills Assessment

Resident Name: Preceptor Name:

Program Start Date: Program End Date:

• Oral Medications (P.O.)				
• I.M. and SubQ Injections				
• IV Medications				
• Antibiotic Administration (IV/PO)				
▫ On Time				
▫ Lab Protocols				
• NG/PEG Tube Medications				
• Insulin Administration				
Policy / Protocols				
Awareness/Location of Organization Policies and Access				
Professional Appearance and Attire				
Chain of Command				

Evaluation

Program Evaluation

- Completed at the end of the TNRP
- Information will guide future program development

Organization Measurable Outcomes

- Metrics:
  - New nurse retention
  - FTEs
  - Orientation length

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Transition to Nurse Residency Program

Program Evaluation

Participant's name (optional) _____

We appreciate your help in evaluating the Transition to Nurse Residency Program. Please indicate your level of agreement for each of the statements below by circling the appropriate number, using a scale of 1 = strongly disagree or poor to 4 = strongly agree or excellent.

Learning Objectives				
I believe this program helped me to:	**Strongly Disagree**			**Strongly Agree**
Demonstrate competence in fundamental nursing skills.	1	2	3	4
Demonstrate competence in communication skills.	1	2	3	4
Demonstrate competence in assessment skills.	1	2	3	4

Please list additional nursing skills for inclusion in the curriculum.

Competence				
I believe this program helped me gain competence with the following categories:	**Strongly Disagree**			**Strongly Agree**
Patient safety	1	2	3	4
Patient Care	1	2	3	4
Patient Assessment	1	2	3	4
Psychomotor skills	1	2	3	4

Communication	1	2	3	4
Self-confidence	1	2	3	4
Assertiveness	1	2	3	4
Independence	1	2	3	4

Please add any additional comments to assist us in understanding your responses.

Program				
	Strongly Disagree			**Strongly Agree**
The program length was appropriate for learning the content.	1	2	3	4
	Poor			**Excellent**
Overall, I would rate the program.	1	2	3	4

Please add any additional information you would like to share.

Maryland MONL Organization of Nurse Leaders

- Nurse Educator Workload
- Cost
- Resident Placement on Units to Implement the Transition Program

Issues moving forward

Maryland MONL Organization of Nurse Leaders

The Jefferson Nurse | Improving Lives, Together

RN Specialty Pathway Program
Jefferson Health - Northeast

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

PA Nurse Residency Collaborative Fall Meeting
November 5, 2021

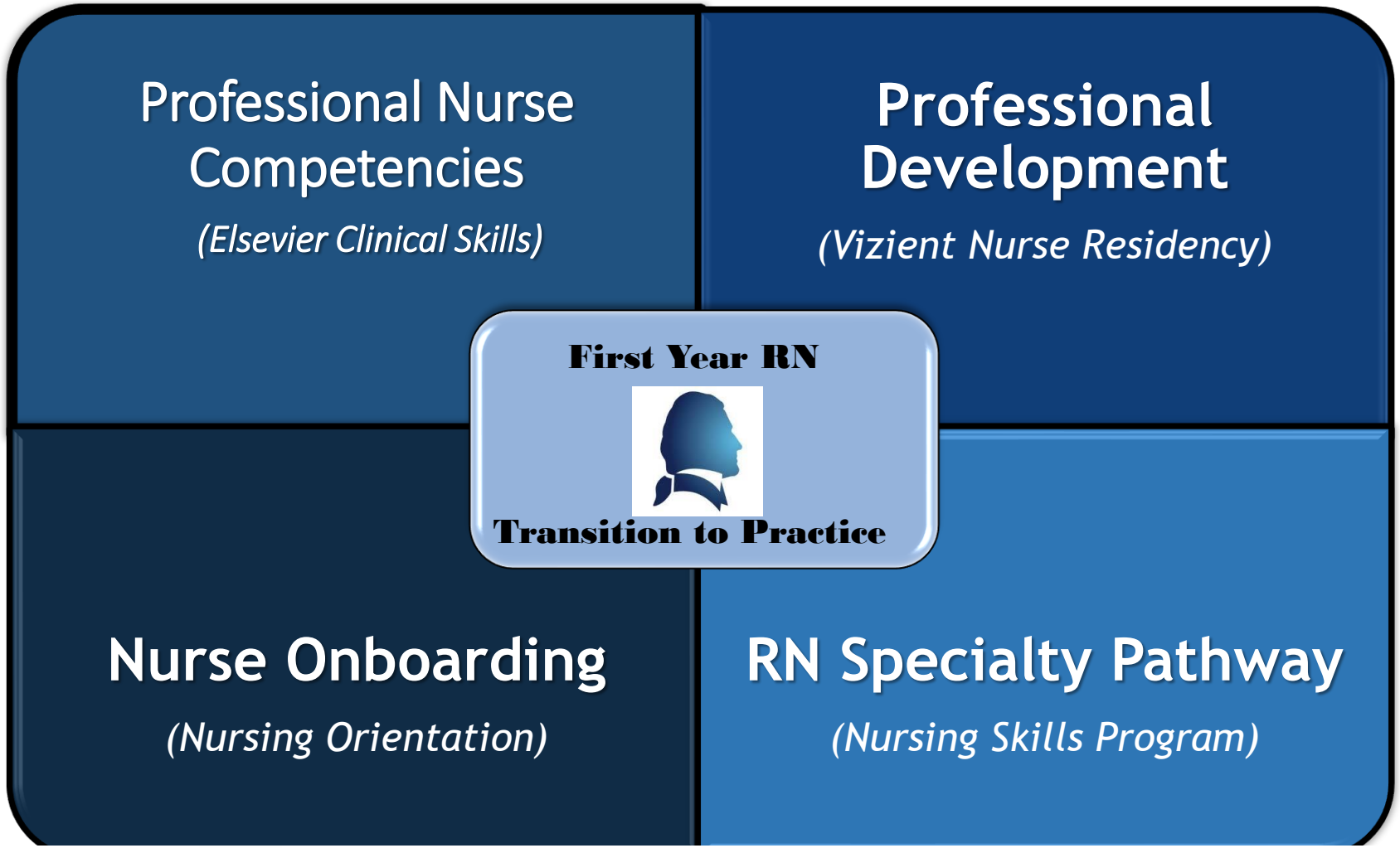
vizient™

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

"If you want to go fast, go alone.
If you want to go far, **GO TOGETHER**"
-African Proverb


SKILLS

JNE Transition to Practice Model

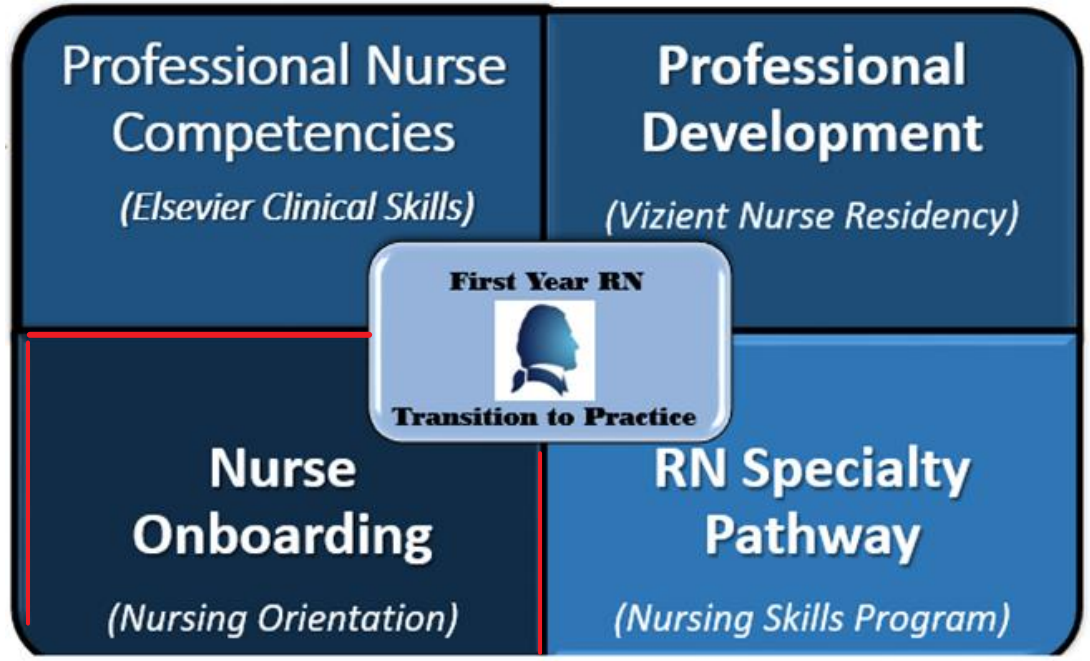


Nurse Onboarding

- Centralized Orientation
  - "The Jefferson Nurse" Enterprise Orientation
  - JNE Local Orientation Day
  - Offered every other *Tuesday throughout the year

- Decentralized Orientation
  - Unit orientation
  - Trained Preceptors

*Some Tuesdays may vary due to holidays

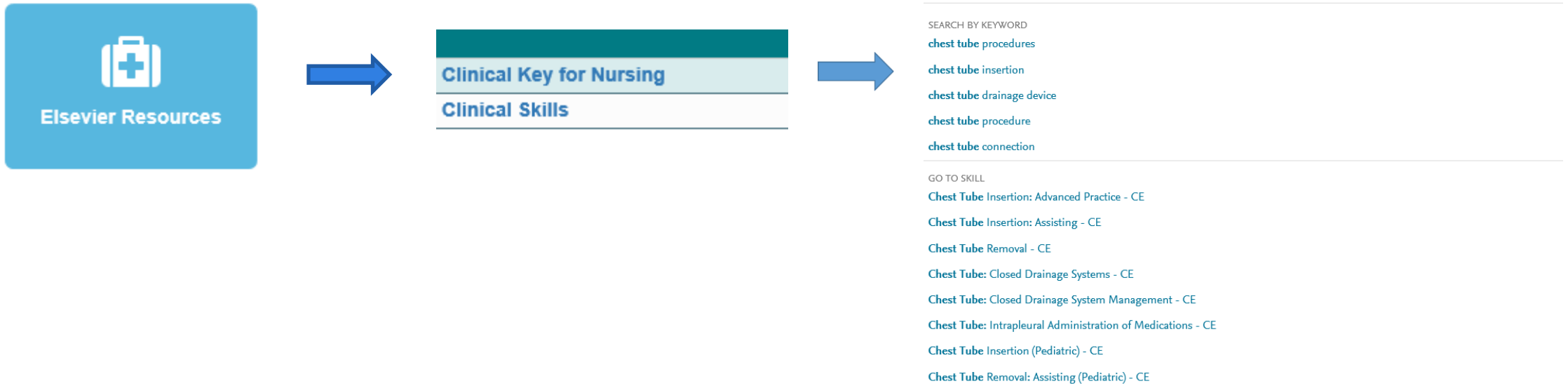


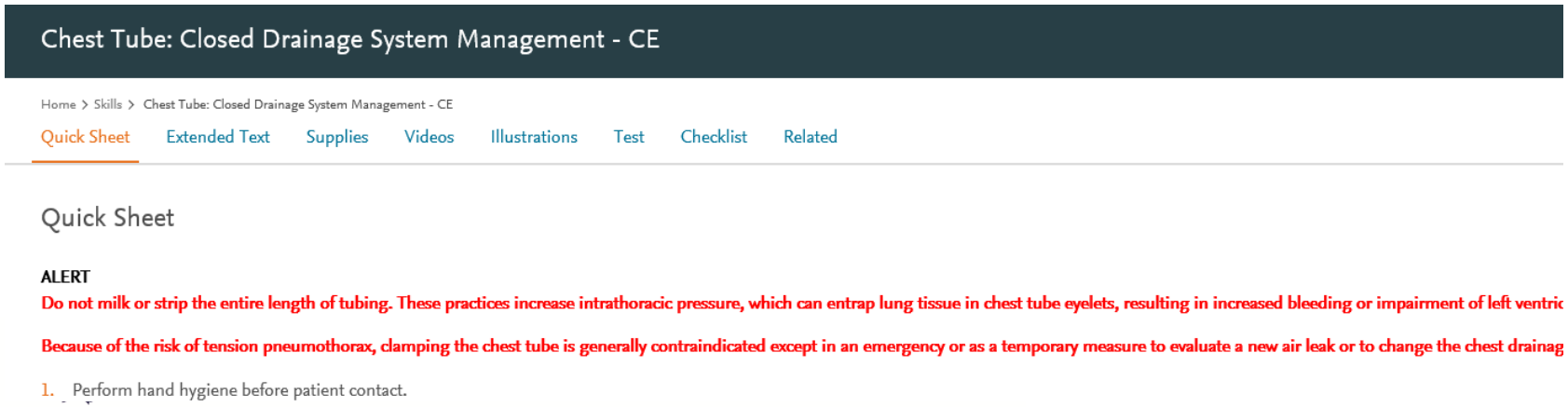
Professional Nurse Competencies

- Elsevier Clinical Skills
  - Standardized evidenced based care with 1900+ clinical skills
  - Facilitates comprehensive and individualized competency management and remediation, allowing educators to measure a clinicians critical thinking ability
  - Documents clinical competence and assigns education to address knowledge gaps
  - Enterprise initiative

- Clinical Skills assigned upon hire, as needed and annually

Elsevier Clinical Skills





Professional Development

- Vizient Nurse Residency
  - 12 month program helping new graduate nurses transition into competent professionals by helping them learn how to:
  - Use effective decision-making skills
  - Provide clinical nursing leadership when administering care
  - Incorporate research-based evidence into practice
  - Strengthen their professional commitment to nursing
  - Formulate an individual development plan

  - New Cohorts starts Quarterly

RN Specialty Pathway

- Structured program using blended learning to enhance clinical skills while on orientation
- Classroom, hands-on, simulation, and online teaching
- 12-16 weeks based on specialty
- New cohort starts monthly

Date	Pathway Hours	Pathway	Topics	Times	Weekly Hourly Breakdown
Week 1: Week of June 21st		All	Centralized Orientation and Epic Training		Week 1: Orientation- 40 hours ***Total 40 hours***
Week 2: **Week of June 27th**		All	**Unit preceptor**		Week 2: Unit preceptor- 36 hours ***Total 36 hours***
Week 3: July 6, 2021	4 hours	All (New and experienced RNs new to JNE)	**Core Skills:** ✓ Blood Administration ✓ IV pumps ✓ IV insertion ✓ Central lines/ CLABSI/ CHG ✓ Falls ✓ Chest tubes ✓ Current Isolation/Donning/Doffing PPE ✓ Restraints ✓ Policies ✓ JNE intranet Seek ‘n Find		Week 3: Unit preceptor-32-36 hours Nurse Pathway-4 hours ***Total 36-40 hours***
Week 4: **Week of July 11th**		All	**Unit Preceptor**		Week 4: Unit preceptor- 36 hours ***Total 36 hours***

Week 5: July 19, 2021	4 hours	All	**Medication Administration:** ✓ IV fluids and Antibiotic delivery system ✓ IV guidelines and compatibility ✓ Drawing up medications ✓ Label reading and I&O ✓ Rx Destroyer and Medication Waste ✓ Heparin Protocol ✓ Insulin Protocols		Week 5: Unit preceptor- 32-36 hours Nurse Pathway- 4 hours ***Total 36-40 hours***
Week 6: Week of July 25th	4 hours	All	**Unit Preceptor**		Week 6: Unit preceptor- 36 hours ***Total 36 hours***
Week 7: August 2, 2021	4 hours	All	**Respiratory Review:** ✓ Respiratory assessment ✓ O2 Delivery Methods (N/C, Ventimask, Non-Rebreather) ✓ Bipap, HiFlow, Mid Flow ✓ Ambubag (ventilation) ✓ Breathing treatments (mini nebs/inhalers) ✓ Chest tubes ✓ Trach care ✓ PCA/ETCO2		Week 7: Unit preceptor- 32-36 hours Nurse Pathway- 4 hours ***Total 36-40 hours***
Week 8: **Week of** **August 8th**		All	**Unit Preceptor**		Week 8: Unit preceptor- 36 hours ***Total 36 hours***

<u>Week 9:</u> **Week of August 15th**		All	**Unit Preceptor**		<u>Week 9:</u> Unit preceptor- 36 hours ***Total 36 hours***
<u>Week 10:</u> August 23, 2021	4 hours	All	**<u>Screenings and Alerts:</u>** ✓ Suicide/302/patient observations ✓ Columbia scale, CAGE-Aid, AWS ✓ CAUTI (Purewick, bladderscan, FMS, protocol) ✓ Stroke ✓ Sepsis ✓ STEMI (protocol, post cath care)		<u>Week 10</u> Unit preceptor-32-36 hours Nurse Pathway- 4 hours ***Total 36-40 hours***
<u>Week 11:</u> **Week of August 29**		All	**Unit Preceptor**		<u>Week 11:</u> Unit preceptor 36 hours ***Total 36 hours***
<u>Week 12:</u> Sept 7, 2021	4 hours	All	**<u>Miscellaneous:</u>** ✓ RRT/Mock Codes ✓ EKG 5 lead/12 lead placement ✓ Life vest ✓ Lucas Device ✓ Wound/ostomy ✓ Tubes & Drains ✓ Feeding tube/NGT ✓ Mobility (IVEA walker, Sara Steady, AM-PAC, HLM) ✓ Ortho (4B, 3A, TC ICU, 2N only)		<u>Week 12:</u> Unit Preceptor- 32-36 hours Nsg Pathway- 4 hours ***Total 36-40 hours***
	20 hours Pathway Complete				**Med Surg/Tele RNs Pathway Ends. Only Critical Care and ED RNs Continue**

<u>Week 13:</u> Sept 13, 2021	4 hours	Critical Care Emergency Dept.	✓ A line ✓ Transvenous Pacer ✓ Artic Sun ✓ Intubation/Extubation ✓ Vents ✓ Medication Titration ✓ Procedural Sedation ✓ CAM/RASS		<u>Week 13:</u> Unit preceptor- 36 hours Nurse Pathway- 4 hours ***Total 40 hours***
<u>Week 14:</u> Week of Sept 19th		Critical Care Emergency Dept	**Unit Preceptor**		<u>Week 14:</u> Unit preceptor 36 hours ***Total 36 hours***
<u>Week 15:</u> Sept 27, 2021	4 hours	Critical Care Emergency Dept	✓ Stroke (TPA, Thrombectomy) ✓ Hemodynamic monitoring ✓ IO ✓ Malignant Hyperthermia ✓ End Tidal Co2 ✓ Gift of Life (Brain Death) ICU only ✓ Mock Codes		<u>Week 15:</u> Unit preceptor- 36 hours Nurse Pathway- 4 hours ***Total 40 hours***
<u>Week 16:</u> Oct 4, 2021	4 hours	Critical Care Emergency Dept	Critical Care Only ✓ Rapid Fluid Infuser ✓ ICP (TC only) ○ Ventrics (TC ED /ICU) ✓ Equipment for hemodynamic monitoring ✓ Intra-abdominal pressures ✓ Blakemore ✓ Bis Monitoring-Train of Four ✓ Post Anesthesia Patient ✓ EEG-Seizure ED Only ✓ OB ✓ Burns ✓ Mass Casualty/ Decon		<u>Week 16:</u> Unit preceptor- 32 hours Nurse Pathway- 4 hours ***Total 36 hours***


GAP

Welcome to Medication Administration Boot Camp & Seal Stations

Boot Camp- New to Practice RNs

Topic	Educator	TIME	Room
Medication Safety Lecture	Janice/Mary	60 min	1
Insulin/Stacking/Syringes	Sandy/Mary	45 min	2
IV Pump/Spiking	Karen/Kate	45 min	3
Medications	Ashley/Jill	45 min	Student Lounge
Breakout Boot Camp	All Educators	45 min	
Lunch		45min-1 hour	
MyJeffHub e-learning modules	NA	3.5 hours	Computer lab Library 7

JNE New Nurse Medication Seal Standards

Medication Safety Lecture

Seal Stations 1, 2, 3

Boot Camp Breakout Seal Station: Things to consider when working on the case scenarios:

Rely on Teamwork

Have a shared vision

Do not discriminate

Every person counts

Teams train together

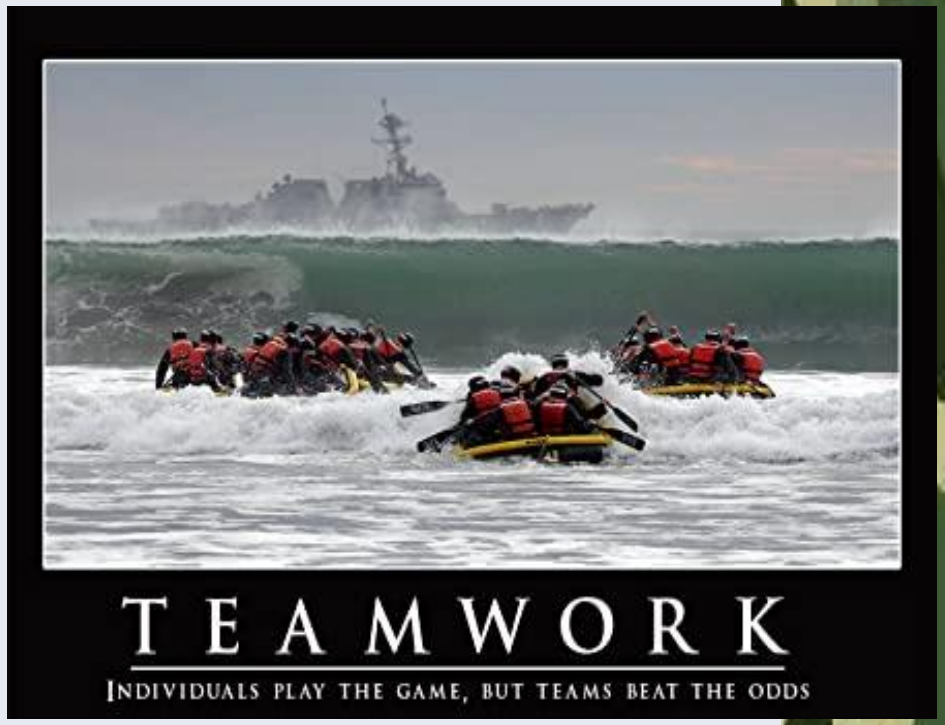
Team mates communicate with one another

Team mates encourage one another

Open to all ideas

Have unparalleled trust in each other

A team is better than one individual




MARTY, WHATEVER HAPPENS
DONT EVER GO TO 2020!

ANY QUESTIONS

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Eye Care in the Intensive Care Unit

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Jefferson Torresdale Hospital

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Introduction

Intensive Care Unit patients often:

- have preexisting conditions
- are immunosuppressed
- are on a ventilator and sedated

These factors put the patient at risk for lagophthalmos, which can lead to ocular surface disease or even blindness. Eye infections can start as early as 24 hours after admission.

Eye care, although very important, is often overlooked as a hygiene necessity. Currently, there is no stand in order for eye care interventions.

Implementing cleansing with sterile saline or water on gauze every 4 hours, documenting the stage of lagophthalmos, taping for grade 2 of lagophthalmos, and advocating for eye drops or eye gel can greatly reduce the risk of the patient obtaining an eye infection.

PICOT Question

In adult patients in the ICU, will staff education and the implementation of a formal eye care routine with documentation compared to no staff education and non specified eye care routine without documentation, improve the quality of nursing eye care?

Purpose

To educate the staff on the importance of eye care interventions such as:

- Early identification for patients of high risk for eye complications
- Early recognition of eye irritation, infections, disease, and complications
- Implementation of eye care assessment and routine supported by evidence-based practice to reduce patient risk of eye compilations
- Documentation of eye care and grade of lagophthalmos
- Patient advocate for eye care orders per physician

Methods

Pre-education Survey

- Determine staff knowledge on eye care and determine the quality of eye care interventions for patients before education

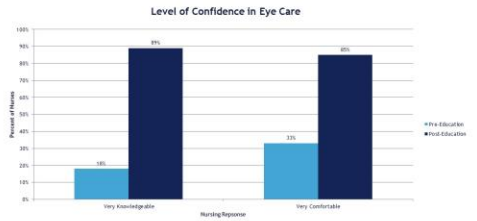
Education

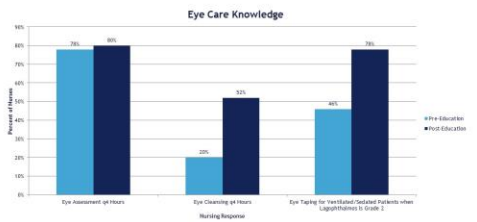
- Educate staff on evidence-based best practice eye care

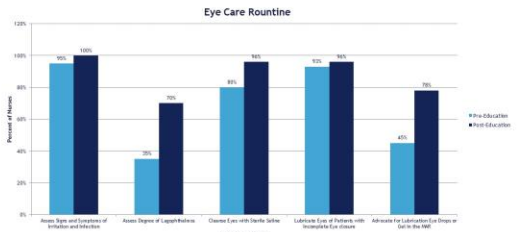
Post-education Survey

- Determine how effective staff education was in improving staff knowledge and improving the quality and frequency of eye care

Results







Conclusion

Data shows that there was an overall improvement in the quality of nursing eye care after nursing staff education and implementation of a formal eye care routine with documentation.

- There was an improvement in nursing confidence in eye care, with more nurses feeling knowledgeable and confortable with eye care.
- Improvement of nursing knowledge was demonstrated by a higher percentage of nurses answering questions on evidence-based eye care correctly.
- Nursing eye care routine improved significantly, mimicking evidence-based best practice

Limitations

Method relied on questionnaire responses to be truthful and authentic

Documentation was inconsistent which made monitoring eye care charting difficult

- Hospital wide change from paper flow sheets to Epic system documentation

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BREAK UNTIL 10:15

Profession Practice Model

Mission, Vision and Values

MISSION

- We improve lives through extraordinary nursing care.

VISION AND VALUES

- We put people first by creating a caring environment for patients and each other.
- We are bold and think differently to find creative and meaningful ways to transform care delivery.
- We do the right thing by putting patients at the center of everything we do.

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Nurse Resident Evidence Based Practice Projects

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Abstract

Nurses on Stroke and Spinal Cord units are frequently interrupted during medication administrations for various reasons. Research has proven the most common source of interruptions is people asking questions or staff requiring help with direct patient care (Flynn, 2016). The PICOT question: (P) On Moss Rehab SCI and Stroke units (I) does implementation of a “Do Not Disturb” vest while administering medications (O) decrease nurses’ interruptions (T) during medication administration was formulated. Nurses received a survey form and observed for 3 weeks during morning and afternoon medication passes to count the number of interruptions. Week 1, nurses were observed with no vests to form a baseline. Weeks 2 and 3, multiple disciplines observed nurses while wearing the “Do Not Disturb” vests during medication administration. Research shows that utilizing "Do Not Disturb" vests decreases the quantity of interruptions by providing a “visual prompt to people who might approach nurses during a medication administration” (McMahon, 2017). Project results: Week 1, 280 interruptions occurred during medication passes without wearing vests. Weeks 2 and 3, nurses were interrupted 86 times. The source of most interruptions was questions from nursing staff. Research has shown in the past that not all interruptions can cause problems, some interruptions can help with safety or help the nurse with caring for the patient (Huckels-Baumgart, 2017). In conclusion, we plan to continue with educating the staff about the importance of not interrupting RN’s during medication administration and focus more on educating whether an interruption is considered emergent or not.

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Eliminating Barriers to Rapid Response Team Activation in a Step Down Unit

Katherine Schwakoff, BSN, RN

November 5, 2021

Purpose

- For Step-Down Unit (SDU) nurses and Intensive Care Unit (ICU) nurses, how does education compared to no education affect the comfort and knowledge level of activating a rapid response (RRT) in the Step-Down Unit

Background

- A medical/surgical ICU and a specialty ICU were restructured into one ICU and one SDU.
- ICU RNs covered both the ICU and SDU with a gradual integration of new SDU RNs
- RRTs are not called in an ICU and are called in SDU
- Since ICU and new SDU RNs were caring for SDU patients an opportunity to improve the RRT process was identified.
- Knowledge increase of rapid response teams (RRT) was needed to bring RRT to bedside
- Barriers to RRT activation in this unit will assist in developing education for nurses to respond quickly to patient status deterioration

Review of Literature

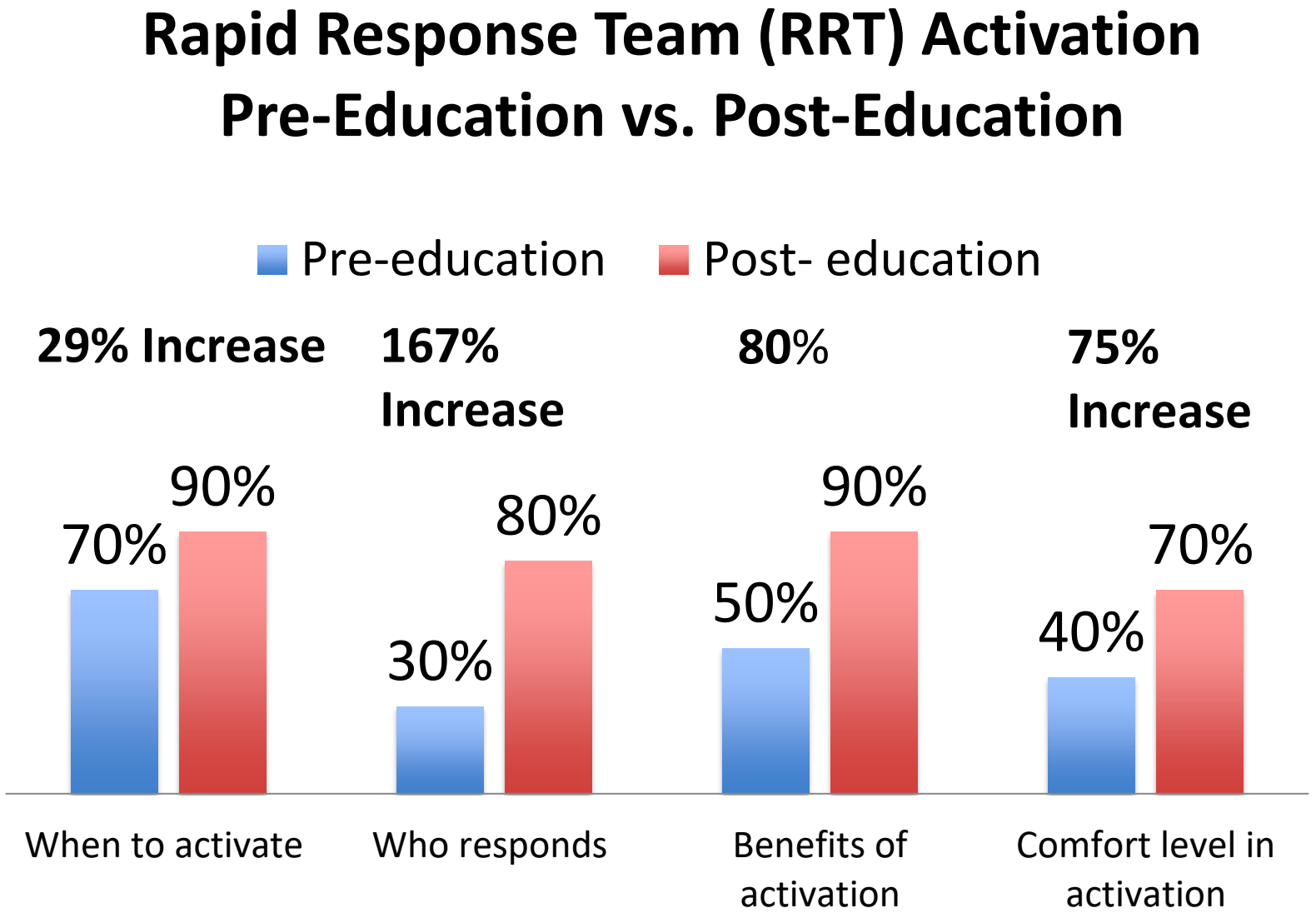
- Barriers to RRT activation included lack of training, peer intimidation and insufficient knowledge on indications
- Clinical judgment is one of the most valuable but least used indications for RRT activation
- Cultivating a culture of safety through education can facilitate nurse comfort in activating an RRT

Methods

Assess knowledge and comfort level in activating the RRT when appropriate.

- 6 question pre and post test to assess comfort and obtain baseline RRT activation knowledge and skill
- Education on policies for quantitative criteria for calling a RRT
- Examples include
  - how to call a RRT
  - personnel responding to RRT
  - patient scenarios requiring the activation of RRT

Results



N= 10

Average test scores increased by 98%

Implications for Nursing Practice

- Decrease in delayed patient care and mortality
- Increase in patient safety due to appropriate and timely escalation in patient care
- Potential impact in decreased hospital cost associated with decreased length of stay

Next Steps

- Additional education and evaluation will need to be conducted
- Another group could further evaluate other clinical areas and the differences in outcomes

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- Tara Capoferri, BSN, RN

Just In Time Education

Masiel Sanchez BSN, RN (ICU), Melissa Tilson, RN (BHU), Christy Tomaszfski, RN (CVTL)

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

2020 was a difficult year for all due to the COVID-19 Pandemic. With the introduction of a new defibrillator we were able to create a new way of learning using a QR Code for "Just in Time Education". We were able to teach staff how to perform the new R Series "Zoll" Daily Check with Confidence by using the QR Code.

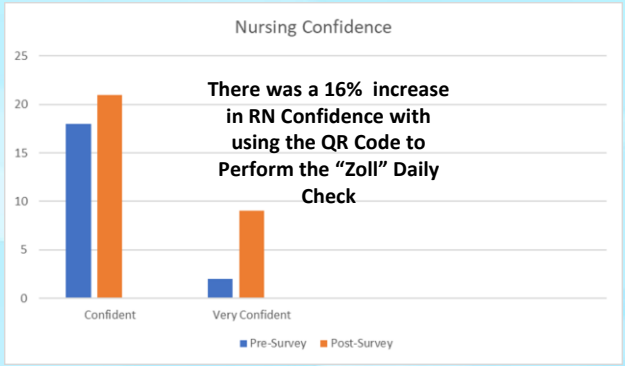
P I C O

- **P- Nursing Staff (RN's)**
- **I- "Just In Time Education": Using QR Codes**
- **C- Traditional Education**
- **O-Increases Confidence in Nursing Staff**

EVIDENCE

- QR Codes provide an opportunity to engage learners (Karia, Hughes, Carr, 2019)
- QR Codes are more helpful than traditional learning aids(Karia, Hughes, Carr, 2019)
- Use of QR Codes decrease downtime(Karia, Hughes, Carr, 2019)
- Use of QR Codes allows creator to monitor metrics to see where code was scanned, and device used to scan (Karia, Hughes, Carr, 2019)
- Anxiety for performing psychomotor skills was reduced following the use of technology with QR codes. (Kenny, Gaston, Powers, Isaac-Dockery, 2020)

OUTCOMES



SCAN ME

100% of RN's found the QR Code for "Just in Time Education" a Helpful Tool

IMPLEMENTATON

- Created a QR Code with a 3 minute video on how to perform the "Zoll" Daily Check
- Distributed a Pre-Survey and Post- Survey
- Distributed 30 Survey's to RN's
  - 10 to CVTL
  - 10 to BHU
  - 10 to ICU/CVCU
- Distributed a Pre-Survey and Post- Survey to evaluate Learning

NEXT STEPS

- Educate all Units on the Use and Effectiveness of QR Codes for Education
- Apply the QR Code to All Crash Carts within the Hospital
- Evaluate effectiveness of use/learning by making sure Daily Checks are being done accordingly
- Integrate QR Codes for "Just in Time Education" with other equipment at LVH-Pocono
- Integrate QR Codes for "Just in Time Education" throughout LVHN

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IMPROVING THE EMERGENCY DEPARTMENT PATIENT EXPERIENCE WITH AN EDUCATIONAL PAMPHLET

Samuel Berman BSN, RN; Taylor Czerpak BSN, RN; Sashaunie Smith BSN, RN

PICOT and Background

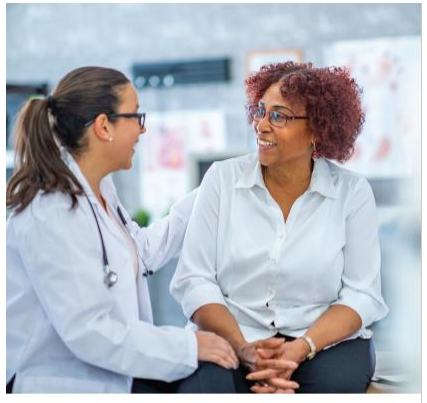
- PICOT: Among adult patients arriving to the emergency department (ED), will the provision of an informational pamphlet, compared to standard patient care without the pamphlet, impact patient satisfaction surrounding expectations of care during a three week period of time?

- It was noted that patients and visitors may often be unaware of the expected flow and process of emergency department care which may lead to unrealistic or unmet expectations.

- To help mitigate any gaps in knowledge while improving upon patient satisfaction and understanding, it was decided that an easy-to-read pamphlet provided to individuals on arrival would serve as a helpful guide to assist patients in better navigating and anticipating their course of treatment and the overall flow of the emergency department.

Review of Literature

- Prior research has revealed that in spite of extended wait times, patient satisfaction is increased in those who feel informed of their care.
- A similar study published in 2019 has shown a positive correlation between improving patient expectations and informing patients on the Emergency Department process.



A patient's guide to emergency services.

Main Line Health®

Welcome

We appreciate that you have chosen Main Line Health for your health care needs. At Main Line Health, we strive to provide you with a safe, superior patient experience in addition to quality medical care and nursing services any time you visit the Emergency Department (ED). We have put together some information to help you understand the flow within the ED and reasons you may have to wait during your stay. Your care and treatment are our priority, and we want to ensure that you receive the best care possible in the timeliest manner. Thank you for entrusting Main Line Health with your health care.

COVID-19 PRECAUTIONS

To maximize your safety and the safety of others, all patients and visitors will be screened for COVID-19 upon entering the ED. In addition, to maximize your safety, please wear a mask and maintain social distancing while in our department.

Visitor restrictions may be in place due to COVID-19, so please check with your healthcare provider to determine the most current guidelines.

2 000.000.0000 | mainlinehealth.org/xxxxx

Step 1—Arrival and Triage

The nature of emergency care requires us to treat patients in order of severity of condition and not always in order of arrival. We have several different areas in the department to treat life-threatening or severe injuries and medical emergencies that require in-depth testing for diagnosis, treatment and possible admission to the hospital as well as areas to treat injuries or conditions that are less severe and do not require extensive testing, treatment or admission to the hospital.

Step 2—Assessment and Treatment

ASSESSMENT

In order for our health care professionals to thoroughly assess you, we may ask you to remove all clothing and change into a hospital gown. A thorough assessment is necessary to identify underlying illness and/or injuries. Make sure your doctors, nurses and pharmacists know about everything you are taking at home. This includes prescriptions, over-the-counter medicines and dietary supplements such as vitamins and herbs.

Lab tests, imaging and clinical procedures can help rule out life-threatening illnesses and work towards a diagnosis. This may include but is not limited to:

- **Lab work (blood tests):** We may need to draw blood samples more than once to explore further answers for the symptoms you presented with today or to repeat testing after treatment for an abnormal finding from the initial lab results.
- **Urine:** We need a urine sample for most of our patients, so if you need to urinate before being brought back to a room, please ask for a urine cup at the front desk. If you are in your room and a urine cup was not provided to you, please press your call bell to inform the staff before urinating.

  If you are of childbearing age, a urine or blood-based pregnancy test is required prior to administration of many medications and/or imaging studies.
- **Imaging:**
  - Computed Tomography (CT) scan: detailed picture of the bones, blood vessels, organs and soft tissues in the body (if oral contrast is required, the CT scan will be performed one hour after the oral contrast drink is completed).
  - X-ray: straight-on image of bones and internal structures in the body.
  - Ultrasound: high-frequency sound waves to evaluate internal body structures.
  - Magnetic resonance imaging (MRI): uses a magnetic field and computer-generated radio waves to create images of organs and tissues in your body.

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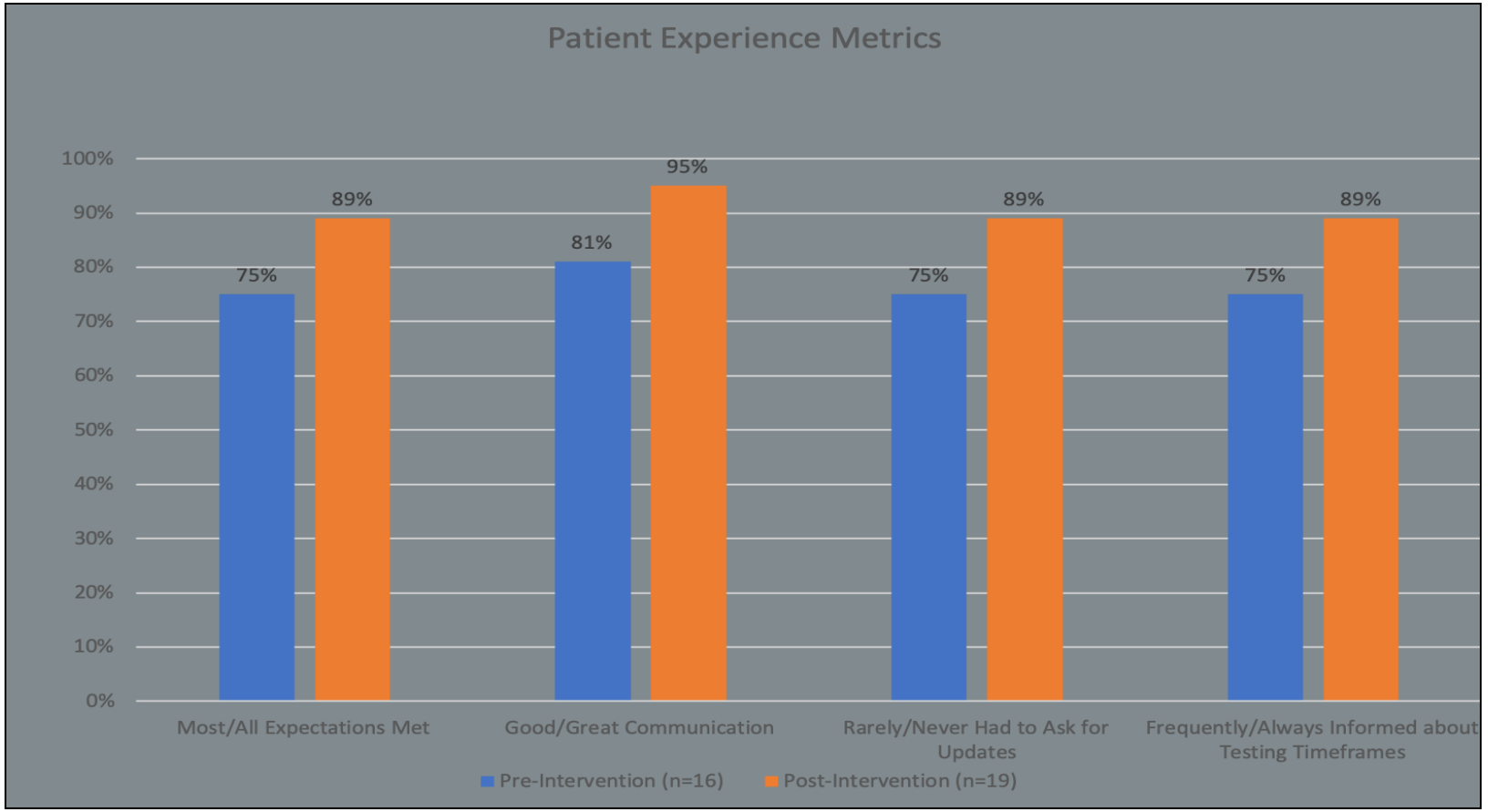
Methods

- Press Ganey scores and anonymous feedback from the years 2019-2021 were examined. A "Patient Experience Survey" was then crafted with Likert-scale questions, as well as open ended questions, and given to patients at discharge for a three-week time period.
- The pre-survey was also utilized to determine a baseline as to whether expectations of care were met and how well staff communicated with patients throughout their emergency department visit.
- The results of the pre-survey were used as the framework for the creation of a customized Emergency department pamphlet with input from marketing, graphic design artists, the director of patient experience, and system-wide ED leadership.
- Information provided in the pamphlet includes but is not limited to the role of triage, the assessment and treatment process, estimated wait times, and admission/ discharge information.
- Outcomes of the pamphlet were measured for a three-week time period by providing the same survey to all discharged patients and analyzing the pre-and post-survey results to determine efficacy.

Results

• "The pamphlet was very informative! Great idea. It makes me as a patient feel like I matter."

95% of patients found the pamphlet to be "very helpful" or "extremely helpful"



Implications for Nursing Practice

- As a magnet recognized level two trauma center, nursing excellence is of utmost importance. This project is in direct alignment with the values of Main Line Health (MLH).
- The pamphlet was created to better meet the needs of those entering the emergency department by increasing high-quality, patient centered care that focuses on utilizing patient feedback, as well as enhancing communication and patient education.
- With access to this pamphlet, patients are more likely to feel informed of the standard flow of their visit and expectations of care.

Next Steps

- The pamphlet is being launched system-wide throughout all MLH Emergency Departments.
- Data collection on the efficacy of the pamphlet can be continued system wide, increasing the sample size.
- This project could expand further and be passed down to future nurse residents to ensure a consistent effort of improving the patient experience in the emergency department.

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Combating Nursing Stress During the COVID-19 Pandemic

PA Nurse Residency Virtual Fall Meeting
November 5, 2021

Tara Weber, BSN, RN
Clinical Nurse, Inpatient Pediatric Unit
Lehigh Valley Health Network
Allentown, PA

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A COMPLETE HEALTH NETWORK

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LVH–Muhlenberg


LVH–17th Street

LVH–Hazleton

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Lehigh Valley Reilly Children's Hospital


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LVH–Schuylkill S. Jackson Street


LVHN–Tilghman


Coordinated Health

LVH–Carbon

LVH–Hecktown Oaks

LVHN ExpressCARE

Health Centers


Lehigh Valley Physician Group

LEHIGH VALLEY HEALTH NETWORK **ACHIEVEMENTS**

2017

MAGNET RECOGNIZED
American Nurses Credentialing Center (ANCC)

AMERICA'S BEST HOSPITALS IN GASTROENTEROLOGY AND GI SURGERY
U.S. News & World Report

HIMSS ELECTRONIC MEDICAL RECORD ADOPTION MODEL, STAGE 7
(EMRAM)[SM]

MOST WIRED ADVANCED
Hospitals and Health Networks Group

MOST WIRED INNOVATOR
Hospitals and Health Networks Group

MOST WIRED IMPROVED
Technological Advancement at LVH–Pocono – Hospitals and Health Networks Group

CERTIFIED PRIMARY STROKE CENTER
The Joint Commission (LVH–Pocono)

NICU LEVEL IV RECLASSIFICATION
American Academy of Pediatrics

BERNARD A. BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR DEMONSTRATING SUPERIOR QUALITY AND SAFETY PERFORMANCE
Vizient

RECERTIFIED PRIMARY STROKE CENTER
Healthcare Facilities Accreditation Program (LVH–Hazleton)

2018

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg and LVH–Pocono)

100 GREAT HOSPITALS IN AMERICA
Becker's Healthcare

TOP 5 HOSPITAL IN PENNSYLVANIA
U.S. News & World Report

HEART FAILURE GOLD PLUS QUALITY ACHIEVEMENT AWARD
Get With The Guidelines® (GWTG) for LVH–Schuylkill

MOST WIRED HOSPITALS
Hospitals and Health Networks Group

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hazleton and LVH–Pocono)

NURSE RESIDENCY PRACTICE TRANSITION PROGRAM
American Nurses Credentialing Center

RECERTIFIED AS COMPREHENSIVE STROKE CENTER
The Joint Commission(LVH–Cedar Crest)

RECERTIFIED AS PRIMARY STROKE CENTER
The Joint Commission (LVH–Muhlenberg)

2019-2020

TOP PLACES TO WORK IN THE LEHIGH VALLEY
The Morning Call

150 TOP PLACES TO WORK IN HEALTHCARE
Becker's Healthcare

BEST PLACES TO WORK IN PA
Forbes

AMERICA'S BEST HOSPITALS IN ORTHOPEDICS
U.S. News & World Report

LGBTQ HEALTHCARE EQUALITY TOP PERFORMER
Human Rights Campaign's Healthcare Equality Index (HEI), (LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg and LVHN–Tilghman)

EXCELLENCE IN PATIENT SAFETY
Hospital and Health System Association of Pennsylvania (HAP), (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Schuylkill, LVH–Hazleton and LVH–Pocono)

CERTIFIED AS PRIMARY STROKE CENTER
The Joint Commission (LVH–Schuylkill)

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hazleton and LVH–Pocono)

LEAPFROG "TOP TEACHING HOSPITAL" FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest)

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg and LVH–Hazleton)

BACKGROUND

- COVID-19 Pandemic:
  - ⬆ risk of psychological distress nurses/healthcare professionals
  - Summer 2020, nurses medical-surgical COVID unit reported:
    - Burnout
    - Moral distress
    - Decreased resiliency

EVIDENCE

- 69% of health care workers report “severe job stress” during the COVID-19 pandemic with long-lasting consequences [1]
- Burnout affects workers on the job and at home [2]
- Embrace nursing self-care strategies [3]

Magill, E., Siegel, Z., & Pike, K. M. (2020) [1]

Morgantini et.al (2020) [2]

Maben, J., & Bridges, J. (2020) [3]

PICO QUESTION

P: Registered nurses on a COVID-19 medical-surgical unit

I: Designated unit area to alleviate stress/practice mindfulness meditation

C: No designated area

O: Decreased self-reported stress level

METHODS

- Nurse Residents (NR) created 12-question “Perceived Stress Scale”
  - Administered pre & post intervention
- Implementation:
  - 3-week period
  - Established relaxation area on the unit
    - Mindfulness meditation practice instructions
    - Hand lotion
    - Diffuser/stress relieving essential oils
  - Created staff handout

OUTCOMES

- Pre and post survey responses grouped into five themes
- Outcomes report decrease in:
  - Anxiety
  - Fatigue
  - Job-related stress
- Increase in adaptive behaviors

FUTURE DIRECTION/NEXT STEPS

- RN Engagement Council
- September 2021- Director of Compassion and Caring for Colleagues

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Questions?

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Implementation of a Prone Position Skin Care Bundle

Jessica Elliott BSN, RN, Aoife Garvey BSN, RN, & Peyton Griffin BSN, RN

Einstein HEALTHCARE NETWORK
NURSE RESIDENCY PROGRAM

BACKGROUND

The Medical and Surgical Intensive Care Units of a tertiary acute care center had an increase in skin injuries associated with proning of patients in Acute Respiratory Distress Syndrome (ARDS) due to Covid-19. In patients with ARDS, prone positioning can be a life saving measure for patients admitted to the intensive care unit with severe lung damage (Bloomfield & Sudlow, 2015). However, skin damage has been shown to be a complication of prolonged proning periods (Lee, M. J., Bae, W., Lee, & J. Y., 2014; Baboi, Ayzac, Richard, & Guerin, 2013). Use of a proning checklist and application of foam dressings can increase patient safety and help prevent pressure injuries while proned (Oliveira, 2017). Moreover, the application of multi-layered soft foam dressings has been shown to significantly reduce the number of pressure injuries in critically ill patients (Santamaria et al, 2015). The lack of experience, education, and knowledge related to proning has been associated with the occurrence of skin injuries. This prompted the development of an evidence-based Prone Position Skin Care Bundle (PPSCB).

PROJECT GOALS

To determine whether an evidence-based Prone Position Skin Care Bundle prevents patients from developing skin injuries while being proned.

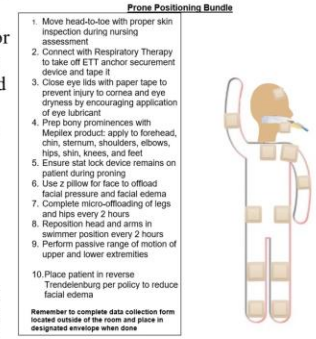
PICOT QUESTION

In MICU and SICU patients with Acute Respiratory Distress Syndrome who are proned, does use of a Prone Position Skin Care Bundle compared to current practice prevent skin injuries during proning?

METHODS

The PPSCB was developed to include all the items required for proning inside a clear "Grab & Go Bag." It included a 10-step instruction sheet listing bundle elements, a visual guide for placing Mepilex products, one Z-pillow, and a data collection checklist which could be placed outside of the patient's room. Education on how to implement the bundle was provided to MICU and SICU nurses in person and via e-mail.

Nurses were asked to complete the data collection checklist form each time a patient was proned.
Data collection occurred from March 22-April 30, 2021. Nurses were asked to document use of all bundle elements, any complication from proning, or any extraneous occurrences related to consecutive proning episodes for each patient.



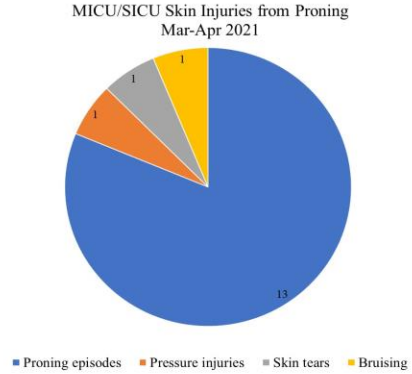
Prone Positioning Bundle

1. Move head-to-toe with proper skin inspection during nursing assessment
2. Connect with Respiratory Therapy to take off ETT anchor securement device and tape it
3. Close eye lids with paper tape to prevent injury to cornea and eye dryness by encouraging application of eye lubricant
4. Prep bony prominences with Mepilex product: apply to forehead, chin, sternum, shoulders, elbows, hips, shin, knees, and feet
5. Ensure stat lock device remains on patient during proning
6. Use z pillow for face to offload facial pressure and facial edema
7. Complete micro-offloading of legs and hips every 2 hours
8. Reposition head and arms in swimmer position every 2 hours
9. Perform passive range of motion of upper and lower extremities
10. Place patient in reverse Trendelenburg per policy to reduce facial edema

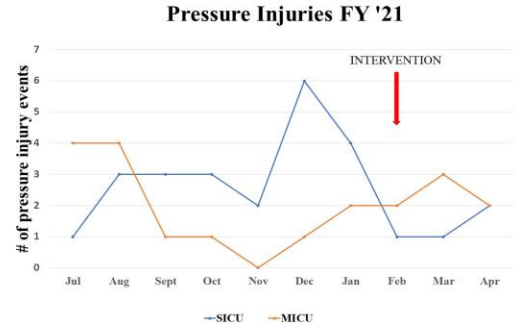
Remember to complete data collection form located outside of the room and place in designated envelope when done

RESULTS

During the intervention period, there were 13 episodes of proning for patients who were admitted with ARDS and Covid-19. All bundle elements were implemented 100% of the time when a patient was proned. During data collection from March to April, the most severe skin injury reported was a stage one pressure injury consisting of non-blanching redness on the breast. This pressure injury developed on day three after 18 hours of proning. Other skin injuries recorded consisted of one skin tear on the cheek and bruising for one other patient.



RESULTS



Overall pressure injury events and severity of skin injuries for both MICU and SICU were reduced.

DISCUSSION & NEXT STEPS

- The PPSCB will be maintained in both units as part of the proning protocol.
- The PPSCB will be revised to reflect additional areas of the body to be considered for the prophylactic dressing.
- Data will be disseminated with recommendation to adopt PPSCB for prone positioning in other critical care units

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Santamaria, N., Gerdtz, M., Sage, S., et al (2015). A randomised controlled trial of the effectiveness of soft silicone multi-layered foam dressings in the prevention of sacral and heel pressure ulcers in trauma and critically ill patients: the border trial. *International wound journal*, *12*(3), 302–308. https://doi.org/10.1111/iwj.12101

Abstract

- During the COVID-19 pandemic, the Medical Intensive Care Unit (MICU)/ Surgical Trauma Intensive Care Unit (SICU) of a tertiary acute care center had an increase in skin injuries associated with proning of patients in Acute Respiratory Distress Syndrome (ARDS). Lack of proning experience and knowledge has been linked to skin injuries. This prompted the development of an evidence-based Prone Position Skin Care Bundle (PPSCB). The PICOT question developed was (P) In proned MICU/SICU patients with Acute Respiratory Distress Syndrome (I) does use of a Prone Position Skin Care Bundle (O)prevent skin injuries during proning (t) over a 6-week period? The evidence-based skin care bundle included a “to go bag” with instructions, images, and materials for nursing staff to use for patients being proned. The results of the evidence-based project specifically showed that implementation of the PPSCB reduced pressure and skin injuries in both MICU and SICU patients. Over the six-week period, there were 13 episodes of proning for patients who were admitted with ARDS related to COVID-19. During strategic review of the data collected, the most severe skin injury reported was a stage one pressure injury consisting of non-blanching redness on the breast. The evidence-based PPSCB ultimately led to a decrease in skin injuries. This PPSCB has been fully adopted and incorporated into the management of proning skin care in the MICU and SICU. These findings and change in practice will be disseminated to other critical care units to optimize patient care and improve outcomes.

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UPMC
LIFE CHANGING MEDICINE

Implementing Bedside Shift Report on the Inpatient Behavioral Health Unit

Sarah Bainey BSN, RN
UPMC Altoona Behavioral Health

PICOT:

Does bedside shift report as opposed to recorded report correlate to more competent care of behavioral health clients?

Background:

Bedside handoff is associated with more individualized care and promotes timely monitoring of patients (Givens, Skully, and Bromley, 2016).

Joint Commission standards:

> "Conduct face-to-face hand-off communication and sign-outs between senders and receivers in locations free from interruptions and include multidisciplinary team members and the patient and family, as appropriate" (Joint Commission, 2017, p4).

Timeline:

Pre-intervention: July 19th, 2021 – July 25th, 2021

Bedside shift report was implemented on the unit on July 26th, 2021

Post intervention survey: September 15th, 2021 - September 26th, 2021.

Pre-Intervention Survey:

To gauge staff's perception of current shift report practices.

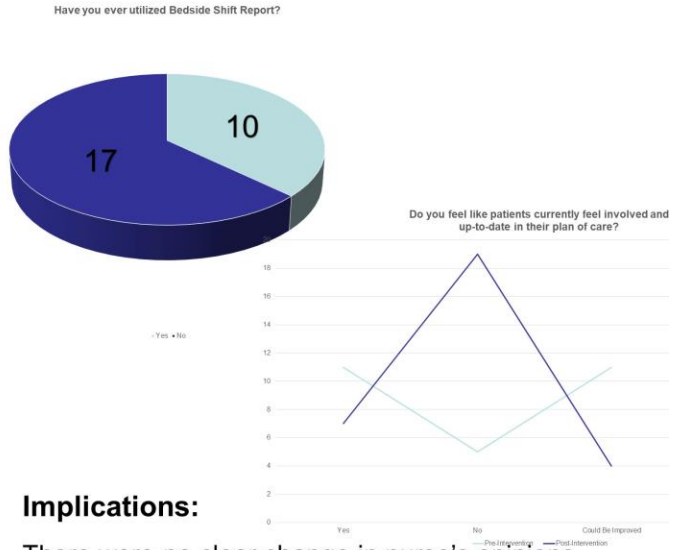
Implementation:

- Off going charge nurse complete staffing assignments and prints report sheets.
- Huddle will start promptly at 7 am, 3 pm, or 11pm update on new admissions, any events, any important dates, or behavioral issues that staff need to be aware of.
- Registered Nurses (RN) – RN, Licensed Practical Nurses (LPN) - LPN, Mental Health Workers (MHW) and Patient Care Technicians (PCT) - MHW/PCT.
- RN Rounding:
  - Introductions
  - Update white boards
  - Report will be carried out as it usually does. (Commitment expiring date, allergies, etc.)
  - Sensitive information can be given outside the client's room or in the nurse's station.

Post-Intervention Survey

To gauge staff's perception of bedside shift report practice after two months of implementation.

Data Analysis:



Implications:

There were no clear change in nurse's opinions toward bedside shift report.

In the future we will look at HCAP scores for nurse communication and patient experience to identify if there was an increase in scores.

References:

References available upon request.

The Benefits of Team Nursing

PA Nurse Residency Virtual Fall Meeting
November 5, 2021

Diana Nguyen, BSN, RN
Megan Hirschbuhl, BSN, RN
Clinical Nurses, 4C LLM
Lehigh Valley Health Network
Allentown, PA

Lehigh Valley Health Network
Your health deserves a partner.

A COMPLETE HEALTH NETWORK

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LVH–Carbon

LVH–Hecktown Oaks

LVHN ExpressCARE

Health Centers


Lehigh Valley Physician Group

LEHIGH VALLEY HEALTH NETWORK **ACHIEVEMENTS**

2017

MAGNET RECOGNIZED
American Nurses Credentialing Center (ANCC)

AMERICA'S BEST HOSPITALS IN GASTROENTEROLOGY AND GI SURGERY
U.S. News & World Report

HIMSS ELECTRONIC MEDICAL RECORD ADOPTION MODEL, STAGE 7
(EMRAM)[SM]

MOST WIRED ADVANCED
Hospitals and Health Networks Group

MOST WIRED INNOVATOR
Hospitals and Health Networks Group

MOST WIRED IMPROVED
Technological Advancement at LVH–Pocono – Hospitals and Health Networks Group

CERTIFIED PRIMARY STROKE CENTER
The Joint Commission (LVH–Pocono)

NICU LEVEL IV RECLASSIFICATION
American Academy of Pediatrics

BERNARD A. BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR DEMONSTRATING SUPERIOR QUALITY AND SAFETY PERFORMANCE
Vizient

RECERTIFIED PRIMARY STROKE CENTER
Healthcare Facilities Accreditation Program (LVH–Hazleton)

2018

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg and LVH–Pocono)

100 GREAT HOSPITALS IN AMERICA
Becker's Healthcare

TOP 5 HOSPITAL IN PENNSYLVANIA
U.S. News & World Report

HEART FAILURE GOLD PLUS QUALITY ACHIEVEMENT AWARD
Get With The Guidelines® (GWTG) for LVH–Schuylkill

MOST WIRED HOSPITALS
Hospitals and Health Networks Group

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hazleton and LVH–Pocono)

NURSE RESIDENCY PRACTICE TRANSITION PROGRAM
American Nurses Credentialing Center

RECERTIFIED AS COMPREHENSIVE STROKE CENTER
The Joint Commission(LVH–Cedar Crest)

RECERTIFIED AS PRIMARY STROKE CENTER
The Joint Commission (LVH–Muhlenberg)

2019-2020

TOP PLACES TO WORK IN THE LEHIGH VALLEY
The Morning Call

150 TOP PLACES TO WORK IN HEALTHCARE
Becker's Healthcare

BEST PLACES TO WORK IN PA
Forbes

AMERICA'S BEST HOSPITALS IN ORTHOPEDICS
U.S. News & World Report

LGBTQ HEALTHCARE EQUALITY TOP PERFORMER
Human Rights Campaign's Healthcare Equality Index (HEI), (LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg and LVHN–Tilghman)

EXCELLENCE IN PATIENT SAFETY
Hospital and Health System Association of Pennsylvania (HAP), (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Schuylkill, LVH–Hazleton and LVH–Pocono)

CERTIFIED AS PRIMARY STROKE CENTER
The Joint Commission (LVH–Schuylkill)

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hazleton and LVH–Pocono)

LEAPFROG "TOP TEACHING HOSPITAL" FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest)

LEAPFROG "A" GRADE FOR QUALITY AND PATIENT SAFETY
The Leapfrog Group (LVH–Cedar Crest, LVH–Muhlenberg and LVH–Hazleton)

BACKGROUND

- During the COVID-19 pandemic, providing care for critically ill patients challenging due to:
  - Limited number of skilled nurses
  - Rapid transmission of the virus
  - Increased patient acuity
- Necessity for resources have led to exploring flexible models of nursing care

BACKGROUND

- In December 2020, nurse residents (NRs) on low-level progressive care unit:
  - Conducted a literature review
  - Identified an opportunity to utilize a team nursing model to:
    - Support patient care – integrate various nursing skill levels
    - Offload ICU COVID-19 patients during a pandemic surge
    - Improve nurse communication & satisfaction
    - Increase patient satisfaction
    - Optimize fiscal resources

EVIDENCE

- ↓ level of stress among nurses after adopting a team nursing model of care
  - Workload distributed evenly amongst nurses ↑ patient/RN satisfaction [1]
- ↑ level of support for novice nurses
  - Enhanced confidence
  - Improved continuity of care/interdisciplinary communication [2]
- ↑ ability for at least 1 of 2 RNs round hourly
  - Less call bells
  - Direct correlated with ↑ patient satisfaction – need(s) met appropriate amount of time [3]

Anderson et al. (2017) [1]
Fernandez et al. (2012) [2]
Bloom et al. (2016) [3]

PICO QUESTION

P: Low-level progressive care RNs

I: Team nursing care model

C: Primary nursing care model

O: RN & patient satisfaction

METHODS

- Intervention- December 2020
  - 12-bed surge unit was implemented in a 24-hour period
    - Communicated staff priorities
    - Matched staff competency with patient acuity
    - Involved staff in change processes – fostered trust & transparency
    - Championed innovation - promoted team dynamics

OUTCOMES

- January to April 2021
- Quantitative:
  - 46% decrease in nurse overtime = $11,000 annualized cost savings
  - Improved HCAHPS scores
    - RN communication
    - Bedside shift report
    - Hourly rounding
- Qualitative:
  - Themes of collaboration, teamwork, & RN satisfaction

FUTURE DIRECTION

- Expand team nursing model to include LPNs in inpatient care
  - Allow RNs to concentrate on the duties that only they can perform (i.e., physical assessments, providing patient/family education, assessing discharge readiness, and coordinating both acute and community care)

- Provide staff with education regarding role delegation/clarity, scope of practice, communication skills

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Questions?

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Topic: Does Wearing a "Do Not Disturb" Vest Decrease the Number of Interruptions During Nurse Medication Administration

Einstein HEALTHCARE NETWORK
NURSE RESIDENCY PROGRAM

Nurse Residents: Kayla Hobbs & Krysta Cassidy

BACKGROUND

Medication administration comprises a large portion of nursing responsibilities. Research has proven that nurses have minimal time during their shift to focus solely on passing out medications without disturbance, and the most common source of interruptions is visitors/patients asking questions or staff requiring help with direct patient care (Flynn, 2016). Previous research has shown that utilizing "Do Not Disturb" vests decreases the quantity of interruptions by providing a "visual prompt to people who might approach nurses during a medication administration" (McMahon, 2017). In a pilot-study, a decrease in interruptions from 36.8-28.3 per hour was seen after the intervention of educating staff and the use of vests were implemented (Huckels-Baumgart, 2017).

PROJECT GOALS

The intended goal of this project is to decrease the number of interruptions that occur during medication administrations to decrease the number of distractions and medication errors that occur.

PICO/T QUESTION

On Moss Rehab SCI and Stroke units, does implementation of a do not disturb vest while administering medications, decrease nurses' interruptions during medications administration.

METHODS

On 20 and 30 bed unit, we observed RNs on unit during morning and afternoon medication passes to count the number of interruptions that occurred utilizing a survey form. The study was 3 weeks long.

<u>Week 1:</u>
Observation of the RNs without education/vest to get a baseline count of interruptions.

<u>Week 2:</u>
Education of RN's, CNA's, Therapy, Physicians, Housekeeping, Dietary and Maintenance on both units.

<u>Week 3:</u>
Observation with RNs utilizing vests during medication administration.

RESULTS

Sample size: 16 Registered nurses observed on both Moss Rehab SCI and Stroke .

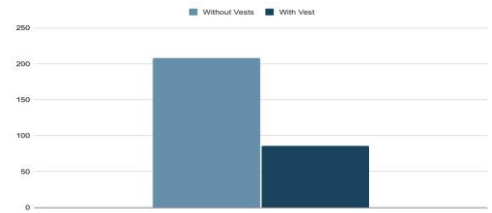
Nurses were interrupted 280 times during one week prior to implementation of "do not disturb" vests.

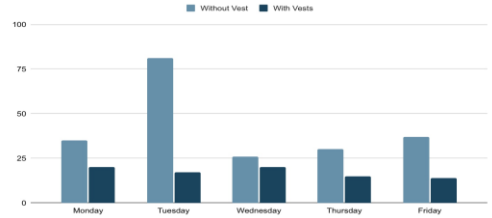
When nurses began wearing "do not disturb" vests nurses were interrupted 86 times.

The most popular cause of distractions were nurses or nursing staff (CNA/Clerk) ranking at 40%. Patients were 18% of interruptions, and therapists were 11% of interruptions during pre-intervention observation. While wearing the "do not disturb" vest, nurses were the highest cause of interruptions during medication pass ranking at 36%, patient 21% and therapist 12%.

Other staff including physician, lab, dietary, and other staff were 31% of total interruptions before nurses wore the vests and after.

RESULTS – cont'd





NEXT STEPS

Continuing education of staff to decrease number of interruptions while nurses are administering medications.

Classification of information, either emergent or non emergent information that must be told the RN.

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Flynn, F., Evanish, J., Fernald, J., Hutchinson, D., & Lefaiver, C. (2016, August 01). Progressive Care Nurses Improving Patient Safety by Limiting Interruptions During Medication Administration. *Critical Care Nurse. 36 (4): 19–35,* doi:10.4037/ccn2016498

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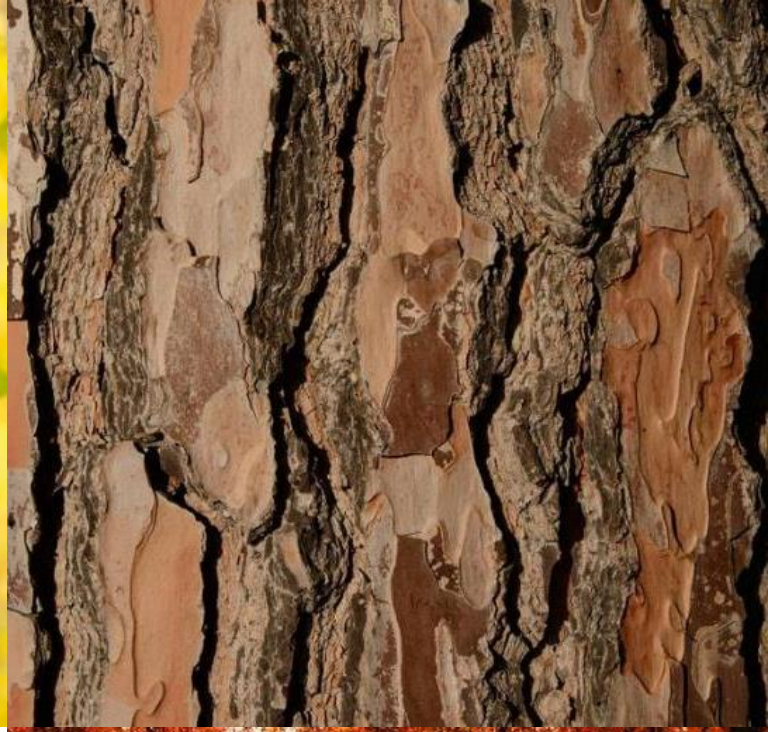
BREAK OUT
(UNTIL 11:45AM)

- How are you dealing with extreme orientee/new graduate numbers?
- How are you changing residency to meet the critical staffing situation?
- How are you working with your academic partner (s) to help mitigate preparation struggles?

- Vizient abstract submission deadline has been extended to Friday November 12th!
- Please complete your Organization Site Survey in the NRP Admin Tool by December 1! If you are unsure what I am referring to, please email Meg Ingram.
- Vizient has updated the EBP resources- new chapter and new webpage: https://www.vizientinc.com/my-dashboard/my-tools/nurse-residency-program/nurse-residency-program-curriculum

EVALUATIONS

- Complete your evaluation before Friday November 19th, 2021. The link is in the chat box!
- Please provide any comments/quarterly content topic ideas!
- Evaluation link will also be emailed this afternoon.

2022 DATES

January 28th

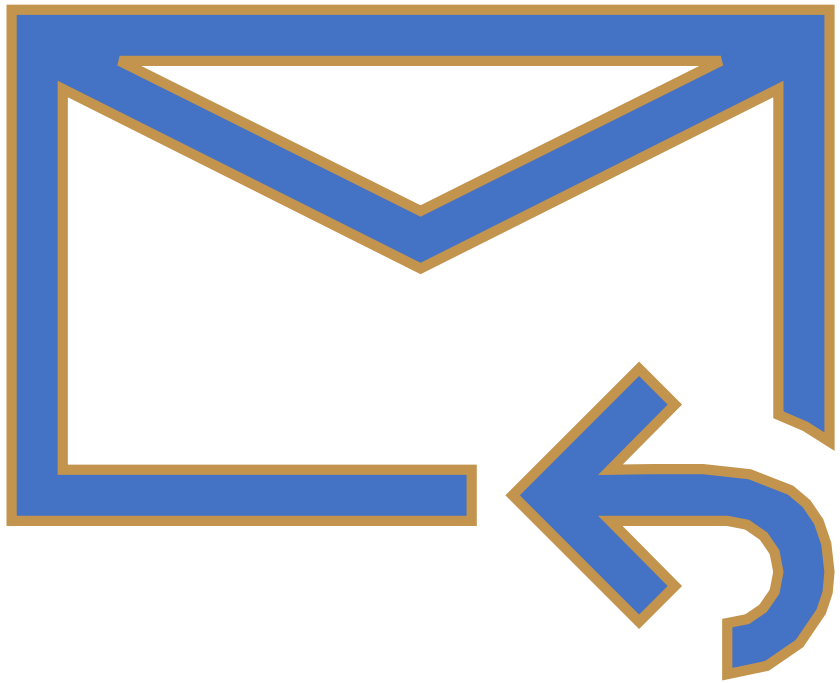
Vizient National Conference
February 28- March 4th

April 22nd

June 10th

Note: All meetings will be virtual.

HOW CAN WE SUPPORT YOU?



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Committee Role	2021-2022 Term
Chair	Jeanette Palermo (Thomas Jefferson)
Co-Chair	Lois Scipione (Temple)
Past Chair	Kelly Gallagher (Penn Medicine)
Director Member	Lindsey Ford (Geisinger Medical)
System Coordinator Member	Elizabeth Holbert (Penn State Hershey Medical Center)
Coordinator Member	Cathy Witsberger (UPMC Presbyterian)
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Networking Lead (East)	Janice Gibson (Jefferson Health, Northeast)
Networking Lead (Western)	Tiffany Conlin (UPMC Presbyterian)
Academic Partner	Jennifer Barton (Penn State College of Nursing)
Nurse Resident Lead	Lydia Kim (Penn Presbyterian Medical Center)

THANK YOU!

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PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

THANK YOU