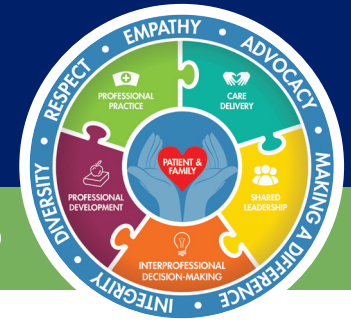


The Pulse of Nursing



 ALBANY MED Health System
GLENNS FALLS HOSPITAL



May 2024 | ISSUE 29



Message from the CNO

Nurse satisfaction has been closely associated with both retention and the quality of patient care in repeated studies over the past 4 decades. This is the primary reason we conduct our annual NDNQI RN Satisfaction survey, along with satisfying the Magnet requirement to maintain our designation. Over the last two months, I have been meeting with nurses in various units and departments, along with **Laura Pfeifer** (AVP for Nursing Operations & ACNO), to discuss efforts to improve nurse satisfaction. It is no secret our results have declined since the onset of the pandemic. This is not unique to this hospital, although the path to improvement most certainly is. We have held very candid discussions with nurses in the areas that did not have strong performance in most of the categories included in the survey: Adequacy of Staffing and Resources, Autonomy, Foundations of Quality Nursing Care, Interprofessional Relationships, RN to RN Relationships, Professional Development Opportunities, Professional Development Access, and Nursing Administration. Because the surveys provide only numeric answers without comments, it is difficult to interpret the results and make improvements. For this reason, face-to-face meetings are crucial to determining how we move forward.

July/August/September Education Opportunities

BLS

Full Cert: 5/20, 5/27, 6/3, 6/17, 6/24, 7/1, 7/15, 7/29, 8/19, 8/26, 9/3, 9/16, 9/30

Recert: 5/20, 5/31, 6/3, 6/17, 6/28, 7/1, 7/15, 7/26, 8/19, 8/30, 9/3, 9/16, 9/27 (Please note that 5/20, 6/3, 6/17, 7/1, 7/15, 8/19, 9/3, 9/16 can be a recert or full cert)

ACLS

Full Cert: 6/4 & 6/5, 9/18 & 9/19

Recert: 7/16, 8/7

PALS

Recert: 5/21 & 5/22, 8/21 & 8/22

Recert: 7/19

**Please sign up in HealthStream! Seats are limited and fill quickly!*

Buzz on the Blog

CLINICAL PRACTICE ALERTS

There have been many recent changes, be sure to check these out on GFH Intranet!

<https://intranet.glensfallshosp.org/patient-care/clinical-practice-alerts>

- Newborn Medication Chart Alert – 2W/SCN only
- Adding Infusion Management Bands
- Patient Observation and Suicide Prevention
- Midazolam and Lorazepam Infusion Changes
- Social Drivers of Health
- Baxter Tubing Alert
- Advance Directive Question Changes
- Pain Medication Administration
- Enteral Feedings and Documentation
- PCA Pump Name Changes
- Medical Panic Alarms
- Adult Code Drug Tray Changes
- New TBI and Human Trafficking Screenings in Cerner
- LifeGuard Safety Infusion Set
- Carbapenem Resistant A. Baumannii (CRAB)
- Epinephrine Critical Drip Continuous
- Lorazepam Injection Shortage

The conversations have frequently included clarification of the intent of the survey questions. For example, many were uncertain what “autonomy” in nursing practice means. Autonomy is the authority and freedom of nurses to act within the nursing scope of practice, such as:

- Initiating a wound care consult
- Participating in practice decisions as a member of a council
- Evaluating fall risk and implementing safety measures within the protocol
- Administering CPR to a pulseless patient
- Initiating the anaphylaxis protocol to a patient reacting to an infusion

We have also had robust discussions around Adequacy of Staffing & Resources, Interprofessional Relationships, and RN to RN Interactions. There is no question we are challenged to consistently provide the staffing resources necessary and agreed upon by our Nurse Staffing Advisory Committee. This is a top priority for nursing and organizational leaders. We have made solid progress with recruitment and retention of nurse residents, and we are proud to have outperformed the national retention rates for all intervals reported (12, 18 and 24 months). These results are significant given that we rely on new graduate hires as a primary source for filling vacant positions, and the high overall RN turnover rates reported at the state and national level.

Examples of nurse/physician relationship concerns shared were consistent with what has been previously reported to nursing leadership, and our Chief Medical Officer is working with us to improve. Of greatest concern to Laura and I are some of the examples of RN-to-RN Interactions that were shared. The lack of respectful communication between units with handoffs, competition for equipment, and strained relationships among coworkers came up as examples of dissatisfiers. Floating, in general, is a known dissatisfier, and there were clearly strong feelings expressed surrounding this topic. We listened to perspectives of those who regularly float, and those who work alongside the staff who float in. This is a topic that needs to rise to the top of the agendas for the Nursing Coordinating and Leadership Councils. It is impossible to improve nurse satisfaction, or ensure a safe and healthy care environment, when there is incivility and disrespect toward one another.

I have gained a great deal of insight into the survey results after holding these meetings and spending time with you on my CNO clinical shadow days. I want to assure you that the nurse leaders and I are committed to working with you to improve our staffing, teamwork, and professional practice environment. I am looking forward to my next scheduled shadow days with the Hematology/Oncology Clinics, Snuggery and Behavioral Health Unit. I have also been approached about having some of you shadow me and the nurse leaders to better understand our work and how we advocate for and support nursing practice and the professional well-being of nurses at GFH. I will be bringing this to the next Nursing Coordinating Council to formalize a plan.



Donna



UBC: The Power of Meaningful Change

By: Kristina Thomas, MS, RN, NE-BC

The introduction of the scientific method in nursing school rewired how I navigated problems. This method provided a framework for thinking and execution that was applicable to an array of scenarios—and my favorite part, it highlights observation. Observation is something that the nursing profession thrives in. I remember distinctly one professor describing the “look test” for patients. She painted this picture so that one day I would be able to walk into a patient’s room and determine if they did or didn’t pass this “look test,” a thought unimaginable by a nursing student at the time. As I grew in my career and gained experience, I found this test to be the most important skill set I had. I found myself going to providers with no data other than a failed “look test,” and finding them sprinting to the bedside as if it were a code blue. When a nurse says something doesn’t look right, something’s not right.

Stepping into a leadership role at GFH has cemented the importance of not only the scientific method, but also how dynamic the “look test” is. Taking these frameworks from the bedside and applying them to leading Tower 6 has been a very rewarding experience. Instead of analyzing breathing patterns, or cardiac rhythms, I am now able to analyze processes that affect my team. For me, this is the biggest honor of the leadership position. What can I do to help the nurse have more time at the bedside to hold a patient’s hand, or to have enough resources to properly educate a patient and their family at discharge?

This is when I started to switch my gears to how I can effectively reach my team to gather their own observations to improve the processes they navigate each day. The answer was clear, Unit Based Council (UBC). Now comes the hurdle I navigated as a staff nurse: What does shared governance really mean and how do I empower my team to invest into this ideology?

My best answer: Your observations are priceless. What you assess on a day-to-day basis is something I look at as a hidden treasure. All the times where you think to yourself, “If we implemented this process change, I could provide safer, more efficient care to my patients,” is pure gold for a shared governance structure. UBC gives us a place to brainstorm these ideas and run them through the scientific process together as a team to make meaningful change that is sustainable.

Wherever you are on your development of your “look test,” rest assured there’s value there that you can contribute to make your own experience, your patient’s experience, and your team’s experience better. We just need to invest as a profession into the framework that UBC provides to extract these observations and insert them into practice.



Glens Falls Hospital Nursing Honor Guard Tribute Ceremony

By: Audrey Turner, RN, CPAN, Nursing Professional Development Council Chair

Nursing is not just a job; it is a calling to help others across a spectrum of time in people's lives. This profession becomes a part of our character and builds who we are as a person. After nurses retire, it is often forgotten or overlooked how important that time spent helping others was to that person. In death, the meaning of being a nurse is most often missed when celebrating that person's life. The Glens Falls Hospital Nursing Honor Guard was developed by a group of Registered Nurses who thought it would be wonderful to pay tribute to the nursing careers of those nurses who pass away in our community. Nursing Honor Guard ceremonies are performed all over the country by nurses who want to give back and pay tribute to fellow nurses who have passed away.

WHAT IS A NURSING HONOR GUARD CEREMONY?

A Nursing Honor Guard Ceremony is a short tribute that pays respect to the deceased nurse's time and commitment to the Nursing profession.

WHAT DOES A NURSING HONOR GUARD CEREMONY ENTAIL?

The ceremony itself is generally about 5-10 minutes. Elements include a short synopsis of the nurse's career, lighting of a candle and memorial lamp that is given to family at the end of the ceremony, a reading of the Florence Nightingale Nursing Tribute, A Final Call to Duty for the nurse, and a white rose is placed with the nurse.

The volunteers can also stand and have a presence at calling hours and/or throughout the funeral service if family/loved ones would like that. The details of each ceremony are decided by the family/loved ones of the deceased nurse.

WHO PERFORMS THE NURSING HONOR GUARD CEREMONY?

The Glens Falls Honor Guard Ceremony is performed by volunteers that are Registered Nurses at Glens Falls Hospital. These nurses will all wear traditional white nursing uniforms for the ceremony.

WHO QUALIFIES FOR THE NURSING HONOR GUARD CEREMONY?

Any nurse from our community qualifies to have this tribute ceremony. This includes any Licensed Practical Nurse, Registered Nurse, Advanced Practice Registered Nurse, or Nurse Practitioner. Really, it applies to anyone who dedicated their career to the field of nursing and helping others. It is designed for any nurse that has worked in any field of nursing. One does not need to have been employed at Glens Falls Hospital to qualify for the tribute.

HOW CAN YOU ARRANGE THIS FOR YOUR LOVED ONE?

Any family member or loved one can contact the Logistic Center at Glens Falls Hospital and let them know that you are interested in having a Nursing Honor Guard Ceremony for your loved one. This call can also be made by the funeral home director if a family inquires about it. The Logistic Center will then contact one of the Nursing Honor Guard Coordinators who will reach out to family/loved one or the funeral home to arrange the details. The Logistic Center can be reached at 518-926-3400. Their hours of operation are 6am-9pm.



The Power of Kindness

By: Kristen Camino, BSN, RN

It goes without saying that the world of healthcare is stressful. The endeavors that we face each and every day to keep our patients healthy and safe under the trying times of the pandemic and short staffing can leave us feeling emotionally challenged. In September 2023, a large number of new staff came to our team on Tower 2. It came to our attention in a UBC meeting that the culture of the unit was not one we wanted to sustain. Staff voiced topics of concern, such as “fear to ask for help” and “feeling unsupported” on their new journey as nurses and technicians. That being said, UBC brainstormed several ideas on how to help positively change the culture of the unit. As a result, our UBC decided to create the “Kind” and “Unkind” jars as a way to hold our unit accountable, while also showing each other how much we truly appreciated the simplicity of kindness.

A color-coded bead represented a staff member. For example, a green bead represented a registered nurse. Initially, there was some pushback on this idea, as there were concerns about what the jar would truly accomplish. However, within a few weeks we noticed how receptive everyone was to UBC’s vision with staff becoming more confident on voicing why they added a bead to the jar, while also sharing appreciations for one another—even providers were seen adding to the jars. A few months later the results of our “kind” jar far exceeded our “unkind” jar. That being said, it is so important to remember to always be kind to our fellow peers, not only because each of us holds a vital role in providing safe, quality patient care, but we are human. We need to be there for one another now more than ever.



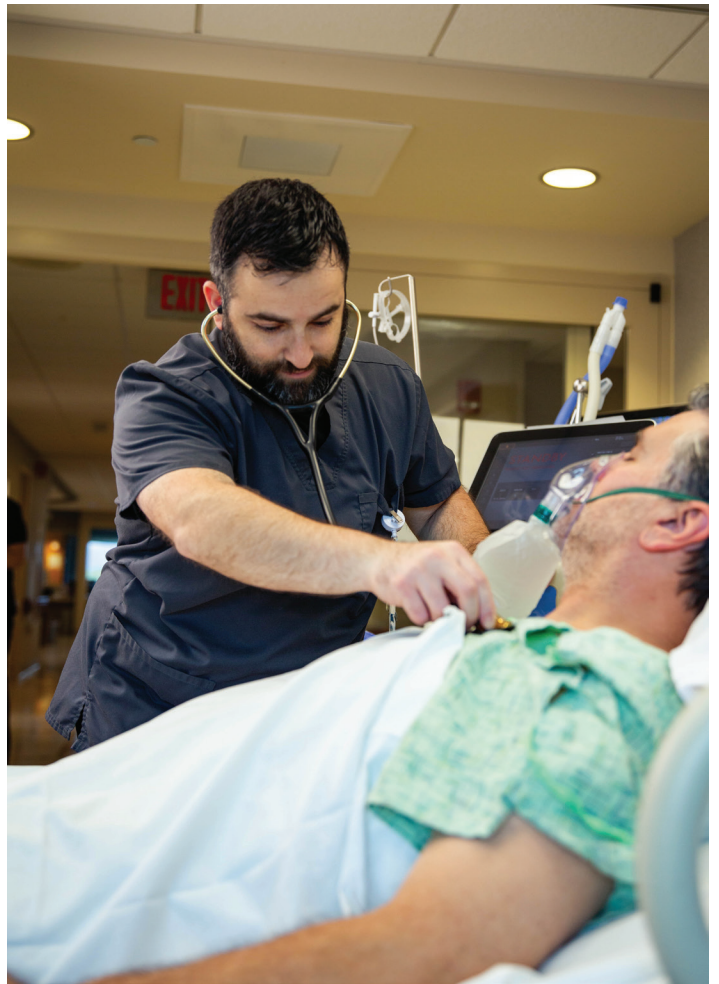


Are You Certifiable?

By: Mary Bauder, RN, CNOR

Certified Nurses Day is a worldwide day of recognition that celebrates nursing specialty, subspecialty, and advanced practice certification. Professional certification is a voluntary designation earned by individuals who demonstrate a level of competency, skill, and knowledge in their field. Certification affirms advanced knowledge, skill, and practice to meet the challenges of modern nursing.

Certified Nurses Day occurs every March 19, the birthday of **Dr. Margretta Madden Styles, RN, EdD, FAAN**. She pioneered the development and implementation of standards and credentials for nurses. Dr. Styles was a driving force behind the creation of the American Nurses Credentialing Center (ANCC). Certified Nurses Day is an annual day of recognition for and by healthcare leaders dedicated to nursing professionalism, excellence, recognition, and service. The American Nurses Credentialing Center (ANCC) Certification Program will give you the information you need to become certified in your specialty.





Some Amazing Work Happening on 2 West

Nicole Vance, BSN, RN, CBC, CCE

The Snuggery trains Registered Nurses to circulate in the 2 West Operating Room for cesarean sections. The OB/OR Surgical Coordinator, Nicole Vance BSN, recognized an opportunity to make circulator documentation easier by inserting pre-filled boxes into Cerner PowerChart of things that are typically the same during cesarean sections. Jackie Fowler RN and Nicole Vance RN collaborated to make many changes to the documentation, including electrocautery settings, patient positioning, and dressing supplies used per surgeon preference. These prefilled boxes are modified if applicable to the case. These changes have decreased the amount of time required for circulators to document the OR case and have increased nurse satisfaction.

Jodie Smith, BSN, RN, IBCLC and Paula Hanchett, BSN, RN, IBCLC

The hospital secured grant monies from Clinton County Public Health in partnership with the NYS Breastfeeding Friendly Grant. In doing this we were able to become a Designated Breastfeeding Friendly Worksite, which means we now have a policy to support all lactating employees that allows them specific time periods to pump when separated from their baby or child. We also were able to provide new furnishings and updated decor to our existing Employee Pump room located in the Pruyn Pavilion Lobby.





Success!

By: Karrah Gereau, BSN, RN

The GFH team came together for yet another great turnout for High School to Healthcare. There were over twenty different stations hosted by assorted team members of the hospital as well as three local colleges. And of course, the highlight of the evening was a visit by two of our most beloved volunteers!





The new Professional Advancement Program (PAP) application manual has been added to the GFH PAP intranet page (link down below), as well as our GFH website so you can gain access from home www.glensfallshospital.org/about/careers/nursing/

All applicants MAY begin using the 2024 application beginning January 1, 2024, but all applicants MUST use this version **if submitting March 1, 2024, or after.**

See below for a summary of the key changes:

- Compensation Model (p. 43): no longer a bonus— now an hourly increase on base rate and no difference between part-time or full-time applicants.
- Program Requirements (p. 4): newly licensed nurses (NLNs) submitting their portfolio for the first time must submit at their 2-year annual review to qualify for the longer timeframe of criteria submissions. See the chart below. If not ready to submit at the 2-year mark, NLNs will fall into the regular new applicant requirements and submit criterion from just their previous one year of work.

- Structural Empowerment (SE) #10: Functions as a Preceptor - Now YOU will need to track the hours you serve as a preceptor. See the preceptor hours tracking tool within Appendix G on p. 30.
- Transformational Leadership (TL): Criteria added for working with students. You may use this in either TL or SE, not both.

Visit the PAP page of the intranet for helpful tricks to get started, examples of complete Level III & Level IV portfolios, and more!

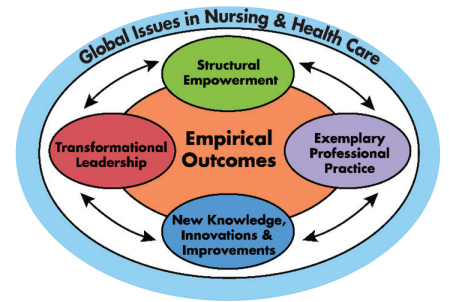
intranet.glensfallshosp.org/nursing-tree/professional-advancement-program

The Professional Advancement Review Board is available for staff education and support. Email the board at PAPboardgroup@albanymedicalcenter.onmicrosoft.com for individual or unit education needs.

****For NEWLY LICENSED NURSES (2-years as a nurse or less) submitting their FIRST portfolio**

- On your initial submission only, you can use criteria from your first TWO years at GFH
- So, for example, if your FIRST portfolio is due to your manager on 9/1/2024, your portfolio annual review period would be 9/1/2022 – 8/31/2024

- Not eligible for a Level IV on initial submission (3 years as a nurse required)



Magnet Memo

By: Jamie Aliperti, MS, RN, CNML, Magnet Program Director

As we approach the one-year mark before submitting our Magnet document, it's crucial to remember the significance of the RN Satisfaction Survey. This survey, a key component of our journey to Magnet 2.0, our theme for our second designation, will be conducted in June 2024. The satisfaction of our registered nurses is a pivotal factor for hospitals aspiring for Magnet designation from the American Nurses Credentialing Center (ANCC). In fact, RN satisfaction is a critical element of Magnet recognition. It's important to note that no organization can attain Magnet designation without meeting the Magnet requirements for RN satisfaction.

It's not uncommon to hear concerns about the anonymity of the RN satisfaction survey. However, it's essential to understand that the reporting is compiled by Press Ganey, the company responsible for administering the survey. At GFH, no one has access to individual answers, ensuring your responses remain anonymous.

Since the last survey in 2023, we've been diligently working on addressing the areas for improvement identified in the results. Unit Based Councils and nursing leadership have been developing action plans based on these findings. At GFH, we place a high priority on RN satisfaction. We are committed to fostering a positive practice environment that aligns with the core values of the Magnet model, which include transformational leadership, structural empowerment, exemplary professional practice, and new knowledge and innovations. This commitment is not just a statement, but a continuous effort that we are dedicated to.

Please take the survey and consider all the work we have all done to make GFH a great place to practice as an RN.





NURSING PRACTICE & QUALITY COUNCIL

Chairperson: Michelle Watkins, MS, RN-BC
Chair-elect: Jennifer Tripi, RN

- CHG Bath draft policy was reviewed. It will be finalized at the next meeting.
- 2023 council goals were discussed and 2024 goals were put in place. All goals are related to nurse sensitive quality indicators and other quality metrics.
- New PINs were discussed with follow up to come at the next meeting.

PROFESSIONAL DEVELOPMENT COUNCIL

Chairperson: James Gustafson, BSN, RN, CCM
Chair-elect: Mary Noto, MS, RN-BC

- A full and fun Nurses Week schedule was finalized!
- The Nursing Bake Sale will raise money for the Nursing Professional Development Fund. Nurses can apply for money to attend conferences and other educational events.
- PCA Week plans are coming together.
- A new resource guide was approved for roll out to help nurses on their way to becoming certified.

NURSING INFORMATICS COUNCIL

Chairperson: Trisha LaForge, BSN, RN-BC
Chair-elect: Noreen Hauburger, MS, RN

- Epic Super Users shared feedback of their experiences with Go Live at Albany Med.
- Additional Super User training will roll out in June.
- Philips Monitors will be replaced or upgraded. There is required training.
- Epic Demos included Sepsis and Code documentation. These sneak-peaks are great preparation for our own Go Live!

NURSING COORDINATING COUNCIL

Chairperson: James Gustafson, BSN, RN, CCM
Chair-elect: Steven Brigham, BSN, RN, PED-BC

- UBC Goals should be submitted to **Jamie Aliperti**.
- The goal to increase certified nurses by 2% set at the Nursing Strategic Planning meeting each year has not been met. GFH offers support in various ways, including monetarily. Please reach out to your manager for more information.
- Staffing plans are posted on units. A process is in place for frontline staff to raise any concerns to the Nurse Staffing Advisory Committee.



**DON'T FORGET TO
SUBMIT YOUR PINS
(PROBLEM, IDEA, NEEDS)!**

