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# Leveraging technology to improve care and patient outcomes

The CHAMP app supports at-home monitoring of patients with single ventricle cardiac disease.

By Lori Erickson MSN, APRN, CPNP-PC; Cheri Hunt MHA, BSN, RN, NEA-BC; and Paula Blizzard MSN, RN, NE-BC

Discharge day from the hospital with a newborn is an exciting but often overwhelming experience for any new parent. A child with a life-threatening diagnosis only intensifies those anxieties. However, careful coordination, technology, enhanced communication, and ongoing caregiver support can ease fears and apprehensions for these families while improving the care and outcomes for the child.

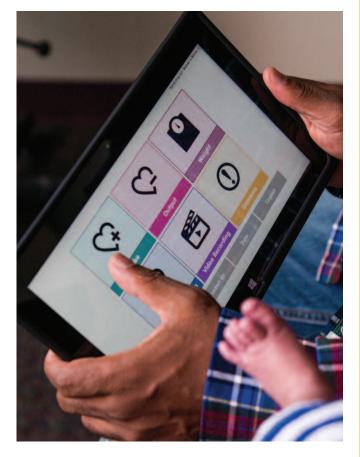
#### **Traditional care**

Nearly 2,000 children are born each year with single ventricle (SV) cardiac diseases, such as hypoplastic left heart syndrome and heterotaxy with pulmonary atresia. Although the conditions can't be fully corrected, patients with SV undergo a series of three surgeries in their first 5 years to reroute blood flow for survival.

After the initial surgery, which occurs in the first weeks of life, patients are admitted to an intensive care unit. They're monitored closely by an interprofessional team until discharged home, where they don't have immediate access to or the skills of an inpatient team. This causes incredible stress for parents and the post-acute care transition team as they wait for the child to progress to the next stage in the series.

During the first 6 months at home, known as the interstage period, children with SV are at high risk for sudden, unexplained death (2% to 20% mortality). Since 2003, interstage home monitoring programs have been used to allow providers, nutritionists, social workers, and nurses to work together to improve care, provide education, and support parents.

Traditionally, nurse coordinators evaluate and triage patients based on information collected in a three-ring binder by the caregivers and communicated weekly with the clinical team. This primarily reactive model leaves nurses waiting on calls from parents to address issues that occur at home. Although improvements in outcomes have occurred since implementing traditional home-monitoring programs nationwide, unpredicted and unexplained deaths still happen.



#### **Technology steps in**

In 2014, Children's Mercy Kansas City, a pediatric academic medical center based in Missouri that celebrated its fourth Magnet®-recognition in 2016, implemented a cardiac high-acuity monitoring program (CHAMP) to improve communication and interstage patient monitoring. CHAMP uses a tablet-based, caregiver-driven monitoring application to support daily data transfer and video evaluation. The program was developed through the Children's Mercy Ward Family Heart Center with funds from the Claire Giannini Foundation.

Data collected in the home through the CHAMP application is uploaded via a secure cloud-based system and available through a web portal and the electronic health record, where the team can access it. Nurse coordinators and advanced practice nurses review and integrate CHAMP data to minimize delays in care. This proactive design has led to a drastic decrease in at-home mortality from nearly 20% in 2012 to 1% over the past 3 years for Children's Mercy patients with SV.

Additionally, this application transcends the organization by integrating the standardization of ambulatory care across the continuum for this population. As infants are readmitted to the hospital, their specialized risks and hemodynamic status are well-known by the cardiac care units, leading to early detection and intervention.

CHAMP creates a cost-effective, efficient workflow, with early evaluation and intervention of infants during the interstage period that includes a replicable algorithm for nursing care at other sites. A significant part of the continued success of this program is the communication and integrated support within the interprofessional team, including clinical and information technology staff.

#### **CHAMP success**

As of July 2017, CHAMP has been successfully deployed at four additional pediatric hospitals in the United States. Since May 2014, over 100 infants with SV at all five centers using CHAMP have an interstage mortality rate of less than 3%. Ten more pediatric hospitals are actively pursuing adoption of this program with others interested in the innovation.

In October 2016, Children's Mercy won \$50,000 through the American Nurses Credentialing Center's ANCC Magnet Prize<sup>TM</sup>, sponsored by Cerner, to further their work with this high-risk population.

Along with the CHAMP application and dissemination to other pediatric hospitals, the CHAMP team continues to investigate innovations beyond survival, focusing on helping patients with congenital heart disease thrive throughout their lives. Early progress has been made in developmental support and encouragement for attaining milestones for high-risk infants, implementing parentto-parent support, developing mobile health technologies for managing cardiac conditions, and improving communication through technology.

## For more information about CHAMP, vist childrens mercy.org/champ.

All three authors work at Children's Mercy Kansas City in Missouri. Lori Erickson is the CHAMP clinical program manager, Cheri Hunt is senior vice president for patient care services and chief nursing officer, and Paula Blizzard is Magnet® program director.

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# Get your head into the cloud

How to use technology to streamline Magnet<sup>®</sup> documentation submission.

By Jessie Reich, MSN, RN, ANP-BC, CMSRN, and Courtney Maloney, MSN, RN

Pennsylvania Hospital–Penn Medicine, the nation's first hospital, is part of the Penn Medicine Health System, which is composed of five acute care hospitals, all of which are Magnet® recognized. December 2015 was a historic milestone for Pennsylvania Hospital when it became the fifth hospital in the system to earn American Nurses Credentialing Center (ANCC) Magnet recognition. This prestigious designation was a result of a nurseled multiyear strategic plan and journey to elevate the culture of nursing practice and patient care.

A key component of Pennsylvania Hospital's Magnet journey was a transparent, defined structure and process. The chief nursing officer (CNO) developed the mantra "Keep the main thing the main thing," which meant keeping high-quality patient care at the forefront of every initiative across the organization. By keeping the main thing the main thing, clinical nurses and nurse leaders aligned themselves with a consistent process, shared a unified vision, and evolved into Magnet-recognized nurses.

#### Our path to recognition

On June 1, 2014, Pennsylvania Hospital submitted a letter of intent notifying the ANCC of the plan to submit a formal Magnet application by June 1, 2015. At that time, document writing had not started, but the foundational work, including research, evidence-based practice, and quality-improvement projects to be included in the Magnet document were completed or near completion. Additionally, because the CNO valued elevating nursing professional practice as a vehicle to improve patient care and attain Magnet recognition, she restructured nursing leadership to include a department of nursing professional practice, with three master'sprepared nurses reporting to the director of nursing professional practice, Magnet, and patient and guest relations (called the Magnet program director [MPD]). Together, they collaborated with nursing leadership, hospital leadership, clinical nurses, and interprofessional staff throughout the organization to ensure adherence to Magnet standards.

To stay organized, the MPD established a 17member Magnet document writing team, made up of nurses in various roles and different practice areas, as well as all members of the department of nursing professional practice. Team members committed volunteer time outside of their daily work responsibilities to write the Pennsylvania Hospital Magnet document.

Because the writing team consisted of nurses from different areas throughout the organization, they needed a platform that all members could access to share and edit documents without overloading email servers, email inboxes, and hospital shared drives. The MPD turned to the cloud.

#### Welcome to the cloud

While cloud computing may seem complex, it's really just another way to store and share infor-(continued on page 76) Nursing Consulting Partners has over 60 collective years of experience with Magnet<sup>®</sup> and Pathway to Excellence<sup>®</sup> consultation with national and international health care organizations. We have assisted over 300 clients in successfully obtaining Magnet<sup>®</sup> designation. We offer customized services to address each client's unique needs.

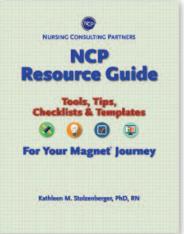


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mation. Rather than documents, folders, hard drives, and servers that physically exist in the healthcare organization, all information is stored and accessed on the Internet—in the cloud. In addition to saving physical space and the cost of maintenance, the cloud allows multiple users to retrieve and edit the same documents from multiple devices. Cloud technology is over 10 years old, and it's becoming mainstream. Common examples include iCloud photo sharing and Google Docs. These are well-known cloud platforms, but others can be used specifically by healthcare organizations, including hospitals submitting Magnet documentation.

To help in selecting a cloud platform to best meet their needs, the team developed the following criteria:

- compatibility with Microsoft products, including Word, Excel, and PowerPoint
- ability to retrieve, edit, and upload information from multiple devices
- capability of simultaneously managing multiple projects
- privilege-based use depending on a team member's level of involvement (for example, readonly, editor, or owner access)
- visibility and transparency throughout the organization
- other functionalities, including color coding, Gantt chart development, goal tracking, task assignment, and direct messaging.

Smartsheet<sup>®</sup> met all of these criteria and the information technology department approved its use, as long as no patient data were shared in the cloud. Because all of the information required for the Magnet document is unidentified, this wasn't a problem. All patient information was removed before uploading to the cloud.

Using the Smartsheet cloud platform allowed us to write and submit the document in April 2015, 2 months ahead of schedule.

Because of our success with this platform, it's been adopted throughout the organization for both nursing and interprofessional project-management initiatives, such as planning the Magnet site visit and facilities management.

#### Keeping the main thing the main thing

Magnet document writing can be complex. Through collaboration and the use of the right technology to meet our needs, we streamlined the process and kept the main thing the main thing, providing structure and transparency for everyone who worked so hard to achieve this recognition.

Both authors work at the Pennsylvania Hospital–Penn Medicine in Philadelphia. Jessie Reich is a professional practice consultant, and Courtney Maloney is director of nursing professional practice, Magnet, and patient and guest relations.



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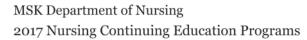
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# Adapting a professional practice model

Follow these steps to ensure nurse engagement and interprofessional collaboration.

By Wendy Silverstein, DNP, RN-BC, CNML, CPHQ, and Mildred Ortu Kowalski, PhD, RN, NE-BC, CCRP

eveloping a professional practice model (PPM) can be challenging. Some within an organization may not understand what a PPM is, the role it plays, or the impact it has on professional practice.

The American Nurses Association (ANA) underscores the importance of a PPM for each American Nurse Credentialing Center Magnet®-recognized organization. (See *Professional practice model defined*.) PPMs have been linked to quality care, nurse satisfaction, and nurse engagement. In addition, they reflect the values of nursing staff and help direct care.

The commitment to a PPM includes keeping it current to adapt to changes within health care. An annual evaluation of the PPM ensures that it remains an accurate reflection of the focus and efforts within the organization.

This article provides a blueprint for nurses who plan to create or adapt a PPM.

#### **PPM process steps**

We followed several well-defined steps in the creation of our PPM. We conducted a literature re

# Professional practice model defined

The American Nurses Credentialing Center Magnet Application Manual defines a professional practice model as "the overarching conceptual framework for nurses, nursing care, and interprofessional patient care. It is a schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest-quality care for those served by the organization (e.g., patients, families, communities)."



view, defined key attributes of the PPM, ensured nurse engagement throughout the process, created a graphic depiction of the model, and developed an ongoing evaluation process. Each step helped us prepare, initiate, modify, and implement the PPM.

#### Literature review

A literature review serves as a foundation for the creation of the PPM, ensuring the model is based on strong evidence. We conducted a literature search by identifying key search terms, including publications within the past 5 years, and searching peer-reviewed nursing journals. Because our 5-year cutoff yielded only a few articles that provided insight into the characteristics and essential elements of the PPM, we expanded the literature search to include articles published in the last 10 years.

#### **Key attributes**

Key attributes of the PPM should reflect the values, mission, and vision of the organization. We used criteria identified by Hoffart and Woods to develop the key attributes of our PPM. They include professional values, management approach, professional relationships, patient care (continued on page 80)



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### Key attributes of a PPM

Key attributes of a professional practice model (PPM) reflect the values of a healthcare organization. This table outlines the strategies we used to incorporate each attribute into our PPM and how that strategy fed into what we created visually.

Attributes	Incorporation strategy	Result
Professional values	Survey and discussion	Professional nursing values gear and call-out box
Management approach	Discussion including managers and leadership	Leadership style gear and call-out box
Professional relationships	Discussion and examples	Professional relationships gear and call-out box
Patient care delivery system	Discussion with staff, managers, leaders	Patient family gear and call-out box
Compensation and rewards	Survey and discussion, as well as collaboration with human resources, managers, and leaders to identify rewards and recognition	Advance of nursing excellence gear and call-out box

delivery system, and compensation and rewards. (See *Key attributes of a PPM*.) We used these same criteria at the evaluation stage.

#### Nurse engagement

Nurse engagement at every stage of PPM development, implementation, and evaluation ensures buy-in throughout the organization. An example of nurses' input into our PPM was their request to include the Roy Adaptation Nursing Theory.

We engaged nurses in our PPM process by disseminating surveys through our shared governance structure, which includes Magnet Champions who represent all units, as well as cluster representatives for each major service line, the professional development council, practice council, quality improvement council, advanced practice nurse council, nursing research council, executive council, educators,

#### Adapted from:

Hoffart N, Woods CQ. Elements of a nursing professional practice model. J Prof Nurs. 1996;12(6):354-64.

Slatyer S, Coventry LL, Twigg D, Davis S. Professional practice models for nursing: A review of the literature and synthesis of key components. J Nurs Manag. 2016;24(2):139-50.

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and unit coordinators.

All council members received information about the PPM with an invitation to actively participate in shaping and modifying it. Face-to-face sessions with Magnet Champions and other interested staff provided the opportunity to brainstorm, discuss, evaluate, and approve all changes.

Multiple references support modifying a PPM as the organization's landscape, culture, vision, and focus change, so we invited the organization's leadership to formally evaluate the PPM at various stages of the process.

#### **Graphic depiction**

A graphic depiction of the PPM serves as a reminder of nursing values and practice. We collaborated with graphic experts to help create a meaningful illustration of our PPM. Several iterations of the graphic took place before it was finalized. The team voted to add call-out boxes to further explain the components and terms used in the PPM. (See *PPM visualized*.)

We engaged nurses in our PPM process by disseminating surveys through our shared governance structure.

#### **Evaluation**

A formal evaluation process allows direct care nurses and nurse managers to review and approve the PPM. Using the criteria we established as our key attributes, we developed a scoring tool for evaluation and revision. The model was complete after repeat surveys and discussion sessions indicated that it accurately reflected the values and culture of the nursing staff throughout the organization.

#### **Key takeaways**

To the extent that a PPM guides nurses as they care for patients, families, and community mem-

bers, it must change as the environment changes, or as the strategy of the organization evolves. Model evaluation should occur at regular intervals, as well as when major changes in care delivery or healthcare landscape occur. Proposed changes can be initiated by direct care staff or leadership, and they should be vetted through a shared governance structure or other mechanism that involves representatives of direct care nurses and members of the interprofessional teams.



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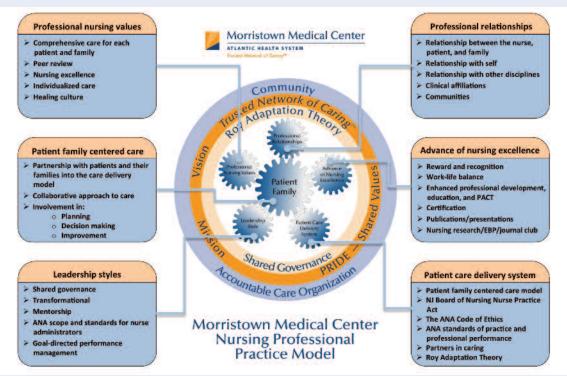
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## **PPM visualized**

This graphic depiction of our professional practice model (PPM) serves as a reminder and inspiration of our nursing values and practice goals.



ANA = American Nurses Association, EBP = Evidence-based Practice, PACT = Professional Advancement Clinical Tracts (clinical ladder)



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In late 2015, our healthcare system, now made up of five hospitals, had a change in senior leadership. At a strategic planning meeting, the phrase *Trusted Network of Caring*<sup>®</sup> was coined to reflect our desire to align and focus the system on the care of patients in a manner that instills trust. Although not a major change in our values, we wanted to incorporate the *Trusted Network of Caring* into the PPM. The inclusion keeps it top of mind, and provides a springboard for proactive transitional care by clinical nurses.

The *Trusted Network of Caring* framework paves the way for our nursing and interprofessional colleagues to collaborate with other system medical centers to integrate clinical practices, forming a network of resources for the community. Shared services within the community include wound care, a falls committee, and palliative care.

#### Capturing the culture and focus

Creating, evaluating, and adapting a PPM is an exciting ongoing opportunity for nurse leaders to hear from nurses at all levels. Shaping a PPM motivates staff nurses, allowing them to identify and share priorities that are grounded in the larger organization's mission and vision.

Changes in strategic direction for systems or organizations necessitate re-evaluating an existing PPM and provides a platform for nurses to incorporate system changes in a meaningful way. Evaluating a PPM in the absence of major strategic changes prompts reinforcement of existing values.

A PPM is a resource for clinical nurses, managers, and professional colleagues specific to their organization. It captures the culture and focus of nurses as it depicts their interactions with patients and coworkers to provide safe, quality care.

Both authors work at Morristown Medical Center in Morristown, New Jersey. Wendy Silverstein is manager of shared governance, nursing education and Magnet, and Mildred Ortu Kowalski is the nurse researcher.

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#### MAGNET<sup>®</sup> NURSES IN ACTION

# Using mobile technology during patient handoffs

This Magnet<sup>®</sup>-recognized organization created a process for virtual bedside transfers.

By Dennis Santa, MSN, RN, ANP, CCRN, BA-C, and Dell E. Roach, MSN, RN, CNS

vidence suggests that bedside handoff reporting improves patient safety, reduces medical errors, contributes to patient and staff satisfaction, and fosters teamwork and empowerment. Although handoff communication between nurses in two separate units has been traditionally done over the phone, current technology opens a window of opportunity for a handoff in a virtual environment through a secured mobile device that's compliant with the Health Insurance Portability and Accountability Act (HIPAA), using a web-based application with video conferencing capability. This technology provides real-time, face-to-face transfer of information and promotes accountability between the receiving and transferring nurse, almost as if they were together at the patient's bedside.

#### The research

At The University of Texas Medical Branch, a Magnet®-recognized facility, we used our evidencebased practice (EBP) model, called Disciplined Clinical Inquiry, to uncover and translate the best evidence in our practice setting. We formed a team composed of a clinical expert, nurse manager, and bedside clinicians. Our search of standard databases didn't turn up any studies that focused on using mobile devices during unit-to-unit patient handoffs. Our online search, however, uncovered a *(continued on page 86)* 





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study by a university teaching hospital in the northeastern United States exploring the effects of using a mobile device during patient handoffs between the postanesthesia care and orthopedic units. The transferring nurse and the receiving nurse used their iPads' Facetime application.

#### The test

Based on the integration of the best available evidence, we designed a 3-month rapid cycle system prototype using web-enabled technology to improve patient and nurse satisfaction during cross-unit transfer of care from one nurse to another. Our Information Services Department configured two

WiFi-enabled tablets and installed a secure, HIPAA-compliant application with video conferencing capability. All preinstalled table applications were deactivated, and security software was installed during configuration.

Before the patient's physical transfer to another unit, the transferring and receiving nurses On the whole, we received **positive feedback** from patients and nurses.

and receiving nurses activated their respective tablets for the verbal report of the patient handoff. After completing the verbal report, the transferring nurse took the tablet to the patient's room for a face-to-face interaction between the receiving nurse, patient, and family. At this point, the receiving nurse has an opportunity to make a quick, head-to-toe assessment of the patient. Throughout the virtual interaction, the patient and family were encouraged to ask questions about the plan of care. The video call was concluded after all pertinent issues were discussed and appropriately addressed.

#### The evaluation

We evaluated our initiative using a presdischarge patient opinion survey, focusing on the patient's experience during the virtual handoff. Fifty percent of the patients (n = 10) who responded to the survey reported that the virtual interaction reduced their level of anxiety about the transfer to a new care environment, 70% indicated that the virtual interaction with the nurse felt like real face-to-face contact, and 70% noted that the nurses worked as a team across the hospital.

We also conducted a nurse satisfaction survey. Seventy-five percent of the nurses who participated (n = 18) reported that the virtual handoff

helped confirm the verbal report given by the transferring nurse, and 72% indicated that this form of patient handoff helped them better anticipate their patient's needs. The nurses indicated that face-to-face interaction with their patients gave them the opportunity to introduce themselves and establish a rapport.

#### The challenges

The virtual handoff introduced change into the nurses' routines, so we encountered some resistance. Although only a few admitted it during the planning phase, some nurses claimed lack of competence using the tablets to make video calls. During the early part of the initiative, we also encountered problems with the WiFi connection and technical difficulties with the tablets themselves because of the new configuration. In a few situations, patients weren't able to participate during the handoffs because they were either in pain or mildly sedated.

The cost to purchase two 16 gigabyte, WiFi enabled tablets was \$866 (\$433 per tablet). Our information services department charged a configuration fee of \$200 (\$100 per tablet), and our unit pays \$13.13 per tablet each month for technical support provided by our information services department.

#### The final analysis

On the whole, we received positive feedback from patients and nurses. The active engagement of our nurse manager facilitated coverage of the technology cost and helped sustain nurse participation in practice change, a key element in Magnet recognition.

As a result of our EBP-disciplined clinical inquiry initiative, our intermediate specialty care unit and the surgical intensive unit together decided to conduct all patient handoffs using their mobile devices. Six months later, this initiative was expanded to the multispecialty surgical and postanesthesia care units. Our ultimate goal is hospital-wide use of mobile devices during patient handoffs.

Both authors work at the University of Texas Medical Branch in Galveston. Dennis Santa is a patient care facilitator in the intermediate specialty care unit, and Dell E. Roach is the nurse manager of the surgical intensive care and intermediate specialty care units.

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# Cultivating high-quality abstracts, manuscripts, and presentations

Using information sheets allowed this organization to achieve its dissemination goals.

By Laurie Ecoff, PhD, RN, NEA-BC, and Elizabeth Kozub, MS, RN, CCNS, CCRN, CNRN

t the end of a study or project, you want to disseminate information and findings to a specific internal or external audience. You might do that through a manuscript, podium or poster presentation, or another form of media. No matter the form of dissemination, you'll probably be asked to submit an abstract—a concise summary of your study or project.

Using effective strategies and formats to write abstracts and manuscripts increases their quality and the likelihood they'll be accepted at conferences or in journals. And if an abstract is accepted for a conference, you'll want to create an engaging poster and podium presentation to share your findings.

This article offers strategies for nurses and organizations to successfully disseminate information based on our experience at Magnet®-recognized Sharp Memorial Hospital. We used two frameworks, Donabedian's Model of Healthcare Quality (structure, process, and outcome) and Kirkpatrick's Model of Four Levels of Evaluation, to develop, implement, and evaluate a series of dissemination information sheets.

#### Structure-process-outcome

Donabedian's model is a conceptual framework that uses structures, processes, and outcomes to evaluate healthcare quality. *Structures* include characteristics of the organization, such as leadership, resources, and models. *Processes* are actions taken to deliver nursing and healthcare programs or services. *Outcomes* are predetermined quantitative and qualitative measures of success that depend on established structures and processes. We used this framework to develop and evaluate our dissemination program.

#### Structure

Our new knowledge and innovation (NKI) council oversees research and dissemination using related sources of evidence (SOE) or standards. One standard, from the Magnet Recognition Program<sup>®</sup>, requires dissemination of new knowledge or research findings by clinical nurses. A baseline assessment of dissemination activities prompted the council to develop a series of information sheets to increase the quantity and quality of abstract and manuscript submissions and podium and poster presentations. The council already offered classes and mentoring on the topics; however, council members determined, based on class attendance by clinical nurses and anecdotal feedback, that electronically posted information sheets would increase clinical nurses' accessibility. (Visit americannursetoday.com/ information-sheets to view the information sheets.) (continued on page 90)

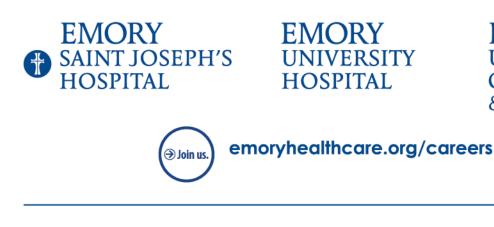


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The information sheet template, designed to cover pertinent information on one letter-sized, landscape-oriented PowerPoint slide, has five sections that vary based on the type of dissemination:

- 1. Definition of the type of dissemination with examples
- 2. Development stages for abstracts, presentations, or publications, and design elements
- 3. Prepresentation or prepublication review checklist, which can be used by the individual preparing the presentation or publication or by a colleague for peer-review and feedback
- 4. Helpful hints or overall formatting tips
- 5. Why the type of dissemination is important, or tips for success.

#### Process

The NKI council developed a communication plan that included educating all hospital councils about the dissemination series. To spread awareness, council members developed a concise explanation about the importance of the initiative. (See *Elevator speech*.)

The council continued to offer classes on each of the dissemination topics, group education and mentoring sessions, and one-to-one mentoring. The dissemination information sheets not only helped nurses develop a plan to share projects and results, but also provided a guide by which to mentor and give feedback to class participants.

#### **Elevator speech**

The new knowledge and innovation (NKI) council developed a short explanation to help others within the organization understand the importance of the dissemination information sheets.

- What it is: The NKI council developed a series of information sheets to achieve council goals and increase dissemination.
- Why it's important: Effective strategies and formats for abstracts, poster and podium presentations, and writing for publication increase quality.
- What success will look like: Increased quality will result in abstract and manuscript acceptance and positive feedback about poster and podium presentations.
- What we need from you: Incorporate the strategies and tips when writing abstracts and manuscripts or preparing posters and podium presentations.

#### Outcome

The NKI council used Kirkpatrick's four-level evaluation model to evaluate the dissemination series and information sheets.

• Level 1—Participant reaction. Evaluations at the conclusion of teaching and mentoring provided feedback for instructors and mentors, who



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Connect with Loyola Medicine online adjusted course content and updated the dissemination series and information sheets.

- Level 2—Participant acquisition of knowledge, skills, and attitudes. These evaluations occurred during class activities and mentoring sessions and consisted of observing the participant's ability to successfully demonstrate knowledge and skills related to the specific dissemination activity (for example, concept mapping, abstract drafts, presentation and poster development).
- Level 3—Behavior change or application in the practice setting. The third evaluation occurred during a final review of the abstracts and manuscripts submitted after participants incorporated mentor feedback and further developed drafts in the level 2 evaluation.
- Level 4—Results and outcomes of the education or course. Results and outcomes were evaluated through acceptance of abstracts and manuscripts and podium and poster presentations.

Clinical nurse dissemination of research and other scholarly activities increased from two in 2013 and two in 2014 to 15 in 2016. Overall dissemination by nurses at all levels in the organization improved from 32 in 2012 to 60 in 2016.

#### **Lessons learned**

Identifying barriers and facilitators to dissemination can help organizations and research councils develop creative strategies and solutions. In our organization, barriers to dissemination included the costs related to present (material cost, registration, and travel); time required to write abstracts, presentations, and manuscripts; competitive abstract and manuscript acceptance; and conflicting priorities. Facilitators to dissemination included carefully selecting conferences and journals, mentoring novice writers and submitters, creating funding sources, and scheduling consistent time to work on dissemination activities.

#### Creating strategies, achieving goals

Offering a dissemination series along with corresponding information sheets resulted in high-quality abstracts, manuscripts, and presentations and helped us achieve internal and external dissemination goals. From an organizational perspective, identifying lessons learned, including facilitators and barriers to dissemination, allowed us to create strategies to promote dissemination.

Visit americannursetoday.com/information-sheets for a list of selected references.

Laurie Ecoff is director of research, education, and professional practice at Sharp Memorial Hospital in San Diego, California. Elizabeth Kozub was a clinical nurse specialist at Sharp Memorial Hospital in the surgical intensive care unit at the time of manuscript submission and is now a clinical nurse specialist at Abbott Northwestern Hospital in Minneapolis, Minnesota.



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#### MAGNET<sup>®</sup> NURSES IN ACTION

# Supporting novice nurses in a float pool

This staffing solution provides new nurses with a path to success.

By Cheryl Muffley, MSN, RN-BC and Suzanne Heath, MS, BSN, RN-BC

s the nursing profession strives to advance care delivery, it's faced with many challenges, including adequately educating nurses and effectively managing staffing and retention issues. We need new, innovative solutions to effectively deal with these challenges. Christiana Care Health System (CCHS) developed a unique medical nurse float pool to support medical nursing units by decreasing overtime costs and managing unpredictable staffing needs.

Although the program outlined here is not currently in use because CCHS has recently started hiring nurses directly into a float pool, we describe it so that other organizations seeking innovative solutions can consider this option.

The CCHS medical nurse float pool program included novice nurses (new RNs), solved staffing challenges and provided new nurses with supportive, confidence-building bedside training.

#### The floating solution

Floating is considered an efficient staffing technique, using available nurses rather than calling nurses in to work and paying overtime. However, when staff RNs are expected to float from their home unit to another unit, they often express dissatisfaction caused by stress and anxiety. This dissatisfaction can lead to frustration and high turnover rates. CCHS, a Magnet<sup>®</sup>-recognized system with two hospitals and a level III trauma center headquartered in Newark. DE. established the medical nurse float pool to make the most effective use of staff. reduce nurse dissatisfaction with floating, and continue to provide quality patient care.

CCHS medical nurse float pool

staff received 4-week assignments, based on existing vacancies and leaves of absence. Unlike traditional float pools, the CCHS float pool nurses didn't float to various locations on a daily basis. And be-



cause the nurses on the medical units realized that they'd be short-staffed without the floating staff, the floating nurses consistently reported that when they arrived they were welcomed by the unit staff, which usually set the tone for the assignment. The floating nurses also reported that the units typically placed them in assignments that were less challenging, which made them more comfortable with floating.

#### The float pool and novice nurses

CCHS offers a variety of nurse residencies for new RNs, including a 16-week medical nurse residency program (MNRP) that combines hands-on clinical experience with in-depth classroom learning. During the MNRP, nurse residents are randomly assigned to orient on four different medical units between our two campuses. When they complete the residency program, the nurses have built a strong foundation for nursing practice in a fast-paced, challenging environment. While in the MNRP, nurse residents had the option of being hired onto one of the medical nursing units or into the medical nurse float pool after completion of the residency.

Although medical nurse float pool (continued on page 94)

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staff were assigned to units within their clinical specialty, new nurses are at risk of feeling incompetent, insecure, and alienated. In addition to facing an overwhelming list of milestones they're expected to accomplish during their first year of practice, the float pool nurses also faced the challenge of attempting to successfully adapt to working on a different unit every 4 weeks. Although the MNRP offered the nurses a structured, supportive orientation environment, high patient acuity and complex care delivery can make it difficult for any new nurse to feel comfortable, gain self-confidence, and begin to independently use what they've learned.

In addition to developing clinical decision-making and leadership skills at the point of care, novice nurses, especially those hired into the medical nurse float pool immediately after orientation, benefit from participation in educational programs that support their commitment to practice as bedside nurses. These programs provide the opportunity to increase clinical skills, knowledge, and self-confidence. By design, the CCHS

# CCHS medical nurse float pool outcomes

From 2011 to 2016, 18 novice nurses successfully participated in the Christiana Care Health System (CCHS) medical nurse float pool. Two nurses have served as chairs of system-wide shared decision-making councils, two served as chairs of unit-based shared decision-making councils, and eight are members of unit or system-wide councils. Eight nurses have returned to school or obtained an MSN and 11 have obtained professional certification.

CCHS medical nurse float pool staff said that they liked the variety of experiences the pool offered. They also stated that they enjoyed changing unit assignments every 4 weeks because it gave them the opportunity to meet new people and enhance their clinical skills. The nurses' success is attributed to the ongoing clinical guidance and mentoring they received while in the pool, both on the nursing units and during the monthly structured classes.

medical nurse float pool accomplished this by offering a unique pathway that promoted the development of competence and critical thinking



# Greenville Health System (GHS) congratulates Greer Memorial Hospital on receiving Magnet Recognition Program<sup>®</sup> status from the American Nurses Credentialing Center (ANCC). This designation reflects nursing professionalism, teamwork and superiority in patient care. The ANCC Magnet Recognition Program distinguishes organizations that meet rigorous standards for nursing excellence.

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skills, offered group support, provided a solid foundation in medical nursing skills to guarantee safe and quality patient care, and facilitated a smooth transition to the organization's culture.

#### Float pool training

A learning needs assessment was administered to nurses as they transitioned from the MNRP to the float pool. Training included monthly structured sessions, with content customized to float pool nurses' needs and that facilitated learning from practice. Curriculum was based on Patricia Benner's Novice to Expert model, focusing on quality outcomes, evidence-based practice, patient safety, and leadership skills. In monthly staff meetings, nurses received updates on current service-line and organizational information. Additionally, time was allotted for discussions about specific patient care situations, which provided an opportunity for team building and reflection on clinical practice.

#### Path to nursing success

The medical nurse float pool established clinical competency, offered group support during the transition from novice to competent nurse, and facilitated retention of skilled nurses. Because of the variety of clinical experiences, the nurses became valuable members of the healthcare team. (See CCHS medical nurse float pool outcomes.)

Additionally, the float pool offered an avenue for nurse managers to solve staffing challenges with clinically strong nurses. As a result, CCHS medical nursing units gained experienced bedside

nurses who were prepared to become leaders and were committed to the organization, which led to quality patient and family-centered care and positive patient outcomes.

The authors work at Christiana Care Health System in Newark, Delaware. Cheryl Muffley is a nursing professional development specialist and Suzanne Heath is a nurse manager.

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#### NewYork-Presbyterian Hudson Valley Hospital Earns ANCC Magnet Recognition For Third Consecutive Time

In early 2015 Hudson Valley Hospital, a two-time Magnet designated organization became a member of the NewYork-Presbyterian health system. Facing its third ANCC survey, the hospital's leadership - including a new president, chief nursing officer and senior team - focused on creating an environment that promoted the best aspects of our shared "patient-centric" culture and helped staff feel empowered and at ease through the transition.

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- The hospital's president and chief nursing officer, along with the entire senior team, were highly visible to all employees by rounding and holding Town Hall Meetings to promote open communication amongst all staff.

In December 2016, NewYork-Presbyterian Hudson Valley Hospital was awarded the ANCC Magnet Recognition for the third consecutive time. During the Magnet celebration, all staff participated in this achievement because every department in the hospital understood that they made key contributions to the project - which became the rallying point for the organization and the basis for an Exemplar.

#### ext Step

Going forward, we intend to continue to demonstrate nursing excellence and look forward to the challenges ahead as we focus on providing our patients with an exceptional experience as a Magnet designated organization.

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Pictured from left to right: A.Bonnie Corbett, Chief Nursing Officer and Vice President, Patient Services; Sabrina Nitkowski-Keever, Director of Maternal Child Health; Kathleen Calabro, Data Analyst; Maggie Adler, Associate Director, Standards & Quality, and Magnet Program Director; Maryann Maffei, former Administrative Director, Emergency Department; Christine Malmgreen, Hospital Chaplain; Marie Galante, Nursing Educator; and Stacey Petrower, President.







Wilhelmina Manzano MA, RN, NEA-BC Senior Vice President, Chief Nursing Executive & Chief Quality Officer

#### EMORY UNIVERSITY HOSPITAL

#### **Emory University Hospital**

1364 Clifton Road Atlanta, GA 30322 Phone: (404) 712-2000 emoryhealthcare.org/locations/hospitals/emory-universityhospital/index.html

Emory University Hospital is a Magnet®-recognized facility that is poised to open a new, state-of-the-art, 232-bed hospital tower designed with input from clinicians and patients. With a full range of specialized care, we bring together research, teaching, and world-class clinical care to advance medical discoveries and transform health care.

## Methodist LEADING MEDICINE

#### **Houston Methodist Hospital**

6565 Fannin Street Houston, TX 77030 (713) 394-6000 houstonmethodist.org

Houston Methodist is one of the nation's leading health systems and academic medical centers, consisting of Houston Methodist Hospital, its flagship academic hospital in the Texas Medical Center, six community hospitals, and one long-term acute care hospital. Houston Methodist also includes a research institute, international services, emergency care centers, and outpatient facilities.

Emory University Orthopaedics & Spine Hospital

# Emory University Orthopaedics & Spine Hospital

1455 Montreal Road East Tucker, GA 30084 (404) 251-3000

emoryhealthcare.org/locations/hospitals/emory-universityorthopaedics-spine-hospital/index.html

Emory University Orthopaedics & Spine Hospital is the only academic center-affiliated, inpatient hospital in Georgia dedicated to the treatment of orthopaedics and spine surgical patients, and the third Magnet<sup>®</sup>-recognized hospital in the Emory Healthcare family. We integrate advanced technology with a nurturing, collaborative environment designed to drive quality outcomes.



GREENVILLE HEALTH SYSTEM Greer Memorial Hospital

#### Greer Memorial Hospital, Greenville Health System

830 S. Buncombe Road Greer, SC 29650 (864) 797-8000 ghs.org ghscareers.org **Recognized for Excellence** 

Greer Memorial Hospital, part of Greenville Health System, has been providing high-quality medical care to members of its community since 1952. The current hospital was completed in 2008, and is the centerpiece of the Greer Medical Campus. In 2016, Greer Memorial Hospital achieved Magnet® recognition, reflecting a level of nursing professionalism that translates to better satisfaction for both staff and patients.



Kootenai Health 2003 Kootenai Health Way Coeur d'Alene, ID 83814 (208) 625-4620 kh.org/

Kootenai Health is a regional medical center consisting of a 292-bed community-owned hospital, with over 200 employed Kootenai Clinic providers across 21 specialties. Kootenai has held Magnet® recognition since 2006, one of only two Magnet-recognized facilities in the state of Idaho.



UNIVERSITY HEALTH SYSTEM We also treat the human spirit."

#### Loyola University Medical Center

2160 S. First Avenue Maywood, IL 60153 loyolamedicine.org (888) 584-7888

The nursing staff at Loyola University Medical Center has been Magnet® recognized since 2009. Together with our health system partners, Gottlieb Memorial Hospital and Mercy Hospital & Medical Center, we are honored to provide best practices in nursing and outstanding patient care. For career opportunities, please visit us at loyolamedicine.org/jobs.



#### WENTWORTH-DOUGLASS HOSPITAL

MASSACHUSETTS GENERAL HOSPITAL SUBSIDIARY

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#### wdhospital.com/wdh/careers

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#### MedStar Georgetown University Hospital

#### **MedStar Georgetown University Hospital**

3800 Reservoir Road, NW, Washington, DC 20007 medstargeorgetown.org • (202) 444-1215 MedStar Georgetown University Hospital is a not-for-profit, acute-care teaching and research hospital with 609 beds located in Northwest Washington, D.C. Founded in the Jesuit principle of cura personalis—caring for the whole person—MedStar Georgetown is committed to offering a variety of innovative diagnostic and treatment options within a trusting and compassionate environment. MedStar Georgetown's centers of excellence include neurosciences, transplant, cancer, and gastroenterology. Along with Magnet®-recognized nurses, internationally recognized physicians, advanced research and technologies, MedStar Georgetown's healthcare professionals have a reputation for medical excellence and leadership.



#### **Memorial Hermann**

6411 Fannin Houston, TX 77030 (713) 704-4000

memorialhermann.org/locations/texas-medical-center/ One of the largest not-for-profit health systems in the nation, Memorial Hermann features an exceptional medical staff and more than 24,000 employees serving Southeast Texas and the Greater Houston community. Memorial Hermann operates more than 250 care delivery sites, including a Level I trauma center, an academic medical center, and four Magnet®-recognized hospitals. Hudson Valley Hospital

#### New York-Presbyterian Hudson Valley Hospital

1980 Crompond Road, Cortlandt Manor, NY 10567 (914) 737-9000 hvhc.org

NewYork-Presbyterian Hudson Valley Hospital, a member of the NewYork-Presbyterian health system, is a fully accredited general, not-for-profit 128-bed hospital offering a wide range of inpatient services and ambulatory care. In collaboration with NewYork-Presbyterian and ColumbiaDoctors, the faculty practice of Columbia University Medical Center, patients have access to more than 450 highly skilled and dedicated practitioners who provide advanced diagnostic and treatment expertise in 62 specialties. The hospital has achieved Magnet recognition three consecutive times, underscoring its high standard of patient care.



Prince Sultan Military Medical City P.BOX. 7897 Riyadh 11159 Kingdom of Saudi Arabia Phone +966 11 4777714 • Fax: +966 11 4762650

#### Info@psmmc.med.sa

Prince Sultan Military Medical City (PSMMC), formerly known as Riyadh Military Hospital, is located in Riyadh City, the capital of Saudi Arabia. It is the flagship of the PSMMC (formerly known as RMH) Program. PSMMC is the Medical Services Department of the Ministry of Defense and Aviation. PSMMC was officially inaugurated on December 1978 with only 385 beds as a first phase. Since then it has grown tremendously. It now includes the main hospital, the southwest corner, and the new southwest corner extension with a capacity of about 1200 beds. Additional facilities are being built on a regular basis to accommodate the growing population and their needs and to further enhance the quality of patient care.



Memorial Sloan Kettering Cancer Center

#### Memorial Sloan Kettering Cancer Center mskcc.org

Locations in New York City, Long Island, New Jersey, and Westchester, NY

Memorial Sloan Kettering Cancer Center has devoted more than 130 years to exceptional patient care, innovative research, and outstanding educational programs. We are one of 47 National Cancer Institute–designated Comprehensive Cancer Centers, with state-of-the-art science, clinical studies, and treatment. The collaboration between our physicians and scientists is one of our unique strengths, enabling us to provide patients with the best care available as we discover more-effective strategies to prevent, control, and ultimately cure cancer. Our education programs train physicians and scientists, having impacts on cancer treatment and biomedical research around the world. Magnet® is the leading source of successful nursing practices and strategies worldwide.

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We champion children by making them better today and healthier tomorrow.

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#### TexasHealth.org/Nursing-Careers



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# proud to be EXCEPTIONAL.

White Plains Hospital is proud to be re-designated as a Magnet<sup>®</sup> hospital for nursing excellence.

This recognition is just another example of how we provide exceptional care, every day to our patients.

And why White Plains Hospital is the employer of choice in Westchester.

wphospital.org



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#### **Providence Little Company of Mary Medical Center** 4101 Torrance Boulevard

4101 Torrance Boulevara Torrance, CA 90503 (310) 540-7676

#### california.providence.org/torrance

Providence Little Company of Mary Medical Center Torrance ranks among the best year after year in a number of categories. The hospital has received numerous accolades and special recognition, such as the Healthgrades 2017 Patient Safety Excellence Award, which it has received for 5 years in a row. The medical center was ranked, by U.S. News and World Report in 2017 as the #8 hospital in Los Angeles and the #16 hospital in California, and has earned Magnet<sup>®</sup> recognition, the highest nursing honor in the nation.



#### **Stamford Hospital**

One Hospital Plaza Stamford, CT 06904 203-276-1000 • stamfordhealth.org With 205 bads. Stamford Hospital proj

With 305 beds, Stamford Hospital provides area residents with access to the latest technology with a focus on patientcentered care—one of only 17 hospitals in the nation to be Planetree Designated<sup>®</sup>. We're also proud to be among the 7% of hospitals nationwide to have received Magnet<sup>®</sup> recognition by the American Nurses Credentialing Center—the highest honor for nursing service excellence.



#### Wentworth-Douglass Hospital

789 Central Avenue Dover, NH 03820 (603) 742-5252 wdhospital.com

Wentworth-Douglass, a subsidiary of Massachusetts General Hospital, is a progressive community hospital dedicated to the well-being of the people of New Hampshire and southern Maine. Our facility includes a 178-bed hospital that has achieved Magnet<sup>®</sup> recognition, urgent-care and walk-in facilities, testing centers, and Wentworth Health Partners primary care and specialty-care practices.



#### **White Plains Hospital**

41 East Post Road, White Plains, NY 10601 wphospital.org

Megan Haefner, RN, MSN • WPHRNResumes@wphospital.org 292 beds

White Plains Hospital is a growing organization with key clinical areas including maternity, Level III NICU, two cardiac catheterization labs, free-standing cancer facility, orthopedics, five new operating suites and two of the latest da Vinci® Xi<sup>TM</sup> robots for minimally invasive surgeries. White Plains Hospital is a member of the Montefiore Health System. The 292-bed hospital is fully accredited by the Joint Commission and earned Top Performer for Key Quality Measures<sup>®</sup> in 2015 and 2013. WPH received Magnet<sup>®</sup> recognition in 2016 from the American Nurses Credentialing Center.



#### **VCU Health System**

1250 E. Marshall Street, Richmond, VA 23219 (804) 628-0918 • vcuhealth.org/careers Beth Hubbard • beth.hubbard@vcuhealth.org With 1,125 beds, we offer more than 200 specialty areas, including Level 1 adult and pediatric trauma centers, Massey Cancer Center, Hume-Lee Transplant Center, Pauley Heart Center, Harold F. Young Neurological Center, Evans-Haynes Burn Center, and Children's Hospital of Richmond at VCU. Our specialists are available to more Virginians than ever before, including our newest location: VCU Health Community Memorial Hospital in South Hill. VCU Medical Center is proud to have been recognized by U.S. News & World Report year after year. We are a Magnet®-recognized regional referral center. The Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence, and innovations in professional nursing practice.

### Delivering Excellence.

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For nearly half a century, El Camino Hospital has provided the South San Francisco Bay Area with superlative patient care. By focusing on employing the field's latest innovations and its finest talent, our not-for-profit organization has achieved an award-winning level of excellence.

# RN OPPORTUNITIES

We're currently seeking CA-licensed RNs with at least 1 year of acute care experience who share our passion for delivering care of incomparable quality.

If you're looking for an enriching and professionally supportive environment at the Bay Area's first Magnet hospital, please send your resume to: Lorelei\_Rivers@elcaminohospital.org.

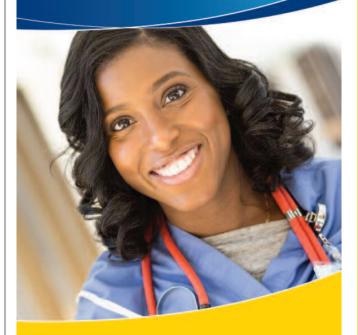
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U.S. News & World Report recently ranked MedStar Georgetown University Hospital as the #1 hospital in the Washington, D.C. metropolitan region\* for the second consecutive year.

We are also proud of our distinction as Washington, D.C.'s first Magnet® hospital and one of the few hospitals to receive three consecutive Magnet designations.

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Nurse Recruitment 202-444-1215 www.medstargeorgetown.org/nursing



### MedStar Georgetown University Hospital



\*Includes D.C., the Maryland suburbs and Northern Virginia



#### Magnet Booth #1332

The American Board of Perianesthesia Nursing Certification, Inc. (ABPANC), is a nonprofit organization dedicated to supporting and promoting the profession of perianesthesia nursing. We provide certification credentials for post anesthesia nurses and ambulatory perianesthesia nurses. CPAN® is our certification program for Certified Post Anesthesia Nurses. CAPA® is our certification program for Certified Ambulatory Perianesthesia Nurses.

ABPANC's mission is to assure a certification process for perianesthesia nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care. We believe that professional certification demonstrates leadership, promotes excellence with a commitment to life-long learning, and improves patient care. We are committed to our profession and supporting our certificants with **Excellence** in perianesthesia patient care, **Integrity** in the certification process, **Innovation** as a part of continual learning, and **Dedication** to perianesthesia nursing.



#### **Bright Horizons**

brighthorizons.com/solutionsatwork clientservices@brighthorizons.com Magnet Booth #1036

American Board of Perianesthesia

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#### **Champion Chair** 2601 Industrial Parkway Elkhart, IN 46516 championchair.com

#### Magnet Booth #1929

For over 25 years, Champion has delivered value-based quality medical seating in the most challenging healthcare environments. Offering a broad range of choices in recliner models, features, options, and accessories help to create customized seating solutions for patients and staff. This adaptability means you'll find us in most departments and disciplines of the healthcare environment such as Ambulatory Surgery, Bariatrics, Cardiology, Dialysis, ED, Oncology, PACU, and so much more. Designed to be easily cleanable, the Champion recliner's open design allows for easy access, while some recliner models offer additional features such as swing-away arms and a removable seat to create efficiencies in cleaning and infection prevention. The newest member of the Champion product line is the Comfort-4 ECO, which is a multi-functional product designed to streamline patient care. From examination to observation, this fully powered chair allows you to easily transition the patient into various positions. Additional features such as vertical height adjustment, central caster lock, and emergency Trendelenburg create the ultimate patient chair.



#### Cord Caddy sales@cordcaddy.com (847) 945-5392 or (877) 223-3999 (U.S.) Magnet Booth #1714

Evolution Medical Products, Inc. was founded on the premise that hospitals and medical centers could benefit from a well designed, simple, pro-active medical cord storage and retrieval system. In 1998, Evolution Medical Products, Inc., developed the Cord Caddy, a unique product with hospital-wide applications. The Cord Caddy makes Spaghetti Syndrome one less hassle in the workplace.

Our concept and development team got to work when we heard complaints from clinical personnel, namely..."How can we manage our cords?" Our first indication that we had created a much needed, long awaited product came during our initial research when several nurses surveyed exclaimed, "Why didn't I think of that?"

Evolution Medical Products will continuously strive to exceed our customer's expectations with well-made, high-quality products that can be customized to their specific requirements. Additionally, we will constantly accept the challenge to maintain customer satisfaction at the highest level possible and will continue to explore and develop related products that make life a little easier for the healthcare workers to whom we all owe a large token of gratitude.



#### dBMEDx

info@dbmedx.com • (720) 515.6630 Magnet Booth #629

dBMEDx was founded in 2010 by the engineers who **invented bladder scanning** devices in the early 1990s. Taking that accumulated knowledge and a ground up design approach with maximum nursing input, they created the BBS Revolution™ bladder scanner. This is truly a next generation scanner; the only patent protected scanner on the market. Wireless—great for isolation rooms! Extremely easy to use with no setup; no embarrassing male/female selection conversations needed. Very robust physically and chemically—cleanable with all standard hospital grade cleaning agents. Auto-calibrates with every use; no maintenance required. Standard 3-year "no questions asked" warranty. Proudly Made in USA in Littleton, CO.



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Our consultants have over 60 collective years of experience with Magnet<sup>®</sup> and Pathway to Excellence<sup>®</sup> consultation with national and international healthcare organizations. We have assisted over 300 clients in successfully obtaining Magnet<sup>®</sup> designation. We offer customized services to address each client's unique needs. Our approach typically includes a comprehensive gap analysis/readiness assessment, document preparation and mock reviews for site visits. We support clients in planning strategic initiatives to strengthen the practice environment where needed. This may include consultation for leadership development, shared governance, peer review, or integration of a professional practice model. Our expertise in document preparation spans all aspects of this phase, including education, project planning, evidence mapping, document critique /revision, and electronic submission. NCP consultants may be retained to write Magnet documents as well.

In addition to consultation, we have published many articles that support nursing excellence, including the NCP Resource Guide for the Magnet Journey<sup>®</sup>. It provides an extensive collection of tips, tools, and templates to support the work of your Magnet team. nursingconsultingpartners.com



Omnicell 590 East Middlefield Road, Mountain View, CA 94043 (800) 850-6664

#### omnicell.com/Solutions/Nursing.aspx Magnet Booth #733

Omnicell is inspired to create safer and more efficient ways to manage medications and supplies across all care settings. As a leader in medication and supply dispensing, pharmacy automation, IV robotics, analytics, and medication adherence, we're helping to improve clinical and financial outcomes, while allowing caregivers to focus on patients.

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 Nurse satisfaction
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As a company that is exclusively focused on medication and supply dispensing automation, Omnicell has worked closely with nurses in designing unique products and features that truly make a difference in these areas, leading to happier nurses, better outcomes, and a more positive patient experience.



Pinel Medical Inc 236 River Birch Street., Kitchener, ON N2C 2V4 Canada pinelmedical.com

#### Magnet Booth #730

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- Restrain if it is in the best interest of the patient or prevents harm to others.
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PINEL is continually redesigning and sourcing the most advanced basic product to provide you with the most advanced restraining system in the world.



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VESTEX: Advancing Healthcare Apparel 1301 W. Colonial Drive, Orlando FL 32804 info@vestagen.com • (401) 781.2570 vestagen.com Magnet Booth #2024

American Nurse

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Vestagen Protective Technologies, Inc., is a medical technology company founded in 2009 to develop and market high-performance textiles for healthcare and other demanding applications. Vestagen's VESTEX® Active Barrier1 fabric is a unique combination of technologies designed to address the major unmet need for continuous-wear, comfortable garments for healthcare workers and their patients by minimizing the risks associated with unanticipated fluid exposures during routine use as a general purpose attire. Vestagen has registered VESTEX with the US Food & Drug Administration (FDA) as a medical device and intends to pursue FDA 510(k) clearance.

### American Nurses Association's official journal receives **3 ASHPE awards**

#### We are honored to announce that American Nurse Today has received three ASHPE awards in 2017

Silver Award for Best Cover: Photo Category: How to help human trafficking victims (January 15, 2016)

Silver Award for Best Cover: Computer-Generated Category: Carbon Monoxide Poisoning (September 15, 2016) Silver Award for Best How-To Article Category: How to recognize delirium in pediatric patients (May 15, 2016)

American Nurse Today has a long history of ASPHE awards dating back to the launch of the journal, and we are thrilled that YOUR journal continues to be recognized by experts in the healthcare publishing field.

ANA members and subscribers can depend on the journal's high-quality clinical and practical content combined with our award-winning graphics to continue to inform and educate nurses across the country. ASHPE is committed to: • fostering the highest ethical standards in management; • rewarding excellence in publications development and editorial performance; • and serving as an authority on evolving trends in the healthcare publishing sector.

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