

NURSING EXCELLENCE

2018 Magnet[®]-Recognized Organization Success Stories



The value of ANCC's Magnet Recognition Program®: A CNO's perspective

Reap the benefits of retention, innovation, and a safe workplace.

By Louise White, MHA, BSN, RN

Healthcare organizations around the world face mounting pressure to improve nurse satisfaction and retention, practice protocols, unit effectiveness, work environment, and patient results. Increasingly, they turn to the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® for the framework to meet these challenges. Magnet® is a model with proven results. Based on the findings of pioneering nurse researchers more than 35 years ago, the program continues to thrive as the highest international acknowledgment of nursing excellence and a reflection of healthcare organization quality.

Nurses who practice in Magnet environments set the bar for exceptional performance, care, and outcomes. They work in supportive, patient-focused settings that feature practice autonomy and clinical authority, professional development opportunities, shared decision-making, strong interprofessional relationships, abundant clinical resources, and a commitment to evidence-based practice and continuous quality improvement. Innovations in patient care, nursing, and the practice environment are hallmarks of these organizations; they aren't afraid to try new ideas, and nurses are encouraged to explore the safest and best practices for their patients.

Research continues to show that, compared to nondesignated hospitals, Magnet hospitals have better outcomes, including lower error rates, fewer healthcare-acquired infections and patient falls, lower patient mortality rates, and higher nurse satisfaction and retention.

A beacon for nurse retention

Attracting and retaining excellent nurses is a major focus as healthcare faces a worsening nursing shortage. At Sharp Grossmont Hospital, Magnet shines as a beacon for nurse retention. It provides the foundation for a desirable environment that helps us recruit, train, and keep a high-quality nursing workforce.

Magnet's focus on professional development meets



the needs of today's nurses. More than any previous generation, millennial RNs are eager to advance themselves and their careers, and Magnet gives them that opportunity. At Sharp Grossmont, 82% of our 1,700 nurses now have BSNs and many more are pursuing MSNs and even PhDs and DNP's. In our 12 years as a Magnet-recognized hospital, we've created a robust shared governance structure that gets nurses involved at every level—from unit practice councils to hospital-wide councils and system boards. As a result, we've significantly improved our National Database of Nursing Quality Indicators® RN survey nursing satisfaction and engagement scores. Results are particularly good in the area of RN involvement in care design and changes to their professional practice.

At orientation, when we ask new nurses why they chose to work at Sharp Grossmont, the overwhelming response is, "Because you're a Magnet hospital."

(continued on page 38)

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Reducing workplace violence: A success story

As with many other healthcare organizations in the United States, Sharp Grossmont Hospital has seen an escalation of workplace violence. Our shared governance committee brought this concern to my attention, and we started working collaboratively for a solution. My nursing leaders and I set a goal of improving identification and management of all patients and family members at risk of behavioral escalation. A nurse-led multidisciplinary team researched how to assess for escalating violence, categorized patients into levels of risk, and developed the Disruptive Behavior Algorithm (americanursetoday.com/?p=50114). Nurses use it as needed to assess each at-risk patient's disruptive potential. If the risk rises, we meet as a multidisciplinary group to develop a plan to support the patient and family, manage the behavior, and follow through.

The algorithm has produced dramatic results. In just 2 years, nurse assault rates have dropped nearly 70% and patients and families have received improved care to meet their needs. Keys to success include leadership involvement, consistency, communication, and collaboration.

These nurses understand the principles of Magnet and what it means to work in an environment devoted to them and their professional development. Although I believe Magnet recognition makes recruiting nurses easier, I think it makes an even greater impact on retention. In the end, no matter how many nurses you hire, seeing how Magnet is lived every day in your organization is what keeps them working with you.

An environment of innovation

Nurses on the front lines are the best experts to initiate and implement innovative solutions. So, how can we encourage them? Ultimately, it depends on highly engaged, professional RNs who feel that the nursing world is their oyster, that opportunities for growth are abundant, and that their voices are heard in every aspect of care. Magnet meets these expectations by helping RNs understand the important role that nursing practice outcomes have for patients.

At Sharp Grossmont, we've built an environment where innovation flourishes on the units and where nurses can develop new concepts for practice improvement, research them, and then implement them. This level of empowerment raises satisfaction. And satisfied, engaged nurses who feel supported in their practice realize their full potential and produce the best results.

A safe place to practice

The Magnet framework is crucial to meeting another of healthcare's most pressing challenges: cre-

ating a safe, supportive workplace environment. Violence in the workplace is a national issue, and healthcare organizations are at the epicenter. The issue was embraced by Sharp Grossmont and taken on as a challenge to resolve for our staff's and patients' well-being. (See *Reducing workplace violence: A success story*.)

The Magnet journey: A trip worth taking

As we grapple with an increasingly complex healthcare environment and heightened quality and safety imperatives, how can we continue to attain new levels of service and sustainability? For Sharp Grossmont, Magnet is the answer. It puts us in an excellent position to advance the fundamental principles that will overcome any challenge.

Magnet creates a place and a way to work together that improves patient outcomes. It unleashes the clinical nurse's power to make decisions that benefit patients, and it promotes advancement in nursing education, shared governance, and strong nursing research.

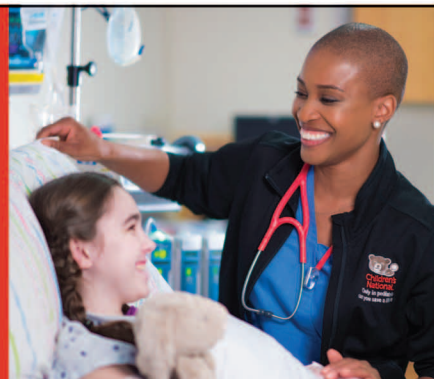
As a chief nursing officer, I appreciate that Magnet helps my nursing team avoid distractions and focus on what's most important: the development and integration of nursing practice in everything we do. Our nurses are eager to move forward, embrace change, and improve the design and delivery of patient care. Every day, they feel pride in what they do. ■

Louise White is the chief nursing officer and vice president of patient care services at Sharp Grossmont Hospital in La Mesa, California.

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The path to a quieter unit

Get staff engaged in evidence-based practice and quality-improvement projects.

By Christine Hedges, PhD, RN, NE-BC; Erica Wolak, MHA, BSN, RN, NE-BC; Cheryl A. Smith-Miller, PhD, RN-BC; Turkeisha Brown, MSN, RN, NE-BC

At the University of North Carolina Medical Center (UNCMC), a Magnet®-recognized 803-bed level I trauma center, we receive impressive Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. However, patients' responses to the question "During your hospital stay, how often was the area around your room quiet at night?" often fell short. Although specific sources of noise weren't identified, two facts are certain: Noise levels in acute-care settings have increased significantly over the years, and sleep disturbance among hospitalized patients can impair healing and contribute to functional and psychological impairments. Based on these data, national attention on the role of sleep in health and well-being, and the fact that sleep quality is amenable to nursing intervention, the UNCMC division of nursing identified sleep promotion and noise reduction as annual goals.

Evidence-based review

To address the noise problem, two inpatient units agreed to participate in a quality-improvement (QI) project based on their less-than-optimal scores for quietness of hospital environment. Project team members from the units included the nursing director, 10 clinical nursing staff, the unit environmental services (EVS) supervisor, and one patient. Support and resource personnel included a nurse-scientist, two QI leaders, and a health sciences librarian.

The team used interrelated strategies to tackle each aspect of the project—sleep promotion and noise reduction. Using a participatory and shared governance approach, the team began work on sleep promotion with a facilitated brainstorming session to generate ideas. Possible interventions were suggested and categorized into broad topic areas (for example, massage, music, and earplugs were categorized as nursing interventions). With the assistance of the health sciences librarian and nurse-scientist, groups of two or three members identified search terms, reviewed the literature on each topic area, and created evidence tables to display their findings, which they then synthesized and critically appraised for feasibility, cost, and nursing burden. The groups presented their findings and offered recommendations to the committee. The reviews provided new knowledge

(continued on page 42)





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A3 thinking

The quality-improvement leader facilitated an 8-hour *Express Workout* during which the committee began working with the A3 tool for visualizing a problem, possible solutions, and outcomes. The A3 consists of nine boxes on an 11" x 17" sheet of paper that's then worked through sequentially.

Box 1 (*reason for action*) addresses the problem statement, significance, and project scope (which keeps the team focused on specific areas of improvement, units, people, and timelines).

In **Boxes 2 and 3** the *current state* and *target state* are described and outcome metrics identified and defined.

Box 4 (*gap analysis*) is used to delineate the reasons for the differences between the current and target state.

After identifying the gaps and root causes, **Boxes 5** (*solution approaches*) and **6** (*rapid experiments*) are developed. Using solution approach statements provides the foundation for testing plan-do-study-act improvement cycles.

Box 7 (*completion plan*) is used to track what's been completed and what's outstanding.

Box 8 (*confirmed state*) displays the process and outcome measures over time.

Box 9 (*insights*) provides an opportunity for the team to reflect on what went well and what they found challenging.

A3 Thinking (sample from project)

1. Reason for action <ul style="list-style-type: none"> The hospital environment isn't always quiet during nighttime hours and can disrupt sleep. 	4. Gap analysis <ul style="list-style-type: none"> Noise levels aren't always conducive to sleep. Patient sleep preferences aren't considered. Inconsistent staff accountability regarding noise. 	7. Completion plan <ul style="list-style-type: none"> Add pictures to standard work Repeat sources of noise survey
2. Current state <ul style="list-style-type: none"> loud care interruptions reactive vs. proactive no standard process unknown patient sleep preferences 	5. Solution approach <ul style="list-style-type: none"> If we remind coworkers about noise, then we would have a quieter unit. 	8. Confirmed state <ul style="list-style-type: none"> Process and outcome measures displayed over time
3. Target state <ul style="list-style-type: none"> cozy quiet like room at home patient felt cared for 	6. Rapid experiments <ul style="list-style-type: none"> Sleep menu Hush Puppies game Address bed noise/repair motors 	9. Insights <ul style="list-style-type: none"> "I didn't know...how much work and research goes into it." "I was surprised about...the difficulty of enforcing change." "Good interdisciplinary collaboration."

about the validity of various sleep-promoting interventions and informed decisions about which interventions would be trialed on the two units.

Improvement strategy

To trial the identified interventions, the team used Lean QI methods, based on plan-do-study-act (PDSA), to focus on increasing value for the customer (patients), decreasing waste in the process, and developing team members by teaching them how to apply Lean methods. Our project used A3 thinking, a method that provides a framework for conceptualizing a problem, potential solutions, and outcomes. (See *A3 thinking*.)

Solutions and experiments

Based on the interventions identified in the literature evidence tables, the team chose four—offering a sleep menu, offering warm water (shower or bath) at bedtime, replacing noisy equipment, and lower-

ing staff voices—for PDSA cycles of improvement over several weeks.

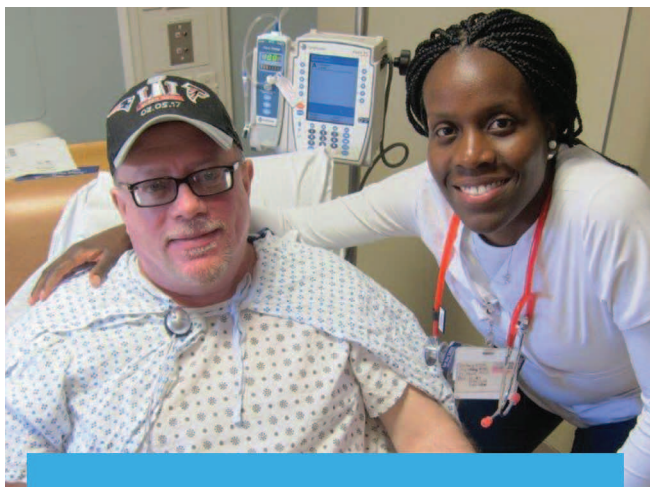
Sleep menu

The nurses developed a sleep menu to standardize and individualize patient sleep hygiene. (See *Sleep menu*.) They discuss the sleep menu with patients and ask about their previous night's sleep. These exchanges serve to acknowledge sleep hygiene as an important part of patient care and offer non-pharmacologic alternatives to achieve restorative rest. The results of the conversations with patients are shared during nurse-to-nurse handoffs and with other care providers as needed.

Warm water

A warm bath or shower before bedtime was impractical to implement on a broad scale in a hospital setting. However, EVS team members suggested a

(continued on page 44)



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Sleep menu

Nurses share the sleep menu with patients to encourage discussions about the importance of good sleep hygiene and offer nonpharmacologic alternatives to facilitate sleep.

Patient sleep menu

-  Extra pillows: How many
-  Warm blankets
-  Headphones
-  Earplugs
-  Warm decaffeinated beverage (tea, coffee, milk)
-  Soft music
- None

Sleep assessment

Date _____

How well did you sleep last night?

0 1 2 3 4 5 6 7 8 9 10
Worst sleep Best sleep

creative approach: Offer warm washcloths to the patients in the evening, which became part of the next experiment and PDSA cycle.

Noise level

To address noise level, patients were asked to rate 22 sources of unit noise as bothersome or not bothersome. Frequency counts on each of the items identified three prevalent bothersome noises: noise from patient beds, squeaky equipment, and talking/voices.

The team addressed patient bed noise first. Although we suspected that noisiness originated from the pressure-relief mechanism, critical evaluation using the PDSA cycle indicated that bed motor volumes varied widely. In cooperation with engineering services, these discrepancies were remedied either by repair or replacement. To address squeaky equipment, EVS replaced noisy wheels on carts and chairs.

Talking/voices was a more sensitive issue and required behavioral changes. The team knew diplomacy and consideration were needed to successfully address this problem and engage unit staff. To reduce talking and voices in a positive nonpunitive way, the clinical nurses developed the Hush Puppies game. Everyone (physicians, nurses, unit clerks, and others) is encouraged to participate, and the rules are simple: Each staff member receives a small, decorative hush puppy clip at the start of the shift. If a

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Luz Galeano, BSN, RN, CPN
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colleague is being noisy, staff members are empowered to politely remind the colleague about lowering his or her voice and to take his or her hush puppy clip. The staff member with the most clips at the end of the shift is declared the winner and awarded a small prize. The game effectively increased noise awareness, engaged staff in the changes, and fostered peer-to-peer feedback.

Measures of success

The project team established process measures to assess adherence to the interventions. Outcome measures included monthly HCAHPS Top Box scores on the quietness of hospital environment and the sources of noise survey scores. The team set a goal of 5% improvement in HCAHPS and a 20% decrease in bothersome sources of noise.

The team met monthly to complete the final components of the A3 tool (completion plan, confirmed state, and insights). To assess project progress and the results of the experiments, process and outcome measures were displayed on a Managing for Daily Improvement Board on each unit. Committee members discussed barriers to implementation and solicited ideas from other staff about how to make daily, weekly, and monthly improvements. Several PDSA cycles continued for each experiment based on staff feedback.

The team's completion plan included monitoring

and maintaining individual action items, such as monthly meetings to report on current status and to compare current project metrics against preintervention HCAHPS scores.

Insights

Clinical nurses were contributing members of the project committee from start to finish. Their level of engagement was achieved by scheduling all anticipated meetings in advance and on a day and time they suggested. Soliciting staff input acknowledged their unique scheduling needs and fostered consistent meeting attendance. Having a designated facilitator, engaging support personnel (librarian, QI leader, nurse-scientist), limiting participation to two units, and including the unit managers and clinical staff maximized the team's expertise, distributed the workload, and lessened the burden on any one group or individual.

Limiting the literature reviews to one topic area for each group and assigning each intervention to a small team minimized the amount of time required to complete the work and fostered learning and skill development. Review teams studied their topics and, with the assistance of the health sciences librarian and nurse-scientist, learned how to find, critically appraise, and use evidence to inform their clinical practice. This insight gained by the staff was evident in their responses to the question,

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“Did you learn or experience anything unexpected?” Many responded similarly to: “I didn’t know... how much work and research goes into [exploring the evidence].” The nurses expressed a willingness to accept new information and to change their perspective in the face of new findings: “Some of the lit reviews [results] were...different...than expected.” Integrating clinical nurses into all phases of the change process exposed them to the realities of changing and maintaining practice behaviors that they wouldn’t have considered otherwise: “I was surprised about...the difficulty of enforcing change.”

HCAHPS Top Box scores improved on both units; one unit exceeded the 5% improvement goal at 90 days. Both units achieved a reduction in top sources of bothersome noise goals when resurveyed at 90 days, and they continue to work on improvement and sustainment.

Nurses’ contribution

The results of the HCAHPS scores, sources of noise survey, and the sleep menu responses suggest that perceived quality of sleep, perception of noise, and overall satisfaction with care can be improved in our setting using simple solutions. However, clinical nurses play an essential role in encouraging a culture of quiet by modeling quiet behaviors.

This project demonstrates that, in the presence of

appropriate support and guidance, clinical nurses can actively contribute to knowledge development and translate evidence into clinical practice. ■

The authors work at the University of North Carolina Medical Center in Chapel Hill. Christine Hedges is the director of nursing quality and research. Erica Wolak is a senior clinical quality management engineer in nursing quality and research. Cheryl A. Smith-Miller is a nurse-scientist in nursing quality and research. Turkeisha Brown is nurse manager, adult medicine acute care unit.

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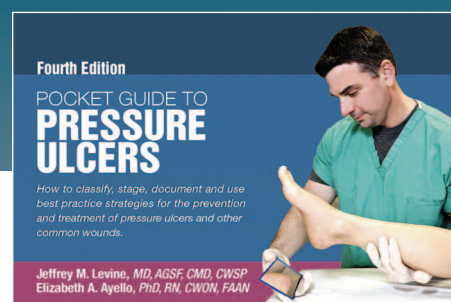
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Nurse documentation and the electronic health record

Use the nursing process to take advantage of EHRs' capabilities and optimize patient care.

By Janet Pagulayan, MSN, RN-BC; Salim Eltair, MPA, MSN, RN-BC, CCRN, NEA-BC, CPHQ; Kathy Faber RN, MSN, CNL

Clinical documentation supports patient care, improves clinical outcomes, and enhances interprofessional communication. When you document your assessments, plans, and actions, you rely on nursing practice standards, organizational policies, meaningful use directives, and a variety of quality criteria.

Electronic health records (EHRs) support that documentation with data that help you enhance patient safety, evaluate care quality, maximize efficiency, and measure staffing needs. And they serve as a standard form of documentation that can be shared by everyone on the healthcare team. However, when not used appropriately, EHRs can reduce nurses' use of their critical-thinking skills,

increase reliance on workarounds to bypass forms, and lead to errors and lost documentation. How can nurses take advantage of the benefits inherent in EHRs and eliminate some of the frustrations?

Confirming suspicions

With that question in mind, the Nurse Practice Council (NPC) explored the prevalence of documentation gaps in our organization, St. Joseph's University Medical Center (including St. Joseph's Children's Hospital), which has received American Nurses Credentialing Center's (ANCC) Magnet® recognition four consecutive times. A close look at our quality department's reports of near misses

(continued on page 50)



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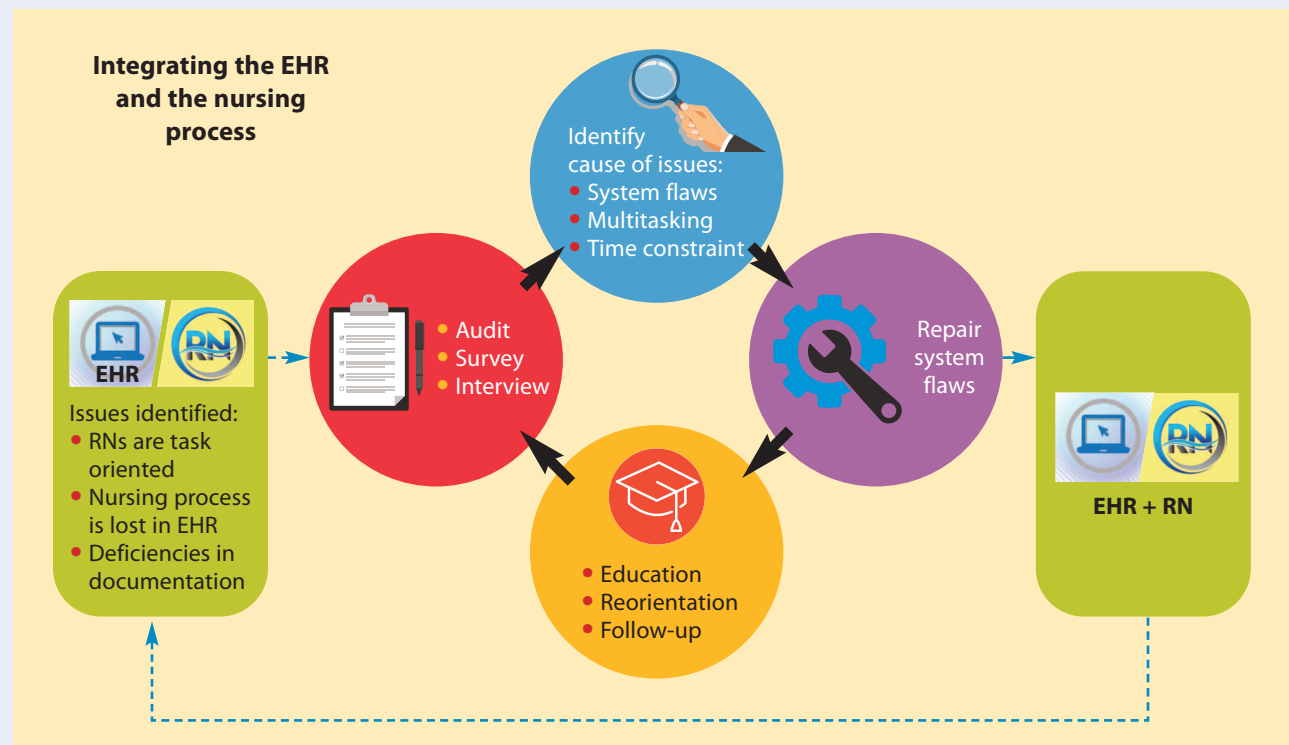
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To encourage critical thinking and reduce workarounds, we integrated the nursing process into the electronic health record (EHR).



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validated our suspicions on a range of issues, including human errors in recording heights and weights, missed vital sign trends, and generally poor handoff communication. The new workflow was affecting critical thinking and clinical judgment.

We took our concerns to the NPC where members described feelings of being torn between the priority of patient care and the chores of documentation. Nurses by nature are adaptive, so many resorted to workarounds, completing only mandatory elements, which led to less-than-ideal documentation. They told us that they were frustrated and dissatisfied with the EHR. Through collaboration with the NPC Informatics and Evidence Based Practice Committees, we explored how to improve nursing documentation by re-introducing the nursing process.

Identifying the problems

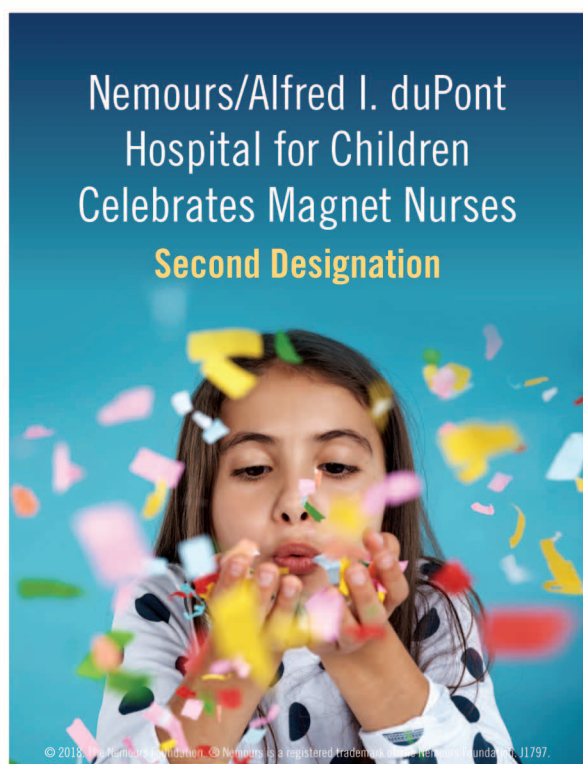
Over a period of 3 months, we retrospectively audited patient records from the medical-surgical area for baseline nursing documentation; data elements were analyzed for care decisions and pa-

How can nurses take advantage of the **benefits** inherent in EHRs and eliminate some of the frustrations?

tient safety. The initial work helped identify a number of design gaps, including fields that nurses weren't required to complete but were essential for quality care. This deficiency was promptly fixed and was an easy win.

After all of the problems were identified, we chose nurse champions who were trained to continue chart audits and proper documentation, using the nursing process model on a larger scale. Training included workshops for proper EHR documentation techniques, record audits, case scenarios, and reflective

feedback using Gibbs' reflective cycle, a tool for helping people learn from situations. (For more information about Gibbs' reflective cycle, see resources.eln.io/gibbs-reflective-cycle-model-1988/.) With our goal of integrating the nursing process with the EHR, we adopted the American Nurses Association's definition of the nursing process as "an assertive, problem-solving approach to the identification and treatment of patient problems." (See *Make the connection*.) And to give the nurses a tool to help develop patient-centered care plans, we



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On the map

To help nurses map the nursing process with the electronic health record, we adopted the plan-do-study-act change model.

Assessment

- Clinical summary
- Patient record
- Patient factors
- Admission history
- System assessments
- Medications
- Medication reconciliation
- Treatment orders
- Labs
- Vital signs and intensive care unit (ICU) flow sheet
- Provider's clinical view
- Patient story
- Transcribed report
- Clinical note
- Discharge planning

Evaluation

- Patient record
- System assessments (updates/changes)
- Vital signs and ICU flowsheet (tracking)
- Length of stay
- Patient stated goal
- POC (updates)



Nursing diagnosis/POC

- POC (problems/plans/goals)
- Alerts/problems/code status
- Orders
- Interprofessional documentation
- Provider documentation
- Patient story
- Patient stated goal
- Discharge planning

Interventions

- Patient record
- POC (expected outcomes)
- Orders/procedures (acknowledge)
- Administer medications
- Perform treatment orders
- Write clinical notes
- Referrals/consults
- Interprofessional documentation

adopted the plan-do-study-act change model. (See *On the map*.)

Reviewing the outcomes

One year later, the project has expanded to many avenues of nursing, including RN orientation, preceptor classes, and individual unit education. Subsequent auditing (3, 6, and 9 months after education) shows improved documentation in areas with significant effect on patient care and safety, including these 3-month results:

- admission medication reconciliation—from 52% to 70%
- isolation indication—39% to 100%
- plan of care appropriate for patient's chief complaint—83% to 100%
- plan of care related to patient comorbidities—30% to 87%
- education level—4% to 17%
- safe patient handling—4% to 13%.
- discharge planning—4% to 17%.

As with every change project, leadership com-

mitment is key. Our nursing leaders were supportive of the project and the proposed solutions. However, we encountered some challenges (and developed some solutions), including:

- **Limited resources to spearhead change on a large scale**—The NPC designed a tool to integrate the nursing process in our existing EHR.
- **Inability to reach all users and cover all specialties**—The nursing process tool was disseminated through each NPC representative to their respective specialties to be used as a guide in EHR documentation.
- **Barriers to measuring the impact of change on patient outcomes and financial returns**—Work has begun to develop a shorter and better way of auditing real-time documentation and evaluating nurses' awareness and knowledge.

Staying in charge

This project empowered our NPC members to evaluate their documentation practices and reflect on

(continued on page 54)



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what they learned from the audits, quality reports, and data mining. It enabled them to look to their future practices in clinical documentation and follow through with the nursing process. The EHR documentation review and tools have become part of the curriculum for the nursing preceptor workshops and our new hire orientation. ■

The authors work at St. Joseph's University Medical Center in Paterson, New Jersey. Janet Pagulayan the nursing informatics coordinator. Salim Eltair is a nursing informatics systems manager. Kathy Faber is a clinical nurse leader and co-chair of EBP Nursing Practice Committee.

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Mobile devices and healthcare-associated infections

Nursing research—a win for nurses and patients.

By Brandy Wentz, BSN, RN, and Mary Jane Bowles, DNP, RN, CCRN, CNS-BC

More and more healthcare professionals use mobile handheld devices (MHDs)—tablets and smartphones—to facilitate care documentation and as resource tools. In fact, 50% to 60% say they use MHDs during patient care. Unfortunately, these devices have the potential to carry infectious organisms, which can lead to spreading healthcare-associated infections (HAIs). In the United States, 5% to 10% of patients are affected by HAIs each year, resulting in 99,000 deaths and an estimated \$20 billion in healthcare costs.

To address this concern, the Nursing Research Council (NRC) at our 451-bed American Nurses Credentialing Center Magnet®-recognized, full-service hospital developed and conducted a research study to investigate the infection potential of MHDs and possible cleaning methods.

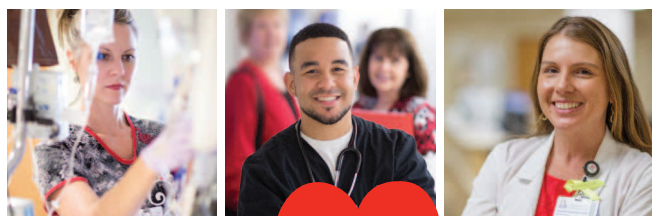
The research

The NRC, whose mission is to foster a culture of nursing research and promote application of evidence-based practice that facilitates optimal outcomes in healthcare, was empowered by the organization to conduct a professional research study. NRC members, including bedside nurses from several inpatient units and clinical nurse specialists, began with a brainstorming session and literature review to evaluate and investigate the potential for bacterial contamination of medical equipment (keyboards, stethoscopes, sharps containers, MHDs) used during patient care.

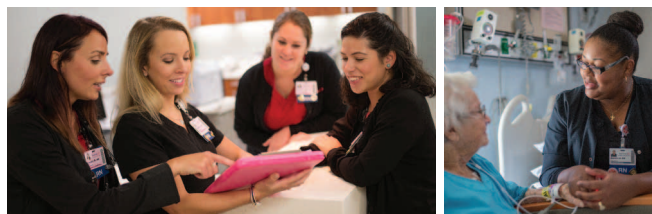
The literature review revealed that multidrug-resistant pathogens can contaminate a variety of devices, and several studies focused on microbiologic contamination of clinicians' mobiles phones. Heyba and colleagues found that 73.7% of the MHDs

(continued on page 58)





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Bioburden defined

Bioburden is described as the amount of living bacteria on a surface and can be measured with adenosine triphosphate monitoring. The results are reported in relative light units (RLUs). A result of ≤ 50 RLU is considered "clean."

tested were colonized with bacteria. And Pal and colleagues reported that 100% of the contamination found on MHDs was also on hospital care workers' hands, indicating MHDs can be the source of nosocomial pathogens.

Although the literature supported the potential for MHDs to harbor bacteria, the NRC found little research about disinfection recommendations for MHDs in hospitals. The council members decided to research best practice guidelines for disinfecting MHDs. They found several general cleaning guidelines from product manufacturers, the Centers for Disease Control and Prevention (CDC), and previously conducted studies. Apple, for example, suggests using a soft, slightly damp, lint-free cloth for their mobile devices, including phones and tablets. However, the manufacturer warns that abrasive cloths might damage screens. The CDC recommends cleaning regimens that are effective, fast-acting, easy to follow, and economic. After completing the literature review, the council chose 70% isopropyl alcohol wipes (which are easily accessible to the staff and cost efficient) and 15 seconds of friction as the disinfection technique for their study. The wipes were supplied by the organization in support of shared governance activities.

The study

The council conducted its study in January 2017. They received institutional review board (IRB) approval through an expedited review process before collecting data. The purpose of the study was to evaluate potential bioburden on MHDs and to develop a fast, effective, and cost-efficient cleaning method. (See *Bioburden defined*.)

Fifty night-shift staff members were recruited to participate in the study. At the end of their shift, they signed written consent forms to have their MHDs swabbed using Hygiena UltraSnap Swabs and SystemSURE Plus adenosine triphosphate (ATP) monitoring. (See *The process*.)

The results

The study concluded that the mean preclean MHD bioburden was 106.8 relative light units (RLUs), indicating bacterial contamination. The mean post-clean bioburden was 49.98 RLUs, within the "clean" range. The results indicate that this regimen (70% isopropyl alcohol and 15 seconds of friction) effectively cleans MHDs and decreases the risk of spread-

The process

The following steps were taken to test and clean healthcare workers' mobile handheld devices (MHDs):

- A council member swabbed the screen, front keypad, back, and sides of the MHD in a circular motion to determine bioburden before cleaning.
- Participating staff answered a questionnaire to assess how they used and cleaned their MHDs during a normal workday.
- The MHD was cleaned using 70% isopropyl alcohol wipes and applying friction for at least 15 seconds.
- After cleaning, the MHD was swabbed again, using the same precleaning technique, to evaluate postcleaning bioburden.

ing harmful bacteria to patients in the healthcare setting. Before the study began, participants were asked what cleaning method they used for their MHDs. About 64% said they use isopropyl alcohol, and 50% said they had cleaned their phone within the last 12 hours. Each participant received an email with personal results, including pre- and post-bioburden, for their MHDs.

The dissemination

The NRC shared the study results throughout the organization. The council circulated a poster of the findings through all the nursing units and presented the overall results and a cleaning demonstration during a shared governance professional practice day. In addition, two NRC members gave a poster presentation at a regional nursing conference.

Empowerment through research

When a healthcare organization encourages nurses to conduct and disseminate research, it empowers them to participate in advancing the nursing profession. The NRC at our organization continuously looks for research opportunities that will improve care, increase efficiency, and promote nursing. ■

The authors work at Mary Washington Healthcare in Fredericksburg, Virginia. Brandy Wentz is a nurse in the medical intensive care unit, and Mary Jane Bowles is the critical care clinical nurse specialist.

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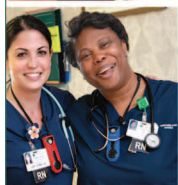
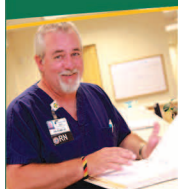
Join us...We Serve Together!

Visit careers.christianacare.org to explore our opportunities and submit your CV.



CHRISTIANA CARE
HEALTH SYSTEM

Christiana Care Health System is proud to be an equal opportunity employer, firmly committed to prohibiting discrimination, whose staff is reflective of its community, and considers qualified applicants for open positions without regard to race, color, sex, religion, national origin, sexual orientation, genetic information, gender identity or expression, age, veteran status, disability, pregnancy, citizenship status, or any other characteristic protected under applicable federal, state, or local laws.



15NURS4





CHOC Children's Hospital

Orange County, CA

714-509-8414

lburnette@choc.org

choc.org/careers

CHOC Children's is steadfastly committed to providing the highest quality medical care to children. Our regional pediatric healthcare network includes a state-of-the-art hospital in the City of Orange, and a hospital-within-a-hospital in Mission Viejo. CHOC offers many primary and specialty care clinics and more than 100 additional programs and services.



Christiana Care Health Systems

501 West 14th Street

Wilmington, DE 19899

(302) 327-3351

christianacare.org/

Christiana Care Health System is Delaware's largest health system with a Level I Trauma and Level III NICU. Christiana Care has remarkable resources and benefits to support nurses in career development and growth. Here, nursing is the centerpiece of the care continuum.

Join us...We Serve Together!



Emory Healthcare

550 Peachtree St NW, Atlanta, GA 30308

404-712-4938 • emoryhealthcare.org/careers

nursing.careers@emoryhealthcare.org

2,104 beds

As the most comprehensive academic health system in Georgia, Emory Healthcare nurses are integral members of high-functioning interprofessional teams that are transforming health care and advancing medical discoveries. We are dedicated to the health of our community and proud to be the only health care system in Georgia with three Magnet®-designated hospitals:

- Emory Saint Joseph's Hospital
- Emory University Hospital
- Emory University Orthopaedics & Spine Hospital



GREENVILLE
HEALTH SYSTEM

Greenville Health System

At Greenville Health System (GHS), our nursing family is 4,000 strong. Each one brings a unique set of skills and talents to the job. As the largest not-for-profit health system in S.C., GHS provides avenues through which nurses can develop and specialize. And two of our hospitals received Magnet® recognition.



Hackensack
Meridian Health
Hackensack University
Medical Center

Hackensack Meridian Health, Hackensack University Medical Center

30 Prospect Avenue

Hackensack, NJ 07601

551-996-2000

Nursing.HackensackUMC.org

Hackensack University Medical Center has always been proud of its exceptional patient care team. Our team of more than 2,000 nurses will be pursuing our sixth consecutive Magnet® designation. Hackensack University Medical Center is one of the first two hospitals in the entire nation to achieve this feat—the highest honor that can be bestowed by the American Nurses Credentialing Center.



Jefferson Health®

Jefferson Health

Greater Philadelphia region and southern New Jersey

JeffersonHealth.org

Jefferson Health, home of Sidney Kimmel Medical College, is reimagining health care in the greater Philadelphia region and southern New Jersey. Jefferson's dedicated team of doctors, nurses, health professionals and staff provides a range of primary to highly-specialized care through 14 hospitals (seven Magnet®-designated for nursing excellence), more than 40 outpatient and urgent care locations, the NCI-designated Sidney Kimmel Cancer Center, Magee Rehabilitation and the JeffConnect® telemedicine program. *U.S. News & World Report* recognizes Jefferson's academic health center, Thomas Jefferson University Hospitals, Inc., with 10 specialties receiving a national ranking for the 2018-2019 report. Jefferson Health's mission is to improve the health of those patients and communities it is privileged to serve through safe, effective, equitable, compassionate care.

Our nurses are a source of inspiration to us.

Boston Children's Hospital would like to congratulate our incredible nurses for achieving **Magnet Recognition® from the American Nurses Credentialing Center (ANCC)** for the third time.

We honor their lives of purpose and service to children and families each and every day. And for making Boston Children's Hospital the best at what we do.

Explore pediatric nursing careers at:
bostonchildrens.org/careers EOE



Boston Children's Hospital
Until every child is well™



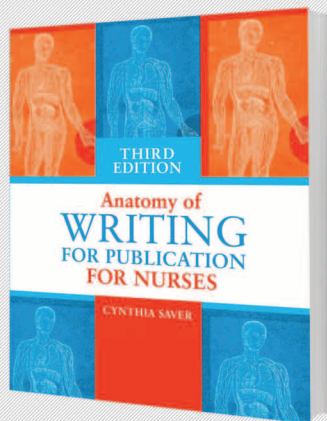
THE HONOR SOCIETY OF NURSING, SIGMA THETA TAU INTERNATIONAL

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by CYNTHIA SAVER, MS, RN

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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.



Lehigh Valley Health Network

1200 S Cedar Crest Blvd.
Allentown, PA
888-402-LVHN
Megan.Haas@lvhn.org
LVHN.org

Lehigh Valley Health Network includes eight hospital campuses, 26 health centers, numerous primary and specialty care physician practices and 18 ExpressCARE locations throughout the region. Lehigh Valley Children's Hospital, the only children's hospital in the region, provides care in more than 30 specialties and general pediatrics. Additional information is available by following us on facebook.com/LVHealthNetwork.



NYU Langone Health

550 First Avenue, New York, NY 10016
212-404-3618
nyulangone.org

NYU Langone Health is a Magnet®-recognized organization. We empower our nurses to deliver world-class nursing care in an intellectually stimulating academic environment. Our nurses are patient advocates, decision makers, and collaborative partners. We are among the nation's leaders in shaping the future of nursing.



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Princeton, New Jersey

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Sharp HealthCare's mission is to improve the health of those we serve with a commitment to excellence in all that we do. Our goal is to offer quality health care and programs that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.



South Nassau Communities Hospital

One Healthy Way, Oceanside, NY 11572

877-SOUTH-NASSAU

(877-768-8462)

Southnassau.org

455 beds

Welcome to South Nassau Communities Hospital. We are an award-winning, 455 bed, acute care, not-for-profit teaching hospital located in Oceanside. Our dedicated staff serves the entire South Shore, from the Rockaways in Queens to the Massapequas and beyond. And we offer quality, compassionate care on our main campus in Oceanside, plus nine other satellite facilities in the region. Some people call us the best-kept secret on Long Island, though we rank among the best for the health care we provide.

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The Children's Hospital of San Antonio CHRISTUS Health

San Antonio, Texas
210.704.2011

www.chofsa.org

The Children's Hospital of San Antonio is dedicated to providing world-class health care to children and families in South Texas. Founded by the Sisters of Charity of the Incarnate Word, our hospital fulfills its mission to extend the healing ministry of Jesus Christ by delivering compassionate, expert nursing care.



The Johns Hopkins Hospital

1800 Orleans Street Baltimore, Maryland 21287
410-502-3161 (Office of Nurse Recruitment-JHH)
jobs.hopkinsmedicine.org/jobs/nursing/

The Johns Hopkins Hospital is a non-profit, academic and biomedical research medical center, located in Baltimore, MD. The mission of The Johns Hopkins Hospital is to improve the health of our community and the world by setting the standard of excellence in patient care. With 1,091 beds, and multiple specialties, including the Johns Hopkins Children's Center, The Sidney Kimmel Comprehensive Cancer Center, and The Johns Hopkins Wilmer Eye Institute, The Johns Hopkins Hospital provides comprehensive and specialized care across the continuum. The Johns Hopkins Hospital is proud to be a 4-time Magnet designated hospital.



The Medical Center of Aurora

1501 S. Potomac Street
Aurora, CO 80012
303-695-2600

AuroraMed.com/careers

The Medical Center of Aurora, the first community hospital in the Denver Metro area to receive two-time Magnet designation for nursing excellence by the American Nurses Credentialing Center (ANCC), is an acute care hospital with specialization in cardiovascular services, neurosciences, surgery, orthopedics and women's services. The Medical Center of Aurora is comprised of four campuses in Aurora and Centennial, Colo., including the Main Campus, located at Interstate 225 and Mississippi, the North Campus Behavioral Health facility, Centennial Medical Plaza and Saddle Rock ER.



UChicago Medicine

Chicago, Illinois
(773) 702-1000

nursing.uchospitals.edu

UChicago Medicine, founded in 1927, is one of the nation's leading academic medical institutions. The professional excellence of our nursing team, which received Magnet Designation in 2018, enables us to offer a full range of primary- and specialty-care services through more than 40 institutes and centers. Our nurses have been instrumental in the 13 consecutive A Grades in hospital safety we have received from the Leapfrog Group.



University of Virginia Health System

1215 Lee Street, Charlottesville, VA
434-924-0211

uvahealthjobs.com

Located in Charlottesville, UVA Medical Center is Virginia's #1 hospital, according to *U.S. News & World Report*—and for good reasons. We're Magnet®-recognized. As part of UVA Health System, which includes a Level I trauma center, children's hospital, nationally recognized cancer and heart centers, and primary and specialty clinics throughout central Virginia, we're approaching healthcare in new and innovative ways. And we want you to join us.



UPMC Center for Nursing Excellence

Pittsburgh, Pennsylvania
412-647-2880

corporatenursing@upmc.edu
careers.upmc.com/

With locations throughout Pennsylvania and beyond, UPMC, a \$19 billion world-renowned health care provider and insurer, is inventing new models of accountable, cost-effective, patient-centered care. UPMC Center for Nursing Excellence integrates nursing excellence and spreads best practices across the UPMC enterprise to achieve quality clinical outcomes and increase nursing engagement through shared governance and development of our future leaders.



VCU Health

1250 E. Marshall Street, Richmond, Virginia 23219

(804) 628-4748 • vcuhealth.org/careers

Beth Hubbard • beth.hubbard@vcuhealth.org

1,081 licensed beds (total for all three hospitals)

VCU Health is a comprehensive system of care and pioneer of health. Our VCU Medical Center is a Magnet-designated hospital and the only comprehensive Level I trauma center in the state, verified in adult, pediatric and burn trauma care. We have more than 830 providers in 200 specialties, the area's only NCI-designated cancer center, VCU Massey Cancer Center, and a full-service children's hospital, Children's Hospital of Richmond at VCU. And, VCU Health's Community Memorial Hospital is a leading health care provider for the rural communities of south-central Virginia and northern North Carolina.



Virginia Hospital Center

Virginia Hospital Center

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Phone: 703.558.8109

recruitment@virginiahospitalcenter.com

virginiahospitalcenter.com/careers

We have provided exceptional medical services to the Washington, D.C. metropolitan area for over 70 years and were named a 2016 Top Teaching Hospital by The Leapfrog Group and one of America's 100 Top Hospitals® and 50 Top Cardiovascular Hospitals® by Truven Health Analytics. The Hospital is a proud member of the Mayo Clinic Care Network—a national network of independent healthcare organizations. Virginia Hospital Center is a designated Magnet® hospital by the American Nurses Credentialing Center and a 394-bed not-for-profit, teaching facility offering comprehensive healthcare and multiple, independently recognized Centers of Excellence.



WakeMed Health and Hospitals Raleigh Campus

Raleigh, North Carolina

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hr@wakemed.org

www.wakemed.org/careers

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