Nursing Excellence

2021 Magnet®-recognized and Pathway to Excellence®-designated Organizations Success Stories

Special Section

Our journey along the Pathway to Excellence®

A rural community hospital shares its story of designation and re-designation.

By Wade Tyrrell, MSN, RN

What began at Sterling Regional MedCenter as a vision to enhance the nursing culture and innovate nursing beyond its historical foundation has become a reality that exceeds the expectations of everyone involved. The organization's 9-year journey along the American Nurses Credentialing Center Pathway to Excellence® may serve as a guide to other organizations ready to take this step.

About our organization

Sterling Regional MedCenter is a 25-bed, prospective-payment, non-profit, Level III trauma designated, rural referral acute care hospital on the northeastern plains of Colorado. Our scope of care compares with that of a suburban community hospital and includes full-scale emergency and trauma services; full-scale digital imaging, nuclear medicine, and PET/CT; full-scale perioperative services; the David Walsh Cancer Center (a comprehensive program with medical and radiation oncology); a full range of rehabilitation therapies; a family birthing center; an 18-bed medical surgical unit; an intensive care unit; a hospitalist program; and full range of support services.

Sterling, a member of Phoenix-based Banner Health, was the first hospital to accept Banner Health leadership's 2020 challenge for every hospital in the system to achieve either Pathway to Excellence or Magnet® designation. Sterling received its first Pathway to Excellence designation in late 2013.

The process

Sterling's journey began in early 2011 when the organi-

zation experienced a great deal of change in leadership and scope as well as nursing turnover. The work environment was stressed because of nurse anger and doubt as a result of these changes. A visionary group of frontline nurses and nurse leaders took the opportunity to make positive change by enhancing the role of nursing and energizing the nursing culture. The biggest decision group members faced was how to accomplish and sustain these results. Through literature searches and networking, they discovered the Pathway to Excellence framework and formed the inaugural Pathway to Excellence Committee. Initially, the members experienced some uncertainty, but as they moved deeper into the process, they became more sure that what they were embarking on would change the organization's future.

Through ongoing planning and breakout sessions with our nursing team, the Pathway to Excellence framework became the road map for change and innovation. Clear communication prompted engagement and helped the committee gain nursing support. Newsletters, all-RN meetings, committee members visiting unit staff meetings to provide updates, and team building exercises to promote Pathway to Excellence standards and elements of performance reinforced our progress and ongoing momentum.

As the strategy to build and implement the various performance elements of the framework continued, frontline nurses saw gradual changes and had the opportunity to participate in the process, have their voices heard, become an integral part of decision-making, integrate education and innovation, and witness improved processes and outcomes. Although the committee remained the driving force, the nurses were the deciding force that made Sterling a Pathway to Excellence organization.

When interviewing for the chief nursing officer (CNO) role in late 2013, I remember sensing an energy I hadn't experienced elsewhere. I wasn't sure if it was the rural setting or the size of the organization. While meeting with various groups and team members, I learned about the decision to seek Pathway to Excellence designation and the positive effects the process had on nursing and the organization.

Three years later, I had the opportunity to witness the process from the beginning when Sterling sought redesignation. The focus, drive, and hard work behind the effort remains a part of our culture today.

Ongoing journey

From an administrative viewpoint, Pathway to Excellence requires a significant investment of money, hard work, and emotional energy. However, it results in immense returns. Pathway to Excellence isn't a one-and-done designation. Rather, this evolving process roadmaps opportunities to enhance nurse recruitment and retention, nurse autonomy and satisfaction, interprofessional collaboration, strategic focus, team engagement, ownership and accountability, well-being, and community awareness and presence.

The submission of the document for our first redesignation in late 2016 represented many hours of focus, intensity, angst, celebration, growth, and achievement. At times, this redesignation felt easier than the original submission, but then we realized that wasn't the case. Rather, we were better prepared; we had grown with the Pathway to Excellence experience. Although the standards and elements of performance had not changed, the Pathway to Excellence framework provided us with the opportunity to demonstrate the growth and advancement of our nursing culture since our initial designation.

When submitting our first redesignation document, we compared it to the previous one from 2013. It was an emotional and humbling experience. We were impressed by our growth, talent, achievements, and outcomes. Each day, as we awaited redesignation document review, we shared one element of performance with our nursing team to increase their awareness of

Adapting to a pandemic

Sterling Regional MedCenter was first affected by the COVID-19 pandemic in mid-March 2020, far ahead of most of the other Banner Health hospitals. We encountered many challenges, including restricted points of access, team screening, drastically decreased patient volumes in ambulatory care and the emergency department, and a complete shutdown of elective surgery. As nursing leaders worked to balance operations with the workforce, we had to sharply reduce hours or furlough many of our highly valued team members.

To support each other, Sterling nurses

- retrained to provide care in our acute respiratory unit and other areas
- flexed hours using paid time off to help those who couldn't take paid time off
- provided childcare assistance for those whose children no longer had day care because of a state public health order.

These and other actions demonstrate Pathway to Excellence at its best—accountability, autonomy, collaboration, education, energy, focus, resilience, strength, support, and community.

Voices from the journey

Sterling Regional MedCenter nurses share their thoughts about the organization's Pathway to Excellence® journey.

"We all learned to do things differently—and better! Over time, from those initial meetings until now, we have created and nurtured a positive work environment, greater staff engagement, greater staff retention, nursing participation on interdisciplinary teams, improved patient safety and quality outcomes, and greater job satisfaction."

—Nancy Zwirn, RN, a founding member of the Pathway to Excellence Committee (now retired and serving as a volunteer)

"Pathway to Excellence has positively impacted nursing by allowing our staff to gain an appreciation for the elements that were already being provided to us that we viewed as 'normal.' It has given nursing better awareness that we can be change agents and participate in decisions that impact us, whenever possible. Personally, it has been amazing to watch the changes that have occurred and to be a part of building nursing's impact on our future."

—Elizabeth Kuntz, BSN, RN, who was an emergency department RN when the journey started and is now a senior RN house manager

"The Pathway program empowers nurses to participate in decision-making within their environment. Since becoming a Pathway to Excellence designated facility, our nursing culture continues to grow and improve—nurses are at the heart of the hiring process, the orientation process, and obviously the retention of our nurses. As an RN, it is very important to me that nurses participate in the creation of policies and procedures that directly affect the way we provide care. Pathway to Excellence has done an excellent job in creating the opportunity for us to do just that, and to voice our opinions and concerns about everything that affects us, our coworkers, and our patients. It was the platform our hospital needed to move nursing forward and create a safe, proactive culture in our workplace."

—Emily Hidalgo, BSN, RN, CMSRN, who joined Sterling as a new graduate over 5 years ago and is now a member of the Pathway to Excellence Committee and the DAISY Award Committee

the document's content and recognize the growth and success we'd achieved together.

As work began on our second redesignation, new standards and elements of performance that focused on staff well-being and community interaction and contribution required stronger nursing inclusion in new areas. As our hospital grew in scope and service, it became more difficult to maintain nursing team participation in the redesignation process. Using open and transparent communication, the Pathway to Excellence Committee and nursing leaders kept team members well informed about our progress, which

added depth and substance to our established program.

Similar to previous designations, all-RN meetings, staff meetings, team huddles, CNO and staff time sessions, emails, leadership rounding, and nursing events helped to maintain awareness, momentum, and enthusiasm.

We received our second designation in 2017 and are currently awaiting our third designation.

Pathway to Excellence outcomes

Our journey to Pathway to Excellence have resulted in several achievements. Our voluntary nursing turnover rate has remained at zero for 5 of the 6 years of our designation. We've seen year-over-year improvement in our individual unit-based National Database of Nursing Quality Indicators, and we achieved the highest overall nursing Practice Environment Score of all 28 Banner Health acute care facilities during the 2018 and 2019 surveys. Nursing engagement and leadership effectiveness scores have demonstrated year-over-year increases in our annual VOICE® Survey (our system's employee satisfaction survey). In our 2019 survey, we achieved the highest score within Banner Health for "great place to receive care"—a significant improvement over previous years.

More than half of our nurses are cross-trained in more than one care area, and we've efficiently expanded our service lines to add additional nursing team members. Within the community, we've created activities to support awareness, well-being, safety, and preparedness. In addition, for the past 4 consecutive years, we've achieved "Top 100 Rural and Community Hospital" status by the Chartis Group, LLC. This status indicates top performance in managing risk, achieving higher quality, securing better outcomes, increasing patient satisfaction, and operating at a lower cost. (See *Adapting to a pandemic*.)

We've purposefully kept our nursing organizational chart flat with only a single line of leadership between team members and the senior operations team. This helps to support the Pathway to Excellence framework and ensure close communication, collaboration, knowledge-sharing, strategic planning, transparency, support, a culture of safety, and exceptional outcomes.

Looking ahead

The foundation the Pathway to Excellence process has provided continues to strengthen us, and we're confident it will continue to for many years to come. I've been asked by many of my peers if we could have achieved our growth and success without the Pathway to Excellence framework as our partner. My quick response is, "Not as quickly, not as successfully, and definitely not as sustainably." AN

Wade Tyrrell is chief executive officer/chief nursing officer at Sterling Regional MedCenter in Sterling, Colorado.

Standardizing handoff communication

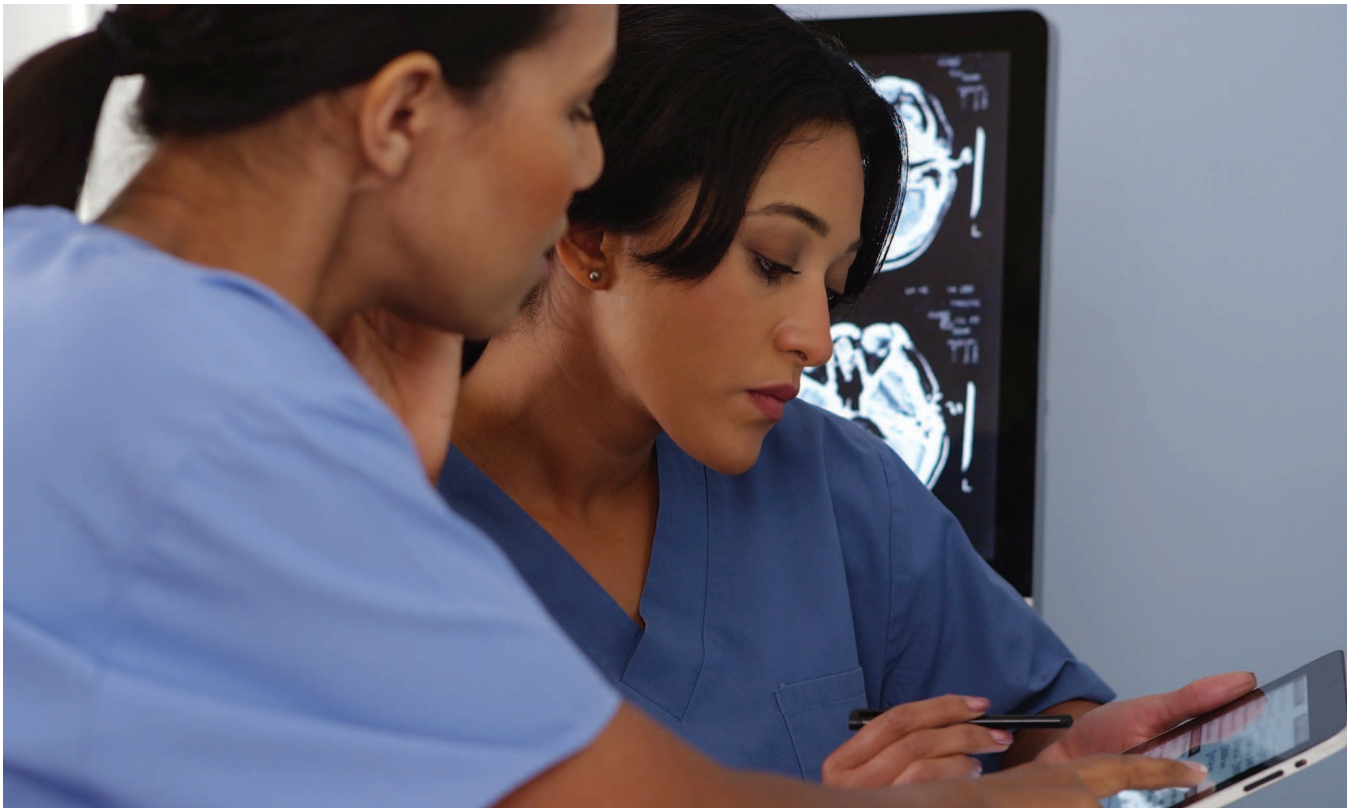
An electronic tool helps ensure care continuity and reduces miscommunication.

By Jo Freel, MSN, RN, and Brandon Fleharty, MHA, MSN, RN-BC, PMP, CPHIMS

Although adverse events can occur anytime during hospitalization, handoff communication is often the cause of avoidable adverse events. Miscommunication, care continuity disruption, critical data omission, medication errors, and serious adverse outcomes during handoffs create a vulnerable gap in care. (See *About handoffs*.)

Nebraska Medicine, an academic medical center in Omaha, recognized the variability in its handoff process across units and disciplines. Although the organization used the SBAR (Situation, Background, Assessment, Recommendation) tool for handoffs and encouraged patient and family participation in the process, an opportunity for improvement and reduced variability existed. The organization noted that any lack of standardization placed patients at increased risk for medical errors and serious adverse events.

Because the greatest number of handoff opportunities occur during shift-to-shift transitions, Nebraska Medicine chose to focus its initial efforts on improving the process at this level. Using The Joint Commission, Agency for Healthcare Research and Quality, and National Quality Forum recommendations for standardized and systematic communication, Nebraska Medicine aimed to design a project centered on creating a standardized shift-to-shift handoff tool and process for all inpatient nurses. Ideally, handoff would be a streamlined process between the outgoing and oncoming nurses at the patient's bedside with limited interruptions, individualized care plan communication, and patient and family inclusion. Active



communication between nurses is essential to ensure a comprehensive handoff.

Team-based assessment

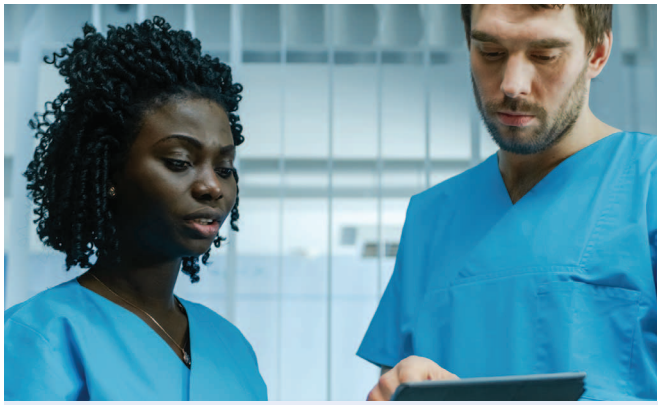
Nebraska Medicine created a project team to produce a standardized handoff tool and process. The team consisted of leadership from nursing professional practice and development, enterprise applications (electronic health record [EHR] analysts), clinical effectiveness, and clinical decision support. The team started by working to understand the negative issues related to the current handoff process. The inpatient oncology and hematology specialty care unit expressed an interest in working to improve its handoff process, so the project team engaged unit leadership and staff to help during the initial phase of the project, identifying gaps in information and processes.

As the project progressed, the hospital's shared governance practice council was brought in because it would ultimately be responsible for the handoff process. A sub-committee of the practice council was created to work with the project team to research existing handoff tools and build a tool to better meet the organization's needs. The team reviewed the current SBAR handoff tool, listing its pros and cons, and then investigated other tools. The project team looked for tool content that would meet the needs of Nebraska Medicine and use various aspects of the EHR to provide ease of content identification. They wanted a tool that could document dialogue between the outgoing and oncoming nurse, identify patient-specific quality and safety issues that might influence outcome improvement, and allow the receiving nurse to ask questions and clarify content (active communication).

After careful deliberation, the project team recommended the ISHAPED (**I**ntroduce, **S**tory, **H**istory, **A**ssessment, **P**lan, **E**rror Prevention, and **D**ialogue) patient-centered bedside report tool to the shared governance practice council. (See *ISHAPED tool*.) The INOVA Health System created the ISHAPED tool in 2010 to standardize patient-centered bedside handoff with face-to-face communication between caregivers. The tool was created in a paper format, but the project team at Nebraska Medicine preferred an electronic tool that could be updated in real-time and considered the "source of truth" (meaning that everyone would be using the same tool to gather data needed for handoff). They proposed using the foundation of the ISHAPED tool but incorporating it into the EHR. The shared governance practice council approved the proposal, and the practice council subcommittee began work with the project team to build the electronic ISHAPED handoff tool.

Usability and design

The ISHAPED electronic handoff tool was designed to guide nurses through pertinent patient information gathered from other parts of the EHR, such as patient demographics, medical history, nursing documentation, patient-specific risk assessments, and orders. Nurses would still be expected to use standard tools for managing labs, orders, or imaging results as designated by the organization. As appropriate, the ISHAPED tool pulls patient information into the designated ISHAPED section or hyperlinks to the area in the EHR. Display-



About handoffs

For several years, The Joint Commission and the Agency for Healthcare Research and Quality's hospital survey on patient safety culture have cited care transitions as an area of concern. In addition to adverse events, ineffective handoff communication also has contributed to prolonged lengths of stay, avoidable readmissions, delayed or inappropriate treatment, increased costs, inefficiencies related to rework, and care omissions. Consequently, both agencies have emphasized improving and standardizing handoff communication.

Handoff is a real-time process that involves the transfer of essential patient data from one caregiver to another. This occurs several times throughout a patient's hospital stay, so successful communication between nurses is essential to providing relevant information related to the patient's care and condition and ensuring care continuity. Information shared during the handoff process typically includes

- diagnosis
- pertinent medical history
- hemodynamic status
- completed or pending procedures
- care plan
- any other pertinent information necessary for continuity.

Most communication errors occur during this information transfer, especially during shift-to-shift handoff. When handoff is compromised, the patient is placed at an increased risk for an adverse event. According to Wheeler, approximately 70% of serious medical errors are the result of ineffective handoff communication.

Handoffs completed at the patient's bedside—which allow for direct patient visualization and communication between caregivers—improve the process. In addition, handoffs conducted at the bedside encourage the patient and family to participate in the care plan.

ing only pertinent items reduces the time needed for staff to process and communicate information. ISHAPED is designed to serve as an information repository rather than a documentation tool. As a result, the corresponding handoff process requires that all other nursing documentation in the EHR must be completed before the handoff report.

As patients transfer between care areas, the ISHAPED tool displays information specific to the patient's current location. This design feature allows nurses participating in handoff communication to review the most crucial information related to the patient's transfer. Visualizing the same information during handoff communication creates an environment for nurses to have meaningful conversations about patient needs at various levels of care. As the handoff tool was implemented, new care area designs were integrated into the existing framework for seamless application across the organization.

Implementation

The shared governance practice council and subcommittee served as ISHAPED champions throughout the organization. Training and education were developed using an e-learning module to introduce staff to the ISHAPED tool and set expectations for its use. An interactive feedback form embedded within the tool encouraged staff to provide real-time recommendations

ISHAPED tool

The ISHAPED tool contains information pertinent to patient-centered handoffs. Each section of the tool should include specifics. Examples are included below.

Introduce: Allergies, code status, contact information, advance directives, provider teams, ancillary consults

Story: Hospital problem, treatment plan, admission screening information, learning assessment

History: Links to the emergency department summary, link to history and physicals in the notes, medical and surgical history, blood administration history for the past 72 hours

Assessment: Vital signs, activities of daily living, diet orders, pain management, assessments, current medications, intake and output summary, lab results, radiology results from the past 24 hours

Plan: Care plan goals, orders to be acknowledged and completed, current infusions, as-needed medications, nursing orders, patient-initiated and patient-advocate goal documentation

Error prevention: High-alert warnings, patient-specific medication information

Dialogue: Shift report given, how patient and family were involved

for improvement and to determine whether suggested enhancements are functionally possible within the EHR system.

The handoff tool was rolled out for use in both shift-to-shift and unit-to-unit transfers (for example, emergency department [ED] to an inpatient unit, inpatient unit to a procedural area, ambulatory clinic to the ED). Several areas—including obstetrics, neonatal intensive care unit, ED, and the infusion center—required customized builds because of unique patient populations.

Measuring success

Success was measured using three outcomes. First, the team reviewed the overall effectiveness of the tool, including use, nursing overtime data, number of adverse events related to handoff communication, and quality data. The results indicated that the tool effectively improved each factor. The second outcome measure was engagement. The team reviewed patient and family satisfaction from the Hospital Consumer Assessment of Healthcare Providers and Systems survey. Nursing engagement was evaluated using a Survey Monkey assessment tool. Third, efficiency of the ISHAPED tool was measured by reviewing the overall design, conducting a Survey Monkey assessment, and evaluating the number of clicks nurses made within the tool. Initial usability studies to evaluate overall efficiency found that the tool decreased the number of clicks necessary to find pertinent information. Patients, families, and many nurses were satisfied with the ISHAPED tool; however, some nurses indicated resistance to adopting it.

Recommendations for practice

Handoff communication remains a high-risk activity. Translating processes from other safety methods, such as medication administration, to the handoff communication process will lead to more effective and safer handoff practices. Handoff should be completed separately from other nursing actions and include the patient and family to decrease medical errors and enhance communication between the healthcare team and the patient. Active participation by patients and family members promotes an environment that improves patient safety and quality by allowing patients and families to clarify and correct potential inaccuracies.

Healthcare safety transparency is a public concern. The rollout of the ISHAPED tool at Nebraska Medicine has demonstrated a decrease in adverse events related to communication errors and an improved culture of awareness of the benefits of a standardized electronic handoff tool. AN

Access references at myamericannurse.com/?p=72775.

The authors work at Nebraska Medicine in Omaha. Jo Freel is a nursing practice specialist in the department of nursing professional practice and development. Brandon Fleharty is an application manager for enterprise clinical applications.

Operationalizing new knowledge, innovations, and improvement

This organization's infrastructure supports clinical inquiry.

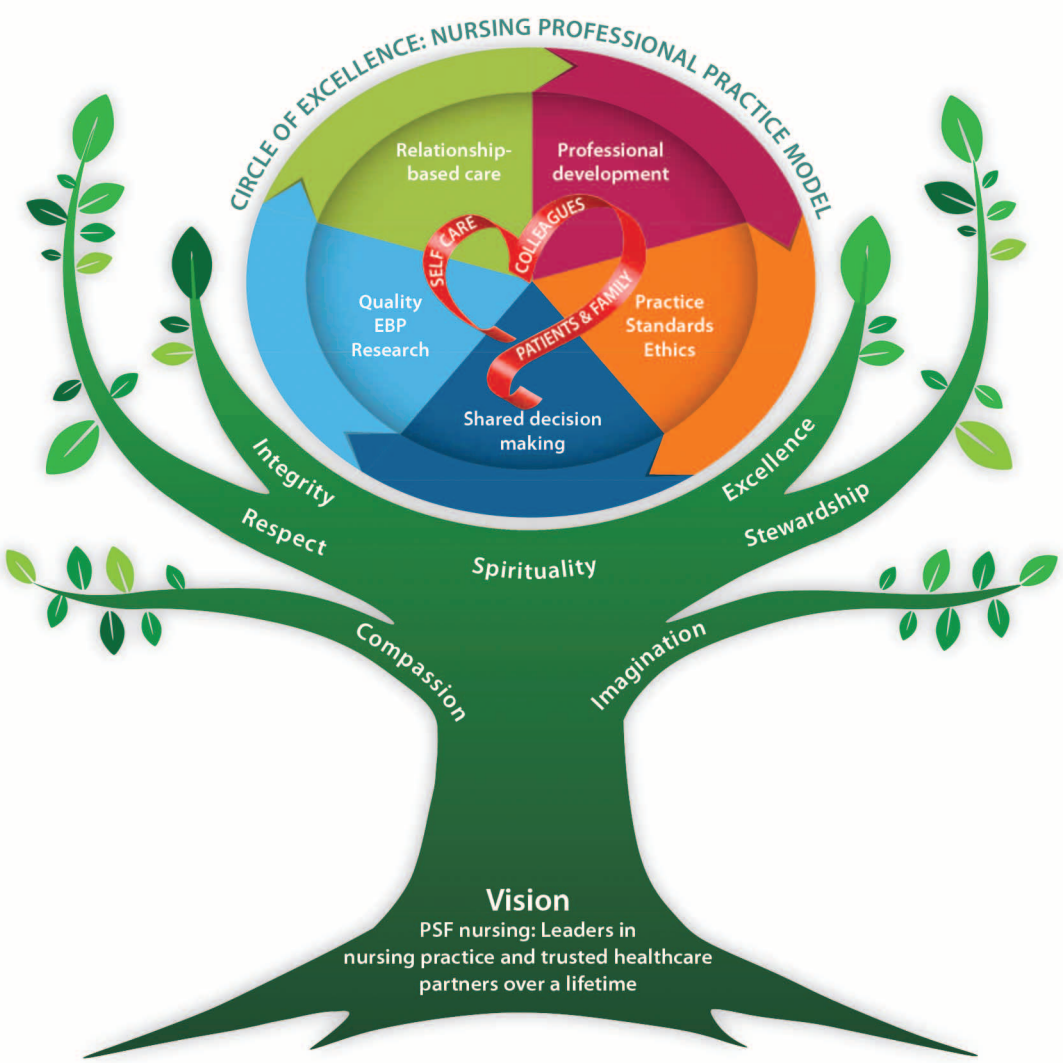
By Stacy Kreil, DNP, RN, NE-BC

Organizations that have received American Nurses Credentialling Center (ANCC) Magnet Recognition® integrate evidence-based practice (EBP) and research into clinical and operational processes. Improvements in patient care, nursing practice, and the work environment are hallmarks of these organizations. ANCC states that "Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements." Part of meeting that responsibility means fostering inquiry among nurses.

At Penrose-St. Francis Healthcare Services (PSFHS), a non-profit 522-bed acute care facility in Colorado Springs, Colorado, we encourage clinical nurses not only to ask the questions to help us meet strategic

Circle of excellence

The Penrose St. Francis Health Services nursing professional practice model is grounded in a circle of excellence.



4 components of clinical inquiry

At Penrose-St. Francis Healthcare Services, clinical inquiry consists of four components to improve health for patients, families, and communities.

1 Research begins with a question and uses systematic, scientific inquiry to answer it. Research generates new knowledge and is integral to professional practice.

2 Evidence-based practice uses the best scientific evidence, integrated with clinical experience and patient values and preferences, to ensure the best possible patient care.

3 Process and quality improvement allows nurses to improve systems at the local level using Plan, Do, Check, Act to monitor performance and improve outcomes.

4 Innovation involves applying creativity or problem-solving skills to adopt a new product or service to meet a need.

nursing goals but also to answer them. PSFHS is part of Centura Health in Colorado and Western Kansas, the area's largest hospital and healthcare network delivering advanced care to more than half a million people each year. PSFHS earned Magnet designation in 2014 and 2019 and is working toward its third designation.

Our journey to operationalize the Magnet new knowledge, innovations, and improvement component includes developing an infrastructure to support nursing and collaborative research with an EBP council led in partnership with our nurse scientist.

Developing an infrastructure

How does an organization bring an attitude of inquiry to the bedside nurse? At PSFHS, we developed a professional practice model (PPM) that symbolizes our beliefs, values, theories, and systems for nursing practice. (See *Circle of excellence.*) We're grounded in our mission to "extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities." Our PPM provides a framework that describes the factors needed for nurses to ask questions about clinical practices they want to change. (See *4 components of clinical inquiry.*)

Many nurses are new to the research process, so having a nurse scientist on the council provides the guidance we need to understand research basics. The council also includes the chief nursing officer (CNO), who serves as the executive sponsor; clinical educators; advanced practice RNs; representatives from local nursing schools; the Magnet program coordinator; and clinical nurses. As the executive sponsor, the CNO demonstrates leadership support for research, EBP, quality improvement (QI), and innovation to drive patient outcomes improvement.

To advance nursing and interdisciplinary collaboration and to transform care, the council supports a culture of inquiry by connecting the dots so bedside nurses can fix a clinical practice problem using research, EBP,

A forum for professional growth

The Centura Health system Evidence-based Practice, Research, and Innovation Conference provides a forum for facilities and provider practices to present evidence-based practice, quality improvement, and research achievements. At the conference, nurses

- share data and receive peer feedback
- attend sessions that provide valuable information to replicate in their hospitals
- practice presentation skills and develop the expertise needed to discuss research
- learn how to answer audience questions
- establish contacts with other nurses, foster relationships, and potentially motivate each other to work across the hospital system to create environments that support clinical inquiry.

Presentations can then be submitted for consideration by professional organization conferences, such as the annual American Nurses Credentialing Center National Magnet Conference®.

QI, and innovation. This is accomplished by providing an environment for sharing ideas; discussing lessons learned from participating in research, EBP, QI, or innovation; facilitating dissemination of findings; and providing continuing education programs (such as EBP boot camps and abstract writing seminars) to refine skills.

Relationships with nursing schools

Relationships with nursing school faculty and other disciplines, such as business and healthcare therapy faculty, maximize resources, enhance opportunities for staff to stay current in their practice, increase research productivity, and provide more opportunities for innovation. These relationships, led by the CNO, have allowed us to develop joint research programs that benefit faculty and nurse teams who work collaboratively. The schools develop research projects, and PSFHS staff have access to participate.

Current research projects include developing a post-cardiac event perceived risk assessment tool and studying resiliency of nurses caring for patients with COVID-19. We're also working with the University of Hiroshima to examine the effects of exercise on cognitive status in breast cancer survivors. The outcomes of these relationships have increased grant funding and opportunities to co-sponsor research, which not only improves patient outcomes but provides research training for our future generation of nurses.

Integrating new graduates

PSFHS engages newly licensed RNs (NLRNs) during their residency program by identifying a clinical problem to solve in their units that will improve patient outcomes. The project aims to inspire lifelong learning and leadership skills by reinforcing that NLRNs can make a difference from the beginning of their careers. While

working on a project, they develop decision-making and leadership skills and work collaboratively as a team to create strategies for incorporating research and evidence into their practice. After completing their residency program, the NLRNs present their project to their peer group and nursing leadership, and they submit abstracts to local and national conferences.

Here's an example of a recent project: The NLRNs on an orthopedic surgical unit found that 41% of patients experienced constipation after discharge, so they developed an evidence-based constipation-prevention brochure. They provided education to other nurses and included the brochures in patient discharge packets. Their work resulted in nurses discussing constipation with patients at discharge. After the intervention, only 20% of discharged patients reported constipation in their follow-up phone calls.

Tying it all together

As a Magnet organization, we strive to integrate research, EBP, QI, and innovation into our clinical and operational processes and disseminate findings internally and externally (a requirement for Magnet-designated organizations). Annually, PSFHS participates in our system's EBP, Research, and Innovation Conference, chaired by our nurse scientist. (See *A forum for professional growth*.)

In addition, PSFHS co-hosts and sponsors the annual Reaching for the Peak of Practice: EBP and Research Conference, presented in partnership with the nursing school, local hospitals from other health systems, and a local professional nursing organization. This conference provides another forum for nurses to explore introductory, intermediate, and advanced topics about implementing and integrating EBP, best practices, and other healthcare innovations that improve outcomes.

The journey continues

Nurses have a responsibility to engage in EBP that meets the expectations of patients, families, and communities. We have the privilege and expertise to advance the art and science of our profession. With so much required to keep nursing relevant, we tend to forget that an infrastructure exists to support EBP and keep our organizations from spinning their wheels every few months. Through inquiry, we help extend the science of nursing practice beyond intuition and ensure access to knowledge, both potential and realized, in the framework of caregiving. AN

Stacy Kreil is vice-president of nursing and assistant chief nursing officer at Penrose-St. Francis Health Services in Colorado Springs, Colorado.

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41 East Post Road, White Plains, NY 10601
wphospital.org
Cindy Ganung, MS, BSN, RN, SHRM-CP
WPHRNResumes@wphospital.org

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™ 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® in 2015 and 2013. WPH received Magnet® recognition in 2016 from the American Nurses Credentialing Center.

Magnet® is the leading source of successful nursing practices and strategies worldwide.