

SE12b – COMMITMENT TO COMMUNITY INVOLVEMENT

Provide one example, with supporting evidence, of the organization's support of a clinical nurse(s) who volunteer(s) in a population health outreach initiative, either local or global.

In February 2020, New York City had its first case of the SARS-COV2 (COVID-19) virus. By March 2020, New York City became the epicenter of the COVID-19 global pandemic. NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia) reached full bed capacity by April 2020, with clinical nurse staffing critically short due to the acuity of the COVID-19 patients, clinical nurses becoming sick with COVID-19, and clinical nurses having to quarantine due to COVID-19 exposures. In April 2020, NYP/Columbia was fortunate enough to have Intermountain Medical Center, located in Utah, answer the call for help and send clinical nurses who volunteered to work at NYP/Columbia for a two-week period and help manage the COVID-19 surge.

By Fall 2020, COVID-19 was surging across the country in different areas that posed a significant population health issue. Utah's Intermountain Medical Center was experiencing an escalation of COVID-19 patients and were running critically low on RN staffing and resources to care for this patient population. On October 28, 2020, Courtney Vose, DNP, MBA, RN, APRN, NEA-BC, Vice President and Chief Nursing Officer (at the time), NYP/Columbia, on behalf of NewYork-Presbyterian (NYP) executive leadership, called for volunteers to support the global pandemic domestically in Utah. Clinical RN volunteers were provided with travel arrangements, including flight, transportation to/from the airport, and accommodations. Throughout the deployment and quarantine period, NYP/Columbia provided benefits, salary, and any overtime pay incurred by nurses while working at Intermountain Medical Center. [SE12b.1—Intermountain Volunteer Sign-Up Email](#)

In November 2020, Lori Wagner, BSN, RN, CCRN, clinical nurse, MICU (4HN-605420) [MICU], NYP/Columbia, served as a clinical nurse volunteer, which was unrelated to her clinical nurse job description, to work in Utah at Intermountain Medical Center as part of a global population outreach initiative locally in the United States. [SE12b.2—Clinical RN Job Description](#)

On November 4, 2020, Ms. Wagner was deployed to Intermountain Medical Center as a volunteer for seven shifts over a two-week period. Upon completion of the two-week period, Ms. Wagner was required to test for COVID-19 and quarantine for one week prior to returning to her nursing job in the NYP/Columbia MICU. [SE12b.3—Lori Wagner Timecard](#)

For this deployment, NYP/Columbia provided travel arrangements for Ms. Wagner, including flight, transportation to/from the airport, and accommodation. Throughout the deployment and quarantine period, NYP/Columbia continued to provide Ms. Wagner with her benefits, salary, and any overtime pay she incurred while working at Intermountain Medical Center.

With the support of NYP/Columbia, Ms. Wagner was able to volunteer in the United States for a global population health outreach initiative by traveling to a COVID-19 hotspot in Utah to help Intermountain Medical Center frontline healthcare workers during the COVID-19 pandemic. *The Washington Post* published an article on November 19, 2020, on the volunteerism demonstrated by the NYP clinical nurses who traveled to Utah. Ms. Wagner was one of 31 volunteers making up this distinguished group of clinical nurses from across the entire NYP enterprise, including NYP/Columbia. [SE12b.4—The Washington Post Article November 2020](#)

From: Vose, Courtney <cov9012@nyp.org>

Sent: Wednesday, October 28, 2020 8:00 AM

To: NYP Columbia Campus Nurses All <ddl_nyp_cu_nurse_all@nyp.org>; NYP Allen Hospital Nursing All <ddl_nyp_ah_nurse_all@nyp.org>

Cc: Williams, Stacie <smw9005@nyp.org>; Manzano, Wilhelmina <manzano@nyp.org>; Prado-Inzerillo, Mari Lou <mpr9002@nyp.org>; Finn, Marie <mfinn@nyp.org>; Green, Coretta <cg9056@nyp.org>; Halliday, Catherine <cah9045@nyp.org>; Hartman, Nicole <nmh9004@nyp.org>; Jackson, Emily <emj9009@nyp.org>; Krugman, Mark <mak9054@nyp.org>; Ku, Bertha <bek9027@nyp.org>; Austria, Lucille <lub9001@nyp.org>; Silvestri, Vincent <sis9113@nyp.org>; Su, Grace <grs9013@nyp.org>; Tinning-Solages, Donna <tds9001@nyp.org>

Subject: IMPORTANT - Your Help Is Needed

Importance: High

SENT ON BEHALF OF LAURA FORESE, SHAUN SMITH and WILLIE MANZANO

Dear Colleagues,

We find ourselves distressed to see rapidly escalating numbers of COVID-19 cases in other areas of the country, and we want to take direct action to support our fellow citizens who are facing the difficult challenges brought by a rise in COVID-19 in their communities. In particular, we want to offer help to Intermountain Healthcare who assisted us during the height of the COVID-19 response in New York.

We are seeking Nurses who would be willing and able to travel to Utah as part of NYP teams to assist Intermountain Healthcare in communities that are currently hard-hit by COVID-19. NYP teams will be deployed on Wednesday, November 4, 2020, to the areas of need for approximately two weeks. All nurses are needed and welcome to express interest; however, we are specifically looking for those with ED, ICU and Med Surg experience.

Logistics and Key Considerations

NYP will organize all travel, including flights, transportation to/from airports, and accommodations. If you express interest and are selected, you will be given more details.

If you are deployed, in addition to planning for a two-week assignment, you will be tested for COVID-19 upon your return, and you should be prepared for a quarantine period depending on your results. Throughout your deployment and any subsequent quarantine, you will receive your benefits, salary, and any overtime pay you might incur. During deployment, Intermountain Healthcare will provide boarding at a local hotel, transportation to and from your assigned work site, and meals (or funds for meals).

How to Express Interest

If you are willing and able to be a part of this important effort, please [complete this brief online questionnaire](#) by Thursday, **October 29, 2020**.

Thank you to those who consider joining NYP to assist other communities in the fight against COVID-19. We are proud of all of our NYP heroes for the amazing work you have done for our patients, and we know that the people you will serve will be grateful for your expertise and assistance in helping them stem the tide of this pandemic.

Laura L. Forese, M.D.
Executive Vice President and Chief Operating Officer

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

Shaun E. Smith
Senior Vice President and Chief People Officer

Position Title		CLINICAL NURSE I		Job Code		228	
Department		NURSING		Grade		15A	
Supervisor's Title				Last Reviewed		2/1/2017	
Exempt	X	Non-Exempt		Union		NYSNA	
Titles Reporting to this Position							
Position Summary							
<p>As an integral member of the New York-Presbyterian Hospital (NYP) healthcare team, the Registered Professional Nurse (RN) upholds the NYP mission, vision, values and strategic initiatives to provide the highest level of patient centered care. In accordance with the American Nurses Association (ANA) Scope and Standards of Practice, the New York State Article 139, Nurse Practice Act and as articulated in the NYP nursing bylaws, the Department of Nursing supports the role of the RN in the direct provision of effective and comprehensive nursing care. In providing this care, the RN is responsible for diagnosing and treating human responses to actual or potential health problems through case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing. The RN is also responsible for executing medical regimes prescribed by a licensed physician, dentist or other legally authorized licensed health care provider (New York State Practice Act, 2010)</p> <p>The NYP Department of Nursing supports a Primary Nursing care delivery model. By utilizing the nursing process, the RN uses critical thinking and clinical decision making to assess, plan appropriate care for, and evaluate the patient's progress throughout the hospital stay and through discharge. The professional role of the RN is exemplified by the qualities of leadership, delegation, collaboration, effective communication, ensuring quality outcomes and by participating in the NYP Department of Nursing's Shared Governance activities.</p> <p>Throughout the patient's stay and through discharge the RN provides care that:</p> <ul style="list-style-type: none"> • Establishes and maintains a therapeutic relationship with the patient and family • Encompasses an understanding and integration of cultural diversity into practice • Includes communicating and working collaboratively with the patient, family and health care team members • Includes considering the patient's values, preferences, expressed needs and knowledge of the healthcare situation in holistic data collection, in formulating health care outcomes and in the evaluation process. 							
Essential Job Duties							
<p>STANDARDS OF PRACTICE - Direct Patient Care – **See Appendix A for Demonstrable Behaviors/Outcomes</p> <p>The RN is guided by the ANA Scope and Standards of Practice (2010). These Standards of Practice describe a competent level of nursing care provided by utilizing the nursing process components of assessment, diagnosis, outcomes identification, planning, implementation and evaluation. Accordingly, the nursing process utilized in a primary nursing model encompasses the significant actions taken by the RN and forms the foundation of the nurse's decision-making.</p> <ul style="list-style-type: none"> • Primary Nursing-The RN acts as the primary nurse for designated patients and collaborates as an associate nurse. • Assessment and re-assessment- The RN collects, synthesizes and prioritizes comprehensive data pertinent to the patient's health and/or the situation. • Diagnosis – The RN analyzes the assessment data to determine the actual and potential diagnoses or the issues. • Outcomes Identification – The RN identifies expected outcomes for a plan individualized to the healthcare 							

- consumer or the situation.
- Planning – The RN develops and modifies a plan of care that prescribes strategies and alternatives to attain expected outcomes.
 - Implementation – The RN implements the identified plan of care.
 - Coordination of Care – The RN coordinates care delivery and transitions in care.
 - Health Teaching and Health Promotion – The RN employs strategies to promote health and a safe environment.
 - Evaluation – The RN evaluates progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE - **See Appendix A for Demonstrable Behaviors/Outcomes

The ANA Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to: ethics, education, evidence-based practice and research, patient centered care/service excellence, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization, and environmental health. The RN is expected to engage in professional role activities, including leadership, appropriate to their education and position. The RN is accountable to self, the healthcare consumer, peers, and ultimately to society for professional nursing actions.

- Patient Centered Care/Service Excellence – The RN demonstrates service excellence
- Ethics – The RN practices ethically
- Education – The RN attains knowledge and competence that reflects current nursing practice.
- Evidence-Based Practice and Research – The RN integrates evidence and research findings into practice and the plan of care.
- Quality of Practice – The RN contributes to quality nursing practice.
- Communication – The RN communicates effectively in all areas of practice.
- Leadership – The RN integrates the principles of Shared Governance into practice.
- Collaboration – The RN collaborates with healthcare consumer, family & others in conduct of nursing practice.
- Professional Practice Evaluation – The RN evaluates own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.
- Resource Utilization - The RN utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.
- Environmental Health (EH) - The RN practices in an environmentally safe and healthy manner.

Performs other job related duties as assigned.

Qualifications	Required (R) Preferred (P)
Education	
BSN	R
Complete Nurse Residency Program if new Graduate	R
Licensure/Certifications	
Current NYS RN Licensure	R
See Nursing By-Laws for ACLS, BCLS and additional American Heart Association Life-Support classes that are required by campus and department. http://inonet.nyp.org/Nursing/Admin%20Manual/104_Nursing_By-Laws.pdf	R
Work Experience	
Knowledge of nursing process: social, behavioral, biological and physical science	R
Knowledge of current health care environment	R
Knowledge of customer service principles	R

Knowledge of effective interpersonal communication skills	R
Knowledge of use of computer applications	R
Ability to analyze patient care data to deliver and evaluate care	R
Physical/Environmental Conditions	Yes (Y) No (N)
Physical/Hazardous/Work Environment - The work environment and physical demands described here are representative of those required by an employee to perform essential functions of the job with or without reasonable accommodation.	
Ability to work in surroundings with degree of dust, noise, odors, etc. without undue discomfort.	Y
Ability to hear, talk, walk, stand, bend and stretch.	Y
Ability to read, write and interpret documents.	Y
Ability to sit for long periods of time at desk to perform job functions.	Y
Ability to communicate effectively with clients and co-workers.	Y
May be exposed to mechanical/electrical/radiant/explosive/burn and chemical hazards.	N
May be required to handle, dispose of and/or identify hazardous waste and hazardous materials.	Y
May be required to operate and clean equipment.	N
May be required to work both indoor/outdoor under extreme temperatures.	N
May be required to handle reasonably heavy weights across distances.	Y
May be required to operate heavy vehicles.	N
Must be trained in and knowledgeable of all Hospital policies and procedures pertaining to hazardous waste and hazardous materials and maintain qualifications applicable to assigned work.	Y
Other:	
OSHA	Yes (Y) No (N)
Duties performed routinely require exposure to blood, body fluid and tissue.	Y
Normal routine involves no exposure to blood, body fluid or tissue, but potential for exposure.	N
Normal routine involves no exposure to blood, body fluid or tissue. Incumbents are not called upon to perform or assist in emergency care or first aid.	N

APPENDIX A - DEMONSTRABLE BEHAVIORS/OUTCOMES

A Clinical Nurse I is a registered professional nurse who coordinates care of assigned patients on a shift. A Clinical Nurse I possesses the qualifications and attributes essential for the provision of safe, efficient and therapeutic nursing care. May assume role and orient other nurses to the Charge Nurse role.

STANDARDS OF PRACTICE

<p>Primary Nursing-The RN acts as the primary nurse for designated patients.</p> <ul style="list-style-type: none"> • As the primary nurse, the RN is responsible and accountable for establishing a therapeutic relationship with the patient and family, assessing the patient, planning appropriate care, and evaluating the progress of the patient throughout his or her stay in the hospital and through discharge. • The RN functions as an associate nurse for all other patients not designated as their primary patient. • The elements of Primary Nursing include: acceptance of the individual nurse’s responsibility for decision-making for each primary patient, staff assignments that are patient centered rather than task or geographic centered and direct communication with the patient and family and interdisciplinary team. • The Primary Nurse accepts responsibility for the quality of care administered to primary patients for the duration of the patient’s hospitalization and regularly evaluates the effectiveness of the care plan.
<p>Assessment and re-assessment– The RN collects comprehensive data pertinent to the patient’s health and/or the situation.</p> <ul style="list-style-type: none"> • Collect comprehensive data including but not limited to physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic and ongoing process while honoring the uniqueness of the person. • Identify barriers (e.g., psychosocial, literacy, financial, cultural) to effective communication and makes appropriate adaptations, including recognition of the person/patient as a whole. • Prioritize data collection based on the patient/family’s immediate condition, or the anticipated needs. • Synthesize available data, information, and knowledge relevant to the situation to identify patterns and variances. • Document relevant assessment data in a retrievable format.
<p>Diagnosis – The RN analyzes the assessment data to determine the diagnoses or the issues.</p> <ul style="list-style-type: none"> • Derive the diagnoses or issues from assessment data. • Validate the diagnoses or issues with the patient/family, and other healthcare providers when possible and appropriate. • Identify actual or potential risks to the patient/family’s health and safety or barriers to health, which may include but are not limited to interpersonal, systematic, or environmental circumstances. • Document diagnoses or issues in a manner that facilitates the determination of the expected outcomes and plan.
<p>Outcomes Identification – The RN identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.</p> <ul style="list-style-type: none"> • Derive culturally appropriate expected outcomes from the diagnoses. • Include a time estimate for the attainment of expected outcomes and develops and modifies expected outcomes that facilitate continuity of care. • Document expected outcomes as measurable goals.
<p>Planning – The RN develops a plan that prescribes strategies and alternatives to attain expected outcomes.</p> <ul style="list-style-type: none"> • Develop an individualized plan in partnership with the patient, family, and others. • Participate in development of the interdisciplinary plan of care and utilizes it to provide direction to other members of the healthcare team to assure care continuity and appropriate planning for discharge or continuing care. • Modify and documents the plan according to the ongoing assessment of the patient/family’s response

<p>and other outcome indicators in a standardized language or recognized terminology.</p>
<p>Implementation – The RN implements the identified plan.</p> <ul style="list-style-type: none"> • Partner with the patient and family, and caregivers as appropriate to implement the plan in a safe, realistic, and timely manner. • Collaborate with healthcare providers from diverse backgrounds and utilizes community resources to implement and integrate the plan for a routine patient population. • Document implementation and any modifications and utilizes technology to measure, record, and retrieve healthcare consumer data, implement the nursing process, and enhance nursing practice. • Apply appropriate knowledge of major health problems and cultural diversity and utilizes evidence-based interventions and treatments specific to the diagnosis or problem in implementing the plan of care. • Apply available healthcare technologies to maximize access and optimize outcomes for healthcare consumers.
<p>Coordination of Care – The RN coordinates care delivery.</p> <ul style="list-style-type: none"> • Organize the components of the plan of care. • Document in the progress note the patient’s status when transferred within the institution or discharged from the institution to the community setting. • Manage assists and communicates with the patient/family and healthcare team during transitions in patient care. • Document evidence of the coordination of care.
<p>Health Teaching and Health Promotion – The RN employs strategies to promote health and a safe environment.</p> <ul style="list-style-type: none"> • Identify documents and evaluates patient and family teaching needs and uses health promotion and health teaching methods appropriate to the situation that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care. • Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used by the patient and family.
<p>Evaluation – The RN evaluates progress toward attainment of outcomes.</p> <ul style="list-style-type: none"> • Conduct a systematic, ongoing, and criterion-based evaluation of the progress towards outcomes in relation to the structures and processes prescribed by the plan of care and the indicated timeline. • Evaluate, in partnership with the patient/family, the effectiveness of the planned strategies in relation to the patient/family’s responses and the attainment of the expected outcomes. • Use ongoing assessment data to revise the diagnoses, outcomes, the plan, and the implementation as needed. • Document the results of the evaluation.

STANDARDS OF PROFESSIONAL PERFORMANCE

<p>Patient Centered Care/Service Excellence:</p> <p>The Department of Nursing’s patient satisfaction model is Patient Centered Care (PCC). PCC is defined as designing processes and structuring work and interactions around each patient and the family members for the duration of the hospital stay. It includes placing the patient’s needs and priorities first. The governing principles of PCC ensure: dignity and respect, information sharing, participation, collaboration, coordination of care, and professional nursing practice.</p> <p>The RN demonstrates service excellence by:</p> <ul style="list-style-type: none"> • Creating positive first impressions and ensures that all patient, visitors and guests, as well as co-workers receive personalized, prompt attention and are treated with receptiveness, dignity and respect. • Communicating compassionately and effectively. • Acknowledging, apologizing, and amending when service recovery is needed. • Promote a safe, therapeutic environment. • Acknowledge cultural differences that exist among patients and staff.

<ul style="list-style-type: none"> Identify customer services needs on the unit and suggests remedies for improvement.
<p>Ethics – The RN practices ethically by:</p> <ul style="list-style-type: none"> Utilizing the ANA Code of Ethics for Nurses with Interpretive Statements (2001) and NYP Code of Conduct to guide practice. Delivering care in a manner that preserves and protects patient/family autonomy, dignity, rights, values and beliefs. Upholding patient/family confidentiality within legal and regulatory parameters. Maintaining a therapeutic and professional patient/family -nurse relationship within appropriate professional role boundaries. Demonstrating an awareness and knowledge of patients’ rights while receiving care within the institution and advocates for equitable healthcare. Demonstrating knowledge of the hospital’s policy governing the application of supportive devices and/or restraints to a patient. Represents the patient when the patient cannot represent self. Seeks available resources to help understand, formulate, and implement ethical decisions.
<p>Education – The RN attains knowledge and competence that reflects current nursing practice.</p> <ul style="list-style-type: none"> Participate in ongoing education activities related to appropriate knowledge bases and professional issues by acquiring skills appropriate to the role. Demonstrate a commitment to lifelong learning through self-reflection and inquiry to address learning and personal growth needs. Attend annual continuing education programs and when appropriate seeks certification and degrees in higher learning to develop and maintain clinical and professional skills and knowledge. Supports the ongoing training of nursing students Complete the Nurse Residency Program for new graduates.
<p>Evidence-Based Practice and Research – The RN integrates evidence and research findings into practice.</p> <ul style="list-style-type: none"> Utilize and incorporates current evidence-based nursing knowledge, including research findings, to guide practice. Participate, share, and utilize evidence-based practice to formulate patient plan of care. Attend and participate in unit-based in-service, journal clubs, QA, Performance Improvement activities, and Shared Governance Research and Quality councils and committees.
<p>Quality of Practice – The RN contributes to quality nursing practice.</p> <ul style="list-style-type: none"> Demonstrate quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner. Participate in unit and campus quality improvement activities: Demonstrates knowledge of the Quality and Patient Safety Goals; identifies aspects of practice important for quality monitoring; uses indicators to monitor and collect data on quality, safety, and effectiveness of nursing practice; analyzes quality data, formulates recommendations and implements activities to enhance the quality of nursing practice. Responsible for collecting and maintaining data records for all required elements of performance Tailor safety measures, pain management and comfort measures to the individuality of the patient and family. Provide safe and accurate administration in accordance with hospital policy and provider’s order of Medications, Intravenous fluids and blood/blood products.
<p>Communication – The RN communicates effectively in all areas of practice.</p> <ul style="list-style-type: none"> Assess communication format/style preferences of patient/families, and colleagues. Enable patients and families to “speak up” and voice concerns. Assess and utilize own communication and conflict resolution skills in encounters with patient/families, and colleagues. If disagreement or uncertainty exists regarding patient management decisions, the RN will follow the hospital Chain of Communication Guidelines. See Hospital Policy Contribute own professional perspective in discussions with the inter-professional team.

<ul style="list-style-type: none"> • Report any changes in patient’s condition to the appropriate individual(s) and documents these significant changes in the patient’s records, in a timely fashion.
<p>Leadership – The RN integrates the principles of Shared Governance into practice.</p> <ul style="list-style-type: none"> • Accountability acceptance, which includes responsibility, authority, and autonomy, in shared clinical decision-making and ownership for decisions, performance & outcomes. • Partnership: Collaborates and functions interdependently with all members of the health team, patients, and families and involves all staff in decision making. • Equity: All roles are equally important, although not equal in practice scope. • Ownership: Recognition and acceptance of each person contributing to outcomes • Participate directly or supports the Professional Nursing Organization and Shared Clinical Decision Making. • Identify unit and/or patient care problems and participates in problem-solving approaches. • Demonstrate leadership in the delegation of tasks and duties in direction and accountability for nursing care provided by supplemental staff, orientees, nursing students, licensed practical nurse, private duty practitioners, and other support personnel. • Participate in staff meetings and committees as required. • Orient to the charge nurse role. Assumes relief charge nurse responsibility as delegated. • Participate in the orientation of nursing staff. • Recognize the limits of one’s own clinical knowledge and seek assistance in unfamiliar situations or inexperience in performing skills. • Accountable and responsible for seeking and obtaining conflict resolution as needed. If disagreement or uncertainty exists regarding patient management decisions, the RN will follow the hospital Chain of Communication Guidelines. • Assume responsibility for completion of hospital and regulatory requirements in a timely manner.
<p>Collaboration – The RN collaborates with healthcare consumer, family and others in the conduct of nursing practice.</p> <ul style="list-style-type: none"> • Partner with others to effect change and produce positive outcomes through the sharing of knowledge of the patient/family and/or situation. • Communicate with the patient/family, and healthcare providers regarding patient/family care and the nurse’s role in the provision of that care. • Promote conflict management and teamwork and identifies team-building strategies on the unit. • Apply group process and negotiation techniques with patient/family s and colleagues. • Adhere to standards and applicable codes of conduct that govern behavior among peers and colleagues to create a work environment that promotes cooperation, respect, and trust. • Cooperate in creating a documented plan focused on outcomes and decisions related to care and delivery of services that indicates communication with patient and family.
<p>Professional Practice Evaluation – The RN evaluates own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.</p> <ul style="list-style-type: none"> • Participate in Nursing standards development, implementation and review. • Provide age-appropriate, developmentally appropriate care in a culturally and ethnically sensitive manner. • Engage in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial. • Obtain informal feedback regarding own practice from patient/families, peers, colleagues and others. • Participate in peer review as appropriate. • Provide peers with formal or informal constructive feedback regarding their practice or role performance. • Maintain privileging requirements as an RN each year. • Adapt positively to change
<p>Resource Utilization - The RN utilizes appropriate resources to plan and provide nursing services that are safe,</p>

effective, and financially responsible.

- Assess individual patient/family care needs and resources available to achieve desired outcomes.
- Delegate elements of care to appropriate healthcare workers in accordance with applicable legal or policy parameters or principles.
- Advocate for resources and modifies practice including technology that enhances nursing practice.
- Advocate for judicious, cost effective and appropriate use of products in health care.
- Assist patient/family to identify, secure appropriate services to address needs across healthcare continuum.

Environmental Health (EH) - The RN practices in an environmentally safe and healthy manner.

NewYork-Presbyterian Hospital provides the highest level of safety to the Hospital community and is determined to maintain this level of safety for patients, visitors and staff and be in full compliance with the standards of The Joint Commission (TJC), Occupational Safety and Health Administration (OSHA) Environmental Protection Agency (EPA), Department of Transportation (DOT), and all other federal, state, and local regulations and standards.

- Attain knowledge of EH concepts, e.g., implementation of EH strategies.
- Promote a practice environment that reduces EH risks for workers and patient/families.
- Assess the practice environment for factors such as sound, odor, noise, and light that threaten health.
- Assess, communicate, manage and report EH risks and exposure reduction strategies to patient/families, colleagues, and communities. EH risks and exposure reduction strategies include:
- Proper use of body mechanics
- Lateral/workplace violence/de-escalation of violence
- Exposure to blood borne pathogens
- When appropriate, participate in strategies to promote healthy communities.
- Comply with hospital policy and unit dress code appropriate to practice setting and professionalism.
- Assure that nursing care is administered in accordance with safety regulations identified by the Unit standards, Institutional policy and Regulatory Standards.
- Supervise and monitor the safe and accurate utilization and maintenance of equipment according to hospital standards.
- Administer, instruct, and supervise the delivery of medications, intravenous fluids, blood and blood products in accordance with hospital policy.

REFERENCES

- **Nursing By-Laws**, Department of Nursing Administrative Policy #104, 2012.
- ANA (2010). Scope and Standards of Nursing Practice. (2nd Edition).
- New York State Office of the Professions. Education Law, Article 139, Nursing, Nurse Practice Act. (2010). Retrieved on June 7, 2012 from; <http://www.op.nysed.gov/prof/nurse/article139.htm>
- **Code of Ethics for Nurses w Interpretive Statements 2001**
- NYP Code of Conduct
- **Clinical Ladder - CU, AH, MSCHONY**
- **C112, Chain of Communication Guidelines**
- **Approved Nursing Certifications**

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period	
Thu 11/12	Differential	11.5											
Thu 11/12	Differential	11.5		NYP/CPMC/Other/Redeployment/RN;NYP/CPMC/SNA/Not Defined/20510/609077/230									
Thu 11/12	Differential	-11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Thu 11/12	Differential	-11.5		NYP/Milstein/MED-SURG/605420 MICU/RN;NYP/CPMC/SNA/Not Defined/20510/605420/230									
Thu 11/12	Hours Worked	0.5		NYP/CPMC/Other/Redeployment/RN					7:00PM-7:30AM				
Thu 11/12	Regular	11.5											
Thu 11/12	Regular	11.5		NYP/CPMC/Other/Redeployment/RN;NYP/CPMC/SNA/Not Defined/20510/609077/230									
Thu 11/12	Regular	-11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Thu 11/12	Regular	-11.5		NYP/Milstein/MED-SURG/605420 MICU/RN;NYP/CPMC/SNA/Not Defined/20510/605420/230									
Thu 11/12			6:53PM	NYP/CPMC/Other/Redeployment/RN	7:36AM						11.5	12.0	92.0
Fri 11/13													92.0
Sat 11/14	Differential	11.5											
Sat 11/14	Differential	11.5		NYP/CPMC/Other/Redeployment/RN;NYP/CPMC/SNA/Not Defined/20510/609077/230									
Sat 11/14	Differential	-11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Sat 11/14	Differential	-11.5		NYP/Milstein/MED-SURG/605420 MICU/RN;NYP/CPMC/SNA/Not Defined/20510/605420/230									
Sat 11/14	Flex Diff Offset	-26.5											
Sat 11/14	Flex Offset	-26.5											
Sat 11/14	Hours Worked	0.5		NYP/CPMC/Other/Redeployment/RN					7:00PM-7:30AM				
Sat 11/14	Regular	11.5											
Sat 11/14	Regular	11.5		NYP/CPMC/Other/Redeployment/RN;NYP/CPMC/SNA/Not Defined/20510/609077/230									
Sat 11/14	Regular	-11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Sat 11/14	Regular	-11.5		NYP/Milstein/MED-SURG/605420 MICU/RN;NYP/CPMC/SNA/Not Defined/20510/605420/230									
Sat 11/14			6:45PM	NYP/CPMC/Other/Redeployment/RN	7:32AM						11.5	12.0	104.0
Sun 11/15	Hours Worked	0.5		NYP/CPMC/Other/Redeployment/RN					7:00PM-7:30AM				
Sun 11/15			6:50PM	NYP/CPMC/Other/Redeployment/RN	7:37AM						11.5	12.0	116.0
Mon 11/16	Hours Worked	0.5		NYP/CPMC/Other/Redeployment/RN					7:00PM-7:30AM				

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period	
Mon 11/16			6:51PM	NYP/CPMC/Other/Redeployment/RN	7:30AM						11.5	12.0	128.0
Tue 11/17													128.0
Wed 11/18	Travel Time	7.5		NYP/CPMC/Other/Redeployment/RN								7.5	135.5
Thu 11/19													135.5
Fri 11/20													135.5
Sat 11/21													135.5
Sun 11/22													135.5
Mon 11/23	Special Assignment	11.5	12:00AM	NYP/CPMC/Other/Redeployment/RN							11.5		147.0
Tue 11/24	Differential	0.0		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Tue 11/24	Premium OT Diff	0.0		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Tue 11/24	Special Assignment	-5.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Tue 11/24	Special Assignment Prem OT	5.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Tue 11/24	Special Assignment	11.5	12:00AM	NYP/CPMC/Other/Redeployment/RN							11.5		158.5
Wed 11/25	Special Assignment	-11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Wed 11/25	Special Assignment Prem OT	11.5		NYP/CPMC/SNA/Not Defined/20510/609077/230									
Wed 11/25	Special Assignment	11.5	12:00AM	NYP/CPMC/Other/Redeployment/RN							11.5		170.0
Thu 11/26													170.0

Timecard Totals

All		All		Pay Code	Amount
Location	Job	Account			
(x)NYP/CPMC/Other/Redeployment	(x)RN	(x)NYP/CPMC/SNA/Not Defined/20510/609077/230		Daily OT Diff	3.5
(x)NYP/CPMC/Other/Redeployment	(x)RN	(x)NYP/CPMC/SNA/Not Defined/20510/609077/230		Daily Overtime	3.5
NYP/Milstein/MED-SURG/605420 MICU	RN	NYP/CPMC/SNA/Not Defined/20510/605420/230		Differential	34.5
(x)NYP/CPMC/Other/Redeployment	(x)RN	(x)NYP/CPMC/SNA/Not Defined/20510/609077/230		Differential	138.0
(x)NYP/Milstein/MED-SURG/605420 MICU	(x)RN	(x)NYP/CPMC/SNA/Not Defined/20510/609077/230		Differential	-57.5
NYP/Milstein/MED-SURG/605420 MICU	RN	NYP/CPMC/SNA/Not Defined/20510/605420/230		Flex Diff Offset	-26.5
NYP/Milstein/MED-SURG/605420 MICU	RN	NYP/CPMC/SNA/Not Defined/20510/605420/230		Flex Offset	-26.5
NYP/Milstein/MED-SURG/605420 MICU	RN	NYP/CPMC/SNA/Not Defined/20510/605420/230		Named Holiday	23.0
(x)NYP/CPMC/Other/Redeployment	(x)RN	(x)NYP/CPMC/SNA/Not Defined/20510/609077/230		Orientation	23.0

Utah hospital workers rushed to NYC to help with covid in the spring. NYC workers just returned the favor.

By **Cathy Free**

November 19, 2020 at 6:00 a.m. EST

Darya Haurylava was exhausted and overwhelmed, and so was everyone around her. It was April, and [coronavirus](#) cases flooded the New York City hospital where she is an intensive care nurse.

“The number of cases kept rising every day — every single patient in my ICU was breathing on a ventilator,” she said. “It felt like the whole world had stopped making sense.”

For weeks, Haurylava and her co-workers were running on fumes and precious little sleep. She wondered how she and other front-line health-care workers at [New York-Presbyterian Hospital-Columbia](#) would get through.

Then in mid-April, a group of Utah nurses and doctors arrived at her hospital ready for duty, offering desperately needed relief. Fred Ashton, a respiratory therapist at [Intermountain Healthcare](#), was among the group who volunteered to come to New York for two weeks to help take care of patients. He and Haurylava became fast friends.

“He was simply amazing,” said Haurylava, 36. “I will never forget how Fred and I successfully extubated two of my patients within 30 minutes of each other.”

Before Ashton returned to Utah, Haurylava told him that if his hospital ever needed help, she'd be the first to volunteer.

Two weeks ago, as cases skyrocketed across the country — including in Utah — she made good on her word.

Haurylava raised her hand to go as soon as she learned that Intermountain Healthcare was in need — coronavirus cases were climbing by double digits, and front-line workers were pulling double shifts. She was among the first of 31 [New York-Presbyterian](#) nurses to arrive earlier this month to give overworked nurses in Salt Lake County two weeks of help as they treated patients in crowded hospitals.

“I think the surge in New York City changed all of us health-care workers and gave us an incredible feeling of being united, and because of that, being stronger together,” Haurylava said.

Coronavirus hospitalizations are climbing quickly in Utah, with an [18 percent](#) jump in the past week alone, and [more than 3,000 new coronavirus cases being reported each day](#). Back in April, when 100 Intermountain Healthcare workers [went to New York City to help](#) at two hospitals, there were about 125 new cases reported each day in Utah.

“Coming to Utah, we felt we had something to offer,” said Haurylava, adding that in New York, there were more than

500 deaths each day in April from covid-19, the disease caused by the coronavirus. “We’ve been through the worst — we lived through it and came out on the other side. We have seen the nightmare of covid-19, but we made it through, and the nurses [in Utah] will make it, too.”

The coronavirus positivity rate in New York City is now around 3 percent, with about 48 deaths a week. Cases finally came down after the city went into a shutdown and required everyone to wear masks.

Haurylava said after living through the terrifying early wave of cases, she and her colleagues learned that “it’s okay to feel anxious and lost. Just know that you’re doing the best you can even if it doesn’t feel that way sometimes.”

When she arrived in Utah, she and Ashton enjoyed a small reunion of sorts, then they got to work in one of Intermountain’s respiratory intensive care units. Haurylava remembered how grateful she’d felt when Ashton and other Utah health-care workers showed up to help her and her team last spring.

“The first thought I had was, ‘Why would someone come out all the way to the epicenter of the pandemic voluntarily and put themselves at such a high risk?’ ” she said. “It was a selfless act and it meant we were not alone. It gave us the tremendous support we were craving.”

For Ashton, a father of three teenagers, help this month from Haurylava and her co-workers allowed his team to rest some before gearing up to handle an anticipated surge of covid cases through Thanksgiving, he said.

“New York was hit with a tsunami — the situation there was much worse than what we’re facing in Utah right now,” he said. “We had a chance to get ready here, and New York didn’t have that. But I know it’s going to get worse here before it gets better, and we were all very happy to get some help.”

Other Intermountain Healthcare front-line workers were also thankful for reinforcements.

“Our doctors and nurses have been working for eight months straight,” said Wing Province, an emergency room doctor who works at Intermountain hospitals in Park City and Heber City.

Province now holds the hands of dying patients in Utah, just as he did while volunteering in New York in April, he said.

“When the pandemic hit New York, it was hard to watch from afar in Utah and see the heavy toll it was taking,” said Province, 41. “When they offered the opportunity to help, I knew I had to throw my hat in the ring.”

He said a complicating factor for health-care workers is that about 30 percent of nurses are either out sick with covid or are caring for a family member who has been infected.

“This probably wasn’t a convenient time for the New York team to come here, and it shows how selfless they are,” he said.

Natalie Torrance, a critical care nurse at New York-Presbyterian’s Brooklyn Methodist Hospital, said when she heard that ICUs were operating at nearly full capacity in Utah, she knew she’d soon be on her way to repay the favor.

“I remembered the first night that two of the Utah nurses walked into our critical care unit and how relieving that was,” said Torrance, 28.

She and the rest of her team are now headed home — their two weeks were up Wednesday — just as New York City public schools have closed again because of a steady 3 percent coronavirus positivity rate.

Torrance and her Utah colleagues are still hopeful that another cycle of “covid-19 payback” won’t be needed in the future.

“We really wish that everyone across the country would wear masks, stay away from large gatherings and help us to keep the cases down,” Ashton said.
