

EP2 – PROFESSIONAL PRACTICE MODEL

EXPANDING THE BED CAPACITY IN 7HS THROUGH SHARED DECISION-MAKING

Provide one example, with supporting evidence, of clinical nurses using shared decision-making to change the nurse practice environment.

In August 2020, the NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia) Surgical Oncology (7HS-605154) [7HS] Unit with a bed capacity of 34 relocated from the sixth floor to the seventh floor (bed capacity 36). To maintain nurse to patient ratios, the two additional beds were not occupied by patients. Therefore, the new location of 7HS was considered full when 34 beds were occupied.

At the time, the 7HS patient population consisted of COVID-19 only patients. However, in January 2021 when the COVID-19 rate decreased in New York City, the 7HS average daily census decreased to 26.71. However, the simultaneous re-opening of the operating rooms resulted in a surge of surgical patients, shifting the unit patient population and rise in patient census.

Clinical Nurses Use Shared Decision-Making

The 7HS unit council is made up of 7HS clinical nurses who set annual unit goals and participate in shared decision-making with the unit's nursing leaders. To better meet the hospital's admission surge and patient demand, and to increase patient satisfaction, Anthony Sociedade, MSN, MBA, RN, CCRN-K, NEA-BC, Patient Care Director (nurse manager), 7HS, along with clinical nurses Jessica Klein, RN, and Andy Perez, RN, Chairs, 7HS unit council, proposed opening the remaining two beds to expand the bed capacity. Yet, they agreed that adding beds would result in an increase in the demands of the 7HS workforce.

Mr. Sociedade, Ms. Klein and Mr. Perez partnered to facilitate a meeting among all nurses regarding the opportunity for shared decision making related to increasing the unit bed capacity from 34 to 36 beds. During the meeting, Mr. Sociedade shared his

leadership perspective of the business aspects for expanding bed capacity. Ms. Klein and Mr. Perez promoted the autonomy of the nurses to participate in the decision to change to their nursing practice environment related to workload and nurse staffing. Mr. Sociedade, Ms. Klein and Mr. Perez spoke to shared decision making as empowering nurses to have greater control over their practice. The clinical nurses were encouraged to engage in conversations among themselves to share in the final decision. The 7HS unit council held daily discussions, and charge nurses (clinical nurses) huddled on the topic during each change-of-shift to exchange key points. Mr. Sociedade, Ms. Klein and Mr. Perez collaborated to create a poll, via Google Docs, to determine the clinical nurses' position. [EP2.1—7HS Opening of Beds Survey](#)

Changing the Nursing Practice Environment

Ms. Klein and Mr. Perez administered the poll and noted the feedback at the end of August 2021. The survey yielded 15 responses of which 80 percent voted to open the remaining beds, knowing the increased average daily census would be advantageous to the unit's budget and therefore staffing. Ms. Klein and Mr. Perez met with Mr. Sociedade as they shared the clinical nurse perspectives, including the poll results, and the leadership perspectives. [EP2.2—7HS Survey Results](#)

As a result of robust communication among leaders and nurses, with a heightened focus on inclusion and shared decision making, the 7HS nursing team reached consensus to change the nursing practice environment. The two additional beds were opened on 7HS on May 3, 2021, changing the bed capacity from 34 to 36, which was accompanied by an increase in allocated personnel to sustain the staffing ratios based on daily census. [EP2.3—7HS Opening of Beds PCD Email](#)

The 7HS average daily census rose from 26.71 in January 2021 to 34.06 in August 2021. Mr. Sociedade reported this development at the September 2021 staff meeting (slide #17). [EP2.4—7HS September 2021 Staff Meeting Minutes, slide 17](#)

Consequently, the increase in the average daily census resulted in an additional 3.7 full-time equivalent positions being added to the unit, including two full-time RN positions, two part-time RN positions, and one part-time nursing assistant position. These additional positions were reflected in the 2022 budget. By February 2023, the two part-time RN positions were consolidated into one full-time FTE, and all additional positions were filled. [EP2.5—7HS Budgeted Position Adds and Consolidation](#)



7HS Beds

Hi Team -

In the spirit of shared governance and to promote us all having a voice in unit decisions (MAGNET) we are surveying the 7HS RN Nursing Team as to whether or not we purpose to keep the 2 additional beds open or closed. Surveying will be conducted over the next week and will end on Monday, August 23, 2021.

The rationale for keeping the 2 beds open is to ensure the 7HS Average Daily Census (ADC), which is measured every night at 12am, can be as high as possible. ADC is used for budgeting, creating positions, and staffing decisions. By us having a higher ADC we will be able to get more staff, aka budgeted Full-Time Equivalent (FTE's) when they conduct the upcoming budget reviews. Most importantly the October budget review which will adjust our budget for 2022. We currently have the below data to demonstrate the effects of ADC, FTEs, and position control...

July 1st - July 15th: ADC=31.31 / FTE=57.10
June 16th - June 30th: ADC= 31.39 / FTE=57.10
May 15th - May 31st: ADC= 30.74 / FTE=55.10
May 1st - May 15th: ADC=30.24 / FTE=53.10
April 16th - April 30th: ADC=29.28/ FTE=51.10

[Sign in to Google](#) to save your progress. [Learn more](#)

* Indicates required question

Name (*ensures 1 vote per person) *

Your answer

Feedback Type *

- Yes, I would to keep the beds open knowing it will help us in the long run
- No, I would like us to create a unit proposal to close the 2 beds knowing it will only help us short-term

Comments/Idea/Suggestions

Your answer

Submit

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Google Forms

Bed Capacity Poll - August 24, 2021

Timestamp	Name (*ensures 1 vote per person)	Feedback Type	Comments/Idea/Suggestions
8/14/2021 16:35:31	JKlein	Yes, I would to keep the beds open knowing it will help us in the long run	thanks for helping to put this together for us!
8/14/2021 16:59:38	Sumintra	Yes, I would to keep the beds open knowing it will help us in the long run	Team work makes the dream work ! Let's get it done.
8/14/2021 17:30:08	Amanda Anderson	No, I would like us to create a unit proposal to close the 2 beds knowing it will only help us short-term	
8/15/2021 0:38:54	Antonia Gittens	No, I would like us to create a unit proposal to close the 2 beds knowing it will only help us short-term	
8/15/2021 2:43:05	Stephanie Gutierrez	Yes, I would to keep the beds open knowing it will help us in the long run	
8/15/2021 7:38:28	Jenna Solazzo	Yes, I would to keep the beds open knowing it will help us in the long run	:)
8/15/2021 12:44:39	Jamie	Yes, I would to keep the beds open knowing it will help us in the long run	can we close a few beds until we get adequate staffing?
8/15/2021 15:53:54	T.O	Yes, I would to keep the beds open knowing it will help us in the long run	
8/16/2021 16:11:51	Viana	Yes, I would to keep the beds open knowing it will help us in the long run	
8/17/2021 3:09:41	james ochieng	No, I would like us to create a unit proposal to close the 2 beds knowing it will only help us short-term	
8/17/2021 10:09:38	Zoya	Yes, I would to keep the beds open knowing it will help us in the long run	
8/17/2021 20:13:31	Danica Lamphere	Yes, I would to keep the beds open knowing it will help us in the long run	I would like the two beds closed when there is less than 7 nurses on the floor. Just for the rest of the month
8/18/2021 12:33:15	Melissa Lao	Yes, I would to keep the beds open knowing it will help us in the long run	
8/19/2021 13:51:10	Damiika Joaquin Gonzale	Yes, I would to keep the beds open knowing it will help us in the long run	
8/20/2021 7:32:37	Cait	Yes, I would to keep the beds open knowing it will help us in the long run	no brainer ! duh

Unit Update - Opening to 36 beds

Sociedade, Anthony

Thu 4/29/2021 10:48 AM

To:7HS-Nursing Team <7HS@nyp.org>

Cc:Austria, Lucille <lub9001@nyp.org>;Barretti, Maryanne <mab9456@nyp.org>;Constancio, Dawn <dac9027@nyp.org>;Swiencki, Karin <swienck@nyp.org>;Harrison, Octavia <oph9001@nyp.org>;Chahal-Rao, Manni <mac9614@nyp.org>;Pollard-Johnson, Pearl <pep9008@nyp.org>;George, Kerry <keg9085@nyp.org>;Morgan, anise <cam9009@nyp.org>

📎 1 attachments (32 KB)

RVT Roles v4.docx;

7HS Family,

I wanted to formally communicate that starting on Monday, May 3rd at 7am we will be opening up our 2 currently "closed" beds here on 7HS.

I wanted to explain the rationale for this. In the height of the pandemic, the DOH required all hospitals to cancel elective surgeries. Due to this, our surgeons have been backlogged on their surgeries and our patients are waiting to come into the hospital (the list is 70+ patients longs). To better meet our patient demands, opening up the 2 closed beds will reduce the number of patients that spend the night in PACU, which we all know dissatisfies our patients.

Our plan to support the unit include a few things...

- 1) We will have 1 DMP3 on the unit each shift (M-F) to support unit operations. A DMP (Dynamic Medical Personnel) is a supportive staff member. Please know that our DMP3's **cannot take a patient assignment, even though they are RNs**. They must function under the guidance and supervision of an NYP Clinical Nurse. (*Similar to how an LPN functions).
 - a. Please see the attached sheet to see how these team members function.
 - b. Currently, on weekends our census has consistently been dropping to ~28 patients. However, if there is a weekend where we have **35+** patients on the unit, please ask the nursing office for a DMP3 (or 1 float RN) to support the unit. The hospital has a "CRT DMP3", which is used to support an area most in need.
- 2) I have submitted an offer for 2 travel nurses. I will use the travel nurses as dayshift RNs to ensure we have 9 nurses **scheduled** on all days. Currently on nights we have 9 nurses **scheduled** consistently (call outs are the only thing effecting this for both shifts). We will share these travel RNs with 6HN and BMT to assist in their scheduling optimization. Those units are also submitting requests, but it will take longer for them to get travelers (we also hope there will be reciprocity in sharing when their travelers start). Our travelers will support us heavily while we hire/train our new team members (*See below).
- 3) Since 7HS has had a consistent census over the past 6 week (YAY!), I have been able to open many positions. As always, I will prioritize staffing and recruiting to minimize the effects of a vacancy. I do ask that we try to keep our midnight census as high as possible to continue to hire and recruit efficiently.
 - a. 3-11 ICU Tech – Full Time - (Interviewing Friday 4/30)
 - b. 11-7 ICU Tech – Full Time – (Will be posted online next week)
 - c. 2 Per Diem RNs (1 starts May 16th & 1 starts June 1st)
 - d. Night Shift RN – Full Time - (Interviewing Next week – Waiting for candidates availability)

In healthcare, we recognize things will not always be perfect. Though, I hope you find this plan to be well thought out with you all in mind. My goal is to always support you all as a team to the best of my ability. If anyone has any suggestions, creative solutions, or ways to enhance our staffing plan please reach out to me – you often have the better ideas.

Thank you!!

Stay Safe – Mask Up – Eye Protection On,

Anthony J. Sociedade, MSN/MBA, RN, CCRN-K, NEA-BC

Patient Care Director, 7 Hudson South - Surgical Oncology Unit

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7HS September Staff Meeting



 Anthony J. Sociedade, PCD

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CAUTI – Root Cause Analysis

SITUATION:

- * Inpatient diagnosed with a UTI. A Foley had been placed 8/6 due to urine retention. Foley d/c'd 8/10. On 8/11, patient experienced dysuria and CVA tenderness, a UA/C&S sent. Urine Culture + for MRSA. Met criteria for a CAUTI.

BACKGROUND:

- *T.E. is a 24 y/o female, who presented to the ED 8/6 with “severe abdominal pain- 10/10”. Admitted overnight on 8/7 to the Surgical Oncology Unit.
- T.E. has a history of endometriosis, and was in ED 8/4 and had a laparoscope too r/o ectopic PG (no evidence of ectopic PG, likely early uterine PG.) She went to ED again 8/5, and received a CTAP for ongoing pain, to rule out abdominal processes. According to the medical record, patient states she went to the DR in 6/21 for a “laser procedure” for her endometriosis.

ASSESSMENT:

- * **8/6:** Foley placed for “unable to void” and “urinary retention” with an initial u/o of 900 cc when Foley placed.
- * **8/7:** Pt. “failed TOV.” Foley re-inserted.
- * **8/10:** Repeat TOV- patient “passed TOV,” Foley discontinued.
- ***8/11:** -Patient reported dysuria, and bilateral CVA tenderness.
 - -UA / C&S ordered and sent, +MRSA.
 - -Course of Levaquin started.

RECOMMENDATIONS:

- *Pt. was ambulatory, had no history or findings of blockage/tumors in the recent tests, “should” we have initially done a straight cath for this patient?
- * TOV: How is it defined, done, ordered? Is it based on a standard?
 - -Ambulatory PC91: “Trial of Void”
- *Are there orders/order sets specific to TOV? Do they include what defines “failed” v “passed”, and what is the amount of urine that “requires” re-inserting foley.
- *No Bladder scan was ordered or documented for this patient.
- *No “urine reflex” was ordered for this patient

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7HS Patient Experience

7HS Quarter-to-Date Star Rating: ★★☆☆☆ (2.19)
 NYPH Year-to-Date Star Rating: ★★☆☆☆ (2.69)
 7HS Year-to-Date Star Rating: ★★☆☆☆ (3.13)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021 YTD	Change from CY 2020	2021 Target
HCAHPS Performance															
Patient surveys received (by discharge date)	32	26	34	34	37	32	23	13	0	0	0	0	231		
Rated NYP as 'Best Hospital Possible'	★☆☆☆☆ (2)	58.1	88.0	75.8	73.5	94.3	63.3	63.6	66.7				73.9	-3.5	60.4
Will definitely recommend NYP to others	★★★★☆☆ (3)	77.4	92.3	82.4	85.3	91.9	61.3	78.3	50.0				79.8	-0.5	67.3
Communication about medicines	★★★☆☆☆ (2)	62.3	71.4	53.6	69.4	67.3	59.8	49.2	68.8				61.9	-0.1	62.9
Communication with doctors	★★★★☆☆ (4)	86.5	88.5	91.9	86.1	92.7	83.3	78.9	97.4				87.9	+1.6	79.2
Room and environment were <u>clean</u>	★☆☆☆☆ (1)	50.0	61.5	63.6	55.9	73.0	53.1	47.8	61.5				58.7	-3.8	73.3
Room and environment were <u>quiet</u>	★☆☆☆☆ (1)	51.6	61.5	63.6	44.1	54.3	43.8	36.4	50.0				51.1	-3.1	57.9
Communication with nurses	★★★☆☆☆ (2)	76.9	80.5	80.4	82.4	90.1	75.0	72.5	84.6				80.5	+1.2	65.5
Responsiveness of staff	★★★☆☆☆ (2)	56.7	71.1	70.6	58.2	67.6	42.8	50.0	54.2				60.7	+1.2	56.9
Discharge information	★☆☆☆☆ (1)	91.7	89.0	95.5	80.0	89.9	85.0	82.6	70.8				86.9	-2.0	83.0
Post-discharge care	★★★☆☆☆ (3)	55.7	67.6	66.7	61.2	63.4	44.4	48.6	47.0				58.1	+2	45.3
Rolling Quarter Star Rating:		3.75			3.19		2.19								

-Star ratings are approximated using survey responses based on discharge date. Domain-specific stars are based on QTD scores.
 -Star approximations are based on CMS thresholds for discharges between 1/2019 and 12/2019.
 -Quarterly stars will refresh when all NYPH campuses have at least 10 surveys returned for the quarter.

Discharge phone call attempt rate	92%	94%	92%	90%	92%	86%	77%	47%	40%				79%	-	90%
Discharge phone call connect rate	87%	89%	80%	82%	79%	72%	54%	35%	29%				67%	-	75%
Nurse staff check % every hour	34%	20%	28%	33%	29%	39%	25%	15%					29%	+2%	

Domains Meeting Magnet Goal as of 7-2021

	2020 YTD					2021 Monthly Initiative	2021										2021 YTD	2021 Yearly Initiative
	M	M					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
CAUTI 2/8	3	0	0	0	1	0	1	0	0	0	1	0	0	1	0	3	2	
IUC Days	1299	132	158	173	165		160	92	168	183	161	183	188	0	0	1,135		
CAUTI per 1000 ICU Days	2.31	0.00	0.00	0.00	6.06		6.25	0.00	0.00	0.00	6.21	0.00	0.00	#DIV/0!	#DIV/0!	2.64		
CLABSI 3/8	1	0	1	0	0	0	1	0	1	0	0	0	0	0	2	0		
CL Days	1558	190	165	170	185		186	136	126	244	185	158	244	0	0	1,279		
CLABSI per 1000 CL Days	0.64	0.00	6.06	0.00	0.00		5.38	0.00	7.94	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!	1.56		
HAPI M	1	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0		
Monthly Prevalence Census	274	30	33	28	29		0	0	0	0	0	0	0	0	0	0		
% HAPI	0.4%	0.0%	0.0%	0.0%	0.0%		#DIV/0!											
Unit Acquired PI	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0		
Falls with Injury M	3	0	0	0	0	0	0	0	1	0	0	0	0	0	1	2		
Patient Days	10240	895	854	872	815		828	737	858	889	977	939	986	0	0	6,214		
Injury Falls per 1000 Patient Days	0.29	0.00	0.00	0.00	0.00		0.00	0.00	0.00	1.12	0.00	0.00	0.00	#DIV/0!	#DIV/0!	0.16		
Major Falls with Injury	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0		
Falls	18	2	1	2	1	1	4	1	1	1	1	1	3	2	1	15	16	
Patient Days	10240	895	854	872	815		828	737	858	889	977	939	986	0	0	6,214		
Falls per 1000 Patient Days	1.76	2.23	1.17	2.29	1.23		4.83	1.36	1.17	1.12	1.02	1.06	3.04	#DIV/0!	#DIV/0!	2.41		
C.Diff	3	0	0	0	1	0	1	1	1	0	0	0	1	0	0	4	2	
Patient Days	10240	895	854	872	815		828	737	858	889	977	939	986	0	0	6,214		
CDI Events per 1000 Patient Days	0.29	0.00	0.00	0.00	1.23		1.21	1.36	1.17	0.00	0.00	0.00	1.01	#DIV/0!	#DIV/0!	0.64		
VTE	4	0	0	0	1	0	1	0	0	2	0	0	1	0	0	4	3	
Patient Days	10240	895	854	872	815		828	737	858	889	977	939	986	0	0	6,214		
VTE per 1000 Patient Days	0.39	0.00	0.00	0.00	1.23		1.21	0.00	0.00	2.25	0.00	0.00	1.01	#DIV/0!	#DIV/0!	0.64		

	Total Added	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Sep	Total Added
Nursing Education Data															
# of New Certified RNs	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Publication/Peer Review Journal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Presentation (Regional/National)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Posters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IRB Approved Research Projects	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: CAUTI and CLABSI Data is finalized on the second Thursday of every month for the previous month
 Note: HAPU Data is Based off of the monthly prevalence
 Initiative: 2020 goals based on 0-15% reduction calculated based on ranking of

Patient Experience & Nursing Quality – High Level Needs

1) Patient Trust

1) Safety

2) No excuses

1) Hi! I apologize it took me a while to get to your room, I was next door with another patient, how can I help you?

2) Hi – I saw you were calling and I tried to get in here as fast as I could. Im sorry it took me a while, how can I help you?

2) Patient Care

1) Foley Care

1) Once each shift – RNs responsibility to ensure it is done

2) Central Line Care

1) Line changes

2) Proper handoff

3) Oral Care

4) Early ambulation

1) OOB to Chair for meals

2) Ambulation

“Good nursing care is attention to details”

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Staff Updates

New Team!! Welcome IV Team!!

Hi All,

I am pleased to announce that our amazing 7HS Patient Care Director Anthony Sociedade has expanded his role and is now also the **PCD for the Vascular Access Team.**

Anthony has been with the organization for over 6 years and in a formal nursing leadership role since 2017. His commitment to learning, innovation, and transformational leadership are all qualities for success in leading our organization forward.

Please join me in congratulating Anthony on his new expanded role.

Best,
Lucille

Lucille B. Austria, DNP, MBA, RN, OCN, NE-BC
Director of Nursing, Oncology Services

Staffing Update

Orientee	Primary Preceptor	Secondary Preceptor	Night Preceptor
Natalie Garcia, RN FT Nights 7/12 – 9/11 Days 9/12-9/18 Nights	Karyn	Lauren	Stephanie
Shayna Everett, RN FT Nights 8/9 – 10/9 Days 10/10 – 10/16 Nights	Melineth	Jessica	*TBD
Megan Vann, RN FT Nights 8/9 – 10/9 Days 10/10 – 10/16 Nights	Grace	Tracy	*TBD
Josibel Cruz, RN FT Nights 8/9 – 10/9 Days 10/10 – 10/16 Nights	Cait	Brooke	*TBD
Andy Perez, RN FT Nights 9/2 – 10/30 Days 10/31 – 11/6 Nights	Amanda	Jenna	*TBD
Damilka Joaquin, RN FT Nights 9/2 – 10/30 Days 10/31 – 11/6 Nights	Zoya	Mayumi	*TBD
Anny Rosario, ICU Tech FT Evening 9/20 – 10/2 Days 10/3 – 10/9 Nights	Anna L	Lanisha	Taryn
Rosandra Roman - ICU Tech FT Nights			
Mame Faye - ICU Tech FT Nights			
VACANCY – Nursing Attendant PT Days	*Interviewing		
VACANCY – Nursing Attendant PT Nights	*Interviewing		
UPCOMING VACANCY – ICU Tech FT Days	*Shavelly Urena		
UPCOMING VACANCY – ICU Tech FT Days	*Interviewing		
UPCOMING VACANCY – RN FT Nights			

*1 RN actively interviewing for ICU

RNs
 Traveler:
 Marisa Origoni, RN (Renew x2?)
 Onome Edevbie (~October Start Date – Day Shift)

Winter Holidays

Please see the signup sheet in the break room for winter holidays. Please sign up for 2 winter holidays, 1st preference to work, 2nd preference to work, and 1 OFF. If you do not indicate the 2nd preference to work one will be assign as needed to promote safe staffing – 1 holiday requirement is reserved for senior nurses as allowed by safe staffing requirements.

Please also remember to schedule the days surrounding holidays. Please inform me of any requests off days surrounding holidays, otherwise the request will not be accommodated.

Precepting and Calling Out

Please ensure that if you need to call out, you make plans with the charge nurse on duty regarding your orientee. We ask that **after** calling nursing office to notify them of the absence, you call that charge nurse on duty and notify them about...

- Who you are precepting
- What type of assignment they need and should get
 - K-Pouch
 - PCA – Blood Transfusions
 - Pre Ops – ER Admissions
- Number of patients we should assign to orientee

This hand off is essential to progress our orientees according to plan to support safe staffing.

Sharps Containers

Install will start on 9/25 through 10/08

- Replacing existing Sharps containers and CsRx (controlled substance)
- Day by Day schedule to be shared week before
- Daniels lead will come to unit about 1 hour prior to install team to check in with charge

New York-Presbyterian

The Daniels Sharpsmart system is widely acclaimed as the safest sharps containment system in the world, and we are excited that your facility is partnering with us in our vision of Making Healthcare Safer.

You will be protected.

- ▶ **Sharpsmart** is designed with 13 engineered safety features to protect patients and staff from needlestick injuries
- ▶ With greater volume capacity, your sharps collectors will need to be exchanged less often
- ▶ **Sharpsmart** collectors can be securely locked when full, protecting healthcare workers and visitors alike
- ▶ You will reduce the volume of waste going to landfill through the elimination of disposable containers
- ▶ All sharps contents will be recycled off site through ecologically sustainable disposal and treatment methods
- ▶ You get to meet our wonderful team!



Choose Reusable.

Our commitment to you, our customer, is to help you achieve optimum standards in safety and green initiatives for your facility. Through our partnership we will work with you to achieve a reduction in carbon footprint, enable more efficient waste practices, and create a safer work environment for staff through needlestick injury reduction and controlling infection risk. We are excited to partner with you!



The Team at Daniels Health
www.danielshealth.com



Secure a Drug is the easy and responsible way to dispose of controlled substances. The charcoal-based solution ensures the pharmaceutical is no longer viable for use, **no longer recognizable, or able to be retrieved.** keeping your patients and fellow clinicians safe.



The simple solution for the safe disposal of controlled substances

- Simple to use with a wide opening for safe multi-pill disposal
- Inbuilt lid and secure locking mechanism seals container safely when full
- Intended for Controlled Substance Disposal only; once full, container is to be disposed of in the non-hazardous pharmaceutical waste stream



NewYork-Presbyterian

Floating of Per-Diems to NON-ONCOLOGY units

As it currently stands, 7HS Per-Diems **do not float to non-oncology units**. I will be the first to inform you of any changes, if any to this current standard.

New Trachs Coming

Shiley™ flexible tracheostomy products are more anatomically correct and have several design enhancements compared to the previous versions.

EASY TO USE	IMPROVED TRACHEA AND LUNG PROTECTION	ENHANCED COMFORT AND SKIN CARE
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Color-coded

Tapered cuff and beveled tip

Clear flange and integrated 15 mm adapter



- The color-coded inner canula packaging matches the laser-etched color on the flange
- For disposable tubes only, every size has its own color

- The beveled tip and the close to shaft cuff help ease insertion
- The tapered cuff promotes increased airflow
- Fewer cuff folds decrease pressure points

- Softer material
- Improved stoma access and care
- The windows in the flange promote ventilation of stoma and surrounding skin

The first letters indicate a cuffed tube (CN) or uncuffed tube (UN)

The first number is the Jackson size



8 CN 85 H

The second numbers indicate the ISO size as well as the inner diameter of the outer cannula

The last letter indicates disposable (H) or reusable (R) inner cannula

Size	Tube	Inner cannula
4	4CN65H	4IC65
5	5CN70H	5IC70
6	6CN75H	6IC75
7	7CN80H	7IC80
8	8CN85H	8IC85
9	9CN90H	9IC90
10	10CN10H	10IC10

Contact your local Medtronic representative to learn more.

Cynthia New

732.607.4502

cynthia.m.new@medtronic.com

RN Referrals

I am trying to get ahead of the next wave of nurses going to the ICU. Can you please email this link to any RN employee referrals you have? Please email me once your employee referral has applied and kindly send me their resume in the email. Remember we are looking for folks with great personalities, can-do-will-do type attitudes, and positive happy go lucky energies. We can teach them how to be a strong nurse, we can't teach personality.

https://nyp.wd1.myworkdayjobs.com/nypcareers/job/NYPColumbia-University-Irving-Medical-Center/Clinical-Nurse-I---RN---Surgical-Oncology---Nights_00781478

RN Referrals

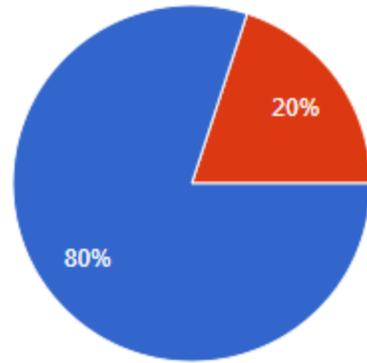
The medication room mechanical combination lock will be changed on September 22nd, 2021. Please note the change and policy. Thank you all!!

Milstein/Heart	Floor	Wing	Room number	Lock Type	New combo	Notes:
Milstein	7	HS	200A	Eplex	6732	

7HS Beds – 36

Feedback Type

15 responses



- Yes, I would to keep the beds open knowing it will help us in the long run
- No, I would like us to create a unit proposal to close the 2 beds knowing it will only help us short-term

Site	Center	Unit	Description	Allocation
NYP-CU	605150	M5CT/H5CT	MHB/HH CTICU	2.00
NYP-CU	605154	M7HS (was M6HS)	SURG ONCOLOGY	1.00
NYP-CU	605161	M7GS	HOSPITALIST	1.00
NYP-CU	605158	M8HS	NEUROSURGERY	1.00
NYP-CU	605124	M9GS	ORTHO/SURG	5.36
NYP-CU	605182	H11X	HP-11 BMT UNIT	2.00
				12.36

Cost Center	Nursing Unit	Available Beds	Description	May-21 Actual ADC	May-21 Budget ADC	Jun-21 Actual ADC	Jun-21 Budget ADC	Jul-21 Actual ADC	Jul-21 Budget ADC	Aug-21 Actual ADC	Aug-21 Budget ADC	AUGUST YEAR TO DATE			
												YTD Patient Days	YTD Actual ADC	YTD Budget ADC	YTD ADC VAR
605154	M7HS (was M6HS)	34	SURG ONCOLOGY	31.52	30.65	31.30	30.65	31.81	30.65	34.06	31.16	7,270	29.92	30.72	0.80

JACHO: Patient Food

 NewYork-Presbyterian
The University Hospital of Columbia and Cornell

**PATIENT
FOOD LABEL**

Place Patient Label

Affix Patient FOD Identification label to this space

FOOD EXPIRATION DATE: **Make sure you put expiration date!**

3 days from when the food was stored in the refrigerator

51310 (1/08)



Topic: No GI Distress!

**Labeling Requirements –
Storage of Patient’s Personal
Food Products on
Patient Care Areas**



JACHO: Time Outs

A critical safety step in the time-out process is to confirm the **RIGHT** patient, the **RIGHT** procedure, the **CORRECT** side/site and any other patient related concerns **PRIOR** to performing the procedure.

Hospital policy – **U100 – Universal Protocol for Correct Patient, Procedure, Site / Side Verification** – mandates that a time-out be performed **PRIOR** to any invasive procedure.

- 1 ALL TEAM MEMBERS INTRODUCE THEMSELVES BY NAME AND ROLE**
- 2 PATIENT VERIFICATION
USE 2 IDENTIFIERS**
- 3 PROCEDURE FROM THE CONSENT
SITE/SIDE/LEVEL**
- 4 REQUIRED MARKING MUST BE VISIBLE
RESIDENT MUST CONFIRM LATERALITY**
- 5 POSITION**
- 6 VERIFY IMPLANTS & EQUIPMENT ARE AVAILABLE AND NOT EXPIRED**
- 7 IMAGES LABELED & DISPLAYED**
- 8 ALLERGIES**
- 9 ANTIBIOTICS
NAME, TIME AND DOSE STATED**
- 10 SAFETY PRECAUTIONS
FIRE, MEDS, DVT, BLOOD, ATTIRE/PPE, OTHER**
- 11 VERBAL AGREEMENT OF ALL ELEMENTS**

JACHO: Pain

Process Issues:

Pain Assessment: completing documentation of the patient's pain assessment (pain score) **PRIOR** to any intervention

Medication Administration / Implementation of Orders: administering pain medications according to the appropriate pain medication order indication that corresponds to that specific pain score; examples include:
Administering Oxycodone that is specified for a PRN pain order for moderate score of 4-6 when the documented pain score as reported by the patient is within a low score 1-3
Administering pain premedication for “anticipated” pain (e.g. wound care / PT) but not in the order indication

Pain Reassessment: completing and documenting a reassessment of the effectiveness of that pain intervention (pharmacological and/or non-pharmacologic) **within 1 hour** of the intervention

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REDUCING PAIN, IMPROVING LIVES!

Nurses Make the Difference!

Pain Assessment / Reassessment

0 1 2 3 4 5 6 7 8 9 10

No pain Discomforting Distressing Intense Utterly horrible Unimaginable unbearable

Very mild Tolerable Very distressing Very intense Excruciating unbearable

JACHO: Pain

Process issue:

During the recent TJC Accreditation Survey, mobile medical equipment located in the clean equipment room (with a plastic bag covering indicating it was “clean”) was found with a dusty stand base. Once identified, the unit leader and staff quickly cleaned the base.

Part of our corrective action is to review key process steps with regards to nursing staff’s responsibility with cleaning requirements for mobile medical equipment in between patient use and other medical equipment that is stored in the clean equipment room.



AMAZING THINGS ARE HAPPENING HERE

Thank You



2/2022 Budgeted Position Adds

CO	VP	AU	Department	Position	JC	Title	EID	Worker	Filled	Vac	LOA	Manager
60	VOSE, C. - MILSTEIN	605154	MHB 7HS/SURG ONCOLOGY	00094410	571	Nursing Attendant I				0.50		Anthony Sociedade
60	VOSE, C. - MILSTEIN	605154	MHB 7HS/SURG ONCOLOGY	00094412	228	Clinical Nurse I				0.50		Anthony Sociedade
60	VOSE, C. - MILSTEIN	605154	MHB 7HS/SURG ONCOLOGY	00094537	717	Staff Nurse	312334	Reyniel Afuang	1.00			Anthony Sociedade
60	VOSE, C. - MILSTEIN	605154	MHB 7HS/SURG ONCOLOGY	00094538	228	Clinical Nurse I				0.50		Anthony Sociedade

2/2023 Budgeted Position Consolidation

CO	VP	AU	Department	Position	JC	Title	EID	Worker	Filled	Vac	LOA	Manager
60	KHAN, B. (M)	605154	MHB 7HS/SURG ONCOLOGY	00094410	571	Nursing Attendant I	313689	Sarah Kavalakkat	0.50			Anthony Sociedade
60	KHAN, B. (M)	605154	MHB 7HS/SURG ONCOLOGY	00094537	228	Clinical Nurse I	239295	Nana-Kofi Agyeku	1.00			Anthony Sociedade
60	KHAN, B. (M)	605154	MHB 7HS/SURG ONCOLOGY	00096450	717	Staff Nurse	314805	Emily Eastwood	1.00			Anthony Sociedade
60	KHAN, B. (M)	605154	MHB 7HS/SURG ONCOLOGY	00096451	717	Staff Nurse	314809	Jenna Mrozinski	1.00			Anthony Sociedade