

TL3EO – STRATEGIC PLANNING

Using the required empirical outcomes presentation format, provide one example of an improved patient outcome that aligns with a goal in the nursing strategic plan.

- *Provide a copy of the nursing strategic plan*

Problem

Courtney Vose, DNP, MBA, RN, APRN, NEA-BC, Vice President and Chief Nursing Officer (at the time), NYP/Columbia, and nurse leader members of the Nurse Executive Council set a goal in the 2021 Nursing Strategic Plan to improve nursing engagement in quality and safety activities. Upon recognizing that the organization-wide venous thromboembolism (VTE) rate per 1,000 patient days had increased, the council identified that VTE prevention was an opportunity for improvement. Therefore, the council members focused on engaging nurses in leading VTE quality and safety initiatives to improve patient outcomes. [TL3EO.1—Nursing Strategic Plan 2021](#)

Pre-Intervention

February 2021 and March 2021

- The organization level VTE rate was 8.81 per 1,000 patient days in February 2021 and 6.58 in March 2021.
- At the March 2021 Nurse Executive Council meeting, Dr. Vose requested that Vincent Silvestri, MSN, RN, CPHQ, Director of Nursing Quality (at the time), and Emmanuel Tavares, Project Manager (at the time), Nursing Administration, assign a patient care director (nurse manager) to spearhead quality improvement and patient safety activities to decrease the VTE rate. Mr. Silvestri identified Nadine Couch, MSN, MHA, RN, Patient Care Director (nurse manager), Hospitalist/Ortho/Surgical (9GS-605124) [9GS] Unit, to form a team with Mr. Tavares to evaluate current strategies for VTE prevention interventions.
- During Leadership Development Training – a weekly meeting at which all patient care directors meet to learn more about current organization-wide quality improvement initiatives and participate in professional development activities related to quality and patient safety – Mr. Tavares and Ms. Couch consulted other patient care directors on current nursing practices related to VTE

prevention. With the feedback from their peers, they created an outline of current practices and barriers associated with the evidence-based VTE prevention and intervention bundle. After synthesizing the information, they determined that a shortage of Venodyne compression therapy machines contributed to the rise in VTE rates. The lack of machines impeded clinical nurses from consistently implementing evidence-based VTE prevention interventions.

- Mr. Tavares and Ms. Couch reached out to Shabari Mulgund, MS, ITIL, then Manager for Clinical Engineering, to discuss the availability and operational status of the organization’s Venodyne machines. Ms. Mulgund notified them that all available Venodyne machines were in service and clarified that malfunctioning Venodyne machines were not being replaced because the current model had been discontinued. Mr. Tavares and Ms. Couch then reached out to Colette Schafran, Director, Supply Chain Logistics, to discuss the purchase of newer model Venodyne machines to meet the demand.

Goal Statement

To decrease the VTE rate per 1,000 patient days at NYP/Columbia (organization-wide)

Participants

Name/Credentials	Discipline	Title/Role	Department/Unit
Courtney Vose, DNP, MBA, RN, APRN, NEA-BC,	Nursing	Vice President and Chief Nursing Officer (at the time)	Nursing Administration
Nadine Couch, MSN, MHA, RN	Nursing	Patient Care Director (Nurse Manager)	9GS
Vincent Silvestri, MSN, RN, CPHQ	Nursing	Director of Nursing Quality (at the time)	Nursing Administration
Diana Alemar, DNP, AMB-BC, NPD-BC, NEA-BC, CNL	Nursing	Program Director	Nursing Professional Development
Shabari Mulgund, MS, ITIL	Engineering	Manager (at the time)	Clinical Engineering
Colette Schafran	Operations	Director, Supply Chain Logistics	Supply Chain
Emmanuel Tavares	Nursing Administration	Project Manager (at the time)	Nursing Administration

Intervention

April 2021:

- Ms. Schafran identified a vendor and purchased new Venodyne machines to ensure there would be a Venodyne machine for each patient bed within a two-week turnaround time.

Impact Statement: Guaranteeing each bed and patient had access to a Venodyne machine helped decrease the VTE rate since this was identified by the nurses as a barrier to VTE prevention.

- Ms. Couch collaborated with Diana Alemar, DNP, AMB-BC, NPD-BC, NEA-BC, CNL, Program Director, Nursing Professional Development (NPD), to develop education on safe practice for the new model machine. In collaboration with Mr. Tavares and Ms. Couch, Dr. Alemar and the NPD team provided educational in-services on the new Venodyne machines for all clinical nurses on all inpatient units. The education included steps in proper operation of the device, troubleshooting, and how nurses were to provide patient education. More than 80 percent of the inpatient clinical nurses completed the education and were deemed competent to assess, plan, implement, and evaluate nursing care using the new model Venodyne machines.

Impact Statement: The educational in-services were necessary to increase the nurses' competency and comfort in using the new Venodyne machines to help decrease VTE rates. The engagement of Ms. Couch, Ms. Alemar, and the nurse educators significantly contributed to the quality and safety program's success.

May 2021:

- Mr. Tavares and Ms. Couch met with the patient care directors to develop a process to remove the old Venodyne machines and deploy the new model Venodyne machines.

Impact Statement: Replacing the obsolete model for a newer version assured that the Venodyne machines were in good working order, delivering the therapeutic effect they are designed to achieve and ultimately help prevent VTEs, thus decreasing VTE rates. Having engaged nurses problem solve and drive solutions to overcoming barriers strengthens one's commitment to achieve organizational goals.

June 2021:

- Mr. Tavares and Ms. Couch, in collaboration with the patient care directors, completed the exchange and deployment of Venodyne machines across all

inpatient units. By the end of June 2021, nurses had fully implemented the new model machines which were available for all patients.

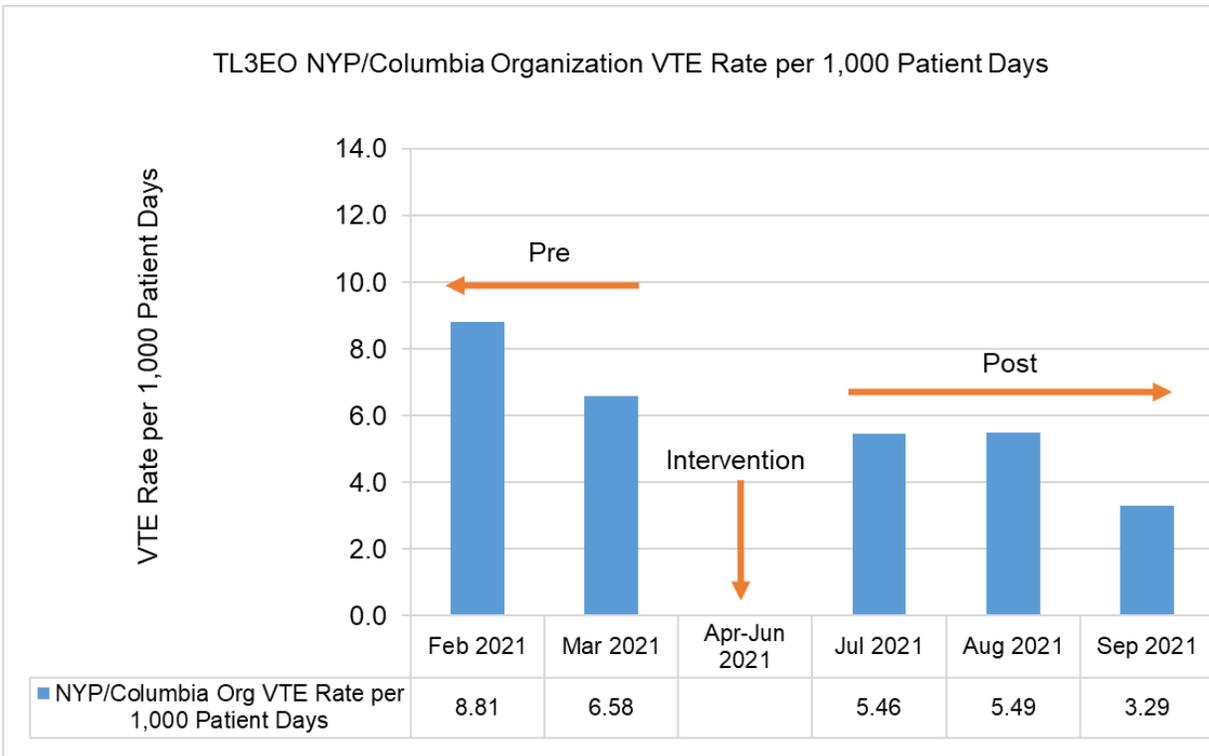
Impact Statement: The allocation of Venodyne machines in which one machine was designated for every patient bed ensured equipment was available to promote VTE prevention for patients.

Key References

Wang Y., Huang D., Wang M., Liang Z. (2020). Can intermittent pneumatic compression reduce the incidence of venous thrombosis in critically ill patients: A systematic review and meta-analysis. *Clinical and Applied Thrombosis/Hemostasis*, 26, 1-8. doi:10.1177/1076029620913942.

Greenall R., Davis, R. E. (2020). Intermittent pneumatic compression for venous thromboembolism prevention: a systematic review on factors affecting adherence. *BMJ Open*, 10(9), 1-10. doi: 10.1136/bmjopen-2020-037036.

Outcome



Nursing Strategic Plan 2021

Themes/Areas of Focus	Professional Practice Model	What we want to accomplish
Professional Development and Education (PDE)	Professional Development	<ul style="list-style-type: none"> -Standardize NYP Nursing Professional Development structures and functions across the enterprise to promote a culture of continuous learning & inter-professional collaboration. -Implement the use of innovative technology, such as simulation and other platforms to enhance engagement & optimize learning. -Leverage the resources at NYP to implement globally recognized educational opportunities and leadership development at all levels of practice.
Quality and Safety (QS)	Evidence-Based Practice	<ul style="list-style-type: none"> -Standardize and integrate Nursing Quality Safety program across enterprise. -Progress toward High Reliability Nursing Organization. -Improve nursing engagement in quality and safety activities.
Advancing Care (AC)	Professional Development/ Evidence-Based Practice/ Collaboration/Autonomy/ Advocacy	<ul style="list-style-type: none"> -Evaluate professional governance and professional practice model. -Improve infrastructure to share and integrate best practices. -Expand research fellowship program at all campuses.
Operational Excellence (OE)	Collaboration/Advocacy	<ul style="list-style-type: none"> -Foster a culture of ownership of individual role on organization's financial goals. -Create Finance Councils across NewYork-Presbyterian. -Leverage financial technology platforms. -Explore alternate staffing models. Lead the organization in financial stewardship..
Technology Innovation (TI)	Evidence-Based Practice/ Collaboration/ Autonomy	<ul style="list-style-type: none"> -Develop nursing teams to participate in Electronic Health Record project. -Build on mobility platform to create nursing efficiencies. -Leverage artificial intelligence and telenursing. -Standardize technology across NewYork-Presbyterian. -Empower nurses to use technology to drive efficiency and safety.
Nursing Engagement (NX)	Collaboration/ Autonomy/ Advocacy	<ul style="list-style-type: none"> -Improve culture of respect and workforce diversity. -Strive toward Zero harm. -Improve quality and modes of communication within and between campuses. -Promote a culture of engagement, accountability, and collaboration. -Recruit and retain top talent.
Patient-Family Experience (PFX)	Collaboration/ Autonomy/ Advocacy	<ul style="list-style-type: none"> -Improve quality and modes of communication. -Improve HCAHPS responsiveness scores. -Improve interprofessional collaboration and care coordination.