

# Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence  
FALL 2019

## Digital Transformation

Disrupting Nursing Practice  
and Increasing Efficiencies

p. 10





Dear Colleagues and Friends,

It was nearly 10 years ago that the Institute of Medicine (IOM) called for nurses' roles, responsibilities and education to advance significantly to meet the increasing complexity of and demand for healthcare. Today, we are being called on to continue our momentum of advancements, by the National Academies of Medicine Future of Nursing 2020-2030 initiative.

As nurses, we are working to create a culture of health, to reduce health disparities and to improve the overall well-being of the U.S. population in the 21st century. I'm excited to share with you some of the incredible work we are doing here at Cleveland Clinic to make these things happen. We are an international health system, and we also look to share our healthcare practices worldwide. In September, our nurse leaders from across the organization gathered for our 11th Annual Cleveland Clinic Nursing Leadership Summit to inspire our efforts. I hope you find inspiration in the articles you read here.

**K. KELLY HANCOCK**, DNP, RN, NE-BC, FAAN

Executive Chief Nursing Officer, Cleveland Clinic health system  
Chief Nursing Officer, main campus



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These care priorities help keep our focus on caring for patients as if they are our own family,

treating fellow caregivers as if they are family, maintaining our commitment to the communities we serve, and treating the organization as our home.





*Jake Runion, MBA, BSN, RN, CNOR, meeting with fellowship mentor Sue Collier, DNP, RN, NEA-BC.*

## Unique Executive Nurse Fellowship Leads to New Initiatives

### MENTORING PARTNERSHIPS DEVELOP NURSE LEADERS AND DRIVE CHANGE

*Being an executive nurse leader today takes business acumen and communication skills. To ensure that Cleveland Clinic's Nursing Institute is preparing nurses for the future, we launched a customized Executive Nurse Fellowship in spring 2018.*

"In today's complex healthcare landscape, nurses need to learn how to be drivers of change and contributors to the senior hospital leadership team," says **Joan Kavanagh, PhD, MSN, RN, NEA-BC**, Associate Chief Nursing Officer in the Office of Nursing Education and Professional Development, "because executive nurse leaders influence both organizational success and the patient experience."

With limited programs available to educate aspiring nurse leaders, Cleveland Clinic's Nursing Education team developed an internal program with a role-specific curriculum tailored to each participant's unique skill set. The inaugural fellowship welcomed 11 of Cleveland Clinic's high-potential senior nurse leaders for a five-day immersion class followed by a mentoring partnership that ran through summer 2019.

Serving as a springboard to the year-long mentorship, the professional development curriculum covered financial skills, performance metrics, legislative policy, social capital and communication strategies, and included opportunities for networking, community partnerships,

interactive learning, group exercises, role-based scenarios and simulations. Fellows participated in more than 20 educational sessions with top academic and service executives from Cleveland Clinic nursing and outside colleges and leadership organizations.

For the past year, the fellows have been paired with Cleveland Clinic nursing executive mentors. Fellows were assigned project-specific strategic planning work.

"One of the primary goals of this program is to take high-potential leaders and give them the tools they need to create a path to develop and grow outside of their own expertise through more systems thinking," says Kavanagh.

#### PARTNERSHIP NO. 1: WORKING ON AN EDUCATION INITIATIVE

**Sue Collier, DNP, RN, NEA-BC**, Vice President, Nursing and Chief Nursing Officer, Cleveland Clinic Hillcrest Hospital, served as a mentor to **Jake Runion, MBA, BSN, RN, CNOR**, Director of Surgical Services at Cleveland Clinic's main campus.

Says Runion, “For a long time, I have wanted to make an impact on reintroducing perioperative surgery into the nursing education curriculum. Sue was able to give me important feedback and connect me with the people who could help. Our discussions were instrumental in paving the way for our team to turn our idea of a perioperative surgery education curriculum for nursing students into action.”

Runion worked with the Education team and reached out to contacts at Ursuline College’s (Pepper Pike, Ohio) nursing program to explain to them the importance of preparing nurses for perioperative care. Over several months, Runion led nurses on his team to create a contemporary academic-clinical partnership that focuses on a robust clinical rotation program for perioperative nursing. The rotation started in the fall 2019 semester at each Cleveland Clinic site. This first step ensures that Ursuline College students will receive 36 hours of perioperative clinical time, compared with the previous standard of eight hours of time, maximum.

“Our ultimate goal was to partner with Ursuline College and others to fully reintroduce perioperative nursing into their didactic curriculum,” says Runion. “I am so thrilled that we were able to create this new academic-clinical partnership. From this experience, I learned the value of broadening my ‘advisory team’ to be successful. The structured approach of being mentored by a senior nursing leader and implementing a project has taken this to a new level for me. It has led to more accountability.”

Says Dr. Collier, “This fellowship program helped us to develop a different mentoring relationship than I’ve had in the past, because it was more formal. We had a written document that outlined roles and expectations, a mentorship agreement with proposed timelines, and a form to create and track goals. The formal processes prompted thoughtful deliberation about what we each could and would bring to the equation, as well as what we hoped to gain. With the launch of the new curriculum, I’d say it was highly successful.”

## **PARTNERSHIP NO. 2:**

### **WORKING ON AN INNOVATION INITIATIVE**

**Kimberly D. Hunter, DNP, MBA, RN, NEA-BC**, Associate Chief Nursing Officer and Nursing Director in the Neurological and Orthopaedic & Rheumatologic institutes, was paired with **Matt Drew, MS, BSN, RN, NE-BC**, a Nursing Director at Cleveland Clinic Euclid Hospital.

Drew’s project was focused on promoting clinical nurse awareness of innovation opportunities at Cleveland Clinic. “I was on a team that looked at driving participation in our innovation programs,” Drew explains. His team worked collaboratively with the Office of Nursing Research and Innovation to make recommendations. After meetings



*Matt Drew, MS, BSN, RN, NE-BC, and his mentor, Kimberly Hunter, DNP, MBA, RN, NEA-BC (center), talk with another nurse on the unit about ideas for innovation.*

and discussions, the team decided its goal would be to require each nursing unit throughout the system to submit at least one idea for enhancements to care every year to one of two established internal innovation programs, called “I Innovate” and “Step Forward.” These programs make it possible for all nursing caregivers to develop, cultivate and possibly implement innovations to improve patient care and/or create nursing efficiencies.

“Through this fellowship I learned more about nonclinical work beyond acute care nursing,” says Drew. “Kim helped me develop a new thought process that gave me more enterprise-wide thinking, and she urged me to expand outside my comfort zone. It was a completely different perspective and so helpful that we had a full year to work together.”

Says Dr. Hunter, “We committed to meeting every month for a year, and we spent time getting to know each other and reviewing his goals. We brainstormed opportunities. I enjoyed sharing insight with Matt from my experiences, and I also enjoyed being a mentor to a nurse leader from a different hospital in our system. Because we followed through with each other every month, I believe we met our goals.”

**Kavanagh concludes: “Throughout this experience, the fellows successfully addressed real-world healthcare issues to expand their knowledge and enhance their ability to create, influence, and drive outcomes and organizational change. They gained insight on leadership strategies and competencies, and they had rich opportunities to communicate in leadership circles.”**

Email comments to [notablenursing@ccf.org](mailto:notablenursing@ccf.org)



## The Evolution of Care to the Home Setting

### NURSES PROVIDE ACUTE CARE AT HOME

*Healthcare industry experts predict that healthcare in the home setting will be a growing trend that is here to stay. Cleveland Clinic's **Kristine Adams, MSN, CNP**, Associate Chief Nursing Officer of Care Management and Ambulatory Services, has seen a big shift in nursing trends. She and her team have been working over the past year to hire additional home care nurses. Notable Nursing sat down to ask her some questions on this topic.*

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*Home care nurse Lamikia Patton, RN, updates her patient's electronic medical record during a visit.*



*Home care nurse manager Leanna Huffman, BSN, RN, checks the heart health of her patient during a visit.*



*Kristine Adams, MSN, CNP, Associate Chief Nursing Officer of Care Management and Ambulatory Services*

### CAN YOU TELL US MORE ABOUT ACUTE CARE GROWTH IN THE HOME SETTING?

**KA:** The growth in home care has been exponential over the past three to five years. Earlier this year, our nursing team went from 46 to 60 full-time home care RNs in one month to help meet demand, and we continue to hire. We are working to respond as quickly as we can.

### WHY IS THIS HAPPENING?

**KA:** There have been big shifts in nursing and workforce economics. Our society is aging, and healthcare payers want to hold costs down. There is a high cost for institutional care. So this is really a convergence of patient needs, cost structures and our ability to provide home-based care with advancements in medical devices and technology — including the electronic medical record. Patients are discharged from the hospital to home with higher acuity needs.

### CAN YOU EXPLAIN IN MORE DETAIL WHAT IS HAPPENING IN THE MARKETPLACE?

**KA:** The shift to home care is driven by capitation (payments used by managed care organizations to control healthcare costs) and new payer structures. Home care leaders are looking at how to care for patients with acute care needs at home, with payer's allowing

services that are outside the strict Home Health Agency Conditions of Participation (COPs) as directed by the Centers for Medicare & Medicaid Services. There are many stakeholders involved in this shift to home care that include hospitals, patients, physicians and nurses as well as all payers, including Medicare/Medicaid, insurance companies and Programs of All-Inclusive Care for the Elderly (PACE) plans.

In Cleveland and our region of the country, Humana Health Insurance recently purchased Kindred at Home, a skilled nursing care home health service. We are starting to see vertical continuums being created by payers – that is, payers that own a narrow network, which limits where patients can go for any type of post-acute care. The questions are: How do these changes affect our business? And how will we incorporate into our home healthcare model the management of patients with acute care needs after discharge? For the first time in history, both payers and providers are aligned with the same goals in mind – to take optimal care of patients and achieve best-practice outcomes at a lower cost of care. Based on current data, patients who go home versus going to another post-acute site have better clinical outcomes at a lower cost of care.

### IS THIS A GOOD THING?

**KA:** Collaboration between payers and other disciplines has a lot of growth potential, and many novel ideas are being implemented, such as using the Coleman transition care model, which incorporates the use of lay navigators to assist with post-discharge needs. Lay





*While changing the dressing, Leanna Huffman, RN, flushes the tube of her patient's medication delivery system.*

navigators help patients navigate a complex healthcare system and arrange transportation and follow-up appointments, much like a family would advocate for a patient. The new model of care also includes use of paramedics, nurse practitioners, care coordinators, social workers and pharmacists in home settings, including skilled nursing at home, which front-loads intense therapy and nursing immediately after discharge to help patients recover at home. Cleveland Clinic is creating a sustainable model that allows for comprehensive healthcare in the home environment for patients with acute conditions and end-of-life needs. Pharmacy infusion services, home respiratory therapy, wound care, therapy, hospice, home monitoring devices and virtual medical appointments (telehealth) with primary care providers in group practices give patients the ability to receive necessary acute care within their home. In addition, as needed, care management coordinates facility-based (skilled nursing and long-term acute care) physician group practices.

### WHAT IS THE OPPORTUNITY FOR NURSES?

**KA:** The new model is essentially “acute care at home.” The program provides an ideal opportunity for highly skilled nurses who wish to work independently and outside a traditional acute care hospital. Our home care nurses administer complicated IV antibiotic regimens, provide complex care of wounds and manage many chronic conditions that are prevalent in our elderly population. Services also include educating patients and their families on how to manage their conditions. Our home care nurses use critical thinking skills and decisive judgment to meet patient needs.

*Home care nurse Lamikia Patton, RN, takes a moment to talk to her patient about her progress.*

### WHAT ARE SOME OF THE BENEFITS OF HOME CARE NURSING FOR PATIENTS?

**KA:** Acute care at home allows patients to be in a familiar environment, where they are comfortable and may be less likely to have safety incidents, such as fall events, and they have the support of family and friends. Further, patients may be less susceptible to infections when at home. Thus, patients may be less likely to have adverse clinical outcomes when at home, as compared to being placed in a skilled nursing facility or remaining in an acute care hospital.

### DO YOU HAVE ANY FINAL THOUGHTS ABOUT THE CHANGE IN HOME CARE TO ACUTE CARE AT HOME?

**KA:** Post-acute care can be challenging, but we are creating a new model that is working. A focus on acute care at home provides opportunities to decrease the risk for adverse events, and it is a patient satisfier. Thinking innovatively and leveraging available technologies expands the possibilities of how we care for our patients. As we move forward, partnering with our payers will allow for expanded bandwidth to take care of more patients as they shift out of traditional acute care earlier and into acute care at home.

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# Shining a Light on Hospital Infections and Changing Processes to Stop Them for Good

## SHINE PROGRAM IS SEEING RESULTS

*According to the Agency for Healthcare Research and Quality (AHRQ), nearly 50% of patients treated in an ICU receive indwelling central venous catheters, which equates to about 15 million central lines placed every year. Central venous catheters are associated with an increased risk for infection. The AHRQ reports that as many as 28,000 patients die annually from central-line associated bloodstream infections (CLABSI) in U.S. ICUs.*

Hospital-acquired infections (HAIs) are a problem that all hospitals are trying to solve, and over the years Cleveland Clinic hospitals have implemented various safeguards to reduce them. Although the rate of infections has decreased, improvements on this metric have plateaued. In 2018, the Nursing Institute, in collaboration with Quality and Infection Prevention, set out to create a sustainable effort by bringing together key stakeholders in an initiative appropriately deemed SHINE, which stands for Stopping Hospital-Acquired Infections from Now until Eternity.

“This time we set out to do something we can keep up with indefinitely — an innovative, sustainable approach to preventing infections,” says **Meredith Foxx, MBA, MSA, APRN, PCNS-**

**BC**, Associate Chief Nursing Officer, Advanced Practice Nursing and Nursing Quality & Practice. “We took a multidisciplinary approach, meaning all healthcare professionals were at the table — nurse leaders and clinical nurses, advanced practice providers, physicians, and staff from continuous improvement, quality and infection prevention. Our goal was to create processes that do everything possible to prevent infections, with our focus on bloodstream and urinary tract infections.”

The team worked to determine what tools all caregivers need at point of care to meet the intended outcomes. They set up teams within intensive and non-intensive care nursing units, did a survey of central line assessment tools, and utilized visual management to learn where the opportunities lie.

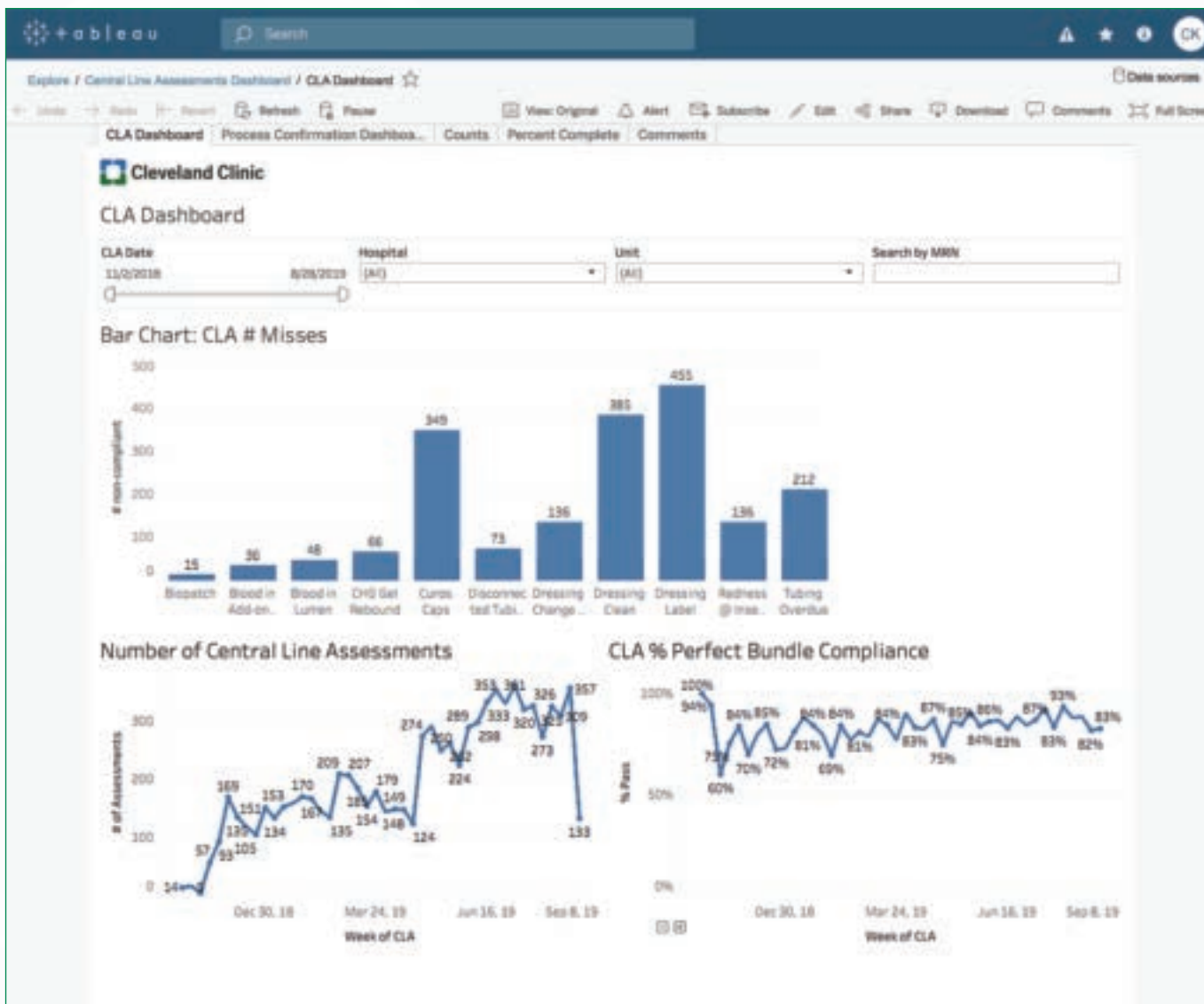
The multidisciplinary team used the Cleveland Clinic Improvement Model to make sustainable improvement in HAIs and to standardize processes for HAI prevention (prospective) and HAI investigation (retrospective). Using visual management, standardized tools and scorecards, the team collected and looked at data on processes and outcomes on multiple units at the main campus, Cleveland Clinic Marymount Hospital and Cleveland Clinic Florida (Weston campus). All units showed improvements in their infection rates and teams identified their greatest successes and areas of opportunity. This fall, the program expanded to more nursing units and Cleveland Clinic hospitals.

“To ensure the success of the initiative, the team did a lot of groundwork and gathered extensive amounts of data,” says Foxx. “Each team completed a self-assessment and scheduled training with their infection preventionist for standard central line assessment. The idea was to identify who on the team was responsible for doing regular assessments of central lines, how many times per week and what time of day they would be done as part of the regular workflow.” This included determining the best location to display the data for all to see.

### A CLOSER LOOK AT ONE UNIT

For the surgical ICU on Cleveland Clinic's main campus, the data are now displayed on a large board in the central conference room. Each day, central line audit results for all 30 beds on the unit are highlighted, with green indicating all lines





This is what the CLA dashboard looks like with easy-to-read charts and graphs for tracking and understanding the current state.

are 100% intact with appropriate care measures and red showing that an element of care was missing. The audit looks at labeling of lines and dressings, blood exposure, line caps, and more. An assistant nurse manager or a trained unit clinical nurse completes audits each day and makes sure they are on the board each week.

Assistant Nurse Manager **Meghan Pishnery, MSN, BSN, RN, CCRN**, says SHINE “heightened awareness” of the need for appropriate lines for all staff on the unit. She notes that central lines are the norm for the patient population on the unit, whose patients have had transplants and procedures that are managed via an open abdominal area. These patients also tend to

have longer lengths of stay in the hospital. “Thanks to SHINE, patient lines are at the forefront of our discussions every day during rounds with physicians,” she says. And the great news is that audit reports are improving.

Fox concludes, “Through the SHINE program workshop, units get the data and continuous improvement support they need to create their own action plan for ensuring that lines are managed, recorded and discussed across the unit. We believe that this program will show sustained improvement around all hospital-acquired infections.”

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## Agility Is Key in the Transformation to Digital Nursing Care

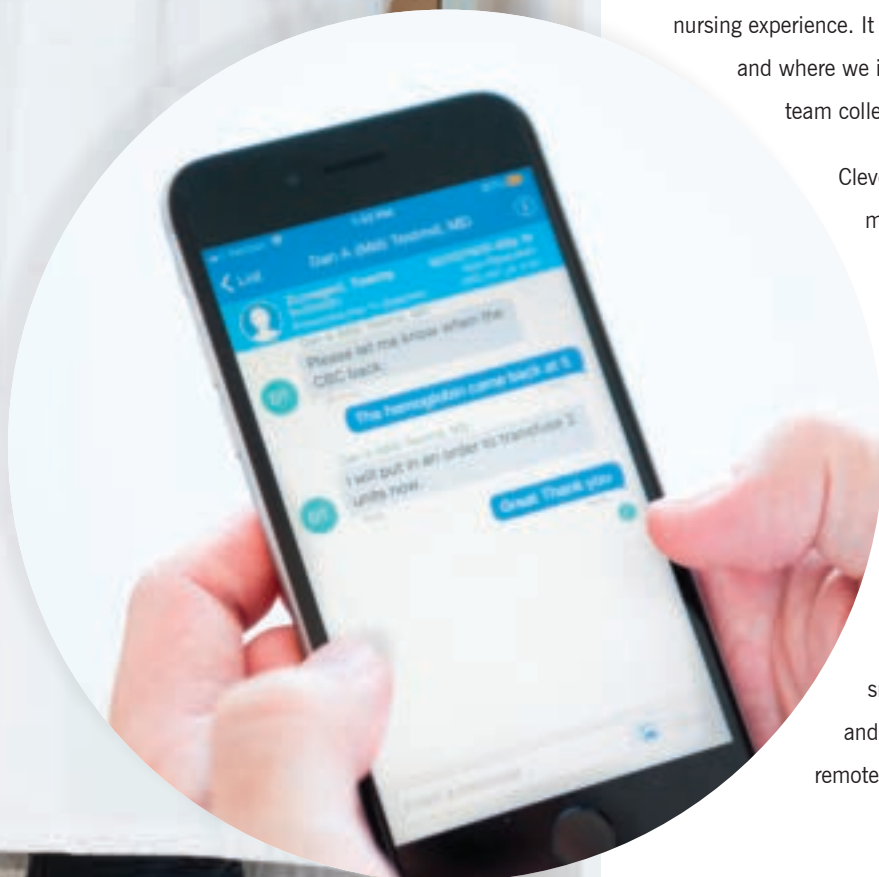
NEW TECHNOLOGIES ARE DISRUPTING NURSING PRACTICE, MAKING CHANGE FASTER AND INCREASING EFFICIENCY

*The relationship nurses have with technology is entering the digital frontier, says **Nelita Iuppa, DNP, RN-BC, NEA-BC, FHIMSS**, Associate Chief Nursing Officer for Nursing Informatics. Her team is working to ensure that Cleveland Clinic nurses are adapting to this new world.*

“The enterprise strategy for digital nursing care across a patient’s lifetime and encounters is a vast landscape of opportunity,” says Dr. Iuppa. “Moving from simply being automated, or electronic, with current tools to becoming digital is a completely different nursing experience. It is fundamentally changing how, when and where we interact with our patients and our care team colleagues.”

Cleveland Clinic nurses are among the many health system clinicians who are transforming their practices. With the explosion of new technology platforms, commonly referred to as the “internet of things” (IoT), nursing is leveraging a number of connected health devices and applications to transform patient care. New technologies include machine learning, artificial intelligence, layered mobile applications, predictive analytics, smart sensors, wearable technology and a virtual presence delivered from remote locations.

*Ryan Bush, MSN, RN, of Nursing Informatics, tests the secure text messaging application, which allows caregivers real-time communication about patients with their teams.*



“These technology solutions introduce a new dynamic in how our nurses interact with and manage digital device and sensor systems,” says Dr. Iuppa. “We also find that digital solutions are actually freeing up nurses’ time, allowing them to have more time to provide compassionate care, which remains core to our mission.”

### DIGITAL NURSING TRANSFORMATION

Several recent projects have launched the transformation to digitalized care in the Nursing Institute. Dr. Iuppa notes that these projects differ from technology automations of the past, which focused on moving from paper to electronic solutions and in the best of circumstances provided some additional clinical support when fully implemented. “The digital technologies we are implementing today are actually disrupting the way we provide care by changing how we interact with patients and our fellow caregivers. They are game changers.” Here she describes some of the technologies.

**Secure text messaging:** Cleveland Clinic nurses are now able to send and receive secured contextual patient messages within the electronic medical record, establishing a useful new communication channel. Nurses, providers and other members of a patient’s care team can now send care updates and treatment recommendations, thus enabling more empowered and timely patient care.

Nurses have been great adopters of this form of communication. On average, there are 4,000+ text messages sent every 14 days. As of June 1, nurses had sent approximately 26.28% of these messages, APNs sent 6.29% of them, and together health unit coordinators and nursing assistants sent approximately 3.94% of all messages in the system.

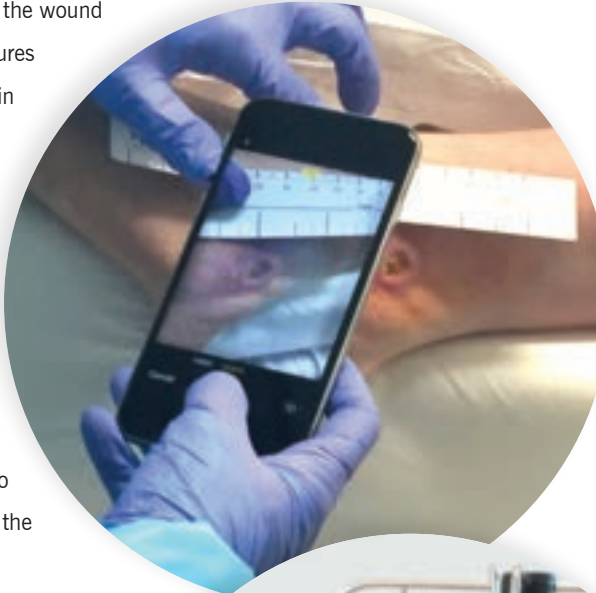


#### Wireless temperature monitoring:

Used to monitor refrigerator temperatures for patient medications, laboratory specimens and food storage, wireless monitoring eliminates the need for manual logs. Instead, automated alerts are sent to health unit coordinators and charge nurses when temperatures go beyond an acceptable range for too long, so

immediate action can be taken. The transformation ensures that patient medications and specimens are always stored based on the highest level of quality control.

**Mobile phone apps:** These are quickly emerging as one of the most helpful tools, Dr. Iuppa says, by eliminating documentation and speeding up processes. One example is the wound care mobile app, which measures and documents skin consults in the electronic medical record. “Having the ability for all caregivers to visualize a patient’s skin condition over many days, along with expert recommendations for interventions helps our nurses provide optimal care for wounds and allows them to synchronize their approach to the patient’s plan of care.”



Another dedicated nursing documentation mobile app allows nurses to document frequent tasks and scan medications quickly as they move between rooms, without having to access a computer to complete steps. “This solution has decreased demand on our workstations on wheels [WOWs] during peak periods, and it has improved our real-time documentation compliance scores for frequent tasks such as hourly rounds,” Dr. Iuppa explains.

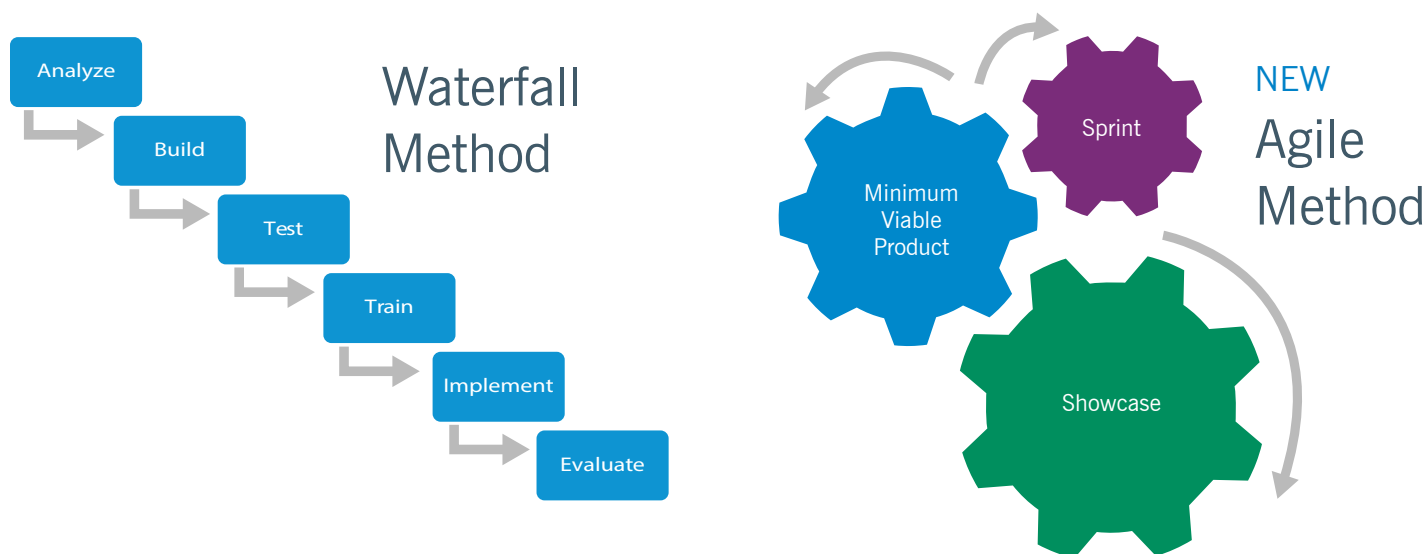


| Real-time documentation compliance | Computer | Mobile App |
|------------------------------------|----------|------------|
| RNs — Hourly Rounds                | 65%      | 90%        |
| PCNAs — Patient Checks             | 71%      | 93%        |

### AGILE NURSING INFORMATICS WORKFORCE

Partnering with nurses on the digital journey requires new approaches to deploying and maintaining technology. “As new technologies are conceived and eventually introduced, it is clear that the fundamental practice of informatics must also adapt to the changing digital landscape,” says Dr. Iuppa. She explains that the Office of Nursing Informatics, along with their IT colleagues, recently transitioned to a new practice model known as





*Comparing the old Waterfall methodology of project management to the Agile model — which includes sprint cycles to expedite the process.*

Agile. This methodology provides a framework for delivering quicker and more meaningful IT project results to nursing staff.

Historically the IT approach to projects was a Waterfall method, meaning first staff would analyze what needed to be done and go through all the major steps in a project, one after another. This meant that it could take many months, and sometimes years, for projects to be completed. Also, IT staff would take initial input from clinicians to build out systems. Checkpoints for validation of the solutions along the way were infrequent, which could lead to an end product that was not quite what caregivers had envisioned.

At the core of the Agile approach, the Nursing Informatics team begins its work with a conversation with nursing staff to understand the end goals. The next step is to move into a sprint cycle, which is a two-week period of rapid design, development and testing for a small portion of the end product.



Nelita Iuppa, DNP,  
RN-BC, NEA-BC,  
FHIMSS

“From this sprint cycle, we are able to demonstrate a minimum viable product to the nursing stakeholders during a showcase meeting where the next set of deliverables are defined and the next sprint cycle begins again,” Dr. Iuppa explains. “This process takes a bigger project and breaks it into a more rapid and frequent feedback process.”

The benefits of using Agile are that nurses now have a product they can start to use sooner, and they are more effective

partners for technology initiatives during the course of a project instead of just at the beginning and end.

“Internally for our nurses, Agile principles have created an environment that is conducive to team collaboration, peer accountability and better output efficiency,” says **Ryan Bush, MSN, RN**, a program manager in the Office of Nursing Informatics. “Externally, Agile principles increase transparency back to the nurse through an iterative process, ensuring that the end product meets nurses’ expectations. Ultimately, Agile provides the best caregiver and patient experience possible.”

The role of the specialty nurses working in Nursing Informatics continues to change as the digital experience introduces new use cases, devices and technology solutions to transform nursing care. Together with the front line, all nurses are creating a new future for the relationship technology plays in digitalizing patient care.

## THE FUTURE FOR DIGITAL CARE

Moving forward, nurses can expect greater interconnectivity within their own IoT, from patient interactive solutions such as automated white boards in patient rooms to wearable technology and natural language processing.

Says Dr. Iuppa, “It won’t be long before our nurses and patients are using voice assistive technology devices to obtain information from medical records and other connected systems to set reminders, answer questions or complete documentation. The digital future is convenient, predictive, interactive, smart and portable. These solutions will continue to change how we approach patient care, and our newly Agile informatics nurse workforce is ready to partner with our nursing peers along this journey.”

Email comments to [notablenursing@ccf.org](mailto:notablenursing@ccf.org)

Scholars Schenley Blase (in green) and CharRay Washington (at right) learn nursing skills from Daria Sheafe, MSN, RN, using a hospital training mannequin.



## Developing a Diverse Nursing Workforce for the Future

THE ASPIRE NURSE SCHOLARS PROGRAM CONTINUES TO EVOLVE TO SUPPORT STUDENTS INTERESTED IN NURSING.

*When Cleveland Clinic launched the ASPIRE Nurse Scholars Program in 2017, the enrichment program for high school juniors interested in pursuing a career in nursing received 77 applications. In 2019, the number of applicants more than doubled, with 174 applications from 38 high schools across Northeast Ohio.*

Although the number of applications validates the success of the program, the impact on students is a stronger indicator of its value.

“During my 12-week Saturday sessions, I was able to realize that nursing is a path that I would like to take in my future,” says **Heidy Valenzuela**, a returning ASPIRE scholar. “We were able to listen to stories from some nurses working at Cleveland Clinic, and it made a big impact on my life.” Among her accomplishments during the program, Heidy became certified in CPR. More important, she says she gained confidence.

That’s music to the ears of Program Coordinator **Daria Sheafe, MSN, RN**. “There is a national drive to increase diversity in the field of

nursing, and Cleveland Clinic recognizes its importance,” she says.

“We are dedicated to attracting students like Heidy who represent our surrounding community and embrace nursing as a career. Our aim is to support their journey through nursing school and beyond.”

### SERVING STUDENTS AT THREE LEVELS

ASPIRE serves three levels of students — high school junior scholars, high school senior scholars and Cuyahoga Community College (Tri-C) scholars. The cohort of 25 junior scholars meets each Saturday for 12 weeks from February through April. Because senior year is so busy, the senior cohort meets monthly. The Tri-C scholars are supported with monthly education sessions where they share experiences.

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“The junior curriculum exposes students to nursing, letting them know what the profession is really about,” says Sheafe. Caregivers from various nursing specialties talk to students about providing relationship-based care. In addition, students participate in simulation exercises and shadow a clinical nurse on a nursing unit.

Students who choose to return to the ASPIRE program as seniors in high school dive deeper into what it means to be a nurse. They participate in a clinical experience in groups of two to three students alongside **Sol Sanchez, BSN, RN**, Nursing Professional Development Specialist for ASPIRE. They also have the opportunity to begin work as a patient care nursing assistant after high school graduation. The retention rate among first-year scholars is strong, with approximately 75% of students returning as senior scholars.

After two years, interested scholars enter the nursing program at Tri-C, an academic partner in the ASPIRE Nurse Scholars Program. “We continue to meet with the college-level students every month so there are constant touch points,” says Sheafe. Each month, she and Sanchez ask students to share their victories and challenges, providing essential support as they transition to and continue nursing school. Currently, there are 23 scholars enrolled in Tri-C.

### TAPPING INTO COMMUNITY RESOURCES

As ASPIRE prepares to welcome its fourth cohort of junior scholars in 2020, the program continues to make improvements to better serve students. “This is so much more than an academic program,” says Sheafe. “We address students’ individual socioeconomic and life barriers to enhance their success.”

One of the enhancements has been strengthened community relationships with organizations such as Esperanza, the Neighborhood Mentoring Program Collaborative, and the Cleveland Council of Black Nurses (CCBN). ASPIRE collaborates with Esperanza, which strives to improve academic achievement of Hispanics in Greater Cleveland, on targeted recruitment for the scholar program. ASPIRE joined the Neighborhood Mentoring Program Collaborative to share best practices for creating and sustaining a mentoring program.

Last year, the CCBN teamed with ASPIRE to present its Survive & Thrive college readiness workshop to scholars. “We thought we could step in and offer students tools to help them through their first year of nursing school, especially since it’s their first time going to college full

time,” says **LaTonya Martin, DNP, CNM, FNP-C**, chair of CCBN’s Recruitment and Retention Committee. The workshop focuses on topics such as study skills, test-taking strategies, time management, and expectations for nursing school classes and clinical rotations.

Dr. Martin hopes to further expand CCBN’s relationship with ASPIRE because she recognizes its value to minority nursing students. “When I was young, nursing was not even on my radar when I was in school, and now I’m all in!” says Dr. Martin, who is a nurse practitioner, midwife and instructor at Case Western Reserve University’s Frances Payne Bolton School of Nursing. “ASPIRE grabs students

in 11th grade, lets them know the possibilities within a nursing career and makes a path for students to succeed so they don’t have to figure things out on their own.”

### LINING UP ADDITIONAL SUPPORT

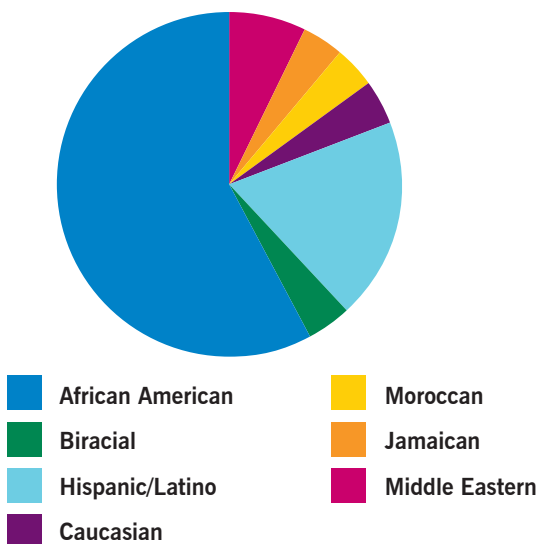
Closer ties to community partners isn’t the only addition that ASPIRE has made to support its students. Other enhancements include the following:

- **A mentoring program** — Tri-C scholars are paired with practicing nurses who meet with the students monthly and provide both professional and personal support. Scholar **Schenley Blase** looks

*Nurse mentor Julia Schumann, BSN, RNC-MNN, talks with scholar Schenley Blase about challenges in the student’s workplace so she can work toward a solution.*



### 2019 ASPIRE JUNIOR COHORT ETHNICITY DEMOGRAPHICS





forward to meeting with her mentor, **Julia Schumann, BSN, RNC-MNN**. They have a unique bond as Schumann is set to retire next month. She and Schenley both contacted the program to see if their ASPIRE relationship would continue. “Of course!” Sheafe told them. “That’s what the mentoring program is all about.” Another student was afraid to drive, which made it challenging to get to campus as well as work. Her mentor offered encouragement and a few lessons, and now the student is learning to drive. “The bonds between students and mentors are all about relationship-building, and with that comes trust and advising,” says Sheafe.

- **Expanded collaboration with Tri-C** — “It’s not just the Associate Dean of Nursing, Ebony Drummer, working with us,” says Sheafe. “We also collaborate with the school’s counseling department, financial aid and scholarship office, as well as the registrar’s office.” These partnerships help the scholars, many of whom are first-generation students, navigate college and become aware of resources available to them.
- **Support from Cleveland Clinic’s Employee Assistance Program (EAP)** — The EAP holds workshops for ASPIRE students on topics such as stress and time management. “These are two big issues for students as they transition into adulthood, college and becoming a Cleveland Clinic caregiver,” says Sheafe. “We listened to our students who said they were stressed primarily due to family demands. Many of our students are responsible for part of the household income and care of younger siblings. EAP provides counseling and referrals to our students.”

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“Many of our scholars are first-generation college students, so we’re providing them with holistic support by addressing life, academic and financial barriers. It has been a thrill to see our scholars grow through this program.”

— *ASPIRE Program Coordinator Daria Sheafe, MSN, RN*

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ASPIRE plans to continue boosting the program. One of its goals for this year is to reach out to 9th and 10th graders to ensure they are aware of the program. “That gives them the opportunity to work on their GPAs, enroll in College Credit Plus and ask questions of people who have been in the program. By the time they are juniors, they will know what’s required and have started on pre-requisites if they want to apply to the program,” says Sheafe.

For those who do, like Heidi, the ASPIRE Nurse Scholars Program is a boon. “I am more than grateful to be part of this program,” she says.

## Research: African American Nursing Students

When completing her MSN at an urban university, **Shanell Hill, MSN, RN**, conducted a qualitative, phenomenological research study to understand experiences of African American nursing students. Her motivation was personal.

“When I look around in nursing, I don’t see a lot of people like me,” says Hill, a clinical nurse in the cardiovascular ICU at Cleveland Clinic Hillcrest Hospital. “I started looking into it and found that African Americans going into nursing school have a high attrition rate compared with other minority groups.

During her research, Hill interviewed African American nursing students in an undergraduate BSN program in an ethnically diverse setting. She asked them open-ended questions covering topics such as what prompted them to go into nursing, their biggest challenges in nursing school, and their relationships with family and peers. Hill utilized Colaizzi’s analysis methods and synthesis of themes to interpret findings.

In Hill’s study, four main themes emerged: ineffective education models, support of the college experience, resolve to succeed and finding minority mentors. Theme content involved both facilitators and barriers to a successful nursing program experience. She concluded that enhanced student connections, use of minority mentors and revised teaching pedagogies may foster retention in nursing education and promote graduation.

“We need to increase awareness of strengths and barriers that some African American nursing students face when in college for a BSN degree, as a precursor to developing innovative interventions that may minimize stressors and enhance the student experience,” says Hill. This fall, she began her research doctorate in nursing at Case Western Reserve University’s Frances Payne Bolton School of Nursing.

# Interactive Portal Is Helping Nurses Navigate Their Career Path

## FACILITATING PROFESSIONAL DEVELOPMENT IN A LARGE HEALTH SYSTEM

*With 28,000+ nurses across its health system, Cleveland Clinic's Nursing Institute is the largest of its 26 clinical institutes. And with more than 200 inpatient and outpatient facilities throughout Northeast Ohio, across the country and around the world, navigating one's career can be exciting but daunting.*

"There are so many career paths you can take as a nurse," says **Kathy Mau, DNP, APRN, ACCNS-AG, ACNS-BC**, Senior Director of Nursing Education and Professional Development. "Are you interested in a certain specialty? Do you aspire to becoming a nurse manager? The goal in our department is to guide nurses in the steps they need to take to get where they want to go professionally."

Enter a comprehensive online portal designed to put career planning at nurses' fingertips. It started two years ago when the Office of Nursing Education and Professional Development and the Institute's Professional Development Council set out to identify developmental resources for Cleveland Clinic nurses. By late 2018 the team began creating an interactive user experience that allows nurses to chart their own professional path with the help of the new "Nursing Career Paths" platform.

The first section of the Nursing Career Paths portal is designed to introduce first-year nurses to the broad range of developmental opportunities at Cleveland Clinic. The second section features four career tracks that focus nurses on the steps they need to take to pursue their professional goals.

The four career tracks are Leadership, Clinical Expert, Advanced Practice and Specialty Nursing. Each track lays out developmental courses, experiential/exposure learning opportunities and supporting



The home page of the Nursing Career Paths portal.

activities. The portal enables nurses to ask questions, participate in discussions, watch videos and read blog entries on topics of interest.

"We created an interactive user experience that allows nurses to explore their career options, set career goals and identify opportunities for lifelong learning," Dr. Mau explains. "And we continue to add content to support these different career tracks."

The portal was developed within Cleveland Clinic's online education platform and is available exclusively for nurses and those interested in exploring a career in nursing. To create this interactive experience, Dr. Mau and her team partnered with Cleveland Clinic's Global Leadership and Learning Institute, which has deep experience in developing educational tools and resources.

"Creating this site forced us to think through each career track and to develop it to its fullest potential," says Dr. Mau. "Our purpose was to show nurses all the career opportunities and resources available to them within our health system and to make them easy to access. Of course, we want nurses to spend their entire careers working for Cleveland Clinic, and we needed a way to communicate and facilitate professional development."

The portal features a smart single sign-on, and it is available from the Nursing intranet so nurses can access learning content on demand when they have the time.

### THE PORTAL IN PRACTICE

Nurse leaders have found that the Nursing Career Paths portal is also a great resource for helping nurses set annual individual development goals. Many nurses at Cleveland Clinic Hillcrest Hospital are using the Career Path, specifically in the ICU, where Samantha Connelly, MSN, RN, serves as Nurse Manager. "When the portal was first introduced to us in leadership meetings, I did some self-reflection by filling out the Leader Development Worksheet, which also helped me learn how to navigate the site," says Connelly. "Then I turned around and used it with my assistant nurse managers [ANMs] for their leadership growth."



*The new Career Paths portal provides nurses the blueprint they need to pursue their desired career, all in one online resource.*

Now, Connelly says she and her ANMs use the portal as part of their weekly "5 with 5" — when they each spend five minutes with five nurses to do check-ins; they are also using it as a guide during annual reviews. During these meetings, nurse managers pull up the Nursing Career Paths portal to help in the development of their team members.

She says many on her team are now using the portal for career planning, as it was designed. She reports that four ICU nurses are taking the Leadership track, 12 are taking the Advanced Practice path, three are on the Nursing Education track, and 25 nurses are pursuing one of the Clinical Expert tracks.

Says Connelly, "The Career Paths portal has helped in developing our nurses, making our conversations more meaningful, and ensuring that the classes and opportunities we offer have real purpose."

Email comments to [notablenursing@ccf.org](mailto:notablenursing@ccf.org)

## Award-Winning



The nursing education team that developed the Nursing Career Paths portal recently took first place in the 2019 Cleveland Clinic Nursing Innovation Inventory. This award recognizes innovations implemented over the previous year that solved a problem or brought something novel to the work area. Team members are **Kathy Mau, DNP, APRN, ACCNS-AG, ACNS-BC**; **Cindy Willis, DNP, MBA, RN, CMSRN**; **Jeanne Henry, MEd, BSN, BS, RN**; **Brenda Byrne, MSN, RN-BC, CMSRN**; and **Stephanie Sobeck, MSN, RN-BC, PCCN-K**.

"It is a great honor to receive this recognition," shared Dr. Mau. "Every nurse's career path will differ based on personal goals and interests, experiences and opportunities. This interactive portal provides nurses with a wealth of resources to guide their development at every stage of their career at Cleveland Clinic."



# The Effect of Music Therapy During Kangaroo Care on Premature Infants

## NICU NURSES STUDY IMPACT ON PHYSIOLOGICAL PARAMETERS



Denise Speer, MSN, RN

At a conference several years ago, **Denise Speer, MSN, RN**, then nurse manager of the neonatal intensive care unit (NICU) at Cleveland Clinic Fairview Hospital, had a conversation with a music therapist who worked on the hospital's pediatric psychiatric unit. They discussed services she could provide to premature infants in the NICU, and the therapist was invited into the NICU to play music for the babies.

"Before you knew it, our nurses started raving about how good the music seemed to make the babies feel," says Speer, now director of Women's and Children's Services at Fairview Hospital. "I wanted the music therapist to continue to provide music in the unit, so we initiated a research project to see whether music therapy really benefited premature babies."

Completed earlier this year, the randomized controlled study examined the effects of music therapy during kangaroo care on physiological parameters in preterm infants with gestational age of 32 weeks or less and on parental stress levels. The study had 91 mother-infant participants who were randomized into an intervention group that received kangaroo care along with 15 to 20 minutes of live music therapy or a control group that received kangaroo care alone. Among infants, heart rate, respiratory rate, oxygen saturation and number of apnea/bradycardia spells were measured in both groups before and after kangaroo care began.

"For years, the literature has talked about how kangaroo care improves a baby's growth, decreases the need for oxygen and improves physiological parameters," says Speer. "Our results validated some of the benefits of

kangaroo care previously reported, including a decrease in infant heart rate and respiratory rate after 30 minutes of kangaroo care. However, our research team was unable to substantiate the primary hypothesis, as there were no between-group improvements in heart rate, respiratory rate or the number of apnea/bradycardia spells in preterm infants of 32 weeks' gestation or less.

Speer says, "It is unknown whether mother, preterm baby or music therapy factors might have altered a potential relationship between our music therapy intervention and physiological parameters. More research is needed with a larger sample size to learn more about potential relationships."

The research team also examined anxiety and stress level of parents as measured by pre- and post-intervention administration of the State-Trait Anxiety Inventory (STAI) for Adults, Form Y-1. Data are currently being analyzed by a biostatistician.

Though the findings on infants did not show an improvement in physiological parameters, they were constructive. "With premature babies, you worry so much about noise and the impact it has on them," says Speer. "This study showed us that music is not noise. It did not negatively impact the baby's physiological profiles."

Email comments to [notablenursing@ccf.org](mailto:notablenursing@ccf.org)



# The Effectiveness of Biofeedback for Treating Dysfunctional Voiding

PRACTICE SHOWS PROMISE FOR GIRLS AGE 7 TO 12



Rebecca Cesa, MSN,  
RN, APRN-CNP



Kimberly Slocombe,  
MSN, RN, APRN-CNP

In the pediatric urology community, biofeedback is often recommended for treatment of urinary issues, but there's not a lot of evidence to support its efficacy, says **Rebecca Cesa, MSN, RN, APRN-CNP**, a nurse practitioner in pediatric urology at Cleveland Clinic. "There is no standard biofeedback protocol," says Cesa. "Providers who support biofeedback therapy each use it differently.

Our technique was standardized, and we wanted to know whether our standardized technique was working for our patients."

Cesa and her colleague, **Kimberly Slocombe, MSN, RN, APRN-CNP**, led a case series research study to evaluate the effectiveness of biofeedback on dysfunctional voiding in girls aged 7 to 12 years old. In the urology practice, providers manage 300 patients annually for voiding complaints. Patients are treated with urotherapy, and providers often recommend the biofeedback program. This research study used a retrospective chart review methodology (cases from 2012 through 2017) to assess outcomes after biofeedback was applied for dysfunctional voiding.

"Patients with dysfunctional voiding do not contract and relax their pelvic and rectal muscles the way they are supposed to, which can cause daytime incontinence, inability to

empty the bladder and recurrent urinary tract infections," says Cesa. "With biofeedback, we use a computer game and electromyography to teach children how to relax and contract pelvic and rectal muscles appropriately." Patients receive four biofeedback sessions over a four- to six-week period."

Cesa and Slocombe analyzed data of 12 patients in two stages. In the analysis process, they assessed each case individually and then reviewed the entire series for similarities, differences and patterns. Data were separated into two domains: physiological, which included uroflow and post-void residual measurements, and subjective patient reports of occurrences of daytime incontinence and urinary tract infections. In the case series, patients who received biofeedback for treatment of dysfunctional voiding had complete improvement or some improvement in both incontinence and/or urinary tract infections.

There were some limitations to using a case series methodology. "We encountered challenges similar to that of other case series with missing data and low patient numbers," says Cesa. "However, our findings support the need for further research into the efficacy of biofeedback on physiological and subjective dysfunctional voiding changes. A comparative or randomized controlled design and larger sample size are needed to understand the generalizability of our findings. It might also be important to conduct a robust research study using adolescent children, rather than school-age children, to determine the scope of benefit."

Email comments to [notablenursing@ccf.org](mailto:notablenursing@ccf.org)

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## Awards and Honors

The **Emergency Department at Cleveland Clinic Medina Hospital** earned a 2019 Lantern Award from the Emergency Nurses Association. The award recognizes EDs that demonstrate excellent practice and innovative performance through leadership, education, advocacy and research. Medina Hospital was also recently redesignated as a Pathway to Excellence Hospital by the American Nurses Credentialing Center (ANCC), with work by **Julie Fetto**, MBA, BSN, RN, NE-BC, OCN, and the nursing team there.

**Julia Blanchette**, BSN, RN, CDE, diabetes educator at Cleveland Clinic's main campus, received the 2019 Rising Star Award from the American Association of Diabetes Educators, which recognizes an educator with fewer than three years of experience.

The Case Management Society of America has named Senior Director **Mary McLaughlin Davis**, DNP, ACNS-BC, NEA-BC, CCM, Case Manager of the Year.

Nursing Innovations and Research Associate Chief Nursing Officer **Nancy Albert**, PhD, CCNS, CHFN, CCRN, FAAN (and medical editor of *Notable Nursing*), was named one of the top 100 leaders in research citations in 2018, as determined by Web of Science.

Four Cleveland Clinic nurses have been named fellows by the American Academy of Nursing (FAAN): Cleveland Clinic Executive Chief Nursing Officer **K. Kelly Hancock**, DNP, RN, NE-BC, FAAN; **Debra Hain**, PhD, APRN, AGPCNP-BC, FAANP, FNKF, FAAN, Cleveland Clinic Florida; **Sandra Siedlecki**, PhD, RN, APRN-CNS, FAAN, Nursing Research and Innovation; and **Beth Marie Faiman**, PhD, MSN, RN, ANP-BC, AOCN, FAAN, Taussig Cancer Institute.



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