

# Notable NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence  
SPRING 2022

## NURSES PROVIDE COLLEAGUES WITH ECMO TRAINING DURING COVID-19 SURGE

P. 6







Dear Friends,

This issue of *Notable Nursing* features a compilation of stories that offer a compelling reminder of all that the nursing profession has to offer — now and in the future. For 20 consecutive years, nurses have been the most trusted professionals in the U.S., according to the latest Gallup poll. Respect for nurses reached an all-time high during the pandemic, and Americans continue to view nurses as the most honest and ethical professionals, outranking physicians by 14%.

When nurses take advantage of available resources and programs, it's evident how far we can spread our wings and make a difference in the lives of others. We can serve as clinical faculty ambassadors, as we see on page 12. We can conduct research, such as the latest Cleveland Clinic nurse-led studies provided on pages 18 and 19. We can devise innovative approaches to patient care, as some of our nurses did when caring for patients with endocarditis (see page 9).

We have abundant opportunities to advance clinical operations, professional practice, patient care, nursing education and more.

As we enjoy the sense of new beginnings that accompanies the arrival of spring, let us take a breath of fresh air and remember why we chose this path. In professional nursing, every day offers the promise of possibility.

**MEREDITH FOXX, MSN, MBA, APRN, PCNS-BC, PPCNP-BC, CPON, NEA-BC**  
Executive Chief Nursing Officer, Cleveland Clinic



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*On the cover: Scott Flerchinger, BSN, RN, CCRN, meets with Jessica Rinard, COTA, to discuss her ECMO patient's needs.*

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.

Patients

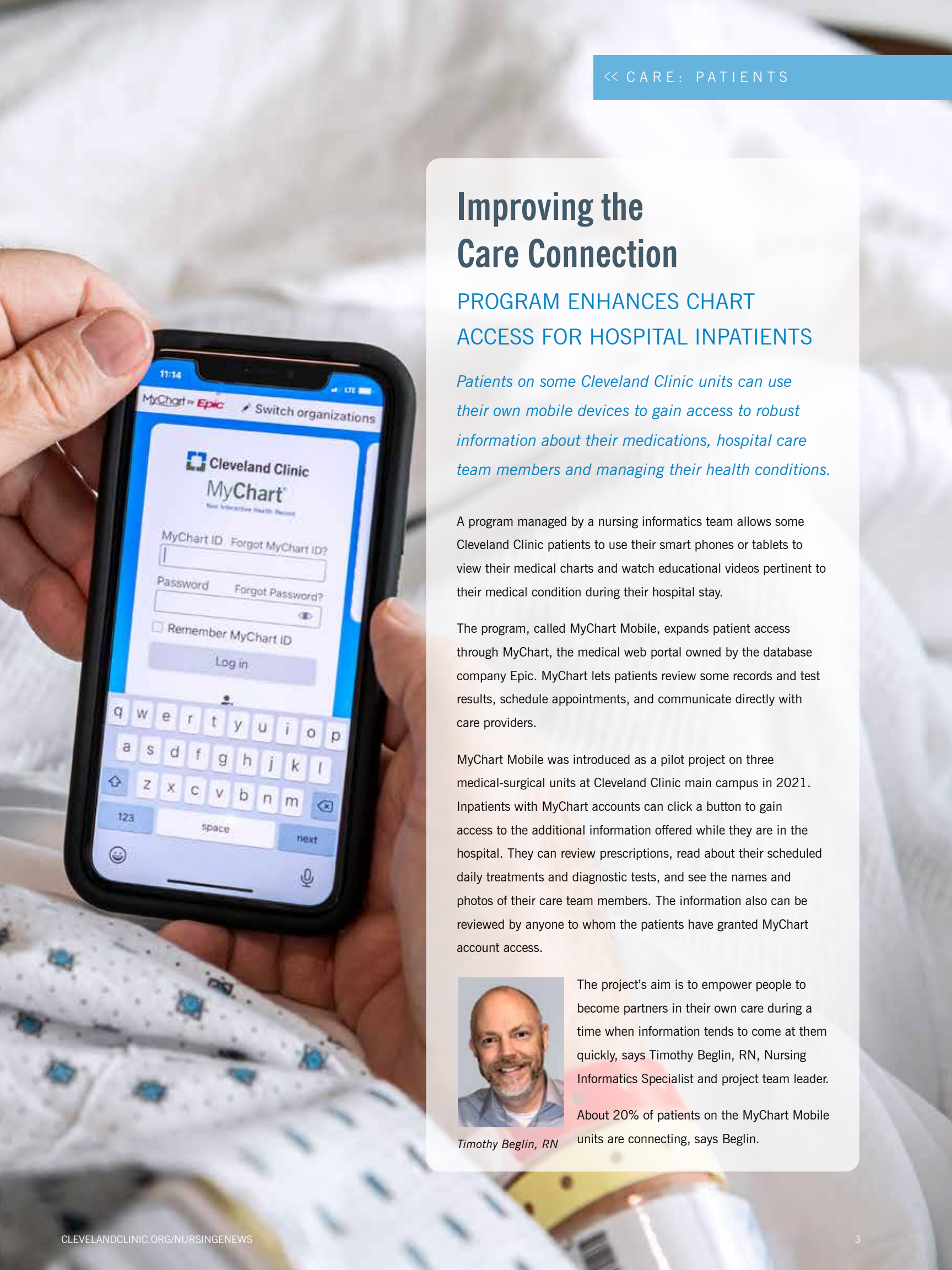
Caregivers

Community

Organization

CARE

Clinical Research Education



# Improving the Care Connection

## PROGRAM ENHANCES CHART ACCESS FOR HOSPITAL INPATIENTS

*Patients on some Cleveland Clinic units can use their own mobile devices to gain access to robust information about their medications, hospital care team members and managing their health conditions.*

A program managed by a nursing informatics team allows some Cleveland Clinic patients to use their smart phones or tablets to view their medical charts and watch educational videos pertinent to their medical condition during their hospital stay.

The program, called MyChart Mobile, expands patient access through MyChart, the medical web portal owned by the database company Epic. MyChart lets patients review some records and test results, schedule appointments, and communicate directly with care providers.

MyChart Mobile was introduced as a pilot project on three medical-surgical units at Cleveland Clinic main campus in 2021. Inpatients with MyChart accounts can click a button to gain access to the additional information offered while they are in the hospital. They can review prescriptions, read about their scheduled daily treatments and diagnostic tests, and see the names and photos of their care team members. The information also can be reviewed by anyone to whom the patients have granted MyChart account access.



Timothy Beglin, RN

The project's aim is to empower people to become partners in their own care during a time when information tends to come at them quickly, says Timothy Beglin, RN, Nursing Informatics Specialist and project team leader.

About 20% of patients on the MyChart Mobile units are connecting, says Beglin.





Carole Wright, BSN, RN, Clinical Systems Analyst in Digital Health at Cleveland Clinic, assists a patient in connecting to his MyChart information on his cellphone.

“It is happening organically, because adults who are actively involved with their MyChart accounts find the program.”

The mobile program represents an expansion of MyChart Bedside, which for several years has allowed inpatients on a limited number of units to use hospital-owned devices to review more chart information.

“MyChart Mobile removes the requirement for a hospital device,” Beglin says. “Now hospitalized patients can connect to MyChart Mobile as easily as they do their MyChart account. The system automatically recognizes that a patient has been admitted and invites them to access their chart information. They just hit a button. It’s seamless.”

MyChart Mobile makes it easier for patients to process and retain information important to their stay and, ultimately, to their health after they leave.

A secondary aim of the initial three-month MyChart Mobile pilot was to test whether the benefits of offering the service are worth its costs. Cleveland Clinic covers the cost of offering MyChart access to patients;

the additional access offered through MyChart Mobile incurs another fee, which the health system also pays.

ONE MEASUREMENT OF ITS VALUE IS USAGE

“We track how many patients are getting into MyChart Mobile and how many times they are coming back,” Beglin says. “We’ve seen patients returning between 40 and 60 times per hospital stay. Receiving around

50 touches per patient user during one inpatient stay tells us that the program is meaningful to users.”

The informatics team also tracks whether the mobile access spurs previously unconnected patients to open a MyChart account. “We’re hoping to increase the total number of MyChart activations,” Beglin says. “Overall, we

haven’t seen a huge increase yet.”

The demands of the COVID-19 pandemic slowed expansion of MyChart Mobile, but Beglin says the next steps will be to consider which units would most benefit from offering the service.

“All of our units have patients who might benefit, but some patients have more learning to do than others,” Beglin says. “For instance, on

a neonatal intensive care unit, you have young couples who often have a strong desire to know more. In obstetrics, patients are undergoing new procedures they may want to understand better. There are many different ways we can proceed with expansion, and many providers are very enthusiastic about the possibilities.”

Building the library of educational videos is among this year’s goals. Beglin notes that the videos themselves are well made, relying on contemporary techniques that incorporate medical animation and illustration along with information delivered by medical experts. Some of the videos contain general information for patients, and some are specific to cardiology, neurology and gastrointestinal conditions.

“The videos are automatically assigned to patients through MyChart based upon the patient’s status and nursing documentation,” Beglin says. “We currently have about 25, but we know that’s just the tip of the iceberg. Videos serve as educational support, along with education delivered by nurses to patients and their family members.”

The pressing demands of COVID-19 slowed some of the progress the team hoped to make with expansion of MyChart Mobile, but they expect that to change soon.

“We think 2022 is going to be a chance to really expand this program,” Beglin says. “We love what we’re seeing on the three pilot units, and we’re just scratching the surface on some of this.”

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



A patient consults Jenna Kerchenski, RN, after reading information about his care using MyChart Mobile.



Scott Flerchinger, BSN, RN, CCRN, explains the controls on the ECMO machine.



## Nurses Provide Colleagues with ECMO Training During COVID-19 Surge

### EXPERIENCED SPECIALISTS EXPANDED FLORIDA HOSPITAL'S CARE EFFORTS

*Cleveland-based caregivers spent a week with colleagues at Cleveland Clinic Florida to share information about using extracorporeal membrane oxygenation devices to help patients who are critically ill with COVID-19.*

For patients with COVID-19 in acute respiratory distress, extracorporeal membrane oxygenation (ECMO) can provide lifesaving support. However, use and management of ECMO machines requires highly trained staff, and ECMO specialists have been in high demand during the pandemic.



Erin Turner, DNP, RN

“During the delta surge that started in the summer of 2021 and extended into the fall, we had many patients placed on ECMO,” says Erin Turner, DNP, RN, Associate Chief Nursing Officer, Cleveland Clinic Weston Hospital. “We didn’t have the necessary resources to provide training to our staff, so we sought help from our colleagues within the Cleveland Clinic Health System.”

ECMO machines facilitate drainage of venous blood from a patient to an oxygenator, which allows for effective oxygenation and ventilation. The machines provide a complete or partial substitution of the patient’s cardiopulmonary system.

Two ECMO-experienced nurses from the health system’s main campus traveled to Weston Hospital in late October 2021 for a week and provided training to nearly 90 caregivers in the medical and surgical intensive care units (ICUs), including clinical nurses, advanced practice providers, physician assistants and residents.

### HANDS-ON TRAINING

When nursing leaders at main campus considered candidates to



Scott Flerchinger, BSN, RN, CCRN

conduct the training, Scott Flerchinger, BSN, RN, CCRN, and Jennifer Morr, BSN, RN, CCRN, were at the top of the list. Flerchinger is the lung transplant clinical manager and an ECMO specialist. Morr cares for patients on ECMO and others in both the cardiovascular ICU and eHospital program, through which she remotely monitors critically ill patients across the health system. Within a day of accepting the training assignment, the nurses were on an airplane headed for south Florida.



Jennifer Morr, BSN, RN, CCRN

“Scott and Jenn uprooted their lives for a short time — and on short notice — to come down and help us,” says Dr. Turner. “They saw the need and responded.”

“Our goal was to bring main campus to Weston,” says Flerchinger. “Our units at main campus have nursing-driven ECMO management. Perfusionists are available, but nurses have the autonomy and resources to competently manage the ECMO device once it is placed.”

Flerchinger and Morr used Cleveland Clinic guidelines for extracorporeal life support and an ECMO hands-on competency checklist to train the caregivers at Weston Hospital on patient admissions, assessment of cannulation sites, peripheral pulses and oxygenation function, and troubleshooting and intervention skills. They also used a wet lab — a circuit primed with saline — to review potential emergencies that caregivers might encounter.

“The main goal was to reach as many nurses as we could and provide a fundamental comfort level with ECMO — the nuts and bolts,” says Flerchinger. “As the week went on, Jenn and I were able to sit down with the staff and talk about individual patients’ clinical pictures and trajectories.”

### PATIENT-SPECIFIC CONSULTATIONS

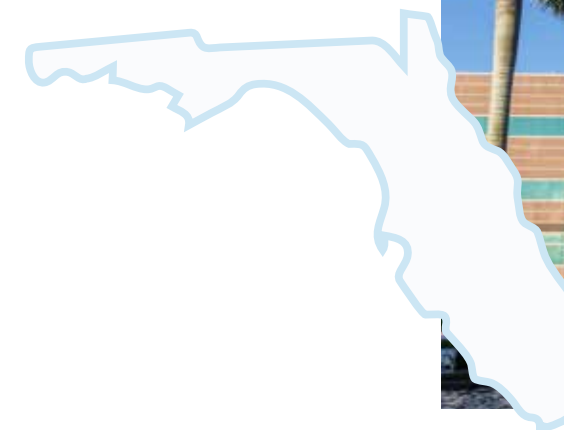
Patient conversations varied. In the MICU, for example, nurses helped the team by discussing patients’ hemodynamics, cannulation tactics and veno-venous versus veno-arterial ECMO. In the SICU, which had more long-term patients, communication often revolved around daily needs to support the bridge to recovery or to lung transplantation.

“Because of the volume of COVID-19 patients on ECMO that we have at main campus — and for me, the nightly experience of caring for them at the bedside — we were able to help the nurses at Weston understand what patients will go through and what nurses will go through,” says Morr.

Receiving hands-on training, as well as emotional support, was invaluable to the caregivers at Weston Hospital.

“We have on-site perfusionists, but because of the sheer volume of patients on ECMO, it was important for our nurses to have more

Cleveland Clinic Weston Hospital, located in Florida.







Scott Flerchinger, BSN, RN, CCRN, consults with nurses Rachael Alexis Jividen, MSN, APRN, ACCNS-AG, CCRN-CSC, and Derek Meyer, BSN, RN, during a wet lab demonstration.

knowledge about the population and machinery,” says Dr. Turner. “The training really made them feel more comfortable taking care of these patients.”

**PARTNERS IN A COHESIVE SYSTEM**

Operating within a healthcare system helped facilitate smooth training.

“Being able to call on our colleagues in Ohio during our time of need was phenomenal,” says Dr. Turner. “Having similar systems and processes in place made it a lot easier than if someone from outside the organization came in to provide training.”

Flerchinger says he felt at home the moment he arrived at Weston Hospital. “I’ve spent my whole life in Cleveland, and when I walked into Weston’s ICU, it felt like I was just floated to a different ICU at

main campus,” he says. “They had a strong, engaged group of nurses who were eager to learn and took a lot of pride in the care they provided.”

“Nurse engagement and training has contributed to positive patient outcomes,” says Dr. Turner.

**‘They had a strong, engaged group of nurses who were eager to learn and took a lot of pride in the care they provided.’**

**— Scott Flerchinger, BSN, RN, CCRN**

patients who have gone through so much have a chance at a longer life,” says Dr. Turner.

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

# Going the Extra Mile for Patients with Endocarditis and Substance Use

## MOSAIC BRINGS HOLISTIC CARE DURING AND AFTER HOSPITALIZATION

*Cleveland Clinic caregivers work to ensure the long-term recovery of those who suffer from infective endocarditis and opioid use disorder.*

Infective endocarditis, which occurs when bacteria enter the bloodstream and settle in the heart, damages the heart valves, and frequently, heart valve repair or replacement is needed. Patients with a history of intravenous drug use can be particularly prone to infective endocarditis and heart valve dysfunction. In many cases, patients need repeated interventions because of ongoing drug use.

In recent years, Cleveland Clinic has seen a growing number of these patients. Under the direction of Shinya Unai, MD, the care team at the Sydell and Arthur Miller Family Heart, Vascular & Thoracic Institute’s Endocarditis Center has developed a proactive approach when it comes to treating opioid use disorders and patients with infective endocarditis.



Matthew McWeeny, MSN, CNP, PMHNP-BC, a team member in Cleveland Clinic’s MOSAIC program, meets with a patient to discuss resources to help her recover more quickly and completely from surgery.





The MOSAIC Team:

Row 1: Kimberly Wolfe, RN, Resource Nurse, Heart, Vascular & Thoracic Institute; Lars Svensson, MD, Institute Chairman, Heart, Vascular & Thoracic Institute; Mary McLaughlin Davis, DNP, ACNS-BC, NEA-BC, CCM, Senior Nursing Director of Cardiovascular Medicine; Gosta Pettersson, MD, Thoracic and Cardiovascular Surgery; Steven Insler, DO, Intensive Care and Resuscitation; Shinya Unai, MD, Thoracic and Cardiovascular Surgery.

Row 2: Tim Sobol, MS, BRMP, PMP, Associate IT Business Services and Solutions Partner; Matthew McWeeny, MSN, CNP, PMHNP-BC, Center for Behavioral Health; Roz Van Den Bosche, MBA, BSN, RN, NE-BC, Nursing Director; Haytham Elgharably, MD, Thoracic and Cardiovascular Surgery; Kathleen Stage, Administrative Coordinator, Care Management.

Row 3: Mike Surratt, RN, Senior Clinical Systems Analyst III; David Streem, MD, Medical Director, Alcohol and Drug Recovery – Psychiatry; Mike Javorski, MD; Anand Mehta, MD, MBBS, Cardiothoracic Anesthesiology.



Mary McLaughlin Davis, DNP, ACNS-BC, NEA-BC, CCM

“As clinicians, our goal is to care for the patient as a whole,” notes Mary McLaughlin Davis, DNP, ACNS-BC, CCM, Senior Nursing Director of Cardiovascular Medicine. “Patients with infective endocarditis require extensive inpatient care. While we help them recover from their heart disease and surgery, the question is how to also address the root cause. Their time with us is an opportunity to provide the necessary resources to assist in their recovery from addiction and hopefully help them heal — mind, body and spirit.”

To better serve these patients, the Endocarditis Center’s multidisciplinary team — including nursing, infectious disease, cardiothoracic surgery, cardiology, behavioral health and care management — launched MOSAIC, which stands for Management of Substance Abuse Disorder and Heart Infections in Cardiovascular Patients.

Using a holistic approach, MOSAIC offers support to patients through a variety of avenues, such as care management strategies, education, art and music therapies, and outreach.

“Every person on this team truly wants the best for these patients and to see them succeed,” says Natalie Salvatore, MSN, MBA, RN, CCRN, Manager, HVTI Patient Resources and Outreach. “We can fix their heart. We can fix their valve, but unless we fix the underlying problem, they are highly likely to be right back here. So, how can we meet the patient where they are at and give them the necessary care? Through collaboration and a coordinated effort.”

Success requires that all members of the multidisciplinary team work synchronously to keep patients connected to care, Salvatore adds.

### PEER-DRIVEN SUPPORT

Using a workflow created by the nursing and care management teams, the staff identify patients with infective endocarditis and a substance use disorder. Throughout their hospital stay, patients have access to the entire MOSAIC team as well as its resources.

A key aspect of MOSAIC is its emphasis on peer-to-peer support. Through a partnership with Supporting Opiate Addiction Recovery (SOAR) — a local peer support program — infective endocarditis patients with a substance use disorder now have access to additional support and guidance.



Natalie Salvatore, MSN, MBA, RN, CCRN



Kimberly Wolfe, RN

“I do everything in my power to follow up with patients to check in and ensure they are receiving the care they need,” Wolfe says.

### NURSING’S PIVOTAL ROLE

While the success of MOSAIC depends on a multidisciplinary approach and the expertise of every member of the team, nursing has an especially important role to play in the care of these patients. They are there 24/7, notes Dr. McLaughlin Davis.

“When a patient is frightened or anxious in the middle of the night, our nurses are there,” she says. “They are by their bedside during an incredibly difficult time.”

## Program offers peer support for those suffering from addiction

Project SOAR, a state-funded program, was developed as a community response to the opiate crisis in the Cleveland area. It is staffed by certified peer supporters who have a history of drug addiction. With an average of four years of recovery experience, extensive training and ongoing continuing education, the team at SOAR is well equipped to assist this patient population.

The goal of SOAR is to build connections with patients and help them enroll in drug rehabilitation programs. When a patient agrees to meet with a peer supporter, the nursing team facilitates the introduction and ongoing visits while the patient is in the hospital.

Caring for these patients can be especially challenging, and the stigma associated with drug use can add a layer of complexity. “Patients know they may be looked at differently due to their history, but I have had so many tell me how grateful they are for the kindness they received at Cleveland Clinic, and especially from our nursing team,” Wolfe says.

“Our nurses treat the patient, not the disease,” says Salvatore. “The person who is in that bed is more than endocarditis or a substance use disorder. They are a person with a life and a family and a story. Even though their story may not be like yours or mine, their worth is not any less than ours.”

The MOSAIC team hopes the impact of the program will continue to grow. Plans include ongoing education for bedside nurses and other caregivers, as well as efforts to build additional partnerships. “We are committed to finding partner organizations that share our passion and the level of quality that is important to Cleveland Clinic,” says Dr. McLaughlin Davis. “We must be confident that we are sending our patients to a good facility that will help ease their transition to sober living and their ongoing recovery.”

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





Cleveland Clinic nurse Tayo Araba, BS, RN, reviews the day's assignments with students at Ursuline College's Breen School of Nursing. Araba is a member of the college's adjunct faculty.

# Creating a Support System for Adjunct Faculty

## NEW AMBASSADOR PROGRAM PROVIDES RESOURCES FOR NURSES SERVING AS CLINICAL INSTRUCTORS

*In 2021, Cleveland Clinic launched a program to boost engagement among nurses who serve as adjunct faculty and to support recruitment.*

More than 300 registered nurses at Cleveland Clinic serve as adjunct faculty for 18 universities across eastern Ohio, working with nursing students in clinical rotations, providing hands-on training and enhancing classroom education. These adjunct faculty members, called ambassadors at Cleveland Clinic, are vital to training the next generation of nurses.

In July 2021, Cleveland Clinic Health System launched its Ambassador Program to support adjunct faculty and provide rewarding clinical experiences for students.



Kathleen Mau, DNP, APRN, NEA-BC, ACCNS-AG, ACNS-BC, CEN

"Healthcare is ever changing, and when combined with increasingly complex, higher-acuity patients and advanced technology, it can be challenging to ensure students have meaningful clinical and practicum experiences that accomplish academic program outcomes," says Kathleen Mau, DNP, APRN, NEA-BC, ACCNS-AG, ACNS-BC, CEN, Senior Director of Nursing Education and Professional Development. "Cleveland Clinic recognizes these challenges and wants to support our nurses serving as clinical faculty with information, education, resources, tools and connections."



Araba, left, works with nursing student Pearl Amoah as she crushes medication to be dispensed to a patient.

## NEW GRADUATE NURSE RECRUITMENT

Strengthening recruitment efforts is an important aim of the program. Leaders set a goal to double the number of students in clinical rotations at Cleveland Clinic facilities annually to more than 850. They aim to increase the hiring conversion rate of those students to 75%.

"It is important that students have a great clinical experience and are exposed to the many opportunities available to them as Cleveland Clinic nurses so they want to return after they graduate," says Dr. Mau. "Our ambassadors are in the best position to highlight these opportunities."

**'It is important that students have a great clinical experience and are exposed to the many opportunities available to them as Cleveland Clinic nurses so they want to return after they graduate.'**

— Kathleen Mau, DNP, APRN, NEA-BC, ACCNS-AG, ACNS-BC, CEN

A daylong kickoff conference, called the Clinical Faculty Academy, was organized by Cleveland Clinic in conjunction with deans and program coordinators from nursing schools. Attendees included adjunct faculty from partner schools as well as Cleveland Clinic nurses interested in becoming ambassadors.

The event began with video messages from nursing leaders, including Meredith A. Foss, MSN, MBA, APRN, NEA-BC, PCNS-BC, PPCNP-BC, CPON, Executive Chief Nursing Officer. Two members of Cleveland Clinic's talent acquisition team shared the impact that clinical faculty make on recruitment efforts. Tonya Moyse, MSN, RN, Nurse Manager

on the Orthopaedic Surgery Unit, spoke about the importance of developing a strong relationship with nurse managers, and Dr. Mau discussed resources available to support adjunct faculty.

An in-person morning session focused on the nuts and bolts of the clinical faculty role: how to organize the clinical day for students, how to give and receive

feedback and how to partner with nurse managers to create a culture of safety and success. Afternoon sessions addressed how to create a positive learning environment, deal with difficult students, evaluate clinical competencies and more.

## Paving the Path to Becoming an Ambassador

One of Cleveland Clinic's goals is to increase the number of adjunct faculty, called ambassadors, by 15%. To hit this target, the Office of Nursing Education and Professional Development is creating tools within its Ambassador Program to make it easier for clinical nurses to take on the additional role of adjunct faculty with a local nursing school partner.

Christine Szweda, Senior Director of Students and Faculty, has teamed up with academic partners to create a profile sheet detailing what nursing programs are looking for in clinical faculty, what questions they may ask in interviews, what they want to know about nurses' experiences and other information.

"When you become an adjunct faculty member, you are an employee of the school as well as Cleveland Clinic," says Szweda. "During some of the conversations I've had with interested nurses, it was clear they didn't realize they needed to fill out an application and do an interview. It's just like getting another job."

Szweda also plans to build an ambassador career path with academic partners. Some nurses mistakenly think they need a doctoral degree to work at a school of nursing; a BSN and experience are the only requirements.

"There are also opportunities at Cleveland Clinic that can help make clinical nurses really good candidates for an adjunct faculty position," says Szweda. For example, they could become preceptors or take courses through Cleveland Clinic's online learning forum.

"Overall, we want to streamline the path to becoming an ambassador, and once nurses are in the role, we want to fully support them," says Szweda.

### A RANGE OF RESOURCES

A dedicated resource page on Cleveland Clinic's nursing education intranet site features a recording of the kickoff event, a presentation on the requirements and benefits of becoming an adjunct faculty member, and documents with questions to prompt conversations between faculty and unit nurse managers during rounds.

The program also rolled out Catch Us at Our Best cards for nursing students who have exceeded expectations in providing patient care. Caregivers or patients complete the cards with the student's name and reason for the recognition, and then drop them off at the unit nurse manager's office. Recipients of Catch Us at Our Best cards are acknowledged at daily huddles.



Christine Szweda,  
MSN, RN

"Sometimes students go to clinicals, go home, and may or may not feel valued," says Christine Szweda, MSN, RN, Senior Director of Students and Faculty. "The recognition program is a simple way for unit nurses to take a moment and recognize when a student does something positive."

The cards also provide a repository of top-notch students Cleveland Clinic may contact toward the end of their nursing program about potential employment.

As the Ambassador Program grows, nursing leaders hope the number of adjunct faculty, practicum students and new graduate RN hires will too.

"It's rewarding for our ambassadors to serve as instructors on their units, show students what a great place this is to work and share the awesome culture here," says Moyse. "We want to fully support them and our students."

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

## Rethinking Bedside Care for Surges and More

### NURSING TEAM MODEL INCORPORATES ASSISTANCE FROM CLINICAL AND NONCLINICAL PERSONNEL

*Cleveland Clinic introduced a flexible, team-based approach to nursing care that spreads the workload to more hands during the busiest times.*

Innovative thinking and new approaches to nursing care are helping hospitals respond nimbly to the combined challenges of a worldwide pandemic and workforce shortages. At Cleveland Clinic, the re-introduction and evolution of team-based nursing care have enabled the continued delivery of optimal care for patients and a supportive professional environment for nurses during surges.



Matthew Slife, CPA,  
PMP

"It's imperative that we maintain continuity in hospital operations, regardless of surge activity," says Matthew Slife, CPA, PMP, Executive Director of Nursing Operations at Cleveland Clinic. "When it comes to managing workforce demands, flexibility is key to accommodating the needs of every patient who seeks our help."

Cleveland Clinic's primary nursing model assigns one RN to be the primary caregiver for a set number of patients based on census and patient acuity. There are few tasks that the RN will delegate to unlicensed clinical personnel in this model.

Team nursing involves deploying other caregivers to assist the primary nurses and allows them to expand the number of patients in their care.



Maureen Schaupp,  
MSN, APRN, CNP,  
CHFN

"This helps spread the workload out to a larger group of caregivers," says Maureen Schaupp, MSN, APRN, CNP, CHFN, Associate Chief Nursing Officer, Advanced Practice and Nursing Quality and Practice. "Although the RN is still the patient's primary caregiver, they can delegate some of their tasks to other team members."

This model provides flexibility during times of crisis, such as pandemics and natural disasters.

"Our goal is to keep nurses performing tasks at the highest scope of their licensure by providing clinical and nonclinical support," Slife

says. "This team approach allows us to extend the care a single nurse can provide, so they're able to increase the number of patients they're responsible for and meet patient care goals."

While Cleveland Clinic plans to return to the primary nursing model, the health system will continue to reinforce skills used in the team-based model to strengthen workforce flexibility.

"Team nursing extends the knowledge of our most experienced caregivers across a larger set of patients, and we'll continue to analyze how this affects outcomes," Slife says. "Whatever models we explore, we need more repetition to build that muscle memory into our teams. A team nursing approach may prove helpful when we're unable to meet our planned RN-to-patient ratios."

### NURSING ORGANIZATION AND SUPPORT

Outside of the emergency department, the largest influx of patients tends to occur in the medical-surgical and intensive care units. In these areas, directors, managers and nursing operations managers help coordinate nursing assignments with the Central Staffing Office to best support patient care.

Under the team approach, a variety of employees may be redeployed:

- Inpatient nurses from women's health and pediatrics
- Perioperative nurses, including preoperative, surgical and post-anesthesia care unit nurses
- Ambulatory nurses
- Nurses in finance and education
- Physical and occupational therapists
- Nonclinical business professionals

In support of this program, advanced practice registered nurses and certified nurse anesthetists have worked beyond their full-time-equivalent roles by providing extra hours at the patient's bedside.



“Caregivers had varying levels of experience and time away from clinical work when we began implementing the team model. Nurses were able to return or be introduced to the area of care where they were most comfortable,” says Slife. “We’ve tailored the placements and education to fit each person’s unique background and skills.”

Team nursing leverages the strengths of each caregiver on the team, Slife says. “Throughout the process, both the receiving units and our redeployed caregivers have been very flexible and accommodating to meet our patients’ needs,” he says.

TRAINING AND COORDINATION ARE KEY.

“With new staff coming in to support the units, we took time to educate, upskill and reorient caregivers,” Slife says. “Our nursing education team coordinated additional training classes during nights and weekends to help everyone get up to speed.”

Initial challenges included coordinating schedules and timekeeping.

Eventually, these issues resolved so that caregivers and managers had a smooth experience.

Schaupp and Slife say the following actions can help any health organization pivot to a team-based approach:

- Encourage leaders to explain objectives and expectations to their teams and, if possible, participate in the program.
- Develop a streamlined, repeatable process for identifying caregiver skill levels and training needs and for onboarding caregivers.
- Practice, practice, practice.

INCREASED PROFESSIONAL SATISFACTION

In addition to enhancing patient care, the team-based approach used at Cleveland Clinic has had a positive effect on nurses, both personally and professionally.

“We’ve repeatedly heard how much our nurses and caregivers felt like the entire enterprise was behind them during this challenging time,” says Schaupp. “As their interaction with patients and coworkers has increased, we’ve seen a significant increase in self-fulfillment for caregivers transitioning to bedside roles. Everyone’s professional network has grown as they’ve deepened their appreciation for what their colleagues do throughout the system.”

Cleveland Clinic nurses take great pride in their work, says Schaupp. They want to go the extra mile.

“It can be hard for a nurse when they don’t have an extra five minutes to talk to a patient who may need a listening ear,” she explains. “But when extra caregivers can come in and provide holistic care, this really gives nurses peace of mind.”

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

During COVID-19 surges, the post-anesthesia care unit at Cleveland Clinic Mercy Hospital used cross-trained nurses from other areas in the hospital. From left are Renee Genetin, BSN, RN, and Suzanna Lohmeyer, BSN, RN.



Jeanne O’Toole, RN, came out of retirement to help patients and caregivers at Cleveland Clinic Hillcrest Hospital. Here, O’Toole provides much-needed one-on-one time with a patient.



Ralph Owens, a Cleveland Clinic electrician, collects patient dinner trays as part of his volunteer shift for Partners for Patient Care. The program uses clinical and nonclinical employees to allow nurses more time for the work that only they can do.



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# Multimodal Intervention for Inpatient Falls Prevention

## STUDY FINDS IMPROVED FALL RISK AWARENESS AFTER VIDEO EDUCATION AND NURSE-LED REINFORCEMENT



Perlita Cerilo, PhD, MSHA, RN

Falls among hospitalized older adults can lead to a host of problems, ranging from fractures and head injuries to loss of independence and admission to long-term care. Having witnessed these outcomes as a nursing operations manager at Cleveland Clinic Weston Hospital, Perlita Cerilo, PhD, MSHA, RN, conducted a pilot study to improve involvement of older adult patients in fall prevention efforts in the acute care setting. Lee Anne Siegmund, PhD, RN, ACSM-CEP, Nurse Scientist II at Cleveland Clinic, served as her mentor.

Dr. Cerilo examined the associations of nurse-led multimodal interventions in three primary areas:

- Fall risk awareness: perceptions of fall risk factors, including behavioral, environmental, medical and drug-related.
- Self-efficacy in fall prevention strategies: patients' belief in their ability to act in a way that will achieve the desired outcome.
- Engagement in the fall prevention process: the extent to which patients engage in the plan to prevent hospital falls.

The single-group pre- and post-test pilot study included 60 patients aged 65 and older, without cognitive disorders, on medical-surgical and telemetry units. The multimodal program consisted of a 10-minute video presentation on fall prevention followed by nurse-led reinforcement by Dr. Cerilo, who provided verbal and written safety information based on the individual's fall risk assessment. Three tools corresponding to the primary areas listed above were administered before and after the educational intervention: the Fall Risk Awareness Questionnaire (FRAQ), Falls Efficacy Scale (FES) and Patient Activation Measure (PAM).

The combination of a fall prevention video and nurse-led reinforcement was associated with improved scores for fall risk awareness. However, there was no change in patients' perceptions of fall prevention self-efficacy or engagement in fall prevention.

"Despite the fact that self-efficacy and engagement did not improve, we learned that fall self-efficacy scores were positively related to engagement scores, indicating that when an older adult had stronger belief that they could prevent a fall event, they also had higher engagement in fall prevention," says Dr. Cerilo. In addition, the greater the number of medications patients were

taking and the more mobility aids patients were using, the lower their level of self-efficacy for preventing falls and engagement in fall prevention were found to be.

The study offered a key insight for Dr. Cerilo. "The nurse plays the biggest role in fall risk awareness," she says. "Reinforcement of fall prevention education through nurse communication can improve fall risk awareness among older adults."

Further research is needed to examine self-efficacy and engagement for fall prevention in larger, more diverse cohorts of hospitalized older adults. Study details and results were published in the January/February 2022 issue of *Geriatric Nursing*.



Perlita Cerilo, PhD, MSHA, RN, shares safety information with a patient based on his risk for falling.



The dedicated rapid response team at Cleveland Clinic provides clinical interventions, educates nurses and reviews all codes.

# Examination of a Dedicated Rapid Response Team

## STUDY LOOKS AT CARDIOPULMONARY ARREST AND ACTIVATION RATES



Tony Di Stefano, BHS, RN

A dedicated rapid response team at Cleveland Clinic can be activated by any employee, patient or family member when an individual is decompensating from their previous health status or becomes ill or injured while on main campus.

For 11 years, Tony Di Stefano, BHS, RN, has served among more than 20 clinical nurses, respiratory therapists, physicians and nurse practitioners who work full time on day and night shifts on the rapid response team at main campus.



Lee Anne Siegmund, PhD, RN, ACSM-CEP

While many hospitals rely on ad hoc rapid response teams, dedicated teams are less common. In addition to providing rapid clinical intervention, the dedicated team at Cleveland Clinic also educates clinical nurses and reviews all codes. The Critical Response and Resuscitation Committee oversees its performance.

Di Stefano pursued a research project to examine dedicated rapid response teams. "One of the motivators for me was witnessing firsthand the success of our team and receiving positive feedback from leadership and nurses," he says. "We did a literature review and didn't find much on dedicated rapid response teams."

With Nurse Scientist II Lee Anne Siegmund, PhD, RN, ACSM-CEP, Di Stefano conducted a retrospective database study of changes in cardiopulmonary arrest and rapid response team activation rates on medical and surgical units. "We wanted to see if the implementation of a dedicated rapid response team, which regularly rounds on high-risk patients and educates nurses, was

associated with the rate of cardiopulmonary arrest and the rate of activations over the course of the team's first three years," says Dr. Siegmund.

Outcomes related to the rate of cardiopulmonary arrest and survival to discharge improved during the initial three years of the dedicated rapid response team. Activation rates also increased.

"The goal is for calls to rapid response teams to increase," says Di Stefano. "The team wants nurses to feel comfortable calling them before a situation becomes a cardiopulmonary arrest."

That can be fostered through relationship-building.

"Rapport between clinical nurses and the rapid response team is so important," says Di Stefano. "If nurses are hesitant to call or feel uncomfortable, they won't call the team in time."

To help build rapport and prevent patient decompensation, the team conducted monthly educational rounds. The rounds included mock codes and simulations to familiarize clinical nurses with equipment and teach them what to look for in a rapid assessment when a patient's condition is deteriorating.

"Education is so critical to help support nurses at the bedside," says Di Stefano. "A big part of our job as a dedicated rapid response team is focused on prevention."

That, in turn, may affect failure-to-rescue rates.

"If clinical nurses don't call the team in time, it may lead to a failure to rescue," says Dr. Siegmund. "We hope other hospitals may learn from our research." She and Di Stefano add that more research is needed to compare data from both before and after implementation of a dedicated team.





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MEDINA HOSPITAL



## Awards and Honors

**Tina Resser, CNP**, a nurse practitioner with Cleveland Clinic's endovascular and open cerebrovascular program, received the American Association of Nurse Practitioners 2022 Ohio Award for Excellence. The award recognizes nurses who demonstrate excellence in clinical practice and who have made a significant contribution to increasing the awareness and recognition of NPs.

**Cleveland Clinic Euclid Hospital** and **Cleveland Clinic Avon Hospital at Richard E. Jacobs Campus** received Magnet® recognition from the American Nurses Credentialing Center for knowledge and expertise in the delivery of nursing care. Euclid Hospital achieved this designation with seven exemplars for exceptional practices. Avon Hospital received 11 exemplars.

**Jane Hartman, MSN, APRN, PNP-BC**, was named the 2021 March of Dimes Ohio Healthcare Hero of the Year for going above and beyond to effect change and playing a vital role in keeping families healthy during the pandemic.

**Mary Beth Modic, DNP, APRN-CNS, CDE, FAAN**, and her co-author Joyce J. Fitzpatrick, PhD, MBA, RN, FAAN, received two 2021 Book of the Year awards from the *American Journal of Nursing for Luminaries of the Past: Stories of Fifty Extraordinary Nurses* (Halo Publishing). The book won first place in the Creative Works category and third place in History and Public Policy.

**Cleveland Clinic** was named the first recipient of the Kathleen Singleton Award from the Academy of Medical-Surgical Nurses (AMSIN). The honor is bestowed on institutions that provide exemplary support to medical-surgical nursing units. Cleveland Clinic was recognized for its robust support of nursing education and clinical competency, and for fostering respectful collaborations. Singleton served as AMSIN president from 2008 to 2010.

**Cleveland Clinic Marymount Hospital** nurses were awarded First Place for Research by the Association of Operating Room Nurses (AORN) during the organization's Global Surgical Conference & Expo in New Orleans in March 2022. The nurses' poster, *The Effect of the Built Environment on OR Personnel and Their Perception of Patients' Surgical Experiences: A Phenomenological Comparative Study*, described the lived experience of operating room personnel working in an environment equipped with an OR integration system that incorporates a relaxing multimedia experience. Primary author Rosemary Field, MS, APRN-AOCNS, Clinical Nurse Specialist, worked with Marymount Hospital colleagues Linda Soos, BSN, RN, CNOR, Perioperative Clinical Nurse; Charika Burns, MSN, RN, CNOR, Perioperative Nurse Educator; MaryBeth Houlahan, BSN, RN, CNOR, Nurse Manager of the Perioperative Department; and Christian Burchill, PhD, MSN, RN, CEN, former Nurse Scientist II at Cleveland Clinic and research mentor for the project.

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The Stanley Shalom Zielony Institute for Nursing Excellence encompasses all nurses and nursing activities at Cleveland Clinic. Its 34,669 nurses include 2,494 advanced practice nurses. All provide compassionate care at the highest level of professional expertise through specialty-based units in hospital, outpatient and surgical settings at Cleveland Clinic locations in Northeast Ohio, Florida, Nevada, Canada, Abu Dhabi and London. Ten Cleveland Clinic hospitals (Main Campus, Akron General, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, South Pointe and Cleveland Clinic Abu Dhabi) have been granted Magnet® recognition by the American Nurses Credentialing Center, three (Medina, Mercy and Weston) have achieved the Journey to Magnet Excellence® designation and one (Medina) has achieved the Pathway to Excellence® designation. Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education for better patient outcomes and experience. More than 5,050 staff physicians and researchers provide services through 20 patient centered institutes. Cleveland Clinic is currently ranked as one of the nation's top hospitals by *U.S. News & World Report*. [clevelandclinic.org](http://clevelandclinic.org)

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