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Discharge day from the hospital with a newborn is an exciting but often overwhelming experience for any new parent. A child with a life-threatening diagnosis only intensifies those anxieties. However, careful coordination, technology, enhanced communication, and ongoing caregiver support can ease fears and apprehensions for these families while improving the care and outcomes for the child.

**Traditional care**

Nearly 2,000 children are born each year with single ventricle (SV) cardiac diseases, such as hypoplastic left heart syndrome and heterotaxy with pulmonary atresia. Although the conditions can’t be fully corrected, patients with SV undergo a series of three surgeries in their first 5 years to route blood flow for survival.

After the initial surgery, which occurs in the first weeks of life, patients are admitted to an intensive care unit. They’re monitored closely by an interprofessional team until discharged home, where they don’t have immediate access to or the skills of an inpatient team. This causes incredible stress for parents and the post-acute care transition team as they wait for the child to progress to the next stage in the series.

During the first 6 months at home, known as the interstage period, children with SV are at high risk for sudden, unexplained death (2% to 20% mortality). Since 2003, interstage home monitoring programs have been used to allow providers, nutritionists, social workers, and nurses to work together to improve care, provide education, and support parents.

Traditionally, nurse coordinators evaluate and triage patients based on information collected in a three-ring binder by the caregivers and communicated weekly with the clinical team. This primarily reactive model leaves nurses waiting on calls from parents to address issues that occur at home. Although improvements in outcomes have occurred since implementing traditional home-monitoring programs nationwide, unpredicted and unexplained deaths still happen.

**Technology steps in**

In 2014, Children’s Mercy Kansas City, a pediatric academic medical center based in Missouri that celebrated its fourth Magnet®-recognition in 2016, implemented a cardiac high-acuity monitoring program (CHAMP) to improve communication and interstage patient monitoring. CHAMP uses a tablet-based, caregiver-driven monitoring application to support daily data transfer and video evaluation. The program was developed through the Children’s Mercy Ward Family Heart Center with funds from the Claire Giannini Foundation.

Data collected in the home through the CHAMP application is uploaded via a secure cloud-based system and available through a web portal and the electronic health record, where the team can...
access it. Nurse coordinators and advanced practice nurses review and integrate CHAMP data to minimize delays in care. This proactive design has led to a drastic decrease in at-home mortality from nearly 20% in 2012 to 1% over the past 3 years for Children’s Mercy patients with SV.

Additionally, this application transcends the organization by integrating the standardization of ambulatory care across the continuum for this population. As infants are readmitted to the hospital, their specialized risks and hemodynamic status are well-known by the cardiac care units, leading to early detection and intervention.

CHAMP creates a cost-effective, efficient workflow, with early evaluation and intervention of infants during the interstage period that includes a replicable algorithm for nursing care at other sites. A significant part of the continued success of this program is the communication and integrated support within the interprofessional team, including clinical and information technology staff.

**CHAMP success**

As of July 2017, CHAMP has been successfully deployed at four additional pediatric hospitals in the United States. Since May 2014, over 100 infants with SV at all five centers using CHAMP have an interstage mortality rate of less than 3%. Ten more pediatric hospitals are actively pursuing adoption of this program with others interested in the innovation.

In October 2016, Children’s Mercy won $50,000 through the American Nurses Credentialing Center’s ANCC Magnet Prize™, sponsored by Cerner, to further their work with this high-risk population.

Along with the CHAMP application and dissemination to other pediatric hospitals, the CHAMP team continues to investigate innovations beyond survival, focusing on helping patients with congenital heart disease thrive throughout their lives. Early progress has been made in developmental support and encouragement for attaining milestones for high-risk infants, implementing parent-to-parent support, developing mobile health technologies for managing cardiac conditions, and improving communication through technology.

For more information about CHAMP, visit [childrensmercy.org/champ](http://childrensmercy.org/champ).

All three authors work at Children’s Mercy Kansas City in Missouri. Lori Erickson is the CHAMP clinical program manager, Cheri Hunt is senior vice president for patient care services and chief nursing officer, and Paula Blizzard is Magnet® program director.

**Selected reference**

Our Magnet® Nurses Go Beyond.

Hackensack University Medical Center has always been proud of its exceptional patient care team. Our team of approximately 2,000 nurses will be pursuing our sixth consecutive Magnet® designation.

Hackensack University Medical Center is one of the first two hospitals in the entire nation to achieve this feat — the highest honor that can be bestowed by the American Nurses Credentialing Center. Magnet® designation indicates not only our commitment to quality patient care, but also affirms the supportive environment we provide our nurses to encourage innovation and professional growth.

We are grateful for the countless contributions of our world-class nursing team. Together with the rest of our team, they continue to go beyond for our patients.
Pennsylvania Hospital—Penn Medicine, the nation’s first hospital, is part of the Penn Medicine Health System, which is composed of five acute care hospitals, all of which are Magnet® recognized. December 2015 was a historic milestone for Pennsylvania Hospital when it became the fifth hospital in the system to earn American Nurses Credentialing Center (ANCC) Magnet recognition. This prestigious designation was a result of a nurse-led multiyear strategic plan and journey to elevate the culture of nursing practice and patient care.

A key component of Pennsylvania Hospital’s Magnet journey was a transparent, defined structure and process. The chief nursing officer (CNO) developed the mantra “Keep the main thing the main thing,” which meant keeping high-quality patient care at the forefront of every initiative across the organization. By keeping the main thing the main thing, clinical nurses and nurse leaders aligned themselves with a consistent process, shared a unified vision, and evolved into Magnet-recognized nurses.

Our path to recognition
On June 1, 2014, Pennsylvania Hospital submitted a letter of intent notifying the ANCC of the plan to submit a formal Magnet application by June 1, 2015. At that time, document writing had not started, but the foundational work, including research, evidence-based practice, and quality-improvement projects to be included in the Magnet document were completed or near completion. Additionally, because the CNO valued elevating nursing professional practice as a vehicle to improve patient care and attain Magnet recognition, she restructured nursing leadership to include a department of nursing professional practice, with three master’s-prepared nurses reporting to the director of nursing professional practice, Magnet, and patient and guest relations (called the Magnet program director [MPD]). Together, they collaborated with nursing leadership, hospital leadership, clinical nurses, and interprofessional staff throughout the organization to ensure adherence to Magnet standards.

To stay organized, the MPD established a 17-member Magnet document writing team, made up of nurses in various roles and different practice areas, as well as all members of the department of nursing professional practice. Team members committed volunteer time outside of their daily work responsibilities to write the Pennsylvania Hospital Magnet document. Because the writing team consisted of nurses from different areas throughout the organization, they needed a platform that all members could access to share and edit documents without overloading email servers, email inboxes, and hospital shared drives. The MPD turned to the cloud.

Welcome to the cloud
While cloud computing may seem complex, it’s really just another way to store and share information.
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Both authors work at the Pennsylvania Hospital—Penn Medicine in Philadelphia. Jessie Reich is a professional practice consultant, and Courtney Maloney is director of nursing professional practice, Magnet, and patient and guest relations.

Magnet documentation. Rather than documents, folders, hard drives, and servers that physically exist in the healthcare organization, all information is stored and accessed on the Internet—in the cloud. In addition to saving physical space and the cost of maintenance, the cloud allows multiple users to retrieve and edit the same documents from multiple devices. Cloud technology is over 10 years old, and it’s becoming mainstream. Common examples include iCloud photo sharing and Google Docs. These are well-known cloud platforms, but others can be used specifically by healthcare organizations, including hospitals submitting Magnet documentation.

To help in selecting a cloud platform to best meet their needs, the team developed the following criteria:

• Compatibility with Microsoft products, including Word, Excel, and PowerPoint
• Ability to retrieve, edit, and upload information from multiple devices
• Capability of simultaneously managing multiple projects
• Privilege-based use depending on a team member’s level of involvement (for example, read-only, editor, or owner access)
• Visibility and transparency throughout the organization
• Other functionalities, including color coding, Gantt chart development, goal tracking, task assignment, and direct messaging.

Smartsheet® met all of these criteria and the information technology department approved its use, as long as no patient data were shared in the cloud. Because all of the information required for the Magnet document is unidentified, this wasn’t a problem. All patient information was removed before uploading to the cloud.

Using the Smartsheet cloud platform allowed us to write and submit the document in April 2015, 2 months ahead of schedule.

Because of our success with this platform, it’s been adopted throughout the organization for both nursing and interprofessional project-management initiatives, such as planning the Magnet site visit and facilities management.

Keeping the main thing the main thing
Magnet document writing can be complex. Through collaboration and the use of the right technology to meet our needs, we streamlined the process and kept the main thing the main thing, providing structure and transparency for everyone who worked so hard to achieve this recognition.
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**The Breast Care Course**
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September 21 – 22

**Hematopoietic Stem Cell / Bone Marrow Transplant**
November 2 – 3

**PCCN Review Course**
November 17 – 18

**CCRN Review Course**
November 18 – 19

**Pediatric Oncology Education Day**
November 29

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The nurses at Morristown Medical Center are the heart and soul of this institution. Their compassion, dedication and demonstrated focus on evidence-based care and research ensure continued leadership in the delivery of quality healthcare to our patients. They are committed to bringing outstanding care to our community, our state, and beyond.

**Morristown Medical Center has been designated by the ANCC as a Magnet hospital four consecutive times (13 consecutive years through 2018). Only 1% of all hospitals have received this designation, making us very proud of our employees for all of their accomplishments that led us to achieve this recognition.**

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- Sparrow, a member of the prestigious Mayo Clinic Care Network, is mid-Michigan’s premier health care organization and the region’s largest private employer.
- Sparrow Magnet® Designation is the nation’s most prestigious honor for nursing excellence and recognizes Sparrow as a Magnet hospital since 2009 and re-designated in 2014.
- The Sparrow Emergency Department at the Sparrow Regional Trauma Center in mid-Michigan,

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**Where you work matters.**
Developing a professional practice model (PPM) can be challenging. Some within an organization may not understand what a PPM is, the role it plays, or the impact it has on professional practice.

The American Nurses Association (ANA) underscores the importance of a PPM for each American Nurse Credentialing Center Magnet®-recognized organization. (See Professional practice model defined.) PPMs have been linked to quality care, nurse satisfaction, and nurse engagement. In addition, they reflect the values of nursing staff and help direct care.

The commitment to a PPM includes keeping it current to adapt to changes within health care. An annual evaluation of the PPM ensures that it remains an accurate reflection of the focus and efforts within the organization.

This article provides a blueprint for nurses who plan to create or adapt a PPM.

PPM process steps
We followed several well-defined steps in the creation of our PPM. We conducted a literature review, defined key attributes of the PPM, ensured nurse engagement throughout the process, created a graphic depiction of the model, and developed an ongoing evaluation process. Each step helped us prepare, initiate, modify, and implement the PPM.

Literature review
A literature review serves as a foundation for the creation of the PPM, ensuring the model is based on strong evidence. We conducted a literature search by identifying key search terms, including publications within the past 5 years, and searching peer-reviewed nursing journals. Because our 5-year cutoff yielded only a few articles that provided insight into the characteristics and essential elements of the PPM, we expanded the literature search to include articles published in the last 10 years.

Key attributes
Key attributes of the PPM should reflect the values, mission, and vision of the organization. We used criteria identified by Hoffart and Woods to develop the key attributes of our PPM. They include professional values, management approach, professional relationships, patient care (continued on page 80)
There’s no quit in a patient who runs a marathon after hip replacement. Battles back after open-heart surgery. Or overcomes a stroke. People who never quit deserve a health care system with the same philosophy. That’s Beaumont. Thousands of nursing minds working together as one—for one reason: our patients. Learn more about joining us at www.beaumont.org/careers.

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### Key attributes of a PPM

Key attributes of a professional practice model (PPM) reflect the values of a healthcare organization. This table outlines the strategies we used to incorporate each attribute into our PPM and how that strategy fed into what we created visually.

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Incorporation strategy</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional values</td>
<td>Survey and discussion</td>
<td>Professional nursing values gear and call-out box</td>
</tr>
<tr>
<td>Management approach</td>
<td>Discussion including managers and leadership</td>
<td>Leadership style gear and call-out box</td>
</tr>
<tr>
<td>Professional relationships</td>
<td>Discussion and examples</td>
<td>Professional relationships gear and call-out box</td>
</tr>
<tr>
<td>Patient care delivery system</td>
<td>Discussion with staff, managers, leaders</td>
<td>Patient family gear and call-out box</td>
</tr>
<tr>
<td>Compensation and rewards</td>
<td>Survey and discussion, as well as collaboration with</td>
<td>Advance of nursing excellence gear and call-out box</td>
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<td>human resources, managers, and leaders to identify</td>
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<td>rewards and recognition</td>
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Adapted from:

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We engaged nurses in our PPM process by disseminating surveys through our shared governance structure.

Evaluation
A formal evaluation process allows direct care nurses and nurse managers to review and approve the PPM. Using the criteria we established as our key attributes, we developed a scoring tool for evaluation and revision. The model was complete after repeat surveys and discussion sessions indicated that it accurately reflected the values and culture of the nursing staff throughout the organization.

Key takeaways
To the extent that a PPM guides nurses as they care for patients, families, and community members, it must change as the environment changes, or as the strategy of the organization evolves. Model evaluation should occur at regular intervals, as well as when major changes in care delivery or healthcare landscape occur. Proposed changes can be initiated by direct care staff or leadership, and they should be vetted through a shared governance structure or other mechanism that involves representatives of direct care nurses and members of the interprofessional teams.

Graphic depiction
A graphic depiction of the PPM serves as a reminder of nursing values and practice. We collaborated with graphic experts to help create a meaningful illustration of our PPM. Several iterations of the graphic took place before it was finalized. The team voted to add call-out boxes to further explain the components and terms used in the PPM. (See PPM visualized.)
PPM visualized

This graphic depiction of our professional practice model (PPM) serves as a reminder and inspiration of our nursing values and practice goals.

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To learn more about pursuing a nursing career at Bronson, located in southwest Michigan, visit bronsonhealth.com/careers.
In late 2015, our healthcare system, now made up of five hospitals, had a change in senior leadership. At a strategic planning meeting, the phrase Trusted Network of Caring® was coined to reflect our desire to align and focus the system on the care of patients in a manner that instills trust. Although not a major change in our values, we wanted to incorporate the Trusted Network of Caring into the PPM. The inclusion keeps it top of mind, and provides a springboard for proactive transitional care by clinical nurses.

The Trusted Network of Caring framework paves the way for our nursing and interprofessional colleagues to collaborate with other system medical centers to integrate clinical practices, forming a network of resources for the community. Shared services within the community include wound care, a falls committee, and palliative care.

Capturing the culture and focus
Creating, evaluating, and adapting a PPM is an exciting ongoing opportunity for nurse leaders to hear from nurses at all levels. Shaping a PPM motivates staff nurses, allowing them to identify and share priorities that are grounded in the larger organization’s mission and vision.

Changes in strategic direction for systems or organizations necessitate re-evaluating an existing PPM and provides a platform for nurses to incorporate system changes in a meaningful way. Evaluating a PPM in the absence of major strategic changes prompts reinforcement of existing values.

A PPM is a resource for clinical nurses, managers, and professional colleagues specific to their organization. It captures the culture and focus of nurses as it depicts their interactions with patients and coworkers to provide safe, quality care.

Both authors work at Morristown Medical Center in Morristown, New Jersey. Wendy Silverstein is manager of shared governance, nursing education and Magnet, and Mildred Ortu Kowalski is the nurse researcher.

Selected references
Using mobile technology during patient handoffs

This Magnet®-recognized organization created a process for virtual bedside transfers.

By Dennis Santa, MSN, RN, ANP, CCRN, BA-C, and Dell E. Roach, MSN, RN, CNS

Evidence suggests that bedside handoff reporting improves patient safety, reduces medical errors, contributes to patient and staff satisfaction, and fosters teamwork and empowerment. Although handoff communication between nurses in two separate units has been traditionally done over the phone, current technology opens a window of opportunity for a handoff in a virtual environment through a secured mobile device that’s compliant with the Health Insurance Portability and Accountability Act (HIPAA), using a web-based application with video conferencing capability. This technology provides real-time, face-to-face transfer of information and promotes accountability between the receiving and transferring nurse, almost as if they were together at the patient’s bedside.

The research
At The University of Texas Medical Branch, a Magnet®-recognized facility, we used our evidence-based practice (EBP) model, called Disciplined Clinical Inquiry, to uncover and translate the best evidence in our practice setting. We formed a team composed of a clinical expert, nurse manager, and bedside clinicians. Our search of standard databases didn’t turn up any studies that focused on using mobile devices during unit-to-unit patient handoffs. Our online search, however, uncovered a

(continued on page 86)
Thank you to our nurses for making MSK a Magnet®-Designated hospital.

MSK is expanding its patient care throughout the New York tri-state area. If you are interested in joining our team visit careers.mskcc.org/nursing to learn more.
A study by a university teaching hospital in the northeastern United States exploring the effects of using a mobile device during patient handoffs between the postanesthesia care and orthopedic units. The transferring nurse and the receiving nurse used their iPads’ Facetime application.

The test
Based on the integration of the best available evidence, we designed a 3-month rapid cycle system prototype using web-enabled technology to improve patient and nurse satisfaction during cross-unit transfer of care from one nurse to another. Our Information Services Department configured two WiFi-enabled tablets and installed a secure, HIPAA-compliant application with video conferencing capability. All preinstalled tablet applications were deactivated, and security software was installed during configuration.

Before the patient’s physical transfer to another unit, the transferring and receiving nurses activated their respective tablets for the verbal report of the patient handoff. After completing the verbal report, the transferring nurse took the tablet to the patient’s room for a face-to-face interaction between the receiving nurse, patient, and family. At this point, the receiving nurse has an opportunity to make a quick, head-to-toe assessment of the patient. Throughout the virtual interaction, the patient and family were encouraged to ask questions about the plan of care. The video call was concluded after all pertinent issues were discussed and appropriately addressed.

The evaluation
We evaluated our initiative using a presdischarge patient opinion survey, focusing on the patient’s experience during the virtual handoff. Fifty percent of the patients (n = 10) who responded to the survey reported that the virtual interaction reduced their level of anxiety about the transfer to a new care environment, 70% indicated that the virtual interaction with the nurse felt like real face-to-face contact, and 70% noted that the nurses worked as a team across the hospital.

We also conducted a nurse satisfaction survey. Seventy-five percent of the nurses who participated (n = 18) reported that the virtual handoff
helped confirm the verbal report given by the transferring nurse, and 72% indicated that this form of patient handoff helped them better anticipate their patient’s needs. The nurses indicated that face-to-face interaction with their patients gave them the opportunity to introduce themselves and establish a rapport.

**The challenges**
The virtual handoff introduced change into the nurses’ routines, so we encountered some resistance. Although only a few admitted it during the planning phase, some nurses claimed lack of competence using the tablets to make video calls. During the early part of the initiative, we also encountered problems with the WiFi connection and technical difficulties with the tablets themselves because of the new configuration. In a few situations, patients weren’t able to participate during the handoffs because they were either in pain or mildly sedated.

The cost to purchase two 16 gigabyte, WiFi enabled tablets was $866 ($433 per tablet). Our information services department charged a configuration fee of $200 ($100 per tablet), and our unit pays $13.13 per tablet each month for technical support provided by our information services department.

**The final analysis**
On the whole, we received positive feedback from patients and nurses. The active engagement of our nurse manager facilitated coverage of the technology cost and helped sustain nurse participation in practice change, a key element in Magnet recognition.

As a result of our EBP-disciplined clinical inquiry initiative, our intermediate specialty care unit and the surgical intensive unit together decided to conduct all patient handoffs using their mobile devices. Six months later, this initiative was expanded to the multispecialty surgical and postanesthesia care units. Our ultimate goal is hospital-wide use of mobile devices during patient handoffs.

Both authors work at the University of Texas Medical Branch in Galveston. Dennis Santa is a patient care facilitator in the intermediate specialty care unit, and Dell E. Roach is the nurse manager of the surgical intensive care and intermediate specialty care units.

**Selected references**
At the end of a study or project, you want to disseminate information and findings to a specific internal or external audience. You might do that through a manuscript, podium or poster presentation, or another form of media. No matter the form of dissemination, you’ll probably be asked to submit an abstract—a concise summary of your study or project.

Using effective strategies and formats to write abstracts and manuscripts increases their quality and the likelihood they’ll be accepted at conferences or in journals. And if an abstract is accepted for a conference, you’ll want to create an engaging poster and podium presentation to share your findings.

This article offers strategies for nurses and organizations to successfully disseminate information based on our experience at Magnet®-recognized Sharp Memorial Hospital. We used two frameworks, Donabedian’s Model of Healthcare Quality (structure, process, and outcome) and Kirkpatrick’s Model of Four Levels of Evaluation, to develop, implement, and evaluate a series of dissemination information sheets.

Structure-process-outcome

Donabedian’s model is a conceptual framework that uses structures, processes, and outcomes to evaluate healthcare quality. Structures include characteristics of the organization, such as leadership, resources, and models. Processes are actions taken to deliver nursing and healthcare programs or services. Outcomes are predetermined quantitative and qualitative measures of success that depend on established structures and processes. We used this framework to develop and evaluate our dissemination program.

Structure

Our new knowledge and innovation (NKI) council oversees research and dissemination using related sources of evidence (SOE) or standards. One standard, from the Magnet Recognition Program®, requires dissemination of new knowledge or research findings by clinical nurses. A baseline assessment of dissemination activities prompted the council to develop a series of information sheets to increase the quantity and quality of abstract and manuscript submissions and podium and poster presentations. The council already offered classes and mentoring on the topics; however, council members determined, based on class attendance by clinical nurses and anecdotal feedback, that electronically posted information sheets would increase clinical nurses’ accessibility. (Visit americanrnertoday.com/information-sheets to view the information sheets.)

(continued on page 90)
The future of health care is at Emory.

At Emory Healthcare, we are proud to be the only health system in Georgia with three Magnet®-recognized hospitals: Emory Saint Joseph’s Hospital, Emory University Hospital and Emory University Orthopaedics & Spine Hospital. And, Emory University Hospital and Emory Saint Joseph’s Hospital are ranked as No. 1 & 2 in Georgia, respectively, by U.S. News & World Report.

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The information sheet template, designed to cover pertinent information on one letter-sized, landscape-oriented PowerPoint slide, has five sections that vary based on the type of dissemination:
1. Definition of the type of dissemination with examples
2. Development stages for abstracts, presentations, or publications, and design elements
3. Prepresentation or prepublication review checklist, which can be used by the individual preparing the presentation or publication or by a colleague for peer-review and feedback
4. Helpful hints or overall formatting tips
5. Why the type of dissemination is important, or tips for success

**Process**
The NKI council developed a communication plan that included educating all hospital councils about the dissemination series. To spread awareness, council members developed a concise explanation about the importance of the initiative. (See **Elevator speech**.)

The council continued to offer classes on each of the dissemination topics, group education and mentoring sessions, and one-to-one mentoring. The dissemination information sheets not only helped nurses develop a plan to share projects and results, but also provided a guide by which to mentor and give feedback to class participants.

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**Elevator speech**
The new knowledge and innovation (NKI) council developed a short explanation to help others within the organization understand the importance of the dissemination information sheets.

- **What it is:** The NKI council developed a series of information sheets to achieve council goals and increase dissemination.
- **Why it’s important:** Effective strategies and formats for abstracts, poster and podium presentations, and writing for publication increase quality.
- **What success will look like:** Increased quality will result in abstract and manuscript acceptance and positive feedback about poster and podium presentations.
- **What we need from you:** Incorporate the strategies and tips when writing abstracts and manuscripts or preparing posters and podium presentations.

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**Outcome**
The NKI council used Kirkpatrick’s four-level evaluation model to evaluate the dissemination series and information sheets.

- **Level 1—Participant reaction.** Evaluations at the conclusion of teaching and mentoring provided feedback for instructors and mentors, who
adjusted course content and updated the dissemination series and information sheets.

- **Level 2—Participant acquisition of knowledge, skills, and attitudes.** These evaluations occurred during class activities and mentoring sessions and consisted of observing the participant’s ability to successfully demonstrate knowledge and skills related to the specific dissemination activity (for example, concept mapping, abstract drafts, presentation and poster development).

- **Level 3—Behavior change or application in the practice setting.** The third evaluation occurred during a final review of the abstracts and manuscripts submitted after participants incorporated mentor feedback and further developed drafts in the level 2 evaluation.

- **Level 4—Results and outcomes of the education or course.** Results and outcomes were evaluated through acceptance of abstracts and manuscripts and podium and poster presentations. Clinical nurse dissemination of research and other scholarly activities increased from two in 2013 and two in 2014 to 15 in 2016. Overall dissemination by nurses at all levels in the organization improved from 32 in 2012 to 60 in 2016.

**Lessons learned**

Identifying barriers and facilitators to dissemination can help organizations and research councils develop creative strategies and solutions. In our organization, barriers to dissemination included the costs related to present (material cost, registration, and travel); time required to write abstracts, presentations, and manuscripts; competitive abstract and manuscript acceptance; and conflicting priorities. Facilitators to dissemination included carefully selecting conferences and journals, mentoring novice writers and submitters, creating funding sources, and scheduling consistent time to work on dissemination activities.

**Creating strategies, achieving goals**

Offering a dissemination series along with corresponding information sheets resulted in high-quality abstracts, manuscripts, and presentations and helped us achieve internal and external dissemination goals. From an organizational perspective, identifying lessons learned, including facilitators and barriers to dissemination, allowed us to create strategies to promote dissemination.

Visit americanrursetoday.com/information-sheets for a list of selected references.

Laurie Ecoff is director of research, education, and professional practice at Sharp Memorial Hospital in San Diego, California. Elizabeth Kozub was a clinical nurse specialist at Sharp Memorial Hospital in the surgical intensive care unit at the time of manuscript submission and is now a clinical nurse specialist at Abbott Northwestern Hospital in Minneapolis, Minnesota.
As the nursing profession strives to advance care delivery, it’s faced with many challenges, including adequately educating nurses and effectively managing staffing and retention issues. We need new, innovative solutions to effectively deal with these challenges. Christiana Care Health System (CCHS) developed a unique medical nurse float pool to support medical nursing units by decreasing overtime costs and managing unpredictable staffing needs.

Although the program outlined here is not currently in use because CCHS has recently started hiring nurses directly into a float pool, we describe it so that other organizations seeking innovative solutions can consider this option.

The CCHS medical nurse float pool program included novice nurses (new RNs), solved staffing challenges and provided new nurses with supportive, confidence-building bedside training.

The floating solution
Floating is considered an efficient staffing technique, using available nurses rather than calling nurses in to work and paying overtime. However, when staff RNs are expected to float from their home unit to another unit, they often express dissatisfaction caused by stress and anxiety. This dissatisfaction can lead to frustration and high turnover rates. CCHS, a Magnet®-recognized system with two hospitals and a level III trauma center headquartered in Newark, DE, established the medical nurse float pool to make the most effective use of staff, reduce nurse dissatisfaction with floating, and continue to provide quality patient care.

CCHS medical nurse float pool staff received 4-week assignments, based on existing vacancies and leaves of absence. Unlike traditional float pools, the CCHS float pool nurses didn’t float to various locations on a daily basis. And because the nurses on the medical units realized that they’d be short-staffed without the floating staff, the floating nurses consistently reported that when they arrived they were welcomed by the unit staff, which usually set the tone for the assignment. The floating nurses also reported that the units typically placed them in assignments that were less challenging, which made them more comfortable with floating.

The float pool and novice nurses
CCHS offers a variety of nurse residencies for new RNs, including a 16-week medical nurse residency program (MNRP) that combines hands-on clinical experience with in-depth classroom learning. During the MNRP, nurse residents are randomly assigned to orient on four different medical units between our two campuses. When they complete the residency program, the nurses have built a strong foundation for nursing practice in a fast-paced, challenging environment. While in the MNRP, nurse residents had the option of being hired onto one of the medical nursing units or into the medical nurse float pool after completion of the residency.

Although medical nurse float pool

(continued on page 94)
Little Company of Mary Medical Center Torrance Achieves Highest National Honor for Nursing Excellence

Providence Little Company of Mary Medical Center Torrance is proud to have achieved Magnet status, the “gold standard” of nursing excellence. The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice—a prestigious award that represents our commitment to providing excellent care with compassion to the community we serve. And we’re happy to share this honor with all of you.

To find out more, visit us online at providence.org/torrance or call us at 888-HEALING (432-5464).
staff were assigned to units within their clinical specialty, new nurses are at risk of feeling incompetent, insecure, and alienated. In addition to facing an overwhelming list of milestones they’re expected to accomplish during their first year of practice, the float pool nurses also faced the challenge of attempting to successfully adapt to working on a different unit every 4 weeks. Although the MNRP offered the nurses a structured, supportive orientation environment, high patient acuity and complex care delivery can make it difficult for any new nurse to feel comfortable, gain self-confidence, and begin to independently use what they’ve learned.

In addition to developing clinical decision-making and leadership skills at the point of care, novice nurses, especially those hired into the medical nurse float pool immediately after orientation, benefit from participation in educational programs that support their commitment to practice as bedside nurses. These programs provide the opportunity to increase clinical skills, knowledge, and self-confidence. By design, the CCHS

**CCHS medical nurse float pool outcomes**

From 2011 to 2016, 18 novice nurses successfully participated in the Christiana Care Health System (CCHS) medical nurse float pool. Two nurses have served as chairs of system-wide shared decision-making councils, two served as chairs of unit-based shared decision-making councils, and eight are members of unit or system-wide councils. Eight nurses have returned to school or obtained an MSN and 11 have obtained professional certification.

CCHS medical nurse float pool staff said that they liked the variety of experiences the pool offered. They also stated that they enjoyed changing unit assignments every 4 weeks because it gave them the opportunity to meet new people and enhance their clinical skills. The nurses’ success is attributed to the ongoing clinical guidance and mentoring they received while in the pool, both on the nursing units and during the monthly structured classes.

**Recognized for Excellence!**

Greenville Health System (GHS) congratulates Greer Memorial Hospital on receiving Magnet Recognition Program® status from the American Nurses Credentialing Center (ANCC). This designation reflects nursing professionalism, teamwork and superiority in patient care. The ANCC Magnet Recognition Program distinguishes organizations that meet rigorous standards for nursing excellence.

Just 448 U.S. healthcare organizations out of more than 6,300 U.S. hospitals have achieved Magnet recognition. Greer is the fourth hospital in the state and the first and only hospital in Greenville County to achieve this status.

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**Greenville Health System**

Greer Memorial Hospital
skills, offered group support, provided a solid foundation in medical nursing skills to guarantee safe and quality patient care, and facilitated a smooth transition to the organization’s culture.

**Float pool training**
A learning needs assessment was administered to nurses as they transitioned from the MNRP to the float pool. Training included monthly structured sessions, with content customized to float pool nurses’ needs and that facilitated learning from practice. Curriculum was based on Patricia Benner’s Novice to Expert model, focusing on quality outcomes, evidence-based practice, patient safety, and leadership skills. In monthly staff meetings, nurses received updates on current service-line and organizational information. Additionally, time was allotted for discussions about specific patient care situations, which provided an opportunity for team building and reflection on clinical practice.

**Path to nursing success**
The medical nurse float pool established clinical competency, offered group support during the transition from novice to competent nurse, and facilitated retention of skilled nurses. Because of the variety of clinical experiences, the nurses became valuable members of the healthcare team. (See CCHS medical nurse float pool outcomes.) Additionally, the float pool offered an avenue for nurse managers to solve staffing challenges with clinically strong nurses. As a result, CCHS medical nursing units gained experienced bedside nurses who were prepared to become leaders and were committed to the organization, which led to quality patient and family-centered care and positive patient outcomes.

The authors work at Christiana Care Health System in Newark, Delaware. Cheryl Muffley is a nursing professional development specialist and Suzanne Heath is a nurse manager.

**Selected references**
Arkansas Children's Hospital
1 Children's Way
Little Rock, AR 72202
(501)364-1398
archildrens.org
Arkansas Children’s is the only pediatric medical center in Arkansas. Known for being one of the largest pediatric medical providers in the United States, we proudly provide world-class medical care for children and families throughout Arkansas and surrounding areas. We champion children by making them better today and healthier tomorrow.

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To our nurses, we would like to extend our sincerest gratitude for all your hard work and dedication on receiving your Magnet® recognition. This type of acknowledgement is truly for those who are dedicated to their career and show a high commitment to serving others. Once again, we truly appreciate all of your efforts and success.

Children’s Mercy Kansas City has received Magnet® recognition four consecutive times for excellence in nursing services. Children’s Mercy nurses are national leaders in helping advance pediatric nursing and how it’s practiced in Kansas City and around the world. Learn more about nursing at Children’s Mercy by visiting ChildrensMercy.org/Nursing.

Children’s National Health System is a 313-bed hospital with a Level IIIC NICU, Level I pediatric trauma center, Critical Care Transport Teams, is Magnet®-recognized facility. Our NICU, CICU and PICU received the Beacon Award for Critical Care Excellence. We are a regional referral center for cancer, cardiac, orthopaedic surgery, neurology, and neurosurgery patients. Children’s National Health System, located in Washington, DC, is a proven leader in the development of innovative new treatments for childhood illness and injury. Consistently ranked among the top pediatric hospitals in America, Children’s physicians and nurses have been serving the nation’s children for more than 140 years.

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NewYork-Presbyterian Hudson Valley Hospital

Earns ANCC Magnet Recognition For Third Consecutive Time

In early 2015 Hudson Valley Hospital, a two-time Magnet designated organization became a member of the NewYork-Presbyterian health system. Facing its third ANCC survey, the hospital’s leadership - including a new president, chief nursing officer and senior team - focused on creating an environment that promoted the best aspects of our shared “patient-centric” culture and helped staff feel empowered and at ease through the transition.

How We Did It:

- A blueprint for success that highlighted standards of excellence for delivery of high quality care was developed.
- Nursing received support throughout the development of the Professional Practice Model and selection of an elevated standard of uniform for RNs.
- The hospital’s president and chief nursing officer, along with the entire senior team, were highly visible to all employees by rounding and holding Town Hall Meetings to promote open communication amongst all staff.

In December 2016, NewYork-Presbyterian Hudson Valley Hospital was awarded the ANCC Magnet Recognition for the third consecutive time. During the Magnet celebration, all staff participated in this achievement because every department in the hospital understood that they made key contributions to the project - which became the rallying point for the organization and the basis for an Exemplar.

Next Steps:

Going forward, we intend to continue to demonstrate nursing excellence and look forward to the challenges ahead as we focus on providing our patients with an exceptional experience as a Magnet designated organization.

Amazing Things are Happening Here! nyp.org/hudsonvalley

Pictured from left to right:
A. Bonita Cossatt, Chief Nursing Officer and Vice President; Sabrina Nitschke-Keefer, Director of Maternal Child Health; Kathleen Cobbs, Data Analyst; Maggie Adler, Associate Director, Standards & Quality, and Magnet Program Director; Maryann Miffee, former Administrative Director, Emergency Department; Christine Malmgreen, Hospital Chaplain; Marie Galante, Nursing Educator, and Stacey Patrower, President.

Wilhelmina Marzano
MA, RN, NEA-BC
Senior Vice President,
Chief Nursing Executive
& Chief Quality Officer
Emory University Hospital
1364 Clifton Road
Atlanta, GA 30322
Phone: (404) 712-2000
emoryhealthcare.org/locations/hospitals/emory-university-hospital/index.html
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houstonmethodist.org
Houston Methodist is one of the nation’s leading health systems and academic medical centers, consisting of Houston Methodist Hospital, its flagship academic hospital in the Texas Medical Center, six community hospitals, and one long-term acute care hospital. Houston Methodist also includes a research institute, international services, emergency care centers, and outpatient facilities.

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(404) 251-3000
emoryhealthcare.org/locations/hospitals/emory-university-orthopaedics-spine-hospital/index.html
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(208) 625-4620
kh.org/
Kootenai Health is a regional medical center consisting of a 292-bed community-owned hospital, with over 200 employed Kootenai Clinic providers across 21 specialties. Kootenai has held Magnet® recognition since 2006, one of only two Magnet-recognized facilities in the state of Idaho.

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(864) 797-8000
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ghscareers.org
Recognized for Excellence
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New York-Presbyterian Hudson Valley Hospital

New York-Presbyterian Hudson Valley Hospital
1980 Crompond Road, Cortlandt Manor, NY 10567
(914) 737-9000
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New York-Presbyterian Hudson Valley Hospital, a member of the New York-Presbyterian health system, is a fully accredited, not-for-profit 128-bed hospital offering a wide range of inpatient services and ambulatory care. In collaboration with NewYork-Presbyterian and ColumbiaDoctors, the faculty practice of Columbia University Medical Center, patients have access to more than 450 highly skilled and dedicated practitioners who provide advanced diagnostic and treatment expertise in 62 specialties. The hospital has achieved Magnet recognition three consecutive times, underscoring its high standard of patient care.

Prince Sultan Military Medical City

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P. Box. 7897 Riyadh 11159
Kingdom of Saudi Arabia
Phone +966 11 4777714 • Fax: +966 11 4762650
info@psmmc.med.sa

Prince Sultan Military Medical City (PSMMC), formerly known as Riyadh Military Hospital, is located in Riyadh City, the capital of Saudi Arabia. It is the flagship of the PSMMC (formerly known as RMH) Program. PSMMC is the Medical Services Department of the Ministry of Defense and Aviation. PSMMC was officially inaugurated on December 1978 with only 385 beds as a first phase. Since then it has grown tremendously. It now includes the main hospital, the southwest corner, and the new southwest corner extension with a capacity of about 1200 beds. Additional facilities are being built on a regular basis to accommodate the growing population and their needs and to further enhance the quality of patient care.

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Photo Category: How to help human trafficking victims
(October 15, 2016)

Silver Award for Best Cover:
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Silver Award for Best How-To Article Category:
How to recognize delirium in pediatric patients (May 15, 2016)

American Nurse Today has a long history of ASPHE awards dating back to the launch of the journal, and we are thrilled that YOUR journal continues to be recognized by experts in the healthcare publishing field.

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