

# Outcomes<sub>2006</sub>

Nursing





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**America's Best Hospitals**  
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## Outcomes | 2006

Quality counts when referring patients to hospitals and physicians, so Cleveland Clinic has created a series of outcomes books similar to this one for its institutes and departments. Designed for a health care provider audience, the outcomes books contain a summary of our surgical and medical trends and approaches; data on patient volume and outcomes; and a review of new technologies and innovations. We hope you find these data valuable. To view all our outcomes books, visit Cleveland Clinic's Quality Web site at [clevelandclinic.org/quality/outcomes](http://clevelandclinic.org/quality/outcomes).







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## Chair's Letter |



I am pleased to present our third edition of outcomes data from the Division of Nursing. This booklet includes a brief divisional overview of nursing, patient care and administrative outcomes, and achievements in 2006 that sustain and enhance quality patient care, patient safety and a satisfying patient experience.

While we have much to be proud of, we recognize the need for continual growth and development. Data collected during the year provides us with information needed to objectively assess our strengths and opportunities for growth. This data helps us develop strategic and operational plans that will further enhance quality of patient care, help us meet and anticipate patient and family needs, and improve nurses' ability to care for patients and themselves.

Nursing involves multidisciplinary collegiality with healthcare colleagues and innovative ideas that ultimately enhance nursing processes and systems of care. Our environment supports both, leading to excellence in nursing care and professional nurse growth.

We hope by sharing this information with our healthcare community, we help nurses, healthcare professionals and others learn about accomplishments in the Division of Nursing and expand the science of nursing. We believe we are your destination for nursing practice and that our successes can inspire others toward future success.

**Claire M. Young, RN, MSN, MBA**

Chief Nursing Officer and Chair, Division of Nursing



## Division Overview |

The Division of Nursing at Cleveland Clinic is comprised of registered nurses, licensed practical nurses, nurse associates, patient care nursing assistants, clinical, surgical and equipment technicians, patient service associates, clinical instructors, clinical nurse specialists, advanced practice nurses and health unit coordinators who provide best-in-class care to our patient populations. Nurses and support staff practice on more than 40 specialty-based nursing units, including 14 intensive care units, an emergency department and clinical decision unit, a hospital transfer unit, a 59-bed subacute care unit, and 59 operating rooms. More than 300 advanced practice nurses, including certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists and certified nurse midwives collaborate with physicians to manage patient care in the inpatient, outpatient and perioperative settings.

The Division sponsors multiple educational programs on the main campus, including a patient care nursing assistant training program, a Surgical Technician training program in collaboration with Cuyahoga Community College, and programs to prepare nurse anesthetists, enterostomal therapy and wound care nurses for the specialized roles they fulfill in patient care.

In partnership with Cuyahoga Community College and under the auspices of a U.S. Department of Labor grant, a new educational endeavor was initiated to train and develop current employees interested in becoming registered nurses. The inaugural class comprises 64 students (32 from main campus, 32 from regional hospitals) who will graduate with an associate degree in nursing after four consecutive semesters.



## **Awards and Accolades**

The hospitals, outpatient clinics, home care programs, ambulatory surgery centers and family health centers of Cleveland Clinic are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The Division of Nursing staff achieved Magnet status in 2003, the recognition of excellence in nursing by the American Nurses Credentialing Center (ANCC). Cleveland Clinic was the third hospital in Ohio to achieve this recognition and the 72nd in the United States.

Our Web site received a Silver Award in the Best Staff Recruitment category from the 2006 eHealthcare Leadership Awards competition.

According to the 2006 *U.S. News & World Report* "America's Best Hospitals" survey, Cleveland Clinic is one of the top three hospitals in the United States. Our Heart and Vascular Institute has been ranked first in the nation for the past 12 years and 11 of its specialties rank among the nation's top 10.

Cleveland Clinic and its community hospitals were recognized as 2006 NorthCoast 99 award winners as being great workplaces for top performers in the Northeast Ohio area.

## **Nursing Education and Research**

Changes in the nursing workforce (less experienced nurses, more new graduate nurses, the necessity to develop critical thinking in new RNs, the need for preceptor support and mentoring and the complex care needs of patients) challenged the members of the Department of Nursing Education and Professional Practice Development to examine current orientation processes and content as well as ongoing staff development courses.



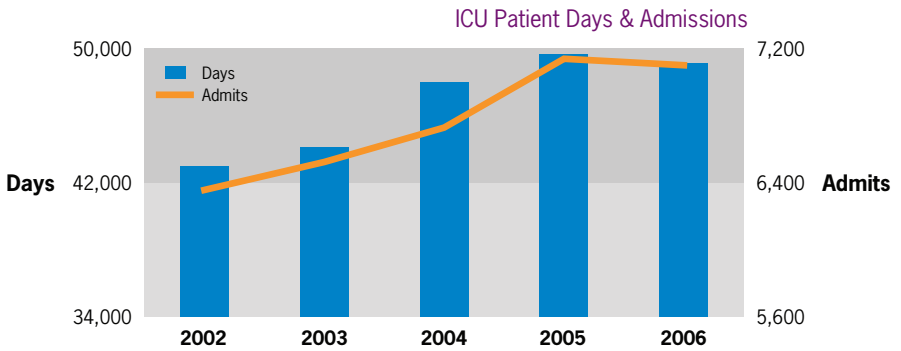
The ability to offer didactic content via an online format provided the educators the opportunity to redesign all course content, delivery of this content and learning evaluations. A multimedia instructional designer was hired to work with the educators to create interactive and instructional online courses. A state-of-the-art nursing lab with six medical-surgical beds and two critical care beds and a 40-computer classroom were added to the arsenal of resources for employee development. All new employees, both experienced and new graduates, are assessed regarding content and skill expertise upon hire and an individual orientation program is designed for each. Continuing education courses and annual required competencies are now available online, thus increasing the access and flexibility for nurses to obtain continuing education and complete required competencies.

Known the world over for its strong basic science foundation and its fundamental mission as a clinical research hospital, Cleveland Clinic continues to place emphasis on patient-centered and administrative nursing research and innovations. All nurses are encouraged to engage in scientific inquiry and can receive help as needed by doctorate- and master-prepared nurses with research experience. Additionally, nursing resources are available to decrease a researcher's burden, including statistician support, Web-based data collection system and intranet files with templates and guidelines.

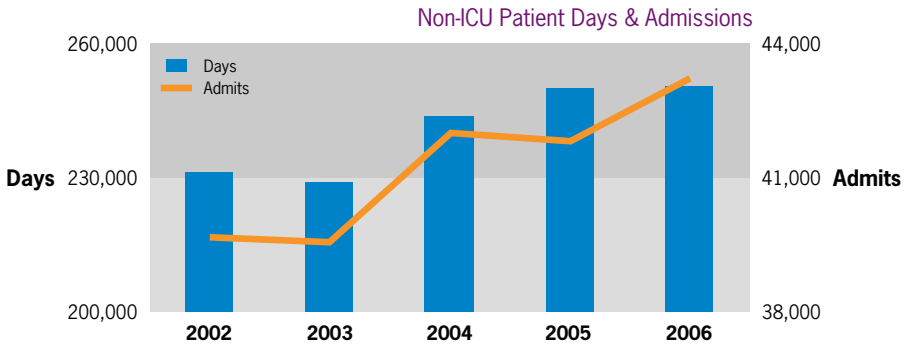
In 2006, more than 30 nursing research projects were reviewed by our Institutional Review Board and initiated. Other projects were presented at national meetings and are in peer-review for publication. Engaging and facilitating nursing research promotes sharing of new knowledge, strengthens the foundation of nursing practice, and promotes nursing care that is evidence-based – all important factors in improving patient outcomes.



## Patient Volumes



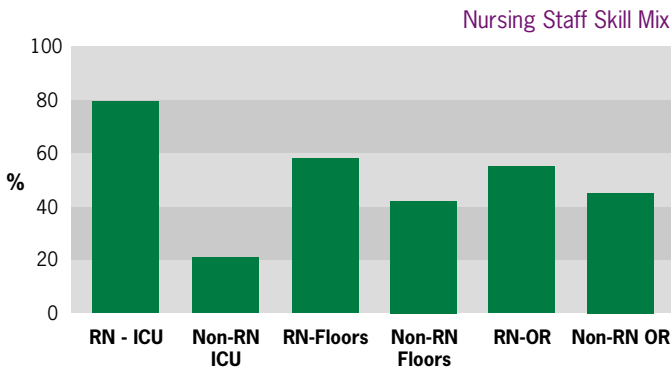
ICU patient days and admissions stabilized in 2006; however, with the addition of eight neurology ICU beds in January 2007, this growth trend will likely resume.



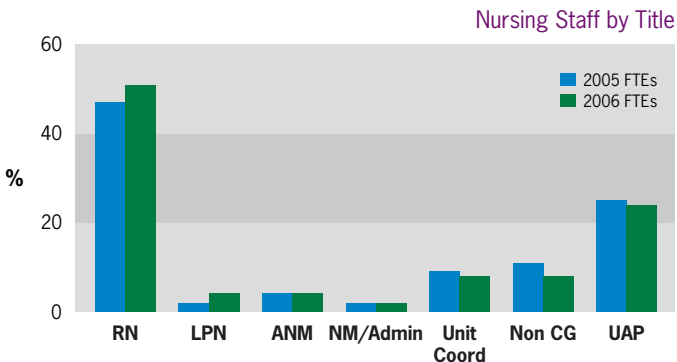
Admissions rose significantly this past year while patient days rose only slightly. These results reflect the focused efforts on improving patient throughput.



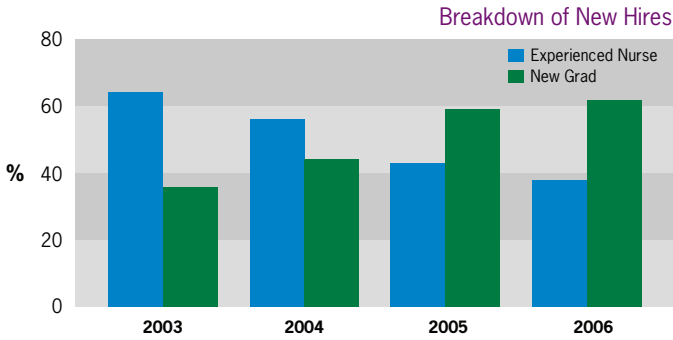
**Nurse Staff Resources:** Implementing the ideal staffing model to accomplish superior patient outcomes is a challenge because experience, nursing education level, nurse-to-patient ratio, availability of staff, and patient characteristics and needs must be considered. Due to the complexity and specialization of Cleveland Clinic, each unit matches patient needs to the appropriate care team skill mix.



We are gradually adjusting the skill mix to optimize patient outcome, safety and staff satisfaction.

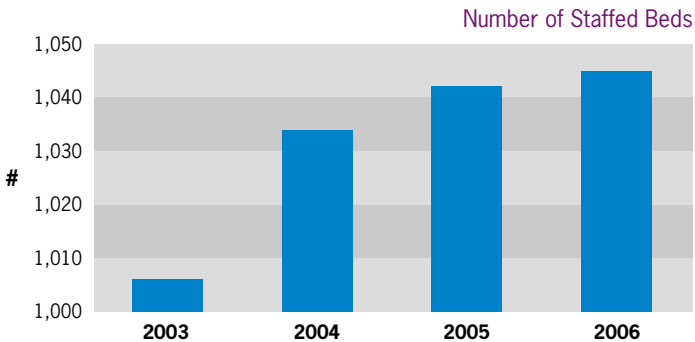






The trend of hiring more new graduate nurses is due in part to the multitude of programs created to attract new graduates:

- Summer Student Experience
- Nurse Associate Program
- Extended Orientation
- Nursing Education Assistance Program
- Increased On-Site Clinical Rotations for Nursing Students



Due to increasing access demands, the Division of Nursing has opened additional patient beds each year. In 2006 a 12-bed Hospital Transfer Unit was opened to facilitate transfers from referring hospitals.



## **Commitment to Quality and Patient Safety**

Quality patient outcomes are a benchmark for the healthcare environment today. Results of publicly reported indicators from the Joint Commission, organizations focusing on quality and national databases raised awareness and a focus of delivering care to achieve optimal outcomes. Because nurse staffing and models of care delivery impact outcomes as well, key indicators related to staffing effectiveness and the patient experience have been monitored throughout the implementation of the care team model.

The Department of Nursing Quality leads the Division of Nursing's efforts in the improvement of nursing practice and patient care and the collection, analysis and utilization of data from nurse quality indicators. In addition, Nursing Quality coordinates the Division's efforts toward strong unit-level performance improvement through support, education and oversight. Unit-based quality representatives are charged with leading the initiatives for improvement on their units in conjunction with unit leadership. These efforts resulted in consistent monitoring and improvement of pain assessment, blood administration and patient education scores across the division.

Prevention and treatment of hospital-acquired pressure ulcers has been a focus of activity for the Department of Nursing Quality. Working with the Department of Nursing Informatics, a bedside electronic documentation system was developed to create a skin care database and document patient treatment notes simultaneously, decreasing data entry time and the need for multiple-site documentation. This database provides a robust repository for analysis and improvement of skin care efforts.

Another focus was falls prevention. The Hendrich II Falls Assessment was selected and implemented in an effort to demonstrate a renewed commitment to falls prevention. Since the implementation of this evidence-based tool in early 2006, a modest decrease in hospital falls rate has occurred.

The Department of Nursing Quality collaborates with a variety of departments within the Division and across the organization including the Nursing Accreditation Coordinator for Magnet redesignation, Nursing World Class Service, the Councils for Nursing Practice, Education and Research and Cleveland Clinic's World Class Service on efforts to improve patient and staff satisfaction. The department also collaborates with the Quality and Patient Safety Institute to coordinate the Division's role in the interdisciplinary efforts related to the improvement of patient outcomes and the patient experience across the organization.





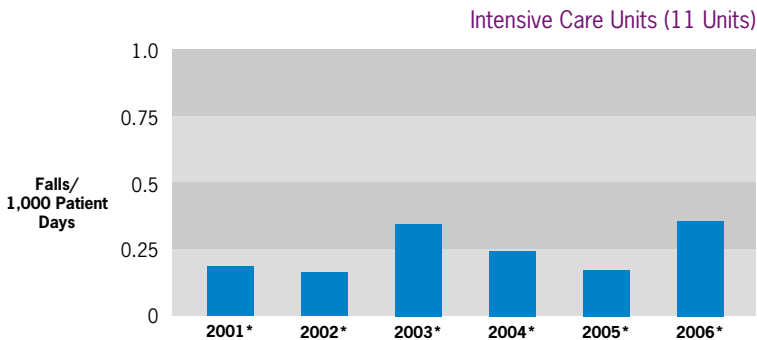
# Quality & Outcome Measures |

## Quality Indicators

### Falls

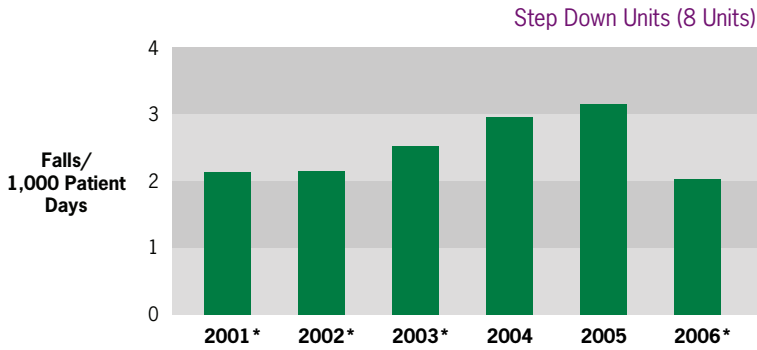
Falls rates for hospitalized patients remain a key initiative for Nursing Quality. In 2006 we introduced an evidenced-based falls assessment tool, standardized the communication of high risk, and provided education to all members of the health care team on their role in falls prevention. We continue to identify and target key interventions for key populations of patients. For example, when diuretics are given to older cardiac patients, we provide an extra reminder to patients to use the nurse call system for elimination needs.

National Benchmark equals the mean over a two-year period for hospitals greater than 500 beds, per the National Database of Nursing Quality Indicators. Data results on unit type designation definitions are limited due to the occurrence of mixed patient types (*i.e.* medical or surgical) on most units.

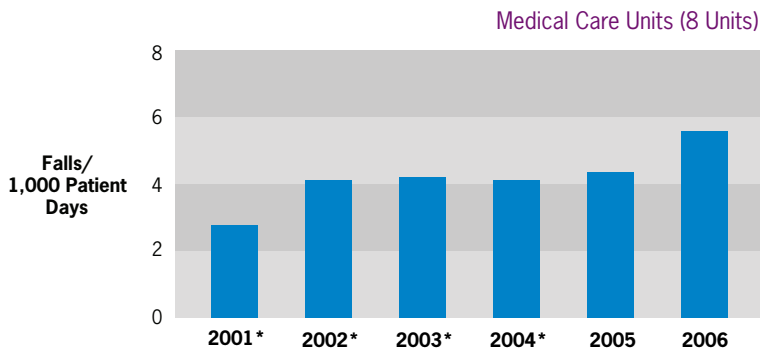


\*Cleveland Clinic, falls rates below national benchmark mean.

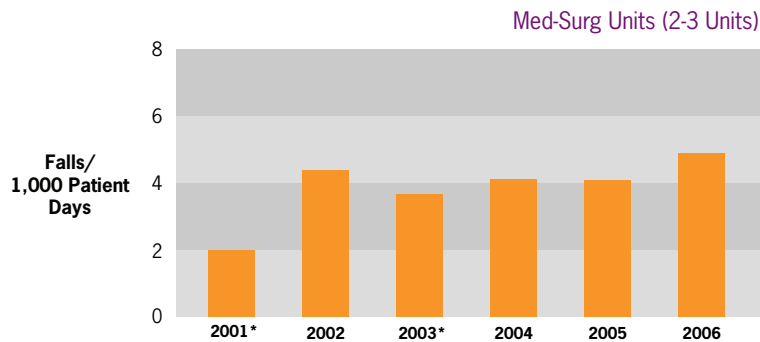




\*Cleveland Clinic, falls rates below national benchmark mean.

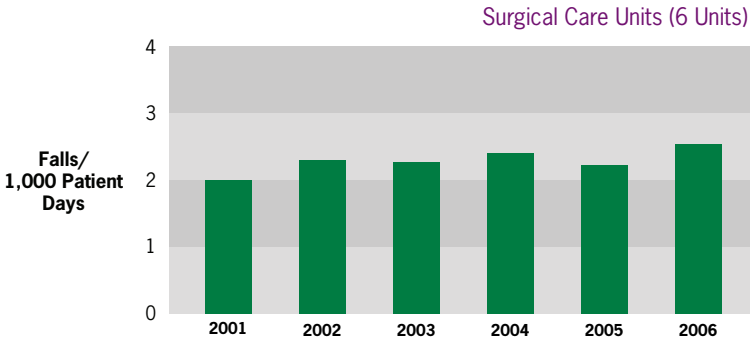


\*Cleveland Clinic, falls rates below national benchmark mean.



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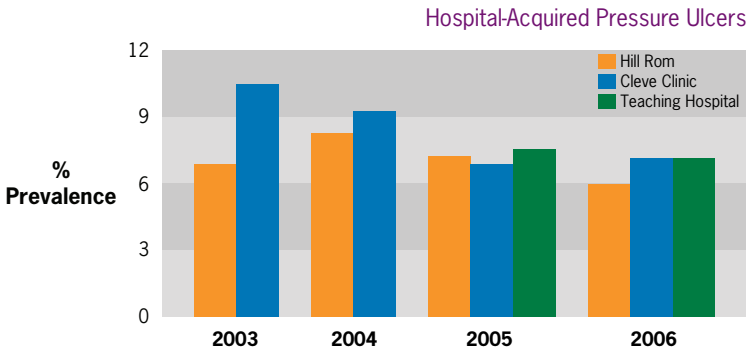




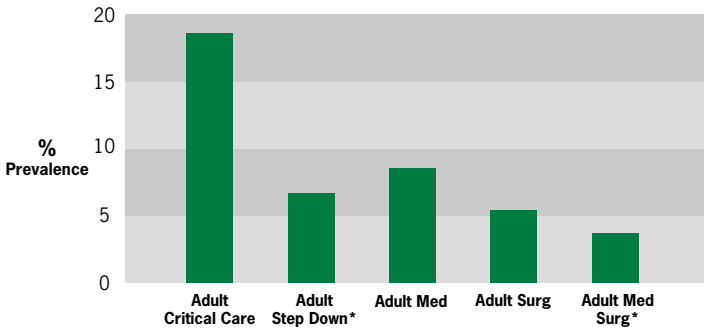
\*Cleveland Clinic, falls rates below national benchmark mean.

### Pressure Ulcers

Prevention of pressure ulcers for hospitalized patients is also an important nursing quality indicator. In 2006, an electronic documentation system was developed for skin care nurses to assist with staff education and patient consultation. A heel protective device and skin care product standardization was also introduced on the nursing units. We continue to identify and focus education for clinical areas with high risk patients.

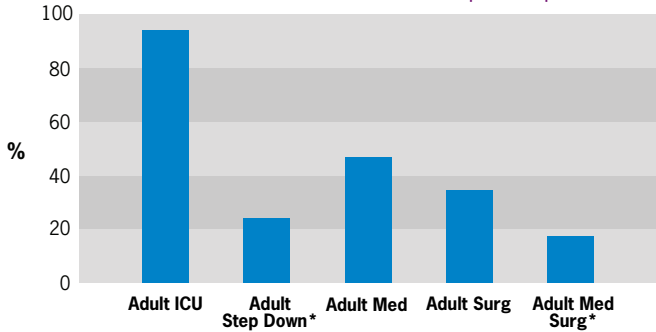


### Hospital-Acquired Pressure Ulcers



\*Cleveland Clinic prevalence rate is below national benchmark mean.

### At Risk for Hospital-Acquired Ulcers



\*Cleveland Clinic prevalence rate is below national benchmark mean.

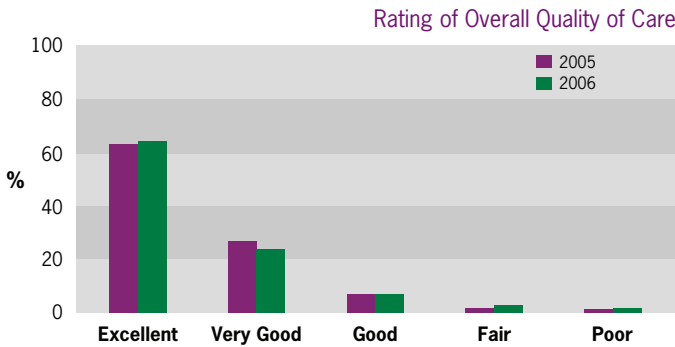


# Quality & Outcome Measures |

## Advanced Practice Nursing

### Overall Quality of Advanced Practice Nurse Care

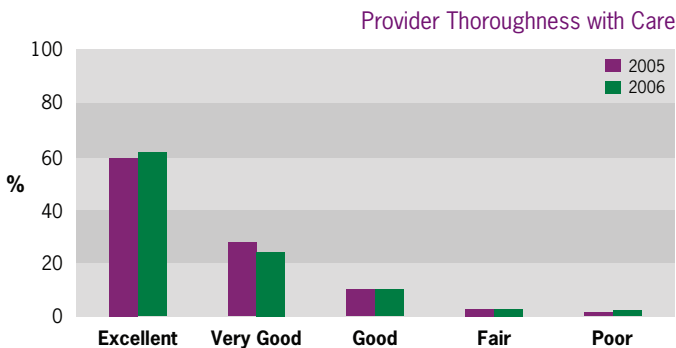
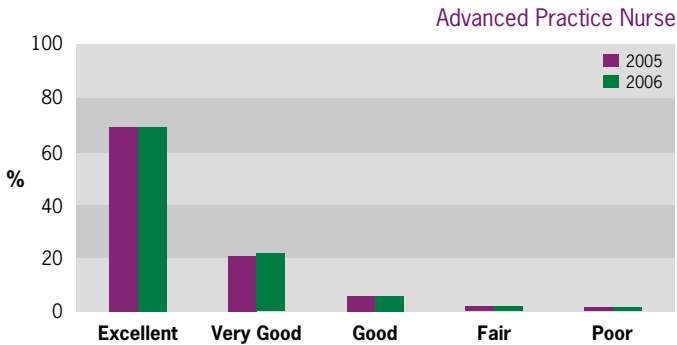
Advanced practice nurses (APN) includes certified nurse practitioners (CRNP), clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNA). APNs work in a variety of settings from primary to specialty care, as well as in critical care hospital environments. APNs provide a variety of services to patients and families based on their specific roles and training. In our ambulatory service areas on the main campus and in Regional Medical Practice, the quality of APN care has been assessed each of the last two years.





## Patient Satisfaction with Advanced Practice Nurses

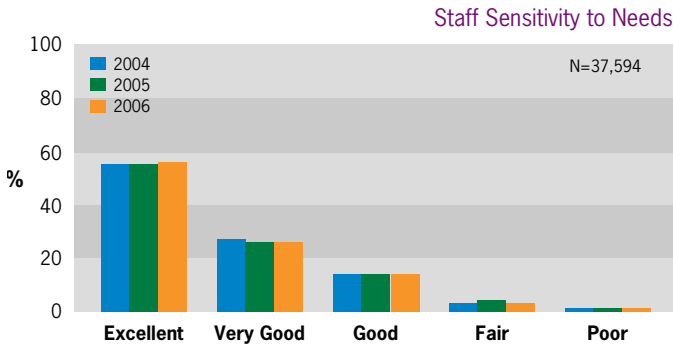
When APNs were rated for quality of care as a provider, they excelled in each of the past two years. Additionally, when APNs were rated for thoroughness in care provided, a majority of patients rated them very good to excellent.



## Ambulatory Nursing

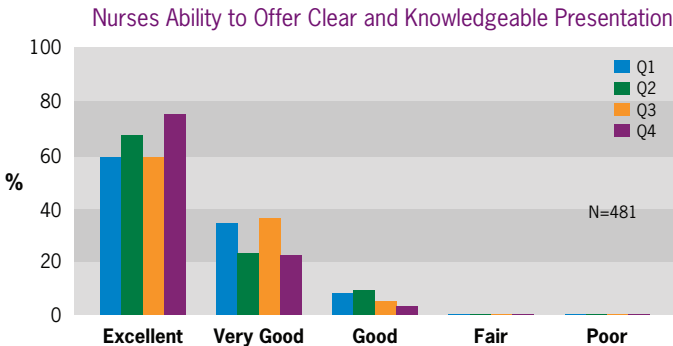
### Patient Perception of Ambulatory Clinics

Majority of patients rated nursing staff and medical assistants as excellent and very good at being sensitive to their needs.



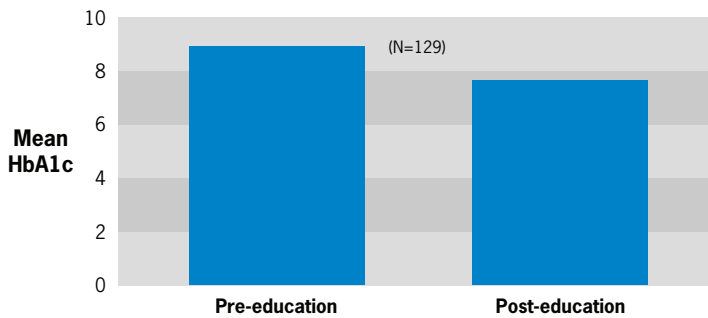
### Bariatric Education

Nursing staff sensitivity to needs is imperative when conducting patient education. In rating the nurses' ability to offer a clear and knowledgeable presentation, 75% of the respondents receiving bariatric education rated nurses as excellent.



## Diabetic Education

In healthy, non diabetic patients, HbA1c levels are less than 7% of total hemoglobin. Complications of diabetes can be delayed or prevented if HbA1c levels are below or close to 7%. There was a significant reduction in HbA1c after diabetes education classes.



## Behavioral Health

### Child and Adolescent Psychiatry

#### Assault without Injury

Goal: provide an emotionally and physically safe environment. Dangerous behavior can lead to assault and an episode of seclusion or restraint. At Cleveland Clinic, less than 5% of patients need seclusion or restraints.

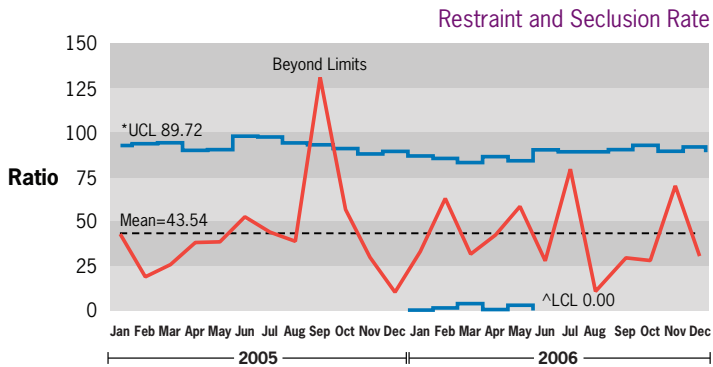
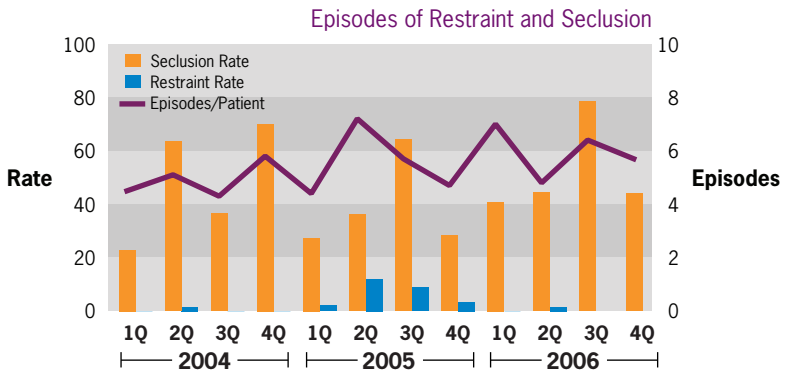
Our success was facilitated by

- heightened focus by the interdisciplinary treatment team on prevention and safe physical crisis intervention
- the patient experiencing seclusion/restraint
- in-service on “trauma informed care”
- interdisciplinary team meetings to review patients with multiple episodes of seclusion
- review of episodes of assault or seclusion/restraint by nursing leadership

Quarters, 2006	Assaults, N	Assaults with Injury, N
1st	5	0
2nd	4	0
3rd	10	2
4th	5	1



## Child/Adolescent Restraint and Seclusion



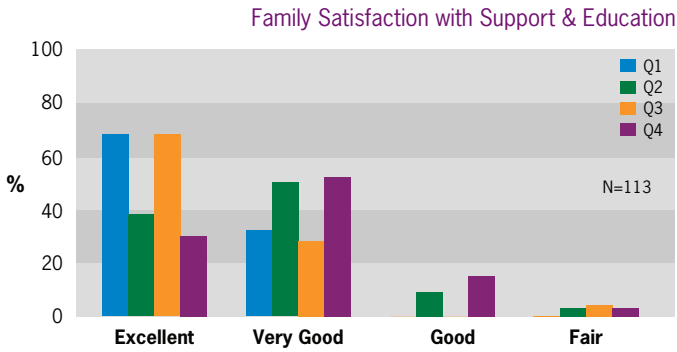
\*UCL = Upper Control Limit

^LCL = Lower Control Limit



### Alcohol and Drug Recovery Center

Addictive disorders affect those suffering with the addiction and their family members. In 2006, the Alcohol and Drug Recovery Center nursing and counseling staff provided consistent facilitators in family groups. Of the 113 family members that completed family satisfaction surveys, most rated their overall experience with the group as excellent and very good.

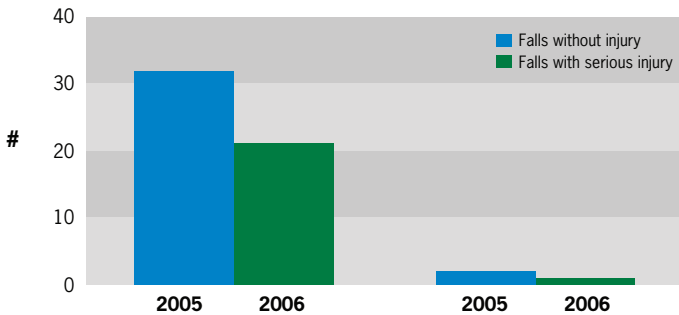




## Cancer Center

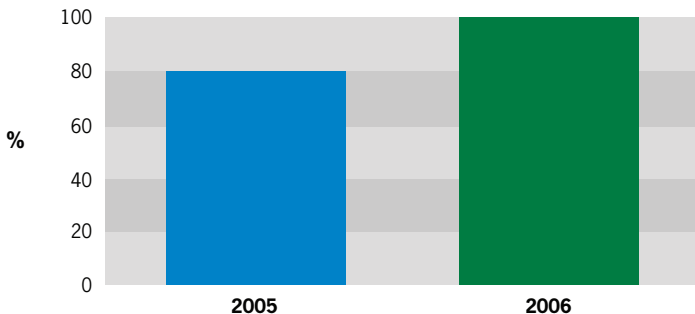
### Inpatient Rates for Falls with Injury

During 2006, the inpatient cancer units achieved a 52% reduction in falls without any injury and a 100% reduction in falls resulting in serious injury. Key interventions included the introduction of the Stryker bed on Palliative Medicine (bed has enhanced personal alarm system).



### Participation in Oncology Courses

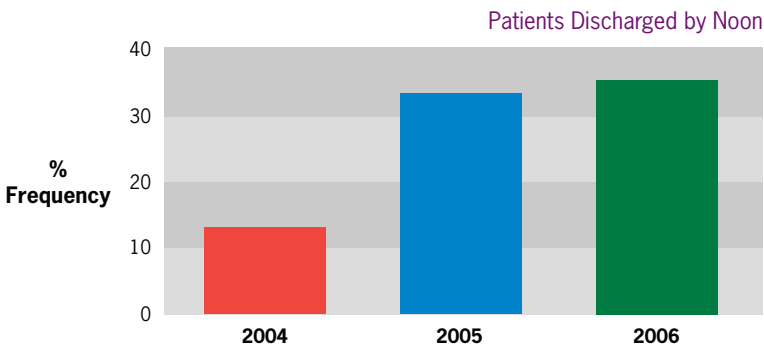
The Oncology Nursing Society recommends registered nurses responsible for administering chemotherapy should attend an educational course. In 2006, 100% of nurses administering chemotherapy completed the Oncology Nursing Society course in addition to the required core education provided by Cleveland Clinic.





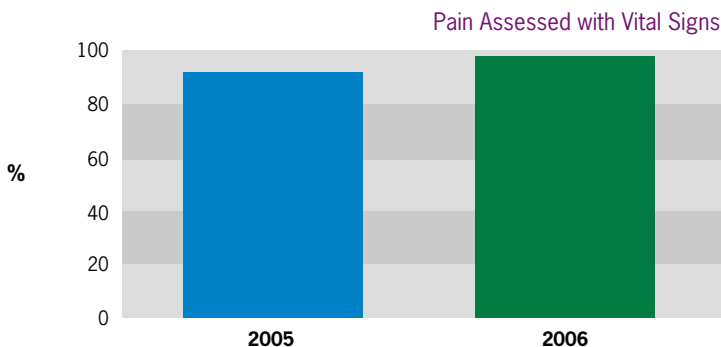
## Discharges by Noon

Inpatient bed capacity to enhance throughput is important. During 2006, the initiative to discharge patients by noon continued. Interventions in 2006 included the creation of a hematology oncology admissions unit. This unit allows patients to be admitted earlier in the day and begin therapy. This, in turn, allows patients to be discharged earlier in the day. Additionally, an oncology care coordinator position was created to provide care to patients in the admissions unit and support patients who are off service by initiating chemotherapy and delivering education.



## Pain Assessment

Pain assessment is an essential component of care. The inpatient cancer center units achieved a 16% improvement in the percentage of patients who had pain assessed as their fifth vital sign in 2006. This exceeds the target of 90%. Key interventions included clarification of staff expectations and education of frontline staff.

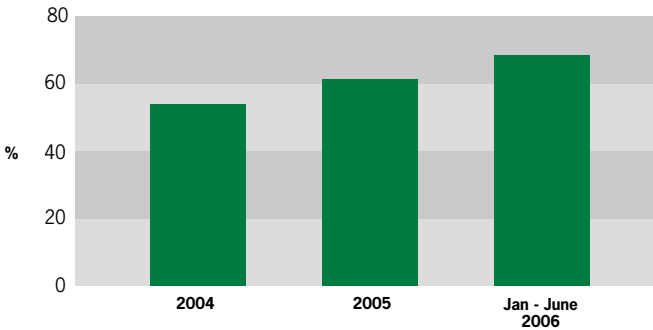


## Center for Rehabilitation (Subacute)

### Patient Satisfaction

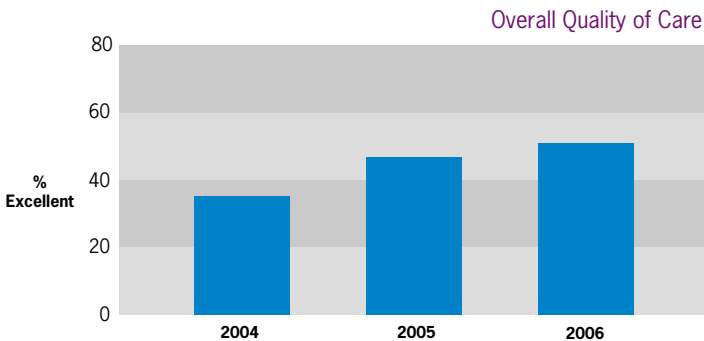
Service rounds are routinely conducted by the Administrator, Medical Director, Nurse Manager, and Assistant Nurse Manager. Additionally, to ensure patient needs are being met, a Patient Service Associate role was added in 2006. When Center for Rehabilitation patients were asked, “Would you recommend care from this unit?” responses improved in 2006.

Response to “Would you Recommend Hospital to Family and Friends”



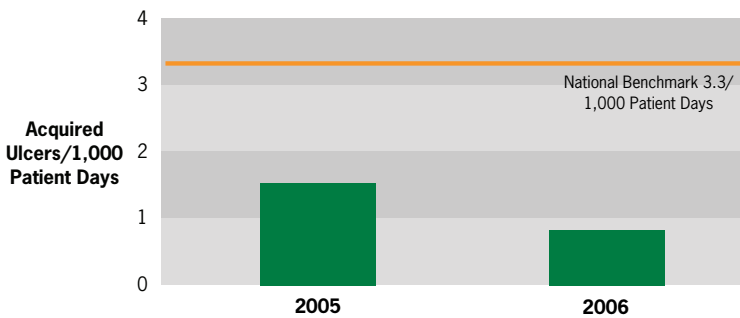
### Overall Quality of Care

To enhance patient perception of overall quality, the Nurse Manager and Assistant Nurse Manager team conduct routine leadership rounds with staff and quality audits of patient care. Frontline staff were also engaged in education and worked as a team to create an enhanced environment for patient care.



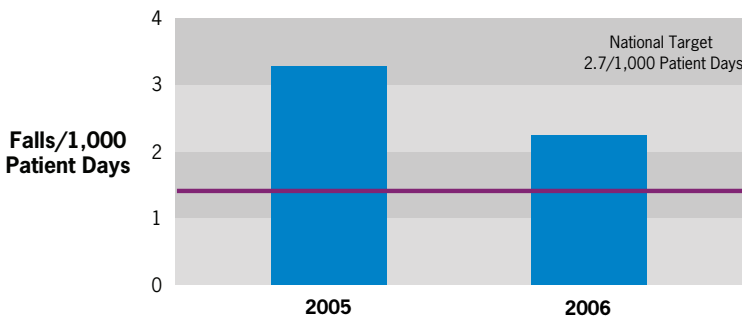
## Hospital-Acquired Ulcers

Licensed nursing staff complete a head-to-toe skin assessment on patients admitted to the Center for Rehabilitation. This assessment indicates the need for preventive skin interventions or active treatment of a pressure area. Daily Braden scores are conducted to assess the patient's risk for skin breakdown and initiate preventive treatments. Weekly reporting allows the health care team to monitor the progress of the pressure area and adjust the care plan accordingly.



## Patient Falls

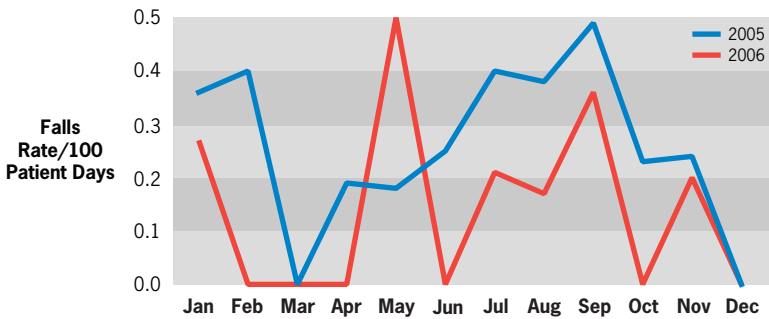
Licensed nursing staff conduct a falls risk assessment on admission to the unit and every shift during the patient's stay. Hourly rounding was the primary intervention to decrease the number of patient falls in 2006.



## Children's Hospital

### Inpatient Falls Rate

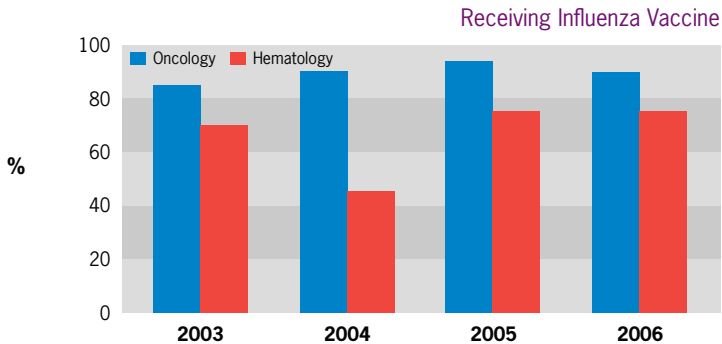
The Children's Hospital for Rehabilitation conducts a falls risk assessment on each patient every day and implements falls precautions when children are at risk. Data compiled are discussed, shared, and disseminated with team leaders every month. Of the nine falls in 2006, there were no injuries to patients from any of the falls.



## Influenza Vaccine

Children who currently receive chemotherapy, those who have been off chemotherapy less than six months and those with sickle cell disease receive an influenza vaccine.

The pediatric hematology/oncology outpatient area has a system to ensure influenza vaccine is administered. Children who do not receive the vaccine may be ill at the time of the visit or may have received the vaccine from a primary care physician. Parents may refuse the administration of the vaccine.



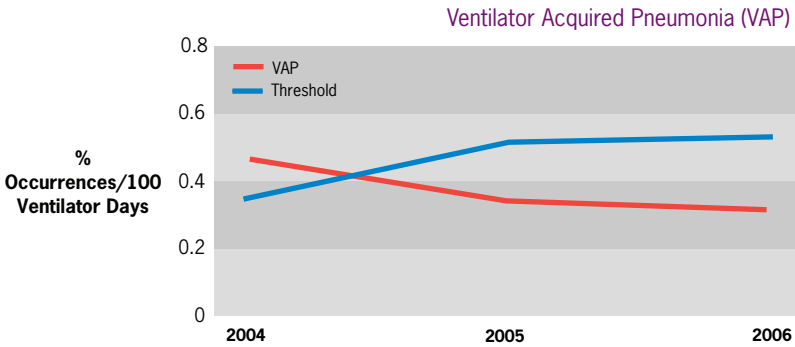
## Critical Care

### Medical Intensive Care Unit

#### Ventilator-Acquired Pneumonia

In the second half of 2005, evidence-based practices to reduce the incidence of ventilator acquired pneumonia were implemented in the Medical Intensive Care Unit (MICU), including a 30° elevation of the head-of-the-bed and frequent oral care with subglottic suctioning.

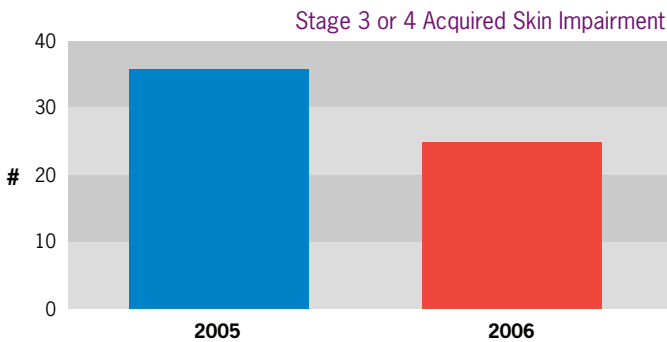
Since then, there has been a steady decrease in the rate of ventilator acquired pneumonia, even though the number of days patients spend on a ventilator increased.



## Surgical Intensive Care Unit

### Pressure Ulcers

The Surgical Intensive Care Unit (SICU) had a decrease in the number of unit-acquired pressure ulcers that develop into stage 3, 4 and non-stageable ulcers. Initiatives that assisted in accomplishing this goal are: addition of three new unit-based Skin Care Nurses, weekly rounds by a Skin Care Nurse and clinical technician to assess patients' pressure points and address treatment plan concerns, an upgrade in bed surface to newer beds that control pressure-better monthly in-services on skin care products, posting skin care issues on an inservice board each month and discussing quality reports at monthly staff meetings.

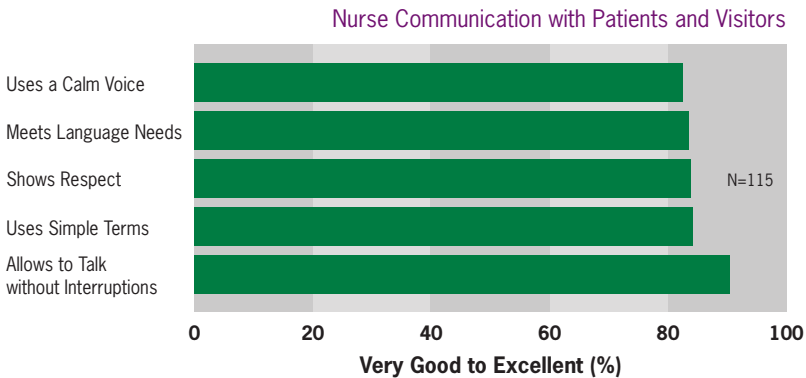


## Emergency Department and Clinical Decision Unit

### Nurse and Patient-Visitor Communication in the Emergency Department: Meeting Needs

A survey was conducted to learn what nurse communication factors are important to patients and visitors and how well we met their communication needs. Nurses met patient and visitor communication expectations at a very good or excellent level in nine (47%) of the 19 communication factors studied. This information provides direction for changes that can better meet patient and visitor needs and expectations.

The top five communication factors in response to “how well we did in meeting communication needs” by patients and visitors as very good or excellent are displayed below.



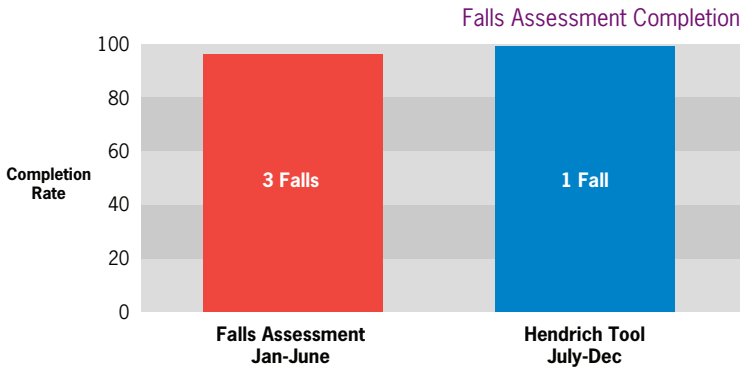
### Falls Risk Assessment Documentation in the Clinical Decision Unit

In May 2006, the Clinical Decision Unit (CDU) nursing team implemented the Hendrich II Falls Risk Assessment tool (a validated tool) to replace a generic assessment of falls risk. Patients identified as a high falls risk upon admission and with condition changes are moved closer to the nurses' station. A falling leaf sticker and magnet identify patients at high falls risk to the team.

Prior to 2006, CDU falls risk assessment was consistently above 94%. After initiating the Hendrich II tool, assessment adherence increased and falls were low, even though many of our patients were elderly.





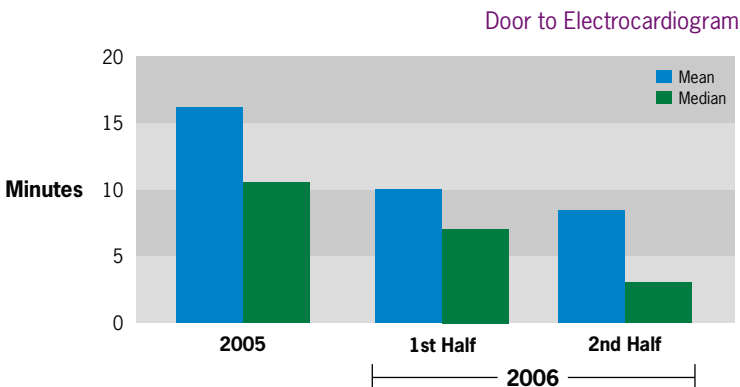


### Door to Electrocardiogram Time in Acute ST Elevation Myocardial Infarction

The national standard for Door to Electrocardiogram (ECG) time in acute ST elevation myocardial infarction is 10 minutes.

A multidisciplinary subcommittee of the emergency medicine performance improvement team was formed to improve performance and consisted of an emergency medicine physician, nurses, clinical technicians and a manager from the Office of Quality.

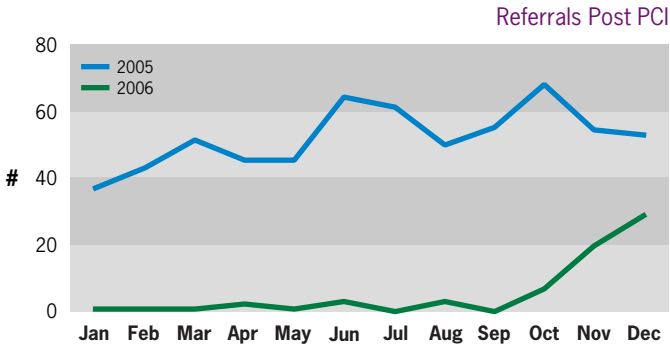
Triage practice was revised in June 2006, including obtaining an ECG prior to nurse assessment, intravenous start and serum laboratory draws. In the triage area, clinical technicians were empowered to obtain an ECG in patients with a complaint of chest pain, and then the ECG is taken to the ED staff physician for a formal reading.



## Heart Center

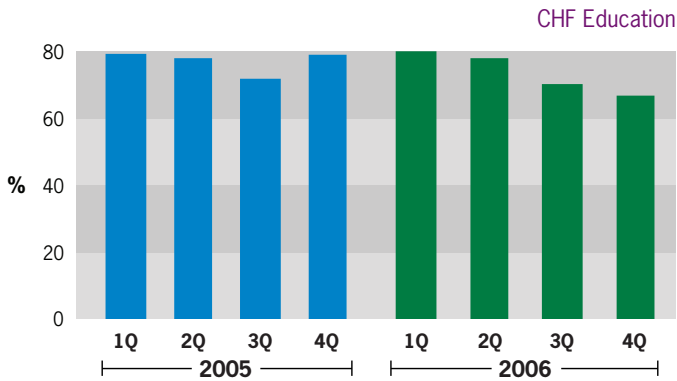
### Cardiac Rehabilitation Referrals Post-Percutaneous Coronary Intervention (PCI)

In late 2005, Heart Center Nursing began an initiative to improve referrals to cardiac rehabilitation in conjunction with Preventive Cardiology. By November of 2005, structures and processes were implemented that included cardiac step-down nursing staff and health unit coordinator training, delivery of outpatient cardiac rehabilitation educational pamphlets to patients, and modification of pre-printed post percutaneous coronary intervention order set to include automatic consults for Phases 1 and 2 cardiac rehabilitation. Improving activity levels in-hospital and early post-hospital discharge prevents muscle deconditioning and improves patient quality of life.



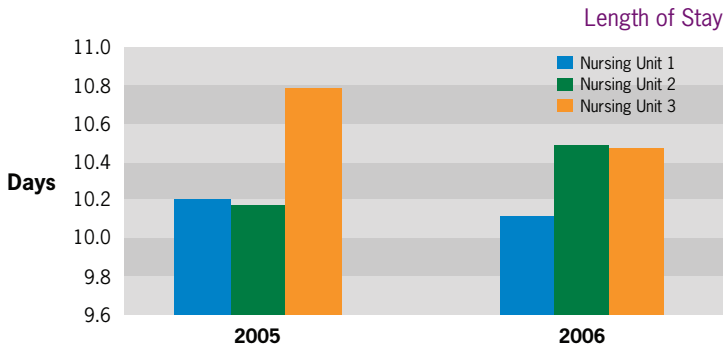
### Congestive Heart Failure Discharge Education

Heart Center Nursing improved scores for delivering patient education in congestive heart failure (CHF) prior to hospital discharge in 2005 and continues to consistently meet the standard above 75% throughout 2006.



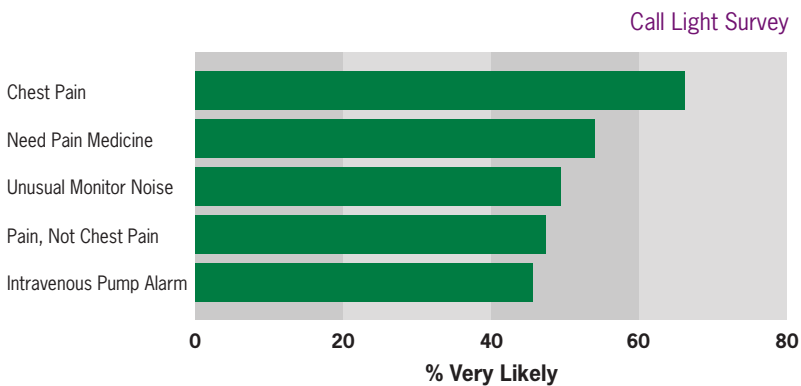
### Decreasing Length of Stay

In March 2006, Heart Center Nursing joined with the Departments of Cardiothoracic Surgery and Cardiovascular Medicine to develop strategies to decrease hospital length of stay after cardiothoracic surgery. Nursing coordinated and participated in “Daily Huddles.” Daily Huddles involve multidisciplinary team members (nursing management, charge nurse, acute care nurse practitioner, discharge coordinator, cardiologist, case manager and respiratory therapist) on intermediate care units and focus on discharge needs of patients. Daily Huddles led to a decrease in length of stay in two of three intermediate care areas.



## Predictors of Call Light Use

Using research methodology, we surveyed 164 patients (54% cardiac surgery floors and 46% medical cardiac floors) to learn predictors of call light use. Of 32 indicators the top five responses of “very likely” referred to needs for pain reduction and addressing unusual alarms. Our next step is to design interventions to reduce call light use for routine pain and alarm interruptions.

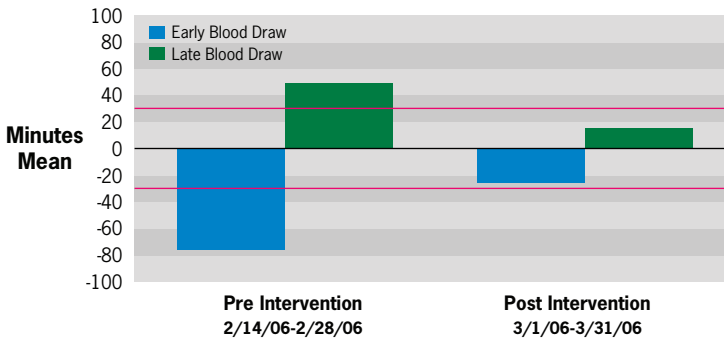


## Medicine

### Anti-Rejection Laboratory Blood Draws

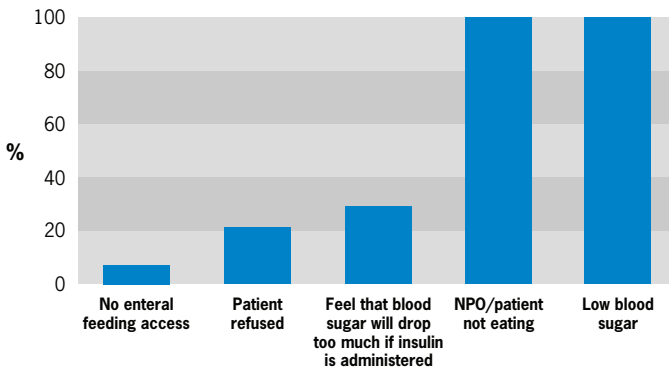
After a lung transplant, respiratory special care unit nurses are responsible for obtaining trough levels of antirejection drugs. The expected time window is 30 minutes before or after the scheduled laboratory blood draw time.

In a collaborative effort between nursing and allied health staff, staff was educated, blood draw times were standardized, and procedures were changed to draw blood samples peripherally. The graph below displays two-week pre-intervention and one-month post-intervention effectiveness in meeting this standard. Post-intervention, 100% of all laboratory blood samples were obtained per standard.



## Insulin Administration-Qualitative Study

Glycemic control through administration of exogenous insulin has been shown to decrease mortality and morbidity in hospitalized adults. The aim of this qualitative study was to learn why nurses hold doses of insulin, which can lead to an increased incidence of hyperglycemia. Fourteen bedside nurses provided feedback in focus group sessions. We learned nurses held insulin due to multiple factors.



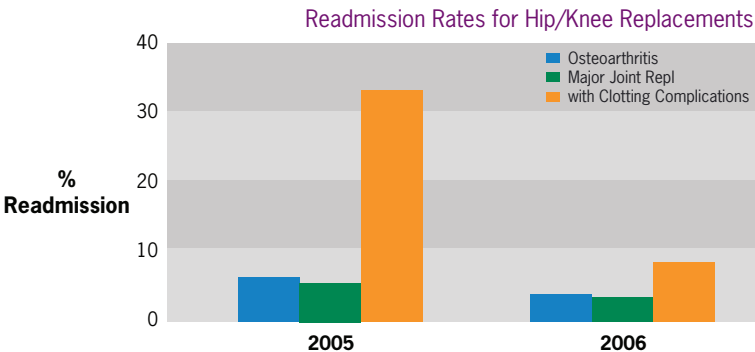
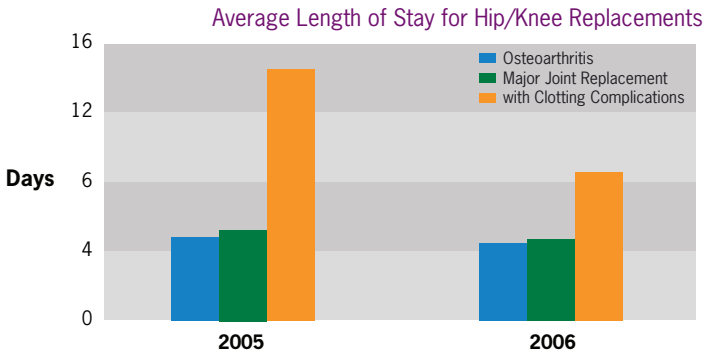
Results of this study will be used to create targeted interventions aimed at improving adherence to insulin administration regimens. Further efforts will be aimed at increasing nurses' knowledge about insulin and best practice standards as well as enhancing critical thinking skills related to insulin administration.



## Surgical Floors

### Orthopedic Inpatient Nurse Practitioner

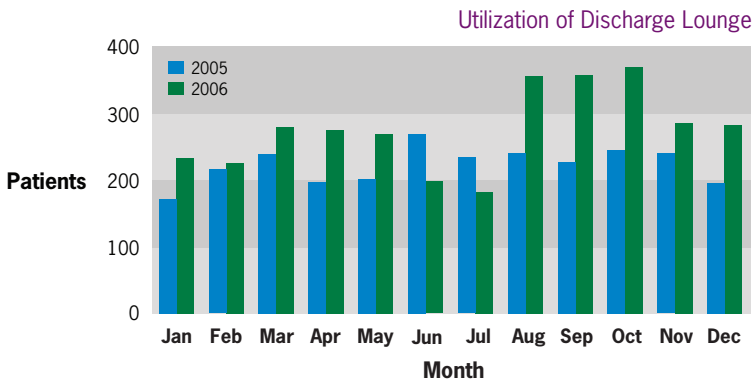
A new role, the inpatient surgical nurse practitioner (NP), was created in 2006. The nurse practitioner serves as a liaison between the patient and surgeon and is a mentor, educator, and consultant to inpatient nurses. The findings below reflect patient outcomes on a 34-bed inpatient orthopedic unit the year prior to the NP's arrival and during the first year of service.



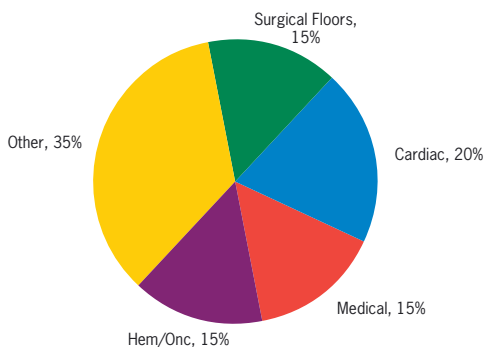


## Discharge Lounge

The Discharge Lounge was created to improve efficiency with discharges. In 2006, use of the Discharge Lounge increased by 17%.

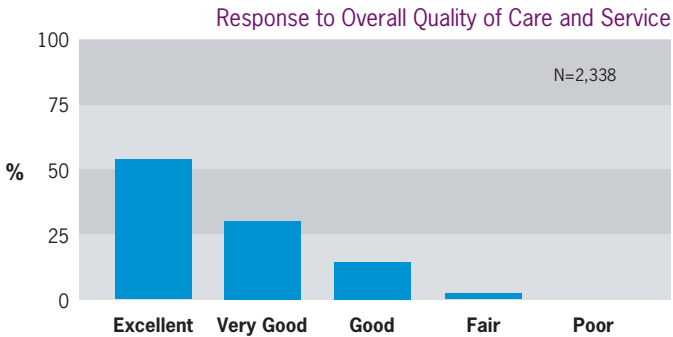


Use of the Discharge Lounge opened bed spaces for new admissions, including those from cardiology, medicine, hematology/oncology, and post anesthesia care. Average patient time in the Discharge Lounge was 97 minutes, equivalent to an increased bed capacity of 138 patient care days. The chart below represents departments that utilized the Discharge Lounge in 2006.



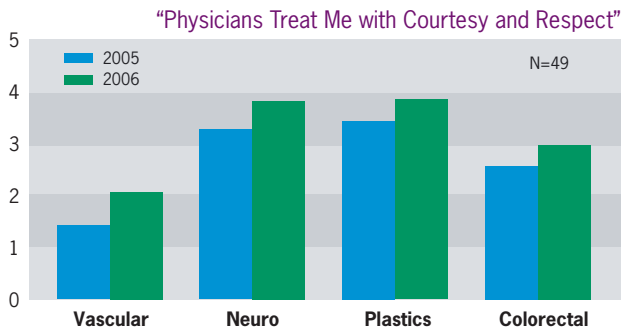
## Surgical Services

### Overall Quality of Same Day Surgical Services



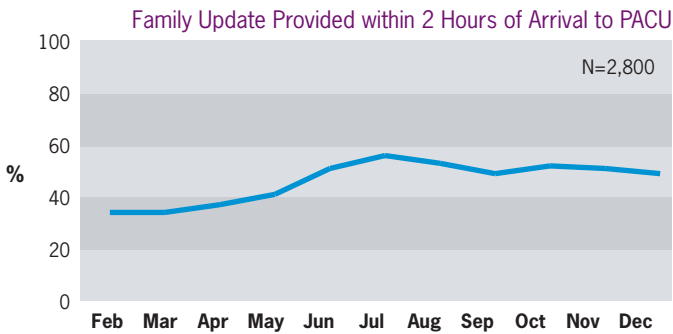
### Employee Satisfaction

In 2006, Surgical Services collaborated with the Departments of Anesthesia and Surgery to improve the work environment as it related to treating each other with respect. Through program efforts, nurse respondents demonstrated that physicians treated them with more courtesy and respect.



## Family Update in Post Anesthesia Care Unit

In 2006 the Post Anesthesia Care Unit (PACU) initiated regular updates to families of patients. Updates are provided via a phone report or Navicare, an electronic patient tracking system.



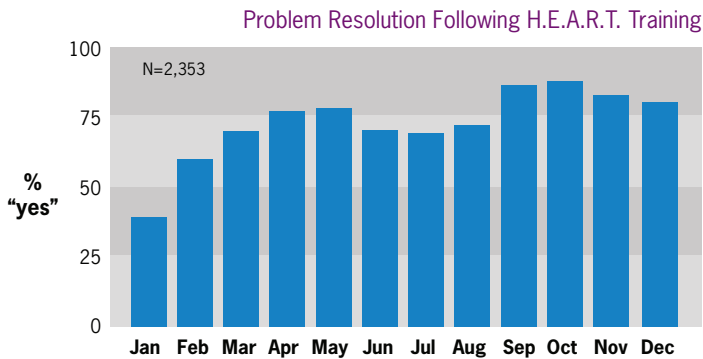
In 2007, our goal is to achieve a 75% rate of communicating with families within two hours of arrival into PACU.



## World Class Service

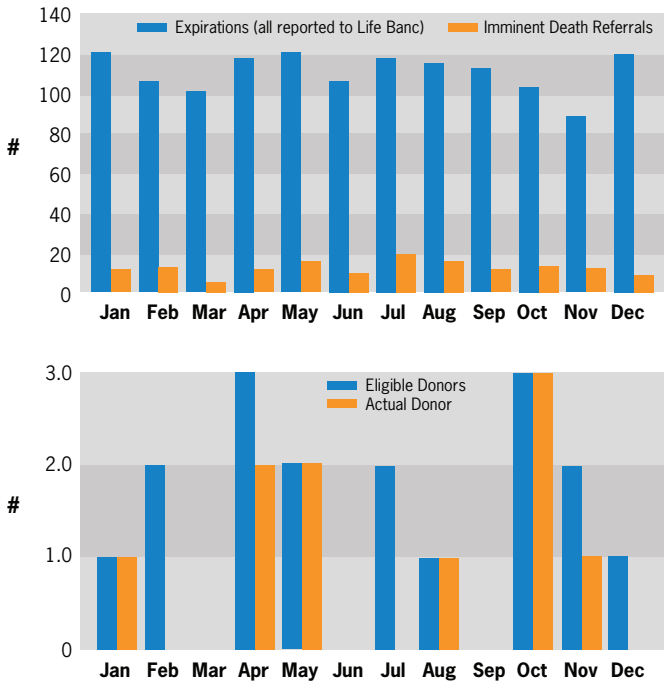
### The Service Recovery H.E.A.R.T. Program (Hear, Empathize, Apologize, Respond and Thank)

The H.E.A.R.T. model uses a five-step approach to teach employees how to respond and communicate in difficult situations. Implemented in 2006, use of the H.E.A.R.T. training program led to improved patient satisfaction related to addressing concerns, as evidenced by the increase in “yes” responses when patients were asked “Has someone made an attempt to resolve my problem?”

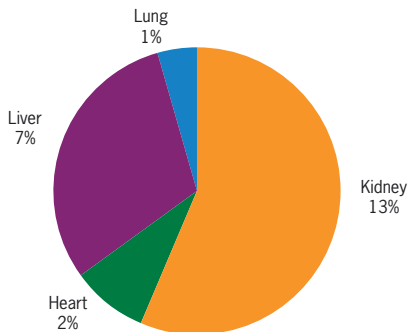


### Family Liaison Life Banc Referrals

Life Banc referrals (both imminent death and expirations) provide information about donor eligibility. In 2006, this information resulted in 23 donated organs.

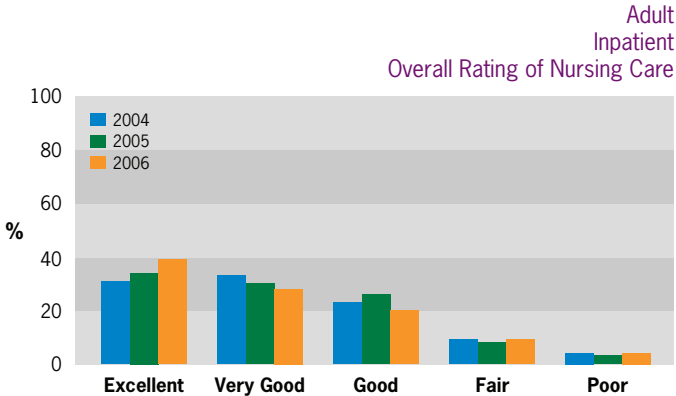


Organs Procured January-November, 2006 (N=23)



## Patient Experience | Hospitalwide

We ask our patients about their experiences and satisfaction with the services provided by our staff. Although our patients are already indicating we provide excellent care, we are committed to continuous improvement.

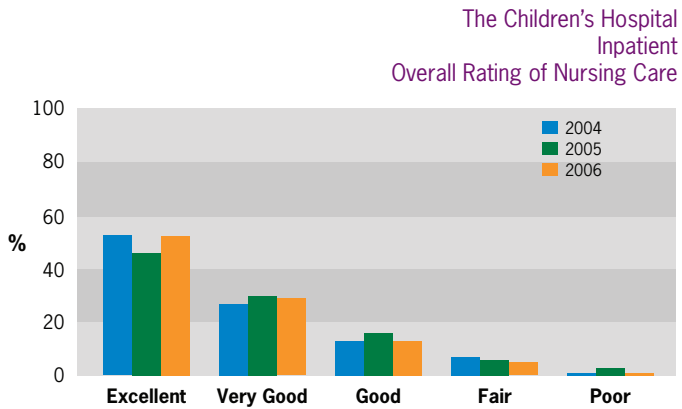
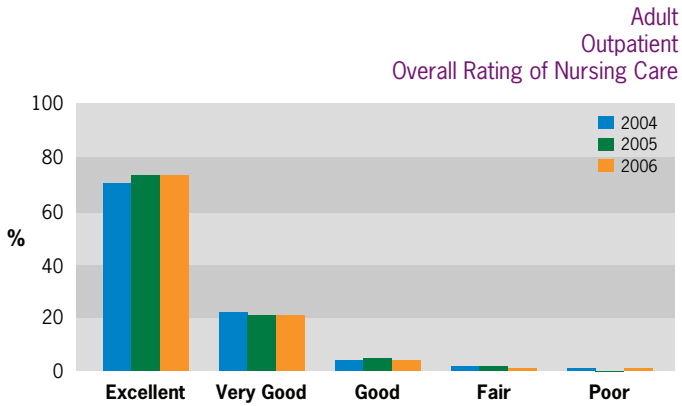


### A note regarding H-CAHPS, the New National Standard for Reporting Hospital In-Patient Experience of Care:

The service excellence data displayed above shows results from an external patient experience survey administered for Cleveland Clinic.

A new national standard patient experience survey instrument called H-CAHPS was instituted across the country on October 1, 2006. Public reporting of initial results on CMS's Hospital Compare website is anticipated in late 2007. Accordingly, Cleveland Clinic outcomes booklets will transition to reporting H-CAHPS inpatient service excellence results in 2007.

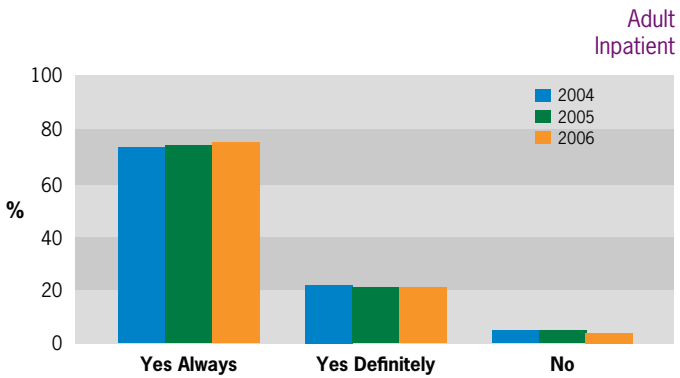




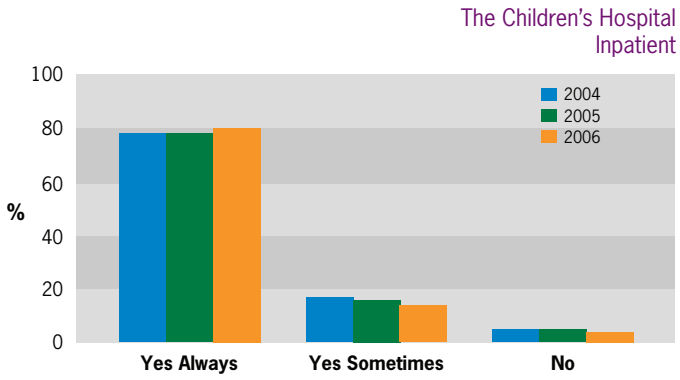
## Controlling Pain During Hospitalization

In a patient satisfaction survey of data collected after hospital discharge, patients responded to how well we were able to control their pain.

Results to: Did Staff Do All They Could To Control Pain?







## Innovations |

As the demand for patient access to care and nurse caregivers increases and health care reimbursements decline, the Division of Nursing continually seeks to develop and implement innovative strategies that enhance world-class care, improve efficiency and patient safety and foster patient and employee satisfaction. We present a few innovations below, some of which were realized through a true collaborative spirit with our healthcare partners.

### **Learning Center for Nursing Practice Excellence**

The Department of Nursing Education and Professional Practice Development changed orientation and ongoing staff development of new nurse employees in the Division of Nursing due to a reduction of experienced nurses and an increase in newly graduated nurses seeking employment. Of all new RN employees in 2006, 54% were newly graduated nurses without clinical experience.

In 2006, the Learning Center for Nursing Excellence was established. This center includes a 40-computer classroom and a state-of-the-art nursing lab with six medical-surgical beds and two critical care beds with interactive patient simulators. Traditional classroom instruction is almost nonexistent. Each new employee receives an orientation curriculum plan that is based upon the work area.

A multimedia instructional designer was hired to work with educators to create online courses that are interactive and instructional. Educators were skilled to facilitate group learning and problem-based learning.

During the first week of employment, the new hire takes a series of online exams that help establish an individualized plan for orientation and educational support. Newly hired nurses share their plans with preceptors and their unit-based clinical instructor.

The resources of the learning center offer flexibility and efficiency in learning. A learning management system allows tracking of employee education.



Simulation Lab



Computer Lab



## Simulation Lab for Advanced Nursing Procedures

The Department of Advanced Practice Nursing and the Heart and Vascular Institute acute care advanced practice nursing staff collaborated in utilizing a simulation lab to learn and enhance skills in invasive procedures, such as placement of central lines, arterial lines, chest tubes and breathing tubes.

A simulator setting provides a perfect opportunity for advanced practice nurses to learn and practice advanced interventions.



## Improving Access to Care: Hospital Transfer Unit

Transferring patients to Cleveland Clinic from other health care facilities is important to our mission of providing world-class care. We created a Hospital Transfer Unit to assure readiness for incoming patients at all times. Hospital Transfer Unit personnel assess patient care needs, provide immediate care to patients and facilitate admission to the appropriate unit.

Nurses and unlicensed care providers are skilled in caring for patients with various medical needs. Many were former emergency or intensive care unit employees.

Since opening in September 2006, the Hospital Transfer Unit has welcomed and cared for more than 600 patients.



## **Nurse Executive Fellowship**

In May 2006, the Division of Nursing implemented a one-year post-Master's Nursing Executive Fellowship program. The program provides concrete experiences in nursing management and administration through participation in executive leadership at the highest level. The program fosters development and enhancement of leadership skills, assertiveness and initiative in risky decision making, and independent work practices in a team atmosphere.

Elizabeth Good, RN, BSN, of the Cleveland Clinic Emergency Room, was the 2006-2007 Nurse Executive Fellow. With guidance and mentorship by members of the nurse executive council, Good was involved in a variety of experiences, including Magnet re-designation, JCAHO accreditation, human resources management, patient and employee satisfaction, process improvement, nurse administration research presentation, manuscript development and new programs.

Good plans to seek a nurse manager position at the conclusion of the fellowship.



## Nurses of the Future Program

The inaugural class of the Nurses of the Future Program started in June 2006. Junior and senior high school students in Northeast Ohio considering a career in nursing participated in this nine-week summer internship. The overall goal was to provide direct experiences and knowledge that promote nursing as a rewarding career choice.

Twenty-nine students worked full time under the direction of a nurse mentor. Patient-centered roles were specific to each nursing area and included direct and indirect patient care and nursing research. To conclude the experience, interns presented their research findings in both oral and poster presentations.

By fostering an interest in nursing care and nursing science while still in high school, we hope to encourage young adults to choose a career in nursing. At the conclusion, one student commented, “This experience has changed my life because I know that I changed someone else’s.”



## Assistant Nurse Manager Around-the-Clock

An essential focus of nursing administration for a hospital inpatient work force is to improve job satisfaction, thus retaining nurses.

In 2006, we more fully implemented having assistant nurse managers (ANM) present around-the-clock (every day / all shifts). ANM shift presence, visibility and availability when on duty provides a new educational and support resource for the team. In a recent survey, 336 nursing staff members responded. Of the total, agree and strongly agree responses to the following statements were:

- Provides advice needed to constructively tackle problems related to work: 73%
- Am confident of ANM clinical judgment: 73%
- Effectively communicates with doctors and other health care providers: 74%

ANM supervision can be a mediator of quality care delivery and nurses' job satisfaction.





## Parent Shift Program - Program Rewards

In September 2004, the Parent Shift program was initiated to provide an incentive for RNs desiring a short work shift to return to hospital nursing. We surveyed 55 RNs about reasons for joining and staying in the program. RNs were motivated to work at Cleveland Clinic and continue in the program because of flexible shifts and teamwork that developed among new peers. Since the program began, 109 nurses have joined (26 in 2004, 57 in 2005 and 26 in 2006) the work force, averaging six-hour shifts for 20 to 64 and more hours per month. The success of this program meets patient needs more fully and provides units with added team members that are oriented to their environment and carry out multiple roles.



## New Knowledge |

### Selected Publication Highlights

Adler P. The use of Tai Chi to improve health in older adults. *Orthop Nurs* 2006;25:122-126.

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Albert NM. They're watching you! Performance measurement, staffing and facilities requirements. *Crit Pathways Cardiol* 2006;5:18-24.

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O'Neill JO, Starling RC, McCarthy PM, Albert NM, Lytle BW, Navia J, et al. The impact of left ventricular reconstruction on survival in patients with ischemic cardiomyopathy. *Eur J Cardiothorac Surg* 2006;30:753-761.

Paschke SM. The ambulatory care team. In: Laughlin CB, ed. *Core Curriculum for Ambulatory Care Nursing*. 2nd Ed. Philadelphia, PA: W. B. Saunders; 2006:49-56.



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Siedlecki SL, Good M. The effect of music on power, pain, depression, and disability. *J Adv Nurs* 2006;54:553-562.

Siedlecki SL. Predictors of self-rated health in patients with chronic non-malignant pain. *Pain Manag Nurs* 2006;7:109-116.

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## Leadership Team | Chair



**Claire M. Young, RN, MSN, MBA**

Chief Nursing Officer and Chair, Division of Nursing

**Appointed:** 2003

**Nursing School:** Bachelor of Science, Texas A&M University, 1986; Associate Degree of Nursing, Houston Baptist University, 1991; Master of Science in Nursing, Kent State University, 2006.

**Specialty Training:** Master of Business Administration, Lake Erie College, 1998

**Specialty Interests:** Nursing Administration, Quality, Nurse Retention and Patient Satisfaction



## Leadership Team |

### **Chief Nursing Officer and Chair, Division of Nursing**

Claire Young, RN, MSN, MBA

### **Associate Chief Nursing Officers**

Susan Paschke, RN, MSN, CNA – Operations  
Debra Albert, RN, BSN, MBA, CNA-BC  
– Clinical

### **Nursing Quality Director**

Luann Capone, RN, MSN, MPA, CPHQ

### **Finance Director**

James Massey, CPA

### **Assistant Administrators**

Michelle McAfee, RN, BSN, MHA  
Brian Monter, RN, BSN

### **Nurse Accreditation Specialist**

Dana Wade, RN, MSN

### **Nurse Executive Fellow**

Elizabeth Good, RN, BSN

### **Ambulatory Nursing Director**

Nancy May, RN-C, MSN

### **Ambulatory Surgery Centers Director**

Deborah Atsberger, RN, MSN, CPAN

### **Advanced Practice Nursing Director**

Janet Fuchs, RN, MSN, CNA

### **Behavioral Health/Medicine Director**

Barbara Reece, RN, MSN, CS

### **Cancer Center Director**

Dawn Gubanc, RN, MSN, CNA, BC

### **Children's Hospital Director**

Jane Burke, RN, BSN

### **Emergency Services/Critical Care Director**

Barbara Morgan, RN, MSN, CNA

### **Heart & Vascular Institute Director**

K. Kelly Hancock, RN, BSN  
Shannon Pengel (Assistant), RN, BSN

### **Nursing Informatics Director**

Teresa Wimms, RN

### **Nursing Education & Professional Practice Development Director**

Michelle Dumpe, RN, MS, PhD

### **Nurse Recruitment Director**

Lois Bock, RN, BS

### **Nursing Research & Innovation Director**

Nancy Albert, RN, PhD, CCNS, CCRN,  
CNA, FAHA, FCCM

### **Regional Medical Practice Nursing Director**

Cathy Lutz, RN, MSN

### **Surgical Acute Care Director**

Maureen Palmer, RN, BSN, MBA, CRRN

### **Surgical Services Director**

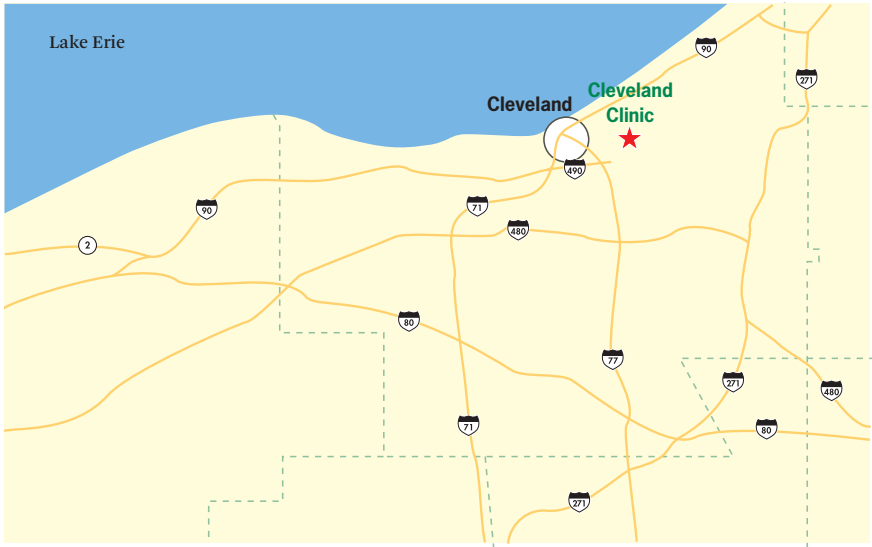
Barbara Wilson, RN, MSN, CNOR, CNA  
Barbara Fahey (Assistant), RN

### **World Class Service Director**

Carol Santalucia, BS, MBA



# Department Contacts | Location



## Main Campus

Division of Nursing  
9500 Euclid Avenue/P32  
Cleveland, Ohio 44195  
216.444.2403



## Cleveland Clinic Overview |

Cleveland Clinic, founded in 1921, is a not-for-profit academic medical center that integrates clinical and hospital care with research and education. Today, 1,700 Cleveland Clinic physicians and scientists practice in 120 medical specialties and subspecialties.

Cleveland Clinic's main campus, with 41 buildings on 130 acres in Cleveland, Ohio, includes a 1,000-bed hospital, outpatient clinic, subspecialty centers and supporting labs and facilities. Cleveland Clinic also operates 13 family health centers, eight community hospitals, two affiliate hospitals, and a medical facility in Weston, Florida.

At the Cleveland Clinic Lerner Research Institute, hundreds of principal investigators, project scientists, research associates and postdoctoral fellows are involved in laboratory-based research. Total annual research expenditures exceed \$150 million from federal agencies, non-federal societies and associations, and endowment funds. In an effort to bring research from bench to bedside, Cleveland Clinic physicians are involved in more than 2,400 clinical studies at any given time.

In September 2004, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University opened and will graduate its first 32 students as physician-scientists in 2009.

For more details about Cleveland Clinic, visit [clevelandclinic.org](http://clevelandclinic.org)





# Online Services |

## eCleveland Clinic

eCleveland Clinic uses state-of-the-art digital information systems to offer several services, including remote second opinions through a secure Web site to patients around the world; personalized medical record access for patients; patient treatment progress access for referring physicians (see below); and imaging interpretations by the Department of eRadiology's subspecialty trained academic radiologists. For more information, please visit [eclevelandclinic.org](http://eclevelandclinic.org).

## DrConnect

### Online Access to Your Patient's Treatment Progress

Whether you are referring from near or far, our new eCleveland Clinic service, **DrConnect**, can streamline communication from Cleveland Clinic physicians to your office. This new online tool offers you secure access to your patient's treatment progress at Cleveland Clinic. With one-click convenience, you can track your patient's care using the secure **DrConnect** Web site. To establish a **DrConnect** account, visit [eclevelandclinic.org](http://eclevelandclinic.org) or e-mail [drconnect@ccf.org](mailto:drconnect@ccf.org).

## MyConsult

**MyConsult** Remote Second Medical Opinion is a secure, online service providing specialist consultations and remote second medical opinions for more than 600 life-threatening and life-altering diagnoses. **MyConsult** remote second medical opinion service allows you to gather information from nationally recognized specialists without the time and expense of travel. For more information, visit [eclevelandclinic.org/myconsult](http://eclevelandclinic.org/myconsult), e-mail [eclevelandclinic@ccf.org](mailto:eclevelandclinic@ccf.org) or call 800.223.2273, ext 43223.



# Cleveland Clinic Contact Numbers |

## **How to Refer Patients**

24/7 Hospital Transfers or Physician Consults  
800.553.5056

## **General Information**

216.444.2200

## **Hospital Patient Information**

216.444.2000

## **Patient Appointments**

216.444.2273 or 800.223.2273

## **Medical Concierge**

Complimentary assistance for out-of-state patients and families  
800.223.2273, ext. 55580, or email: [medicalconcierge@ccf.org](mailto:medicalconcierge@ccf.org)

## **International Center**

Complimentary assistance for international patients and families  
216.444.6404 or visit [www.clevelandclinic.org/ic](http://www.clevelandclinic.org/ic)

## **Cleveland Clinic in Florida**

866.293.7866

[www.clevelandclinic.org](http://www.clevelandclinic.org)



Cleveland Clinic is determined to exceed the expectations of patients, families and referring physicians. In light of this goal, we are committed to providing accurate and timely information about our patient care.

Through participation in national initiatives, we support transparent public reporting of healthcare quality data and participate in the following public reporting initiatives:

- Joint Commission Performance Measurement Initiative ([www.qualitycheck.org](http://www.qualitycheck.org))
- Centers for Medicare and Medicaid (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov))
- Leapfrog Group ([www.leapfroggroup.org](http://www.leapfroggroup.org))
- Ohio Department of Health Service Reporting ([www.odh.state.oh.us](http://www.odh.state.oh.us))

In addition, this publication was produced to assist patients and referring physicians in making informed decisions. To that end, information about care and services is provided, with a focus on outcomes of care. For more information, please visit the Cleveland Clinic Quality Web site at [clevelandclinic.org/quality](http://clevelandclinic.org/quality).



9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a not-for-profit multispecialty academic medical center. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 staffed beds, an education division and a research institute.

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