EOP 1.1 **How ECMC promotes a culture of interprofessional decision-making and provide example:**

Medical-Surgical nursing team leaders, Apogee hospitalist group and pharmacy have partnered to create RN-MD co-teaching series. This interprofessional group utilizes shared decision making to determine educational topics that will be relevant to both providers and RNs.

EOP 1.2 **Example of a direct care nurse presenting an idea using shared governance structure:**

Rachel Dean, charge nurse of 6 zone 1, presented the idea of a “sister-unit” cohort model at the medical-surgical practice council meeting. The idea came from newer nurses stating that it was stressful to float because there are so many med-surg units, each with their own nuances. The cohort model would decrease the number of different units that staff nurses would float to from 18 different possible units down to 4 (originally 6th floor and Obs). Nurses would also get the opportunity to spend time ahead of the float shift orienting to the units and meeting the other staff. The feedback was overwhelmingly positive from nurses in cohort trial. Eventually some modifications were done to original cohort and all of med-surg adopted the cohort model, comprising 3 cohorts with 6 units a piece.

EOP 1.3 **Example of a change in practice that was the result of a shared-governance initiative:**

Challenges related to the paper documentation during cardiac arrest were voiced from nursing staff at a practice council meeting. Referencing an article from Joint Commission around resuscitation data, several nurses agreed that there was room for improvement that electronic documentation could offer. With the limitations of our current EMR, a plan was created to make an external electronic application for the documentation of adult medical emergencies (AME). Renee Delmont (UM of 6N) brought the idea to the “Code committee” and a multi-disciplinary team was formed. After much work the app was created and rolled out to patient care areas.

1.4 **How shared governance structure was used to promote health in the local community as identified by a needs assessment and the contribution of a nurse in local health promotion:**

Population health and ambulatory clinic nurses used the Ambulatory Unit Practice Council to present data collected from the Erie County Needs Assessment and nurses worked together to identify the areas of greatest needs of their patients. Participation in the American Heart Association’s *Lower the Pressure* to address cardiovascular disease secondary to blood pressure was presented and ultimately decided on. Family medicine, internal medicine, nursing and population health worked collaboratively on this project and staff participated in local health fairs in the community. Education, blood pressure readings and care coordination were offered at these health fairs and these contributions have led to increased awareness of cardiovascular disease and resources to help.

1.5 **How does ECMC manage and address ethical concerns using an interprofessional process? Provide a recent example from a nurse who has used this process.**

ECMC has an “Ethics committee” that consists of members from several different disciplines and provides 24/7/365 coverage for consults related to ethical issues. This committee not only advises and offers guidance for decision making on individual cases, but also assists with ethics related educational programming and policy development.

Example from 8 zone 3, March, 2023: A patient was transferred from another facility for evaluation of right lower extremity wound, previous facility recommended a below the knee amputation and the patient requested a second opinion. The patient was evaluated by vascular surgery who agreed with amputation of the lower extremity as well. Patient refused the surgical amputation. The patient was determined to lack capacity, but after careful consideration and collaboration, the patient’s next of kin was located and providers were able to use an alternative treatment plan to align with patient’s non-surgical preference after all benefits and risks were reviewed. Although likely not curative, the patient was ultimately discharged to a non-acute facility for palliative care of condition.

EOP 1.6 **Direct care nurses are involved in the decision-making process to select and implement new technology at ECMC.**

 “Value Analysis Team” is a multi-disciplinary committee that reviews new products and technologies that direct care nurses are invited to participate in. New products are trialed throughout chosen nursing units and nursing staff is asked to complete evaluation forms related to the proposed product or technology. Frontline nursing has helped in selecting new safe patient handling soft goods and equipment, new IV catheters, feeding tube selection along with IV pumps and even hospital beds.

Direct care nurses are often trained as “Super-users” or “Champions” of new technologies to assist in technology implementation on assigned units. A recent example was the participation of staff from 12 zone 3 on selection of hospital beds and mattresses that would best suit their specific patient population.

Nursing Informatics Council also invites frontline nursing staff from all departments to redesign patient documentation to better suit workflow and accurately reflect patient care provided.

EOP 1.7 **ECMC includes input from frontline nurses in the hiring process for new staff**.

Feedback from nurses on nursing students who they’ve worked with as DEU preceptors and capstone nursing students are collected and used in the recruitment and interview process. 7 zone 2 used an example of one of their many capstone students that became a part of their nursing team after positive staff experience and feedback.