EOP 3.1 **Process used by ECMC to involve direct care nurses to report, review and identify trends of patient-related safety events.**

ECMC uses Riskconnect (Case-call) to report, review and identify trends in safety events. Staff is responsible to enter an electronic occurrence report for any safety event or near-miss relate to patient care. Natalie Dunn, Resource nurse from the ED, included an opportunity for improvement related to patient falls in the ED. A validated fall assessment tool specifically geared towards ED patients was trialed and adopted into practice as a result.

EOP 3.2 **Process used to involve nurses in reporting, reviewing, and identifying trends of nurse-related safety events.**

If a nurse is involved in a safety event or an injury occurs to a patient on a nursing unit, the case-call is assigned to that nursing unit and completed by nurse manager or leader of that unit. That case is reviewed for any gaps in process and provides input for risk mitigation or improvement ideas. Event trends are reviewed in related QAPIs (e.g. Falls committee for fall trends).

EOP 3.3 **ECMC promotes a culture free from incivility, bullying and workplace violence among healthcare providers, including nurse-to-nurse.**

In general orientation, to promote the health, safety and wellness of staff, every employee is supplied with the Code of Conduct and reference to the Workplace Violence policy. This policy differentiates workplace violence, incivility, and bullying according to the American Nurses Association’s definitions. Staff are encouraged to report any situations and each situation is reviewed and addressed. Annual reorientation is completed annually on this topic as well.

EOP 3.4 **ECMC safeguards nurses from verbal or physical abuse from patients and families.**

ECMC is the only hospital in Western New York with a dedicated police department. Monthly meetings are held regarding staff safety that include Hospital police, direct care nurses, nursing union, and executive leadership to address specific concerns and review trends. Verbal abuse towards staff in acute care facilities poses a significant problem in healthcare. To mitigate some of these challenges, formal education on Therapeutic Relationship and Universal Safety Training (TRUST) has been rolled out in Behavioral health. VITALS is a spin off of TRUST that was developed and is being implemented to frontline staff outside of dedicated behavioral health setting. ECMC also has different levels of personal panic alarms for staff to wear as well as panic buttons installed throughout hospital. Weapon detectors have been installed at hospital entrances. ECMC also is equipped with state-of-the-art video surveillance for both inside and outside the hospital. Staff are able to request escorts to their cars after-hours and parking lots are equipped with emergency phones. ECMC prioritizes campus safety and is committed to making the hospital a secure environment to receive and provide quality care.

EOP 3.5 **ECMC supports direct care nurses to communicate concern about long term staffing plan.**

ECMC has a staffing committee made up of more than 50% direct care nurses. This committee also contains executive team members, Human Resources and NYSNA union representatives. Switching to 13-hour shifts on the Observation unit is used as an example of direct care nursing advocating for their staffing concerns and resulting in a long-term staffing plan change.

EOP 3.6 **ECMC uses frontline nurses’ input on daily staffing decisions related to fluctuations in patient acuity or qualified staff availability.**

Staffing is based on projected unit acuity, actual census, budgeted patient days, patient acuity, and national/state standards. Staffing imbalances occur with changes in patient acuity, staff absences, and unforeseen circumstances, nurse managers and supervisors will canvas for nurse staffing coverage to fill gaps to maintain staffing ratios. Staff are empowered to complete a protest of assignment in situations that individuals feel that they have a staffing concern that has not been properly addressed. Frontline staff also can initiate the Nurse Response Team (NRT). The NRT was created so nurses could escalate concerns in a timely manner after an unsatisfactory resolution.

EOP 3.7 **Interprofessional decision-making is used in the process to transition patients from one level of care to another.**

Multidisciplinary daily rounds are performed daily in the ICU to best determine when a patient is ready to transition to the next level of care. Handoff report is done between the ICU provider and the new accepting provider along with handoff communication between nursing units. Similar process is used with patients requiring a higher level of care.