EOP 4.1 **How does ECMC align its staff with the mission, vision, value or goals beyond orientation? Provide example of how a direct care nurse used these to influence care of a specific patient.**

Our mission, vision, values, and goals are prominently displayed in public areas, including public elevators. They are also easy to find on the ECMC intranet. An annual reorientation module is completed by staff on our mission, vision, values, and goals along with review during evaluations.

Jennifer Smith, RN from Burn Unit, wrote about how she used her own personal life experiences along with ECMC’s mission to provide a particularly complex patient with the highest quality of care delivered with compassion. She describes how she collaborated with other providers to ensure not only excellent care while in hospital but access to a comprehensive discharge plan to set this patient up for a successful transition back into the community. Jennifer describes the support she received from her Unit manager Audrey Horner along with the rest of the healthcare team to treat not just the burns, but this patient as a whole.

EOP 4.2 **How does ECMC promote a culture of person and family centered care? Provide a specific example.**

ECMC is the area’s only Level 1 Trauma Center which often leads to nurses caring for patients that have a had a severe, abrupt change in health and life circumstances, many of these patients will never return to their previous state of health and ability. The family of the patient is often an invaluable support and considered a team member in the recovery of the patient. Family is encouraged to visit often and bring in reminders from home to create a comfortable setting and arrangements can be made for extended stays of family members or support people in specific circumstances. A specific example of this was the care of an 18-year-old motor vehicle accident patient that suffered a significant spinal cord injury among other injuries. This patient and her family received support from not only the healthcare provider team but also pastoral care, palliative support, and our foundation office who arranged a visit from a member of the Buffalo Bills! Accommodations were made to allow her beloved dog could visit and a local ice sculptor came to the hospital to create a 10-foot ice sculpture of her German Shepard that she could see from her hospital room.

EOP 4.3 **ECMC has offered educational sessions related to respectful communication among employees and conflict resolution.**

“Lunch & Learn” March 23, 2023: Presentation explained steps to successful conflict resolution. Attendees completed self-assessments, participated in group activities, and brainstormed together.

EOP 4.4 **ECMC offers educational opportunities for direct care nurses related to the application of evidence-based practice.**

All nurses have access to “Ovid Discovery” which allows easy access to online database and nursing journals. This link also connects you with UpToDate, Lexicomp, many E-books. Updated clinical practice guidelines are available to all nurses through Elsevier and now transitioning to a new service with “Dynamic Health”. This new nursing resource also tracks CEUs based on time that you are using “Dynamic Health”. Evidence-based practices are integrated into updating nursing policies and procedures, frontline nurses are encouraged to bring new research and EBP ideas to Nursing Education and Clinical Nurse Specialists that frequently round with staff. ECMC is also an approved provider of continuing education professional contact hours by the Northeast Multistate Division.

EOP 4.5 **Example of nurse(s) implementing evidence-based practice in a patient care area.**

Implementation of External Ventricular Drain Leveling in the TICU-August 2022. Collaboration between Nursing and Neurosurgery.

EOP 4.6 **ECMC uses interprofessional collaboration to meet quality initiatives. Provide an account of a direct nurse’s contribution along with a non-nurse contribution.**

Some examples are Infection Control committee, Hospital-Acquired Infections committee, PSI review committees, Falls committee, Safe Patient Handling Committee, and Code Blue committee. ECMC uses NDNQI to benchmark nursing sensitive indicators or CMS for other benchmarks.

Abby Poodry, Charge Nurse on 7 zone 2, and Stephanie Bieber, the unit’s main physical therapist, collaborated on an improvement project that wanted to increase the mobility of patients on the unit by empowering nurses to feel more comfortable in mobilizing complex patients. Liubava Yermacova, RN on 7 zone 2, was one of the nursing participants who was able to work closely with Stephanie to improve confidence in safe patent handling and early mobilization. The unit saw a decrease in falls, pressure injuries and length of stay after implementation of this collaborative effort.

EOP 4.7 **ECMC communicates about quality initiatives through:**

Practice alerts, Departmental Newsletters, Nursing Department social media, Education pop-ups, Best-practice meetings, QAPI meetings, Tiered daily huddles.

**Performance in quality measures:**

Quality leadership council, Departmental QAPI committees, each unit has their own designated QAPI area where the unit specific information can be found, meeting minutes contain data pertaining to our quality measures.

EOP 4.8 **How are external benchmarks used to guide decisions about nursing practice? Provide an example of a direct care nurse that led a quality initiative related to an external benchmark.**

ECMC uses external benchmarking to compare our hospital performance against other similar hospitals both locally and nationally. The external benchmarks are then used to create performance goals which are reviewed monthly in departmental or topic specific QAPI meetings.

Meghan Conley, Charge Nurse from MICU South, provided a narrative about organ referrals. CMS provides a national benchmark of 100% for organ referrals to an organ procurement organization (OPO). A trend of missed referrals was noted to our OPO- Connect Life, in critical care areas. This trend was recognized at Critical Care Leadership and QAPI meetings. After a deep dive into missed opportunities, an improvement project was designed. Based on feedback from frontline staff, face sheets were updated with more narrowed focus. This has increased compliance with referrals and critical care units have reached the 100% referral goal.

EOP 4.9 **How does ECMC contribute to improving Population Health?**

In 2023, ECMC attended the following outreach events: Go Red for Women-American Heart Association, Colorectal Cancer Awareness, National Stroke Month/World Hypertension Day, Bills HeartBEAT CPR event, Be the Heartbeat at Cycle Nation with American Heart Association, and Forever Young Health and Wellness event.

“Medical Minutes” stream locally on NBC and are shared on various social media platforms. ECMC creates over 100 videos a year, some of the topics covered in 2023 were: Heart Attack Warning Signs-Dr. Sperry, Fatty Liver Disease-Dr. Martinez, Colon and Rectal Cancer Awareness-Dr. Mills, Opioid Overdose Awareness-Michelle Marshall and Dr. Martinez, Oral Cancer-Dr. Frustino, Blood Donation-Sarah Diina and Dr. Chopko, Organ Donation-Sarah Diina and Nicole Haseley, HIV Testing-Dr. Claus, and many more.

**Provide an example of a nurse’s contribution that has impacted a specific population.**

Ambulatory Care Department rolled out a Remote Hypertension Program in June of 2022 in response to the high rate of hypertension in the community served by ECMC. This program was led by primary care RNs to identify patients that could benefit, then providing extensive education and related program information, along with the blood pressure cuff for remote monitoring. Nurses enrolled appropriate patients and educated patients on what to do for urgent blood pressure readings. This program has shown improvement of Internal Medicine patients with appropriate blood pressure control.