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The Lantern Award application asks you to tell **your story**. Always think about what you are proud of and what you do well. That is the story we want to hear.

This coaching document has been developed to help guide your thoughts as you identify how best to demonstrate your emergency department's achievements in the application. Each section of the Lantern Award application is presented with background information and the supporting evidence required to assist your team in a successful journey to achieve the Lantern Award.

## *Appraisal of Readiness*

An appraisal of your emergency department's readiness for the Lantern Award is an important first step in the application process. The appraisal should be thorough and should entail a comparison of your current emergency department's profile against what is required in the Lantern Award application.

We highly recommend involving a nurse administrator and your quality department in your facility's decision to apply. All applications are measured against national benchmark data, not against other applications.

To help determine your department's and organization's level of readiness and status of performance metrics, and to help develop a timeline as to how long preparation might take, we recommend that you thoroughly review the "Application Assistance" documents on the Lantern Award webpage before deciding to apply.

## *Application*

The application includes quantitative and qualitative questions. Unless otherwise stated, all questions pertain to the emergency department, not to the affiliated hospital or larger health care system.

Quantitative questions will require information from various reports. For many of the questions, you are asked to use a rolling calendar and provide information for the most recent four quarters for which you have data. For example, if you are completing the application in December, the most recent four quarters may be the first two quarters of the current year and the last two quarters of the previous year. Please use the same reporting period for all applicable questions (if possible).

Graphs for questions N.4-N.7 must be one page, clearly labeled, and contain the required information.

**Graphs are not allowed for any other questions.**

The qualitative questions require brief narratives or longer descriptive exemplars that highlight your emergency department's excellence, innovation, outcomes, and accomplishments. Narratives and exemplars should be written in complete sentences. Innovations can include novel activities, actions, programs, and plans that are focused on change or making something better. Innovations may cause changes in thinking, practice, and processes. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information to support outcomes. If metrics are not optimal, indicate what the action plan is to make them better.

Keep in mind that responses should be de-identified, clear, concise and reflect the characteristics of excellence that serve to define the emergency department's outstanding performance and service. A word count limit for each qualitative question is provided as a guide. Take advantage of the word counts to best demonstrate your ED's accomplishments.

Four questions must be assigned to three staff nurses and one physician in your emergency department. Instructions are provided within the application.

**It is strongly recommended that applicants develop their qualitative responses in a word processing program such as Microsoft Word, use spell-check, verify word counts, then copy/paste responses into the online application.**

It is also recommended that applicants have the application narratives reviewed by a copy editor with content familiarity prior to submission. Typos and grammar errors take away from the readability of the application and may result in a lower score.

## *De-Identifying Your Responses*

To ensure a blinded review process, it is essential to omit information from your application that could be used to potentially identify your emergency department. Specifically, do not include any of the following information in your application responses or attachments:

- Names of all individuals – use [name] instead
- Name and acronym of hospital/health system/emergency department – use [hospital/health system/emergency department] instead
- Names of cities, states – use [city] [state] instead
- Names or acronyms of local/regional organizations and companies – use [organization] or [company] instead
  - National organizations such as the National Library of Medicine or NIH are acceptable
- Names or acronyms of specific hospital committees on which individuals have participated – use [committee] instead
- All facility logos (e.g., on graphs)

- Any other information that could be used to identify your emergency department

Note: If application responses are not de-identified, there may be a delay in the review of the application, or it may not be accepted for review.

If you have questions about how to de-identify information that you want to include in your application, please contact LanternAward@ena.org.

## Coaching Guide by Application Section

Each section of the Lantern Award application is presented with background information and supporting evidence described. This information is provided to assist your team in a successful journey to the Lantern Award.

**Note**: Successful applications demonstrate a *variety* of initiatives, projects, and/or process improvements throughout the application with **quantifiable outcomes**, sustained improvements, and innovative processes.

In addition, each response should be unique. Identical responses should not be used for different questions.

## Demographic Information Section (Questions 1 - 18)

Demographic information is requested in the application for the purpose of identifying characteristics of your facility and emergency department and the type of patient population that is treated in your setting. Information on patient characteristics, accreditation, size and volume provides the review team with a profile that may be used to interpret subsequent content in your application.

Data from the demographic sections of all applications may be utilized and reported by ENA in an aggregated format for comparison purposes. By submitting your application, you are agreeing to this use. Individual emergency departments will not be identified in reports.

**The contact information that you will enter at the beginning of the online application process is maintained by ENA staff for record-keeping purposes and will not be shared with the review committee**. Instead, a unique identifier code is assigned and given to the reviewers upon review.

## Leadership – Practice (Sections A - D)

Questions in this section focus on qualities that foster professional pride, confidence and a community of support for emergency nurses.

## Professional Practice: Section A

Engagement of front-line staff in decisions that affect practice and operations is a vital indication of a dynamic and supportive environment in which emergency care is delivered. Empowered staffs have a sense of identity that accepts innovations and is driven to achieve exceptional outcomes in care.

Engaged staff become agents of change and participate with other professional colleagues in the larger collective team within the organization or system. Leaders of strong teams take time out to share stories of success and recognize front line staff in both formal and informal ways.

The road to excellence is never walked alone. Settings that contribute to an environment of mutual respect and understanding strengthen services and programs and foster quality care. Goal achievement by integrated teams is grounded in a culture of safety and cognizant of resources.

### The Evidence

**Question A.1** - Provide a descriptive example(s) of how emergency nurses participate in activities or programs (which may include committee work) that have affected change in operations, processes or practice in the department or the organization as a whole. The evidence provided should include:

- an example of staff nurse autonomy,
- an explanation of the change or program,
- how it demonstrated an innovation or creative approach for the setting, and
- the specific and measurable **outcomes** that were identified and will be monitored to assure success.

If your successes or story was disseminated to a larger practice setting or contributed to a national initiative, describe the circumstances.

A simple description of your model of shared governance is <u>not</u> sufficient to answer this question. The application of that model to your practice setting and how it supports the nursing activities or programs identified should be provided.

**Question A.2** - Provide a narrative regarding the methods and acknowledgements within and outside of your institution that demonstrate recognition of the contributions of your nursing staff.

**Questions A.5 and A.6** - Descriptive exemplars are required from a nurse and a physician on the collaborative relationships in your work setting. A specific project, an ongoing challenge, a unique utilization of resources, or a significant success are

examples of events that can be utilized to explain the elements of collegiality and collaboration. **Include outcomes** and achievements resulting from the event.

## Emergency Department Staffing: Section B

Appropriate staffing is essential to the delivery of safe and effective patient care, and evidence supports that appropriate staffing levels lead to better patient outcomes. Labor budgets in organizations are generally developed annually; however, staffing needs may be monitored and adjusted throughout the day.

Patients and families expect quality emergency health care provided in a safe and timely manner with the appropriate caregivers to meet their needs. Hospitals need to operate in a cost-effective manner and offer quality health care to their communities.

### *The Evidence*
**Questions B.1 – B.3 and B.6 – B.12** - The sources of evidence needed for this section include numerics that define staffing levels, vacancy and turnover rates, new hires, and staff composite. Make sure that each answer is provided in the format requested (i.e., FTEs, percentages, raw numbers).

**Question B.4** - Narratives are also required in this section. Describe your annual staffing plan and its development and evaluation.

**Question B.5** - Provide information that describes the factors considered in adjusting the number of staff working on a daily basis.

## Nurse Satisfaction: Section C

Nurses who practice in an environment that fosters communication and encourages mutual respect and understanding among all disciplines report a sense of accomplishment and satisfaction.

A nurse's assessment of the overall quality of a work environment including managerial support, the opportunity to develop professionally, the correction of challenges in the care delivery, and the collaborative working relationships of the team are associated with high satisfaction and lower turnover.

Patient satisfaction is much lower in departments where the nurses are dissatisfied with their working conditions. Both higher patient satisfaction and the reduction of adverse events are found in settings where nurses report satisfaction with the work environment. Nurses expect to be quality-focused and desire to feel safe and satisfied with their work and their work environment.

### *The Evidence*

**Question C.2** - From a recent survey, identify an element, indicator, or section noted to be of concern to the nurses practicing in this setting. The action plan developed to address their concerns should be described including subsequent **outcomes** and follow-up strategies used to monitor improvement and address challenges. *(An explanation for high turnover/resignation rates in B.12 may be included in this response.)*

**Questions C.3 and C.4** - Descriptive exemplars are requested from two staff nurses who provide direct patient care and who represent diversity in shift and experience in the emergency department. These exemplars should highlight factors that contribute to personal satisfaction, including professional gratification, opportunities for growth and development, resolution of concerns, and the nurses' ability to deliver safe patient care.

## Healthy Work Environment: Section D

Work environments should be safe and the interactions respectful for workers and the individuals they encounter in the workday. Ineffective relationships, coupled with the absence of the knowledge and skills needed to handle volatile situations, create a setting where violence can occur. Nurses may experience significant mental strain when a poor work environment is allowed to exist over time.

The appropriate culture needs to be created that supports communication and collaboration. In a culture of excellence, intimidating behaviors from any sources should be eliminated where possible and when they do occur, investigated and managed. Workplace violence is known to be a serious occupational risk for the emergency nursing workforce.

Concurrently, emergency nurses are practicing in circumstances where physical injury may occur. Instead of being viewed as a major public health problem, workplace injuries have been perceived historically as unavoidable accidents that occur as part of everyday life. Over the last 40 years, however, many multifaceted injury prevention interventions have been developed, implemented, and studied. A large body of epidemiological and medical research has shown that injuries, unlike accidents, do not occur by chance. In fact, like disease, the risk of injury follows a predictable pattern, thus making it preventable.

### *The Evidence*

**Questions D.1 and D.2** - Descriptive narratives are required that provide the blueprint of the emergency department and the organization's policy and plan for creating and sustaining a healthy work environment (e.g., zero tolerance policy, 100% reporting, paid time off, etc.)

Key factors expected are the elements of the plan in your emergency department that speak to:

- staff involvement in planning and assessment

- education
- prevention
- mitigation
- reporting
- support, and
- analysis (tracking/trending) of violence.

**Questions D.3 and D.4** - Provide details regarding your injury prevention strategies that your department utilizes to support wellness and a healthy lifestyle for your nurses, including work-life balance and staff involvement in planning and implementation.

**Question D.5** - An example is required that highlights your organization's response to a recent incident. Include outcomes.

## *Leadership – Operations (Sections E - H)*

Questions in this section focus on operational improvement activities and development of systems and processes.

### Throughput – Patient Flow: Section E

Optimum care can only be delivered when the patient is in the right place at the right time. Patient flow is a challenge that is faced by emergency departments and their facilities on a daily basis. Developing the ability to manage unpredictability and assure that the correct resources are being deployed is fundamental to the issue of throughput.

Timely and effective care supports optimum outcomes and delays in care may increase patient discomfort but also add risk for the patient. Clinical variability is a factor of the health care environment and the delivery of patient care. This variability cannot always be factored into solutions and programs.

Variables such as volume, census, wait times, staff availability, and location of organization are indicators that can be studied to develop a program that supports patient flow.

#### *The Evidence*
**Questions E.1 and E.4** - Numerics are required as percentages and raw numbers.

**Question E.2** - Narratives are the sources of evidence that are needed for a presentation of patient flow strategies, tactics, and timing appropriateness in identified clinical situations. Provide information regarding system-wide processes that support patient flow, which must explain the metrics reported in E.1.

**Question E.5** - Explain the organization-wide support and measures of success that demonstrate the improvement or challenges in the setting.

## Patient Satisfaction: Section F

Patients and their families generally view the emergency department or facility experience in its entirety. The commitment to creating an environment that nurtures and continually strives to meet the needs of the patient and their family is a key component of a setting where excellence is the expectation. Optimizing the patient's experience may have correlated gains in resource utilization, expenses, and strong clinical outcomes.

### *The Evidence*

**Question F.2** - If patient satisfaction is measured, a narrative is required that outlines the efforts in place to assure an exceptional patient/family experience. Details from your surveys must be utilized to highlight areas of concern and the action plan developed to improve your scores. Be specific and use supporting data. (If patient satisfaction is not measured, this question is automatically skipped.)

## Patient Safety: Section G

The safety climate of a department defines the atmosphere where care is delivered and the values, attitudes, competencies, and patterns of behavior of the care givers who practice there. The safety climate of a department also reflects the structure and processes of the organization as a whole and the priorities and actions of leaders.

There are many key strategies that have been recommended for the cultivation of a culture of safety and assuring its sustainability over time. The identification of risk, the recognition of error, the analysis and investigation of error, the development of non-punitive action plans, as well as participation and the education of the care givers are all elements in a strategic approach to patient safety.

While all errors are serious and have potential for severe adverse reactions, there are some extremely serious events that have significant or fatal consequences for patients – these are Serious Reportable Events or "Never Events." Nurses play a key role in the development of a strong safety culture within a department and are vital in all collaborative efforts to utilize effective interventions to assure safe patient care.

### *The Evidence*

Descriptive narratives are required on the culture of safety in the emergency department with emphasis on specific identified events. The tools, techniques, communication processes, prevention tactics, and outcome analyses relative to various events are expected. Avoid generalities as well as patient/staff identifiers.

**Question G.1** - Select <u>one</u> of the 29 Serious Reportable Events, "Never Events" located at https://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx and describe one outcomes-based quality improvement initiative. <u>Do not use an event that is not listed in the Never Events list</u>. If your department has not experienced one of the events identified in the table, share the proactive risk assessment strategy, prevention program and best practices in place that promote patient safety.

**Question G.2** - Describe a medication error and any changes in workflow or other elements of care in the department should be identified if they were generated from the analysis of a breach in safety. Describe failure mode analyses conducted in response to errors. If there has not been a medication error, describe the proactive risk assessment strategy, prevention program and best practices used to prevent medication errors.

**Question G.3** - Provide examples of processes, interventions, protocols and communication that ensure safe patient care.

**Question G.4** - Narrative should include communication processes, including hand-off techniques and electronic record usage.

**Question G.5** - Narrative should include any innovative interventions, team communication, monitoring and outcome analyses.

## Emergency Management and Preparedness Planning: Section H

While there are many types of disasters, mass casualties and hazard scenarios, all incidents and events share common response actions and organizational principles. The emergency department is a primary entry point into the hospital system and often the initial facility-based patient care area for victims of any hazard.

Therefore, emergency nurses should be equipped with the skills, knowledge, and resources (integrated within a community-wide plan) necessary to provide victims the best care possible during an all-hazards incident. The development of meaningful and productive relationships outside the organization is intrinsic to the concept of preparedness. Innovative solutions are often tested in real events and go on to become practice implementations.

### *The Evidence*
Narratives are needed to describe emergency management and preparedness.

**Question H.1** - Provide descriptions that include the integration of the team, joint training, educational concepts, and innovative initiatives that provide a comprehensive picture of your readiness and preparedness within the department and throughout the organization. For example, describe lessons learned from a recent drill or actual event

and how these lessons learned resulted in changes to policies, procedures, and education/training. Identify any innovative strategies that were utilized.

**Question H.2** - Identify key positions responsible for management and coordination utilizing the incident command system. Describe internal and external multidisciplinary involvement in training and/or drills.

## *Education (Sections I - L)*

Questions in this section focus on demonstration of instilling knowledge and competency through quality and accessible education.

### Education: Section I

The integration of nurses into the collective culture of a department requires meaningful and structured educational experiences at various points in time with participation from members of a multidisciplinary team. The orientation period is a timeframe when essential knowledge and skills are appraised, provided, and monitored to assure safe care delivery in any setting. The constructive feedback provided by peers supports the ongoing development and opportunities for improvement for the nurse.

Opportunities for ongoing professional development continue through the entire nursing career, and the skills of leadership are forged in the practice setting.

A formal structure for the development of values, norms, and knowledge is associated with settings where mentoring is fostered.

The scope of knowledge and skills required of emergency nurses is continually expanding. Top emergency nurses are not only cognizant of their patients' needs but also have their finger on the pulse of their nursing specialty.

The right educational resources can mitigate the challenges that emergency departments have in bringing new nurses up to speed and help experienced nurses keep their professional knowledge current.

#### *The Evidence*
**Question I.3** - Construct commentary on the orientation program for new staff and mentoring in your setting. Be succinct but provide sufficient details for an understanding of all the educational elements.

**Question I.4** - Narrative should include descriptions related to competency assessment, ongoing staff and leadership development, career advancement, and other essential facets of the educational programs.

**Question I.5** - Describe how mentoring occurs in the setting and the individuals involved.

**Question I.6** - Support for staff participation in professional associations, conferences and degree advancement/certification should be identified.

**Question I.7** - A narrative is required to describe the opportunities for nurses to advance the knowledge and practice of the specialty of emergency nursing. Provide a description of the leadership's contributions to the specialty through participation in, and/or development of, educational opportunities, practice, and involvement in current issues.

## Verification and Memberships: Section J

The National Council of State Boards of Nursing indicates that nursing licensure requirements vary by state. The State Boards of Nursing are responsible for evaluating nursing license applications, for administering the licensure exams, and for making sure that licensed nurses operate according to the ethical and legal guidelines that the State Board has established in accordance with the federal government.

The individual job descriptions of nurses practicing in a specific organization; however, can also contain required verifications for the registered nurse in a specific position in that setting.

### *The Evidence*

**Question J.1** - Evidence needed to complete this question is identification of the types of verifications required in the job description of the registered nurse in the emergency department.

**Question J.2** - The percentage of emergency nurses with current membership in professional nursing associations is needed as well.

## Certifications: Section K

Certification represents a personal and organizational commitment to excellence. It is a formal recognition of the knowledge, skills, and experience that a nurse demonstrates in a specialty that is granted by a nationally recognized certifying body.

Emergency nursing is a specialty area of the nursing profession that provides care for individuals across the life span. This requires the nurse to have both general and specific knowledge about a variety of illnesses and injuries for all ages.

Certified nurses can make a significant contribution to the advancement of their profession and their specialty by contributing to local, regional, and national efforts in practice, quality, safety, and injury prevention.

### *The Evidence*

**Questions K.1 – K.3** - Various metrics on the percentages of certified nurses in the emergency department are required.

## Nursing Education: Section L

Professions are known to change over time in response to needs, influences and expectations of the individuals who practice in that profession. Public opinion, health care reform and policy, public health need, educational costs, and other factors have affected the entry into practice for many professions including nursing.

Nurses can trace their educational roots to various types of preparation programs and bring those perspectives into the collaborative work environment of emergency nursing.

### *The Evidence*

**Question L.1** - The educational profile of the nurses practicing in the emergency department is required to answer this section of the application. Answers are to be given in percentages.

## *Advocacy (Section M)*

Questions in this section focus on how the future of the emergency nursing profession and quality patient care are influenced through advocacy and innovation in your emergency department.

## Advocacy: Section M

Historically, the nursing profession has a strong background as a profession that advocates for patients and their families. This fundamental role of advocating for the rights of the individual patient to receive safe and effective care can have a broad impact.

Advocacy can be expanded into formal structured programs that support the community, a specific target population, or health care initiative at the local, regional, and national level.

Nurses have an obligation to be informed about issues related to practice and the delivery of health care. By being informed they can help educate their colleagues and the consumer as well as collaborate with various teams to effect sustainable changes that assure optimal outcomes.

By insisting on culturally sensitive information and education, ensuring equal access to appropriate care, and supporting the patient and family's decision within the context of a multidisciplinary team, nurses can become actively involved in advocacy initiatives.

### *The Evidence*

Descriptions of the components of the advocacy role of the emergency department serve as the framework for the responses in this section.

Specific and innovative details on advocacy involving:
- patients,
- families,
- communities,
- target populations, and/or
- national policy

provide an opportunity to describe the efforts and the **outcomes** of these initiatives.

**Question M.1** - A response to only one of three areas is required.

**Question M.2** - Describe how family are supported at bedside at all times or explain any limitations.


## Research/Practice (Sections N - Q)

Questions in this section focus on advancing the emergency nursing profession and practice through quality improvement, research, and the evaluation of clinical outcomes.

### Research/Practice: Section N

Emergency nursing standards provide guidelines that define the role of the emergency nurse, the composite of the population that is served by the specialty and the dynamics of care delivery. Standards provide a model of excellence for the expectations of care for all nurses practicing in emergency settings. The emergency nurse is first and foremost responsible to the patient. Collaboration, communication, and coordination are important and integral to the care that is provided. The knowledge, skills, and attitudes needed in the specialty flow not only from the statements of standards but also from the scientific base that frames those standards.

Measurements on the structure, process, and outcomes of emergency nursing care can be established as nurse sensitive indicators, which are measured, trended, and improved. The development or application of evidence-based practice is necessary to ensure that decision-making is scientifically sound and that the interventions that are provided produce optimal outcomes. The utilization of quality improvement methods can focus where change needs to occur as well as highlight exemplary practice.

*The Evidence*

**Question N.1** - Descriptive narrative is required that provide evidence that principles of *ENA's Emergency Nursing Scope and Standards of Practice* book are integrated into the practice and professional development of the nursing team (e.g., policies, standards of practice, job descriptions, performance evaluations, etc.).

**Question N.2** - Two to three specific nursing sensitive indicators that reflect the performance of nursing practice must be identified with action plans, data, trending **outcomes**, and any reports/dissemination briefly described. Indicators must be from the list located on webpage: **https://nursingandndnqi.weebly.com/ndnqi-indicators.html**

**Question N.3** - The emergency department's research and evidence-based practices should also be described.

**Questions N.4 – N.7** - graphs supported by narrative detail will be needed to illustrate the quality activities in the department and the process improvement protocols that are utilized.

- Each graph of quality metrics must reflect the most recent four quarters for which you have data that demonstrate exceptional patient care/outcomes.

- Examples of initiatives from more than two years ago are acceptable but must still be active.

- Please highlight quality metrics **other than those that are part of the core measures covered in sections O and P**.

- **Be sure to clearly label the six required details in the graphs** as requested in the application:
  - ○ title of the indicator measured
  - ○ timeframe of measurement period
  - ○ target/goal
  - ○ label for x axis
  - ○ label for y axis
  - ○ sample size

- **A sample graph is located under the Application Assistance section on the Lantern webpage.**

- The four graphs must be uploaded separately into the application.


**Quality Measures: Sections O-Q**

**PLEASE NOTE:**

➢ Applicants that responded as either **Adult only** or **General (both adult and pediatric patients)** to Demographic Question 3:
- o will answer Sections O (Acute Myocardial Infarction Core Measure) and P (Timely and Effective Care Measures)
- o but will automatically skip Section Q (Pediatric Quality Measures).

➢ Applicants that responded as **Pediatric only** to Demographic Question 3:
- o will automatically skip Sections O (Acute Myocardial Infarction Core Measure) and P (Timely and Effective Care Measures)
- o and will go directly to Section Q (Pediatric Quality Measures).

Indications of exemplary practice are reflected in the systematical evaluation of the quality and effectiveness of care. The emergency care environment is a dynamic one and can create turbulence that can cloud efforts to provide excellent care, advocate for strong services, and meet the complexity of need for diverse patient populations.

High performing emergency departments have in place both the structure and the processes that provide the formal mechanism needed to take periodic snapshots of the care to assure that a defined level of quality is maintained. Tactical plans contain actions needed to craft the measures of success for various quality indicators.

### *The Evidence*
**Questions O.1, P.1 and Q.1** - Details related to various quality metrics are required.

**Question Q.2** - Describe an adverse patient event and any changes in nursing practice or other elements of care in the department that were generated from a root cause analysis. Provide outcome data to reflect improvements.

If there has not been an adverse patient event, describe the proactive risk assessment strategy, prevention program and best practices used to prevent an event.