

COACHING GUIDE for the Lantern Award Application

TABLE OF CONTENTS

[*Appraisal of Readiness*](#)

[*Types of Questions*](#)

[*De-Identifying Your Responses*](#)

[*Contact Information Form*](#)

[*Assigned Question – Emergency Department Staff Nurse*](#)

[*Coaching Guide by Application Section*](#)

APPLICATION FORM

[*Facility Demographic Information Section \(Questions 1 - 26\)*](#)

[*Leadership – Practice \(Sections A - D\)*](#)

[*Section A: Professional Practice*](#)

[*Section B: Emergency Department Staffing*](#)

[*Section C: Nurse Satisfaction*](#)

[*Section D: Healthy Work Environment*](#)

[*Leadership – Operations \(Sections E - H\)*](#)

[*Section E: Throughput – Patient Flow*](#)

[*Section F: Patient Satisfaction*](#)

[*Section G: Patient Safety*](#)

[*Section H: Emergency Management and Preparedness Planning*](#)

[*Education \(Sections I - L\)*](#)

[*Section I: Education*](#)

[*Section J: Verifications, Certifications and Memberships*](#)

[*Section K: Triage*](#)

[*Advocacy \(Section L\)*](#)

[*Research/Practice \(Sections M - P\)*](#)

[*Section M: Research/Practice*](#)

[*Section N: Sepsis Care Measure*](#)

[*Section O: Stroke/CT Scan Measure*](#)

[*Section P: Pediatric-only*](#)

COACHING GUIDE for the Lantern Award Application

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 you identify how best to present your emergency department's achievements in the application. Each section, and question, of the application is presented to assist your team in a successful journey to achieving the Lantern Award.

Appraisal of Readiness

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

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.

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.

Types of Questions

The application includes quantitative and qualitative questions that focus on performance and outcome metrics as well as exemplary practices that define the emergency department. *Unless otherwise stated*, all questions pertain to the emergency department, not to the affiliated hospital or larger health care system.

- Quantitative questions may require gathering information from various reports and/or other hospital departments. 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 complete the application in December, the most recent four quarters may be the first three quarters of the current year and the last quarter of the previous year. Please use the same reporting period for all applicable questions (if possible).
- Qualitative questions require narrative responses (300 or 500 words) or longer descriptive exemplars (1,000 words) that highlight your emergency department's excellence, innovation, accomplishments, and outcomes. Be as specific as possible in your commentary and avoid broad generalizations that will not distinguish the work you have done. Narratives and exemplars should be written in complete sentences, unless bullet point responses are requested.
- 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 should be provided and are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending

COACHING GUIDE for the Lantern Award Application

information to support outcomes. If metrics are not optimal, indicate the action plan to improve.

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 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.

One question must be assigned to a staff nurse in your emergency department. Instructions are provided within the application.

Graphs for questions M.3-M.6 must be one page each, clearly labeled, and contain six required elements (more information on graphs is provided on [page 16](#)).

Graphs are not allowed in any other responses.

A word count limit for each qualitative question is provided as a guide. **Take advantage of the word counts to fully answer the questions and best demonstrate your ED's accomplishments.**

Responses should be de-identified, clear, concise and reflect the characteristics of excellence that define your emergency department's outstanding performance and service.

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 graphs:

- Names of all individuals – use **[name]** instead
- Name and acronym of hospital/health system/emergency department – use **[hospital]** **[health system]** or **[emergency department]** instead
- Names of cities, states – use **[city]** or **[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 using specific hospital-specific committees on which individuals have participated – use **[committee]** instead
 - General committee names are acceptable (e.g., trauma committee, etc.)
- 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, it may be returned to you for de-identification, or it may not be accepted for review.

COACHING GUIDE for the Lantern Award Application

If you have questions about how to de-identify information, please contact LanternAward@ena.org

Contact Information Form

The contact information that is entered at the beginning of the online application process is maintained by ENA staff for record-keeping purposes and will not be shared with the reviewers. Instead, a unique, random numeric number is assigned and given to the reviewers prior to review.

Emergency Department name and address, primary contact and the Chief Nursing Officer names, email addresses and preferred phone numbers will need to be entered. Any follow-up questions after the application is submitted will be directed to the primary contact. Contact information is not shared with the Lantern application reviewers.

Assigned Question – Emergency Department Staff Nurse

Primary Contact assigns the following question to a staff nurse in your ED:

Provide an exemplar describing the collaborative working relationship between nurses and physicians in your ED within the last two years.

Highlight an innovative event, initiative or program that required collaboration to achieve a goal and include information on outcomes. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the exemplar, to support outcomes.

Coaching Guide by Application Section

The Lantern Award application is framed by core content areas that are essential elements in an environment of emergency department excellence. Each section of this guide is presented with an overview and evidence required in the responses.

Each response should be unique. Identical responses should not be used for different questions. Scoring will be reduced for those responses.

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

An example of outcomes:

- LWBS rate was 4%. Post implementation of waiting room nurse our rate is now 2%.
- Likelihood to recommend was 62%, increased to 78% post implementation.

APPLICATION FORM

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

COACHING GUIDE for the Lantern Award Application

Facility Demographic Information Section (Questions 1 - 26)

Demographic information requested in the application is for the purpose of identifying characteristics of your facility and emergency department and the type of patient population that is treated in your setting. This section is **not scored** and is not seen by the reviewers.

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.

Section A. Professional Practice - Overview

- Engagement of front-line staff in decisions that affect practice and operations is a vital indication of an exemplary emergency department in which quality emergency care is delivered.
- Empowered staff participate with colleagues, become agents of innovation and change, and are driven to achieve exceptional outcomes in care.
- Settings that contribute to a dynamic and supportive environment of mutual respect and understanding strengthen services and programs.

The Evidence Required

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.

The evidence provided in the response should include:

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

How the shared governance model was applied to your practice setting and how it supports the identified nursing activities or programs should be provided. **A simple description of your shared governance model is not sufficient to answer this question.**

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

Section B. Emergency Department Staffing - Overview

- 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.

COACHING GUIDE for the Lantern Award Application

The Evidence Required

Question B.1 – Describe the factors considered in adjusting the number of staff working on a **daily** basis (e.g., volume, acuity, length of stay, staff skill mix, etc.).

Include titles/roles of individuals involved in making the decisions/requests (e.g., manager/director, charge nurse, staff nurse, etc.)

Question B.2 – Provide the turnover rate (as a percentage), from the most recent four (4) quarters for which you have data.

Turnover rate is the number of all voluntary and involuntary RN terminations who resigned, transferred, retired, expired, or were terminated divided by the number of RNs employed during the same period.

Only include full and part-time employees. Do not include per diem (those that float to numerous units), agency, supplemental, and travelers.

Section C. Nurse Satisfaction - Overview

- Nurses who practice in an environment that fosters communication and encourage 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.
- In departments where the nurses are dissatisfied with their working conditions, patient satisfaction is low. 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 Required

Question C.1 – From the most recent survey, identify an element, indicator, or section noted to be of concern to the nurses practicing in this setting. Describe the action plan developed to address their concerns including subsequent **outcomes** and follow-up strategies used to monitor improvement and address challenges. Include a list of titles/roles of individuals who are involved in creating the action plan.

(An explanation for a high turnover rate in B.2 may be included in this response.)

Section D. Healthy Work Environment - Overview

- The American Association of Critical-Care Nurses [AACN Healthy Work Environment Assessment Tool \(HWEAT\) Survey](#) (TEAM version) measures the health of your work environment against six standards. The Team version survey must be completed, and the total score and the participation rate must be entered into the Lantern Award application.
- Work environments should be safe and the interactions respectful for workers and the individuals they encounter in the workday.

COACHING GUIDE for the Lantern Award Application

- 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.
- 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. 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 Required

Question D.1 – Provide your ED’s “Aggregate Score” from the [American Association of Critical-Care Nurses \(AACN\) Healthy Work Environment Assessment Tool \(HWEAT\)](#) survey results (TEAM version). *HWEAT-Team version should include all direct care ED nurses and other ED staff up to and including ED manager/director/executive/administrator. The goal is to encourage participation of all reporting staff in the survey. However, do not include physicians.*

Question D.2 – Provide the number of "Total Respondents" in your HWEAT Survey (TEAM version), as indicated in your survey results. *HWEAT-Team version should include all direct care ED nurses and other ED staff up to and including ED manager/director/executive/administrator. The goal is to encourage participation of all reporting staff in the survey. However, do not include physicians.*

Question D.3 – Identify one area from the HWEAT survey that indicates a need for improvement. Describe the implemented action plan to address this area and provide outcomes/results of the action plan.

Question D.4 – Describe proactive strategies that help promote a workplace safe from patient and visitor violence (e.g., zero tolerance policy, 100% reporting, paid time off, etc.). Describe how excellent patient care results from this safe environment. Provide outcomes used to track improvements.

Question D.5 – Describe proactive strategies that prevent horizontal/lateral violence (e.g., education, staff involvement in planning and assessment, etc.). Describe how this safe work environment translates to excellent patient care. Provide outcomes used to track improvements.

Leadership – Operations (Sections E - H)

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

Section E. Throughput – Patient Flow - Overview

COACHING GUIDE for the Lantern Award Application

- 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 daily.
- Timely and effective care supports optimum outcomes and delays in care may increase patient discomfort and may add risk for the patient. Clinical variability is a factor in 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 the organization are indicators that can be studied to develop a program that supports patient flow. Developing the ability to manage unpredictability and assure that the correct resources are deployed is fundamental to the issue of throughput.

The Evidence Required

Question E.1 – Provide a percentage of patients who left before they were supposed to, using data from the most recent four (4) quarters. Include: left without being seen, eloped, left before treatment was complete, eloped while in police custody, and left against medical advice.

Question E.2 – Describe patient flow strategies, tactics, and timing appropriateness. Provide information regarding system-wide processes that support patient flow, which explain the metrics reported in E.1.

Question E.3 – Describe strategies used to address ED length of stay for admitted patients. Explain the organization-wide support and measures of success that demonstrate the improvement or challenges in the setting.

Question E.4 – Describe strategies used to provide quality care for ED patients while they are waiting for inpatient beds. Explain the organization-wide support and measures of success that demonstrate the improvement or challenges in the setting.

Question E.5 – Provide the median length of stay in minutes for discharged patients, for the most recent four (4) quarters for which you have data. Exclude psychiatric/behavioral health and transferred patients. (CMS Measure OP-18b)

Section F. Patient Satisfaction - Overview

- 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 Required

Questions F.1 and F.2 – Identify two different issues identified by ED patients in the last year as needing improvement. Describe action/improvement plans developed to improve

COACHING GUIDE for the Lantern Award Application

the scores, and efforts to ensure an exceptional patient/family experience. Be specific and provide outcomes.

Section G. Patient Safety - Overview

- 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 ensure safe patient care.
- 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.

The Evidence Required

Question G.1 – If your ED has experienced any **one** of the 29 Serious Reportable Events/Never Events from: <https://www.ncbi.nlm.nih.gov/books/NBK20598/table/A7707/?report=objectonly> within the last two years, name the event and describe **one** outcomes-based quality improvement initiative for the event.

Do not use an event that is not on the list. Using an event not on the list will significantly decrease the score for this question.

If your ED has NOT experienced any one of the 29 SRE/NE on the list, describe the proactive risk assessment strategy, prevention program and best practices in place that promote patient safety.

Question G.2 – Describe how your ED supports a culture of safety for patient care (e.g., preventing medication errors, mislabeled specimens, infusion errors, transfusion errors, changes in workflow, etc.). Provide examples of processes, interventions, protocols and communication that ensure safe patient care.

Describe failure mode analyses conducted in response to errors.

Question G.3 – Select **one** of four areas listed (handoff processes, pain management, fall prevention or restraint reduction) and describe the process by which you achieved improved

COACHING GUIDE for the Lantern Award Application

outcomes (from the most recent four (4) quarters for which you have data. Include any innovative interventions, communication processes, monitoring and outcome analyses.

Section H. Emergency Management and Preparedness Planning - Overview

- 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 is 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 with 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 Required

Question H.1 – Describe preparation strategies, planning strategies, mitigation strategies and recovery strategies to prepare staff for emergency management and preparedness. Describe internal and external multidisciplinary involvement in training and/or drills. Include the titles/roles of individuals involved.

Provide descriptions that include the integration of the team, joint training with the community, 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.

Education (Sections I - L)

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

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section I. Education - Overview

- The integration of nurses into the collective culture of a department requires meaningful and structured educational experiences. The orientation period is a timeframe when essential knowledge and skills are appraised, provided, and monitored to ensure safe care delivery in any setting.
- The scope of knowledge and skills required of emergency nurses is continually expanding. Opportunities for ongoing professional development continue through the entire nursing career, and the skills of leadership are forged in the practice setting.

COACHING GUIDE for the Lantern Award Application

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

Question I.1 – Using the most recent four (4) quarters for which you have data, provide the average number of paid education hours for a single RN in your ED. Include meetings, classes, mandatory training, and other courses.

Example: In one year, an average RN might attend 12 one-hour staff meetings, 4 hours of annual safety training, 8 hours of annual competency testing, and 8 hours of re-certification (ACLS, etc.), so $12+4+8+8 = 32$ hours.

Question I.2 – Provide the percentage of direct care RNs in your ED who hold the highest educational degree in nursing (diploma, associates, baccalaureates, master's, and doctoral).

Question I.3 – Construct commentary on the orientation program for new nursing staff in your setting. Be succinct but provide sufficient details for an understanding of all the educational elements for new graduates, and nurses with and without prior ED experience.

Question I.4 – Narrative should include descriptions related to competency assessment, ongoing staff and leadership development, career advancement/career ladder, external conferences, schooling and any other essential factors of the educational programs.

Question I.5 – Describe any formal mentoring programs, or how mentoring occurs in the setting. Include the roles/titles of those involved.

Question I.6 – Explain the organization's support for nursing staff participation in professional associations, conferences, research, degree advancement and certification.

Question I.7 – Provide a description of how your ED leadership remains current as it relates to emergency nursing practice (e.g., certifications, professional association membership, educational opportunities, conference attendance).

Also, provide a description of ED leadership's contributions to the specialty through participation in, and/or development of, educational opportunities, practice, research, advocacy, and involvement in current issues.

Section J. Verifications, Certifications and Memberships - Overview

- 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.
- Verifications and certifications represent 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.

COACHING GUIDE for the Lantern Award Application

- 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, research, quality, safety, and injury prevention.
- Individual job descriptions of nurses practicing in a specific organization may contain required verifications and certifications for the registered nurse in a specific position in that setting.
- Membership in a professional organization provides rich resources and demonstrates commitment to the profession.

The Evidence Required

Question J.1 – Provide a bullet point list of all verifications and certifications that are required in the job description of the registered nurse in the emergency department.

Question J.2 – Provide the percentages of nurses in the emergency department with specific certifications.

Question J.3 – Provide the percentage of emergency nurses with current membership in any professional nursing association. Do not include union membership.

Section K. Triage - Overview

- Accurate and timely triage decisions are vital for efficient emergency department operations and optimal patient outcomes. Emergency nurses must be equipped with the necessary skills and knowledge to ensure patients receive timely and appropriate care.

The Evidence Required

Question K.1 – Provide the required qualifications and organizational training (e.g., years of ED experience, triage acuity scale application, online courses, simulations, and in-person training, certifications, degree level) for nursing staff to perform triage in your emergency department.

Question K.2 – Describe how nursing staff's ongoing triage competency is validated and reassessed (e.g., knowledge assessment, written tests, case studies, observation, audit of healthcare records, real-time feedback, with a focus on practical skills and knowledge application, benchmarking clinician performance based on educational competencies).

Advocacy (Section L)

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.

Outcomes are required in responses when stated in questions. Outcomes are not always quantitative; they can be results, impacts, or consequences of actions. When possible, include data and trending information, as part of the narrative, to support outcomes.

Section L. Advocacy - Overview

COACHING GUIDE for the Lantern Award Application

- 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.

The Evidence Required

Describe specific efforts, innovative details and outcomes of advocacy initiatives that may involve:

- patients,
- families,
- communities,
- target populations, and/or
- organization or national policy.

Question L.1 – Describe collaborative programs/initiatives with external community agencies or organizations to identify patient care and service needs and to provide supportive services and follow-up care. Include how your programs/initiatives address social determinants of health. Ensuring equal access to appropriate care and supporting the patient and family within the context of a multidisciplinary team, nurses can be actively involved in advocacy initiatives.

Question L.2 – Describe protocols, including evidence-based practice and innovative initiatives, that ensure high quality care and safety of behavioral health patients (e.g., case managers, staff training, dedicated teams, screenings, simulations, de-escalation, low-stimulus environment).

*The following question will only appear for **General and Pediatric-only hospitals** (as identified in Demographic question #3.)*

General/Peds-only Question L.3 – Based on the joint policy statement, *Pediatric Readiness in the Emergency Department*, describe your ED's resources, policies, education and staff to effectively care for children. Include gaps identified, your action plans for improvement, and outcomes.

*The following question will only appear for **Adult-only hospitals** (as identified in Demographic question #3.)*

Adult-only Question L.3 – Describe your emergency department's advocacy initiatives (e.g., trained staff/dedicated teams, support groups/programs, appropriate physical environment) to address the needs of a particular population (e.g., older adults, socially or economically marginalized, patients with substance use disorder, etc.). Include gaps identified, your action plans for improvement, and outcomes.

Research/Practice (Sections M-P)

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

COACHING GUIDE for the Lantern Award Application

Section M. Research/Practice - Overview

- [ENA's Emergency Nursing Scope and Standards of Practice](#) provide guidelines that define the role of the emergency nurse, the populations that are 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.
- 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.
- Measurements on the structure, process, and outcomes of emergency nursing care can be established as nursing-sensitive indicators, which are measured, trended, and improved.

The Evidence Required

Question M.1 – Provide descriptive evidence that principles in *ENA's Emergency Nursing Scope and Standards of Practice* are integrated into the practice and professional development of the nursing team (e.g., policies, standards of practice, job descriptions, performance evaluations, etc.).

Question M.2 – The emergency department's research and evidence-based practices should be described.

Question M.3 and M.4 Narratives – Choose two different quality indicators from:

- the Press Ganey National Database of Nursing Quality Indicators® (**NDNQI**) **list below** of structure, process or outcome indicators,
- OR**
- from the **Oculi Data Quality Indicators list**

and provide narratives that identify the action plans, process improvement protocols, accomplishments, challenges and outcomes of each chosen indicator from the **most recent eight (8) quarters** from which you have data.

Press Ganey National Database of Nursing Quality Indicators® (NDNQI) list

Structure

- Admissions, Discharges and Transfers (ADT)
- Emergency Department Throughput
- Nurse Turnover
- Patient Contacts
- Patient Volume and Flow

- RN Education/Specialty Certification
- Staffing and Skill Mix*
- Workforce Characteristics

Process

COACHING GUIDE for the Lantern Award Application

- Care Coordination
- Device Utilization
- Patient Falls*
- Pain Impairing Function
- Pediatric Pain Assessment/ Intervention/Reassessment (AIR) Cycle
- Pressure Injuries
- Restraints
- C. difficile Infections
- Hospital Readmissions
- MRSA Infections
- Multidrug-Resistant Organisms (MDRO)
- Pain Impairing Function

Outcome

- Assaults by Psychiatric Patients
- Assaults on Nursing Personnel
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line Catheter Associated Blood Stream Infections (CLABSI)
- Patient Burns
- Patient Falls*
- Pediatric Peripheral Intravenous Infiltrations
- Perioperative Clinical Measure Set
- Pressure Injuries
- Surgical Errors
- Unplanned Postoperative Transfers/ Admissions
- Ventilator-Associated Events (VAE)
- Ventilator-Associated Pneumonia (VAP)

*Includes National Quality Forum-endorsed measures.

Question M.5 and M.6 Narratives – Highlight two different core measures related to:

- patient safety,
- patient-centered care,
- effectiveness of care,
- efficiency of care,
- timeliness of care,
- equity of care, or
- coordination of care.

and provide narratives that identify the action plans, any process improvement protocols, accomplishments, challenges and outcomes of the indicators.

Do **NOT** use:

Sepsis Care (CMS-SEP 1 Measure); Acute Stroke Symptoms (CMS Measure OP-23); Demonstrated Pediatric Vital Signs; OR Admitted Asthmas Pediatric Patients, as they are already covered in Sections N, O and P.

Question M.3 – M.6 GRAPHS (uploaded separately)

Four different graphs supporting M.3 – M.6 narrative details must be uploaded separately into the application. Please ensure the title of the graph is included in the appropriate corresponding narrative.

- Each graph of quality metrics must reflect the **most recent eight (8) quarters** for which you have data that demonstrate exceptional patient care/outcomes.
- Each graph must be a single page only.
- Each graph must be limited to one indicator/outcome.
- Each graph must highlight a different indicator/outcome.
- Do not include your hospital's name or logo in any graph.

COACHING GUIDE for the Lantern Award Application

Clearly label the following six required details in the graphs (a sample graph is available on the Lantern webpage under “Application Assistance”):

- | | |
|------------------------------------|---------------------|
| 1. Title of the indicator measured | 4. Label for X-axis |
| 2. Timeframe of measurement period | 5. Target / goal |
| 3. Label for Y-axis | 6. Sample size |

PLEASE NOTE:

- Applicants that chose either **Adult only** or **General (both adult and pediatric patients)** for Demographic Question 3.:
 - will answer Sections N (Sepsis Care Measure) and O (Acute Stroke Symptoms Measure),
 - but will automatically skip Section P (Pediatric-only Measures).
- Applicants that chose **Pediatric only** for Demographic Question 3.:
 - will answer Section P (Pediatric-only Measures),
 - but will automatically skip Sections N (Sepsis Care Measure) and O (Acute Stroke Symptoms Measure)

Section N. Sepsis Care Measure - Overview

- 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.
- Indications of exemplary practice are reflected in the systematical evaluation of the quality and effectiveness of care.
- 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 ensure a defined level of quality is maintained.

The Evidence Required

Question N.1 – Provide the percentage of patients who received appropriate care for severe sepsis and septic shock (CMS Measure SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock). Use data from the most recent four (4) quarters for which you have data.

If this measure is not tracked, provide a brief, specific explanation of why this measure is not tracked.

Section O. Stroke/CT Scan Measure - Overview

- 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.
- Indications of exemplary practice are reflected in the systematical evaluation of the quality and effectiveness of care.
- 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 ensure a defined level of quality is maintained.

COACHING GUIDE for the Lantern Award Application

The Evidence Required

Question O.1 – Provide the percentage of patients who came to the emergency department with acute stroke symptoms received interpretation of brain (CT or MRI) results within 45 minutes of arrival? (CMS Measure OP-23). Use data from the most recent four (4) quarters for which you have data.

If this measure is not tracked, provide a brief, specific explanation of why this measure is not tracked.

Section P. Pediatric-only - Overview

- 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.
- Indications of exemplary practice are reflected in the systematical evaluation of the quality and effectiveness of care.
- 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 ensure a defined level of quality is maintained.

The Evidence Required

Question P.1 – Provide the percentage of pediatric emergency department patients who had a full set of vital signs, including blood pressure, documented at the point of triage (during the initial evaluation/assessment). Use data from the most recent four (4) quarters for which you have data.

Question P.2 – Provide the percentage of admitted pediatric asthma patients who had the first dose of a reliever/inhaler or systemic corticosteroid dose administered in the emergency department. Use data from the most recent four (4) quarters for which you have data.