CARE THAT MAKES A DIFFERENCE

Middlesex Health System
Safety • Quality • Innovation

Nurses
Fulfillment • Growth • Empowerment

Patients
Health • Wellbeing • Satisfaction

Nursing Annual Report 2014

TRANSFORMATIONAL LEADERSHIP
Aligning our 2015-2018 Strategic Plan, Mission and Vision

STRUCTURAL EMPOWERMENT
Recognizing contributions of nurses

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS
The Decision Aid Palliative Referral tool (DAPR)

EXEMPLARY PROFESSIONAL PRACTICE
A new generation of care planning

EMPIRICAL OUTCOMES
Infection prevention in the Critical Care Unit

zero CAUTI rate for six months
It is with great pleasure that we present our 2014 Middlesex Hospital Department of Nursing Annual Report. It has been a busy but thrilling year for the Department of Nursing, and there is much to reflect on. I am continually inspired by the excellent care provided by Middlesex nurses. Even in the midst of constant changes in our health care environment, Middlesex nurses continue to achieve the clinical outcomes and provide a patient experience that outperforms our peers. There are many accomplishments in 2014 to be proud of… not to mention having been recognized for the fourth time as a Magnet hospital!

This makes Middlesex a truly unique place to be – one of less than 20 hospitals in the world have achieved what you have. The energy, expertise and enthusiasm that you brought to our June 2014 site visit was nothing less than outstanding, and hearing the SEVEN exemplars noted by our appraisers and the Magnet Commission validates the hard work that you do every day:

1. Value placed on the professional development of nurses
2. Evaluation of our professional practice model
3. Meeting the unique needs of our geriatric patients and families through the NICHE program
4. Advancing nursing research – our nurses are making meaningful contributions to the science of nursing
5. Translating new knowledge into practice – evidence-based practice is alive and well at MH
6. Reducing medication errors, particularly through the work of nurses in the CIT (Care Innovation and Transformation team)
7. The efforts made across the continuum to manage the health of populations and of our patients

It is also important to reflect on the challenges faced in 2014 as a department, and as an organization. This included three very significant and successful regulatory surveys, a visit from an unexpected public health threat (Ebola), and continuing to make great strides in meeting our performance goals for the year. Reflecting on 2014 could not make me more proud, and I look forward to an exciting year ahead.

Sincerely,

Jackie Calamari, MSN, MS, NEA-BC, CEN
Vice President, Patient Care Services/CNO
Once again this past year, the nurses of Middlesex Hospital have proven that they provide the best possible care to our patients, by achieving Magnet designation for a fourth time in a row!

The Magnet redesignation clearly sets us apart and validates how special the nurses here at Middlesex Hospital truly are.

In addition to the outstanding care and compassion evidenced by the Magnet designation, our nurses have a long history of being prepared for the unexpected. This was clearly evidenced by the Ebola scare we faced last year, and I applaud your efforts and hard work in doing what was necessary to meet this challenge.

As we move forward, there will certainly be new challenges ahead. I am confident that because of your outstanding commitment, talents and dedication, we will rise to meet these challenges with innovative and creative solutions that have become the hallmark of nursing at Middlesex Hospital.

On behalf of our patients, the Executive Staff and our Board of Directors, congratulations on another remarkable year!

Sincerely,

Vincent G. Capece, Jr.
President/CEO
TO OUR NURSING COLLEAGUES

This past year was a time of both challenge and triumph for nursing here at Middlesex Hospital. The Professional Practice Council has strived to uphold the voice of nursing through The Joint Commission visit, our fourth Magnet redesignation, and even the debate over uniform colors. We have representation from every nursing area throughout the Middlesex Health System. Innovation is expanding in our daily life, especially as nursing professionals. IPOC is an example of how technology can benefit the care that is given at the bedside. Nurses have led the drive to take our care plans out of the green books and into meaningful outcomes. The Professional Practice Council supports the shared governance model that is necessary for ensuring that nurses practice to the top of their license. As professional nurses, we must aspire to promote collaborative practice that embraces evidence based, safe, high quality care that makes a difference for our patients and community. That is our mission and vision.

Achieving Magnet #4 is a great accomplishment and a source of pride for all of nursing. Magnet #5 will soon be waiting in the wings, and we must continue our steadfast focus on improving the structures and processes that achieve the best care for our patients. Thank you for the wonderful care that you provide for the patients of Middlesex County. It is an honor to work with you in making the decisions that affect our practice and, ultimately, our patients.

Sincerely,

Elise Avery, BSN, ACM, RN-BC

Meredith Belden, BS, RN-BC, PCCN

CARE THAT MAKES A DIFFERENCE

Nursing Practice
Die cut for pin only - dashed line does not print
Enhance Professional Practice

Support an environment of lifelong learning for nurses at all levels and in all settings.

Objectives

– Achieve 60% RN certified workforce by 12/31/16 and 62% by 12/31/2018
– Achieve 100% certified nurse leaders by 12/31/16
– Achieve 60% BSN prepared RN workforce by 12/31/2016 and 70% by 12/31/2018
– Advocate for organizational support of ongoing leadership development
– Support nurses’ involvement in professional organizations and scholarly initiatives to enhance nursing practice
– Conduct ongoing evaluation of our professional practice model to drive improvements to clinical practice
– Support nurses’ participation in professional development activities that improve patient outcomes
– Ensure nurse participation in health system activities that improve patient outcomes

Action Items

– Revise the RN educational tuition assistance policy in collaboration with HR by 10/1/2015
– Implement revised clinical advancement program (ATTAIN) by 12/31/2015
– Design a formal leadership training program by 12/31/2015
– Enhance professional peer review process by 12/31/2016
– Integrate formal mentorship and succession planning into Nursing Leadership Council activities by 12/31/2016
– Sponsor clinical nurse participation in professional organizations that results in one practice improvement annually
– Conduct three evidence-based projects and at least one new research study annually
– Disseminate annual research findings both externally and internally
– Demonstrate interprofessional participation on the Research Committee

Demonstrate Safety & Quality Outcomes

Provide care in a highly reliable environment that outperforms national benchmarks

Objectives

– Exceed the mean on all nurse sensitive indicators to include clinical and patient/nurse satisfaction measures in the most cost-effective manner
– Strengthen the high reliability environment by:
  – Improving workplace safety for nurses
  – Engaging nurses in organization-wide proactive risk assessment/error management
  – Involving clinical nurses in the systematic review of patient safety data at the service/unit level
  – Involving clinical nurses in systematically implementing and evaluating National Patient Safety Goals
  – Engaging nurses in evaluating service/unit level staffing plans according to established standards and guidelines

Action Items

– Outperform (majority of the service units) in the following indicators:
  – Falls with injury (NDNQI)
  – HAPU stage 2 and above (NDNQI)
  – CLABSIs (NHSN)
  – CAUTIs (NHSN)
  – RN satisfaction UNIT level (Press Ganey mean)
  – Patient satisfaction (Press Ganey mean)
  – Core Measure and Primary or Secondary indicator (outpatient & ED)
– Continual focus on the patient experience across all disciplines
The Middlesex Hospital
Department of Nursing
Mission and Vision Statement

Mission Statement
Middlesex Hospital nurses provide evidence-based, safe, high quality Care that Makes a Difference for our patients and community

Vision Statement
As professional nurses, we aspire to promote collaborative practice that embraces innovation across the continuum resulting in excellent outcomes for our patients.

DELIVER INNOVATIVE, EFFECTIVE, EFFICIENT CARE

Support and encourage innovation, improve care transitions and strengthen interprofessional collaboration.

Objectives
- Exceed the mean on all nurse-sensitive indicators to include clinical and expand the role of the clinical nurse through cross training throughout the care continuum
- Implement measurable innovations that improve efficiency
- Assure nurses are involved in shared governance at the organizational level
- Collaborate with interprofessional teams to be responsive to the needs of culturally diverse and vulnerable populations
- Advocate for “top of license” practice for nurses at all levels
- Support innovation by nurses to improve clinical practice and the patient experience
- Facilitate nurses as a best-in class partner in technology, workflow and space design
- Adopt a “put the patient first always (PPFA)” mindset

Action Items
- Strive to ensure that care delivery is evidence based.
- Involve nurses in implementing innovative technology
- Integrate nurses’ feedback in health information technology
- Involve nurses in organizational decisions about patient care
- Implement and evaluate coordinated patient education activities across the continuum
- Include nurses in system-wide, proactive risk assessment/ error management
- Involve nurses in the review of National Patient Safety Goals
- Assure clinical nurse involvement in the review of patient safety data at the unit level
- Redesign meeting minutes to capture data to prove goal achievement
- Build an educational program to increase nurse understanding of value-based care and reimbursement

FOSTER A CULTURE OF PRIDE, OWNERSHIP & ACCOUNTABILITY

Personal ownership and team accountability to patients, peers and health system to deliver positive outcomes

Objectives
- Expect behaviors that reflect professional standards of practice and our core values
- Promote a nursing community that values a collegial environment
- Assure department-wide professional expectations are met
- Promote flexibility that allows nurses to react to a changing health care environment
- Work with community partners, organizations and health care providers to improve health outcomes in our community

Action Items
- Innovate by using trended data to budget and acquire resources
- Drive continuous improvement among the Health System partners to achieve seamless care transitions
- Inspire confidence in nurses at all levels and in all departments that empowers them to: stop the line, ARCC it up, speak up
- Involve clinical nurses in developing ways to recognize, reward, and appreciate positive behaviors
- Support HR by consistently enforcing accountability, both interdepartmentally and individually
- Ensure nurse leaders model the health system’s core values

PILLARS
PRESS GANEY OVERALL NURSING SCORES

Inpatient via Discharge Date

Ambulatory Surgery

Ambulatory Surgery Outpatient Center

Shoreline Emergency Department
* Please note: NDNQI graphs have a new look! To better see trends, the mean has been standardized to "0". For those indicators above, it is desirable to be **below** the mean.
Transformational Leadership

Structural Empowerment

Exemplary Professional Practice

New Knowledge, Innovations, & Empirical Outcomes
Aligning our 2015-2018 Strategic Plan, Mission and Vision

The 2015-2018 Nursing Strategic Plan was developed as a collaborative system-wide project led by Gean Brown, MSN, RN, OCN and Debra Healey, MSN, RN, CPHRM, NEA-BC. A strategic plan provides an organization with a framework for assessing the current state and moving it forward to develop the desired future state. A nursing department strategic plan aligns with the organization’s strategic plan, while setting goals and objectives unique to nursing. The strategic planning process that guides an organization needs to include input from nurses at all levels as well as buy-in from non-nursing staff at all levels and other organizational leaders. The process for developing the Middlesex Health System’s Nursing Strategic Plan did just that.

The first step in the process involved Nursing Directors and Jackie Calamari, Middlesex Hospital’s Vice President for Patient Care Services and Chief Nursing Officer. The group identified four strategic pillars as the backbone of the plan. From there, Deb Healey, Director of Homecare and Strategic Planning, as preceptor to Gean Brown, Clinical Manager of the Cancer Center and Surgical Alliance in a graduate nursing capstone project, developed a collaborative Nursing Strategic Plan. The next step included gathering input from nurses and Hospital Leaders to reach a set of common goals that would further develop the framework required to move the Department of Nursing toward its future state. The first stop was the Professional Practice Council where Deb and Gean held a “Conversation Cafe,” which involved coffee and brainstorming. Four easels were set up around the room, and nurses moved from easel to easel, each identified as one of the four strategic pillars. Nurses’ ideas were recorded at each station and the results were then compiled into common themes. The same process took place at a Nursing Leadership meeting, as well as at a special meeting of non-nursing hospital leaders. Once all the input was compiled, it was integrated with established goals from the organization’s strategic plan, ANCC Magnet requirements, and the Institute of Medicine Future of Nursing Report recommendations to formulate the objectives and related action items identified in each pillar.

The next step in the development process was to put it all together. With the help of Katharine Conroy (Cancer Center), a well-designed plan was presented to the various nursing groups for final input and endorsement. The final step included each unit designating specific goals, at least one from each pillar, that pertain to their unit. Each unit’s goals are recorded and tracked on a Google site. This will assist the department in measuring our progress over the next few years.

https://sites.google.com/a/midhosp.org/nursingstrategicplan2018/

Pillars of the 2015-2018 Strategic Plan:
1. Enhance Professional Practice
2. Demonstrate Safety & Quality Outcomes
3. Foster a Culture of Pride, Ownership and Accountability
4. Deliver Innovative, Effective, Efficient Care
Advocacy and Influence
Transformational nurse leader and Nurse Manager South 4 & Outpatient Infusions Services, Cheryl Mohrlein, MSN, RN, OCN, NE-BC, successfully advocated for her staff in obtaining resources needed to ensure the needs and safety of their patient population are best served. First, OIC staff requested and received a wristband printer at the main campus, further hardwiring proper patient identification processes. Outpatient Infusion nurses also obtained a new scanner which enables them to scan in patient face sheets and insurance cards directly to the admitting department so that patient information can be verified and updated in a timelier manner – an enhancement that may also directly and positively impact our financial reimbursement.

Additionally, Cheryl arranged for her staff to attend specialized training on the administration of intra-peritoneal chemotherapy so they could meet the needs of a brand new patient population. They worked alongside outpatient infusion nurses affiliated with UConn Medical Center and at The Hospital of Central Connecticut. The team worked together to develop a policy for this procedure, using staff input based upon their training experience.

Leadership Development Outcomes: Engaging the Whole Team for Safety
Nurse leaders had the opportunity to learn strategies from Advisory Board experts in the fall of 2014 to improve engagement of the entire team. Using data from their unit’s safety survey, Nurse Manager Nancy Lamonica, MSN, MHA, RN, PCCN engaged PCTs and RNs to collaborate on an initiative designed to improve safety on South 6.

The team developed strategies for managing equipment on the unit and keeping the rooms free from unnecessary clutter. The PCTs developed a checklist of the environment and equipment to be reviewed each shift. They also present clutter rounds to the staff, assume responsibility for rounding each shift to ensure that all rooms remain free from clutter, and support one another at all times. Keeping rooms free from clutter best promotes an environment of healing, reinforces basic principles from Florence Nightingale and demonstrates the importance of collaboration for success!
Recognizing Contributions of Nurses

Led by Chair, Maureen Skowronek, RN-BC, the Awards and Recognition Committee continues to take pride in all of the talents here at Middlesex. As a result, the Committee has established an Awards and Recognition site to display the latest and greatest accomplishments of our nurses. Please check STAT! periodically for access to the link and check out the various updates and send Stacey Cole (stacey.cole@midhosp.org) information about new degrees, certifications, publications, presentations, awards, honors or any other recognition, so that we can be sure it’s all included!

https://sites.google.com/a/midhosp.org/nursing-awards-recognition-site/

Recognition Highlights

Kelly Zercie, Hospice & Palliative Care Team MA, BSN, RN-BC, CHPN, Expert Clinical RN/Program Educator received recognition as the 2014 Middlesex Hospital Employee of the Year.

Cathy Wade, MHCA, BSN, RN-BC received the Pam Vecchiarino Nursing Leadership Award from the CT Organization of Nurse Executives.

Millicent Malcolm, DNP, GNP-BC, APRN received the American Association of Nurse Practitioners State Award for Excellence; an award given annually to a recipient of each state. This award is given to an individual who has demonstrated excellence in nurse practitioner clinical practice.

Camille Servodidio, RN, MPH, OCN, CBCN, CCRP was honored as a finalist for the Hartford Business Journal Health Care Hero Award in the Nursing category for 2014.

Melanie Cama, BSN, RN, CHPCA was named the National Hospice Administrator of the year by the Hospice and Palliative Nurse Association (HPNA).

The New Center for Professional Development

Under the leadership of Director, Mary Allegra, MSN, RN-BC, the Department of Education changed its name to the Center for Professional Development to better reflect its mission. By incorporating the new, more contemporary and inclusive name with a centralized structure, communication will be enhanced, educational processes streamlined and standards promoted. This new model will provide consistency, efficiency and support to all consumers.
The Professional Development team is also proud to have planned, implemented and delivered new structures and processes for accomplishing competency assessment. By converting from the old ‘competency fair’ model to a process that promotes accountability and uses on the job/real-time and practice-focused assessment, nurses are offered a more meaningful and efficient assessment process of their annual competencies.

Caring for our Community

As a critical element of the Nursing Department, Middlesex Hospital Homecare works very closely with the Center for Chronic Care Management (CCCM) as well as the inpatient wound service and the Outpatient Wound Center. All of these departments as a whole form Middlesex Hospital Homecare, Hospice and Palliative Care and Collaborative Partners. Under the leadership of Clinical Director Justin Drew, BSN, RN-BC, Homecare is one of the largest departments within the overall nursing department with approximately 200 contracted and per visit employees. The average census for Homecare ranges between 750 and 800 patients, which includes Med/Surg and Hospice/Palliative patients. These patients are spread throughout all of Middlesex County from Cromwell to Durham, to Colchester to the Route 95 corridor on the Shoreline. There are licensed offices in Middletown and Westbrook in addition to a large work space in East Hampton. Among these offices, a full complement of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Physical Therapists (PTs), Physical Therapy Assistants (PTAs), Occupational Therapists (OTs), Certified Occupational Therapy Assistants (COTAs) and Home Health Aides (HHAs) work to provide care at home to maximize patients’ independence, health, and quality of life.

Noteworthy accomplishments in 2014 include collaboration with the Hospital Laboratory and the Outpatient Anticoagulation clinics in Middletown and Westbrook to offer short-term, in-home PT/INR monitoring using point of care meters that resemble glucometers. Patients will have the option to maintain continuous PT/INR monitoring and Coumadin dosing within our Health System whether they are inpatient, homebound and on Homecare services, or able to get to outpatient lab drawing stations or anticoagulation clinics.

Additionally, the Homecare Therapy department has spearheaded collaboration with Dr. Kalayjian, several inpatient orthopedic nursing leaders, inpatient therapy and orthopedic case managers to pilot a program to better transition patients from hospital to home following Total Joint Replacement (TJR) surgery. There is significant evidence showing that patients have lower infection rates and better overall outcomes when going straight home after TJR. Middlesex Hospital Homecare is building on that evidence through a home-based environmental preoperative survey, making expert recommendations to the patient for modifications or options in preparation for recovering at home.

Recognizing Excellence in Medical Surgical Nursing

The North 5 nursing team received the PRISM award in January 2014. The award, which stands for Premier Recognition In the Specialty of Med-Surg, is the first of its kind honoring med-surg nursing units across the US. It is sponsored by the Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board and awarded to units for providing outstanding acute care. North 5 clinical nurse Danielle Czesak, BSN, RN and Nurse Manager Lynne Dakers, JD, BSN, RN-BC, CGRN attended the American Medical Surgical Nurses annual conference in September 2014 in Orlando to represent North 5 as a recipient.
The South 5 nursing team is proud to have achieved re-certification from the Joint Commission as a center of excellence in total hip and knee surgery. The success of this survey, in the midst of several other regulatory (and Magnet!) visits in just a few months’ time is truly a testament to the commitment of all staff in delivering excellence each and every day.

**NICHE (Nurses Improving Care for Heathsystem Elders)**

Every year, NICHE hospitals engage in a rigorous renewal process, which not only determines if the Hospital qualifies as a NICHE hospital, but assigns each facility one of four levels of program implementation (Early Implementation, Progressive Implementation, Senior Friendly and Exemplar). In 2014, not only was Middlesex re-designated as a NICHE hospital, but was moved up to the Senior-Friendly Implementation Level indicating we indeed are making a difference in caring for our older adult patients!

There are currently 108 registered nurses from most areas of the Middlesex Health Care system that have completed the Geriatric Resource Nurse (GRN) online program. NICHE continues to expand to other areas including Homecare and Rehab. Of the 108 GRNs, 44 have gone on to become certified in Gerontological Nursing. Middlesex has, by far, the highest number of geriatric certified nurses out of any hospital in the state!

In April 2014, four certified GRNs – Anne Burkhart, BSN, RN-BC, PCCN; Lynne Dakers, BSN, RN-BC; Melissa Dest, BSN, RN-BC; and Judy Bahr, MSN, RN-BC, CIC attended the 2014 NICHE Conference in San Diego. The theme of the conference was “Care. Collaborate. Change.” The group returned with new ideas and information which they shared with their colleagues.

Thirty-four MHS RNs and two PCTs attended the statewide Acute Care Geriatric Nursing Collaborative Conference in November 2014, which focused on strategies designed to improve the care provided to older adults across the continuum. Not only did our nurses attend the all-day conference, but also shared their knowledge and expertise through podium and poster presentations.

**Professional Organization Involvement**

Unit Nursing Council members in the Operating Room were inspired after attending AORN Congress to ‘Go Green’. This initiative involves recycling of plastic fluid bottles, plastic trays packaged in our specialty packs, plastic packaging of sterile disposable products and batteries.
The Scope of Nursing in Health Reform
Addressed Institute of Medicine recommendations focused on ‘top of license’ practice for APRNs
Lynn Price JD, MSN, MPH Associate Professor, Quinnipiac University

Clinical Highlights: Second Generation Antipsychotics
Addressed important information for APRNs who frequently see patients on these medications
Wendy Peterson APRN, Adult Behavioral Health and Cancer Center

Introduction to the CT APRN Society
Addressed importance of participation in local, regional and national professional organized and benefits of membership
Elizabeth Visone, APRN, CT APRN Society President

APRN Practice and Roles
Addressed current health care trends and factors affecting the APRN
Marianne Davies, MSN, ACNP, AOCNP

The Council looks forward to addressing key priorities it has established to include: finalizing the Council’s Bylaws, reviewing the Medical Staff Bylaws which govern their practice and sharing peer review practices.
DAPR Tool

- Evidence Based
- Uses Point System
- Clinician Referred
- First Of Its Kind
Engaging the Interprofessional Team in Scholarly Practice: Validating the Decision Aid Palliative Referral (DAPR)

Earlier referral to palliative care services benefits patients, families, and the organization. Despite these benefits, nurses and physicians often delay initiating referrals. Clinical and advanced practice nurses led the health care team in the development of the Decision Aid for Palliative Referral (DAPR). This evidence-based tool was designed to assist practitioners in making appropriate referrals to palliative care and hospice services. The DAPR was initially developed by a core team of nurses and initiated by Anna Brock in her role as APRN. With the support of our external expert nurse researcher, South 7 nurses, Robin Froman, PhD, RN and leadership of Betty Molle, MSN, MS, RN-BC, the research team designed a new instrument and tested its reliability and validity to assess its psychometric properties using an innovative simulation approach.

A thorough review of the literature led to creation of a 29-item scale with a primary and secondary section. Primary criteria refer to the patient’s primary diagnosis and the secondary criteria focus on psychosocial aspects. Experts from various disciplines completed content validity evaluation forms. Next, simulation-based scenarios were created and videotaped to test inter-rater agreement (IRA). In vivo testing was successfully conducted. Presenters summarized data used to assess criterion validity and calculation of Content Validity Index (CVI) and Inter-rater Agreement – all of which yielded favorable results for the implementation and dissemination of DAPR across all areas. This innovative approach to supporting clinicians in making earlier referrals is sure to improve experiences for those in need of palliative care services as well as offers recommendations for further research and implementation of the DAPR tool to improve care at the end of life. This project was also accepted for presentation at several professional meetings, including the April 2015 Eastern Nursing Research Society in Washington, DC. DAPR, the first evidence-based assessment tool for palliative care referrals, is available for use by all electronically within the health care system.
The New Interprofessional Research Council
Research and Outcomes Specialist/Co-Chair
Betty Molle, MSN, MS, RN-BC led the Center for Nursing Research and Innovation (CNRI) to become the Interprofessional Research Council (IRC). The purpose of IRC is to facilitate the development and translation of new knowledge into practice and promote innovation so that providers can give the safest, highest-quality health care, and the best experience possible for our community.

The Council’s newly redesigned structure involves several ways to become involved – business meetings, all-day project meetings (quarterly), continuing education sessions to critically review the evidence around relevant and practice-focused topics and monthly drop-in sessions, “What IRCs You?” on the last Friday of every month. Clinical staff are encouraged to stop by with a burning question or if they need help with a poster, presentation, school project or any other assistance.

Some 2014 research questions:

- Do patients who have undergone total joint surgery experience postoperative urinary retention when the catheter is removed on post-op day 1? This study is ongoing as the South 5 nursing team, led by Gail Mancuso, BS, RN-BC, ONC and Tracy Andrulat, BSN, RN, ONC, moves into the second phase of study.
- Is there a relationship between being a preceptor and leadership activities?
- What are the behavioral characteristics of staff (RN, MD, PCTs) when approaching an aggressive patient?
- What are the psychometric properties of a new instrument (Brøset) used to predict violence in aggressive patients?
- How can we facilitate evidence-based and timely referral to palliative care services?
- Is there a relationship between leader characteristics and clinical outcomes?

The IRC is also testing a screening tool for use by the Council to better prioritize research topics. Elements on the screening tool will assist the team in scoring the study topic on various items including relevance to organization and department strategic plan goals, feasibility, patient centeredness, innovation and dissemination potential:

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<tr>
<th>IRC’s Scores can range from 1-3 for each item</th>
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<td>0 = Strongly disagree</td>
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- Interprofessional?
  - More than one discipline will be impacted by this study.
  - The topic aligns with the hospital strategic plan priorities.
  - The topic is an IOM priority.
  - This topic is priority for a professional organization.
  - This topic is priority for a professional organization.
  - The study is on the Magnet radar screen.
  - The study is feasible.
  - The costs are reasonable.
  - The time frame is manageable.

- Radar Screen?
  - This is a patient centered topic.
  - This study is pertinent to our patient population.
  - There is potential for dissemination (internally).
  - There is potential for dissemination (externally).
  - This study is innovative.
  - This study has a potential for multi-site collaboration.

- Centered?

- Suggest?

Range of scores will be 12 - 36. A higher score will lead to project management by IHC.
The outcomes of the redesign include: increased clinical nurse involvement, increased internal and external dissemination and smarter allocation of resources towards initiating research studies and participating in multi-site projects. All staff are invited to share innovations and ideas with the IRC; please visit the Google site to learn more: https://sites.google.com/a/midhosp.org/interprofessional-research-council/home

Linking Evidence, Shared Governance, Peer Review and Technology to Improve Handoff Outcomes South 6

Clinical nurses Renee Antonio, RN; Kelsey Dewey, BSN, RN; Kristen Kozlowski, BSN, RN; and Melissa Dabkowski, BSN, RN submitted an abstract to the 2015 Magnet Conference on their efforts to improve outcomes on South 6. The team accomplished this by using technology and an innovative approach to improve their RN and Patient Satisfaction data. Unit council clinical nurses identified a need to improve the current handoff process which was lacking a comprehensive and consistent approach.

In response to satisfaction data, the team reviewed the literature for best practices around bedside reporting. Unit council members used the evidence to develop a checklist for evaluating one another at handoff and to identify those key components of report. Their intent was to integrate principles of professional peer review to enhance handoff practices. Capitalizing on technology, members implemented a process that used their unit council’s Google website to design a blog that enabled nurses to share feedback about the new bedside report checklist. Council members reviewed the feedback and results of a Google-based survey, revealing a need to evolve their checklist into a standardized report form. Presenters share the evidence-based standardized form that was proposed and approved by the unit council.

Through unit council meetings and staff meetings, clinical nurses have conducted an ongoing evaluation of their peer review process, noting improvements that resulted from their Handoff Project. The presentation concludes with measurable outcomes in RN satisfaction data and increased patient satisfaction with nurse communication. Additionally, nurses describe how they grew professionally from the integration of shared governance, peer review, evidence-based practices, and technology to inform their practice.

Staff Engagement and Innovation: Space Design at the Shoreline Emergency Department

All Shoreline staff were involved in the design and move process for their new state-of-the-art 44,000 square-foot facility. Expanding from the old 12 bed facility to a brand new 24-bed Emergency Department – staying within the same staffing pattern – required innovation, creativity and involvement of the whole team. The design was successful primarily due to the ongoing staff input and skilled architects willing to work with the team. After completing several site visits to similar facilities, meetings were held on a weekly basis for over a year.

The outcome included a design which has ultimately assisted with patient flow, staffing fluctuations, and provided much needed visible access to all rooms for patient safety. Staff came in on their days off to set up the new ED for a number of weeks before moving in.
They assisted with putting away stock, making sure all rooms were set up, arranged the Pyxis rooms and storeroom, as well as moved stock from the old facility. The ED never closed and the move had virtually no impact on the community. The transition went smoothly and had minimal impact to the staff. This was largely due to staff driven scavenger hunts, flow discussions, staff meetings, and the ability for staff to visit the facility prior to moving in. While transitioning into her new role at the Westbrook facility, Cissy Brown, RN was instrumental in the set-up of her work area and establishing workflow that ensures access and safety for patients. It was a great success for the whole team!

**Psychiatric Unit Improvements**

The North 7 interprofessional team under the leadership of Domenic Biello, MSN, RN (RNs, PCTs, OT and Social Workers) collaborated to advocate for major improvements on their unit. Discussions were held during staff meetings and at the Nursing Unit Council meetings to identify improvements for the patient care environment. The Hospital hired an architect to design plans which included many of the improvements suggested by the staff. Following additional feedback from the staff, approval for the work was obtained from the Hospital’s administration. As a result of the team’s collaboration, the staff advocating for improvements and the support of the Hospital’s administration, the renovation work was completed on North 7. All staff on North 7 were involved in the decision-making process related to changes made on the unit.

**Thinking Innovation at the Cancer Center**

The brand new Cancer Center Unit Council, led by Megin Iaccarino, BSN, RN, CHPN wasted no time in getting started on several projects. The first was implementing a Kaizen board in their practice area. This resulted in a more efficient and organized approach to managing materials needed for the several community outreach events facilitated by the team.

The second major innovation involved tackling communication and information sharing across the system. The team recognized the need for an improved method of sharing information about cancer care and resources afforded to patients in all areas of MHS and developed their own comprehensive newsletter.

**Care, Innovation and Transformation (CIT) on North 4**

The CIT structure and process has once again yielded the North 4 unit council with many successes for 2014. These include a variety of strategies designed to improve outcomes and the experience for patients and staff on the unit. A daily team task list was created to further clarify roles and responsibilities on the unit. An interview committee was formed to enhance the selection process and ensure the best possible candidates are hired for the unit. Patient comment cards were implemented to collect real-time data from patients about their experiences on North 4. Room service menus were laminated to ensure easy access to diet order information and ultimately an expedited process for ordering appropriate meals. North 4 has also been meeting with North 6 quarterly in order to collaborate on best practices in meeting the needs of their similarly complex patient populations.

**Using Innovation to Improve Shared Governance on North 2**

North 2 Unit Nursing Council, led by Amy Krauth, BSN, RN, has successfully met the challenges of decreased attendance and participation by developing innovative strategies for collaboration and communication on the unit, engaging the whole team – not just RNs. An online blog was created and maintained by the chair. Staff involvement occurs through both the online forum and monthly staff meetings. Unit Council members are excited to join North 6 on the CIT journey towards making staff-driven changes for improved patient care on the unit. In addition, Amy is mentoring her peers, RoseAnna Petonito, BSN, RN, and Holly Timinskas, RN to assume the leadership role for the upcoming year.

**Innovative Strategies for Handoff**

North 6 nurses creatively addressed challenges with handoff by implementing SPOT checks on their unit.
A review of current process revealed that the information transferred at change of shift was frequently not adequately representing the full patient scenario. SPOT checks were initiated as nurse to nurse verbal report to be completed at the bedside, in front of the patient. SPOT stands for:

- **S**: Safety alarms, signage, visual of room
- **P**: Patient identification, plan (whiteboard)
- **O**: Observe IV site, fluids, wounds, surgical sites
- **T**: Treat the patient to an introduction

After implementing SPOT checks, changes in condition were noted in a timelier manner because any differences were more readily noticed. In addition, there were fewer issues associated with IV infiltrations, infusions running dry, missing equipment and required signage. Since this initiative, there have been changes picked up at the time of handoff, resulting in lifesaving RRTs and one Team A.

The IV Therapy team has embraced an innovative strategy which, not only incorporates best practice for our patients, but results in greater efficiency for the team. Rather than using resources and time to insert PICC lines as the first go-to tool for accessing those patients with limited veins, the team has revisited training and applicability for midline catheter use. This is a great alternative for many patients and results in more efficient and effective use of resources for patients with IV access needs.

The Interventional Radiology (IR) Department had an exciting year of new knowledge and special procedures. A new, evidence-based procedure, EKOS, was introduced and is being used to successfully treat pulmonary embolism and deep vein thrombosis. This innovative treatment improves the efficiency of the thrombolytic process, reducing the treatment time and risk for bleeding or other complications. All RNs in IR were receptive to this innovation, and eager to share their new knowledge regarding post-operative care with the Critical Care Unit.

Shauna Lawson, RN, BSN, clinical analyst in collaboration with Nursing Administrative Supervisors and nurses at all levels, implemented a new tool, Capacity Management, designed to provide real-time information about the status of bed availability. The transparency of the system being available to users across several areas has reduced the need for frequent phone calls, as well as improved efficiency and, ultimately, throughput for the entire organization. The software provides a dashboard indicating the status of beds from admission to discharge to cleaning and then available.

**Improving Heart Failure Outcomes through Interprofessional Collaboration and Technology**

Based on the successful outcomes related to the “Care Calls” implementation (automated phone calls 48 hours after patients leave the Hospital), the Center for Chronic Care Management (CCCM) developed a heart failure disease management telephonic service which began in March of 2014. The new heart failure service was designed to offer automated contact with patients at periodic intervals: 48 hours, 7 days and 21 days postdischarge. Preceding the implementation of the heart failure Care Calls, an interprofessional team was established to develop disease-specific question sets, triage protocols and training in HF disease management to the Care Call nurses. In collaboration with Homecare clinical nurses, the Care Call nurses use best practice teaching tools to reinforce symptom management, daily weights and when to call for assistance using tools such as the heart failure “zones” technique with patients and caregivers. The Care Calls have resulted in positive outcomes when nurses connect patients to appropriate community resources such as homecare services, transportation, and assistance with follow-up provider appointments. In addition, the care calls also allow for appropriate referral to CCCM’s own HF care management program. Calls are conducted by a collaborative team of Middlesex Health System CCCM and Homecare nurses seven days a week. The aim of the heart failure Care Call is to reduce preventable Hospital readmissions.
Interprofessional Care: A New Generation of Care Planning

Nursing care plans are an honorable, but outdated tradition in nursing education and practice. Delivering care to complex patient populations requires an interprofessional, team-based approach to planning care. Fortunately, our talented nurse leaders had the courage and support to lead the organization in transforming care planning into a meaningful, dynamic process for customizing evidence-based care by partnering with their interprofessional colleagues to harness the power of technology to design and implement electronically integrated Interdisciplinary Plans of Care (IPOCs).

The project was funded and supported by the executive leadership team and championed by nursing and IT experts. Led by Nurse Manager Nancy Lamonica, MSN, MHA, RN, PCCN; Clinical Informaticist Joan Townley, BSN, RN; and Professional Development Specialist Lauren Boule, MSN, RN-BC, the team undertook an innovative approach to developing 46 IPOCs over a period of seven months. Clinical nurses, nursing informatics, clinical specialists, professional development experts and all disciplines consulted with the IPOC team in a series of workshops to evaluate and integrate the evidence.

Implementing the new IPOCS required a radical transformation in clinical practice. Finally, an interprofessional plan of care is readily accessible to improve the coordination and continuity of care. This project demonstrates the use of change management theory, effectiveness and efficiency of the new electronic IPOCs as the engine driving the workflow of the health team, the catalyst for strengthening team collaboration, and the fuel for integrating best practices and technology into clinical practice. The team looks forwards to celebrating great outcomes in 2015 after this major accomplishment.

Interprofessional Team: Perinatal Safety Committee
The Perinatal Safety Committee is comprised of physicians, management and expert Pregnancy & Birth Center nurses: Amanda McDonald, BSN, RN-C; Terisa Brainard, BSN, RNC; Jessica Iozzo, RNC; Linda Spignesi, RN; and Lori Hartel, BSN, RNC. 2014 was a productive year for this interprofessional team. One major accomplishment included standardizing the treatment for pre-eclampsia and eclampsia by developing new algorithms for treatment and early recognition, as well as a pre-eclampsia medication kit. The evidence-based care algorithms were shared with Emergency Department staff, should they see these patients in their daily practice. ED staff were also included in the development and review of policies and relevant communications.
The Perinatal Safety Committee also developed the postpartum hemorrhage (PPH) policy and developed strategies for early recognition of PPH, as well as standardizing ways to quantify blood loss. In collaboration with the Center for Professional Development, and with support of physician colleagues, the team used the simulation lab to train staff on their new PPH algorithms. Amanda McDonald brought the algorithms to life by conducting pre-eclampsia and PPH drills both in the lab and on the unit. As a result of this work on PPH, the perinatal safety committee also identified the need to have a more standardized massive transfusion policy. This is a work in progress and will involve input from a task force assembled with experts from the laboratory, operating room and Emergency Department staff.

Interprofessional Collaboration: Implementing Bedside Rounding
In the fall of 2014, the South Four team, in conjunction with members of the Hospitalist Service, initiated standardized interdisciplinary bedside rounding – a concept adopted from Emory University. Essentially, a core team of care providers meet at the patient’s bedside for a brief overview of the plan of care. This team included the hospitalist, the nurse caring for the patient, the social worker, case manager and other primary staff members when possible. In preparation for this new initiative, staff nurses participated in mock patient rounds in the Center for Professional Development Simulation Lab. Members of the medical staff attended South Four staff meetings to address concerns and review the process. The nursing staff was directly engaged in developing a rounding tool that would help them prepare for their patient presentations each day. Nurses on all shifts helped to familiarize and educate patients and families members about this approach to rounding. Staff members also promoted the bedside rounding process by participating in the development of a pamphlet to include professional photos of the team. The initiative was a fantastic example of nurse/physician collaboration, while providing another opportunity for nurses to advocate for their patients.

Innovation and Collaboration Required: Preparing for Ebola
The outbreak of the Ebola Virus Disease (EVD) and the ensuing threat of transmission to the US population presented significant concerns for emergency medical services across the U.S. The Middlesex Hospital Emergency Department (ED) was faced with the challenge of being able to provide care to patients presenting to the ED with potential EVD, while limiting the risk of exposure to Hospital staff members and other patients. This was a daunting task, not only due to the lethal and virulent nature of the disease, but also to limited contradictory and evolving recommendations from outside resources such as the Centers for Disease Control. The timeframe for development and implementation of a response plan for the ED was very compressed due to the concurrent presence of the disease in the U.S. population. These challenges did not deter the MH team from developing a successful, realistic and effective response to this new public health risk.

An interprofessional task force was created that included representation from ED Nursing, Medical Leadership, Public Relations, Infection Control, Environmental Services, Engineering, Security, EMS, Professional Development and Executive Staff. The objective was to create a process enabling the ED to follow the “identify, isolate and inform” strategy for the care of patients with EVD. The task force sought innovative strategies to rapidly identify and train a core team of ED staff in the use of high-level personal protective equipment, establish a means to immediately isolate patients with suspected EVD, create a suitable bio-containment space within our existing ED footprint, and educate a core of ED staff to manage the care of patients with EVD. The goals of this response plan were achieved in a relatively short time frame, which positioned the ED to effectively meet this threat. The success of this project illustrates the climate of innovation and interprofessional collaboration always present at Middlesex Hospital.

Implementing Technology to Improve Safety in the Emergency Department
In the fall of 2014, Middletown Emergency Department nurses formed a task force in collaboration with Mary Connelly, BSN, RN (Nursing Informatics),
Nurse Managers Josh Keckacs, BSN, RN, CEN; Cathy Wade, MHCA, BSN, RN-BC; Arnie Moore, MBA, BSN, RN, CEN and clinical nurse superusers from all three ED sites aimed at implementing barcode medication administration (BCMA). The team recognized the need to implement BCMA as a tool for patient safety that reduces a variety of errors. With all of the units across the organization already live with BCMA and only two other EDs in the state having accomplished this, this team was anxious to make the change. The team set a target of 80% scanning (of all medications administered) within three months of implementation. After regular staff meetings, training sessions for superusers and clinical staff, the unit began using BCMA in late November. After just one month of implementation, the team noted 60% scanning!

Continuous Safety Improvement
The OR team has implemented an integrated “Sign Out” process that includes the whole surgical team. This approach includes the verification of the actual operative procedure, wound class, surgical count completion, specimen identification, equipment issues, delay codes, preference card changes and blood loss. This Sign Out process is equivalent to the “Time Out” process in importance to the safety of patients. The team is presently reviewing and improving upon this safety initiative to permanently incorporate it into our practice.

Improving Outcomes and Preventing Errors
Clinical Resource Nurses continue to provide clinical nurses with ongoing expertise and support behind the scenes in several processes impacting outcomes for many of our patient populations. In 2014, the team of expert nurses provided support and input to several key policies and procedures, such as procedural sedation in the ED or implementing the EKOS procedure in the Cardiac Cath Lab, where their involvement will assist in expediting quality care. CRNs constantly monitor and improve processes for crucial, time-sensitive and high-risk scenarios such as reviewing alerts for sepsis and the Heparin order and administration process, greatly reducing the opportunity for errors and negative patient outcomes and providing education and mentorship to clinical nurses.

Integrating Holistic Care
2014 was a productive year for the Holistic Care Team (HCT). Under the leadership of co-chairs Deb DePasqua, MSN, RN, HNB-BC; and Cheryl Mohrlein, MSN, RN, OCN, NE-BC, the HCT continues to tirelessly support the integration of holistic modalities into the care of our patients and for the benefit of improving the health and well-being of clinicians. Topics in 2014 included aromatherapy, vibrational healing and Tocco Della Mani (touch of the hands). The team supported days of recognition for PCTs, RNs and physicians by providing therapies such as Tocco Della Mani, massage and reflexology. In addition, these integrative modalities were offered all day at the annual CHERISH event in February to support local charities, and give MHS employees an opportunity to enjoy a few moments of rejuvenation. Photo below: Holistic Care Team presenting funds raised to St. Luke’s.

Improving Workplace Safety
The North 6 nursing team has embraced huddles on the unit as a key strategy in increasing safety awareness for the entire team. Making it their own, the team continues to adjust its format to accommodate new needs and challenges on the unit.

In addition, North 6 has implemented new signage to increase staff, volunteer, and visitor safety. The blue triangle sign alerts anyone who may be entering the room of a potentially violent patient not to do so without first consulting the nurse. It is a bold sign and has been effective at increasing communication of high safety risk patients.
Efforts to improve safety around potentially violent patients are the results of a larger organizational effort to improve safety in the workplace. As a result of increased injuries to staff and more complex patient populations with behavioral health challenges, several key initiatives have taken hold. The Center for Professional Development and Interprofessional Research Council, under the leadership of Mary Allegra, MSN, RN-BC; and Betty Molle, MSN, MS, RN-BC, has undertaken a study to understand better the impact of certain behaviors by staff that may either improve or exacerbate potentially violent or aggressive behaviors by patients. The outcome of this study will include specific interventions and education designed to assist staff in keeping everyone safe.

North 7 staff, along with their Nurse Manager Dom Biello, MSN, RN; and the Safety When Approaching Patients Task Force have been collaborating to implement a brief, evidence-based and valid assessment tool into practice across several areas, that is designed to predict violent and/or aggressive behaviors in patients. The Brøset includes five items and will provide staff with data and interventions to assist with better management of these patient populations, improving the safety of all.

Your expertise is greatly needed! Nursing unit councils across several areas will be assuming a greater focus on data related to workplace safety. This data will include unit level trends in workplace safety areas of concerns – including injuries at work such as those related to assaults, patient handling, needlesticks and other types of exposures. Look forward to more information at your unit council and staff meetings in April and October of each year. In addition, the new ATTAIN program will be providing many opportunities for nurses to become engaged in committees focused on the safety of patients, staff and the workplace.

Ensuring Staffing Adequacy
The RN Float Pool grew into a fully staffed “unit without walls.” It is now 100% staffed, providing an essential hand to units when there are sick calls or an increase in patient census. Allison Smith, Float Pool RN, received a Great Save Award for her strong clinical assessment skills. This group has demonstrated excellent teamwork and shared governance. For example, it was able to construct a new vacation and scheduling policy that met the needs of all members of the pool in a fair and consistent manner.

The Hospice and Palliative Care program successfully piloted electronic self-scheduling processes in 2014. The team has implemented its new scheduling process which has resulted in greater transparency for the entire interprofessional team.

Meeting Our Patient Population Needs
The Cardiac Rehabilitation team improved their scheduling of classes based on patient experience feedback. The number of classes available for patients that are employed were increased each week. The 4:30 p.m. classes are enabling many patients to find the work and life balance they need to improve their health after a life-changing cardiac event.

The Hospice and Palliative Care Team’s Unit-Based Council created a memory and life celebration box for use by families to help them celebrate special moments on South 7 such as birthdays, anniversaries and other occasions for their loved ones.

In order to better meet our Emergency Department patient population needs, the role of the ED Case Manager was implemented. Two case managers, Robert Barrows, BSN, RN; and Jennifer Smith, BSN, RN were hired to cover ten-hour shifts in the department. Their role serves as a gatekeeper, initiator and facilitator of care, along with overseeing intake and utilization processes. They also collaborate with medical staff, clinical nurses and ancillary staff and serve as a resource for their patients while they are in the ED. ED Case Managers also identify and enlist the support of social workers when necessary. Their perspective on the ED patient population makes them an instrumental part of the FAIR (Frequent Admissions Inpatient Admission Reduction) team. ED Case Managers frequently connect patients to services in the community that ultimately may prevent unnecessary admissions. In addition, their communication with these services has improved our relationships with collaborating agencies – a win for all!
Improving Quality & Delivery of Care

The Interventional Radiology team created categories for all Radiology procedures, identifying what procedures a nurse is involved with, and updated blood work guidelines associated with best practices in Interventional Radiology. This was done in order to clarify communication between ordering providers and radiology staff. Patients were frequently rescheduled or delayed due to not having the correct information. Working collaboratively with the IR physicians, nurses created new blood work guidelines for inpatients and outpatients. Ultimately, this served to decrease bleeding and preserve kidney function for patients undergoing invasive procedures.

Anti-coagulation guidelines on when to hold and for how long were collaboratively created with IR physicians, pharmacists and nurses to provide standardization. In addition to incorporating best practices, this greatly improved safety for our patients by providing easy, quick guidelines for all ordering providers, Nursing and Radiology technologists. Additionally, the new guidelines were added to the IR ordering policy and education was provided to the health care team.

The Interventional Radiology and Cardiac Cath Lab teams collaborated with Clinical Informatics nurses to incorporate intra-operative and post-operative orders into a computerized order-entry format for all patients. This allows best practices to be implemented, such as barcoding the medication administration process and enhanced access of information at hand-off for nurses, such as medications and assessments. Post-operative IVIEW documentation was created for patients undergoing a cath lab procedure, allowing for improved transfer of information to, and collaboration with, inpatient unit staff.

Nurses on North 6 created a Blood Transfusion Checklist to improve outcomes associated with blood transfusions on their unit. The checklist incorporated peer review by involving a second RN in auditing the documentation of his/her peer upon completion.

Clinical Nurses in the Outpatient and PACU areas frequently serve as champions as the need arises in order to improve outcomes for their patients. Kathy Fitzgerald, RN, CAPA recently became their wound and skin champion and provides in services relating the specialty knowledge to their practice. Wendy Elias, BSN, RN, CAPA has been presenting MRSA-related topics to the team and reviewing current processes in the pod areas regarding isolation rooms and generating more meaningful alerts to staff. Louise White, RN, CAPA continues to review documentation regarding pain assessment to reduce redundancies in their processes. Cheryl Ringo, RN and Kim Lee, RN, CAPA have provided information and best practices to the team about new procedures being offered in Endoscopy. Carol Scierka, RN continues to champion safety for the unit. Emily Eldof, BSN, RN, CCRN recently reviewed the evidence and presented to her team information about the use of tympanic thermometers.

Enhancing Professional Practice through Peer Review

The Professional Practice Peer Review Committee (PPRC) reviewed a total of 34 cases in 2013, doubling the number for 2014. The purpose of the PPRC is to provide a venue for nurses to exercise their rights and responsibilities to implement peer review processes that enhance professional practice. Cases either reflect exemplary practice or identify an area for future improvement. Three of their cases were referred to the Interdisciplinary Review Committee (IDRC) for further review. The IDRC is a team of physicians and nurses with a similar purpose. At least six cases were shared by the IDRC for review by the PPRC. One case that was referred provided a letter of excellence to an RN for outstanding practice.

Practice improvements in 2014 resulting from PPRC case review included awareness of staff regarding gynecological appliances, increased vigilance around fluid overload, improved documentation regarding vesicant administration, and timelier initiation of RRTs, just to name a few.
zero CAUTI rate for six months

1,441 days since last central-line associated bloodstream infection (CLABSI)
EMPIRICAL OUTCOMES

Strategies to Achieve Outperformance:
Infection Prevention in the Critical Care Unit

Expert clinical nurse and Co-Chair Michele Pallas, BSN, RN, PCCN; and Infection Prevention Specialist Jodi Parisi, MT, CIC inspired the critical care unit to eliminate Catheter Associated Urinary Tract Infections (CAUTIs) with the support of the interprofessional critical care CAUTI Prevention Team. Co-chaired by Rosa Floras (PCT), the team includes clinical nurses, quality experts, an infection prevention specialist, the nurse manager, a nurse educator and an infectious disease physician. Following an extensive data audit, the team developed a multi-pronged approach to reducing catheter use. The RN Co-Chair led the team’s first major initiative, an evidence-based and innovative, alternative approach to address the problem. Traditionally, catheters were inserted when patients required precise output monitoring in critical care. Michele introduced a simple, evidence-based and inexpensive way to measure output. Guidelines for this process were reviewed and approved by the unit council. Next, the team collaborated with the Emergency Department, to successfully advocate for new supplies and processes to reduce potential contamination and infection. Harnessing technology, the team directed electronic documentation changes that modified Foley catheter ordering processes that require that specific criteria must be met. Finally, the team creatively disseminated new practices, raising awareness regarding all aspects of Foley catheter use to the entire health care team, including patients and families. The team’s innovative and inclusive approach virtually transformed the unit culture. The CAUTI Prevention Team’s work has helped to sustain a zero CAUTI rate on the unit for six months and counting. This initiative demonstrates that it is possible to change the unit’s culture to achieve success in preventing CAUTIs.

The success of the Critical Care Nursing Team does not end with CAUTIs. It is also proud to boast 1,441 days since its last central-line associated bloodstream infection (CLABSI). This was due to implementing a central line form that standardized aseptic techniques for setup, draping and witnessing insertions. In addition, staff began using all-inclusive kits, alcohol end caps for ports when not in use, and collaborating with IV therapy to assure that dressing changes are completed by the IV team.

Injury and Infection Prevention
South 4 clinical nurses, in collaboration with Quality Department specialists, have devoted a great deal of resources to preparing for a pilot project focused on injury prevention related to patient falls.

Audrey Liu, BSN, RN, a South 4 staff nurse, chairs a committee focusing on assessing high injury risk patients on admission to their unit, and then, implementing various interventions to keep these patients safe. South 4 will be trialing the Institute of Healthcare Improvement’s (IHI) ABCS tool, designed to screen patients at risk for injury, if they sustain a fall. These patients include those over age 85, with a history of orthopedic conditions or bleeding disorders and/or
post-surgical patients (ABCS standing for age, bones, coagulation and surgery). Once a patient is identified, various fall prevention interventions will be put in place, including a patient safety contract signed by both the patient and the nurse; signage at the door alerting staff that the patient is at risk for injury; purposeful hourly rounding; and an individualized plan of care focusing on injury prevention.

Audrey and her team have been busy educating RNs and PCTs on South 4 on the new tool, creating the patient safety contract, as well as the new care plan. The pilot is expected to last at least two quarters. Audrey, who was a nurse resident in 2012, brings both enthusiasm and leadership to improve the care of their vulnerable patient population.

The South 4 team has also gained focus on infection prevention related to hand washing. The GOJO project involves the use of monitoring devices to measure handwashing practices and is designed to address barriers to handwashing, monitor compliance, increase visualization aids, promote handwashing education and potentially reduce cross-contamination and infection rates.

South 5 clinical nurses initiated collaboration with orthopedic physician assistants, materials management, and operating room staff to trial the use of Aquacel AG in total joint patients, as an adjunct to infection prevention. Both teams look forward to excellent outcomes in 2015 from these initiatives!

North 2 clinical nurses took hold of fall prevention in 2014 and, as a result, only experienced four falls for the entire year! Hard work does pay off and their efforts led to a celebration for 142 days fall free!

The Marlborough ED continues to maintain a strong focus on patient safety. In 2014, they cared for 21,409 patients and had only ONE patient fall!

Pain Management: New Role and Renewed Focus
The interdisciplinary pain committee at MH has recently been redesigned. The current membership includes physicians, a pharmacist, a quality representative and Gail Mancuso, RN-BC, ONC as Pain Management Coordinator.

During the past year, the focus of this team has been to make changes in patient care to improve the management of pain. South 5, the orthopedic unit, was chosen for a pilot project with a grant for an RN eight hours/week. A thorough chart review and a visit with each patient on the unit was made one day each week by the “team” (Gail Mancuso, RN-BC, ONC; John Moyher, PharmD; Dr. William Zeidler; and Dr. David Baggish). All pain medications, antidepressants, and sedatives were reviewed, patient and staff education provided, and when appropriate, the primary physician was notified of the team’s recommendations. The success of this endeavor was measured by Press Ganey and HCAHPS scores.

| Response to Press Ganey Question: How well was your pain controlled? |
|------------------|------------------|------------------|
| Score/Percentile | 2013 | 2014 | 2014 |
| Middlesex Score  | 86.8 | 90.7 | 90.7 |
| CT percentile     | 28%  | 99%  | 99%  |
| Magnet percentile | 25%  | 94%  | 94%  |
| Overall percentile| 37%  | 97%  | 97%  |

A second focus was directed at the need for a “pain plan” for those patients undergoing surgery already opioid tolerant, on methadone or suboxone, or those having previously had a poor past experience with pain control following surgery. A chart review, the PMP (prescription monitoring program) was consulted to confirm medications the patient had been taking, and a follow-up phone call to the patient, if necessary, was made to clarify any needed information. The equianalgesic oral morphine dose was calculated, then used as a basis for calculating a post-operative pain medication dosing. These patients were followed during their Hospital stay, and feedback has been very positive.
The implementation of POSS (Pasero Opioid Sedation Scale) was also accomplished last year. The goal of effective pain management is to make the patient as comfortable as possible, as safely as possible. The POSS is currently being used in many hospitals, both nationally and internationally, and is validated to be a reliable tool. Not only is the level of sedation assessed, but this tool provides helpful guidelines for medication administration. POSS is to be completed every time an opioid is administered, and again when the effectiveness of that opioid is assessed. This effectiveness assessment is done within an hour of administration with the exception of an intubated patient, (for whom RASS is used) or if a patient is on Precedex.

A 32-hour/week position has been created to allow for the improvement of pain management to other clinical areas and to provide education to health professionals. 2015 will bring new challenges as the team looks to expand its reach beyond the orthopedic unit. Plans to develop a PRN (Pain Resource Nurse) program here at MH have begun. We are currently looking for RNs that are interested in learning more about pain management to be a resource on their unit.

Resources for Improving Quality Outcomes for Complex Populations: Implementing the CNL Role
North 6 and North 4 have been fortunate to have Clinical Nurse Leader (CNL) Jess Gabriele, MSN, RN join their teams. Jess came to Middlesex with several years of experience as a clinical expert and holds a graduate degree focused on the role of CNL. Jess's role provides clinical expertise and support to the units in caring for their complex patient populations. Jess collaborates with the unit councils, other nursing leaders and clinical nurses to enhance clinical and professional outcomes by focusing on improving the delivery of care. Jess is also a member of various committees, lending her expertise while advocating for the units she is focused on. Please welcome Jess in her new role!

Ensuring Timely Documentation: The ENTH Degree
Under Jess's leadership, the North 4 team has gone live with the ENTH degree. This initiative was designed after careful review, in the fall of 2014, of data showing an increased number of Hospital Acquired Pressure Ulcers (HAPUs). Upon arrival to the unit, clinical RNs prioritize key aspects of assessment including Ears, Nose, Tooshie and Heels so they may quickly document any existing issues the patient may already have. In 2013, North 4 data showed 10 HAPUs. In 2014, there was a total of 7 HAPUs.

As for 2015, the unit has yet to have any HAPUs!

Resources for Improving Quality Outcomes for Complex Populations across the Continuum
Margo Golas, MSN, RN, CPHQ, COS-C, Quality Manager in the Homecare Department took on the added responsibility of managing the Wound Care Center. This extension of her responsibilities furthers the Department's effort to facilitate care across the continuum – as she already oversees quality, regulatory compliance and education for the Homecare Department. Margo has joined the outpatient managers committee, a team working on improving the patient experience. In addition, she is also leading a project that will develop an electronic medical record for the Wound Care Center.

The Wound Care Center team continues to grow and is now staffed to see 10-12 patients a day. The team includes Primary Provider, Nancy Hammond, APRN, CWON; and Christina Barrows, APRN, WCWN primary provider for Inpatient Wound Service and provider at the outpatient Wound and Ostomy Center one day a week. Nurses include Mary Saunders, BSN, CWCN, COCN; Alyssa Lugarini, RN, CWCA; Diane DiBernardi, MSN, RN, WOCN; and Michael Giannecchini, BSN, WCN. In September 2014, Diane DiBernardi, MSN, RN, WOCN transitioned from a per diem team member to contracted
hours and has added value to the team in building services to see ostomy patients. She has increased teaching resources for patients and triages all wound and ostomy patient calls. The effort to cross train staff so that clinical nurse wound experts can work in all wound settings continues to increase patient satisfaction, as it provides patients with continuity and consistency.

Wound care nurse experts Margo Golas, MSN, RN, CPHQ, COS-C; Nancy Hammond, APRN, CWON; Diane DiBernardi, MSN, RN, WOCN; and Mary Saunders, BSN, CWCN, COCN meet with physicians regularly to increase awareness around the value of Wound Care Center services to their patients. They also collaborate with the outpatient lymphedema service to facilitate coordinated care for appropriate patients.

**Empowering COPD Patients and Improving Outcomes**

In response to an identified need throughout the Middlesex Health System and new federal regulatory rules, the Center for Chronic Care Management (CCCM) received approval to develop and launch a new Chronic Obstructive Pulmonary Disease (COPD) disease management program to prevent unnecessary Emergency Department visits and readmissions to the Hospital.

The COPD disease management program is provided in both the inpatient and outpatient settings. Utilizing the COPD pathway, patients are referred by inpatient providers for bedside consults to ensure appropriate care and educate patients on the “survival skills” needed for a safe transition to home. Once at home, patients receive a follow-up call from our highly skilled COPD care manager who evaluates each patient for future education and support needs which could be met by CCCM or other appropriate referrals such as Homecare or Pulmonary Rehabilitation. Several patient-centered quality of life indicators, along with essential program metrics, are measured to provide for a meaningful program evaluation.

**Expert Wound and Skin Resources Improving Outcomes**

Inpatient Wound Care Services are staffed by Christina Barrows, APRN, WCWN; and Melissa Monarca, BSN, WOCN. Together they provide wound consultation to inpatients when requested by physicians. They provide staff education related to wound products. They also evaluate new wound products and assist in the value analysis process.

In 2015, they continued to support staff to introduce new products for efficient wound healing and provide teaching and support to patients receiving negative pressure wound therapy.

Melissa Monarca, BSN, WOCN continues to lead the wound and skin team and has increased that team’s ability to be wound and skin champions on their units. She continues to organize nursing quality prevalence studies and report on hospital-acquired pressure ulcers. This indicator has demonstrated improvement with the continued focus on prevention education.

**Mary Saunders, BSN, RN** completes ostomy visits for inpatients, and as a cross trained professional, may continue to see these patients in all settings.

Christina Barrows, APRN, WCWN has taken a primary role in assessing all hospital-acquired pressure ulcers to determine the cause. She continues to mentor Melissa in her role as a wound and ostomy expert.

Christina Barrows, APRN, WCWN and Melissa Monarca, BSN, WOCN presented their poster, “Reducing Hospital Acquired Pressure Ulcers in a Suburban Acute Care Hospital” at the National Wound, Ostomy and Continence conference in Nashville, TN (June 2014).

**Improving Patient Satisfaction**

The North 5 nursing team has made great strides in improving patient satisfaction. With a renewed focus, under and new leadership of Nurse Manager Lynn Dakers, JD, MSN, RN, their overall mean score
for the 4th quarter of 2014 was 92.3, surpassing both their target and stretch goals. The team used their unit council meetings to discuss their focus each month; this included call light response time, 200% accountability, and discharge processes. The team also consistently exceeded 10% of all discharges being done by 11 a.m. – with the exception of just one month.

The Marlborough team is proud to have received the Press Ganey Guardian of Excellence Award. The Marlborough ED continues to consistently deliver exceptional patient care and customer service, earning Press Ganey’s 2014 Guardian of Excellence Award for patient satisfaction. This represents nine consecutive years that the Marlborough Medical Center has received a Press Ganey award for outstanding patient satisfaction.

Reducing Arrival-to-Room Times at the Shoreline Emergency Department

**Structure:** The Shoreline AdHoc Interdisciplinary Door-to-Doc Team (Charge Nurses, Staff Nurses and PCTs)

**Goal:** To remove backlog at triage and ultimately reducing arrival to room times, length of stay and improving arrival to MD times.

**Process:** Under the leadership of Cathy Wade, MHCA, BSN, RN-BC, the team implemented a new door-to-bed process, requiring a complete change from the old tradition. The new process allowed for the work of the triage nurse to be more integrated with more of the care delivery in the department. This also required a new room efficiency process change, a lot of re-education and reiteration to complete the change, as well as constant tweaking to get the process right.

**Outcomes:** The team’s door-to-room times have been reduced to 8 minutes on average, as compared to an average of 13 minutes in 2013. A job well done in spite of continued challenges with increased LOS, admission holds, and moving patients to the ED. The work of this project has also contributed to their recent Press Ganey Guardian of Excellence Award for customer service scores of 90% and above for a year.
PROFESSIONALLY CERTIFIED NURSES

2014 ROSTER

Jennifer Ackerman
Paula Agogliato
Patricia Ahlquist
Kathleen Alexander
Lisa Alexander
Mary Allegra
Christina Amiello
Tina Anderson
Julia Anderson-Baker
Tracy Andrilat
Elizabeth Antanaitis
Margaret Antenucci
Paula Austin
Elise Avery
Leah Bahner
Judy Bahr
Mary Ballachino
Christina Barrows
Gabriele Bartunek
Alicia Beebe
Susan Beebe
Meredith Belden
Jennifer Bellamo
Mallory Benkert
Genine Berdemeny
Tamara Bober
Cheryl Bogue
Christina Bosques
Lauren Boule
Grace Brady
Teresa Brainard
Trudi Bright
Anna Brock
Gean Brown
Cecilia Brown
Megan Burgess
Anne Burkhart
Domabella Burritt
Deborah Cabral
Jacqueline Calamari
Maria Cale
Melanie Cama
Cynthia Carbonella
Megan Carey
Jane Carey
Diane Carlson
Dorothy Carvalho
Marianne Cassista
Susan Cawley
Roderita Chiong
Rachel Ciammella
Laura Ciarullo
Karen Cleaveland
Karen Collins
Susan Connell
Patricia Coppola
Mary Costa-VonDeck
Monica Cowan
Margaret Coyle
Rachel Crockett
Karen Csere
Estrellita Cunanan
Susan Currie
Bianca Curzan
Catherine Cusson
Toni Daddeo
Lynne Dakers
Penny Davidson
Mary-Alison Davis
Claire Davis
Irene Deeseare
Lizbeth Delaney
Nancy Denney
Debra DePasqua
Melissa Dest
Ann Detoro
Julie DiBernardi
Deana DiCenzo
Kathryn Domsfeld
Nicele Doty
Brenda Doucette
Justin Drew
Joan Dreyfus
Bethany Dubreuil
Pamela Duncan
Marcie DuPlessis
Emily Eikof
Lisa Elick
Wendy Elia
Karen Ernst
Tara Fagan
Theresa Fairchild
Kathynd Gacinferd
Katherine Focacci
Craig Folick
Elizabeth Foley
Marie Foyhee
Gail Forrest
Dawn Foss
Tracey Galdenzi
Patricia Garren
Dana Garvey
Lisa Garvin
Michael Giannicelli
Margaret Golias
Joan Gordon
Elizabetd Gould-Ruitto
Anne Gowac
Laura Graham
Kathleen Graham
Marilyn Greaves
Judith Grippo
Susan Grube
Lecil Guerzon
Daniel Guillomet
Meredith Guttmann
Sarah Gworek
Jennifer Hale
Lauren Hall
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<tr>
<th>Name</th>
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<tr>
<td>Elizabeth Manning Akko</td>
<td>BSN, RN-BP, PCRN*</td>
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<tr>
<td>Candis Levy</td>
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*Indicates dual certification.
SELECTED PRESENTATIONS & PUBLICATIONS

Rachel Ciammella, BSN, RN-BC, CMSRN; Ann De’Toro, BSN, RN, BC; and Kelly Haeckel, MSN (N4) presented their CIT Journey in at the national AONE-CIT meeting in Florida (February 2014)

Judy Bahr, MSN, RN-BC presented “Caring for Patients with Dementia or Alzheimer’s: Best Practices across the Continuum of Care” at the Acute Care Geriatric Nursing Collaborative Conference (February 2014)

Judy Bahr, MSN, RN-BC presented “Dementia in Palliative Care Patients” at the Connecticut Hospital Association (February 2014)


Veronica Mansfield, APRN-BC, AE-C, CCM presented “Remodeling Asthma Care: Building Community Based Asthma Programs” at the National Association of Pediatric Nurse Practitioners Meeting in Boston MA (March 2014)

Beth Delaney, MSN, RN-BC, CAPA; and Elena Nowicki, BSN, RN-BC, CAPA presented, “Dual Certification: Prepared to Meet the Growing Needs of Graying America” at the ASPAN conference in Las Vegas, NV (April 2014)

Melanie Cama, BSN, RN, CHPCA (Hospice) presented, “Decision Aid for Palliative Referral” at the New England Home Care Conference (May 2014)

Melanie Cama, BSN, RN, CHPCA (Hospice) presented “How to Develop and Grow a Successful Palliative Care Program” at the National Homecare and Hospice Annual Meeting (October 2014)

Jackie Calamari, MSN, MS, NEA-BC, CEN; Kelly Nicholson, MS, MPH, CNS-BC, RN-BC; Colleen Smith, MSN, RN, NEA-BC; and Kathleen Stolzenberger, PhD, RN presented “8 Rs of Redesignation” at the 2014 ANCC Magnet Conference in Dallas, TX (October 2014)

Terri Savino, MSN, RN, CPHQ (QI); and Veronica Mansfield, APRN, AE-C, CCM (CCCM) presented “Continuity, Collaboration and Cost Reduction: Outcomes of Nurse Driven Collaboration Partnership” at the 2014 ANCC Magnet Conference in Dallas, TX (October 2014)

Lynn Jansky, MSN, RN-BC (CPD); and Larissa Morgenthal, MSN, RN-BC (CPD) presented Competency Redesign to Connecticut Hospital Association (November 2014) Congrats to the Geriatric Resource Nurses who presented posters at the Acute Care Geriatric Nursing Collaborative Conference (November 2014):

“Our Geriatric Population and the Power of Effective Communication;” Marilyn Greaves, BSN, RN-BC, CAPA (PPT)

“Pain Assessment in Patients With Advanced Dementia;” Kathryn Dornfeld, BSN, RN-BC, CAPA; and Susan Wiatrak, BSN, RN-BC, CAPA, CPAN (Surgical Center)

“The TUG/Timed Up and Go;” Cindy Marotta, RN, CEN (ED MH)

“Age Related Skin Changes;” Amy Haynes, RN-BC (N5)

“Promoting Safety Through Hourly Rounding;” Audrey Liu, BSN RN; Pat Williams, MPH, BA, RN-BC; and Daniela Calle, BSN, RN (S4)

“Increasing Mobilization of Older Adult Patients in the CCU;” Heather Marica, RD, RN, BS; and Michele Zito, RN (CCU)

Deb DePasqua, MSN, RN-BC, HNB-BC, HSM; and Cheryl Mohrlein, MSN, RN, OCN, NE-BC presented a podium presentation entitled “Holistic Nursing Care of Older Adults” at the Acute Care Geriatric Nursing Collaborative Conference (November 2014)

Terri Savino, MSN, RN, CPHQ (QI); and Mary Connelly, BSN, RN (Nursing Infomatics) presented their poster: “Sepsis Early Warning System Improves Outcomes” at the 26th Annual IHI National Forum on Quality Improvement in Health Care in Orlando, FL (December 2014)
Betty Molle, MSN, MS, RN-BC; Lauren Boule, MSN, RN-BC; and Andrea Hammett, MSN, RN presented their poster, “Redesigning our Preceptor Program” at the Capitol Area Alliance Research Day and at the Connecticut Nurses Association Conference (October 2014)

Mary Allegra, MSN, RN-BC; and Betty Molle, MSN, MS, RN-BC presented their poster, “Behavioral Characteristics of Staff Approaching Aggressive Patients: An Interprofessional Study” at the Capital Area Alliance Research Day and at the Connecticut Nurses Association Conference (October 2014)

Camille Servodidio, MPH, OCN, CCRP, RN; and Deborah Pantalena, BS, RN, OCN presented their poster, “Five Year Compliance Rates for Patients on Aromatase Inhibitors (AI) and Selective Estrogen Receptor Modulators (SERMS)” at the Capital Area Alliance Research Day (October 2014)

Gean Brown, MSN, RN, OCN; and Megin Iaccarino, BSN, RN published a paper in Nurse Navigator regarding Low-Dose CT Lung Cancer Screening (September 2014)

Gean Brown, MSN, RN, OCN (Cancer Center) co-authored “Voices of Oncology Nursing Society Members Matter in Advocacy and Decisions Related to U.S. Health Policy,” published in the Clinical Journal of Oncology Nursing (December 2014)

Paula Agogliati, MSN, RN, PCCN, Nurse Manager of Specialty Services and North 2 published an article, “What a Ride” in a diabetes publication, Reflections (August 2014)

Nurse Manager for North 4 and North 6 Kelly Haeckel, MSN, BSN, RN and her CIT Team were recognized in the American Organization of Nurse Executives (AONE) (September 2014)

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<tr>
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Gean Brown, Cancer Center, and Mary Jo Logan, Dialysis moved to the new Nursing Tower.