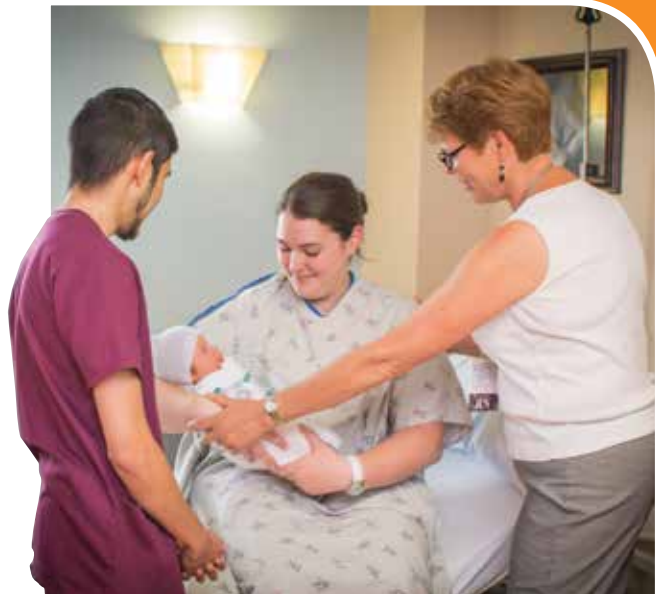


# Nursing



 **CMC**  
CATHOLIC MEDICAL CENTER  
a member of GraniteOne Health

A n n u a l  
R e p o r t

2016-2017







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## » CEO Welcome



To Catholic Medical Center's Nurses,

To many, nursing is more than a chosen profession. It is a calling for those compassionate men and women who decide to dedicate themselves to caring for others. Nursing at Catholic Medical Center (CMC) is at the very core of our Mission to provide health, healing and hope to all who seek our care. We – you – live this mission every day, treating each person with dignity and respect as we provide the highest quality care in the most compassionate way.

I'm always delighted when I meet a former patient or get a letter from a family member praising the experience they had at CMC. Many commend not only CMC's clinical excellence, but also the way our nurses and other providers make them feel cared for and safe. The word nurse comes from the Latin word for nourish. In your roles you nourish the mind, body and spirit of our patients and, in many cases, that of their loved ones as well.

Yet, consistently providing compassionate excellence is a job we can never consider as done. I am proud of the ways CMC's nurses strive to better themselves and the patient experience. From continuing education and conference participation to Nursing Senate and the Magnet journey, you are always working to ensure you are at the top of the nursing profession.

I am honored to present the 2016-2017 edition of the Nursing Annual Report. I thank all of our nurses for their devotion to our mission and our values and the vital role they play each day at here at CMC.

Joseph Pepe, MD  
President & CEO

## Mission Statement

The heart of Catholic Medical Center is to provide health, healing and hope in a manner that offers innovative high quality services, compassion, and respect for the human dignity of every individual who seeks or needs our care as part of Christ's healing ministry through the Catholic Church.



Dear CMC nurses,

This year's Annual Report celebrates the accomplishments and achievements of this past year, and in the following pages you will find evidence of the impact Catholic Medical Center nurses make every day.

The challenge in an ever-changing healthcare environment is to be able to maintain excellence and stay true to our Core Values: caring, human dignity, advocacy, competency, compassion, and excellence. I applaud each team member at CMC for taking the lead to ensure the consistent delivery of compassionate, patient-centered care to every patient and their family. It is clear that our providers and staff have made the commitment to sustain the highest excellence in nursing practice, and this annual report highlights their accomplishments.

Our nurses are furthering their professional education, achieving new certifications and participating in shared governance councils throughout the organization, all with the goal of serving our patients better while advancing their careers as registered nurses. As we move forward, we continue to strive to practice in an environment where our nurses feel satisfied, fulfilled and supported. Our commitment to excellence and values holds true for the nurses as well as the patient. I am very proud of the work done throughout the organization and level of nursing care and expertise provided at CMC and I am pleased to present you with the 2016-2017 Nursing Annual Report.

Sincerely,

*Jennifer R. Torosian, RN, MSN, NEA-BC*

Jennifer Torosian, MSN, RN, NEA-BC  
Interim Chief Nursing Officer



## ➤ Nursing Senate Co-Chair



Dear Fellow Nurses,

I am pleased to welcome you to the CMC Nursing Annual Report for 2016-2017. This year has been one of growth and evolution for CMC. The new and expanded simulation center with the high fidelity 3G SimMan and the addition of the SimView program, has allowed for more realistic simulations and the opportunity to debrief and review clinical scenarios. Hospital-wide mock codes have been introduced to incorporate the multidisciplinary team. We have sought to improve communication between staff with introduction of the voalté phone system.

The role of the nurse as a leader has been cultivated and encouraged with organization of the Nurse Leaders Leadership Academy and inaugural Fundamentals of Nursing Leadership symposium. Furthermore, four distinguished nurse leaders attended LEAN training with a focus on quality improvement strategies to improve processes within a healthcare system. Currently they are in the midst of completing projects at CMC with guidance from LEAN instructors. Many of CMC's talented nurses have presented quality and research projects, as well as nine poster presentations at local, state and national conferences from many nursing specialties. Four other podium presentations were highlighted at national conferences.

Development strategies have focused on education, with a large number of dedicated nurses returning to school to pursue bachelor's, master's, and APRN degrees. This past year has seen the largest distribution of funds for tuition reimbursement in CMC history. We have also seen an increase in membership for professional nursing organizations and specialty certifications. These exceptional nurses have been recognized for their efforts at the Nursing Excellence breakfast and Certified Nurses breakfast.

Participation in the PRP has steadily increased with more nurses qualifying for PRP3. This program also has expanded participation in unit-based and hospital committees and task forces, furthering the scope of shared governance within the organization. Unit and department-based initiatives have contributed to innovation at the bedside from those who know best—the bedside nurse! From the implementation of a No Pass Zone on CMU to improve responsiveness to call lights, to development of a Skin Team on CVSU for skin ulcer prevention and education, to noise reduction strategies, team building and morale boosting activities hospital-wide. The ingenuity and expertise of the bedside nurse are apparent throughout the organization.

As chair of the Nursing Senate I would like to thank everyone for all your hard work and enthusiasm. You are to be commended for the remarkable work you do each and every day and your continued commitment to excellence.

Warmest Regards,

Danielle Gagnon







# Professional Practice Model

CMC's Professional Practice Model is based on Jean Watson's theoretical framework of human caring and is encompassed by CMC's nursing mission and vision. Watson's philosophy supports knowledge, innovation, and clinical excellence within a caring, patient-centered model of nursing care. This fosters working relationships between technology and humankind while supporting autonomy, collaboration, and effective communication. CMC's Professional Practice Model was developed by nurses for nurses. It was created in 2010 and implemented throughout the organization in 2011. A commitment to Watson's caring framework was reconfirmed at Nursing's Strategic Planning Meeting in May 2015.

CMC nurses live and breathe our Professional Practice Model every day. They deliver quality nursing care based on the Professional Practice Model's core values of caring, human dignity, advocacy, competency, compassion, and excellence. Here is an example of an individual who truly lives these core values.

**Lisa Young, BSN, RN, PCCN**, Cardiac Medical Unit, was brought forward by the Cardiac Medical Unit Leadership team as a CMC RN who truly lives the Professional Practice Model.



**Nursing Excellence:** Lisa stays abreast of practice through literature review, conference attendance and serves as the leader of our unit Journal Club. After attending the ANA conference this year, she brought many new ideas and easy to implement practices to the department/organization. For example, CMU is implementing a new "quiet initiative" after Lisa shared and discussed the poster she reviewed that presented significant results in improving HCAP scores.

Lisa also demonstrates exceptional care that is holistic rather than segmental and is collaborative in nature. Lisa delegates and provides direct supervision to other health team members, patients and families in the provision of care. She makes clinical decisions based on an immediate assessment of the whole picture and identifies and addresses complex patient/family needs and system issues, developing a dynamic plan of care. She teaches/precepts other nurses in any and all settings. Lisa is a leader in the nursing division for the mentoring program and has encouraged and set a process in our department for all new staff to have a mentor. With a passion for quality, Lisa does audits in the department to determine standardization of practice with a goal of improving quality outcomes. She communicates the results of her findings to the team and offers suggestions on how to improve practice and meet the intent of standards. She is also a member and leader of the nurse discontinuation of telemetry protocol trial on CMU. In this role, she attends meetings at the department level, and with physician leadership and hospitalist providers to communicate data to enhance this trial, represents the department specific concerns and advocates for change supported by the evidence.

**Compassion:** Lisa identifies factors that interfere with or enhance the quality of life. She coordinates measures to address quality of life and/or end of life issues based on evidence and patient and family preferences. She has "those" conversations with providers and patients/families to facilitate developing the plan that best represents the patient/family wishes. She is realistic and compassionate at the same time. She teaches and mentors these skills to others.





**Competency:** Lisa became certified as a Progressive Care Certified Nurse through ANCC in 2016. She demonstrates a large body of knowledge which enables her to have a grasp of the whole picture of an individual patient and/or the unit when in charge. She anticipates barriers to optimal recovery/wellness and takes corrective action. Lisa is credible and competent in all roles of the bedside nurse in CMU as she is a strong charge nurse, discharge nurse and bedside nurse. As a member of ANA and NHNA she is active in regional state meetings and stays abreast of the best practice updates and changes.

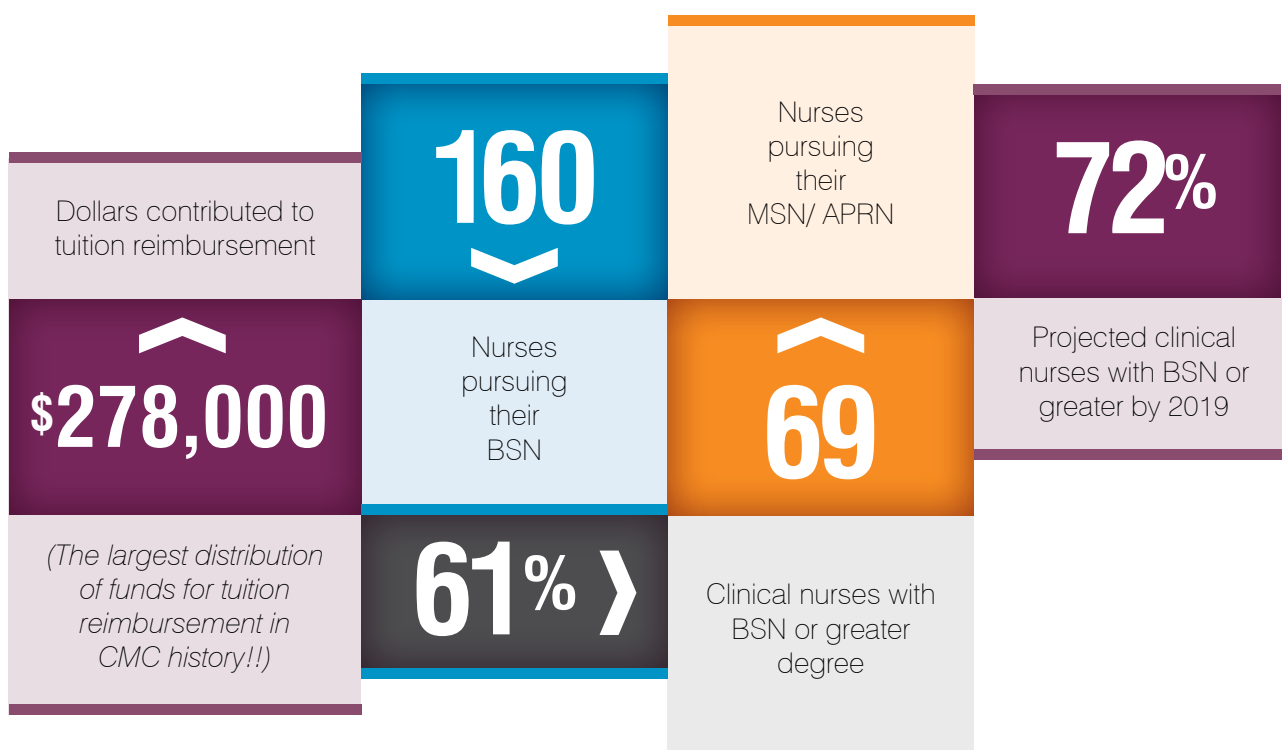
**Patient Advocacy:** Lisa demonstrates excellent conflict resolution skills, particularly with a multi disciplinary team to accomplish the patient’s goals. She seeks evidence based solutions and fosters clinical innovation to address problems in the clinical setting. She keeps the patient first and foremost in her actions and care plan. As an example, Lisa questions readiness and assesses knowledge through teach back to make certain the patient is ready for discharge or next level of care.

**Human Dignity:** She empowers patients and families to speak for/represent themselves. For example, when in the discharge nurse role, Lisa works with the interdisciplinary team to initiate and implement transition planning for patients and families. She demonstrates and recognizes that life is precious and works to support and enhance the life and dignity of patients.

**Caring:** Lisa recognizes the important aspects of care and caring, and has an intuitive grasp on the patient’s needs. She demonstrates understanding and recognizes the most important aspects of care and caring. Lisa implements a plan of care that coordinates the care needed in the post acute setting not only to prevent recidivism but also to prevent unnecessary hardships and stress on the patient/family unit. Lisa takes pride in her work and diligently role models the expectations of excellent patient care to others in the department.

Lisa is a strong, dedicated and intelligent nurse. She supports the efforts and champions department goals. She is resilient and committed to the patients, coworkers, department and CMC as a whole. She is the epitome of a professionally engaged nurse.

## CMC Nurses by the Numbers



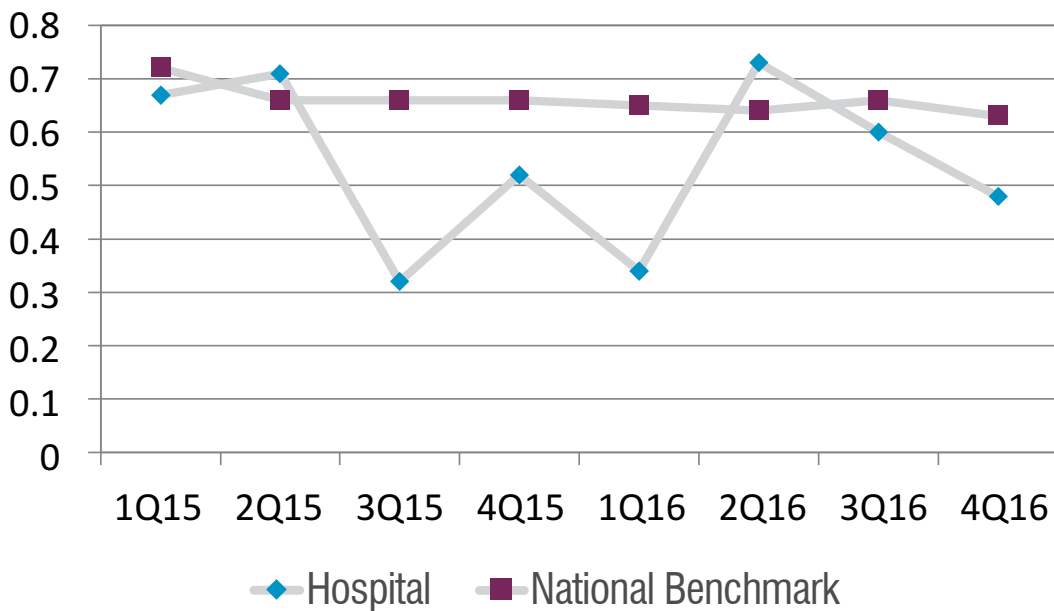


## Nursing Quality

Every day, more than 1,200 nurses at Catholic Medical Center create exceptional experiences for the patients we are privileged to care for. Their efforts are fueled by a passionate commitment to the families in our communities and an unwavering desire to achieve the highest levels of excellence in patient care. Our nurses are a driving force behind our quality initiatives. They provide critical insight to elevate patient care and give direction for future research.

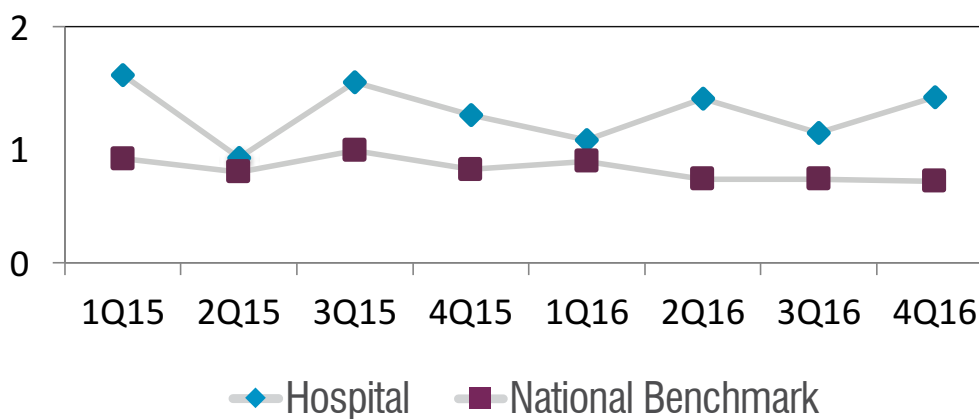
### Hospital Patient Falls with Injury

Falls with Injury/1000 Patient Days

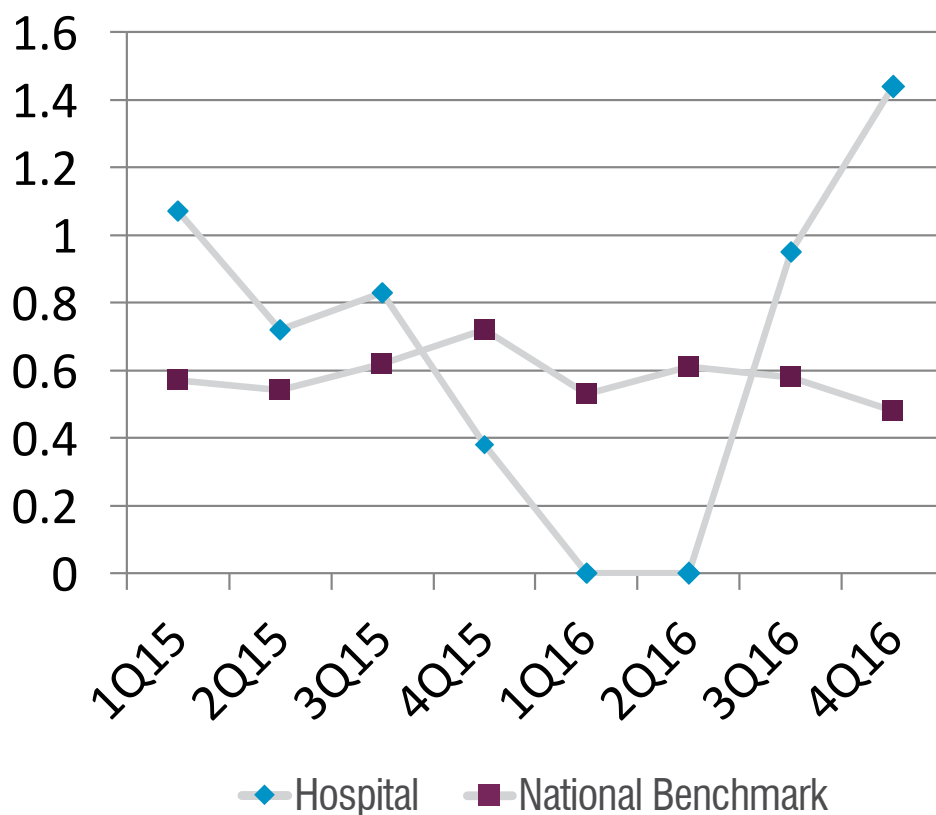


### Hospital Catheter Associated Urinary Tract Infection

CAUTI/1000 Patient Days

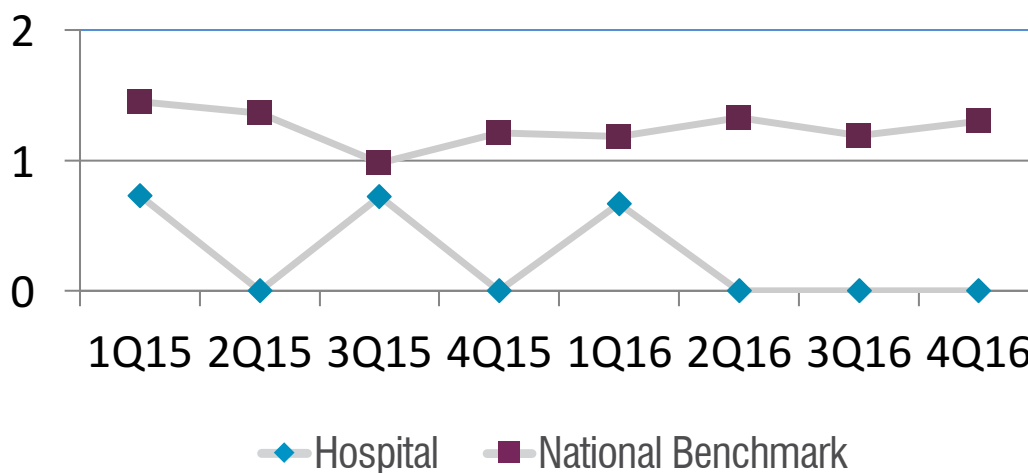


## Hospital Central Line Associated Blood Stream Infections (CLABSI)



## Hospital Acquired Pressure Ulcers

% Patients Surveyed with HAPU  $\geq$  Stage 2





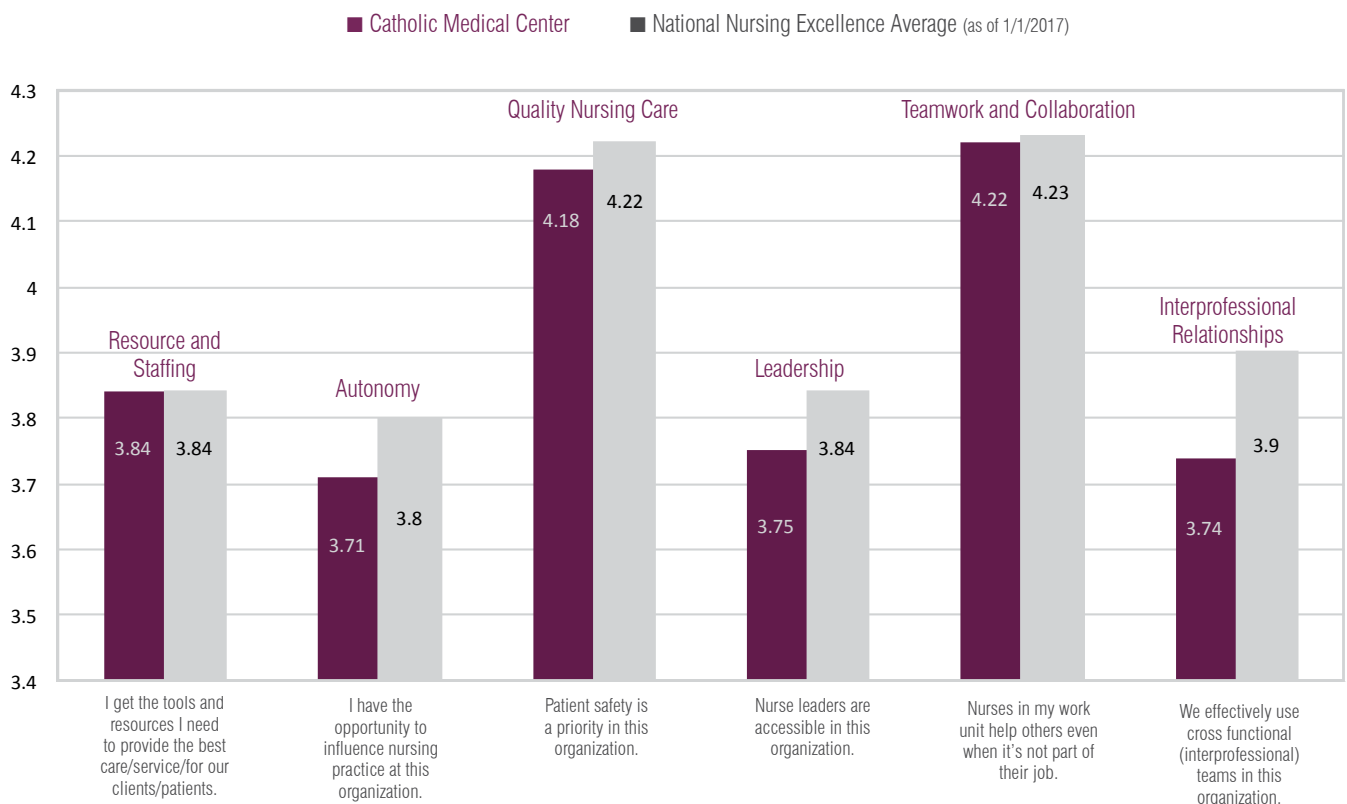




In 2016, CMC employees took part in the Press Ganey Employee Voice Survey. Part of the Employee Voice Survey was the Nursing Excellence Survey, a collaboration of the American Nurses Credentialing Center (ANCC) and Press Ganey to capture data supporting the ANCC Magnet Guidelines. Over 500 CMC nurses responded to the survey and their results were compared to a national mean.

Press Ganey states “As the largest segment of the health care workforce, engaged nurses are central to effective, efficient, caregiving teams. By capturing the voice of nurses, organizations can use these insights to understand the unique concerns of nurses, build a patient-centered culture that reduces stress for caregivers, and support strategies to attract and retain valued nurses.” The results from this survey will be used by Unit Practice Councils (UPCs) and Nursing Shared Governance to create pathways for growth and development throughout the year.

## ANCC Performance Scores



Following the survey, focus groups were conducted in Nursing Senate, other shared decision making councils and unit-based nursing staff meetings. The key areas addressed are below.

**Resource and Staffing.** Nursing leadership partnered with finance to perform an in-depth analysis of the patient daily census. As a result, bedside nursing positions as well as ancillary staff positions were added as indicated to help improve staffing ratios and unit needs.



**Autonomy.** Based on feedback from the survey, professional and career development opportunities were presented as an area of opportunity. We are looking at the possibility of providing a central location for all learning and development opportunities as well as the developing of career maps for bedside nurses and nursing leadership.

**Quality Nursing Care.** In collaboration with the nursing staff and directors, an assessment was done to evaluate patient care equipment needs. An additional fleet of IV pumps, modules and poles have been added, and we've increased the supply of k-pads and bed extenders. SAGE transfer systems have also been implemented throughout the hospital to improve patient care during lateral transfers.

**Leadership.** The need for increased visibility among nursing leadership was recognized. Senior leaders will continue to attend service line staff meetings quarterly and revisions of Quarterly Leadership Forums are being considered to better align with staffing schedules and availability. Senior nursing leadership staff rounds were implemented as well.

**Teamwork and Collaboration.** Shared governance and current committees were harnessed to encourage a greater cross-networking and build mutual understanding amongst units and departments. The communication of upcoming events will be more readily available and provided as early as possible and, when feasible, events will be planned farther in advance.

**Interprofessional Relationships.** In response to survey results, a Nursing Provider Communication workgroup was created. The group will be working on such areas as standardizing the expectations for RN/ MD interactions when rounding and evaluating policies and procedures regarding communication standards and procedures. In addition, the Crucial Conversations initiative will be rolled out to nursing leadership to help enhance interprofessional relationships.







# Nursing Certification, Education and Professional Development

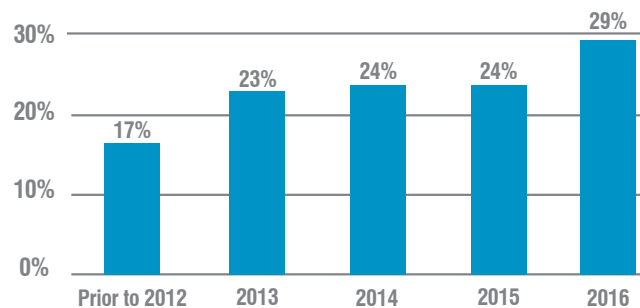
From July 2015 to January 2016, CMC awarded more than \$278,000 in tuition reimbursement, a continued rise from past years. This represents the largest distribution of tuition reimbursement funds by CMC to date. Over 200 nurses are currently pursuing their BSN or greater and we proudly celebrate our recent graduates.

## Certified Nurses

Catholic Medical Center supports credentialing for nursing specialty certification. Certification advances the profession of nursing by both encouraging and recognizing professional achievement. It is the formal process by which a certifying agency, such as American Nurses Credentialing Center (ANCC), validates a nurse's knowledge, skills, and abilities in a defined role and clinical area of practice, based on predetermined standards. Nurses achieve certification credentials through specialized education, experience in a specialty area, and a qualifying exam. CMC nurses are certified in specialty areas such as critical care nursing, OR nursing, emergency nursing, endoscopy nursing, oncology nursing and wound care nursing, to name a few.

One of Catholic Medical Center's strategic initiatives is to develop exceptional people, and will measure success in that domain by increases in the number of specialty certifications for nurses. We exceeded our 2016 goal and proudly continue helping to develop exceptional nurses.

% Certified RN



Minerva Ababon  
 Kristen Adamkowski  
 Krystle Alvino  
 Marilyn Ashour  
 Holly Atkinson  
 Melissa Baker  
 Jennifer Barr  
 Jennifer Barry  
 Julie Becker  
 Courtney Bergeron  
 Ry Billadeau  
 Elaine Boles  
 Sylvia Bortz  
 Kimberly Bouffard  
 Hannah Boutselis  
 Chelsea Brennan

Susan Bowden  
 Corey Boyd  
 Nicole Breckinridge  
 Kelly Britton  
 Phyllis Brown  
 Lisa Brunelle Smith  
 Kristen Byron  
 Karen Carpenter  
 Teresa Cataldo  
 Renee Chaput  
 Shaun Charest  
 Lori Chausse  
 Jamie Clark  
 Krysten Cohen  
 Barbara Collins  
 Joanna Corcoran

Laurie Coy  
 Taylor Cummings  
 Cynthia Curran  
 Shannon Curry  
 Heather Day  
 Theresa Defosses  
 Lise Delongchamp  
 Tanya DiGeorge  
 Rosanna Dinan  
 Sarah Doherty  
 Alicia Donnelly  
 Ashley Doughty  
 Anne Latva Draper  
 Jennifer Driscoll  
 Shannon Eaton  
 Rick Ellis

Stephanie Elwarner  
 Carrie Evans  
 Tracey Fahie  
 Julie Farnum  
 MaryAnn Finn  
 Mary Katlyn Fisher  
 Bryana Floyd  
 Kathey Fortin  
 Brittany Franzek  
 Jill Fudala  
 Marisa Fusco  
 Lauren Gagnon  
 Taylor Gehrish  
 Ashley Giddinge  
 Lauren Goodwin  
 Dawn Georges

<i>Theresa Gilbert</i>	<i>Melissa Kitchin</i>	<i>Christine McKenney</i>	<i>Crystal Sanders</i>
<i>Lauren Goodwin</i>	<i>Bridget Klecan</i>	<i>Amy McNichols</i>	<i>Traci Santos</i>
<i>Maureen Grafton</i>	<i>Diane Kobrenski</i>	<i>Heather Molloy</i>	<i>Jennifer Serafin</i>
<i>Leah Greenway</i>	<i>Cynthia Kolenda</i>	<i>Rebecca Morley</i>	<i>Judy Sheehan</i>
<i>Bridget Hagen</i>	<i>Jonathan Kovar</i>	<i>Holly Mulkern</i>	<i>Matthew Sheehan</i>
<i>Lynn Harkins</i>	<i>Jodie Lachance</i>	<i>Alicia Musto</i>	<i>Christi Smith</i>
<i>Jennifer Hart</i>	<i>Jennifer LaFlamme</i>	<i>Alex Mutuku</i>	<i>Kristine Smith</i>
<i>Jonathan Harvey</i>	<i>Keith Larocque</i>	<i>Jayne Newell</i>	<i>Lisa Smith Brunelle</i>
<i>Bonnie Hepler</i>	<i>Lori Laventure</i>	<i>William Nichols</i>	<i>Amanda Soares</i>
<i>Irina Higgins</i>	<i>Lisa Lavigne</i>	<i>Alicia O'Grady</i>	<i>Kristen Sorli</i>
<i>Sara Hiland</i>	<i>Alicia Law</i>	<i>Joan O'Neil</i>	<i>Patty Stella</i>
<i>Lauren Hill</i>	<i>Annemarie LeBlanc</i>	<i>Brandie Parker</i>	<i>Lauren Stevens</i>
<i>Julianna Holland</i>	<i>Krystle Linnane</i>	<i>Danielle Pelletier</i>	<i>Ellen Stickney</i>
<i>Amanda Horgan</i>	<i>Robin Lopez</i>	<i>Stephanie Pioccone</i>	<i>Sandra Stohl</i>
<i>Taylor Hughes</i>	<i>Katie Lord</i>	<i>Jessica Poulin</i>	<i>Shannon St. Onge</i>
<i>Jennifer Hussey</i>	<i>Michelle Lunderville</i>	<i>Judith Proulx</i>	<i>Katherine Stratos</i>
<i>Cynthia Induni</i>	<i>Valerie MacDonald</i>	<i>Donna Prunier</i>	<i>Nancy Spaulding</i>
<i>Sharon Ivas</i>	<i>Hannah Medico</i>	<i>Julie Purcell</i>	<i>Kimberly Toth</i>
<i>Michelle Jackson</i>	<i>Erin MaGuire</i>	<i>Cynthia Rearick</i>	<i>Elizabeth Waldron</i>
<i>Laurine Jacob</i>	<i>Tracy Mailhot</i>	<i>Karen Reis</i>	<i>Sandra Watts</i>
<i>Haley Jarek</i>	<i>Renee Marchand</i>	<i>Laura Rennie</i>	<i>Flor Whittaker</i>
<i>Sierra Jewett</i>	<i>Irene Martineau</i>	<i>Sarah Rioux</i>	<i>Julie Wilkins</i>
<i>Amy Johnson</i>	<i>Alanna Maurais</i>	<i>Margie Rodriguez</i>	<i>Tina Willess</i>
<i>Abigail Jones</i>	<i>Monica Matulonis</i>	<i>Joy Rogers</i>	<i>Elizabeth Williams</i>
<i>Sarah Jones</i>	<i>Deborah McCarter</i>	<i>Rebecca Roma</i>	<i>Stacie Veilleux</i>
<i>Brenda Karibian</i>	<i>Kristine McDaniel</i>	<i>Lisa Romanowski</i>	<i>Gloria Yennaco</i>
<i>Elizabeth Katsikides</i>	<i>Amy McDonough</i>	<i>Mario Romilla</i>	<i>Cheryl Yianakopolos</i>
<i>Kevin Kenney</i>	<i>Ellen McGovern</i>	<i>Karen Roy</i>	<i>Lisa Young</i>
<i>John Kettinger</i>	<i>Dawn McGuire</i>	<i>Wendy Sacco</i>	<i>Rebekah Zeiba</i>
<i>Sarah Kiernan</i>	<i>Joshua McGuire</i>	<i>Matthew Sage</i>	<i>Michelle Zorawowicz</i>
<i>Sarina Kimball</i>	<i>Sarah McIntear</i>	<i>Leah Sancioff</i>	

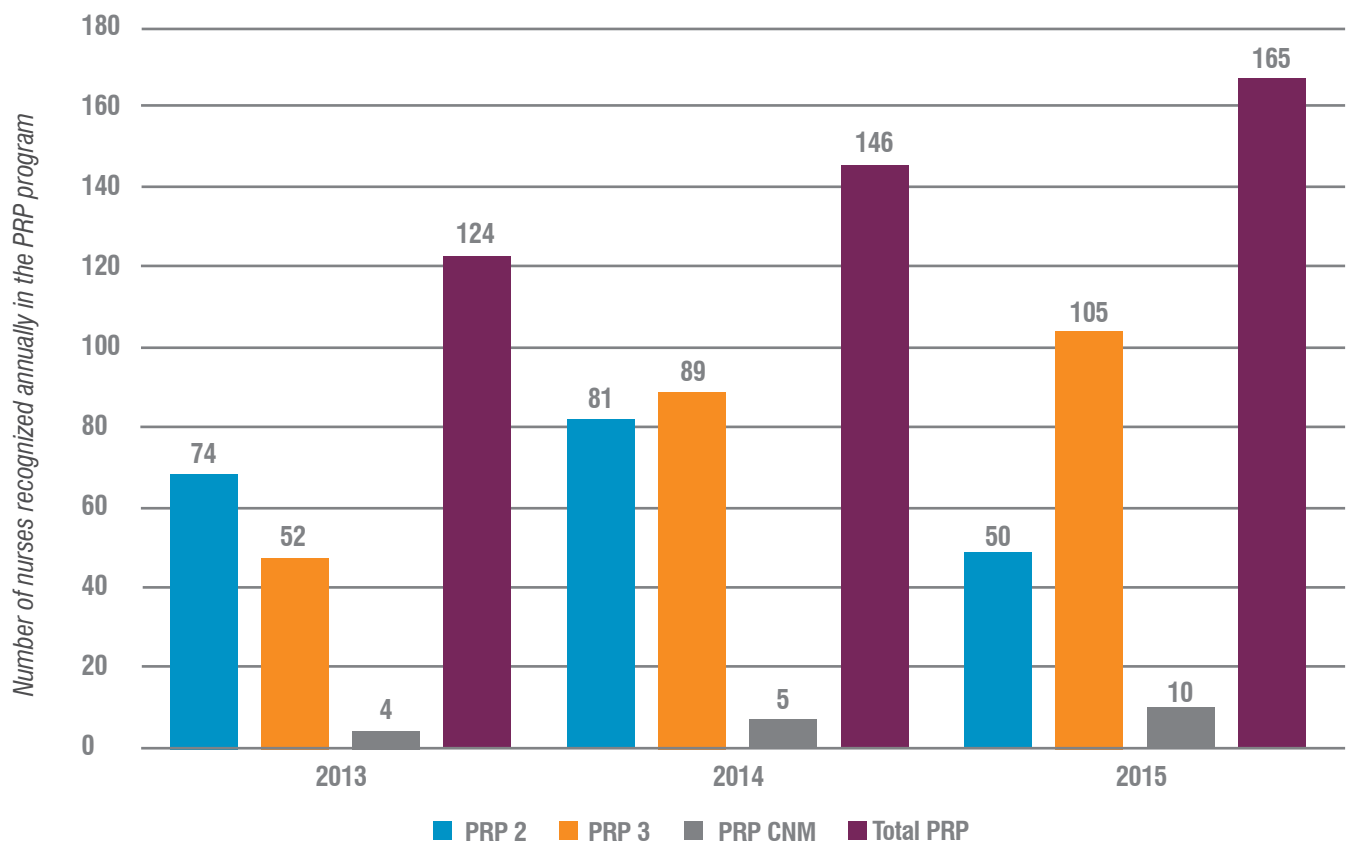
Criteria	Prior to 2012	2012	2013	2014	2015	2016
<b>NURSING LEADERSHIP</b>						
<b>Certification</b>	<b>37%</b>	<b>39%</b>	<b>52%</b>	<b>46%</b>	<b>65%</b>	<b>71%</b>
<b>MSN in Nursing</b>		<b>23%</b>	<b>28%</b>	<b>35%</b>	<b>83%</b>	<b>94%</b>
<b>DIRECT CARE NURSES</b>						
<b>Certification</b>	<b>17%</b>	<b>23%</b>	<b>23%</b>	<b>24%</b>	<b>24%</b>	<b>29%</b>
<b>BSN or Higher Nursing Degree</b>	<b>34%</b>	<b>45%</b>	<b>45%</b>	<b>47%</b>	<b>57%</b>	<b>64%</b>



## Professional Recognition Program

The Registered Nurse (RN) Professional Recognition Program (PRP) is a program which recognizes and rewards commitment to, and expertise in, clinical practice for the RN. Based on the American Association of Critical Care Nurses Certification Corporation Model for Patient Care and on Patricia Benner's concepts of "Novice to Expert," the program reflects the values and philosophy of professional development. This recognition program identifies characteristic behaviors for each competency and recognizes the contribution of nurses at these performance levels. This year the PRP Program recognized and rewarded 170 direct care nurses for their extraordinary professional practice and ongoing contributions to the practice environment.

### Professional Recognition Program





**PRP-2**

Kristen Adamkowski  
 Holly Atkinson  
 Melissa Baker  
 Megan Beaulieu  
 Ry Billadeau  
 Chelsea Brennan  
 Katelin Brouillette  
 Corey Boyd  
 Kristen Byron  
 Teresa Cataldo  
 Jamie Clark  
 Laurie Coy

Taylor Cummings  
 Cynthia Curran  
 Heather Day  
 Lise Delongchamp  
 Alicia Donnelly  
 Jennifer Driscoll  
 Shannon Eaton  
 Stephanie Elwarner  
 MaryAnn Finn  
 Mary Katlyn Fisher  
 Jill Fudala  
 Taylor Gehrish  
 Ashley Giddinge

Bridget Hagen  
 Lynn Harkins  
 Irina Higgins  
 Julianna Holland  
 Amanda Horgan  
 Jennifer Hussey  
 Kevin Kenney  
 Melissa Kitchin  
 Bridget Klecan  
 Cynthia Kolenda  
 Kieth Larocque  
 Michelle Lunderville  
 Irene Martineau

Monica Matulonis  
 Deborah McCarter  
 Amy McNichols  
 Heather Molloy  
 Holly Mulkern  
 Alicia Musto  
 Alex Mutuku  
 William Nichols  
 Alicia O'Grady  
 Stephanie Pioccone  
 Laura Rennie  
 Rebecca Roma  
 Karen Roy

Wendy Sacco  
 Allison Sonberg  
 Kristen Sorli  
 Ellen Stickney  
 Shannon St Onge  
 Nancy Spaulding  
 Elizabeth Waldron  
 Julie Wilkins  
 Stacie Veilleux  
 Taylor Gehrish

**PRP-3**

Minerva Ababon  
 Krystle Alvino  
 Marilyn Ashour  
 Jennifer Barr  
 Jennifer Barry  
 Julie Becker  
 Elaine Boles  
 Sylvia Bortz  
 Kimberly Bouffard  
 Hannah Boutselis  
 Susan Bowden  
 Nicole Breckinridge  
 Kelly Britton  
 Phyllis Brown  
 Lisa Brunelle Smith  
 Karen Carpenter  
 Renee Chaput  
 Shaun Charest  
 Lori Chausse  
 Krysten Cohen  
 Barbara Collins  
 Joanna Corcoran  
 Shannon Curry  
 Theresa Defosses

Rosanna Dinan  
 Lynda Doherty  
 Sarah Doherty  
 Anne Latva Draper  
 Kim Eldredge  
 Carrie Evans  
 Tracey Fahie  
 Julie Farnum  
 Kathey Fortin  
 Brittany Frankzek  
 Marisa Fusco  
 Lauren Gagnon  
 Theresa Gilbert  
 Michelle Godette  
 Lauren Goodwin  
 Leah Greenway  
 Kristen Haggerty  
 Donna Hansen  
 Jennifer Hart  
 Bonnie Hepler  
 Sara Hiland  
 Lauren Hill  
 Taylor Hughes  
 Cynthia Induni  
 Sharon Ivas

Michelle Jackson  
 Laurine Jacob  
 Haley Jarek  
 Sierra Jewett  
 Amy Johnson  
 Abigail Jones  
 Sarah Jones  
 Brenda Karibian  
 Elizabeth Katsikides  
 John Kettinger  
 Sarah Kiernan  
 Sarina Kimball  
 Diane Kobrenski  
 Jonathan Kovar  
 Jodie Lachance  
 Jennifer LaFlamme  
 Lori Laventure  
 Lisa Lavigne  
 Alicia Law  
 Annemarie LeBlanc  
 Krystle Linnane  
 Katie Lord  
 Valerie MacDonald  
 Hannah Medico  
 Erin MaGuire

Tracy Mailhot  
 Renee Marchand  
 Kristine McDaniel  
 Amy McDonough  
 Ellen McGovern  
 Dawn McGuire  
 Joshua McGuire  
 Tina McGuirk  
 Sarah McIntear  
 Christine McKenney  
 Rebecca Morley  
 Joan O'Neil  
 Brandie Parker  
 Danielle Pelletier  
 Jessica Poulin  
 Judith Proulx  
 Julie Purcell  
 Cynthia Rearick  
 Karen Reis  
 Joy Rogers  
 Lisa Romanowski  
 Mario Romilla  
 Matthew Sage  
 Leah Sancoff  
 Crystal Sanders

Traci Santos  
 Jennifer Serafin  
 Matthew Sheehan  
 Chelsea Simard  
 Christi Smith  
 Kristine Smith  
 Lisa Smith Brunelle  
 Amanda Soares  
 Lauren Stevens  
 Katherine Stratos  
 Kimberly Toth  
 Sandra Watts  
 Flor Whittaker  
 Tina Willess  
 Elizabeth Williams  
 Jennifer Vertullo  
 Gloria Yennaco  
 Cheryl Yianakopolos  
 Lisa Young  
 Rebekah Zeiba  
 Michelle Zorawowicz

**PRP-CNM**

Christine Barry

Tanya DiGeorge

Donna Prunier

Margie Rodriguez







## ➤ Highlights of Practice

### Daisy Award

DAISY Award winners are nominated by co-workers, patients and families who recognize the care and dedication they received from a nurse at CMC. The DAISY Award is part of a national foundation started by the Barnes family after they lost a son, J. Patrick Barnes, to complications from a blood disease. The Barnes family created the DAISY Award to thank and recognize nurses throughout the country. The following nurses have been honored with this award this year:

*Kristen Haggerty, RN, BSN*

*Andrea Gagnon, RN, BSN*

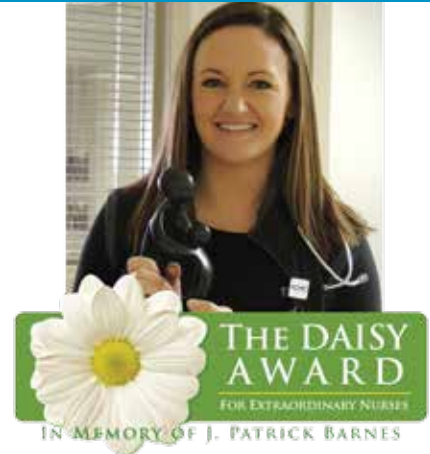
*Emily Warner, RN, BSN*

*Kristin Alexander, RN, BSN*

*Kristen Keeffe, RN, BSN*

*Alanna Maurais, RN, BSN, PCCN*

*Linda Ega, RN*



### Women's Wellness & Fertility Center

CMC's Women's Wellness & Fertility Center is a mission driven center of excellence for high quality obstetric and gynecologic care, education and research that approaches fertility as a natural part of health and wellness. The Center was opened on March 8, 2017 and delivers care grounded in evidence-based medical practices while incorporating the Catholic ethical standards of healthcare and providing care regardless of faith, circumstance, or culture.

The providers at our Center employ NaProTECHNOLOGY, a groundbreaking, approach to reproductive care and is the only comprehensive OB/GYN service in New England with an entire staff fully dedicated to the philosophy of NaProTECHNOLOGY.

### Voalté

In May of 2015, voalté phones were rolled out to the inpatient units at CMC. Initially, representatives from all nursing units and departments were invited to participate in the discussions about acquiring communication devices that would allow nursing staff to readily communicate with patients and all members of the care team. The voalté phone was chosen and an initial trial was implemented in telemetry, medical/surgical, labor and delivery, and cardiac interventional units. All members of the care team on the unit were issued a phone at the beginning of their shift.

Providers used a secure voalté application on their cell phones. After the successful trial, additional phones were purchased and implemented to all units/departments. A study done at CMC showed that users reported increased communication satisfaction with the implementation of voalté phones, as well the ability to more effectively do their jobs. In addition, a statistically significant increase in efficiency was noted, as related to step count throughout a shift. Lisa Young, RN presented the research findings at this year's ANA's Quality conference. Voalté phones and their impact on the clinical environment continue to be looked at throughout the organization to ensure success.







## Mentorship Program

Catholic Medical Center's nursing mentorship program has been taking root over this past year with increased involvement in the majority of the units. At this time, there is a 2:1 ratio of available mentors to mentees throughout the organization, and new graduates have reported increased support and reassurance stemming from this program.

Quarterly Mentorship breakfasts have been developed by Kathie Poplar RN-BC, MSN; Department of Education and Emily Gaudette, BS; Director of Organizational Development to provide a forum for mentors to collaborate their ideas, discuss barriers and troubleshoot for resolutions. In addition, these breakfast meetings offer CE for educational spotlights with leadership and communication skills to facilitate the growth of our mentors. The turnout and feedback from participants has been outstanding and the program looks forward to continued growth and support.

# Patient Flow Program 10 by 10 Discharge Initiative

## HOSPITALIST:

- Identify patient by 3 PM
- Enter discharge pending order
- Communicate to SW/CM patients selected
- Enter labs or radiology orders, timed so they are completed by 8 AM
- Begin discharge paperwork
- Enter discharge order by 9 AM on day of discharge

## SOCIAL SERVICE/CASE MANAGEMENT:

- Enter discharge date in Sunrise – Actual/planned discharge column
- Review/complete discharge needs – VNA, SNF time arranged, ambulance pre-scheduled, order necessary equipment
- Communicate plan with patient and family

## NURSING:

- Communicate discharge plan with patient and family
- Update white board with date and time so patients are aware
- Obtained dressing supplies and other items needed for discharge
- Communicate with patient/family that clothing, ride and anything needed during transport will be readily available at time of discharge. If ride not available, patient will go to the Discharge Hospitality Lounge
- Include in shift huddle as well as passing along to next shift during shift report that this is a 10 by 10 patient
- Patients on the Nursing Station White Board by placing the number 10 in front of the patient's name

## PT/OT:

- Communicate with SW/CM any discharge equipment needs
- Provide early treatment session day of discharge

Organizations such as the Institute for Healthcare Improvement and the Joint Commission have recognized the importance of patient flow and have set standards and made recommendations to help optimize the patient flow throughout organizations. CMC has responded to the call in multiple ways. We created a nursing-staffed Discharge Hospitality Lounge, wrote discharge and full capacity protocols as well as a code gridlock, and piloted a discharge nurse. Information Systems created an electronic dashboard identifying pending discharge orders. Additionally, we changed the process of receiving reports from the ED and, most recently, established a new role in naming Anne Vanhirtum, RN, in 2016 as the Director of Patient Flow.

As the director of Patient Flow, Anne has played an instrumental role in programs such as the 10 by 10 discharge initiative, working with the hospitalists, nursing staff and other ancillary support to facilitate patients identified for early discharge. Keys to the program's success have been constant communication, and frequent training updates. The increased attention and focus on helping providers transfer, discharge or otherwise meet a patient's needs have started to be recognized by data trends. Over the past year CMC has seen a 10% increase in patients that are discharged by 2 PM, while the inpatient admission rate has increased by 7% and the total case mix index has increased from 1.61 and 1.67. In addition, the organization has not only been able to meet its goal for discharges by 2 PM but has surpassed its goal for 2017 as well.

Implementing these initiatives has helped the organization meet the Institute of Medicine's safety and quality competencies of working with interdisciplinary teams, employing evidence based practices, applying quality improvement, and utilizing informatics all while ensuring patient-centered care.



Newly created Discharge Hospitality Lounge

## LEAN Training

Four CMC nurse leaders attended LEAN training over the past year. Donna Prunier, RN, from The Mom's Place; Kelly Holden, RN, from E100/E400; Marcy Rushford from Radiology; and Celeste Legere RN, MSN, from the OR all spent several weeks of training in the program, which leads quality improvement initiatives designed to improve processes within a healthcare system. They can now take this knowledge and work with CMC LEAN instructors to complete LEAN projects at CMC.

## SIM-Mock Codes Hospital-Wide

This year welcomed the opening of a new Simulation Center at CMC, under the direction of Kathryn Todd, RN. This new Simlab and SimView Program allows for live streaming and viewing of clinical scenarios and incorporates the use of a new high-fidelity 3G SimMan. A debriefing room was added as were more advanced and realistic simulations. Finally, with the help of Carmen Petrin, RN, multidisciplinary CodeBlue and Rapid Response drills were fine tuned and practiced in the Sim Lab and have now been implemented live on the patient care units.

## Organization of Nurse Leaders

Amy McDonough, RN was one of twenty-five nurses accepted into the Organization of Nurse Leaders (ONL) national Leadership Academy. This intensive program is designed to expand knowledge, practice and leadership skills over the course of the program and helped pave the way for Amy to complete quality improvement projects at CMC while immersed in the class.

## Transformational Leadership Session

Transformational leadership theory described by Bass (2008), suggests that such leaders motivate and inspire their followers and change them into moral agents through four elements: idealized influence or charisma, inspirational motivation, intellectual stimulation, and individual consideration of the follower (Bass, 1999). Improving leadership knowledge, skills, and attitude of nurses can be linked to patient safety as well as healthy work environment (Blake & Young, 2015). Establishing a healthy work environment for nurses should positively affect the care nurses provide to patients. According to Shirey (2006), a shortage of nurses is projected, and a stressful and overworked environment has exacerbated this problem. Consequently, improving the work environment plays a critical role in maintaining an adequate nurse workforce (Shirey, 2006).

Inka Vesela, a PhD candidate from Capella University and a current ICU nurse at CMC, introduced a transformational leadership training to nurse leaders at Catholic Medical Center this spring as part of her capstone project. The intent of this project was to understand if the implementation of a transformational leadership training program would improve the transformational leadership knowledge in clinical nurse managers here at CMC.

Transformational leadership in healthcare is beneficial for staff and patients while leadership training is lacking behind other industries (McAlearney, 2006). Leaders play a critical role in organizational success and they influence organizational performance (Bass, 2008; Kaiser, Hogan, & Craig, 2008). Development of leadership skills at the point of care can be accomplished through charge nurses. This will improve nurses' work experience, enhance patient care, and advance healthcare as a whole. According to Fulks and Thompson (2008), appropriately training charge nurses adds significant value to healthcare organizations and can help avoid costly consequences. Galuska (2014) showed the importance of leadership training in healthcare in her meta-analysis of literature. It was also noted

that ineffectiveness arises when charge nurses are promoted to leadership positions without formal management training and therefore they do not have the proper skills and competencies (McCallin & Frankson, 2010). In addition, ineffective and untrained leaders cannot develop new leaders, which are the responsibility of charge nurses (Sherman & Pross, 2010). Leadership skills are practiced more when development is provided. This was confirmed by a study of 30 charge nurses in a Turkish hospital, indicating there is a need for leadership training in this population (Duygulu & Kublay, 2011).

Transformational leaders can create a positive work environment and continually develop upcoming leaders (Bass, 2008). There is a clear need for transformational leadership training (Lievens & Vlerick, 2014) and Duygulu and Kublay (2011) indicate that leadership training programs are effective. This indicates that charge nurses who have leadership and management responsibilities should be trained to lead and manage. The results of Inka's work here at CMC will be published as partial fulfillment of her capstone project requirements.

## Unit-Based Initiatives

### RMU

- RMU staff led renovation including painting, privacy curtains/valances, redesign and set up for dayroom
- Installation of glass partitions around nurses station to control noise on unit
- Installation of census monitor and patient therapy schedule to increase efficiency
- Implementation of Nurse Leader rounds

### CMU

- Implemented No Pass Zone
  - Call light responsiveness
  - Following patient satisfaction data for call light responsiveness
- Staff identified areas for improvement
  - Teamwork and communication
  - Developed five 2-hour retreats for all CMU staff
    - Crucial Conversation elements
    - Tools for effective communication
    - Strategies to avoid conflict based on personal communication styles
- Implementation POD nursing model of care
- Staffing and scheduling committee developed unit standards for self-scheduling
- 3 RNs received PCCN certification

### Transfer Center and Cancer Care

- Transfer Center informational brochure developed and distributed to hospitals throughout NH.
- Cancer Survivorship Care Planning implemented at CMC in collaboration with NCCC.
- Manchester Care Coordination Collaborative between CMC and Elliot Hospital to improve care transitions and reduce readmissions.

### CVSU

- Created unit-based teams to participate in CVSU's environment and a patient care
- Created Skin Team
  - Additional education
  - Resources on the unit for strategies for prevention, wound staging, and interventions
- Bariatric Program Certified
  - Reader's Choice Award in Union Leader
- Piloted resource RN for additional support of new graduate nurses



- Nine RNs received PCCN certification
- Open heart surgery pillows
  - Pillows are used specifically for our open heart surgery patients that have chest incisions
  - Idea generated by Kathey Fortin, RN
  - Project part of iSpark initiative at CMC

## Department of Education

- Restructure of Nursing Orientation
  - Innovative modalities used in place of PowerPoint (e.g. videos)
  - Decreased initial week of classroom time by one day and implemented a week 4 bring-back day with emphasis on simulation and critical thinking
- Essentials of Critical Care on-line learning through AACN
  - Increased simulation training from 4 to 12 hours

## Radiology/Nursing

- Expanded radiology nursing to include prep and recovery of outpatients in the radiology department 7 AM-7 PM, reducing the number of patients in ASC and inpatient units
- Provide IV hydration to outpatients prior to IV contrast. Patients remain in outpatient department
- Low Dose CT Lung Screening program received official designation from American College of Radiology
  - Radiology RNs maintain database and complete the follow up with ordering providers
- More than 50% of nurses are certified

## Emergency Department

- Completed recertification review and maintained designation as Trauma Center
- Over the next year pursuing a Level 3 Trauma Center Certification from the American College of Surgeons
- Piloted telestroke i-Pad ambulance notification for emergency stroke patients
- All nurses are certified in NIH Stroke Scale
- Instrumental in primary stroke certification from Joint Commission

## E100

- Monthly themed pot-luck on unit to boost morale
- Staffing and utilization committee formed to focus on areas of opportunity
- Four ceiling lifts installed
- Renovated nurse's station
- Facelift for unit; increased by 5 beds
- Organizing Ortho Conference in October
  - Staff research and present
- PFAC rounds
  - First pilot unit
  - Five Ps & AIDET

## E200

- Discharge/Patient Flow Nurse
- Discharge Hospitality Lounge
- Increased staff participation on hospital councils
- Staff-driven Initiatives
  - Self-scheduling guidelines
  - Holiday staff scheduling
  - Revamped UPC with increased participation
  - Increased RN Specialty Certification

- Chemotherapy/biotherapy trained nurses increased awareness on other units Sep-Dec education
- Oncology Nursing Society conference attendees (Tina McGuirk, RN and Donna Hansen, RN) provided oncology-based road shows

## The Mom's Place

- Delayed newborn bath initiative
- NAS (neonatal abstinence syndrome) pamphlet development for patients, outpatient offices and PCC
- Prenatal, infant, toddler yoga
- Safe Sleep parent video
- Staff education provided for Neopuffs used at all deliveries
- Monthly Lunch and Learns
- Maternal massive transfusion protocol

## Special Care Nursery

- Completion of timed cord clamping policy and implementation
- Development of Golden Hour checklist for SCN admits < 32 weeks
- Code NOAH (neonate on arrival-help)
- Neonatal transport team
- Oral glucose gel for treatment of neonatal hypoglycemia
- Read To Me program

## Cardiac Rehab and Education

- Revising pre-operative booklet reflecting transfemoral approach TAVR
- Balance and Falls Prevention Clinic with Outpatient PT team
- Cardiac Rehab successfully recertified with American Association of Cardiovascular & Pulmonary Rehabilitation

## Diabetes Education

- Certified Diabetes Educators (CDE) implemented use of the Continuous Glucose Monitoring with patients who are facing dietary challenges
- Collaboration with RD, CDE, Outpatient Diabetes Resource Institute, exercise physiologists launched first National Diabetes Prevention Program to 12 participants

## ICU

- Resource nurse program started to support nurses new to critical care
- Family committee developed welcome packet for unit
- Educational committee developed educational boards for staff on "hot topics"
- Supported six senior practicum nursing students
- Unit focus on pain and sedation

## HVIU

- Addition of a part-time nurse educator to unit
- Nurse-driven discharge protocol
- Decreased LOS for TAVR patients
- New patient population: mitral clip patients

## Nurse Float Pool

- Added coded LNAs to float pool
- Expanded coverage of RNs to CVSU and The Mom's Place
- Revamped UPC with increased participation







# ➤ Nursing Awards

## Nursing Scholarships

In 2016, Catholic Medical Center awarded more than \$7,500 in nursing scholarships. Diane Kobrenski, RN, ICU, was awarded the Mike Ross Scholarship and the Nursing Excellence Scholarships were proudly given to Robin Lopez, RN, Dept of Education; Laura Rennie, RN, Radiology; Krysten Cohen, RN, E100; and Colby Tierney, RN, ICU. Additionally, Tiffany Rocheleau, RN, Murphy Unit; Tennayah K. Boisvert, RN, Float Pool; and Kathleen M. Luebker, RN, ICU, each received the Yvette Gaumont Scholarship.

## Patient Experience Award (2016): Rehabilitation Medical Unit

The RMU was awarded the 2016 Patient Experience Award for their leadership and overall patient-centered approach to care. The unit is known for consistently delivering an exceptional patient experience and patients consistently compliment staff on their above and beyond approach and commitment to explain medications and their plan of care. Patient experience scores confirm that their teamwork approach supports patient-centered care. Scores for this team are consistently above the 90<sup>th</sup> percentile: 95<sup>th</sup> for courtesy, 92<sup>nd</sup> for availability and 92<sup>nd</sup> for keeping patients informed. In 2016, a leadership rounding program was also introduced to better connect with patients and an astounding 98% of the patients on RMU reported that they were visited by nurse leaders. This success could not have happened without the dedication of the unit staff. A final example of this team's dedication to their patients is at discharge when they send patients off with a team goodbye and a thank you for allowing the team to care for them during their stay. This team makes a work of heart a daily practice!



## Ongoing Research Projects

### Perceptions of Postpartum Depression (PPD) Care in a Sample Study

- Participants: Deborah McCarter-Spaulding

### Enhancing Follow-up for Women at Risk of PPD

- Deborah McCarter-Spaulding

### Use of Nasal Atomizer to Improve the Quality of Specimen for Influenza A and B Nasal Swabs

- Joan Cathy Widmer

### Acupressure and Aromatherapy Bands Impact on Reducing Postoperative Nausea in Bariatric Surgical Patients

- Laura Stevens

## Evidence-Based Practice

### Presentations

- A poster highlighting the Professional Recognition Program was presented at the ANA Annual Conference in 2016. This innovative process change embedded CMC's Nursing mission, vision and core values using the AACN's model for Patient Care and principles from Benner's Novice to Expert model. The PRP program improved the total number of PRP participants each year, and increased the percentage of PRP-3 and PRP-CNM applicants awarded each year. Secondary benefits were realized as well: an increase to nursing specialty certification was noticed, as was an increase in participation in unit and hospital committees and task forces.
- Many CMC nurses were asked to present their quality improvement and research projects at national and regional conferences this year. Nine poster presentation and four podium presentations were presented over the past year. Congratulations to our very talented and driven nurses!

*Janice Lucier RN, BSN*

*Colleen Pouliot RN, BSN*

*Christine Grunewald RN, BSN*

*Lauren D'Urso RN, MSN*

*Brittany Franzek RN, BSN*

*Jan Deziel RN, MSN*

*Jennifer Torosian RN, MSN*

*Nicole Pendenza RN, BSN*

*Tanya DiGeorge RN, BSN*

*Gloria Yennaco RN, BSN*

*Rebekah Zeiba RN, BSN*

*Sharon Meehan RN*

*Cindi Curran RN, BSN*

*Keturah Kreps RN*

*Deborah McCarter-Spaulding RN, MSN*

*Stephanie Elwarner, RN, BSN*

*Sylvia Bortz, RN, BSN*

### Publications

- Widmer, J.C. & DiNapoli, P.P. (2017). Improving the quality of nasal specimen collection for influenza A and B screening. *Journal of Emergency Nursing*, 43(3), 208-213.
- Grunwald, E. & Vital, C.J. (2016). Achieving Magnet Recognition the third time around. *American Nurse Today*, 11(9), 49-51.





# CMC Strategy: 2020

**Mission:** The heart of Catholic Medical Center is to provide health, healing and hope in a manner that offers innovative, high quality services, compassion and respect for the human dignity of every individual who seeks or needs our care as part of Christ's healing ministry through the Catholic Church.

**Vision:** Guided by our Mission and Values, we are committed to becoming the finest customer experience, lowest cost, best outcome provider in the region.

**Values:** Compassion, Human Dignity, Excellence, Respect, Patient-Centered.

	<b>People:</b> Employer of Choice	<b>Service:</b> Recommended Healthcare Provider	<b>Quality:</b> Right Care, Right Time	<b>Finance:</b> Maximized Resources	<b>Growth:</b> Transformation & Advancement
<b>CMC Organizational Goals</b>	<ul style="list-style-type: none"> <li>Strong leaders</li> <li>Engaged employers</li> <li>Aligned providers as partners</li> </ul>	<ul style="list-style-type: none"> <li>Customer-centered</li> <li>Consistent and efficient</li> <li>Community focused</li> </ul>	<ul style="list-style-type: none"> <li>Zero harm</li> <li>Performance improvement culture</li> <li>High-value care delivery</li> </ul>	<ul style="list-style-type: none"> <li>Strong income</li> <li>Appropriate capital resource allocation</li> <li>Diversified revenue</li> </ul>	<ul style="list-style-type: none"> <li>Excel in service lines</li> <li>Extend geographic reach</li> <li>Expand covered lives</li> <li>Engage stakeholders</li> </ul>
<b>Nursing Goals</b>	<ul style="list-style-type: none"> <li>Strong nursing leaders</li> <li>Engaged nursing services staff</li> <li>Providers/nursing staff as partners</li> </ul>	<ul style="list-style-type: none"> <li>Customer-centered</li> <li>Consistent and efficient care</li> </ul>	<ul style="list-style-type: none"> <li>Zero harm culture</li> <li>A culture focused on performance improvement, evidence-based practice, and innovation</li> </ul>	<ul style="list-style-type: none"> <li>Operational efficiency</li> <li>Strategic deployment of capital resources</li> </ul>	<ul style="list-style-type: none"> <li>Excel in service lines</li> <li>Strengthen clinical affiliation</li> <li>Extend access to community and hospital staff education</li> </ul>

**Nursing Mission:** Catholic Medical Center provides quality patient-centered care through collaborative relationships incorporating evidence-based practice and advanced technologies, thereby fostering health.

**Nursing Vision:** We will be leaders of collaborative and professional nursing practice serving as a model for excellence in healthcare.

**Nursing Values:** Excellence, Caring, Human Dignity, Patient Advocacy, Competency, Compassion.

# Vision

We will be leaders of collaborative and professional nursing practice serving as a model for excellence in healthcare delivery.

Quality of Care	Best Practice & Innovation	Satisfaction	Leadership	Community Service	Professional Development
<ul style="list-style-type: none"> <li>▪ Incorporate Performance Improvement @ Unit Level</li> <li>▪ CORE Measures - Top Decile</li> <li>▪ NDNQI - Top Quartile %</li> <li>▪ Public Reporting/ Transparency</li> <li>▪ Magnet Journey</li> <li>▪ Patient Flow</li> <li>▪ Joint Commission Stroke Certification</li> <li>▪ Joint Commission Perinatal Certification</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evidence-Based Policy &amp; Procedure Development</li> <li>▪ Interdisciplinary Collaboration</li> <li>▪ RN Peer Review Process</li> <li>▪ Culture of Excellence</li> <li>▪ Research and Innovation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient Experience</li> <li>▪ Public Reporting/ Transparency</li> <li>▪ Culture of Excellence</li> <li>▪ Recruitment, Recognition &amp; Retention</li> <li>▪ Employee Engagement</li> <li>▪ Language of Caring Education</li> <li>▪ Noise Reduction Initiative</li> </ul>	<ul style="list-style-type: none"> <li>▪ BSN Required for Managers/ Directors</li> <li>▪ Certification</li> <li>▪ Leadership Development Series</li> <li>▪ Shared Decision Making</li> <li>▪ Organizational Development &amp; Training Classes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food Kitchen</li> <li>▪ Medical Missions</li> <li>▪ Community Walks</li> <li>▪ Local Charities/ Community Initiatives</li> <li>▪ Health &amp; Wellness Promotion</li> </ul>	<ul style="list-style-type: none"> <li>▪ Academic Affiliations</li> <li>▪ Education Advancement</li> <li>▪ Specialty Certifications</li> <li>▪ Professional Organizations</li> <li>▪ Professional Recognition Program</li> <li>▪ Mentorship Program</li> </ul>



CATHOLIC MEDICAL CENTER

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