



2013
PEDIATRIC NURSING
ANNUAL REPORT

FAMILY-CENTERED CARE

- Transformational Leadership*
- Structural Empowerment and Teamwork*
- Exemplary Professional Practice*
- New Knowledge and Innovation*
- Empirical Quality Results*



IT'S ALL ABOUT FAMILIES

Putting our patients and families at the center of all we do

MISSION

Connecticut Children's Medical Center is dedicated to improving the physical and emotional health of children through family-centered care, research, education and advocacy. We embrace discovery, teamwork, integrity and excellence in all that we do.

VISION

We are making children in Connecticut the healthiest in the country.

VALUES

- *Family-Centered Care*
- *Discovery*
- *Integrity*
- *Teamwork*
- *Quality*
- *Respect*



Rachel Caster, RN, BSN, CPEN uses the STAR technique (Stop Think, Act and Review to “check to see if it’s for me,” prior to administering the patient intravenous fluids.

CONNECTICUT CHILDREN'S MEDICAL CENTER

2013 Pediatric Nursing Annual Report

Cover Photo: Risa Squires, RN, BSN uses her assessment skills to understand the unique growth and development needs of children.

Content based on January 2013 to December 2013

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Michael McCarter, Contributing Photographer.



Greetings!

It is with great pleasure that I present to you Connecticut Children's first Pediatric Nursing Annual Report. This report showcases the amazing work our nurses have done in the past year to advance higher care standards and improve quality outcomes. Inside you'll find many examples of our nurses owning their practice, advancing their profession, expanding nursing research and evidence-based care. All of these examples have had a positive and direct impact on the quality and care we deliver to our patients and families.

2013 was certainly a challenging year for the healthcare industry as a whole. Those challenges did not exclude Connecticut Children's. Yet despite those obstacles, our nurses worked together to overcome the challenges and provide the highest level of care to our patients; a true testament to their passion and dedication to making the children of Connecticut the healthiest in the country.

I'm consistently impressed with our nursing staff's commitment toward improvement on a daily basis. In 2013, we introduced a new Nursing Strategic Plan and Professional Practice Model, both of which are critical to making our Nursing Vision a reality. To that end, this is a team effort, one in which our nurses have given their full support. I applaud all of them for the strong, collaborative relationships they have forged with our interdisciplinary team to make our family-centered care practice such a success.

Thank you to each and every nurse for your dedication to our kids, our families and our vision.

With warm regards,

A handwritten signature in purple ink that reads "Cheryl B. Hoey". The signature is written in a cursive, flowing style.

Cheryl Hoey, RN, BSN, MBA, CENP
Chief Nursing Officer



Dear Connecticut Children's Nurses, Friends & Colleagues:

On behalf of the entire Executive Management Team – Congratulations on a job well done!

As nurses you should be proud of your professional accomplishments, as friends, you should be amazed and as colleagues be honored to work with such talented nurses.

It is my privilege to share my reflections in this inaugural report that showcases the remarkable contributions of nurses at Connecticut Children's.

Nurses play an integral role in our vision, mission and organizational strategic plan. In 2013, nurses played a significant role in achieving organizational outcomes. As part of the Growth Goal – nurses have impacted the successful opening of the Ambulatory Surgery Center and the Primary Care Center move. Trending and acting on Nurse Sensitive Indicators, adopting clinical pathways and supporting our journey to achieve Magnet status are key successes for the Quality Goal. The Nursing Strategic Plan aligns with the organization strategic plan and with framework in place; it fully supports our vision and mission.

As you read through this Pediatric Nursing Annual Report, you will learn how our nurses played a critical role in those successes through their dedication to our mission and the continued advancement of their profession. There's no question, our highly skilled nursing practice is critical to the organization and that they serve as leaders in their roles.

I urge our nurses to continue this commendable work - you make a difference.

My best,

A handwritten signature in purple ink that reads "Theresa Hendricksen". The signature is written in a cursive, flowing style.

Theresa Hendricksen, RN, BSN, MS
Chief Operating Officer



TRANSFORMATIONAL LEADERSHIP

Joanne Meucci, RN, MSN, Ambulatory Nurse Manager, and Katie Ruane, RN, BSN, CAE, recognized Marjorie Kahn, RN, BSN, CPN, for her accomplishment of obtaining her second certification – Certified Orthopedic Nurse at the Nursing Certification Celebration on March 19, 2013.



Karen Braccialarghe, RN, BSN, CCRN

TRANSFORMATIONAL LEADERSHIP

Shared Governance

The voice of nursing at Connecticut Children's

On behalf of the Nurse Practice Council (NPC), it is with great pleasure that I welcome you to the first Nursing Annual Report at Connecticut Children's.

This Nursing Annual Report has been a valuable exercise to reflect on the amazing accomplishments of our nursing colleagues.

Congratulations on a great year!

Our major achievements this year included reviewing clinical policies that impact nursing care at the bedside, and setting the expectation to utilize evidence based practice as our standard of looking at practice. NPC was a part of the decision making for Care Navigator, Nursing Strategic Plan and the Nursing Professional Practice Model. This year we also worked through developing processes in our shared governance structure, and will continue to in 2014.

It has been an incredible honor to serve as the Chair of NPC, to assist in the process of our nursing voice being heard, creating autonomy in practice, promoting the spirit of inquiry, and supporting our professional development.

I encourage you to find ways to be a part of shared governance, to actively share your ideas and work with your leadership team in owning our practice. You make a difference and impact patient outcomes – just two of the reasons why we all became nurses.

Karen Braccialarghe, RN, BSN, CCRN

2013 Chair, Nurse Practice Council



TRANSFORMATIONAL LEADERSHIP

Cheryl Hoey, RN, BSN, MBA, CENP, Chief Nursing Officer rounding with Deb Hallbach, RN, BSN, CPN and the PACU team.

Nursing Strategic Plan 2013-2017

NURSING MISSION

To provide the highest level of innovative patient care with compassion and in partnership with our patients, families, and healthcare team.

NURSING VISION

As leaders in professional practice, we are making the children of Connecticut the healthiest in the nation.

NURSING STRATEGIC PLAN COMMITTEE MEMBERS

Michelle Jose, RN, BSN, IBCLC

Paula Doyle, RN, MPH, CNML

Niha Locke, RN, BSN

Carol Miller, RN, BSN

Lynne Kelleher, RN, MSN, SPHR

Mary Diaz Raymond RN, BSN, CLC

Karen Braccialarghe, RN, BSN, CCRN

Melissa Veillette, RN, MSN, CLC

Beth Wentland, RN, BSN, MBA, CCRN

Matt Choate, RN, MBA, CEN

Amy Korber, RN, MSN

Mary McLaughlin, RN, BSN, CNOR

Kathleen Redfern, RN, BSN, CNOR

Marjorie Kahn, RN, BSN, CON, CPN

Deb Martin, RN, MSN

Shannon Grad, RN, MSN, NEA - BC

SPONSOR

Cheryl Hoey, RN, BSN, MBA, CENP

Chief Nursing Officer

STRATEGIC PLAN

The 2013 – 2017 Connecticut Children's Nursing Strategic Plan aligns with the organizational strategic plan and guides decisions and outcomes for the next 4 years. The strategic plan is a formalized road map that describes how nursing will execute the goals created. Understanding the internal and external drivers that impact healthcare were other important aspects of developing our plan as well. With this framework in place, nursing will be able to embrace the future of healthcare, become innovators and provide the highest quality of care to all of our patients and families.

NURSING STRATEGIC PLAN GOALS

- **Nursing Leadership**
By 2015, Nursing Leadership will demonstrate usage of leadership and management best practices and will engage actively in a formal developmental process.
- **Embedding Quality and Safety**
By 2015, Nurses will achieve measurable results for implementing a framework for quality improvement and the monitoring of professional nursing practice that is linked to Connecticut Children's Strategic Plan 2013-2017.
- **Advancing Nursing Practice**
By 2014, Nurses at Connecticut Children's will demonstrate a commitment to shared decision making and lifelong learning resulting in enhanced patient outcomes.
- **Embracing Technology, Research and Innovation in Patient Care**
By 2016, Nurses will work in a research and innovative atmosphere that results in high quality, effective and efficient nursing care.
- **Managing Resources**
By 2015, management of nursing resources will result in a rolled up variance of zero.

TRANSFORMATIONAL LEADERSHIP

Nursing Practice Council

MISSION

Nursing Practice Council directs and maintains a standard of nursing care based on evidence-based practice. The council will support all nurses through professional development, advocacy, and promotion of excellence at every level of nursing practice.

2013 NPC MEMBERS:

Karen Braccialarghe, RN, BSN, CCRN - Chair

Jennifer Aldieri, RN, BSN

Lori Daddona, RN, BSN, CPEN

Ashley Paulsen, RN, BSN

Crystal Valley-Ortyl, RN, BSN

Kate Haemer, RN, BSN, MPH

Anna Kaczor, RN, BSN, CPN

Cindy Colston, RN, BSN, CPN

Katie Redfern, RN, BSN, CNOR

Kerry Varney, RN, BSN, CPEN

Lora Aleskwiz, RN, BSN, CPN

Sam Rodriguez, RN, BSN

Terrie Vonrichthofen RN

Nursing Practice Council (NPC) is a group of Nurses that represent the nursing voice at Connecticut Children's. This collaborative council of nurses work with nursing leadership and inter-professional colleagues focusing on outcomes that impact our patients and families, professional development, and accountability. NPC has the ability to empower Nurses and increase communication by utilizing unit based councils. Unit based councils disperse information to a greater number of people, while at the same time allowing for an exchange of ideas at the unit level to be brought to NPC.

By involving those direct care nurses, nursing interventions and patient outcomes become more relevant to practice and more successful in implementation and sustainability.

2013 ACCOMPLISHMENTS:

- *Integrated Evidence Base Practice into Nursing Policy and Practice*
- *Continued to strengthen shared governance*
- *Made decisions for Care Navigator*
- *Decreased peripheral IV infiltrates*
- *Standardize sedation documentation*
- *Developed Professional Practice Model*
- *Developed Nursing Strategic Plan*
- *Linked Nursing Sensitive Indicators to Practice*



Katie Redfern, RN, BSN, CNOR, is a member of Nursing Practice Council and a member the surgical site workforce initiative for the OR, that focuses on standardization of care for patients undergoing spine surgery.

A photograph of an emergency department team working on a patient. A male nurse in blue scrubs is leaning over the patient, wearing purple gloves. A female nurse in a black top is also leaning over the patient. A female nurse in blue scrubs is standing to the right, wearing purple gloves. A female nurse in blue scrubs is sitting at a desk in the background. The room has a white ceiling with a colorful butterfly decoration and a large overhead light fixture. The patient is lying on a gurney, covered with a patterned blanket. The text "STRUCTURAL EMPOWERMENT & TEAMWORK" is overlaid in white on a semi-transparent grey bar across the middle of the image.

STRUCTURAL EMPOWERMENT & TEAMWORK

Members of the Emergency Department all have specific roles on the team in Room 1. Tembra Aregus, RN, BSN, scribes as Bill Keltey, ED Technician, Mandi Boisvert, RN, BSN and Meg Pollack, RN, BSN assess, care and monitor the interventions of the patients' care.

STRUCTURAL
EMPOWERMENT
AND TEAMWORK

Connecticut Children's Nurses Reach Out To The Community

The dedication of Connecticut Children's nurses extends beyond the hospital's walls with our colleagues volunteering their time to dozens of not-for-profit organizations throughout the year in order to help improve the health of our community. It is with pride that we acknowledge some of the volunteer activities that our nurses participated in during 2013.

African American Diabetes Support Group

Alzheimer Walk

Ambulatory Nursing Conference for community & school nurses

American Cancer Society Relay for Life

Bawa Health Initiative

CT Emergency Nurses Association

Cycle of Life

Department of Transportation Teen Driving Initiative

Diabetes Education Day

ERRACE (Everyone Rides/ Run Against Cancer Every Day)

Foodshare

Global Health Care Project

Hartford Homeless Shelter

March of Dimes Walk

Mending Kids International

Mount Calvary Baptist Church Health Ministry

NAMI (National Alliance on Mental Illness) Walk

ONE-CT

Reach Out and Read Program

Salvation Army Turkey and Thirty Program

Sharon's Ride Run Walk for Epilepsy

South Park Inn soup kitchen

United Way



An interdisciplinary health care team of Connecticut Children's staff and colleagues traveled to Haiti, as part of the Global Healthcare Experience.

Everyone Ride/Run Against Cancer Everyday



Robin Bradshaw, RN, BSN, ONC, volunteers as Executive Director Assistant of ERRACE (Everyone Rides/Run Against Cancer Every Day.) The annual non-profit event benefits the Helen and Harry Gray Cancer Center at Hartford Hospital and the LIVESTRONG Foundation. In 2013, the one day bike/run/walk event raised more \$130,000.

STRUCTURAL
EMPOWERMENT
AND TEAMWORK

A Day On The Hill

Two Connecticut Children's Nurses Attend National Emergency Nurses Association's event in Washington DC

On May 14 & 15 National ENA held its annual "Day at the Hill" event in Washington DC. This year was different than past years, however and followed a different format. Most notably, the first session focused on advocacy basics, talking with legislators, and issue specific briefings.

CT ENA members and Connecticut Children's nurses Matthew Choate, RN, BSN, MBA, CEN and Alexa Spatcher, RN, BSN, CPEN represented Connecticut at this event and had the opportunity to meet with several legislators' staffers to talk about current issues facing emergency nurses.

"The training helped prepare us for talking with legislators and their staff members,"

said Choate. "Having issues briefs and some supporting materials already prepared made the task much easier and much more professional."

Choate and Spatcher met with staff members for Senators Richard Blumenthal and Chris Murphy, as well as, Congressman Joe Larson and Congresswoman Elizabeth Esty.

During their meetings, Choate and Spatcher discussed funding for Poison Centers, Title VI funding for nursing workforce development, the current issues in Connecticut with respect to behavioral & psychiatric patients in the ED's, and funding for EMS-C. The evening between sessions allowed time for networking and dinner with ENA members from all over the country and included a 3-hour "Monuments by Moonlight" tour around Washington.

"Since our visit, we have had continued contact with the legislative staffers we met and we continue to work on the issues we discussed," added Choate.



STRUCTURAL
EMPOWERMENT
AND TEAMWORK

Advancing the Nursing Profession

2013 PROFESSIONAL PRACTICE LEVEL IV ADVANCEMENT IN CLINICAL LADDER

Arielle Beckhard, RN, BSN, CWCN
Sandra Brink, RN, BSN, CWCN
Nancy Raum, RN, ASN, CPN
Darlene Leonetti, RN, ASN, CPN
Michelle Bellemare, RN, BSN, CPN
Alison Bonner, RN, BSN, CPN
Laura Lally, RN, ASN, CPN
Gwendolyn Beaudoin, RN, BSN, CPN
Karly Apps, RN, BSN, CPN
Jessica Parker, RN, BSN, CPN
Patricia Niederhauser, RN, BSN, CNOR
Lori Schick – Schneider, RN, BSN, CPN
Deborah Johnson, RN, BSN, CPN
Barbara Mullholland, RN, BSN, CPN
Jennifer Gerich, RN, BSN, NIDCAP
Cynthia Whetten, RN, BSN, RN-NIC
Keith Ayotte, RN, CPN, CNOR

2013 PROFESSIONAL PRACTICE LEVEL V ADVANCEMENT IN CLINICAL LADDER

Mary Shafer, RN, BSN, CPN
Michelle Jose, RN, BSN, IBCLC
Robin Bradshaw, RN, BSN, ONC
Cindy Colston, RN, BSN, CPN
Marjorie Kahn, RN, BSN, CPN, ONC
Natalie Benevento, RN, BSN, CPON
Mary Diaz Raymond, RN, RN-NIC
Sophie Belanger, RN, RN-NIC

2013 GRADUATES

Laura Prignano, RN, BSN
University of Connecticut
Kimberly Chang, RN, BSN
University of Connecticut
Hendrianna Gutierrez RN, BSN
University of Connecticut
Stacy Klancko, RN, BSN
Jacksonville University
Nanci Stolgitis RN, BSN
University of Connecticut

Stacy Hattersley, RN, MSN
University of Hartford,
Nella Stoltz, PNP, DNP
University of Connecticut

NURSING CERTIFICATION AT CONNECTICUT CHILDREN'S

**CERTIFIED ASTHMA
EDUCATOR**
Katie Ruane

**CERTIFIED AMBULATORY
PERI-ANESTHESIA NURSE**
Marcy Nelson

**CERTIFIED CARDIAC
ELECTROPHYSIOLOGY**
Kathryn Walker

**CERTIFIED CASE
MANAGEMENT**
Clare Flanagan

CERTIFIED CRITICAL CARE NURSE

Janet Alejandro
Kathy Barnett
Edie Black
Karen Braccialarghe
Carrie Danyow
Whitney Elton
Suzanne Guiod
Claire Hibbs – Cusson
Mollie Mullaney
Karen Reid
Jennifer Song
Beth Wentland
Lynn Williams

**CERTIFIED CLINICAL
RESEARCH PROFESSIONAL**
Ginny Drapeau
Hendriana Gutierrez

**CERTIFIED DIABETES
EDUCATOR**
Comalita Elliott

**CERTIFIED EMERGENCY
NURSE**
Matt Choate
Jen Tabak
Colleen Desai

CERTIFIED LACTATION CONSULTANT

Karly Apps
Taryn Allen
Jessica Bancroft–Davis
Carrie Briere
Diana Del Guidice
Mary Diaz Raymond
Genine Dietz
Kathy Falcone
Stacy Forsyth
Kim Gorczyca
Emily Harrington
Kim Laudati
Dana Lehner
Nicole Lewie
Jenn Mendes
Andrea Pappalardo
Tanya Paul
Lisa Pierce
Jodi Simlick
Rachelle Tirrell
Christina Vaicuillis
Melissa Veillette
Sophie Belanger

CERTIFIED NURSE EXECUTIVE
Kathy Morgan Gorman

CERTIFIED NURSE EXECUTIVE – ADVANCED
Shannon Grad

CERTIFIED NURSE MANAGER LEADER
*Paula Doyle
Beth Palazzo
Michele Koss*

CERTIFIED PROFESSIONAL HEALTH RISK MANAGER
Michele Koss

CERTIFIED NURSE – OPERATING ROOM
*Linda Groom
Debra McLaughlin
Mary McLaughlin
Jeff Morin
Pat Niederhauser
Kathleen Redfern
Keith Ayotte*

CERTIFIED PEDIATRIC EMERGENCY NURSE
*Kathleen Bothwell
Bridget Butler
Connie Caneen*

CERTIFIED PEDIATRIC EMERGENCY NURSE
*Rachel Caster
Karen Cone
Gena Costello
Lori Daddona
Marie Desjarlais
Marissa Hughes
Michelle Kinsella
Kathleen LeBlanc
Nicole McVeigh
Shellion Murray*

*Lucie Parisi
Elizabeth Peling
Sarah Petrykevych
Megan Plaster
Alexa Spatcher
Julia Taranto
Kerry Varney
Colleen Desai*

CERTIFIED PEDIATRIC HEMATOLOGY ONCOLOGY NURSE
*Mary Conway
Taryn Hamre
Mary Fran McGeary*

CERTIFIED PEDIATRIC ONCOLOGY NURSE
*Natalie Benevento
Diane Cabral
Barbara Cohen
Melissa Bowman
Katie Culliton
Janet DeFrancesco
Jocelyn Gasuk
Melissa Goddard
Kim Gorczyca
Leigh Hart
Courtney King
Sarah Matney
Jessica Meadows
Karina Newinsky
Beth Palazzo
Jennifer Pelletier
Heather Rae
Kate Steven
Jeanne Walczak*

CERTIFIED PEDIATRIC NURSE
*Lora Aleskwiz
Karly Apps
Liz Arbour
Keith Ayotte
Aimee Bareiss
Roberta Basile
Gwen Beaudoin*

*Michelle Bellemare
Allison Bonner
Nika Bray
Brianna Brennan
Mariann Brown
Karen Callahan
Theresa Campbell
Lynn Carbone
Leny Cherian
Kristin Chisholm
Eileen Ciccone
Cindy Colston
Jamie Cubanski
Marie Desjarlais
Amy Egerton
Nancy Etienne
Jennafer Euen
Staci Grabowski
Denise Halle
Karen Hull
Deborah Johnson
Anna Kaczor
Raeanne Kelly*

CERTIFIED PEDIATRIC NURSE
*Marjorie Kahn
Stacy Klancko
Laura Lally
Brenda Larosee*

CERTIFIED PEDIATRIC NURSE
*Lady Leano
Marie LeMay
Gloria Manaloto
Melanie Marcotte
Jacqui Marquart
Deb McAdams
Casey Mello
Barbara Mulholland
Catherine Novak
Kelly O'Brien
Kristen Overton
Karen Pallotti
Kathy Peet
Nicole Pothier
Kate Prior
Nancy Raum*

*Jamie Rivera
Lori Schick-Schneider
Donna Sevas
Mary Shafer
Tara Shanley
Cathy Walsh
Kim Watts
Matt Witkovic*

CERTIFIED POST ANESTHESIA NURSE
Julie Veilleux

CERTIFIED LEGAL NURSE CONSULTANT
*Lindsay Collins
Trish Farmer*

CERTIFIED WOUND CARE NURSE
*Arielle Beckhard
Sandra Brink
Edy Machaj
Claire Hibbs – Cusson
Janet DeFrancesco
Fran Rossing
Kathy Visinski*

SENIOR PROFESSIONAL IN HUMAN RESOURCES
Lynne Kelleher

INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT
*Donna Bielicki
Michelle Jose
Mary Lussier
Stephanie McGuire
Tracy Proulx
Stacey Rubin*

CERTIFIED MEDICAL SURGICAL REGISTERED NURSE
Cheryl Schloop

NUCLEAR MEDICINE TECHNOLOGY CERTIFIED
Lisa Lane

ONCOLOGY CERTIFIED NURSE
Michelle Boivin

ORTHOPEDIC CERTIFIED NURSE
*Robin Bradshaw
Marjorie Kahn*

NURSE INFORMATICS – BOARD CERTIFIED
Melinda Bennett

REGISTERED NURSE CERTIFIED – NICU
*Sophie Belanger
Lisa Connors
Nancy Cyr
Christen DeRusso
Michele Dwire
Lisa Fichera
Milena Frazer
Tracy Kobylarz
Kristy Marquis
Debi Marvin
Donna Rude
Laurie Straub
Lisa Strelecky
Cindy Wheeten
Yolanda Winters*

CERTIFIED PROFESSIONAL IN HEALTH CARE QUALITY
Tina Sacco



Michelle Jose, RN, BSN, IBCLC, teaches a mom how to use a breast pump, part of the Hyperbilirubemia pathway.



Claire Hibbs, RN, BSN, CCRN, WCC, educates and validates nursing staff on processes and procedures.



The Ambulatory Surgery Center (ASC) opens in October 2013 and members of interdisciplinary team partner with patients and families to deliver patient center care. The team is shown here with their first patient at the ASC.

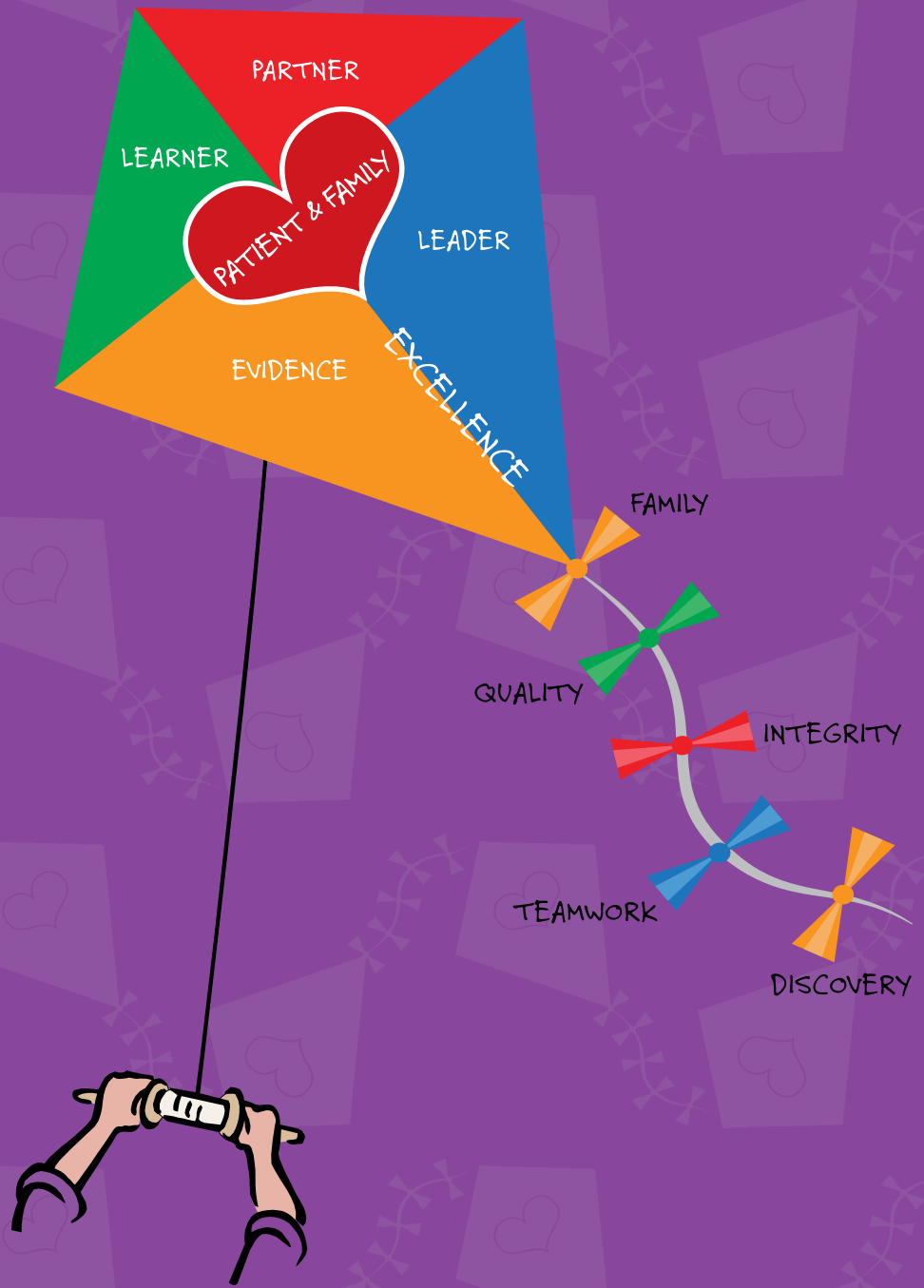


The Transport Team is seen as experts in children's care, traveling even beyond the borders of Connecticut. Coming back from transport are Michelle Kinsella, RN, BSN Kim Helm, RN, BSN, and Kerry Varney, RN, BSN, CPEN.



EXEMPLARY PROFESSIONAL PRACTICE

Lora Anderson, RN, BSN partners with a mother to educate her on feeding her new baby before she leaves the NICU – Hartford.



EXEMPLARY PROFESSIONAL PRACTICE

Connecticut Children's Nursing Professional Practice Model.

What is a Professional Practice Model (PPM)? It is a schematic description that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for our patients, families and community. The PPM illustrates the alignment and integration of nursing practice with the mission, vision and values that nursing has adopted.

A Kite's Anatomy

Aligns With The Practice Of Nursing

WHY A KITE?

- A Kite illustrates the playful essence of children.
- A Kite is designed to maneuver through gusts of wind, similar to the flexible but tenacious role of nursing which requires delivering compassionate care in today's tumultuous health care environment.
- Kites have been instrumental in innovation and in research dating back to the evolution of electricity and flying the first airplane.

PARTS OF THE KITE

- **Tail of a Kite**
The tail of the Kite provides stability for the Kite to fly. Therefore, the tail of the Kite depicts Connecticut Children's Core Values which define what we cherish, how we work together for our patients and families and who we are!
- **The Hands holding the Kite Spool**
The hands holding the Kite spool represent the nursing voice at Connecticut Children's. Through the structure of shared governance, nurses are an integral part of the decision making process as it impacts the autonomy, accountability and authority of their practice.
- **The Heart in the Center of the Kite**
Caring practices are the core of the discipline of nursing and are represented by the heart in the center of the Kite. It reflects the core tenet of Jean Watson's Theory of Caring which anchors the nursing practice at Connecticut Children's Medical Center.

- The Patient and Family remain the center of nursing practice. Patient/Family Centered Care serves as the foundation of our care delivery system.
- **The Cover of the Kite**
The cover overlays the Kite and acts as a sail, allowing the Kite to float on gusts of wind. Expertise and excellence in leading, developing partnerships, evidence based practice and learning will allow us to soar in the ever-changing health care environment.
- **The Spine of the Kite**
The spine of the Kite serves as the strength and support on which the Kite is built. Clinical Excellence is the backbone of our nursing practice supporting all that we do.

IMPORTANCE OF THE KITE

- Nurses integrate the following to excel:
 - Leadership
 - Shared Leadership
 - CNO Advocacy
 - Community and Organizational Leadership
 - Evidence Based Practice
 - Research
 - Performance Improvement
 - Life Long Learning
 - Continuing Education
 - Formal Education
 - Certification
 - Partnerships
 - Interprofessional Teams
 - Family Centered Approach
 - Community Partnerships
 - Academic Partnerships
 - Clinical Excellence
 - Clinical Ladder
 - ANA Code of Ethics
 - Safety Culture
 - Nursing Peer Review
 - Connecticut Children's Values
 - Professional Organizations



EXEMPLARY PROFESSIONAL PRACTICE

Nursing Peer Review

PEER REVIEW COMMITTEE

Crystal Valley – Ortyl, RN, BSN, PICU

*Patricia Sullivan, RN, BSN,
Hematology/Oncology*

Darlene Leonetti, RN, CPN -MS6

Lisa Pierce, RN, CLC Waterbury

*Deb Martin, RN, MSN
Magnet Coordinator*

NURSING PEER REVIEW

Peer Review serves as a vital component in providing valuable feedback in the support of personal and professional growth. Peer evaluation is incorporated not only in the annual performance evaluation but also reaches into venues such as, supporting competency, achievement and accountability.

2013 marked the use of a consistent nursing peer review tool by all nurses at Connecticut Children's. It was implemented as the first step in the peer review process; whereby nursing professionals have an opportunity to support peer to peer growth. This sharing of support is no longer anonymous.

Cheryl Hoey, RN, BSN, MBA, CENP, Vice President of Patient Care commissioned a small group of direct care nurses to evaluate the current process and develop a meaningful tool to be used by all direct care nurses in the organization.

The goals of the workgroup were the following:

- *Identify best practices of nursing peer review*
- *Design a peer review tool that is useful in both the inpatient and outpatient environments*
- *Develop an ideal process for peer review*
- *Partner with Nurse Practice Council to educate users of the tool*

The group reviewed current processes at Connecticut Children's as well as current literature and found lack of consistency in the implementation of a standard process. The American Nurses Association (ANA) defines a "peer" as an individual of the same rank (ANA Peer Review Guidelines, 1988.) Although the committee recognized the value of feedback of non-nurse colleagues as it relates to performance evaluation, the committee felt that applying the definition by the nursing profession was important in maintaining autonomy over practice and professional accountability.

The first step was to develop a standardized tool. To ensure the validity of the peer evaluation process, the nurse will choose his/her peer evaluator in addition to the nursing leadership selecting peer evaluators to contribute to the process for each nurse.

This process change received input with Nurse Practice Council and was also presented to the Nursing Leadership to provide updates and education on the process. The committee developed a FAQ page that was distributed to the nurses as a brief overview on the new process.

The next step in this process is to advance to real time and face to face peer review; however the committee realized the need for additional education for nurses on how to give and receive feedback and how to have crucial conversations. Some clinical areas have piloted face to face feedback and shared that their experience has yielded growth amongst their peers.

The committee will continue to collaborate with NPC and Nursing Leadership to advance the peer review process in 2014.

EXEMPLARY
PROFESSIONAL
PRACTICE

More Time For Care Nurses Identify Ways to Improve Operations and Stay at the Bedside Longer

A sick or injured child is a crisis for any parent. Not only that, a hospital can certainly be a scary and unfamiliar place. That's why nothing gets in the way of Connecticut Children's nurses striving at all times to improve the patient and family experience, which includes spending more time at the patient's bedside.

In order to do that, Connecticut Children's asked our nurses for ways to make their jobs easier and more efficient... and they responded. In 2013, we kicked off our More Time For Care initiative and are busy working to implement the solutions suggested by our nursing staff. In the last year, several process improvements have rolled out that allow nurses to spend more time doing what they do best: caring for our patients. These nurse-led suggestions have made significant improvements in quality of care, staff satisfaction and patient satisfaction. Something as simple as adding more IV hooks



Sonal Mehta, RN, BSN makes personal connections with her patients.

to the medication room and having craft kits readily available to distract a fussy child when needed, has been helpful. Adding new Exergen thermometers in every room and a second bladder scanner has made a difference in the time our nurses spend at the bedside.

“The best process improvement ideas always come from the front line staff who know the work the best,”

said Cheryl Hoey, Chief Nursing Officer.

In-room delivery of discharge prescriptions is another example that not only saves a nurse time, but enhances the experience for patients and families. “We received consistent feedback from families that they did not receive their medication on time, that their home pharmacy didn't offer the flavor that we have at the hospital, or they felt like they did not know how or when to administer the medication,” said Hoey. “As a result, we collaborated with Walgreens to have prescriptions directly delivered to patients' rooms, allowing parents to have their child's medication explained to them by caregivers they already know and trust.” The result is satisfied families and safe and timely discharges.

Other initiatives included expanding our in-house pharmacy hours to 24 hours a day and the development of an in-house patient transport team. Several more improvements will roll out in the next year, so stay tuned. The bottom line is our nurses know what they need to do their jobs and we are listening.



Lynn Williams, RN, BSN, CCRN assesses her patient prior to the interdisciplinary rounds in the PICU to ensure optimal care coordination for her patient and family.

EXEMPLARY
PROFESSIONAL
PRACTICE

Pain Resource Nurses

Advanced Practice Nurses Who Push the Sytem to Improve Patient Care

Natalie Benevento, RN, BSN, CPON can be found visiting patient rooms on MS 8 on any given day. But during her time walking the halls at Connecticut Children's, the registered nurse knew she needed to do more for her patients and professional career.

"On a daily basis, I'd see a patient who was in pain. Pain can be a tricky thing," said Benevento. "You have to really listen to what the patient is telling you and then be willing to figure out a way to relieve that pain and help them start healing."

Benevento is now just one of a handful of Connecticut Children's nurses who are also Pain Resource Nurses. A Pain Resource Nurse is a specially trained nurse who uses the latest clinical advances to assess and treat pain across the continuum, from mild, chronic pain to more acute and complex types.

"We serve as a resource for other RNs in regards to pain management," Benevento added. "We participate in the quarterly pain audits done on inpatient units and we participate in research in an effort to improve the quality of care related to pain here at Connecticut Children's."

By participating in the Pain Resource Nurse Program, Connecticut Children's nurses, who are most often at the bedside of young patients in pain, have the ability to not only assess and intervene to relieve a child's pain, but to transform systems to ensure the highest quality of pain care is always available to our pediatric patients.

Nurses selected as the pain resource nurse for their unit function as both resources and change agents in disseminating information and collaborating with nurses, physicians, other health

care providers, children and families to facilitate quality pain management. Pediatric patient benefits are plentiful and include decreased pain and other symptoms that impact quality of life, improved relaxation and sleep, and the increased ability to carry out activities of daily living.

"My goal as a Pain Resource Nurse is to ensure that the kids who come to Connecticut Children's get the pain control they deserve and need," said Benevento.

The effectiveness of Pain Resource Nurse Programs has been documented over the past 20 years by several institutions across the country, including a number of free-standing children's hospitals. At Connecticut Children's, nurses have always been key providers in the successful identification, implementation and evaluation of opportunities to enhance pain prevention, assessment and management.



Natalie Benevento, RN, BSN, CPON is an active member of Clinical Council, and is seen as a role model for her attention to detail and patient safety. Natalie is a Pain Resource Nurse and an advocate for her patients



Jessica Mahoney, RN, MSN, CPON, focuses on scanning the patient label as part of patient safety process for collecting blood specimens in the Clinical Care Center for Cancer and Blood Disorders.



Kristen Marrese, RN, BSN, makes her patient's experience as relaxing as possible with a big comfy chair and her stuffed animal by her side in the GI Infusion Center.



Kathy Visinski, RN, MSN, WCC partners with local colleges and universities during the 2013 Nursing Education Fair. The 2010 IOM Report recommends 80% BSN in workplace by 2020, Connecticut Children's currently has 76% BSN as their workforce.



Lora Aleskwiz, RN, BSN, CPN and Allison Labelle, RN, BSN, CPN display the MS7 shared governance workforce accomplishments during 2013 Nurses Week.

EXEMPLARY
PROFESSIONAL
PRACTICE

2013 Nightingale Recipients

KATHLEEN BARNETT, RN, BSN, CCRN

NANCY BRIGHT, RN, BSN

STACY ELLIOTT, RN

MARY SHAFER, RN, BSN, CPN

STEPHANIE MARKOW, RN, BSN

The Nightingale Awards for Excellence in Nursing program was originally developed by the Visiting Nurse Association of South Central CT (VNA/SCC) to be a collaborative effort to celebrate outstanding nurses and elevate the nursing profession. The goals of the program are to encourage retention, inspire future nurses, focus public attention and recognize the breadth and scope of nursing practice at the local level.

It is no secret that Connecticut Children's takes great pride in the excellence of care it provides children across the state and throughout New England. That pride comes from knowing the organization employs staff members, such as these Nightingales, who continuously exemplify its mission, setting a standard for nurses and staff members across all departments. Their dedication and willingness to go that extra step to make a difference truly embodies all Connecticut Children's aspires to achieve and is a perfect example of what this award represents.



Stephanie Markow, RN



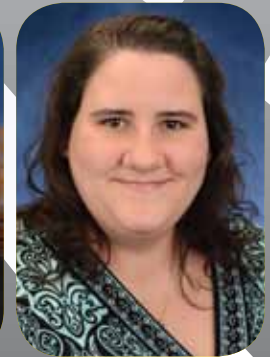
Nancy Bright, RN, BSN



Stacy Elliott, RN



Kathleen Barnett, RN, BSN, CCRN



Mary Shafer, RN, BSN, CPN

EXEMPLARY PROFESSIONAL PRACTICE

JACQUELINE M. MCGRATH
PHD, RN, FNAP, FAAN

*Associate Dean for Research
and Scholarship Professor
University of Connecticut, School of
Nursing, Storrs, CT*

*Director, Nursing Research
Connecticut Children's Medical Center,
Hartford, CT*



In 2008, a group of Nurses initiated a nursing research committee, focused on bringing evidence based practice to the forefront of nurses at Connecticut Children's. The group made some movement forward but

it was slow and arduous. In 2012, Connecticut Children's welcomed Jacqueline McGrath, PhD, RN, FNAP, FAAN as the Director of Nursing Research in a joint appointment with the University Of Connecticut School Of Nursing. The committee transformed into the Institute of Nursing Research (INR) and has sponsored various nursing research grand rounds, infused evidence base practice into daily practice, encouraged an environment of inquiry and has created opportunities for nurses to participate in research and performance improvement projects. Many projects were started and we expect to report many results in 2014. Including projects related to what is the best thermometer; improving the Nursing Assessment Tool (our clinical ladder, and changing measurement of blood pressure practices, just to name a few.

Dr. McGrath is the Associate Dean for Research and Scholarship and a professor in the School of Nursing at the University of Connecticut as well as the Director, Nursing Research, at Connecticut Children's Medical Center.

As a neonatal nurse researcher and practitioner, she works almost exclusively with integration of developmentally supportive interventions for preterm infants, and families. Research foci include family-centered care, preterm infant feeding readiness and parent participative preterm infant touch and massage. Based on her research she developed the NICU-PLAY program for parents and preterm infants in the NICU.

Dr. McGrath is the co-editor of *Developmental Care for Infants and Newborns: A Guide for Health Professionals*, 2nd edition (2010), which received a 2011 AJN Book of the Year Award in the Maternal Child Health category.

Dr McGrath became a fellow in the American Academy of Nursing in 2007. Recently she became the Co-Editor for *Advances in Neonatal Care*; the journal of the National Association of Neonatal Nurses. She received her BSN from the University of Akron; MSN in Parent Child Nursing with a minor in Infant Development from Kent State University; both a post-masters certificate as a Neonatal Nurse Practitioner and a PhD from the University of Pennsylvania. She is certified in NIDCAP & has been certified as a Neonatal Clinical Nurse Specialist. She was a faculty member at Virginia Commonwealth University from 2006-2012 and at Arizona State University from 1999-2006.



E X E M P L A R Y
P R O F E S S I O N A L
P R A C T I C E

RENEE C.B. MANWORREN, PHD, APRN,
BC, PCNS-BC, FAAN

*Honors: 2013 Fellow, American Academy
of Nursing*

*Grants: 2013 Connecticut Institute for
Clinical & Translational Science Grant
(\$50,000) Manworren, R. C. B. (PI) &
Ruano, G (CoI) Pilot Study to Advance
Personalized Medicine: Pre-operative
identification of children at risk for post-
operative pain and adverse analgesic
effects*

*Connecticut Children's
Medical Center*

*Practitioner Named American
Academy of Nursing Fellow*



In 2013, Renee Manworren, PhD, APRN, BC, PCNS-BC, was selected for induction as an American Academy of Nursing Fellow.

“Selection for fellowship in the Academy is one of the most prestigious honors in the field

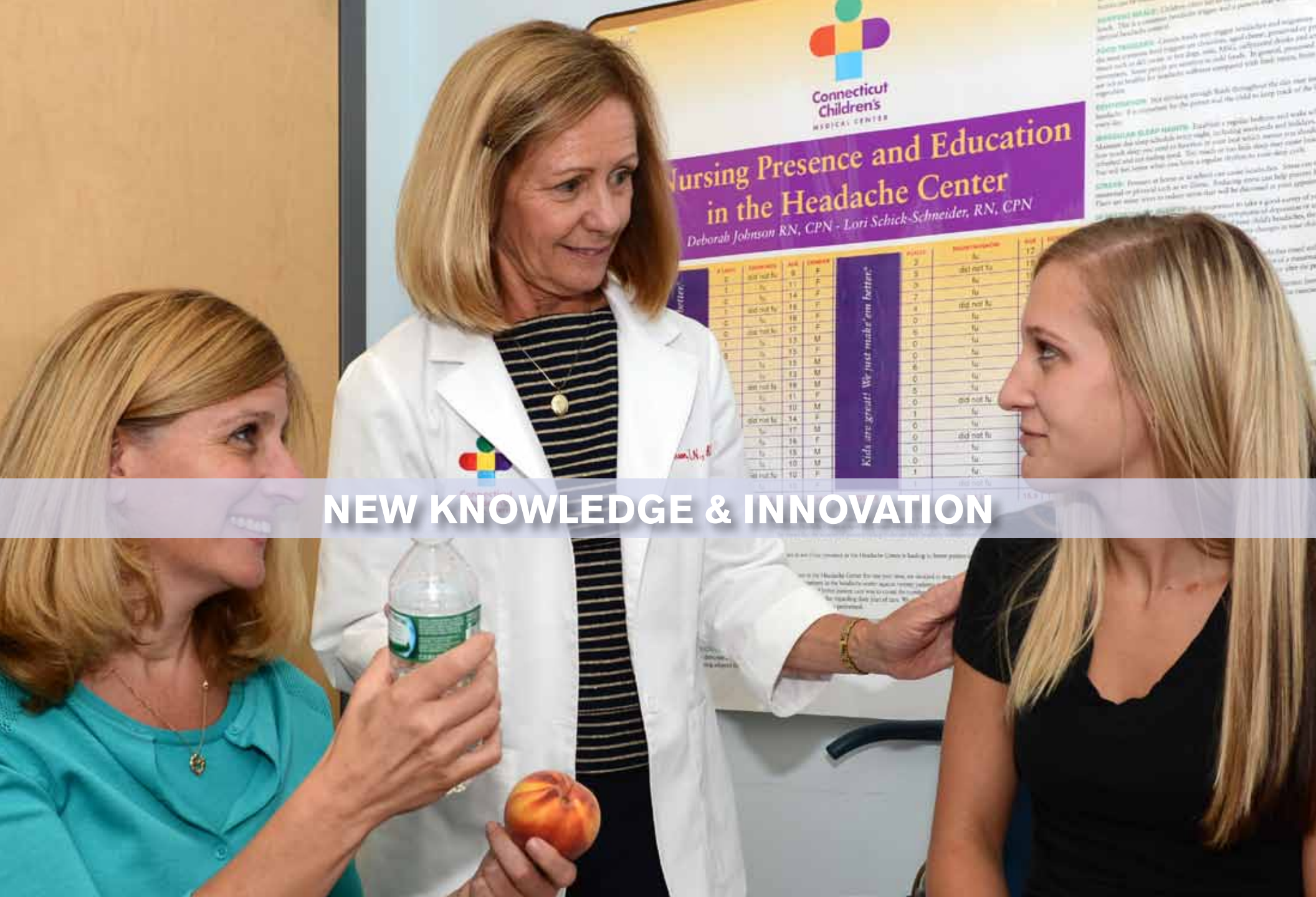
of nursing,” said Academy president Joanne Disch, PhD, RN, FAAN. “I congratulate Dr. Manworren and all of the new Fellows, and look forward to honoring their accomplishments and welcoming them into the Academy.”

“We at Connecticut Children’s are so proud of Renee, and privileged to have someone of her caliber working with us,” said Cheryl Hoey, RN, BSN, MBA, CENP, Vice President of Clinical Services and Chief Nursing Officer for Connecticut Children’s Medical Center. “Renee is an incredible role

model for our nurses, an incredible teacher, and an incredible caregiver; she truly deserves this honor.”

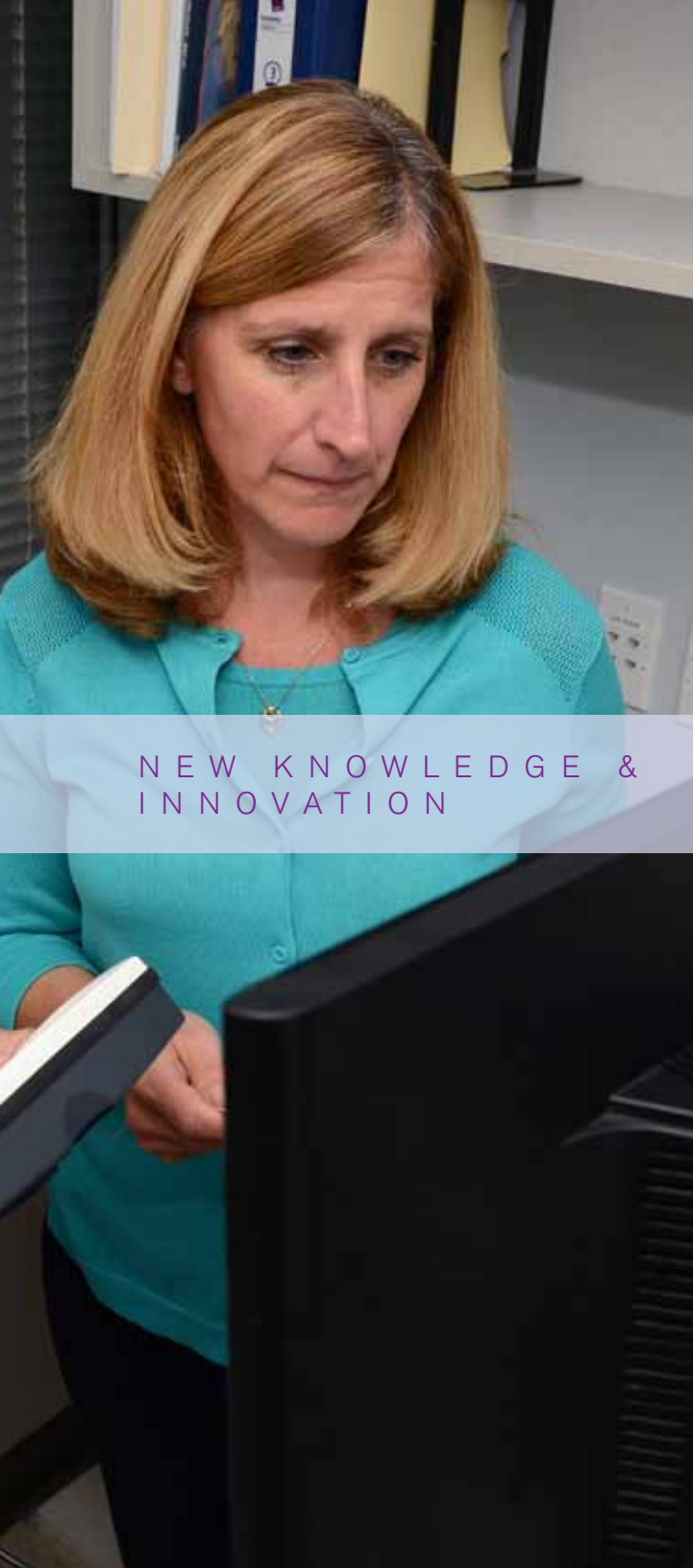
The Academy is composed of more than 2,000 nurse leaders in education, management, practice policy, and research. The Academy Fellows include hospital and government administrators, college deans, and renowned scientific researchers. Selection criteria include evidence of significant contributions to nursing and health care and sponsorship by two current Academy Fellows. Applicants are reviewed by a panel comprised of elected and appointed Fellows, and selection is based, in part, on the extent the nominee’s nursing careers influenced health policies and the health and well-being of all.

Dr. Manworren is an internationally known lecturer and master faculty member of the American Society for Pain Management Nursing. She is the only nurse on the board of the American Pain Society and is also on the board of ChildKind International. As an expert in the area of acute pediatric pain assessment and management, her research focuses on the role of the family and innovative methods of managing post-surgical pain. A Nurse Scientist for Connecticut Children’s Division of Pain and Palliative Care Medicine, she is one of the primary mentors for nurses who are interested in research. Dr. Manworren is also Assistant Professor for the University of Connecticut School of Medicine Department of Pediatrics and the University of Connecticut School of Nursing.



NEW KNOWLEDGE & INNOVATION

Lori Schick- Schneider, RN, BSN, CPN and Deborah Johnson, RN, BSN, CPN, in Neurology use evidence base practice to enhance patient education to improve quality of life for with patients with headaches.



NEW KNOWLEDGE &
INNOVATION

Neurology Nurses Improve Patient Care Experience

By Creating Effective Care Management Materials Using Evidence-Based Practice

Lori Ann Schick-Schneider, RN, BSN, CPN and her colleague Deborah Johnson, RN, CPN, both noticed a problem in the Connecticut Children's neurology department: the number of patient's calling to ask about their plan of care for headache management was overwhelming. Instead of just fielding the calls as best as they could manage, Schick-Schneider and Johnson decided to take matters into their own hands.

As nurses in the department, they felt strongly that their presence in the patient clinics would lead to better patient care and ultimately less phone calls and patient confusion regarding their plan of care. It was their premise that this kind of intervention was necessary to address the glaring problem.

Schick-Schneider and Johnson drafted an educational packet specifically for the patients seen in the Connecticut Children's neurology Headache Center. It included the center's mission statement and patient information for successful headache management. It was their goal to minimize the number and intensity of headaches, minimize the side effects of medicine and improve the patient's quality of life.

To prove that education by the nurses would lead to fewer follow up calls and better follow up compliance, Schick-Schneider and Johnson relied on evidence based research. They compared the number of follow up phone calls between 20 patients in the Headache Center Clinic who

received the educational packet from a nurse and 20 patients with the same diagnosis from the general neurology clinic who did not receive the packet. What they found did not surprise them.

After evaluating and synthesizing the data, Schick-Schneider and Johnson were able to summarize their findings:

- Of the non-center patients, staff received 38 calls
- Of the headache center patients, staff only received a total of 9 calls; a reduction of 75%

"We believed from the onset of our idea that Nurses are needed for patient education," said Schick-Schneider.

"Headache management is not just about taking a daily preventative pill," said Johnson. "As nurses we know that educating both the family and the child about a healthy lifestyle, stress management and proper use of medication will reduce headache frequency and lead to a better quality of life for our patients."

The headache information packet Schick-Schneider and Johnson created is given to every family seen in the Headache Center and now used for ALL headache patients in the regular neurology clinics by all Connecticut Children's providers.

"The nurses in the Headache Center have demonstrated that their presence and teaching of headache management is effective and has impacted patient care by demonstrating a 75% reduction in phone calls by patients," said Schick-Schneider. "We are pleased to see this model is making better use of nurse's time and is now being adopted by fellow providers."

NEW KNOWLEDGE & INNOVATION

Medical/Surgical Nurse Finds Answers to Questions

About the Most Effective and Reliable Thermometer for Kids Using Evidence-Based Practice

Mary Shafer, RN, spends her days as a medical/surgical nurse on MS6 at Connecticut Children's Medical Center providing care, educations and support to hospital admitted children and their families. While treating these patients, Shafer and her colleagues decided to take a closer look at the thermometers they were using after experiencing a great deal of variability when trying to obtain a patient's temperature reading.

"We looked at evidence to see if there were recommendations from literature or other institutions for the best practice in obtaining temperatures in pediatrics," explains Shafer. "What we found was that although there were some recommendations in the literature for pulmonary artery thermometers and rectal thermometers, they were not useful for our setting and were too invasive for our patient's compromised conditions."

During her literature review, Shafer considered several things. She wanted to be sure the new thermometers would meet the unit's needs, that the staff could consistently use the thermometers as the manufacturer intended, and that the thermometers would produce reliable results.

"For the literature review, we were able to identify positive results for Exergen temporal artery thermometry and carry out a quality improvement project looking at the temporal artery thermometer on our medical and surgical units," said Shafer.

A quality improvement project was launched

utilizing a Plan, Do, Act, Study method. A 30 day trial run using the Exergen Temporal Artery thermometers was initiated on 3 inpatient medical surgical units. Nurses logged temperature measurements with the existing thermometers as well as the Exergen Temporal Artery thermometers, evaluating user variability within a 15 minute window with same patient.

"We found that although there was not a statistically significant difference between the different methods of temperature measurement, the temporal thermometers had very small variability in measurements between staff members and supported us on our patient populations," said Shafer. "We also identified that staff found them easier to use, and from survey results, staff found them most favorable."



Mary Shafer, RN, BSN, CPN was instrumental in reviewing the literature and trialing the new Exergen thermometers, which are now standard care on the medical surgical units.



NEW KNOWLEDGE &
INNOVATION

Connecticut Children's Nurse changing pediatric healthcare through personalized medicine

Healthcare is entering an era of personalized medicine where treatment selection for each patient is becoming more individualized or customized. Ultimately, it will allow clinicians to figure out the most appropriate treatment according to the patient's ailment. As such, we are progressing from a population-based empirical 'one drug fits all' treatment model, to a focused personalized approach where specific treatments and procedures are individually tailored for the patient.

Dr. Renee Manworren is now applying this thought to pediatric pain management procedures. She's taking a closer look at a patient's DNA and sensitivities to pain and will ultimately develop a predictive model of pediatric post-surgical pain that will allow for more precise pre-surgical planning and a personalized medicine approach to post-surgical pain management.

Currently, more than 80% of children and adolescents report moderate to severe pain after surgery. Right now, we can't predict which patients are at greatest risk for pain. But by taking a closer look at patient's genomic makeup the hope is to identify those at greatest risk for pain and prescribe an appropriate pain management therapy before they experience any pain. In fact, understanding the risk factors for acute pediatric post-surgical pain requires examining both a patient's pain sensitivity genes and the genes that respond to drug treatments for pain.

Dr. Manworren is on her way to translating genetic findings to clinical practice and advancing personalized medicine in the pediatric pain arena. Specifically it will help improve management and eliminate pain in post-surgical patients, as well as improve the understanding of underlying biological mechanisms of pain symptoms and the best ways to treat those symptoms. Genomic testing like this, will soon enable physicians to choose the best treatment for a patient with less guesswork.

It's groundbreaking research happening right here at Connecticut Children's!



Dr. Renee Manworren, an expert in pediatric pain, shares her knowledge with patients, and the Pain Resource Nurses to improve the patient outcomes.

Publications and Presentations

Information is best when it is shared; best practices can benefit more than the original source and one of the highest levels of responsibility for the nursing professional is to disseminate what is learned and discovered. Connecticut Children's nurses are involved in sharing their work through both publications and presentations. Examples of this work are listed below and illustrate the wide variety of topics being addresses at Connecticut Children's Medical Center.

PUBLICATIONS

Kelly, Raeanne (2013) Development of Connecticut Airway Risk Evaluation (CARE) System to improve handoff communication in pediatric patients with tracheostomy. *JAMA Otolaryngology Head & Neck Surgery* E1-E5.

Matney, Sarah & Conway, Mary (2013) Telephone Triage Guidelines: A Professional Resource for Pediatric Hematology/Oncology and Stem Cell Transplant Nurses Book.

PRESENTATIONS

Theresa Hendricksen, RN, MS, COO, Deb Martin, RN, MS, and Dara Tynan, MD, MBA, Medical Director Med /Surg Waterbury presented – "Operating Inpatient Pediatrics Within Community Hospitals – A Children's Hospital Dilemma?" 2013 Children's Hospital Association (CHA) Creating Connections Conference in Anaheim, CA

Mary Conway, RN, MSN presented – "Parents' perceptions of care in relation to hope, adaptation, and functioning in families with a child with cancer." 2013 Eastern Nurse Research Symposium, Boston, MA

NURSING GRAND ROUNDS PRESENTATIONS

Neonatal Nursing Research Day – January 31, 2013

Jacqueline McGrath, PhD, RN, FNAP, FAAN

"Improving Outcomes of Infants and Families Through Evidence-Based Practice and Research"

University of Connecticut, School of Nursing, Storrs, CT
Connecticut Children's Medical Center, Hartford, CT

Susan Gennaro, BA, MS, DSN

"Based on the Evidence... What Evidence?"

Boston College, School of Nursing, Boston, MA

Debra Brandon, PhD, MSN, RN, CCNS, FAAN

"Implementation of a cycled light intervention study and light effects on preterm infants"

Duke University, School of Nursing, Durham, NC

Nurses Week - May 9, 2013

Jean Baruch, PhD, RN

"Advancing the Science and Practice of Nursing through Beads of Courage"

Beads of Courage, INC. Tucson, AZ

Pediatric Nursing Research Symposium - June 4, 2013

Renee Manworren, PhD, RN, BC, CNS

"Living Evidence-Based Nursing Practice" "Beyond the Terrible Twos"

Connecticut Children's Medical Center, Hartford, CT

Patricia Newcomb, PhD, RN

"Realities of Conducting Clinical Research in Health Systems and the Community"

Texas Harris Health Harris Methodist Hospital and Specialty Hospitals, Azle, TX

Melissa Faulkner, DSN, RN, FAAN

"Navigating the Research Process: Benchmarks for Success in Pediatrics"

Emory University, School of Nursing, Atlanta, GA

Nursing Grand Rounds - September 23, 2013

Martha Curley, RN, PhD, FAAN

"Parent Presence During Invasive Procedures and Resuscitation"

University of Pennsylvania, School of Nursing, Philadelphia, PA
Boston Children's Hospital, Boston, MA

Nursing Grand Rounds - November 12, 2013

Katherine E. Gregory, PhD, RN

"Microbiome Aspects of Necrotizing Enterocolitis in the Premature Infant"

Boston College, School of Nursing, Boston, MA



NEW KNOWLEDGE & INNOVATION

Maria Cusano-Sanzo, RN, MSN, CPN and Karen Callahan, RN, MHS, CPN, were members of the planning committee for the Ambulatory Nursing Conference.

Ambulatory Nursing Conference

It Takes a Community: Working Together to make the children of Connecticut the healthiest in the country

Connecticut Children's was proud to host its first ambulatory nursing conference in August 2013. The conference titled, "It Takes a Community: Working Together to make the children of Connecticut the healthiest in the country," attracted more than 100 school and community nurses from around the state. The message was clear: Connecticut Children's is a critical community resource. The conference also established the hospital as a role model for ensuring patients have access to a comprehensive system of services. One of the conference attendees noted afterward, "This was the first nursing conference I've ever attended that was specifically focused on the need of the school nurse population."

The conference officially kicked off a long term goal of building a collaborative relationship between Connecticut Children's ambulatory nurses and community nurses who expressed a need for a reliable source of information and expertise in specialty clinics.

The success of this conference was in alignment with the Community Child Health Goal in the Connecticut Children's 2013-2017 Strategic Plan.



Cindy Colston, RN, BSN, CPN and Phyllis Bebyn, RN, BSN share their expertise on patients with tracheostomies and g-tubes with those in attendance at the Ambulatory Nursing Conference.

SPEAKERS:

- **Maria Cusano-Sanzo, RN, MSN, CPN**
Arthritis in the School Setting: Working together with School and Community Nurses: A Joint Effort
- **Karen Damon Callahan RN, MHS, BSN, CPN**
The Highs and Lows of Pediatric Blood Pressure Techniques
- **Deb Johnson, RN, BSN, CPN**
Headache Management in the School-Age Child
- **Nancy Bright RN, BSN**
Out of the Nurse's Office and Back to the Classroom: A Functional Approach to Chronic Pain
- **Barbara Mulholland RN, BSN, CPN**
Managing the Ins and Outs of Shunts: A Basic Overview of Hydrocephalus and Shunts
- **Jessica Mahoney RN, MSN, CPON & Mary Conway RN, MSN, CPON**
Hematology/ Oncology for the School Nurses



EMPIRICAL QUALITY RESULTS

“Nursing Research Grand Rounds provides a venue to disseminate the new knowledge and innovation of internal and external experts in nursing. This forum along with the integration of evidence based practice is critical to improving quality and patient outcomes”
– Jacqueline McGrath, PHD, RN, FNAP, FAAN – Director of Nursing Research

Tracking Empirical Results Helps Improve Nursing Quality at Connecticut Children's

Connecticut Children's Nursing colleagues recognize that nationally benchmarked data can be used to help improve the quality of patient care we provide and the environment in which nursing is practiced.

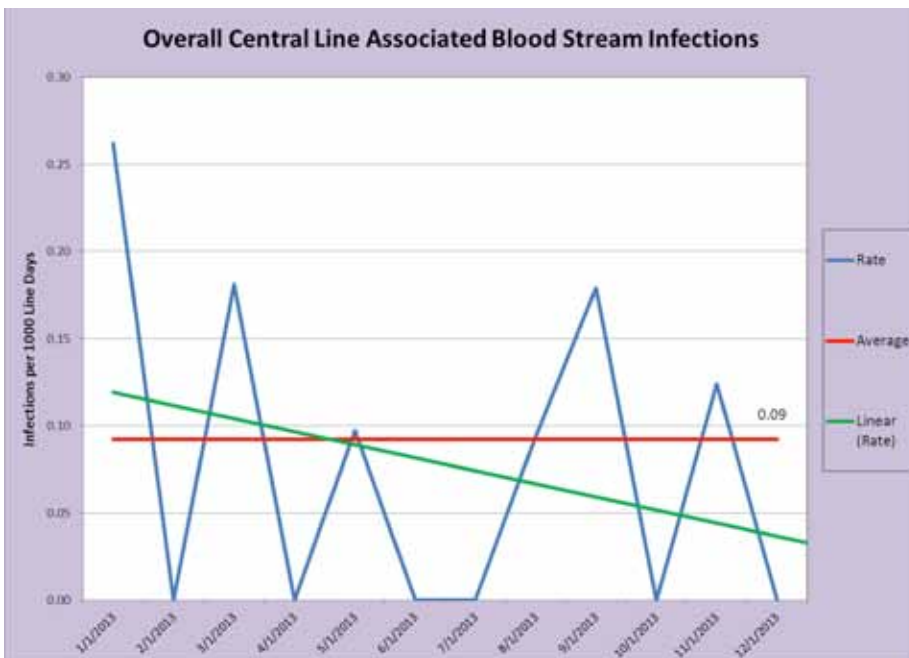
Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care provided at the bedside. To provide a comparison, Connecticut Children's is a member of the National Database of Nursing Quality Indicators (NDNQI), a proprietary database of the American Nurses Association that collects and evaluates unit-specific nurse-sensitive data from more than 1,700 hospitals. These unit-level comparative data reports are used for quality improvement projects.

As a member of the NDNQI, Connecticut Children's consistently compares itself against similar pediatric and teaching hospitals in our blood stream infection (CLABSI) numbers, catheter-associated urinary tract infections (CAUTI), hospital acquired pressure ulcers, stage 2 and greater (HAPU + 2), and number of falls with injury. This data is collected daily and as situations arise. The data is then placed on the unit scorecard for monthly review and submitted to NDNQI quarterly. It's then displayed on the unit floors for staff and families to see, used for quality improvement projects through the unit based workgroups and helps improve the work environment by supporting regulatory readiness.

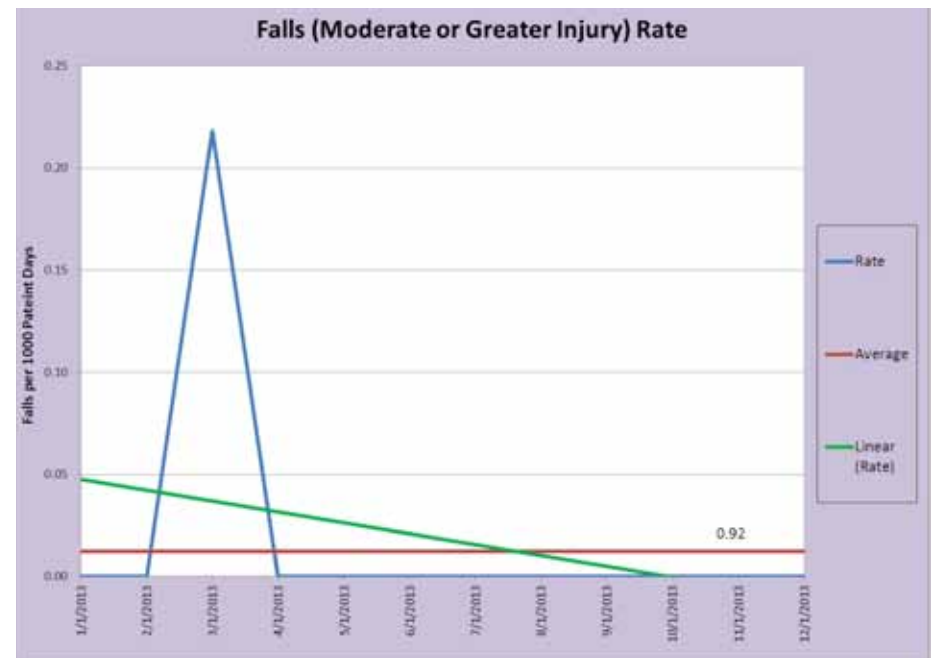
EMPIRICAL QUALITY RESULTS



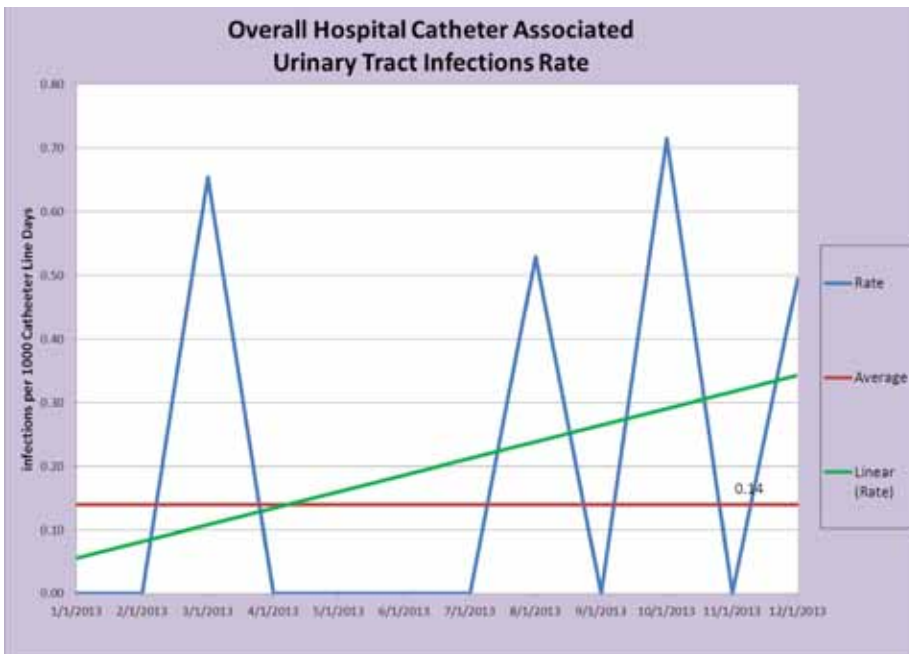
Nurse's participation in executing central line bundles, audits and participation in a national collaborative have been drivers in decreasing our CLABSI rates in 2013. Congratulations to the NICU – Hartford and MS/7, for a rate of zero for 2013!



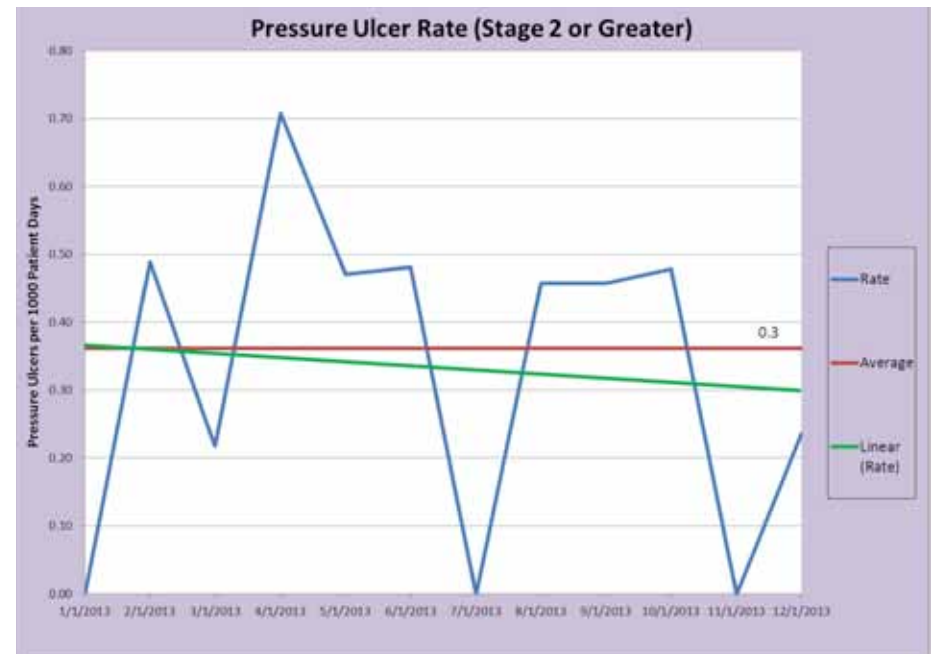
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With the development implementation of the Humpty Dumpty program, nurses now have structures guidelines and processes available to educate families on fall prevention and identify those patients at risk.



While the average is low overall for Catheter Associated Urinary Tract Infections (CAUTI), work is underway to create bundles to decrease our rate



Pressure Ulcer rates remain low for stage 2 or greater skin injuries, with intermittent spikes incidents or instances. Opportunities have been found using different nasal prongs, skin protection barriers as well as increased collaboration amongst departments in caring for our patients at risk.

EMPIRICAL QUALITY RESULTS

Fall Prevention Program *Falling into Place at Connecticut Children's*



"Humpty Dumpty sat on a wall; Humpty Dumpty had a great fall" – It's a beloved children's nursery rhyme with a serious underlying message. Now, hospitals across the country, are taking part in the Humpty Dumpty Falls Prevention Program created by nurses at Miami Children's Hospital.

Connecticut Children's nurses know when kids take a tumble in real life, there can be serious consequences – fractured skulls, broken bones, and nasty bruises. In fact, according to the National Safe Kids Campaign, falls are the leading cause of unintentional injury in youngsters.

That's where Humpty Dumpty comes in. The pediatric centered program consists of a pediatric risk assessment tool, a modified tool for the outpatient setting, and protocols to implement to help hospitals, like Connecticut Children's, prevent falls.

"There is now a process and structure to our Fall Prevention Program that we didn't have before," said Paula Doyle, RN, BSN, MPH, CNML. "We now have the ability to collect data and benchmark against other like hospitals."

Patients are assessed on admission, at the start of each shift, and whenever there's a medication change or the patient is moved to another hospital unit. Protocols, applied when children are found to be at high risk for falls, include interventions such as putting those patients near the nurses' station, making sure the bed is low to the ground, or making sure side rails are up and tight.

"Nurses have a direct impact on patient falls and thanks to this risk assessment and education model, our nurses can impact patient outcomes," added Doyle.

Signage to identify high-risk patients is affixed to the door and the chart, and a sticker is placed on the child. Not only that, Humpty Dumpty himself sits on the 8th floor welcome desk as a reminder to staff, patients and families about the importance of fall prevention and why Mr. Dumpty is so much more than just a fun nursery rhyme.



EMPIRICAL QUALITY RESULTS

Wound Care Nurses Enhancing patient outcomes by minimizing pain and loss of function



Wound Care Nurses enhancing patient outcomes by preventing skin injury and promoting optimal healing

Wound Care Nurses work in a unique healthcare niche—wound prevention and management. They are the specialists who assess, treat and monitor patients' wounds and promote health management practices that prevent initial injury, recurrence, and even life-threatening complications.

When a patient presents with a wound, a certified wound care nurse at Connecticut Children's performs a careful assessment and develops a treatment plan to be carried out by the care team. This might include debridement (a process that removes dead tissue to allow for new skin cell growth.), cleansing and dressing. The WCC also works with the patient's physician to assess the appropriateness of therapy, and to monitor healing.

In addition to providing direct care, wound care certified nurses educate patients, caretakers and other medical professionals on the prevention and management of wounds. They serve as key resource people for physicians, nurses and other

members of the team caring for both in-patients and out-patients.

As leaders and consultants within the health care industry, wound care nurses make an enormous difference in the quality of their patients' lives by helping to limit the incidence of skin injury and minimizing the potentially severe consequences of wounds. These professionals take great satisfaction in promoting skin health and implementing appropriate interventions for full recovery from injury.

NURSING WOUND CARE TEAM

*Claire Hibbs-Cusson, RN, BSN,
CCRN, WCC*

Janet DeFrancesco, RN, MSN, CPON, WCC

Kathy Visinski, RN, MSN, WCC

Sandy Brink, RN, BSN, CCRN, WCC

Arielle Beckhard, RN, BSN, WCC

Fran Rossing, RN, BSN, WCC



EMPIRICAL QUALITY RESULTS

Nursing Participation in the 2013 Illuminations Quality and Patient Safety Conference

THE USE OF LEAN BETWEEN PHARMACY & HEMATOLOGY/ONCOLOGY CLINIC TO ENHANCE SAFETY & COMMUNICATION

Team: Bill Agostinucci; Kathy Brodsky; Mary Conway RN, MSN, CPON; Nate Hagstrom, MD; Sarah Matney RN, BSN, CPON; Maggi Predmore; Phuong Sander; Kate Stevens, APRN, CPON; Deb Weber, Celeste Zizzamia.

ORTHOPEDIC CLINIC FOLLOW-UP CALLS AFTER EMERGENCY DEPARTMENT VISIT

Team: Randyll Robidoux, RN, BSN, CPN; Robin Bradshaw, RN, BSN, ONC; Marjorie Khan, RN, BSN, CPN, ONC.

PERSONAL TELEPHONE CALL REMINDERS IN A HIGH-RISK PEDIATRIC SURGICAL POPULATION

Team: Lauren Beraldi, RN, BSN; Robin Bradshaw, RN, BSN, ONC; Cindy Colston, RN, BSN, CPN; Debby Foster, RN, BSN; Marlene Gatzak, RN, BSN; Marjorie Khan, RN, BSN, CPN, ONC; Sarah Mazzaresse, RN, BSN, CURN; Clinical Nurse Coordinators, Department of Ambulatory Nursing Quality Workforce Group.

IMPROVING ROUNDING TO INFLUENCE IN THE CLINICAL CARE CENTER FOR CANCER AND BLOOD DISORDERS USING A TEAM APPROACH AND A MORE PRESCRIPTIVE PROCESS

Team: Nate Hagstrom, MD; S. Matney, RN, BSN, CPON; Jenn Hann.

TALENT ACQUISITION PROCESS TO GET THE RIGHT PERSON IN THE RIGHT JOB IN A TIMELY MANNER

Team: Lynne Kelleher, RN, SPHR; Yvonne Jones; Sonja Matchen; Mary Ann Mahoney; Jade Willard; Meg Clancy; Joanne Meucci RN, BSN; Lisa Strelecky, RN, BSN, RN-NIC; Kathy LeBlanc, RN, BSN, CPEN.

DRIVING RELIABILITY & PERFORMANCE IN HEMATOLOGY/ONCOLOGY: USING DEMING AS A GUIDE AND HPI TOOLS AS THE ENGINE

Team: Nate Hagstrom, MD; Sarah Matney, RN, BSN, CPON; Jenn Hann.

REDUCTION OF NEEDLE STICKS AND SHARPS INJURIES

Team: Michael Tortora, Lisa Wolfson RN, BSN, CNOR.

IMPROVING PATIENT FLOW, SATISFACTION AND SAFETY IN THE CLINICAL CARE CENTER FOR CANCER AND BLOOD DISORDERS THROUGH IMPROVEMENTS AIMED AT SMOOTHING THE SCHEDULE: A CLASSIC USE OF THE SHEWHART CONTROL CHART

Team: Nate Hagstrom, MD; S. Matney, RN, BSN, CPON; Jenn Hann.





Connecticut Children's Medical Center is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the Department of Pediatrics at the University of Connecticut School of Medicine. Named among the best in the nation for two of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings, Connecticut Children's is the only free-standing children's hospital in Connecticut that offers comprehensive, world-class health care to children. Our pediatric services are available at Connecticut Children's Medical Center in Hartford and at Saint Mary's Hospital in Waterbury, with neonatal intensive care units at Hartford Hospital and the University of Connecticut Health Center, along with a state-of-the-art ambulatory surgery center, five specialty care centers and 11 other locations across the state. Connecticut Children's has a medical staff of nearly 1,100 practicing in more than 30 specialties.



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