

2016 Nursing Annual Report





NURSING MISSION

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



Dear Nurses and Nurse Leaders,

The year 2016 proved to be yet another story of incredible growth and continued excellence in nursing practice. We all were solidifying the foundation we set in previous years – Nursing Practice Council retooled and strengthened, our new central councils clarified and moving us toward outcomes, and unit-based workforce groups stepping up with a better understanding of direction and mission. Each year I am amazed at how nurses, given some space and time, can achieve levels of professional excellence that improve quality of care and the patient and family experience, utilizing best practices.

In nursing leadership's quest to ensure that the voices of nurses are heard, we pledged that we would offer you the why's behind what you were being asked to do. The conversation began at our first Annual Nursing Meeting, held at the Riverfront Boathouse in Hartford, Connecticut, in September of 2016. The idea of "connecting the dots" was a common theme. With so many priorities to attend to, understanding the logic behind them is key to ensuring that you know how they all come together and how they cascade from organizational objectives. You are the caregivers who carry out our mission every day. You need to understand how you connect to the bigger picture.

We are a year away from submitting our Magnet document to the American Nurse Credentialing Center (ANCC). The exciting phase we are in is gathering all the evidence, the work you presently are doing, and beginning to write the story of nursing excellence here at Connecticut Children's. If you need examples, just turn the pages of this annual report, and you will see a richness in practice, just waiting to be showcased! I am so proud to be on this journey with you.

Congratulations to all of you on a year filled with energy, excitement and accomplishments. What a great future for us going forward!



Sincerely,

A handwritten signature in blue ink that reads "Cheryl B. Hoey".

Cheryl B. Hoey, RN, BSN, MBA, CENP

Sr. Vice-President, Patient Services

Chief Nursing Officer

Connecticut Children's Medical Center



NURSING VISION

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

To Our Nursing Staff,

Let me start by saying congratulations on another year of successes, growth and leadership. I am consistently in admiration of what you do on a daily basis. The passion, skill and commitment you demonstrate are what makes Connecticut Children's so special, not only to your colleagues, but to so many of our patients and families.

The projects and tasks you accomplished in 2016 set the bar for excellence. We have nearly doubled the number of certified nurses from just two years ago; we have continued implementing evidence-based practice in our daily processes; and we have seen record attendance from our nurses during rounding at the bedside. All of these efforts are a demonstration of your commitment to family-centered care and, more importantly, to your passion for nursing.

In the next year, we will submit our application for Magnet designation. This is a tremendous achievement in and of itself, and you should be quite proud. This is our chance to showcase all of your hard work and make official what we already know: we demonstrate nursing excellence here every single day. This is truly a group effort!

Recently, I was talking to a friend of mine, Donna Culver, about how I would like to write something special in honor of our nursing staff. We chatted for a while, and she captured my sentiments by writing the following poem:

I WANT YOU TO KNOW

I want you to know that I see you and what you do.
You make your job look so easy, this calling of being
a nurse.

You lead with love and empathy.
Holding hands, listening, being present.

You pay attention to the most minute details,
The dose, the sound, the heartbeat change.

You guide the next generation of doctors and nurses,
your years of experience, invaluable and real.

This intersection of science and compassion is a
vital link in our healing chain.

I am grateful for the way you shape who we are and
how people see us.

I am grateful for the days you leave behind your own
sick child or aging parent to put our patients first.

I am grateful for the long hours of standing strong and
brave, life fragile and uncertain.

It takes a special person to be a nurse. I want you to
know that I see you and what you do, how special
you are.

Inspired by Jim Shmerling Written by Donna Culver



Sincerely,

A handwritten signature in blue ink that reads "James E. Shmerling".

Jim Shmerling, DHA, FACHE
President & Chief Executive Officer
Connecticut Children's Medical Center

WELCOME

Connecticut Children's

GREETINGS



Connecticut Children's Nursing Colleagues,

Over the past year, the Nursing Practice Council (NPC) has continued its work to affect change that is reflective of the evolution of health care as a whole. We started our year by refocusing our efforts and prioritizing our goals to meet the common needs voiced by nurses across the institution. Our hope is that you will feel as much pride in the accomplishments showcased in this report as we do, knowing that your voices and ideas contributed to driving these positive changes throughout Connecticut Children's Medical Center.

Our No. 1 priority was to address recognition, and although there is still work to be done, we have taken pride in creating a standardized hospital-wide nursing perks program to help show our appreciation for the dedication of our nurses. We hope that in the coming years we are able to continue to contribute to the accomplishment of this very important goal as we continue to determine the types of recognition our peers find truly meaningful.

There was a recognized need for an improvement in communication systems. Nursing Practice Council acted as a key player in the selection and began integration of our Voalte phones, and we have been thrilled to see the positive impact this has had, and look forward to continuing to provide input as the platform grows with our needs.

We have heard about, and experienced first-hand, some of the growing pains of the first year of our new shared governance model, and we have partnered with nursing leadership to ensure that we have a living, working model that encourages collaboration and fosters change, and to that end, endorsed the addition of our fifth central council, Nursing Informatics Central Council. We also provided feedback and our seal of approval for the newly introduced Nursing Connections newsletter.

We have felt enormously fulfilled by the work we have done in 2016, as evidenced by this annual report, and we hope the year has been as fulfilling for you. Please join us as we embark on another year of working and learning together, striving toward our Magnet designation, giving our best to our patients and their families, and making every moment count.



Heather Buck,
BSN, RN, CPEN
*Nursing Practice Council
Chair
Connecticut Children's
Medical Center*



Kristi Iacuone,
BSN, RN, CPN
*Nursing Practice Council
Co-Chair
Connecticut Children's
Medical Center*



AWARDS & RECOGNITION

PRESS GANEY HONORS CONNECTICUT CHILDREN'S

We're proud to say that in 2016, Connecticut Children's was named a Success Story Award® winner by Press Ganey, a leading provider of patient experience measurement, performance analytics and strategic advisory solutions for health care organizations across the continuum of care. The Press Ganey Success Story Award is a highly regarded symbol of achievement in the health care industry. Connecticut Children's was one of only 15 organizations to receive the honor in 2016.

The Success Story Award recognizes outstanding health care organizations with compelling stories of innovation and leadership that have measurably improved patient experience, clinical quality, or caregiver engagement.

In the words of Patrick T. Ryan, CEO of Press Ganey, "visionary leadership" at Connecticut Children's "has measurably improved the patient experience, positively impacting their patients and advancing the quality and delivery of care throughout the community."

Connecticut Children's organizational commitment to service inspired the creation of the Connecticut Children's Patient and Family Experience Committee, which aims to improve the patient experience through survey comment transparency. The committee uses survey comments from families to reinforce service behaviors and recognition throughout the organization.

According to Dr. James E. Shmerling, president and chief executive officer of Connecticut Children's Medical Center, the award represents an important recognition from the industry's leader in measuring, understanding and improving the patient experience.

"The Press Ganey Success Story Award is a true testament to Connecticut Children's focus on family-centered care," Shmerling said. "This award would not be possible without our employees and providers, who dedicate each and every day to ensuring a high quality experience for all patients and families."

DAISY AWARD PROGRAM



The DAISY (Diseases Attacking the Immune System) Award was created by the family of Patrick Barnes to recognize extraordinary nurses who go above and beyond to make a difference for patients and families. Over the past 17 years, the DAISY Award has recognized 55,000 nurses in 2,000 health care facilities nationwide. Connecticut Children's launched the DAISY Award program in 2014. To date, we have honored 21 nurses.

2016 Honorees (in chronological order of receipt):

Melissa LaParre Molcan, BSN, RN
PICU

Nominated by: Pediatric ICU & the Patient Family Unit Workgroup, Pediatric ICU & the Quality Unit Workgroup

Christine Baldi, BSN, RN, CPN
MS6

Nominated by: The Baker family

Beverly Cattanach, BSN, RN

Emergency Department

Nominated by: Nicole Stepp, BSN, RN, Emergency Department & Darrell Sacchi, Behavioral Health Tech, Emergency Department

Rachel Mariani, BSN, RN, CPN

MS6

Nominated by: Steven Yenco, Nicole Loke, parents

Marisa Merlo, BSN, RN, IBCLC

NICU East

Nominated by: Wendy Petow, APRN, NICU East

Diane Cabral, BSN, RN

MS8

Nominated by: John Carlson, patient

Sherry Scagnelli, BSN, RN

PACU

Nominated by: Donna Sevas, BSN, RN, CPN

Mandi Boisvert, BSN, RN

Emergency Department

Nominated by: Kerry Varney, BSN, RN, CPEN, Emergency Department

Lora Rizy, BSN, RN, CPN

MS7

Nominated by: Melissa Robinson & family

NIGHTINGALE WINNERS 2016

The Nightingale Awards for Excellence in Nursing are bestowed annually by a number of hospitals in Connecticut. The awards were conceived in 2003 by the Visiting Nurse Association of South Central CT (VNA/SCC) to recognize exceptional nurses and to elevate the profession. The number of awards given by each medical center is determined by the number of beds in each. Connecticut Children's is allotted five awards. Peers nominate their fellows, and this year's winners were selected from more than 15 nominees.

Each of the winners meets a demanding list of criteria. Nightingale winners:

- Have a demonstrated impact on patient care and/or the mentoring and support of other nurses
- Go beyond the call
- Demonstrate excellence in a manner that exceeds general standards
- Show an above-average commitment to the community
- Have achieved a life-long legacy



Jennifer Aldieri-Martin,
BSN, RN, CPN

Jen has played a pivotal part in creating foundational structures of nursing excellence at Connecticut Children's through her participation in the Clinical Advancement Council and Shared Governance

Design Team. She saw opportunities to make improvements and became a part of the solution. Most important, perhaps, is Jen's approach – she is thoughtful and respectful. She supports unit changes even when they might not be popular. Jen supported winter boarding, assisting unit leadership by being a positive agent for change. She has provided leadership and commitment to excellence, while also providing family-centered care to her patients, and supporting the community.



Debby Foster, BSN, RN,
AE-C

Debby goes beyond the call in multiple ways, many of which she may not even realize have a strong impact on those around her. Humming and smiling while she sits at her computer tending to her responsibilities, encouraging co-workers to walk with her in the temperate weather, and "doing steps" in the building when our New England weather is uncooperative. Debby never sits idly, and she works in an organized fashion while clearly but quietly showing pride in her work. "As a nurse, my goal is to make a difference in the lives of my patients and their families, whether it's sending a critically ill patient to the Emergency Room or helping a mom get a medication that is crucial for the well-being of her child," she says. Debby was able to provide this crucial medication for the sick child of a single mother on a Friday afternoon. The medication was expensive, and Debby understood how the mother would feel if she were unable to provide it for her child. Obtaining the medication required multiple phone calls – to the parent, pharmacies, and the insurance company. Needless to say, this mission also required Debby to run between the Pharmacy and her office to get everything just right. Debby got it done.



Elaine Johnson, RN, CNOR

Elaine understands that excellence in clinical care takes a team. In developing the clinical bundle to standardize the care for children in surgery, Elaine has collaborated with Administration, physicians, nurses throughout the organization. The clinical bundle guides clinicians on best practice every time to prevent surgical site infection. In addition, Elaine continues to lead her peers in excellence in clinical care by chairing the Perioperative Research Workforce Group. The Research



Workforce Group identifies current nursing care issues in the surgical suite, and with Elaine's leadership, it examines the literature for best practice solutions. Last year, Elaine proposed an infection prevention initiative by adding normo-thermia to the clinical bundle. She was awarded a competitive evidence-based practice fellowship to implement an educational intervention for the perioperative staff. It is designed to improve nurse's skills at assessment and documentation. It also provides new interventions in temperature-warming techniques throughout a patient's surgical treatment to prevent hypothermia and decrease the risk of infection.



**Kristina Kaminski,
MSN, RN**

Kristina possesses and exhibits a sincere passion for nursing and strives to provide and maintain optimal patient care. She consistently provides exceptional care that is far beyond the standard. She invests time and effort into understanding her patients' current situations as well as their significant histories, emotional well-being, and family needs. She views each patient as a multi-faceted individual and uses appropriate resources to completely comprehend their circumstances and treat them as a

whole. She recognizes patients' needs and utilizes the available disciplines to ensure complete care. Kristina frequently identifies gaps and discrepancies in a patient's plan of care, and she efficiently advocates to initiate and implement significant improvements. She is supportive and appreciative of her peers. She regularly vocalizes her gratitude and demonstrates her thankfulness through nominations for various awards. She facilitated a "pay it forward" basket for her peers in the Emergency Department. Kristina organized and encouraged MS6 nurses and patient care assistants to contribute to the basket and personally wrote a note of thanks.



Jennifer Ryiz-Semmel,
BSN, RN, CPN, CLC

Jen is an amazing colleague and mentor, providing education on Halogen and the Nursing Accomplishment Tool to her Ambulatory Nursing peers and to nurses hospital-wide. She embodies what it

means to be a leader: serving on the Nursing Practice Council, the Ambulatory Professional Development workforce group, and the Ambulatory Clinical Ladder V Committee. She has been involved in a two-year Face-to-Face Peer Review project that has been presented both locally and nationally. She also has presented her work for Connecticut Children's Comprehensive Down Syndrome Program at the Connecticut Down Syndrome Congress Annual Convention and at the Connecticut Children's Ambulatory Nursing Conference. Connecticut Children's geneticist Dr. Mark Greenstein describes Jen as wonderfully thorough. He says she does a great job of gathering information for each child and family dealing with Down syndrome. She makes sure they have information about available support services and access to a wide variety of information and resources. She ensures that each family has the paperwork to obtain free access for their child to attend special summer activities. Along with all

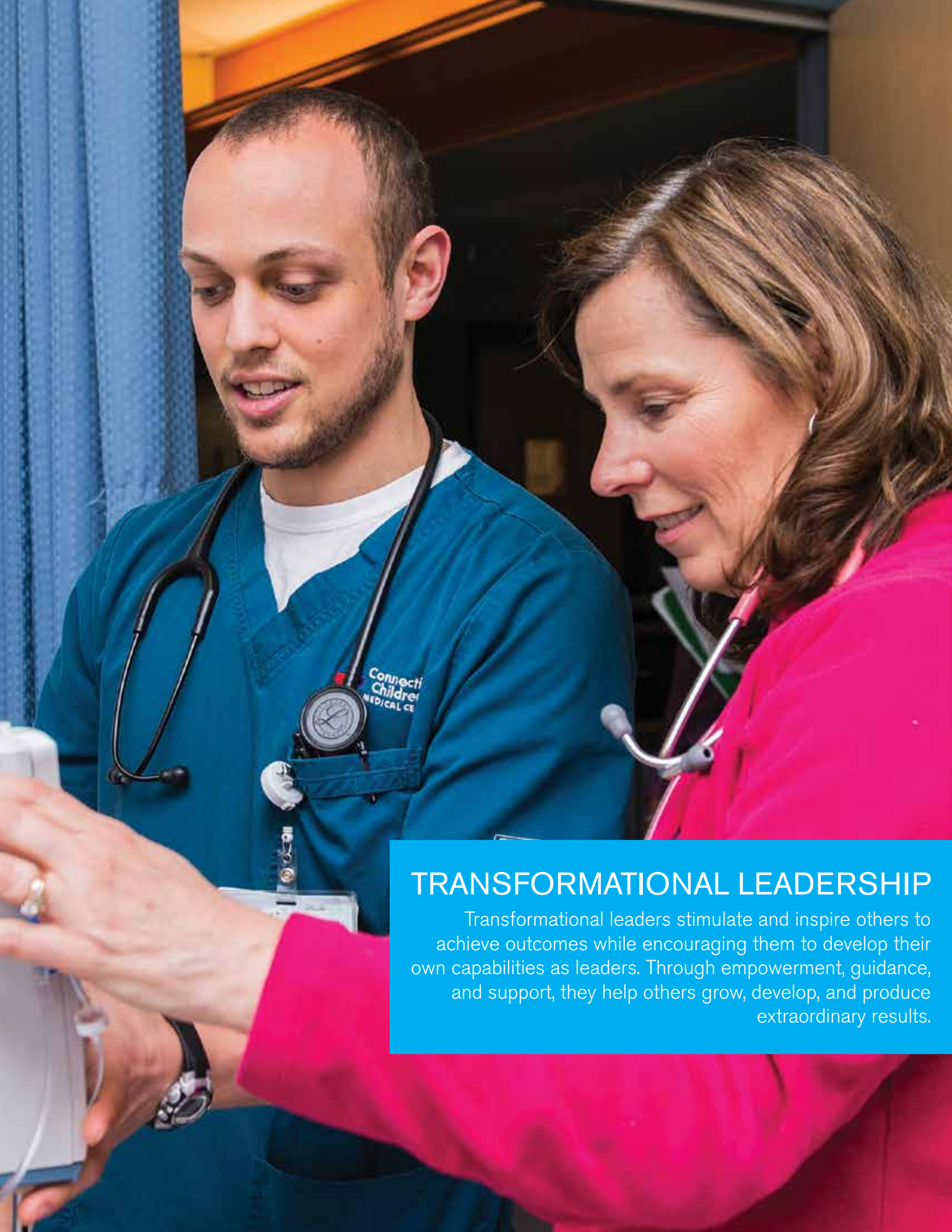
of her other duties, she keeps track of any new education or programs, making sure families are up-to-date with the most current information. She introduces new families to the Comprehensive Down Syndrome Program during their visits, and makes herself readily available as a resource when needed. Jen goes beyond the call on a daily basis, giving 100 percent in everything she does.

WOMEN'S CHOICE AWARD® GOES TO CONNECTICUT CHILDREN'S



Connecticut Children's Medical Center was named a Best Children's Hospital by the Women's Choice Award®, America's trusted referral source for the best in health care. The award, announced late in 2016, is for the year 2017.

"Connecticut Children's is honored and privileged to receive the 2017 Best Children's Hospital – Women's Choice Award," said Ann Taylor, JD, executive vice president and chief administrative officer of Connecticut Children's. "This award is a true testament to our emphasis on family-centered care, and our growth as a leading pediatric health care facility of choice by families, both across the state and throughout the country."



TRANSFORMATIONAL LEADERSHIP

Transformational leaders stimulate and inspire others to achieve outcomes while encouraging them to develop their own capabilities as leaders. Through empowerment, guidance, and support, they help others grow, develop, and produce extraordinary results.

OUR 2016 ANNUAL MEETING

The Nursing Annual Meeting was held on September 30, 2016, at the Riverfront Boathouse in Hartford, Connecticut. It was attended by more than 60 nurses representing all areas of the organization, including direct care nurses, members of the Nurse Practice Council, Shared Governance Central Council Chairs, and Nurse Leaders.

The goal of this annual event is to create a forum for nurses in all roles to take time to pause and review their great work, and to look for ways to build and enhance the future of nursing at Connecticut Children's.

The agenda included talks given by a range of Connecticut Children's experts, and group activities:

- "Current State of Nursing at Connecticut Children's" by Cheryl Hoey, BSN, MBA, RN, CENP, chief nursing officer, and senior vice president of Patient Care Services
- "The Health Care Environment Today" by Ann Taylor, executive vice president and chief

administrative officer of Connecticut Children's Medical Center, and Jane Baird, senior director of Government Affairs

- "The Voice of Nursing" by Heather Buck, BSN, RN, CPEN, chair of the Nurse Practice Council
- "Our Journey to a Magnet Update" by Deb Martin, MSN, RN, CNML, Magnet coordinator
- A group Round Table review of the Nursing Strategic Plan
- A group celebration of the 2016 nursing accomplishments and the release of the 2014–15 Nursing Annual Report

Responses to the meeting were solicited on evaluation forms. Here is a sampling:

- "I have a greater understanding of Connecticut Children's committee organization and the purposes behind them."
- "I believe it helps us to continue working toward shared goals – I appreciate the inclusion of all roles."
- "I think more looking ahead is helpful. I loved the whole day, the content, the momentum."





MARGO GEORGE WINS CTENA MANAGEMENT AWARD

Each year, the Connecticut Emergency Nurse Association (CTENA) honors one nurse in the state with a Management Award. The honor is bestowed in recognition of a nurse who consistently demonstrates top leadership skills in the role of a nursing manager. The nurse must be “Presently serving in a nursing management position,” according to the CTENA website. She/he also must demonstrate outstanding management skills, strong support for the staff that he/she manages, and exhibit a concern for the advancement of the nursing profession. The winner of the CTENA Management Award for 2016 is Margo George, BSN, RN, CNML, assistant nurse manager of the Emergency Department at Connecticut Children’s.

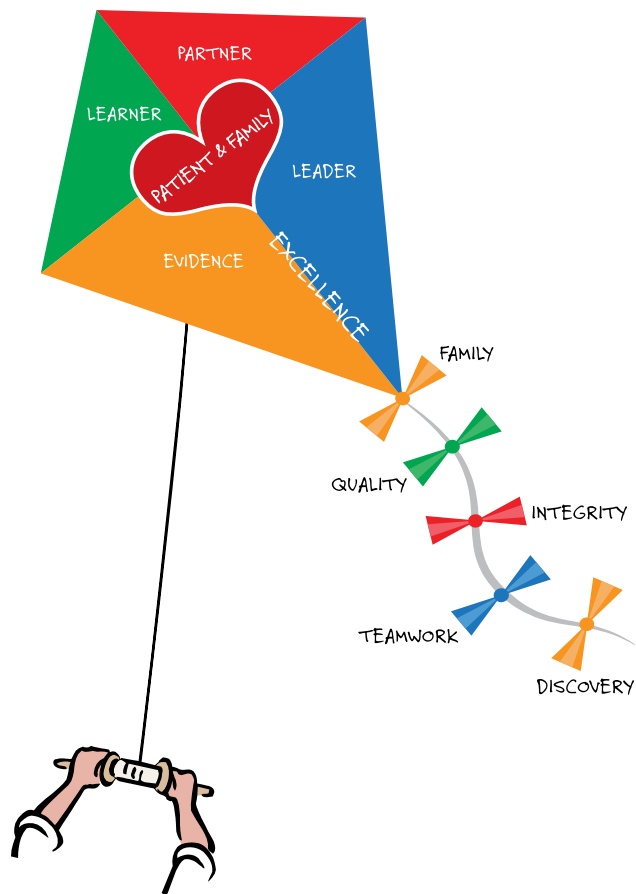
Margo was nominated for the award by her colleague, Jess Gildea, BSN, RN, CEN, nurse manager of the Connecticut Children’s Emergency Department. “Margo has had an impressive career at Connecticut Children’s,” Jess wrote in a nomination letter. “After starting as a staff nurse, she has risen to become an inspirational leader in the Emergency Department and within the organization. She is not only a mentor to those she directly leads, she also is a mentor for her peers in nursing management.”

Jess cited Margo’s natural leadership skills. “It’s fair to say she exhibits a natural ability to lead and drive

change while empowering those around her. Her commitment to the staff, department, and the organization are exceptional. Margo challenges both her staff and her peers. She encourages other leaders around her to think differently, and she uses her experience and strong leadership skills to influence change. She has been a true inspirational leader for me and the staff.”

Among the ways Margo inspires others is by setting and maintaining high standards. “Margo’s positivity and professionalism push all of us to be better nurses and to advance ourselves in the profession,” Jess wrote. “She is able to do this by constantly challenging herself to learn, applying what she knows, and using it to become a better manager. Margo is a selfless leader who often sacrifices for the betterment of the department, no matter the time of day or night. She holds herself to high standards and encourages the same in those around her.”

In her conclusion, Jess wrote, “We are all nurses – no matter what our roles or titles – and at the end of the day, we are here for our patients. Margo has true passion for the patient and family experience, and I’m certain she has sent our patient satisfaction scores soaring. She was the leader behind the workgroup tasked with recognizing the value in patient experience and implementing many positive changes to direct our patient care to be the best it can be. Margo is an inspirational leader and a true asset in the Emergency Department at Connecticut Children’s. I feel extremely proud to nominate her for this award, and I also feel lucky that she is a member of the team I am a part of everyday.”



MS6'S FIRST ANNUAL CORE CLASS

MISSION: HELPING NEW NURSES SUCCEED

The transition from academia to real-world nursing practice can be challenging. To ease the transition, nurses on MS6 went looking for new ways to mentor and foster continued learning in recent nurse graduates. Although these nurses participate in an orientation process, some had expressed concern that there was not enough detailed education or time allotted for an in-depth look at the common diagnoses seen specifically on MS6. The Professional Development Workforce Group on MS6 took this as an opportunity to develop and facilitate what they called a "Core Class." The goal was to review diagnoses that are commonly seen on MS6 and that might be too complex for new nurses to fully comprehend at the start of their careers.

The Professional Development Workforce Group identified four complex diagnoses for presentation: short bow-

el syndrome, ulcerative colitis and Crohn's disease, respiratory syncytial virus (RSV), and acute kidney injury. MS6 nurses who had been employed just over a year were asked to participate in developing a presentation for each diagnosis. To reach learners of all types, these presentations included a PowerPoint presentation, case study examples, videos, and hands-on demonstrations. Four presenters were then paired with a senior nurse mentor from the Professional Development Workforce Group to help facilitate and review presentation content and application to nursing practice. The mentors also utilized resources from existing service lines to elicit feedback from nurses in Gastroenterology and Nephrology. The MS6 nursing leadership team, the Professional Development Workforce Group members, and the four presenters extended an invitation to all newly hired nurses on MS6 to attend the first annual Core Class.

The event was held on December 19, 2016, from 2 - 6 pm, in a conference room at Connecticut Children's. There were 19 nurses in attendance, including members from the leadership team and the Professional Development Workforce Group. The class began with an icebreaker activity to encourage a relaxed and non-intimidating learning environment. Each 45-minute presentation allowed for diagnosis review, case examples, hands-on skills practice, and many questions from new nurses. The class concluded with an open discussion on topics including life as a new nurse, adapting to the working world, and the emotional stressors of health care that are present on MS6. The Professional Development Workforce Group members and presenters offered tips on how to make this transition successful.

Because each MS6 patient presents with a unique set of circumstances, nurses constantly need to tailor and adjust their nursing care based on the symptoms the patient is presenting. By having a better understanding of various diagnoses and a rationale for why certain interventions are performed, new nurses are better equipped when situations arise. Attending core class coupled with mentorship from senior nursing staff, provides new graduates with the proper support to build confidence and competence in their nursing practice, develop critical thinking skills, and move from focusing on one task to looking at the whole picture.

TROY CARLSON: MAKING COMPLIANCE FUN

Troy Carlson, BSN, RN, in the Emergency Department, has a way of encouraging compliance by making it fun. In 2016, he initiated several programs that are designed to make complying with Quality initiatives competitive and mutually supportive.

For starters, Troy took on the role of quality auditor for the department's point-of-care testing. He helped improve compliance rates from weeks that scored 68 percent to 80 percent to a near-perfect 98 percent to 99 percent. In his role as chair-elect of the Emergency Department's Quality Shared Governance Team, Troy works to improve blood culture contamination rates. He also created a program to improve hand hygiene rates by borrowing the "yellow card" used to flag soccer penalties. If a staff

member, no matter their rank or role in the department or organization, is seen not washing his or her hands, Troy hands out a yellow card. The team member carries the card until he or she spots someone else who may have skipped the wash in/ wash out protocol. In that manner, the card is passed on, and there is group support for clinically sound practice.

Lastly, Troy introduced a friendly competition among nurses to see who can be best at performing I-stats to the correct orders. At the start of every quarter, each nurse leader is charged with encouraging compliance among staff members. At the end of the quarter, the nurse leader whose team has the lowest rate of compliance gets a pie in the face.

Troy has our thanks for adding fun and a competitive edge to our daily quest for perfect compliance.





STRUCTURAL EMPOWERMENT

Practice environments that permit nurses in all parts of the organization to be involved in decision-making and shared governance encourage professional development and extend the influence of nurses to professional and community groups.

CERTIFIED NURSES 2016

Certified Asthma Educator

Katie Ruane
Deb Foster

Certified Critical Care Nurse

Kathy Barnett
Edie Black
Arielle Beckhard
Karen Braccialarghe
Sandra Brink
Megan Criscuolo
Whitney Elton
Kristin Fiorvanti – Collette
Katie Grigg
Suzanne Guid
Shannon Mann
Mary Mazur
Mollie Mullaney
Arianna Pardue
Phil Pinter
Sean Trainor
Karen Reid
Beth Wentland
Lynn Williams
Petronella Stoltz

Certified Critical Care Nurse

Pediatric – K

Claire Hibbs – Cusson

Certified Clinical Research

Professional

Ginny Drapeau
Hendriana Nielsen

Certified Diabetes Educator

Comalita Elliott
Karen Bucci
Nancy Paulhus-Orkin

Certified Emergency Nurse

Jessica Gildea
Jen Tabak
Mary Wheeler

Certified Lactation

Consultant

Karly Apps
Jessica Bancroft –Davis
Erika Burgess
Carrie Briere
Dana Brooks
Heather Callaghan
Mary Diaz Raymond
Rhonda Dillion
Lori Freeland
Meg Gallagher
Stacy Forsyth

Linda Jalbert

Kim Laudati
Michele Labas
Dana Lehner
Nicole Lewie
Bridget Kraus
Laura Keating
Ana Maiorino
Marisa Merlo
Kristen Marshall
Jenn Mendes
Andrea Pappalardo
Tanya Paul
Sandra Rodriquez
Brittany Rubenstein
Jennifer Ryiz - Semmel
Anne Marie Snow
Lisa Pierce
Jodi Simlick
Melissa Veillette
Sophie Belanger

Certified Executive Nurse

Practice

Cheryl Hoey

Certified Nurse

Executive – Advanced

Shannon Grad
Karen Webb

Certified Nurse

Manager Leader

Michele Koss
Kathleen LeBlanc
Sarah Matney
Deb Martin
Joanne Meucci
Beth Palazzo

Certified Professional

Health Risk Manager

Michele Koss
Trish Farmer

Certified Nurse –

Operating Room

Rachel Chiffer
Linda Groom
Mary McLaughlin
Kathleen Redfern
Irsa Armin
Elaine Johnson

Certified Pediatric

Emergency Nurse

Kathleen Bothwell
Rebecca Brady

Rachel Caster

Karen Cone
Lori Daddona
Erica Duguay
Marie Desjarlais
Paula Foley
Connie Gustafson
Ryan Keenan
Michelle Kinsella
Kathleen LeBlanc
Nicole McVeigh
Shellion Murray
Dee Orsi
Elizabeth Peling
Megan Pollack
Jackie Shea
Alexa Spatcher
Julia Taranto
Kerry Varney

NREMT – B

Ryan Keenan

Certified Pediatric

Hematology Oncology

Nurse

Mary Conway
Katie Culliton
Taryn Hamre
Mary Fran McGeary
Jodi Myers
Kandice Nelson
Sarah Petrykevych

Certified Pediatric

Oncology Nurse

Natalie Benevento
Barbara Cohen
Janet DeFrancesco
Leigh Hart
Courtney King
Sarah Matney
Jessica Mahoney
Karina Newinsky
Beth Palazzo
Jennifer Pelletier
Heather Rae
Kate Steven
Jeanne Walczak

Certified Pediatric Nurse

Lora Aleskwiz
Jen Aldieri
Lori Alexander
Karly Apps
Joplin Austin
Liz Arbour

Christina Baldi

Aimee Bareiss
Roberta Basile
Gwen Beaudoin
Phyllis Bebyn
Mavia Bendloss
Michelle Bellemare
Allison Bonner
Nika Bray
Rebecca Brady
Mariann Brown
Karen Callahan
Rachel Caster
Lynn Carbone
Nicole Cashman
Leny Cherian
Stacy Chesnick
Kristin Chisholm
Eileen Ciccone
Cindy Colston
Kristen Cowenhoven
Jamie Cubanski
Diana Dacunto
Marie Desjarlais
Laurie Derynioski
Amy Egerton
Nancy Etienne
Jennafer Euen
Monique France
Denise Halle
Debbie Hallbach
Krista Higgins
Karen Hull
Kristi Iacuone
Evie Iyamu - Osagi
Deborah Johnson
Anna Kaczor
Gail Karas
Raeanne Kelly
Marjorie Khan
Michelle Labas
Laura Lally
Tara Laviana
Lady Leano
Allison Labelle
Darlene Leonetti
Christopher MacInnis
Gloria Manaloto
Kim Mancinelli - Hough
Rachel Mariani
Jacqui Marquart
Maribel Martinez
Sonal Mehta
Deb McAdams
Lindsay McNamara
Casey Mello

Ann Mendicino - Wrynn
 Carol Miller
 Barbara Mulholland
 Catherine Novak
 Kelly O'Brien
 Kristen Overton
 Jessica Parker
 Karen Pallotti
 Erin Pastuszak
 Kimberly Paula - Santos
 Kathy Peet
 Nicole Pothier
 Kate Prior
 Nancy Raum
 Hope Rearick
 Megan Regan
 Jamie Rivera
 Lori Schick-Schneider
 Jodi Simlick
 Donna Sevas
 Mary Shafer
 Tara Shanley
 Jackie Shea
 Jessica Spera
 Maureen Stofira
 Jen Ryiz - Semmel
 Diane Vangas
 Cathy Walsh
 Margarita Wheeler
 Lori White

Certified Post Anesthesia Nurse
 Julie Veilleux
 Bridget Rich

Certified Ambulatory Perianesthesia Nurse
 Tracie Crisafulli
 Jaime Kimball

Certified Legal Nurse Consultant
 Trish Farmer

Certified Wound Care Nurse
 Arielle Beckhard
 Sandra Brink
 Claire Hibbs – Cusson
 Janet DeFrancesco
 Kimberly Mancinelli
 Deb Szafran
 Fran Rossing
 Kathy Visinski

Senior Professional in Human Resources
 Lynne Kelleher

Ambulatory Care Nurse
 Nanci Stolgitis

International Board Certified Lactation Consultant

Donna Bielicki
 Susan Beebe
 Mary Lussier
 Stephanie McGuire
 Marissa Merlo
 KiKi Pelletier
 Tracy Proulx
 Stacey Rubin
 Elizabeth Tardiff

Nuclear Medicine Technology Certified
 Lisa Lane

Certified Case Manager
 Jen Fortin
 Tina Sacco
 Penny Ritter

Oncology Certified Nurse
 Michelle Boivin

Orthopedic Certified Nurse
 Robin Bradshaw
 Marjorie Khan

Registered Nurse Certified – NIC
 Renee Addy
 Sophie Belanger
 Erika Burgess
 Lisa Connors
 Beverly Clark
 Donna Commendatore
 Nancy Cyr

Christen DeRusso
 Michele Dwire
 Lisa Fichera
 Megan Fitzsimons
 Stacy Forsyth
 Milena Frazer
 Maureen Gasper
 Linda Grosso
 Deanna Hill
 Kristy Marquis
 Debi Marvin
 Kathryn Miller
 Josie Moore
 Laurie Straub
 Caitlin Stavens
 Lisa Strelecky
 Cindy Wheeten

Maternal Newborn Nurse – Certified
 Susan Beebe

Certified Professional in Health Care Quality
 Tina Sacco
 Susan MacArthur

Certified Infection Control
 Tracie Creatore
 Susan MacArthur

Registered Nurse Certified – Neonatal Nursing
 Nancy Cinitis
 Clelia Vanasse
 Deborah Shalagan

Certified Infant Massage Educator
 Meg Gallagher
 Ann Marie Snow
 Pat Thurston

Registered Nurse – Board Certified – Perinatal Nursing
 Karren Collins

Neonatal Nurse Practitioner – Board Certified
 Alyssa Weiss
 Sandra Bellini
 Angela Boisseau
 Mary Brennan-Centrella
 Anna Camacho
 Stephanie Capps
 Jessica Cauchon
 Karen Cleaveland
 Nicole Duguay
 Maria Haar
 Jill Herr
 Michelle Letendre
 Lindsay Leighton
 Jennifer Long
 Nicklos Markey
 Stephanie McGuire
 Suanne Menick
 Kim Oski
 Karen O'Brien
 Wendy Petow
 Karen Pietruszkiewicz
 Laura Pittari
 Terry Poppiti
 Christine Raymond
 Megan Richardson

Stacy Rubin
 Patricia Trehey
 Lindsay Tucker
 Erin Vlahakis
 Claudia Wittenzellner
 Mary Young

Pediatric Nurse Practitioner- Board Certified

Darlene Abbate
 Barbara Adams
 Laura Brennan
 Rachel Bryan
 Karen Bucci
 Christina Eaccarino
 Grace Hong
 Renee Manworren
 Ashley McEvoy
 Nancy Paulhus-Orkin
 Kristin Phillip
 Dianne Powers
 Jeanette Rybski
 Petronella Stoltz
 Heidi Sweeney
 Christopher Scheinberg

Family Nurse Practitioner – Board Certified

Mallory Breitmair
 Anna Camacho
 Karen Cleaveland
 Melissa Goclowski
 Taryn Hamre
 Jill Herring
 Stephania Kushnir

Certified Pediatric Nurse Practitioner (CPNP)

Sherry Blair
 Rosalynn Bravo-Cavoli
 Meghan Canedy
 Megan Coco
 Jessica Cooper
 Carey Driscoll
 Karina Engelke
 Carol Erikson
 Kelly Henri
 Karen Hull
 Monica Joyce-Montaudy
 Meghan Krajewski
 Tracy Kunkel
 Samantha Lee
 Priscilla Malloy
 Kathleen O'Leary
 Emily Peluso
 Kate Pesce
 Amy Shannon
 Katherine Steven
 Rebecca Strong

Nicole Terenzoni
Abby Terhique
Sarah Wentworth

Primary Care Nurse
Practitioner
Kimberly Kemper
Eileen Keane
Kimberley Ramjattan

Clinical Nurse Specialist
Child/Adolescent Mental
Health
Geraldine Pearson

Acute Care Nurse Practitioner – Board Certified
Peter Butzen
Amanda Filippelli
Frieda Winnick

CARE COORDINATION CENTER EARNS NATIONAL RECOGNITION

The Connecticut Children's Center for Care Coordination was selected by the American Hospital Association to be part of its Community Connections initiative, which was created to support and highlight the work hospitals do across the country to make their communities healthier. The Center for Care Coordination was recognized for its work leading the way in coordinating care for all children, including those who are at risk for delays or disorders, rather than focusing solely on those with complex medical conditions.

In May 2016, the Center for Care Coordination convened the state's first Care Coordination Forum, "Transforming Children's Health Care in Our Communities." The forum, held at the Holiday Inn in East Hartford, Connecticut, was attended by nurses, physicians, social workers, care coordinators, and families throughout the state. The forum addressed issues such as racial and ethnic health disparities, children and youth with special health-care needs, and the center's innovative pilot to provide care coordination services to children admitted for behavioral and mental health conditions to the Emergency Department. Due to its overwhelming success, the Connecticut Department of Public Health awarded the center additional funding to convene a second forum, "Building Networks, Building Stronger Families," on May 3, 2017.

The Center for Care Coordination has Connecticut's only nationally certified trainers, two in total, in the Strengthening Families™ framework. The framework is a research-informed approach to increasing family strengths, enhancing child development, and reducing the likelihood of child abuse and neglect. It focuses on five areas: boosting parental resilience; building parents' social connections; enhancing knowledge of parenting and child development; providing families with concrete support in

times of need; and increasing the social and emotional competence of children.

The Center for Care Coordination continues to disseminate its innovative model – the Care Coordination Collaborative – for replication to the four medical home regions in the state, as well as to six Help Me Grow© affiliates throughout the nation.

FRIENDS OF NURSING

The Nurse Practice Council established the Friends of Nursing Awards in 2013 as a way to thank and recognize other staff members who make the work of nurses in the organization easier.

2016 Recipients:

Shannel Parker

Environmental Services

Nominated by Heather Buck, BSN, RN, CPEN

Phoung Sanders

PharmD

Nominated by Deb Martin, MSN, RN, CNML

Charles "Chuck" Shuberth

Operating Room volunteer

Nominated by Deb Hallbach, BSN, RN, CPN

Irene Fitzgerald

Health Unit Coordinator

Nominated by Kristina Kaminski, MSN, RN

Senada Handzic,

Environmental Services

Nominated by Kristina Kaminski, MSN, RN

DRESSING THE PART

In the busy corridors, patient rooms and stations at Connecticut Children's, how do you tell at first glance who is a nurse? These days, you simply look for the person wearing a Caribbean blue uniform.

For many years, staffers at Connecticut Children's wore clothing in whatever colors they preferred, but surveys revealed that patients, families, and even staff members had difficulty telling nurses apart from doctors and patient care assistants in the hospital setting.

To solve the problem, Chief Nursing Officer Cheryl Hoey approached the Nursing Practice Council (NPC) about the possibility of nurses wearing a uniform, thereby setting them apart visually from other staffers. A subgroup of the NPC researched best practices, and they subsequently formed a Uniform Committee. While the rollout of uniforms was intended to involve many staff positions, it was decided that RNs and patient care assistants in both the inpatient area and the Emergency Department would be the first to adopt the uniform change. Cheryl offered stipends to help employees purchase their uniforms. A vendor was brought in to show the staff a range of

available colors, and nurses were surveyed to determine their favorites. The initial winning color, turquoise, did not delight Connecticut Children's male RNs, who lobbied successfully for a more gender-neutral choice. The color ultimately chosen was Caribbean blue. To increase staff satisfaction with the change, shoes were not mandated, and holidays were selected to allow a periodic change in attire. Concessions also were made for nurses who were pregnant at the time of the uniform change. All RNs now wear Caribbean blue uniforms. All patient care assistants wear eggplant purple. Corporate Communications participated in the rollout. A photo shoot was arranged featuring staff members modeling their new uniforms. Images from the shoot now appear on posters that hang throughout the hospital, which helps Connecticut Children's patients, family members and visitors identify staff members by their roles. Since implementation, families have shared positive feedback and comments regarding the easy recognition of their clinicians. "With so many staff in and out of rooms, it's nice to have a way to quickly identify caregivers," said a Family Advisory Board member. The results have been so successful that plans are moving ahead to institute uniforms for other staff groups.





2016 GRADUATES

The dedication to pursue higher education is commendable. Congratulations on a job well done and advancing your degree that will be beneficial to your colleagues, patients and families.

Amanda Bedding, MSN
Nursing Administration,
Endicott College, Endicott, MA

Mandi Boisvert, MSN
Family Nurse Practitioner,
Southern Connecticut State University, Hamden, CT

Elizabeth Cannon, MSN
Nursing Administration,
University of Hartford, Hartford, CT

Kate Claudomir, MSN
Family Nurse Practitioner
Sacred Heart University, Fairfield, CT

Allison Eastman, MSN
Clinical Nurse Leader,
Sacred Heart University, Fairfield, CT

Stacy Elliott, BSN
University of Hartford, Hartford, CT

Ashley Gabor, MSN
Nursing Education,
Sacred Heart University, Fairfield, CT

Amy Groschel, BSN
Liberty University, Lynchburg, PA

Reneasha (Tritt) Howard, MSN
Nursing Education,
Sacred Heart University, Fairfield, CT

Shaina Kraus, MSN
Nursing Education,
University of Hartford, Hartford, CT

Meghan Lewis, BSN
University of Hartford, Hartford, CT

Vicki Pehmoeller, BSN
University of Connecticut, Storrs, CT

Bridget Rich, MSN
Nursing Education,
University of Hartford, Hartford, CT

Emily Smith, MSN
Pediatric Nurse Practitioner,
University of South Alabama, Mobile, AL

Megan Strobel, MSN
Nursing Education,
University of Hartford, Hartford, CT



MISSION TO HAITI: DIABETES EDUCATION & TREATMENT

The nurses at Connecticut Children's Medical Center do more than help patients in the New England area. Many volunteer for medical missions in other parts of the world. In 2016, diabetes nurse educator Comalita Elliott, BSN, RN, CDE, and Connecticut Children's endocrinologist Nancy Dunbar, MD, MPH, visited the Hopital Sacré Coeur in Milot, Haiti, from February 5-13. The purpose of the trip was to formalize the existence of a Pediatric Diabetes Clinic, provide supplies, and help manage and educate patients. The diabetes clinic was founded by Drs. Dunbar, Marc-Mesadiou Exavier of Hopital Sacré Coeur, and Michael Canarie, MD, of the Yale School of Medicine in New Haven, Connecticut. During the visit, Comalita and Dr. Dunbar met with the hospital CEO, Dr. Harold Previl, and other administrative staff and community health workers to set out plans for the Hopital Sacré Coeur Pediatric Diabetes Program. The plans included articulation of a vision, objectives, a strategic plan for the full support of the program, materials for educating diabetes patients, and development of a system of tracking and evaluating the program. A laptop was also provided.

With the help of a medical assistant/social worker and interpreters, Comalita and Dr. Dunbar conducted daily clinics, seeing 10 to 15 patients each day, and provided basic diabetes education, management techniques, and supplies. They even squeezed in time for a few house calls.

Before departing, Dr. Dunbar gave an educational talk to the hospital's nurses, medical students and residents, providing them with the information to continue the clinic's work.

NURSES HELP CELEBRATE CRANIOFACIAL PATIENTS

Members of Connecticut Children's Medical Center Craniofacial Team spend a great deal of time with patients who are born with congenital craniofacial abnormalities. They wanted to do more. In 2016, a group including nurses Monique France, RN, CPN, Irsa Amin, BSN, RN, CNOR, Barbara Mulholland, BSN, RN, CPN, and medical assistant Glendalee Morales participated in the Beyond the Face event, an evening tribute and fundraiser for the medical center's craniofacial patients. Held on February 8, 2016, in the Autorino Great Hall at the Bushnell Performing Arts Center in downtown Hartford, the event included a reception and opening remarks by Connecticut Governor Dannel Malloy, and by Connecticut Children's plastic surgeon Charles Castiglione, MD, FACS. What followed was a grand unveiling of portraits of the patients, each of whom had received a free makeover by a cosmetic professional prior to being photographed.

"Members of the Craniofacial Team came up with the idea to put together this inspiring photo shoot for their patients to celebrate the beauty in our shared humanity," said Monique France. "Beyond the Face represents more than physical appearances. It's designed to shine a light on the strength, perseverance and beauty of Connecticut Children's patients."





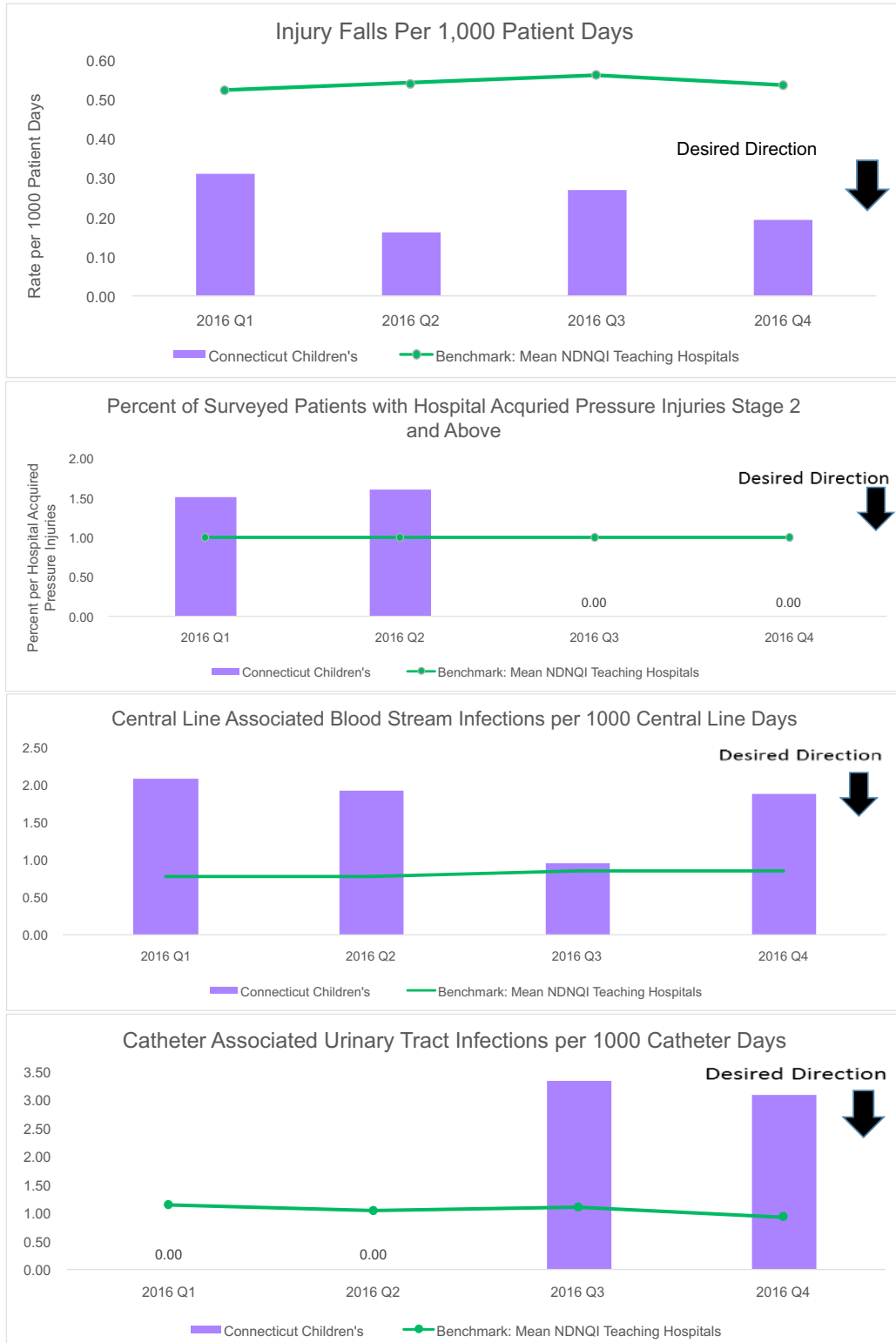
EXEMPLARY PROFESSIONAL PRACTICE

Exemplary Professional Practice is what the practice of professional nursing can achieve. It's about how nurses interact with patients, families, communities and the interdisciplinary team to ensure positive patient outcomes.

NURSES & QUALITY INITIATIVES

Nurses participate in the multi hospital Solutions for Patient Safety (SPS) Collaborative, which focuses on a variety of initiatives designed to reduce harm to

hospital patients. The graphs below illustrate Nursing Sensitive Indicators that are distinct and specific to nursing care. They represent only a part of the ways in which nurses actively participate in the SPS collaborative.



STANDARDIZING FAMILY CENTERED ROUNDS AND WELCOMING THE INPUT OF NURSES

Family Centered Rounds, the idea of inviting family members to participate in the daily ritual of discussing a patient's care and treatment plan with the medical professionals looking after their loved one, were introduced several years ago by the Inpatient Management Team (IMT) at Connecticut Children's. The idea was not immediately put into practice consistently, nor was it taken up by other divisions. When providers from other subspecialties did rounds, they tended to conduct them in an education room without family involvement.

In October 2016, MS7 staff nurses Cathey Novak, BSN, RN, CPN, and Megan Clark, BSN, RN, joined an interdisciplinary continual improvement team, using a rapid process improvement exercise to improve and standardize Family Centered Rounds. Group members first agreed that Family Centered Rounds were to be a standard of care at Connecticut Children's. Members also agreed that input from families and interdisciplinary teams was crucial to determining the plan of care for each patient on each day of their hospitalization. The team made many small but significant changes that have had an impact on the way our staff members interact with patients and families.

Among the changes was an effort to standardize Family Centered Rounds practice for all medical subspecialties. Neurology, Cardiology and Pulmonology, which formerly conducted rounds in the education rooms, now partake in the new and improved practice. Ideally, staff and family members round at the bedside or, if the family members prefer, they round in the hallway. The result is that MS7 went from having only one service rounding with patients and families to four, and this change impacts the vast majority of the patient population on MS7.

The team also instituted a structured part of rounds for input from nurses. Before the Family Centered Rounds initiative, nurse attendance on rounds was

at 79.8 percent on average. If nurses did attend, their contributions tended to be limited. Following this process improvement, nurse attendance on average for MS6 and MS7 has risen to 85.8 percent. Of the nurses present, 75.8 percent give a nursing update. This is a vast improvement. "Being a part of Family Centered Rounds is key to enhancing communication about treatments, medications and the plan of care with the team," Cathey said. "Nurses also can raise issues on behalf of the family if family members are hesitant to speak up."

MS7 TAKES ON HIGH FLOW PATIENTS

Sometimes nurses are ideally situated to see opportunities for managing care and creating better workflow in specific parts of a hospital. In April of 2016, at a second meeting of Nursing Leadership's Staffing Taskforce, the issue of decompressing the PICU during high acuity seasons was raised. Nurses from the PICU and inpatient units asked the question, "Can the inpatient nurses on the medical/surgical floors take patients on high flow oxygen?" Nurse leaders Rachael Bridwell, MSN, RN, Sandra Griffin, MSN, MHA, RN, Stacy Elliot, BSN, RN, Amy Korber, MSN, RN, RN-BC, and Mary McLaughlin MSN, RN, CNOR, were assigned to research protocols and data for the high flow nasal cannula and spinal fusion populations in other hospitals, and examine their standards for care. The research led to a collaboration between PICU and Inpatient Management Team (IMT) physicians. Rachael, the PICU manager, spoke with PICU physicians about transitioning the high flow nasal cannula population to the medical/surgical floors. The PICU's Rosanne Salonia, MD partnered with medical hospitalist Kathy Kalkbrenner, MD, to delve deeper into past records and develop a pathway. With the pathway complete, the MS7 unit educator, Risa Squires, BSN, RN, CPN, began educating all of the MS7 RNs on the care of these patients. Risa walked each nurse through the pathway and the set-up of the high flow nasal cannula. MS7 took its first high flow patient on December 15, 2016. Preliminary data showed

that a total of 10 high flow nasal cannula patients were successfully cared for on MS7 with zero patients readmitted to the PICU. This lightened the patient load in the PICU by 15 patient days. MS7's Kristin Martin, BSN, RN, was one of the first nurses who cared for a patient on high-flow. "I felt well-prepared," she says, "and was grateful for this professional development opportunity."

'PREVENTING HYPOTHERMIA' PROJECT

The year 2016 was especially gratifying for Milena Frazer, BSN, RN, RNC-NIC, and Amy Ciarlo, BSN, RN, RNC-NIC, both of the Connecticut Children's NICU East. Their Evidence-Based Practice (EBP) project, "Preventing Hypothermia in the Very Low Birth Weight (VLBW) Babies in the Golden Hour," won second prize at the CT Research Alliance. It also was accepted by the National Association of Neonatal Nurses (NANN) for poster presentation at the group's conference in California, where it received a grant of \$5,000.

Hypothermia (a temperature below 36.0 C) is a serious problem for VLBW babies. Because they don't have the ability to make heat, they are at the mercy of their caregivers. The cold stress can create a chain reaction of issues that increases their risk for morbidity and mortality.

Milena and Amy's project was initiated in the Connecticut Children's NICU East because the data there was below national standards as measured by the Vermont Oxford Network. With new awareness and a new protocol in place for monitoring the temperatures of VLBW babies, intervention brought the percentage of babies with admission temperatures below 36.0 C from 31 percent in 2014 and 18 percent in 2015 to 9 percent in 2016.

ACHIEVING ZERO CLABSI IN NICU WEST

In 2016, NICU West achieved the distinction of having zero Central Line Associated Blood Stream Infections (CLABSIs). In August of 2016, Solutions for Patient Safety (SPS) reached out to NICU West's nurses to find out how they did it. The answer was twofold: constant awareness as well as the promotion of a safety culture from senior leadership to the bedside. For starters, each day in the Daily Management Systems (DMS) huddle, the number of "Days Since Last CLABSI" are highlighted. This daily attention to the CLABSI bundle helps raise the awareness level of every NICU staff member. The Advanced Practice Group also helped the NICU West staff reach its goal of preventing infections. Their standard protocols for insertion of lines as well as their expertise in placing them to avoid surgically placed broviac lines helped nurses make the goal a reality.

HEALTHY SKIN CHAMPS HELP KEEP SKIN IN THE PINK

Who are the nurses wearing the bright pink vests? They are Connecticut Children's Medical Center's Healthy Skin Champs.

The idea of creating a team to promote and teach evidence-based practices to reduce the number of skin injuries in patients was inspired by Arielle Santangelo, BSN, RN, WCC, Claire Hibbs-Cusson, BSN, RN, WCC, CCRN-K, and Deb Martin, MSN, RN, CNML. The three researched structure and best practices by attending conferences, reading literature, and speaking with colleagues at other children's hospitals. A program was developed to train healthy skin champs. The first team of nurses who volunteered for the program attended a four-hour class to educate themselves about prevention of skin injuries. The graduates of this class took up their roles in April of 2016.

Using evidence-based practices, our healthy skin champs set out to model best practices, document

them properly, and teach and mentor others. On each shift, healthy skin champs visit at-risk patients and the nurses looking after them to discuss a plan of care including skin care products, devices, mobility restrictions, and a positioning schedule. The champs complete audits on at-risk patients, and they participate in quarterly Pressure Injury Prevalence Audits.

Healthy skin champs, who are nurses and respiratory therapists, mentor each other and their peers, and also receive education at quarterly skin-care team meetings. Patient care assistants have joined the team and also play an important role in preventing skin injuries.

To improve compliance and the dissemination of best practices, healthy skin champs identify themselves to co-workers by wearing a pink vest. They introduce any new information and provide weekly tips. They identify practice gaps and assist in action plans to remedy them.

The goal of the program is to altogether eliminate hospital-acquired skin injuries.

NICU WEST KEEPS KANGAROO CARE HOPPING



Kangaroo care, known as “k-care,” is a form of developmentally appropriate skin-to-skin contact between a baby and a parent or loved one. In January of 2016, NICU West kicked off the start of the new Quality and Clinical Practice Workforce Group with a project to improve our rates of k-care. Through a quality improvement project, with multiple plan-do-study-act cycles, the staff successfully increased

rates of k-care from 16 percent to 20 percent on day shift, and increased them from 4 percent to 12 percent on night shift. The nurses adopted a quarterly Kangaroo-A-Thon to continue to educate and keep k-care at the center in the unit. The Kangaroo-A-Thon is a week-long, friendly competition in which nurses and families use a Daily Management Systems board to track the hours of k-care given to each child. The board helps everyone visualize the care that each child is receiving. To keep k-care top of mind, nightly drawings take place for parents who have participated in k-care (or even given hand-hugs for those critical babies who cannot be held). A grand prize is drawn at the end of the week for staff members who have helped families stay connected through k-care. Through both staff and family participation, we have imparted a culture change that is sustainable for years to come.

FAMILIES KEEP AN “ANGEL EYE” ON NICU BABIES



When you’re a parent with a child in the NICU, it can be difficult to leave your baby’s side. To improve the patient and family experience by helping parents keep watch over their newborns when they can’t be at the hospital, our NICU’s in Hartford and Farmington used generous donations from local rotary clubs to purchase Angel Eye webcams. These cameras,

which are mounted above the incubator, provide secure 24-hour live video stream over the Internet. Parents can access the video from their computers, laptops or mobile devices. Thanks to this donation, both NICUs were outfitted with a total of 62 cameras. Angel Eyes now allows our families to watch their babies during times when they can't be at the hospital. This is especially comforting when a parent needs to return to work while their baby continues to grow in the NICU. Parents or guardians can give camera access to other family members to view the baby. "The Angel Eye camera was a lifesaver when I, the mom, had to go back to work," one parent wrote.

PUTTING PARENTS & LOVED ONES AT EASE DURING A SURGERY

Parents and loved ones waiting for word on a child in surgery used to have to wait to be given updates in person, via a phone in the parent's lounge, or at set intervals.

Families reported feeling dissatisfied with the process, which left some of them feeling trapped in the parent lounge, tethered to the phone, and uncomfortable answering the call when it could be overheard by members of other families who were similarly waiting.

Thanks to an initiative by the operating room nurses, parents and loved ones may opt to receive updates through the secure EASE app for mobile phones. The idea of communicating with families via mobile devices was first explored by operating room nurses who began texting updates to the families of cardiac and open heart surgery patients. The feedback from parents and families was positive, so the nurses, led by Mary McLaughlin, RN, MSN, CNOR, set about researching secure phone apps for safe transmission of patient information. After examining the products offered by several vendors, they chose EASE. The app is HIPAA compliant, requires only three simple steps to connect, offers one-way communication, and deletes messages automatically. While the app allows providers to send texts, videos, and photos, the Connecticut Children's trial began

by using only texts. Parents may add up to 10 contacts who will receive updates.

Trials of the EASE app began in December of 2016 with the Orthopedic and General Surgery divisions at Connecticut Children's using it for scheduled cases and add-ons. Following its use, parents were asked to complete a survey. Out of 67 surveys taken between December 15, 2016 and February 3, 2017, respondents were 94 percent in agreement that, to borrow the language of the survey, the EASE app "demonstrates compassion and caring toward family members by the hospital"; 96 percent agreed that EASE should be recommended to other hospitals; 96 percent agreed that the parents' "experience with EASE showed a level of commitment to transparency and better communication by the hospital"; and 91 percent indicated that "the availability of EASE would influence their choice of hospital should their child require surgery." On a scale of one to 10, the experience of using EASE was rated 9.7.

Among survey comments, one family member wrote, it "gave me peace of mind being updated during the procedure. Highly recommend."

GOODBYE 'EDUCATION & DEVELOPMENT,' HELLO 'LEARNING & PERFORMANCE'

Faced with the challenge of creating and successfully meeting a 2016 business goal, the Education & Development Team wanted to focus their time and energy on meaningful work. After watching an Association for Nursing Professional Development webinar entitled "Articulating the Value of Nursing Professional Development to the Organization," the team members had an idea. They translated the information learned in the webinar into their business goal, which consisted of four parts:

- Development of the department's mission, vision, and strategic plan
- Creation of a business plan to serve as a road map
- Demonstration of an increased focus on expanding interdisciplinary collaboration
- Implementation of new strategies to improve department marketing and advertising

This work on a business goal expanded the knowledge and skill set of all team members and stretched them to think differently. Members of the department now have a renewed sense of purpose and direction, along with the knowledge that the department's goals are aligned with both Nursing and Connecticut Children's Strategic Plan. One of the most visible changes has been the transformation of the former Education & Development Department, a name and identity that existed for 20 years, to the new Learning and Performance Department. This new name underscores the evolution of the training industry, and the fact that organizations now demand training that is not only efficient but technology-driven and geared toward adult learners who desire a highly engaging, time sensitive, and entertaining learning environment. All of this results in better end-user performance. So, goodbye 'Education & Development', hello 'Learning & Performance'.

EXPANDING PARTNERSHIPS AND PROVIDING EXCEPTIONAL EDUCATION

In the winter of 2016, the Learning & Performance Department and Family Resource Center (FRC) began a partnership to provide quality educational programming to our internal and external communities. The two departments met with the organization's Family Advisory Board to gain stakeholder insight into desired programming. Following these conversations, the American Heart Association's Family and Friends® CPR classes were launched, and shortly following, we began offering Safe Sitter®, a babysitting class geared toward young teens. Both programs have been a huge success, and both provide education to patients, families, community members, and our own employees' families. To learn more about these programs, please go to:

<http://www.connecticutchildrens.org/patients-and-families/your-childs-visit/utc-family-resource-center/>

NEW & IMPROVED BEHAVIORAL HEALTH TRAINING

If you polled a group of nurses about their favorite classes in 2015, chances are, Behavioral Health Training would not have made the list. In 2016, nurses Kristin Chisholm, MSN, RN, CPN, and Jacquie Zazzaro, BSN, RN, set out to fix that.

For starters, they developed and introduced a mandatory prerequisite in the form of a pre-class module that provides background on policies and care guidelines. Attendees complete the online module in advance of attending the class, which means class time can be devoted to care implementation and the improvement of critical thinking skills.

Kristin and Jacquie know from experience that most people learn best when they're enjoying the experience, so they devised a way to present the material using a detective theme. The "detecting" process encourages observation skills and completing the behavioral health care mission.

The results of their efforts have been uniformly positive. Class time has been cut in half – decreasing the hours required from eight to four. The cost has been decreased by more than one third. Perhaps most importantly, the results show improved retention of information and better results at the bedside.

LUNCH LADIES AND LADS OFFER COLLEAGUES A BREAK

Because lunch breaks are an important way to relieve stress, improve morale, and give staff members a much-needed shift break, the Emergency Department in 2016 introduced a Lunch Lady & Lunch Lad program. Nurses are invited to sign up for four-hour shifts during which they cover for their lunching colleagues. These four-hour shifts are coordinated through the productivity tracking system.

"We love the lunch lady/lad role," said Kim Helm, BSN, RN, CPEN. "It's been a positive addition to our daily assignments. It's safer for the patients to have a nurse specifically dedicated to them during the primary nurse's break. It helps relieve the stressors knowing your patients are being well cared for."

KUDOS FOR KATE MONARI

The PICU's Kate Monari, BSN, RN, was recognized by Jeff Thomson, MD, division head of Orthopedic Surgery, for the outstanding care she gave one of his patients. The special recognition appeared in the October 3 edition of a Connecticut Children's internal newsletter.

"I want to recognize Kate Monari who was the PICU

nurse who took care of one of my patients, Sabella Volansky," Thomson wrote. "Sabella's scoliosis was severe and her condition was challenging. Kate was fantastic. She was tireless, attentive, caring, professional and always upbeat. I was very impressed by her and the care that she gave to Sabella and her family. I have always been happy with the nursing care for my patients, but I was especially impressed with Kate for the quality of care and compassion that she brought to the bedside."





NEW KNOWLEDGE & INNOVATION

The integration of evidence-based practice and research into clinical and operational processes enables nurses to appropriately explore the safest and best practices for their patients and practice environment, and to generate new knowledge.

THREE NURSING EVIDENCE-BASED PRACTICE (EBP) FELLOWSHIPS

The Evidence-Based Practice (EBP) Staff Nurse Fellowship is offered by the Institute of Nursing Research and Evidence-Based Practice. The goal is to promote the use of research findings and other evidence in guiding nursing practice to improve patient quality and safety. Beth Wentland, MBA, RN, CCRN, reported that the program assists staff nurses, nurse managers, and advanced practice nurse teams in developing clinically relevant evidence-based practice projects. Participants develop initiatives that are specific to their clinical areas and targeted at the achievement of best patient outcomes. Each staff nurse fellow works with a group of peers to implement an evidence-based practice change in their clinical area.

The overall objectives of the fellowship program are to:

1. Assist staff nurse-led teams to apply the Iowa Model of Evidence-Based Practice in the development of a clinically relevant evidence-based practice project that will demonstrate improved clinical outcomes.
2. Assist in the implementation, evaluation and dissemination of evidence-based practice.
3. Foster professional growth and development of staff nurses at Connecticut Children's Medical Center.

An EBP mentor is assigned to each team. To date, the mentor role has always been played by a nurse scientist. Nursing staff throughout the institution are encouraged to apply for the fellowship.

The 2016 projects and participants are:

Hypothermia Prevention on Admission With Very Low Birth Weight Babies

*Amy Ciarlo, BSN, RN, RNC-NIC, and
Milena Frazer, BSN, RN, RNC-NIC*

- National Association Neonatal Nurses (NANN) Small Grants, \$5,000
- NANN Conference, presentation and poster, Oct 2016

- Nursing Grand Rounds, Oct 2016
- Poster presentation – Illuminations, 2016
- Poster presentation – CT Nursing Research Alliance, 2015 & 2016
- Poster Award, 2nd place – CT Nursing Research Alliance, 2016
- Milena Frazer: Nightingale Nominee, 2016

The CAPFAQ! Determining the Utilization of a Tool Used to Assess the Relationship Between Acute Pain and Functional Ability

*Megan Strobel, MSN, RN, and
Katherine Bernier, BSN, RN*

- Nursing Grand Rounds, Aug 2016
- Poster presentation, CT Nursing Research Alliance, 2016
- Katherine Bernier: Robert Wood Johnson PhD Scholar, University of Connecticut, 2016-2019
- Megan Strobel: Master's degree, University of Hartford, 2016
- Promotions: Megan to MS8 Nurse Educator, 2016

Maintaining Normothermia in the Perioperative Setting

*Elaine Johnson, RN, CNOR and
Brooke Clark, RN, BSN, CPN*

- Nursing Grand Rounds, Nov 2016
- Poster presentation, CT Nursing Research Alliance, 2015 & 2016
- Poster presentation, Illuminations, 2015 & 2016
- Elaine Johnson, Nightingale Award, 2016

NURSING GRAND ROUNDS 2016

Sponsored by the Department of Research, the John and Lisa Lectureship and the Institute of Nursing Research

2016 Grand Rounds

January 11

*Colleen Callahan, MSN, CRNP, Oncology, Children's Hospital of Philadelphia
Chimeric Antigen Receptor T Cells in Patients with Relapsed and Refractory ALL*

February 24

*Robin Bradshaw BSN, RN, ONC; Barbara Mulholland, BSN, RN, CPN; Jennifer Ryiz-Semmel, BSN, RN, CPN, CLC; Marjorie Khan, BSN, RN, ONC, CPN; Monique France, RN, CPN, Connecticut Children's
Face-to-Face Peer Feedback in Ambulatory Nursing*

April 25

*Xiaomei Cong, PhD, RN, Assistant Professor, UConn School of Nursing
Pain/Stress, Gut Microbiome and Neurodevelopment in Early Life Regulated by the Brain-Gut-Microbiota Axis*

May 10

*Kathleen Sawin, PhD, RN, CPNP-PC, FAAN, Children's Hospital of Wisconsin
Adaptation Outcomes for Adolescents with a Chronic Health Condition: Lessons Learned From a Program of Research*

June 22

*Paula Doyle, RN, MPH, DNP, Connecticut Children's
A Nurse Fatigue Countermeasure Program*

August 18

*Megan Strobel, MSN, RN, Katherine Bernier, BSN, RN, Connecticut Children's
The CAPFAQ! Determining the Utilization of a Tool Used to Assess the Relationship Between Acute Pain and Functional Ability*

October 6

*Amy Ciarlo, BSN, RN, RNC-NIC, Milena Frazer, BSN, RN, RNC-NIC, Connecticut Children's
Preventing Hypothermia in the Very Low Birth Weight Baby in the Golden Hour*

November 10

*Elaine Johnson, RN, CNOR, Brooke Clark, RN, BSN, CPN, Connecticut Children's
Maintaining Normothermia in the Perioperative Setting*

ROBERT WOOD JOHNSON FOUNDATION FUTURE OF NURSING SCHOLARS

Two staff nurses at Connecticut Children's were chosen to participate in the prestigious Robert Wood Johnson Foundation Future of Nursing Scholars program. Sharon Casavant, BSN, RN, of the NICU East, and Katherine Bernier, BSN, RN, of MS8, were awarded scholarships that will enable them to complete their PhD educations at the University of Connecticut School of Nursing.

The Robert Wood Johnson program provides, "Financial support to mitigate the high cost of doctoral education," according to the website. "Scholars will enroll full-time in a research-focused PhD program and complete their degree in three years." The program provides "\$75,000 over three years, and schools will be required to match \$50,000 for a total of \$125,000 available over three years."

The program also provides a "leadership network to facilitate collaborative work among the students and between the students and national mentors during and after doctoral education, ensuring that they assume significant leadership roles earlier in their careers."

The Future of Nursing Scholars is a program of the Robert Wood Johnson Foundation in partnership with the University of Pennsylvania School of Nursing.

The program is open to select nursing schools, which are asked to choose two to three students to receive the scholarship. Sharon and Katherine were chosen for their excellence, and for their ability to complete their PhDs in three years. We support them and can't wait to learn more about their research studies.

HELPING PATIENTS TRANSITION AWAY FROM CANCER TREATMENTS

Transitioning off active cancer treatment is a momentous occasion for pediatric patients and their parents, but it also can be accompanied by anxiety and fear. In early 2016, there was no instrument to help health care professionals identify the needs of patients and parents, and there were no methods for determining whether or not their needs were being met.

In July 2014, the Hematology/Oncology Nursing Research Workforce Group (Mary Conway, MSN, RN, CPHON; Leigh Hart, BSN, RN, CPON; Courtney King, RN, CPON; Elizabeth Hogan, BSN, RN, CPHON; Andrew Needham, BSN, RN; Tiffany Ruiz, BSN, RN, CPON; and Ruth Lucas, PhD, RN, RNC, CLS) sought funding to develop the instrument. In 2016, they were awarded the J. Patrick Barnes Research Grant. The award is currently funding the revision of the Coming Off Treatment (COT) Questionnaire. It also funded the process of testing the three End of Treatment (EOT) Questionnaires, each of which is targeted to a different group: children ages 8–14; adolescents and young adults ages 15–21; and their parents and primary caregivers. The two-step validation study involved the participation of the Oncology Family Advisory Board (FAB) as experiential experts. Their input was solicited through online surveys and in focus groups. Each item on each questionnaire was reviewed for relevance, and, if necessary, modifications were made using a four-point content validity index (CVI). Items were discussed and reworked until 100 percent consensus was achieved among participants.

The revised EOT Questionnaires are scheduled to be introduced in 2017. They are used to study children, adolescents, young adults, and their parents at the end of active treatment to determine whether there are any unmet needs. The responses from these questionnaires ultimately will guide the workgroup in the development of more comprehensive end-of-treatment services. The team received the 2016 Lynne Doll Grant to assist with the

dissemination of their work, and, in October 2016, it was presented at the National Association Pediatric Hematology/Oncology Nurse Conference in Indianapolis, Indiana.

LAURA MANDELL: A REMARKABLE START



Laura Mandell, BSN, RN, had just begun her career as a staff nurse on MS8. As a student at the University of Connecticut School of Nursing, where she was 2016 valedictorian, she had written her thesis on “Predictors of Persistent Car Seat Tolerance Screening Failure.” Her work examined car seat testing for high-risk infants who failed their tests in the hospital setting and continued to fail after they were home, requiring continuing use of a car bed. Laura collected her data in the Connecticut Children’s NICU and at out-patient clinics at Boston Children’s Hospital. Her thesis was selected by the Undergraduate Awards (<http://www.undergraduateawards.com>). She was chosen as the regional winner for North America in the Nursing and Midwifery category. In November 2016, Laura flew to Dublin, Ireland, to collect her award. We congratulate Laura on an exceptional start to her career.

NEW TECHNOLOGIES ENHANCE PRACTICE

Nurses are at the center of advancing technologies, wireless solutions and automatic exchanges of information available between patients and providers. Adapting to the ever-changing environment requires a paradigm shift in how care is communicated and delivered, and this requires knowledge of the evolution of new technologies. Collaboration between information technology (IT) and bedside caregivers is key to optimizing the tools that are available to provide the safest and most efficient patient care.

Connecticut Children's Information Technology (IT) Department has 15 nurses, many of whom have advanced degrees and/or certifications. They help bridge the gap between information technology and the bedside caregiver. With the rollout of the new software application Service Now, IT has a direct line of communication with Connecticut Children's employees to recommend system enhancements as well as report system issues.

Among the introductions and outcomes supported by the IT nurses in 2016 are the following:

- **Glucose Storage Disease (GSD) Department Go-Live** – Implementation of a new department within Care Navigator that involved new orders, order sets, flow sheets, notes, diets, alerts, paging, etc. Essentially everything that was needed to ensure that Dr. David Weinstein and his team were able to continue seeing their patients with Glucose Storage Disease (GSD) at our facility and use Care Navigator tools.
- **Sepsis Best Practice Alert / Order Set** – The IT nurses collaborated with other health-care team members to introduce a best practice alert for sepsis. It notifies clinicians when a patient's clinical information within Care Navigator indicates possible sepsis or septic shock. The alerts guide caregivers in their decision-making using specific pathways, protocols, and order sets.
- **Patient-Controlled Analgesics (PCA) Documentation** – Changes were made to help ensure that clinical documentation of PCA medications would be more efficient, more specific, easily viewable, and summarized to nurses and providers within Care Navigator. This helped reduce the risk for error.
- **Administration of Medications** – The IT nurses assisted in the implementation of a new workflow for charting the administration of medicine. Before the change, charges were accrued upon dispensation of the medicine. Now charges accrue upon administration, creating a more accurate system of charges.

When I was admitted to the Connecticut Children's Medical Center for about two weeks I met an amazing nurse named Alayna on team MS6. She was so cheerful and fun to be around. She was always there to keep me company with making bracelets and taking walks around the floor. I'm so lucky I got to meet her because she is very inspiring and one of the reasons why I want to become a nurse now and work at the Connecticut Children's Medical Center when I'm older. ~ Bryanna S.



DISSEMINATION OF
EVIDENCE-BASED PRACTICE
& RESEARCH

ILLUMINATIONS QUALITY & SAFETY CONFERENCE 2016

Connecticut Children's Medical Center, Hartford, CT

Posters

Amy Ciarlo, BSN, RN, RNC- NIC; Milena Frazer, BSN, RN, RNC - NIC; Jill Herr NNP. *Preventing Hypothermia in the Very Low Birth Weight Baby in the Golden Hour.*

Andrea Briatico, MA; Raeanne Kelly, BSN, RN, CPN; Sarah Pizzanello, BSN, RN; Melissa Veillette, MSN, RN, CLC. *GI Infusions Clinic Throughput Improvement.*

Basia Adams, APRN; Sandra Griffin, MSN, MHA, RN; Barbara Farrell, BSN, RN; Roberta Basile, BSN, RN, CPN; Anand Sekaran, MD. *Promoting Effective and Timely Discharge of Observation Patients: an APRN-led Continual Improvement Initiative.*

Beth Palazzo, BSN, RN, CNML; Roberta Basile, BSN, RN, CPN; Natalie Benevento BSN, RN, CPON; Jenn Hann; Leigh Hart BSN, RN, CPON; Sarah Matney, BSN, MSOL, RN, CNML; Terrie VonRichthofen, RN; Celeste Zizzamia, RPh. *Improving the Efficiency of Chemotherapy Administration on Day of Admission.*

Brooke Clark BSN, RN, CPN; Elaine Johnson RN, CNOR; Bridget Rich MSN, RN, CPAN. *Maintaining Normothermia Throughout the Perioperative Process to Ensure Better Surgical Outcomes.*

Carol Miller, BSN, RN, CPN; Karen Reid, BSN, RN, CCRN, CPN; Caitlin Greenslade, BSN, RN, CPN; Samriti Dogra, MD, FAAP; Melinda Carpenter, MS. *Decreasing Peritonitis Rates at Connecticut Children's Medical Center.*

Cheryl Hoey, BSN, MBA, RN, CENP; Amy Korber, MSN, RN; Deb Martin, MSN, RN, CNML; Beth Palazzo, BSN, RN, CNML. *Nursing Shared Governance V2.*

David Sink, MD; Lisa Dion, MSN, RN; Quality and Clinical Practice Shared Governance Workforce Committee (Corey Champeau PA; Christine Raymond, APRN; Clelia Vanasse, RN; Kayla Little, RN; Josie Moore, MSN, RN, RNC – NIC, CNS; Sharon Zaffetti, MSN, RN, RNC-NIC, CNS; Janet Schwenn, MS RRT; Sandra Rodriguez, RN; Molly Onofrio, BSN, RN; Kangaroo-a-Thon Committee; Erica Burdon RD; staff RNs on all shifts; many parents and babies cared for at Connecticut Children's NICU at UConn Health. *Quality Improvement: Increase NICU Kangaroo Care.*

Deanna Hill, BSN, RN, RNC - NIC; Heather Magsarili, Pharm.D; Stephanie McGuire, APRN; Sandra Motta, MD; Phuong Sander, Pharm.D. *Implementation and Evaluation of Neonatal RSI Premed Guidelines.*

Debby Foster BSN, RN, AE-C; Michele Labas BSN, RN, CPN, CLC. *Improving Height Measurement in the Ambulatory Setting.*

Deb Szafran, BSN, RN, WCC; Julia Ann Morrison, MSN, RN; Janet DeFrancesco, MSN, RN, CPON, WCC; Francine Ross-

ing BSN, RN, WCC; Deb Martin, MSN, RN, CNML; Arielle Santangelo, BSN, RN, CCRN, WCC; Kathy Visinski, MSN, RN, WCC; Claire Hibbs-Cusson, BSN, RN, CCRN-K, WCC; Josie Moore, MSN, RN, RNC-NIC, CNS. *Bottom-Up or Top-Down, Skin Damage Is on the Decline: How Three 2016 Initiatives by the Skin Care Team Have Impacted Patient Safety.*

Donna Donovan, MSN, RN director of Patient Safety and Simulation; Mike Tortora, MSOSH, director of Safety and Security. *An Early Adoption Success Story: The Merging of a Patient and Employee Safety Coach Program.*

Ilana Waynik, MD; Erik Hoppa, MD; Mary Saccoccio, BSN, RN; Donna Bedus, BSN, RN; Clifford Gerich, BSRRT; Melanie Rudnick, MD; Justine Mrosak, MD. *Stewardship in Improving Bronchiolitis Across the Continuum of Care.*

Janet DeFrancesco, MSN, RN, CPON; Beth Palazzo, BSN, RN, CNML; Sarah Matney, BSN, MSOL, RN, CNML, CPON; Jennifer Hann. *Concierge Care.*

Janet Schwenn, RT; Brian Landry, PA-C; Pat Philbrick, RN; Ashley Paulsen, BSN, RN; Kari Nilsen, BSN, RN; Mariann Pappagallo, MD. *NICU Planned Extubation to Maintain Functional Residual Capacity.*

Jennifer Fortin, BSN, RN, CCM; Mary Saccoccio, BSN, RN. *Improving Readmission Thru Care Coordination.*

Jennifer Hann; Janet DeFrancesco, MSN, RN, CPON; Sarah Matney, BSN, MSOL, RN, CPON, CNML; Megan Husson, CMA. *Improving Daily Infusion Capacity.*

Jennifer Tabak, MSN, RN, CEN; Shefali Thaker, MPH; Garry Lapidus, PA-C, MPH; Brendan T. Campbell, MD, MPH. *Improving Substance Abuse.*

Mary Conway, MSN, RN, CPHON; Courtney King, RN, CPON; Tiffany Ruiz, BSN, RN; Andrew Needham, BSN, RN; Leigh Hart, BSN, RN, CPON; Elizabeth Hogan, BSN, RN, CPHON; Ruth Lucas, PhD, RN. *Partnering with Families to Validate Questionnaires Assessing Unmet Needs of Children, Adolescents, and Parents-Caregivers at the End of Active Cancer Treatment.*

Michele J. Koss, BSN, MS, RN, CPHRM, CNML; Sandy Brink, BSN, RN, CCRN, WCC; Kathleen McNamara. *Comparison of Anonymous and Non-Anonymous Occurrence Reporting.*

Nanci Stogitis, BSN, RN, RN-BC; Elizabeth Arbour, BSN, RN, CPN; Alyssa Clark, BSN, RN, CNRN; Marie Desjarlais, MSN, RN, CPN; Amy Godiksen, BSN, RN; Catherine Humphrey, BSN, RN; Margrit Saghafi, BSN, RN, ONC; Katie Ruane, BSN, RN, AE-C. *Improving Clinical Competence and Knowledge for Medical Assistants, Patient Care Assistants, and Emergency Department Technicians at Connecticut Children's Medical Center.*

Natalie Benevento, BSN, RN, CPHON; Beth Palazzo, BSN, RN, CNML; Allison D'Amato, BSN, RN, CPN; Terrie VonRichthofen, RN; Sarah Matney, BSN, MSOL, RN, CNML, CPON; Lynn Williams, BSN, RN, CCRN. *Hematology and Oncology/MS8 Rapid Process Improvement for Discharge.*

Nicole Cashman, BSN, RN, CPN; Monica Crachat-Rodrigues, MA; Marie Desjarlais, MSN, RN, CPN; Debby Foster, BSN, RN, AE-C; Cynthia Hutt, BSN-BC; Michele Labas, BSN, RN, CPN, CLC; Karen Reid, MSN, RN, CCRN; Tednice Williams, MA. *Improving Hand Hygiene Compliance.*

Patrick Gallagher, Environmental Services; Sandy Griffin, MSN, MHA, RN; Kevin Markiewicz, Environmental Services; Mark Pawlik, Environmental Services; Patricia Picart, Transport; Sue Randazzese, Transport; Karen Velez, BSN, RN, CPN; Jenine Davignon, John McNeil, consultant – JWA; Angie Ruzsala, Administrative Assistant. *Patient Flow Project: Room Turnover and Transportation Improvement.*

Petronella Stoltz, APRN; Katie Kellerman, PA-C; Markus Bookland, MD. *Decreasing Infection Rates in Lumbar Spinal Surgery with Standardization of Incision Closure.*

Petronella Stoltz, APRN; Katie Kellerman, PA-C; Markus Bookland, MD. *EVS Response Time to Discharge: Clean Request.*

Robin Bradshaw BSN, RN, ONC; Brendan Campbell, MD; Brooke Clarke, BSN, RN, CPN; Tracy Creatore, BSN, RN, CIC; Mary DeSocio, BSN, RN; Theresa DeSocio, BSN, RN; Patrick Gallagher, Environmental Services; Joan Hanko, CST, Elaine Johnson RN, CNOR; Elaine McDonough, surgical tech; Barbara Mulholland, BSN, RN, CPN; Stephanie Parent, BSN, RN; Kathy Peet, BSN, RN, CPN; Nancy Raum, BSN, RN, CPN; Kathleen Redfern, BSN, RN; Bridget Rich, MSN, RN, CPAN; Barbara Richards, CRNA; and Lisa Wolfson, BSN, RN. *Developing Evidence-Based Bundles, Each Step Every Time: Identifying Barriers and Solutions to Compliance.*

Rosanne Salonia, MD; Kendall Johnson, MD; Leslie Wolkoff, MD; David Sink, MD; Lisa LeBon, MAE, RRT; Deanna Hill, BSN, RN, RN-NIC; Mary Mazur, BSN, RN, CCRN. *Unplanned Extubations.*

20TH ANNUAL EVIDENCE-BASED PRACTICE CONFERENCE A JUST AND SAFE CULTURE: IMPROVING PATIENT SAFETY

*Presented in Hartford, Connecticut, by the
Connecticut Nursing Research Alliance*

Posters

Brooke Clark, BSN, RN, CPN; Elaine Johnson, RN, CNOR; Bridget Rich, MSN, RN, CPAN. *Maintaining Normothermia Throughout the Perioperative Process to Ensure Better Surgical Outcomes at Connecticut Children's Medical Center.*

Milena Frazer, BSN, RN, RNC-NIC; Amy Ciarlo, BSN, RN, RNC-NIC; Jill Herr, NNP; Carrie-Ellen Briere, PhD, RN. *Improving Thermoregulation in Our Very Low Birth Weight (VLBW) Patients in the Golden Hour.*

Katherine Bernier, BSN, RN, Megan Strobel, BSN, RN; Mary Conway, MSN, RN, CPHON; Ruth Lucas, PhD, RN. *An Evaluation of Nurse's Knowledge and Use of the CAPFAQ in the Pediatric Sickle Cell Population.*

Bridget Rich, MSN, RN, CPAN; Elizabeth DiChiara, MSN, RN; Karen Duhamel, MSN, RN; Ruth Lucas, PhD, RN. *Educating Out of the Box: Clinical Nurse Educator's Role in Supporting the Novice Nurse through Electronic Health Record Navigation.*

Susan B. Roman, MPH, RN; Allison Matthews-Wilson, LCSW; Steven C. Rogers, MD, MS-CTR. *Providing Enhanced Care Coordination Services for Pediatric Emergency Department Mental Health Patients.*

Mary Conway, MSN, RN, CPHON; Courtney King, RN, CPON; Tiffany Ruiz, BSN, RN; Andrew Needham, BSN, RN; Leigh Hart, BSN, RN, CPON; Elizabeth Hogan, BSN, RN, CPHON; Ruth Lucas, PhD, RN. *Partnering with Families to Validate Questionnaires Assessing Unmet Needs of Children, Adolescents, and Patients/Caregivers at the End of the Active Cancer Treatment.*

Jennifer Tabak, MSN, RN, CEN; Shefali Thaker, MPH; Garry Lapidus, PA-C, MPH; Brendan T. Campbell, MD, MPH. *Improving Substance Abuse Screening in Adolescent Trauma Patients in a Pediatric Trauma Center: Challenges and Opportunity.*

PUBLICATIONS

*Presented in Hartford, CT, by the Connecticut
Publications by Registered Nurses*

Whetten C. Cue-based feeding in the NICU. Nursing for Women's Health. 2016 Oct-Nov; 20(5):507-10.

Brownell EA, Smith KC, Cornell EL, Esposito PA, Wiley CC, Wang Z, Bushley AW, **Lussier MM**, Hagadorn JI. Five-year secular trends and predictors of nonconsent to receive donor milk in the neonatal intensive care unit. Breastfeed Med. 2016 May 18.

Publications by Nurse Scientists

The following publications were written by nurses who have dual affiliation with Connecticut Children's Medical Center and the University of Connecticut School of Nursing.

D'Agata A, **McGrath J.** A framework of complex adaptive systems: parents as partners in the NICU. ANS Adv Nurs Sci. 2016; 39(3):244-56.

D'Agata A, Young E, Cong X, Grasso DJ, **McGrath JM.** Infant medical trauma in the neonatal intensive care unit (IMTN): a proposed concept for science and practice. Adv Neonatal Care. 2016; 16(4):289-97.

Cong X, Xu W, Janton S, Henderson WA, Matson A, **McGrath JM**, Maas K, Graf J. Gut microbiome developmental patterns in early life of preterm infants: impacts of feeding and gender. *Plos One*. 2016. <http://dx.doi.org/10.1371/journal.pone.0152751>.

Judge MP, Casavant SG, Diaz J, **McGrath JM**. Placental long chain omega-3 transfer is reduced in diabetic pregnancies: exploring mechanistic underpinnings and long-term neurodevelopmental implications. *Nutr Rev*. 2016; 1-10. doi: 10.1093/nutrit/nuw006.

Tuthill EL, **McGrath JM**, Graber M, Cusson RM, Young SL. Breastfeeding self-efficacy: a critical review of available instruments. *J Hum Lact*. 2016; 32(1):35-45. doi: 10.1177/0890334415599533.

Cartagena D, McGrath JM, Masho SW. Differences in modifiable feeding factors by overweight status in Latino infants. *Appl Nurs Res*. 2016; 30: 210-15. doi: <http://dx.doi.org/10.1016/j.apnr.2015.09.005>.

Diallo AF, **McGrath JM**, Lucas R, Brandon D. Does maternal perception of early infant breastfeeding behaviors predict missing data at 1 month? *Adv Neonatal Care*. 2016; 16(3): E3. doi: 10.1097/ANC.0000000000000287.

Xu W, Cong X, Henderson WA, Matson A, **McGrath JM**, Mass K, Graf J. Feeding type in modulating premature infant gut microbiota. *Adv Neonatal Care*. 2016; 16(3): E13. doi: 10.1097/ANC.0000000000000287.

Lucas R, McGrath J. Clinical assessment and management of breastfeeding pain. *Topics in Pain Management: Current Concepts and Treatment Strategies*. 2016; 32(3): 1-12.

Lucas R, Briere C. Chapter 7: Nutrition. In: Kenner C, Wright J, editors. *Neonatal nursing care handbook: an evidence-based approach to conditions and procedures*. New York, NY: Springer Publishing Co.; 2016. p. 249-55.

Presentations by Nurse Scientists

Lucas R, McGrath J, Diallo A, Brandon D. Maternal narrative of infants' latch and sucking: validating the maternal assessment of infant breastfeeding behaviors tool. Biennial International Congress of Infant Studies; April 2016; New Orleans, LA.

Lucas R, McGrath J, Diallo A, Brandon D. Development of the Maternal Assessment of Infant Breastfeeding Behaviors-Revised. Council for the Advancement of Nursing Science; April 2016; Washington, DC.

Conway M, Hart L, King C, Parry E, Needham A, Ruiz T, **Lucas R**. Partnering with parents of children with cancer to validate the adapted "Coming Off Treatment (COT)" questionnaires. Association of Pediatric Hematology/Oncology Nurses (APHON) 40th Annual Meeting; Sept 2016; Indianapolis, IN.

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Hartford HealthCare at Home Nightingale Awards

J. Patrick Barnes Research Grant

Lynne Doll Grant

National Association of Neonatal Nurses (NANN)

Local Rotary Clubs







ABOUT CONNECTICUT CHILDREN'S MEDICAL CENTER

Connecticut Children's Medical Center is the only hospital in Connecticut dedicated exclusively to the care of children. Connecticut Children's is a nationally recognized not-for-profit with a medical staff of more than 1,000 providing comprehensive, world-class health care in more than 30 pediatric specialties and subspecialties. Connecticut Children's Medical Center is the primary pediatric teaching hospital for UConn School of Medicine and Frank H. Netter MD School of Medicine at Quinnipiac University as well as a research partner of Jackson Laboratory. Connecticut Children's Office for Community Child Health is a national leader in community-based prevention and wellness programs.

To learn more about Connecticut Children's Medical Center, please visit connecticutchildrens.org.

Connecticut Children's Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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