
Magnet Criteria #14 Professional Development

The July edition of the Nursing Council Newsletter, highlighted progress made in Phase I of our Nursing Education Redesign. These initiatives included streamlining nursing orientation, adding meet “VP of Nursing” luncheon to orientation, including Service Excellence in every class, increasing the use of Sim Man, renovations to ERC classrooms, combining RN/PCA classes to strengthen delegation and workflow, and a new emphasis on self-learning.

In keeping with their mission to support lifelong learning and quality patient care, our Nurse Educators are continuing the redesign process. An Education Retreat for Phase II was held on January 26, 2006. While the main focus was “educator support of experienced staff”, it was the perfect time to check on the status of our Phase I initiatives. Read on for where we are, and where we’re going in 2006.

Where we are:

Since our last update:

- The Nursing Education Calendar went live on the intranet with on-line registration available for all classes (See Ann Russell’s article in HCT Extra Vol. 1). Pictures and ‘bios’ of the educators will be added soon.
- Programs offering CE hours have doubled (thanks goes to Nancy Bafundo and Teresa Russell for streamlining the CE approval process).
- CPOE/eMAR rollout to the nursing units has received the full support of nursing. Coming in March: A SLP (self-learn packet) for nurses to

create their own CPOE template prior to medication validation.

- Healthstream “Rapid Regs” – A streamlined version of original Healthstream tests to be implemented soon. Efforts continue to include the new Smart TV technology, but progress has been slower than hoped.
- Evening/night educator coverage begins next month! Our new educators, Stacey Carl, BSN and Colleen Peruta, BSN both bring a wealth of clinical experience to their new role and will receive their Masters, in Education in May.
- New, more efficient Validation Day registration process to accommodate walk ins and reduce the work of “no shows” will begin in March.
- Computer sign-ons are completed at the time of hire, making new staff “ready to go” on the first day of class.
- PBDS (already made more efficient in Phase I) will see updated scenarios in 2006, and PBDS remediation in the Sim Center.
- Arrhythmia educators, working with Material’s Management, have ordered a new \$31 text (Hoffman’s 5th edition) - a \$30 savings from the old text.
- At the January Retreat, educators discussed the new ANA Standards of Practice, and are evaluating to what extent our programs support the standards. Be sure to ask your educator about the new standards, you will be pleased with the changes.
- Competency tools for all divisions (and there are scores of them!) are being collated and revised. Expect to see simpler, up-to-date, easier to use forms, less paperwork for preceptors and preceptees!

Finally, where are we going in 2006?

First, you will see more educational offerings designed to help experienced staff achieve certification in their specialty. Laura Caramanica, RN, PhD, Vice President of Nursing, is working on ways to financially support some elements of certification. The educators will be creating a process to identify appropriate certification, assist with applications, support preparatory courses and increase CE approved programs for maintenance of certification.

Secondly, ethics education has been identified in our Magnet assessment as an area we need to enhance. Ideas to accomplish this include incorporating ethics scenarios into clinical discussions in orientation. For the experienced nurse, look for quarterly programs focused on building a foundation of ethics education, and skills building related to communication with patients/families.

Lastly, the educators are exploring ways to help nurses incorporate the principles of Relationship Based Care (RBC). RBC is comprised of three crucial relationships: Care provider's relationship with patients and families, care provider's relationship with self, and care provider's relationship with colleagues. Using evidence-based practice, this model demonstrates how to create a healing environment for patients/families and a professionally satisfying work environment for staff.

All in all, 2006 promises to be an educationally and professionally gratifying year!

Submitted by: Cathy Yavinsky RN, MS Unit Director, Ambulatory, Transplant, HIV, N11, N12



Laura Caramanica
RN, PhD
Vice President for
Nursing

*Nursing as a Profession
A subgroup of the new
Hospital-wide Governance
Structure*



Joanne Roy RN, PhD
Nurse Educator,
Research, Coordina-
tor Clinical Leader
Program

February 28, 2006 will mark the initial meeting of a subgroup of the new Hospital-wide Governance structure titled **Nursing as a Profession**. The mission of this group is to ensure the professional practice of nursing using evidence based practice, upholding the MAGNET standards and the evaluation/adoption of best practice for nursing through out Hartford Hospital. This subgroup will review and act upon benchmark data using national and local databases on nursing sensitive outcome

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indicators. It also serves to provide guidance and ownership for the practice of nursing by its members and to foster collaborative practice at Hartford Hospital.

Principle accountabilities of this professional group will include upholding the standards and quality of professional nursing practice through affirmation of our mission, vision, philosophy and goals for nursing. These accountabilities will be addressed through the following initiatives:

- ❑ Developing the new Strategic Plan for Nursing (affirming mission, vision, philosophy and goals for nursing);
- ❑ Advancing the Magnet Standards (address gap analysis data);
- ❑ Steward for the Nursing Corporate Compliance plan;
- ❑ Identifying and directing mechanisms to promote the Recruitment and Retention of valued nursing professionals;
- ❑ Acting as nursing advisors for patient care issues derived from licensed and unlicensed patient care providers;
- ❑ Supporting and acting as champions for the use of evidence-based practice and research with clinical leaders and nursing staff; and
- ❑ Actively seeking and engaging the use of information technology as a vehicle to prepare, transform and promote nursing practice for the future.

Laura Caramanica RN PhD, Chair and Joanne Roy RN PhD, Co-Chair will lead the group. Diverse nursing roles and services represented in the membership include: Joan Lacey, Kim Alleman (APRNs); Julie Moore, Julie Deshaies, Janice Montano (RN, Clinical leaders); Ava May (LPN); Andrea Hagstrom, Mary Kate Eanniello, Ginger Goddu, Christina Case (Nurse Educators); Judy Charenski (Case Coordinator); Susan Marino (Information Specialist); Ann Vale, Cathy Yavinsky (Nurse Manager/Nurse Director); Ruth Zafian, Patricia Rathmann (Clinical Nurse Specialists); Shirley Jakobowski (Bed Management); Mary Babcock (Offshift Coordinator); Gail Nelson (Magnet Coordinator); Nancy Bafundo (Corporate Compliance/ Policies & Procedures) and Gwen Richardson (OR Professional Practice).

Meetings will be held on the 4th Tuesday of each month, from 10am-11am in the Board Room. We are enthusiastically looking forward to beginning the work associated with this professional nursing group. It is an opportunity for all of us to set the standards of practice for “Nursing As A Profession” here at Hartford Hospital. Updates of the group’s work will be provided in this news column of the Health Care Team Newsletter.

Submitted by: Laura Caramanica RN, PhD and Joanne Roy RN, PhD

Congratulations to all our staff for the following confirmation of our continued Magnet designation!!



AMERICAN NURSES CREDENTIALING CENTER

February 6, 2006

Laura Caramanica, RN, PhD
Vice President, Nursing
Hartford Hospital
80 Seymour Street
P. O. Box 5037
Hartford, CT 06102-5037

Dear Dr. Caramanica,

The Commission on Magnet Recognition (COM) has reviewed your Interim Monitoring Report for the period January 2005 through January 2006. We are pleased to advise you that the Commission on Magnet confirms your continued Magnet designation.

We thank you for your monitoring report and are pleased with your continued Magnet status. Data will continue to be collected, and analyzed on an annual basis. Should you have any questions or comments please do not hesitate to contact the Magnet Program Office.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Hagstrom", written over a horizontal line.

Cynthia Ann Hagstrom, MSN, BSN, RN, BC
Outcomes Analyst
ANCC Magnet Recognition Program

8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MARYLAND 20910-3492
(301) 628-5000 (800) 284-CERT FAX: (301) 628-5004
www.NurseCredentialing.org

Laura Caramanica RN, PhD, Vice President for Nursing and Gail Nelson RN, MS, Director of Psychiatric Nursing and Magnet Coordinator will hold open forums from February 13 to 17 to discuss/update staff on the forces of magnetism, the Magnet Annual Report and HH as a Magnet hospital.

HHCT GOALS FOR 2006

1. CORE MEASURES

2. UPHOLD GYCEMIC CONTROL

3. IMPROVE THROUGHPUT

4. STANDARDIZE HAND-OFFS

Summary of Core Measures: AMI / Heart Failure/ Pneumonia

- We need continued education so everyone is aware of the core measures and what we publicly report on
- Core Measures are a shared accountability for all persons delivering care
- Smoking cessation encompasses all three core measures we presently report on
- Standardized discharge instructions will help improve these scores: these standardized discharge instructions are presently being trialed and widespread dissemination is coming in the near future
- Med reconciliation is another component of the core measures & again the discharge instruction sheets should help align these efforts.
- Providers are getting individual MD report cards to depict how their core measures are
- Pneumonia pocket cards as a reminder will soon be available
- Standardization and CPOE will not be the only solution to improved measurements: there needs to be a unified team approach. IS is very much involved with core measures and our improvement efforts
- Immunizations (influenza and pneumococcal) for all inpatients continues to need much improvement: sharing this information and implementation of our existing immunization protocol (pharmacy web site) is much needed. This will be discussed further at next month's HCT.
- Surgical infection prevention is an added measure we will be reporting on in the future (2007)
 - o Our collective goal is to be in the top 10th percentile for all of the core measures
 - o Presently our measures include: AMI / CHF / Pneumonia

- o Some institutions set up safety nets: consideration at admission, oversight during hospital course and then @ discharge measures to ensure completeness of core measures
- o Physician Reviews – Report Card will include recommendations & measures to improve their core measure scores
- o An additional safety net, include RRT documentation with regard to smoking cessation: such as, Triage sheet for Respiratory can have a check box on the form to choose if the patient is offered smoking cessation
- o Interdisciplinary Forms: continued discussion: presently, these are not being used interdisciplinary: future direction could integrate the interdisciplinary plan of care with discharge instructions.

UPHOLD GYCEMIC CONTROL

- Paula Rocha and Dr. Neil Grey went over the glycemic initiatives
- With tighter glycemic control, there needs to be heightened awareness to the hypoglycemia protocol
- Discussion about hypoglycemic alerts and the use of data to delineate how a certain area is managing glycemic control : Point of Care Testing /lab can facilitate this
- All staff are to have reviewed the hypoglycemia protocol via Health Stream
- CPOE will help standardize order sets / sliding scales
 - o Implement standardized sliding scales
 - o Implementing labels (ie: long acting insulin / cautions with certain oral agents...) – to be placed in front of the chart
 - o Educate nursing what a normal blood sugar is: normal is 65-100
 - o There is a “Living Health with Diabetes is a Patient’s Guide: which is available
 - o Each unit will be provided with approximately 10 copies each. If you need more they can be ordered
 - o HCT could help by spreading this information faster throughout the hospital.

- Need to tailor the PCA education to align with our existing protocols.

Improve Throughput

- Need to gather data on barriers to care: get more unit/cluster specifics
- Need to identify barriers to throughput (ie. delays regarding 10am discharges)
- Future direction may consider Unit/Cluster based report cards
- CPIC – Clinical Performance Improvement Committee can help identify issues
- Data will continue to help identify barriers / system issues

Standardize Hand offs

- Standardization will help with patient safety measures
- 2006 JCAHO Safety Goals need a heightened awareness
- Women’s Health employs the “SWAP” methodology to ensure standardization, smooth transitions, and patient safety

Policy / Procedure:

Each service needs to provide membership to ensure representation & help improve communication with any changes in policy and procedures

- Email Nancy Bafundo names of people for Membership and identify what group you have that presently works on procedures
- Goal is to have one place you can click on for policies/procedures
- Need support from IS
- Work together
- Different methods of training
- Need to look at the duplications on-line and the 2 sites together to get Lippincott to work
- It’s not just nursing policies: involves hospital wide policies – it is the whole institution
- Reminder: Anything related to medication has to go through Pharmacy first
- There is continued discussion about defining: policy vs protocol.... This will be defined in the near future and communicated

Submitted by: Jenifer Ferullo APRN, Medicine

Hartford Hospital Health Care Team Policies & Procedures Subcommittee

Policies and Procedures met for it’s organizational meeting on January 19th. Various representatives discussed the objectives for this vital subcommittee. Consensus was reached that clearly identifying and defining clinical policies, procedures, guidelines and other resources, such as guidelines and standards of care are the starting point for where this group needs to focus in order to achieve the overall goal of having a central location for all of these types of clinical resources.

Plans are to discuss with various stakeholders a process by which to proceed. Risk Management is working with our Legal resources to obtain definitions that will serve as a starting point of our work over the next year and committee members are locating other potential models that exist with our health care partners.

At this point we did not approve any new or revised policies/procedures, but will use this publication as a way of keeping our membership informed of these in the future.

(None were addressed this month)

Policies:

Procedures:

Protocols:

Guidelines:

Standards of Care:

Submitted by: Nancy Bafundo RN, MS, BC

Womens' Health Services Health Care Team

New Personnel in Womens' Health Services

Dr. Gretchen Allen joined WHS in November 2005 as a full time obstetrician and gynecologist. Dr. Allen completed her residency training in 2002 from the UCONN integrated Ob/Gyn Program and worked at Community Health Services for the last couple of years. She was the recipient of the UCONN Teaching Award in 2004 and the CHS Provider of the Year Award in 2003.

Lynn Deasy, RN, BSN, MPH became the new Nursing Director for Women's Health Services in December 2005. Lynn is a graduate of Northeastern University with a Bachelor of Science in Nursing and has her Masters in Public Health from the University of Connecticut. Ms. Deasy has been with Hartford Hospital since 1985 and has held positions in Surgical ICU and PACU, and for the last 9 Years in Womens Health Services, 6 years as CNS and 3 years as Nurse Manager, Women's Ambulatory Services. Prior to coming to Hartford Hospital, Lynn worked in the burn unit at Massachusetts General Hospital.

In January 2006, Elizabeth Brinkley, RNC, BSN joined WHS as the new Nurse Manager of Bliss 6 –Maternity/Postpartum Nursing. Libby is a graduate of Southern CT State University and has previously held management positions at Yale New Haven Hospital and Windham Community Hospital. Libby is certified in Inpatient Obstetrics by National Certification Corporation.

Crew Management/Team Performance Plus Training

A JCAHO sentinel alert review (2004) found that “the majority of perinatal death and injury cases reported root causes related to problems with organizational culture, teamwork failures and communication breakdowns among caregivers.” On average, one malpractice claim is brought for every 1000 deliveries and adds \$400 to \$1500 to

the cost of each delivery. JCAHO recommends that “organizations conduct team training in perinatal areas to teach staff to work together and communicate effectively.” In light of the fact that Hartford Hospital provides care for 4000 deliveries annually, team training provided Womens' Health Services (WHS) with a major performance improvement initiative that would have significant impact on patient care and communication among caregivers.

WHS committed to offering the new, integrated team training program, “Team Performance Plus” developed specifically for obstetrical services by Risk Management Foundation (RMF) to all departmental nursing staff, OB physicians and Anesthesia. This innovative program uses Crew Resources Management (CRM) work developed by the American Institute for Research and the Department of Defense. The CRM concepts include: asking and offering relevant information, communicating proposed action, advocating, and providing for conflict resolution. These concepts have been successfully transferred to healthcare and have shown improvements in staff attitudes, improved outcomes, improved skills, decreased costs and improved patient satisfaction.

In preparation for the training, RMF did a site visit and departmental assessment in June 2005 to assess the current culture and evaluate training readiness. The Team Performance Plus team also presented a Grand Rounds to engage the clinical staff in the process. In November 2005, 5 nurses (4 N6 & 1 N8 RNs) and 5 physicians (4 OBs and 1 Anesthesia MD) participated in an intensive, three-day train-the-mentor training program on building and mentoring effective Obstetric teams. These 5 RN-MD teams began the training programs for the OB staff on January 16, 2006 and are slated to complete staff training on February 16, 2006. The Team Performance Plus program provides a 4-hour training program with extensive materials, slide presentation, case studies, teamwork tools and practical, transferable strategies for improving communication among caregivers. These tools include: team meetings, team briefings, event

debriefings, call backs, handoffs and conflict resolution strategies.

When completed, more than 300 Nursing staff, Obstetrical physicians and Anesthesiologists will have completed training. An extensive communication and mentoring/coaching schedule will assist in implementing and supporting the necessary culture change, communication skills and conflict resolution strategies learned in the program. In addition, baseline clinical data and ongoing data collection with quarterly reports will track the improvements in patient safety, patient and staff satisfaction, and clinical outcomes for our Perinatal patients. We sincerely hope to demonstrate that teamwork training does improve patient safety and satisfaction, efficiency, reduction in medical errors, and reduction in medical malpractice claims for WHS at Hartford Hospital.

Submitted by: Debbie Gingras RN Perinatal Clinical Leader, Women's Health Services



Caring Heart to Heart

His heart was failing and would never recover. Mr. N needed a new heart. He needed heart transplantation and we needed to sustain him until a new heart would become available. This a story about our experiences helping Mr. N and his family prepare for a new heart.

Technology is wonderful, but it is not without compromise. In the case of Mr. N, a ventricular assist device (VAD) would be the technology that would sustain him until a donor heart was available. Mr. N was admitted to B9I after a Life Star transfer from another hospital when it became clear to his caregivers that the emergency bypass surgery performed after a massive heart attack would not be enough to save his life. Shortly after his arrival at Hartford Hospital the VAD was surgically implanted on both the right and left sides of his heart. The compromise facing Mr. N and his family was daunting. Mr. N

would need to learn to live with uncertainty and the constant click-click sound of the machine until his new heart was implanted.

It takes a lot of faith in others to be able to tolerate life like this. For all practical purposes Mr. N and his family put his life and their trust in a combination of caregiver skills and the competence of a mechanical compressor device. In addition to standard nursing care, Mr. N's nurses had to monitor the patient's blood coagulation levels very closely to prevent clotting within the device. His nurses were responsible for maintaining Mr. N's skin integrity at the insertion sites of the VADs. For Mr. N any infection could be disastrous. A VAD dressing protocol was developed to maintain skin integrity and reduce the risk of infection. Mr. N's nurses were also responsible to monitor the functioning of the device. If, for any reason, the machine should fail, the nurses would have to take over immediately and manually pump both the right and left VADs to keep Mr. N alive.

When Mr. N. was ready to leave the intensive care unit the B9E staff needed to prepare to care for him and his new device. B9E had not cared for a VAD patient for several years and in that time the hospital had changed to a new company's device. So, the nurses needed to learn about this device before we could safely accept Mr. N as our patient. We didn't want Mr. N to stay in ICU any longer than necessary. Over time the ICU environment can be disruptive to sleep and quite depressing to the patient and their family members if they think a patient's continued stay in the ICU is evidence that he is not progressing. Mr. N needed to feel he was recovering and his family needed to see that he was getting better. They needed hope. We needed to get him out of ICU.

The staffs of B9I and B9E pulled together and got everyone trained in the monitoring of this complex device and prepared to care for this special patient within a few days. Laura Johnston RN and Linda Freeman-Bosco APRN, who had

become the expert VAD practitioners, provided staff education in multiple small group sessions with hands-on practice on a spare VAD.

So, after a lengthy stay in the ICU, we accepted Mr. N on B9E. A multidisciplinary approach was necessary to provide his care. Beyond the physical care needed, the emotional needs of VAD patients awaiting transplant are significant and unique. Mr. N had a very supportive and involved family and making sure that his family was supported and well informed was a priority. Gina Dube MSW, our unit's social worker, helped greatly to keep Mr. N's spirits up with her wise counsel and wonderful sense of humor. Over time, Mr. N and his family developed very close and special bonds with many members of the nursing staff. We also need to give credit to the other members of the Cardiovascular team who helped Mr. N. to recover. Mr. N needed to regain his strength to prepare him for his transplant surgery. The Cardiovascular team negotiated a schedule with the patient in order to accommodate his preferences which included making sure he got a full night's sleep. A joint effort between the nursing staff, the physical therapy staff, and the staff of the cardiac rehabilitation program allowed Mr. N to travel off B9E to Cardiac Rehab in the Conklin Building. Over the next few months, nurses and physical therapists took multiple opportunities to escort the patient not only to rehab, but for visits to the Friendly's restaurant in the Medical office building, the Spiritual garden and walks around the hospital's perimeter to increase his strength and improve his spirits. Staff would willingly stay after their shift to make sure this patient had the opportunity to leave B9E for a change of scenery every day. Staff members even brought the patient homemade cookies and trinkets for luck from their vacations. We also encouraged Mr. N and his family to attend the transplant support group meeting in the cafeteria so he could learn more about the transplant process. This meeting was a great opportunity for them to meet other people who had received a transplanted heart and to learn about their experiences.

Waiting for transplant can be a very anxious time for patients. Their future is uncertain and contingent upon the demise of another person. Mr. N's family was a great source of strength for him, however he worried about the time his family took from their own lives to support him. An illness such as this affects the whole family. All the family dynamics change and major accommodations need to be made to handle the stresses. All lifestyle norms would change for this family as a result of Mr. N's illness. The nursing staff needed to be particularly sensitive to Mr. N's feelings and those of his family in order to allow them to remain strong sources of support for each other. Fortunately, this family had very strong bonds and needed only time to verbalize their feelings and adjust to the events that had forever changed their lives.

Finally, three months after his arrival at Hartford Hospital, a donor heart became available and Mr. N received his new heart. His recovery was slow and he faced some unforeseen complications after his transplant. Despite his setbacks Mr. N and his family maintained their determination to "get through". Mr. N was discharged to the Hartford Hospital Rehabilitation unit where he stayed a few weeks to fully regain his strength and learn about his complex medication regimen before he went home. After his discharge home, Mr. N came back to B9E and B9I for visits whenever he was on campus. During one visit he and his family met with another patient who was on a VAD waiting for a heart transplant. Though Mr. N had complications and needed another surgery, we are happy to report he is at home now and doing very well.

We selected Mr. N's story because we believe it is a wonderful example of the service excellence the staff of B9I, B9SD and B9E routinely provide. We, the Manager of B9E, the Advanced RN of B9E and the Clinical Nurse Specialist for Cardiovascular services are so proud to work with this group of men and women. They care, and it shows.

C9I: Expanding Capacity and Capabilities for the Future of ICU Care



Front row left to right: Wandy Matos PAA, Dianne Bronkie RN, Nichole Mailloux RN, Lisa Niezen PCA, Diane Vinci PAA
Back row left to right: Carole Borque RN, Althea Fenty PAA, Gretchen Wolfe RN, Nurse Manager, Mike Lanoue RN

During October 2005, the C9I team began work on the development of an 18-bed ICU that will expand critical care capabilities at Hartford Hospital. The team's focus is on state of the art, evidenced based care for neuroscience, trauma, surgery and medicine patients. C9I will develop initiatives and study effectiveness to advance ICU design at HH for future units that may be of comparable size and scope. The multi-disciplinary team model will be used to deliver patient care in the ICU. This team is the cornerstone for delivery of high quality care to critically ill patients and will address patient safety, effectiveness, efficiency of care, and systematized error prevention, which incorporates the principles of TICU and more recently CCIN.

Transition

October 1, 2005 patients requiring chronic vent support were no longer admitted to C9EI and the chronic ventilator component of the unit function ceased as of November 1, 2005. The transition team, comprised of staff members with experience from C9WI and C9EI, made up the group that is now developing into the HCT team. Members of the HCT include: Charlene D'Angelo, Carol Dodge, Brian Hill, Linda Jacobson, Kathy Korfel and Mark Larsen. Responding to the need for additional step-down beds, the staff has maintained continuous operation of six (6) beds as a medical step-down unit during the transition and orientation period.

The team went to work quickly to develop a design for renovations and an orientation plan for RNs, APRNs and support staff.

Education and Orientation

Gretchen Wolf, Nurse Manager, and Mary Murphy, Educator, led the development of a focused orientation. The orientation includes content on neuro assessment, stroke and brain injury. In response to staff concerns, time was built in to review caring for the patient and family at withdrawal of life-support. During clinical time with preceptors, staff has concentrated on caring for patients with cerebral aneurysm, brain tumor, head injury and spinal cord injury. The special needs of the patient undergoing neurointerventional procedures as well as intracranial pressure monitoring are also key components of the orientation to C9I. Staff members are also participating in SimCenter training, the Red Pod Trauma Class and the Trauma Nurse Core Course (TNCC).

Dr. Marc Palter, medical director of the unit, has designed the orientation program for APRNs and PAs. The program includes rotations in surgery, trauma, neuro-radiology as well as experience to develop line placement competency and SimCenter training. The APRN/ PA education is a 6 month training course.

Construction

Key aspects of the construction process have begun. The changes will include a new entrance with card access entry to improve security. Other features will include a central reception desk, relocation of the family rooms, and creation of conference rooms for enhanced privacy. Multi-purpose space is also being designed for staff from LifeChoice when they are working with families and patients during the donor process.

Advances in Care

C9I strives to provide patients with cutting edge technology and the best science related to care. The Licox brain tissue oxygen monitor system is in use in the unit. The monitor guides the team in adjusting cerebral perfusion pressure (CPP) based on patient needs, specifically identifying brain tissue differences in oxygen supply and demand. Other advances are related to neuroradiology procedures including embolization of vascular abnormalities, clot retrieval (MERC procedure) and intra-arterial and intravenous tPA. There has also been a steady increase in the number of cerebral coiling procedures. The C9I staff have also advanced care through the development of the Head Injury Bundle.

Stroke Center

The Stroke Center is awaiting a recertification visit from the Joint Commission (JCAHO) for disease-specific certification as a Primary Stroke Center (PSC). The Stroke Center was the 11th center to be evaluated nationally and gained Primary Stroke Center certification in February 2004. Now, a short two years later, the team is asking to do it again!

Primary Stroke Center certification validates for the community our continuous efforts to reduce disability from stroke and to seek new treatments and options for the ever-expanding community we serve. Whether it's IV thrombolytics offered in the ED or sophisticated intra-arterial treatments done in the Neurointerventional Suite, the care of the patient with stroke is based on the latest techniques. Throughout the country, the percentage of treated patients remains low at about 5%. Last year, the Stroke Center treated approximately 25% of all the patients who presented with stroke. Dawn Beland, Stroke Center Coordinator, has been key in facilitating the interdepartmental collaboration necessary to achieve these outcomes. Expanding our range of care, our newest team member is a Neurocritical Care Intensivist. Starting in June 2005, Dr. Joao Gomes broadens our expertise by caring for our most challenging patients in the ICU environment.

The Stroke Center offers patients opportunities to participate in a clinical research study. Currently, six (6) industry-sponsored trials and one investigator-initiated trial are underway. The studies cover all aspects in the care of patients with stroke from the acute treatment phase through rehabilitation and secondary prevention. For the most current information about the stroke studies we offer (three more soon to be added!), please visit our web page at http://www.harthosp.org/stroke/research_studies.htm

The Stroke Center, in collaboration with the American Stroke Association (ASA), is offering a statewide nursing conference on March 10th, 2006, "Know Stroke". The full-day conference will be held at the Hilton Mystic in Mystic, CT for a low registration fee of \$25 per person. (For more information or to register, call Dawn Beland 545-2183, #5.) For stroke survivors and their caregivers, the fifth annual *Living!* with Stroke conference will be held at the Trumbull Marriot on May 20, 2006.

Professional Organization Involvement

Staff members from C9I were instrumental in establishing the Southern New England chapter of the American Association of Neuroscience Nurses. Gretchen Wolf is serving as president of the chapter, which ran a review course for the CNRN (Certified Neuroscience

Registered Nurse) exam. The chapter will also sponsor a member to attend the American Association of Neuroscience Nurses (AACN) annual meeting, which will be held in San Diego in April. The next meeting of the chapter is on Feb. 15th JB 118 at 6:30 pm.

Gretchen, in collaboration with Ruth Zafian, CNS in the Cardiovascular Service, will do a joint presentation at the NTI sponsored by the American Association of Critical Care Nurses in May in Anaheim.

Certification

Review courses for CNRN and CCRN exams were held. The CNRN (Certified Neuroscience Registered Nurse) certification has been achieved by: Diane Bronkie, Mary Vanessa Evans, Judy Greco Dugan, Francine Mikulski, Nichole Mailloux, Gayle Roussel, and Gretchen Wolf.

The CCRN (Critical-Care Registered Nurse) certification has been achieved by: Dianne Bronkie, Brian Hill, Ann Hooker, Nichole Mailloux, and Gretchen Wolf.

Fifty-seven (57%) of C9I staff members have successfully completed TNCC (Trauma Nurse Core Course).

Recognition

Staff members who have been recognized for their work include Francine Mikulski, chosen as HH Geriatric Resource Nurse of the Year for 2004. Dianne Bronkie has been selected by the American Association of Critical-Care Nurses to receive the 3M Health Care Excellence in Clinical Practice Award, which will be presented at the NTI National Teaching Institute in May in Anaheim, CA.

Submitted by: Maria Tackett RN, MS



RN Recognition: Christine Leffler RN, Bliss 7I

One of B7I nurses, Christine Leffler, has been signaled out by the parents of a former trauma patient for having significantly contributed to saving their daughter's life. Christine was asked to be present (along with other emergency responders) on the opening day of the 2006 session of the CT Senate to receive a citation following a joint resolution by the Senators from New Britain and Hartford.



Christine Leffler, trauma patient, Meagan, and Dr. Robert Brautigram

On February 8, 2006, Christine, along with Dr. Robert Brautigram, Trauma, were present in the Senate Chambers, CT State Capitol to receive their citations from Senator Gail Schlossberg.

Submitted by: Peter Barnett RN, BS.
Manager, Bliss 7ICU, B7SD



Presentation of citations in Senate Chambers to emergency responders

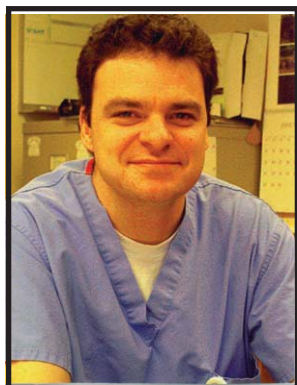


Christine is applauded while accepting her citation from a representative of Senator Gail Slossberg's office.



Christine and Dr. Brautigram pose with other emergency responders for photos.

IV Therapy News...



Lee Steere RN,
Nurse Manager,
IV Therapy

On November 20th, 2005 Lee J. Steere, RN, of Northampton Massachusetts, officially was promoted to the position of Nurse Manager of the IV Therapy Department. Lee graduated in 1996 from Greenfield Community College's nursing program and currently is enrolled in the RN to BSN program at Central Connecticut State University. Lee began his nursing career working on a Medical-Surgical unit at Holyoke Hospital. Three years later he became the Nurse Manager of the 61-bed Medical-Surgical and Pediatric Unit where his nursing career began. In November of 2001 Lee left his Nurse Manager position to seek experience at Baystate Medical Center working in their Medical-Surgical Intensive Care Unit. During his time at Baystate Lee also worked per diem in their Hyperbaric Oxygen Therapy Unit and on their IV Therapy team. Lee moved to Hartford Hospital's IV Therapy team in December 2004. As Lee states, "I keep moving south, although I strongly feel my final destination is here providing a vital service that has always been of interest to me." Lee stresses the importance of having IV experts in a trauma center. Lee states, "Hartford Hospital's administration, nursing staff and medical team have shown me the value they place on our services, by supporting a team of trained IV specialists who are capable of gaining and maintaining intravascular access on difficult patients utilizing various approaches." Lee strongly supports Hartford Hospital's Service Excellence initiative, stating, "It is a team effort

and a goal that we should all be proud in achieving." When asked what his main goal is, Lee states, "To be an integral part of a healthcare team that strives to provide the highest level of quality care to the patients who utilize Hartford Hospital." As a final note Lee states, "I always imagine with every patient that I am the one lying in the bed. Doing this allows me to stay focused on providing care that is patient centered, utilizing all the various nursing skills and techniques I have learned over the past 9 years."



NEW NURSE EDUCATORS ANNOUNCED

Welcome Stacey A. Carl, RN, BSN and Colleen M. Peruta, RN, BSA, BSN, to the position of part-time offshift Nursing Educators.

Both Stacey and Colleen will provide hospital-wide nursing educational support designed to assist staff in achieving service excellence, professional and patient outcome goals.

Stacey received a BSN from the University of Maine, is certified in Trauma Nursing, and will complete an MSN in Nursing Education from the University of Hartford in May, 2006. Stacey will continue her current role of charge nurse in the Emergency Department on a part-time basis.

Colleen received a BSA from Eastern Connecticut State University, a BSN from Saint Joseph College, and will complete an MSN in Nursing Education from the University of Hartford in May, 2006. Colleen most recently worked in the Cardiac ICU as a staff nurse, charge nurse and preceptor.

Borth Colleen and Stacey will work closely with the nursing educators to ensure follow through of service-based initiatives, and the offshift Coordinators to identify immediate and ongoing staff learning needs.

We are please to have Stacey and Colleen take th lead in bringing nursing eudcation support to our evening/ night staff.

Submitted by: Laura Caramanica RN, PhD. and Cathy Yavinsky RN, MS, Unit Director, Ambulatory, Transplant, HIV, N11, N12

New Director of Clinical Ethics Consultation Services Announced

Dr. Meg Levvis assumed the role of Director of Clinical Ethics Consultation Services at Hartford Hospital in June 2005.

A native of Bristol, Connecticut, Meg received her B.A. from Assumption College and an M.A. in philosophy from Boston College. She completed her Ph.D. at the University of Tennessee in Knoxville where she studied bioethics and ethical theory. She has since earned an RN and MSN from the University of Connecticut.

After brief teaching stints at Clemson University and LSU, Meg joined the philosophy department at Central Connecticut State University. Later she transferred from philosophy to nursing where she teaches both nursing and bioethics courses. She is a tenured associate professor and is the co-chair of CCSU's gerontology program.

As an educator, Meg has taught a number of bioethics courses, ranging from introductory health care ethics to specialty courses devoted to specific issues facing female, geriatric, and pediatric patients. Her nursing courses range from health care management to the theoretical foundations of nursing. A highly regarded teacher, she has been on CCSU's Honor Role for Excellence in Teaching.

As Director of Clinical Ethics Consultation Services at Hartford Hospital, Meg provides input to physicians, nurses and other staff members concerning ethical dilemmas. The Ethics Consultation Service attempts to clarify and resolve ethical dilemmas arising in the course

of patient care. Every attempt is made to balance the patient's interests in autonomy and well-being with the strictures of good medicine and the professional roles of health care workers. Any employee or patient of Hartford Hospital may contact the Ethics Consultation Service by:

- (i) Contacting Meg Levvis at 545-0370 (Office) or 825-9685 (Pager); or
 - (ii) During business hours (8:30 a.m. – 4:30 p.m.), calling the Medical Staff Office at 545-3200.
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Department of Nursing Validation 2006

Remaining dates:

- March 2, 2006 (registration deadline: Friday 2/24/06)
- April 6, 2006 (registration deadline: Friday 3/31/06)
- May 11, 2006 (registration deadline: Friday 5/5/06)
- June 22, 2006 (registration deadline: Friday 6/16/06)
- ✓*Make up*: September 7, 2006 (*Manager approval required*)

Pre-registration is a requirement. Managers and/or Educators may be doing this for you so please check w/them about the plan for your unit.

Pre-registration must occur a minimum of one week prior to the actual date. This is best done via e-mail, sent to: NursingEd-Research@harthosp.org

- Forms available on the Intranet: "Nursing" page, near bottom of 'Publications' list w/Validation Manual
- To be complete, registration must include: Full name & title/role, employee # & department/unit name

Validation 2005 Books are available on the Intranet on the "Nursing" page, near bottom of 'Publications list, OR

Units/divisions/etc may order them from the Digital Print Shop (use online Digital Print form)

- Please utilize the book and other resources to prepare prior to attending as Validation Day is intended for **validation**, not teaching. Come prepared to perform/demonstrate/etc.

The only written test (not on Healthstream) is Arrhythmia. Be prepared to do rate measurements & calculations. Licensed staff - know treatments & causes.

Questions or Concerns? Please see your Educator or Manager.

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