

## *Service Excellence Shines During Times of Change*

After a careful assessment of resources, the pressure of sustaining our current configuration of beds, and the need to position the hospital for the future, decisions were made to make changes in the location of several units. One of these decisions was to switch the location of the Medical/Surgical unit, B5, with the Oncology Unit, CB5. In addition, four Palliative Care beds from CB4 would be placed on the new Bliss 5 to combine Oncology and Palliative Care. The new location for Oncology and Palliative Care on B5 would allow for private rooms for all patients, including the appropriate family and support space needed by this population. This move would also free CB4 to be readied for future use for Orthopaedic patients. This decision was announced and Nursing Leadership was given a target date of three weeks to make this move occur on October 19, 2005.



Left to right: Debra Hernandez, RN, CB5 Manager, Lynn Thompson RN, B5 Manager, Pam Vecchiarinio RN, Director of Medicine and Oncology Services, Paul Cloonan RN, CB4 Manager. sitting: Patty Veronneau RN, Nursing Coordinator



Medicine staff left to right standing: Maria Rosa PCA, Anna Kaczmarek PCA, Gwen Massiah PCA. Sitting: La French Jones PAA and Christine Darzyn PAA

The task of moving two patient units on the same day into existing occupied space was daunting. The unit managers, Debbie Hernandez (B5) and Lynn Thompson (CB5), successfully embraced this challenge with their characteristic enthusiasm and professionalism. They quickly began planning specific unit needs and preparing their teams. Tremendous support from all members of each healthcare team was quickly gained to ensure patient care would be seamless. While most unit staff followed their patient populations with these moves, there were changes in staffing patterns. Human Resources support for displaced staff began immediately and continued throughout to ensure all staff were supported and continued employment assured. Human Resources, Administration, Pastoral Services and Palliative Care team members provided support for staff on all units, as emotions ranged from grief and loss to positive optimism toward change opportunities.

While managing the human components of the staff involved, we quickly developed the project planning team and held four meetings with representatives from

all areas of the organization who support patient care, both directly and indirectly. On short notice, representatives from Nursing, Respiratory Care, Pharmacy, Food and Nutrition, Rehabilitation, Social Services, Case Coordination, Bed Management, Information Services, Biomedical Engineering, Security, Finance, Engineering, Facilities Development, Patient Relations, Environmental Services, Public Relations, and Volunteers came together to plan this endeavor. The collaborative approach by all department heads and staff involved allowed for comprehensive planning and attention to detail. The dedication and commitment to follow through was remarkable, ensuring that priorities were met for an efficient move.

Move day arrived and from 9 a.m. to 2 p.m. twenty patients from B5 and twenty patients from CB5 and CB4 were transferred to their new locations. The “organized chaos” of this task was amazing to watch and these pictures only catch glimpses of the work that played out to seem flawless and easy to the organization around us. The team spirit and exceptional employees involved that day made it fun and highly successful. Amongst the change, moves, and new assignments, no one ever wavered from their dedication to patient care.



Oncology staff left to right: Claire Williams PCA, Michelle Nai RN, Connie Fox PAA, Lori Hayes PCA, Kelly Zerchie RN



Left to right standing: Lynn thompson RN, Manager, Oncology, Darcie Shewokis RN, Misty Gawron-Foss RN, Patricia Rathmann RN, Lisa Rizoli-Book RN, Trisha Moultry RN. Sitting: Cassie Wilson PAA



Oncology staff left to right: Mary Ann Steed RN, Jeffrey Baker MD, Hillary Keller LCSW, Ellen See Volunteer, Mary Kate Eanniello RN, Nurse Educator

As I reflect on this endeavor, I would like to publicly recognize and thank the staff of the Medical and Oncology clusters and the superior interdepartmental cooperation, which exemplified Service Excellence at Hartford Hospital. We continue to work on settling in to our new environments and providing staff, patients, and families all they need. I would like to express my sincere appreciation to everyone involved who helped make these necessary moves successful to meet organizational and patient care needs.

Respectfully submitted,

Pamela Vecchiarino, RN, MSN, CNAA-BC  
Nurse Director, Medicine and Oncology Services

## **H.H. Governance Newsletter - HCT Report**

Title: Continuous Quality Improvement is the Standard of Care for the Cardiovascular Health Care Team.

Hartford Hospital's vision statement starts with: "We will be Connecticut's premier provider of comprehensive and community health care." And so it follows, we at the Hartford Hospital Henry Low Heart Center want to be Connecticut's premier Center for Cardiac Care. Dr Paul Thompson (Director of the Henry Low Heart Center) says, "I'm for excellence. Across the board clinical excellence, in patient care, teaching, research, patient satisfaction, staff satisfaction and physician satisfaction; all of which contribute to excellence in patient care."

So, how does Hartford Hospital become Connecticut's premiere healthcare center for cardiovascular services? What steps do we need to take to achieve this goal? The clinical aspects of these questions are the priority of the Cardiovascular (CV) Health Care Team (HCT). With representatives from preventive cardiology, pre-admission services, in-patient CV units, diagnostic services and out-patient services, we all work together to ensure quality and continually improve all facets of clinical services. We address system issues and use evidence based data to optimize patient outcomes. We have much to be proud of and have experienced a great deal of well-deserved acclaim over the past year, yet there is always room for improvement.

We have many reasons to be proud. Are you aware that the Henry Low Heart Center of Hartford Hospital was recently awarded the CRUSADE Certificate of Excellence, for our participation in the CRUSADE database? The CRUSADE Database measures the quality of care provided to patients experiencing a myocardial infarction or acute coronary syndrome. Also, did you know B10I was

awarded the American Association of Critical Care Nurse's BEACON award for excellence this past year? These are just a few of our achievements.

As important as it is to celebrate successes, our daily focus is on continuous quality improvement. The CV HCT had a very productive year in 2005. We took two HCTs (the Cardiology HCT and Cardiac Surgical HCT) and combined them into one. Our Shared Governance councils followed suit. We developed many new clinical protocols. The protocols were then ushered through the approval process and implemented to improve the care of our cardiac patients and to empower our Nurses to act quickly in emergent circumstances.

We are continuing to make improvements as we implement a new Arrhythmia Monitoring Protocol. This protocol is designed to standardize the way Nurses, PCAs, PAAs and PSAs work together to ensure excellence in the monitoring and documentation of our patients' cardiac rhythms. The implementation process is ongoing and we will be looking to our Performance Improvement team members to monitor compliance.

Another initiative of the CV HCT this year is to make sure every cardiac surgery patient is given his or her pre-operative antibiotic on time. As an evidenced based standard of care, pre-op antibiotic administration is one of the CORE measures that we will soon have to report to JCAHO and also to the Society for Thoracic Surgery's national database. It will be information that is made available to the public in the future as a quality marker of excellence in a cardiac surgery program. Ensuring antibiotic administration is a multi-faceted challenge involving everything from the the way data is shared across systems, to where the patients choose to have their pre-operative work-up completed, to every healthcare worker involved remembering to document appropriately. We are working collaboratively with the manager of C8,

Trisha DePietro, the manager of the Admissions Center, Sue Stagg RN and the Cardiac Surgeon Office Managers to ensure the pre-op paperwork is completed and delivered to the hospital in a timely manner, so we have orders for the antibiotic and can provide the peri-operative care the patients need. This example of process improvement was greatly enhanced by the installation of the Electronic Document Delivery System (EDDS), where essential pre-op documents are made available to the Hartford Hospital Admissions Center by simply being electronically scanned. With the help of the Information Services Department and, in particular, Ted Labedzki and Mayra Ayala who facilitated the implementation of the EDDS system, documents that used to be shared via manual mail delivery systems are now shared with the touch of a button.

Another new initiative of the HCT is to try to prevent and treat post-operative atrial fibrillation (POAF) in a more standardized fashion. We know that without prophylaxis, new onset atrial fibrillation (AF) will occur in up to 65% of patients following cardiac surgery. The occurrence of POAF can significantly increase morbidity and even mortality in these patients. Based on the work of our own Dr. Jeffery Kluger in the AFIST trials, we have developed two new protocols that will help patients by significantly reducing the occurrence of POAF, decreasing post-operative length of stay and reducing the risk of POAF related stroke and other complications.

Other HCT members are working on initiatives to reduce contrast related nephropathy, control hyperglycemia in medical cardiology and cardiac surgical patients, achieve accreditation for the Chest Pain Center and ensure 100% compliance with CORE measures across all applicable diagnoses. We are also working to align our structure with that of the new house-wide HCT.

Yes, the CV HCT is a very busy working group, as I'm sure are the other Hartford Hospital HCTs. We look forward to sharing our successes with all of you and learning from your successes

as well in the coming year. Happy New Year to you all!

Author & Submitted by: Ruth Zafian APRN, BC, MSN, MA (Co-Chair of the CV HCT)



## **NEW STRUCTURE CONCEPTS EXECUTIVE SUMMARY**

1. Based on the feedback from staff presently involved in the council structure, leadership across HH, as well as the Magnet examiners, a need was identified to clearly and effectively link the work of our shared Governance councils with the interdisciplinary HCT's as well as our hospital hierarchy.
2. The new structure represents the work of all disciplines coming together to ensure the vision and mission of Hartford hospital.
3. The work and missions of all the present councils, P & R, Education, and PI, interwoven into one. For example – Practice changes warrant education as well as measurement (PI) to assure integration of new concepts.
4. HH strategic plan and yearly goals will drive the work of the new interdisciplinary HCT structure. The goals must be the vital few and it must be determined at the onset of FY 06 where they belong in the structure to assure accountability and successful completion.
5. Hospital wide HCT –interdisciplinary team that manages hospital wide issues related to patient care outside of service/ cluster based HCT. Clearing house for Clinical issues. Will hold monthly meetings.

Draft Mission: The Hospital Wide Health Care Team mission is to ensure quality

practice and the improvement of patient outcomes through the effective and efficient use of system resources, evidence based practice, and continuous learning.

Goal: to ensure patient safety and the promotion of the highest standards of patient centered care.

The values of equity, ownership, partnership, and accountability will be used to address the work of the HCT's at both the hospital as well as service level.

Representatives on the Hospital wide HCT must have a mind set encompassing accountabilities of Practice and Research, Education, and Performance Improvement.

The Vice President of Nursing, the Vice President of Medical Affairs, and the Vice President of Professional Services will sponsor the Hospital wide HCT.

#### Hospital wide HCT membership:

- Must be interdisciplinary
- Must have at least two direct care RN's
- FY 06 draft of membership:
- Chairs- Jennifer Ferullo APRN and Marc Palter MD
- Chairs of Service HCT's as follows:
  1. Medicine HCT – Jennifer Ferullo APRN
  2. Surgery HCT- Becky (Keparutis) Morton RN clinical leader/skin Specialist
  3. Women's Health HCT- Deborah Gingras CNS
  4. IOL HCT – Heidi McCloskey RN CNS, Nurse Educator
  5. Oncology HCT – Tammy Ratcliff RN, Clinical Leader
  5. Perioperative HCT- Mike Gilgenback ARN OR, Susan Stagg RN manager
  6. CV/ Cardiology HCT – Ruth Zafian CNS
  7. Ortho/Rehab HCT- Sarah Dzialo RN
  8. ED/Trauma/Flight HCT- Mike Ferrante RN, Clinical Leader ED/Flight/EMS
  9. Neurology/Stroke Center HCT – Debbie Ann Ellington RN

10. Transplant HCT – Colleen Brown APRN
11. Ambulatory/HIV HCT- Jack Ross MD
12. Respiratory -- Rogers Pylant RRT, Medical Team Coordinator
13. Employee Council Representative -- Robert Wood RN
14. Radiology -- Maggie Hanbury
15. Nursing/IS Liaison -- Susan Marino RN
16. Occupational Health Services -- Alane Strong RN
17. Pharmacy -- Mike Semanco, Marc Rousseau
18. Information Services -- Pat Montanaro
19. Health Information Management -- Cynthia Pugliese, Director
  - Mentor- to provide support and guidance to the team on the topics of Shared Governance and Leadership strategies - Cheryl Ficara RN

6. Service based HCT –addresses the same mission as the Hospital wide HCT with the more specific focus on divisional/unit based operations related to Patient Care

- Draft membership for cluster based HCT:
  - Must be interdisciplinary
  - Must include direct care RN from all patient care areas in the service
  - MSE roles must be represented
  - APRN/PA role represented
  - Management representation

Specific governance structures will not be defined at the unit level as long the accountabilities are upheld.

7. Subgroups will be ad hoc, at both the hospital wide and service level based on work and goals to be completed.

8. COMMUNICATION: The Hartford Hospital HCTxtra Newsletter will be one vehicle for communication to HH regarding the work of the Hospital wide HCT as well as the Service wide HCT's. Each unit's staff meetings will be templated to include a report of the work of both the Hospital and Service HCT's.

9. Two permanent hospital wide committee's that will report to the Hospital Wide HCT are as follows:

1. Policies and Procedure
2. Clinical Performance Indicator committee (CPIC). This group should encompass the work of the present committees of PI, Nursing Outcome report, Magnet Indicators, and Staffing Effectiveness.

10. Discipline specific committee's will not be added to the new structures pictorial. However each discipline is expected to uphold the highest of standards for their independent work as a profession in whatever forums meets their needs as a group.

Revised 8/26/05, 10/17/05, 11/05



**Christine Waszynski APRN** from the Geriatric Program at Hartford Hospital participated in an Elder Friendly Hospital Work Group sponsored by the American Organization

of Nurse Executives (AONE). This group met on Friday December 9, 2005 in Washington D.C. The mission of the group was to define ways to implement principles that describe elder friendly hospitals. The group was comprised of nursing leaders from several hospitals around the country as well as representatives from the John A. Hartford Institute for Geriatric Nursing at New York University.

The National Organization of Nurse Executives has recognized that most hospitals serve large numbers of older adults. The needs of hospitalized older adults are often more complex and require targeted interventions to achieve a positive experience. The principles that support elder friendly hospitals include environmental, educational and general system efforts to create a climate sensitive to the needs of older patients.

The Hartford Hospital Geriatric Program has been guiding Hartford Hospital in meeting the needs of older patients. The Geriatric Resource Nurse Program has developed more than 80 nurses spread over 30 clinical areas. These nurses receive education and on site mentoring by the geriatric team to identify high risk geriatric patients and implement basic interventions to prevent or minimize avoidable cognitive and functional decline. These nurses have been instrumental in the introduction of alternatives to restraints throughout the hospital.

Hartford Hospital will continue to grow in it's efforts to be a model of an "elder friendly hospital".



## IV Therapy News

Please join us in celebrating IV nurse day this year on January 25<sup>th</sup>. As you read on you will see that our department has experienced many changes this past year with others to come.

- Ellen Leighton retired in August as the Director of IV Therapy. She has been working per diem for us, but is looking forward to her move to California to be closer to her family. We wish Ellen well after her 30 plus years at Hartford Hospital.
- Lee Steere was promoted to Nurse Manager in November. Lee has been a team member for the past year and we are all looking forward to working with him in his new role.
- We have also hired two nurses to the IV team. Andrea Scafuri transferred to us from B7I in November. She is off orientation and is looking forward to placing PICC lines. Debbie Sanchez will be joining us at the end of the month. She is transferring from B10I. With these two additions, we will soon be able to have two nurses placing PICC lines each day and into the evening shift.
- The number of PICC line orders has increased tremendously due to poor vein status, TPN and long-term antibiotics. The average PICC insertions per week are about 50 and we expect this trend to continue throughout the year. We are currently incorporating new techniques when inserting PICC's that will prevent delays and IR deferrals. For example: prior to CXR confirmation we have instituted in our policy the visualization of the jugular vein with ultrasound to check for the presence of the PICC line. If seen it is repositioned and then the CXR is ordered.
- Power PICC: Both IV Therapy and Interventional Radiology have had the opportunity to trial this "purple" PICC that is capable of withstanding the power injector used for CT scans. No more number 18 jelcos in the antecubital for patients with PICC lines if the product is purchased by the hospital. We will keep you posted.
- A new IV insertion/maintenance catheter protocol was developed and loaded on the intranet this fall. It is a protocol for central and peripheral line insertions and maintenance including heparin flushes and CXR orders. It has a corresponding order sheet to go along with it that is available through the digital print shop and is soon to be loaded onto CPOE. Attached to the protocol, which is located under the pharmacy formulary, is an updated catheter guide to central line care. Please take note of heparin dosages and that claves on central lines should be changed weekly or if the sterility has been compromised. All old catheter guides should be discarded from your units.
- Central line dressing kits will also be changing. Included in the kit will be sterile 2x2 gauze, if needed, and a mask. According to the Intravenous Nurse Standards, a mask should be worn for all central line dressing changes.
- Hartford Hospital peripheral insertion, transfusion and IV port accessing procedures have been eliminated from the intranet and are now available in the Lippincott online procedures.
- There has been some confusion lately about drawing blood cultures from PICC lines. When blood cultures are drawn from a PICC they should be drawn directly from the catheter, not through the clave. A new sterile clave should be placed onto the line after the cultures have been drawn. We have been tracking this trend and by redrawing blood cultures prior to removal of the "suspected PICC line infection" we have discovered many false positive results occur when the blood is drawn through the existing claves. This has resulted in the unnecessary removal of multiple PICC lines and at times the initiation of IV antibiotics is delayed.
- The Infusion Nursing Standards are updated every 5 years by the Intravenous Nurse Society and is due out during the first quarter of 2006. We will be updating our procedures according to this evidenced based information as soon as it becomes available.

## Nursing Continuing Education Courses Online

Are you a Nurse, PCA, or PAA looking for continuing education to enhance your skill set? Or to get education related to a specialty? Or perhaps you are looking for contact hours required to maintain a certification?

The Nurse Educators at Hartford Hospital provide many courses each year. You can find a listing of courses on the hospital Intranet. Click on the Nursing Department, and then under "Links" click on the Nursing Continuing Education Catalogue. Examples of some of the listings include Preceptor Workshop, Intra-Aortic Balloon Pump, and the PCA Fair.

Most classes are offered free of charge to Hartford Hospital employees. Many courses are open to outside participants for a fee. You can refer colleagues to the Hartford Hospital Internet site at [www.harthosp.org](http://www.harthosp.org). Click on "Education" or "Nursing" to find the catalogue.

Registration for all courses is required and done through Health Referral Services at 5-1888. When registering for courses, please provide the date of the program, your name, unit, employee number, and a home address and telephone number. This information is important to have in case we need to notify you in the event of a cancellation or change in location. Online registration is also available through the catalogue.

If you are holding a program, and would like to list in the catalogue, please contact Teresa Russell, of Nursing Education and Research 5-2172 or [trussell@harthosp.org](mailto:trussell@harthosp.org) for a template of required information. Information is updated three times per year. The deadline to submit for Summer '06 courses (May, June, July, August) is March 1, 2006. Questions can also be directed to Ann Russell at 5-1661 or [aarussel@harthosp.org](mailto:aarussel@harthosp.org)

## *Adult Critical Care Certification* *Review - CCRN*

March 7 & 8, 2006 8:00 am – 5:00 pm  
Heublein Hall, ERC building

Based on the Adult CCRN Certification Examination blueprint, this 2 part series will provide a comprehensive review for those nurses preparing for the Adult Critical Care certification examination. The course is also beneficial for nurses interested in updating, enhancing, and increasing their knowledge base in critical care settings. Hartford Hospital Critical Care Nurse Educators and Managers will teach the course. A continental breakfast will be provided on both days. The fee is discounted for Hartford Hospital employees.

At the completion of this course, the participant will have reviewed the physiology, assessment, pathophysiology, and disorders related to the following systems:

### Day 1, March 7:

- a. Cardiovascular
- b. Gastrointestinal
- c. Renal
- d. Endocrine

### Day 2, March 8:

- e. Pulmonary
- f. Immunology/Hematology
- g. Neurology
- h. Multisystem
- i. Professional caring and ethical practice

Registration is required. You may register for one day, or both days. Deadline to register is February 21, 2006. Please use the attached Registration Form, or visit the Nursing Education Catalogue at <http://www.harthosp.org/nursing/education/courses.asp> and register online.

For questions regarding the program, contact one of the ICU nurse educators, or Ann Russell at 5-1661. For more information on CCRN certification visit [www.aacn.org](http://www.aacn.org).

**Tear off Registration below:**

**REGISTRATION FORM**  
**Adult CCRN Review March 7 & 8, 2006**

**Call to register: (860) 545-1888**  
**or 1-800-545-7664**

**OR Email: hrs@harthosp.org**

**OR Mail OR fax to 860-545-1821:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ )

**Place of Work** \_\_\_\_\_

**Please register me for (check one):**

*March 7 & 8 (\$160.00)*

*March 7 only (\$80.00)*

*March 8 only (\$80.00)*

**Hartford Hospital Employees**

*March 7 & 8 (\$80.00)*

*March 7 only (\$40.00)*

*March 8 only (\$40.00)*

**Make checks payable to: Hartford Hospital**

OR

*You may pay with credit card:*

**Card type:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Name on card** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# *The Medical Nursing Team Presents...*

## *Making a Difference...Optimizing Patient Comfort*



### *Featured Speakers and Topics:*

*Jane Reardon MSN, APRN – Assessing and Addressing Dyspnea*

*Patti Gleason RN, BSN, CHPN – An Introduction to Palliative Care Medicine*

*Richard Gannon PharmD – Pain Management*

#### **Course Information:**

*Date:* January 25<sup>th</sup>, 2006 from 8am –12noon

*Location:* JB 118

*Registration fee:* Free to all Hartford Hospital nurses

*Registration deadline:* January 18<sup>th</sup>, 2006

*Register at:* By phone 5-1888 or email [www.hrs@harthosp.org](mailto:www.hrs@harthosp.org)

*Contact Hours:* Will be awarded

.....

## ARTICLES PUBLISHED:

“Falls in an Inpatient Geriatric Psychiatric Population”, by Ellen Blair RN, Unit Director D1N and Cynthia Gruman. Journal of the American Psychiatric Nurses Association, December/January 2006 Volume 11,Number 6 ,pp.351-354.

Debera Palmeri, RN-CCTC, is the Liver Transplant Coordinator with the Transplant Program. “Directed Donation: What is a Transplant Center To Do?” was just published in the Nephrology Nursing Journal in the Professional Issues Column. (Vol 32, No. 6, p 701-702, Nov-Dec 2005). The articles presents the ethical dilemma of patients, particularly liver failure patients, publicly soliciting an organ donor rather than following the established guidelines defined by the United Network for Organ Sharing (UNOS). While one can understand the feelings of family members in wanting to hasten the transplantation of a life saving organ, the criteria established by UNOS take into account the acuity and urgency of the potential recipients’ need for an organ. In fact, directed donation can actually disadvantage potential recipients’ with a greater urgency for transplant.

Debera’s article very nicely outlines the pros and cons of directed donation as well as the rationale of the UNOS policies.

.....



**EDITORIAL BOARD:**

*Laura Caramanica*

*Ginger Goddu*

*Nancy Houle*

*Martha Kemp-Albert, Editor*