
MAGNET FORCE #7: QUALITY IMPROVEMENT

Our Magnet gap analysis last year identified the need to more clearly describe the processes and rationale for the identification, development and utilization of national databases that include nursing-sensitive measures and to more clearly communicate expectations of nurses' accountability for quality improvement activities.

Magnet designated institutions must collect nurse-sensitive quality indicators at the unit level and benchmark that data against a database at the highest/broadest level possible (i.e., national, state, specialty organization, regional or system) to support research and quality improvement initiatives. Nurse-sensitive indicators reflect the structure, process and outcomes of nursing care, including the availability and quality of professional nursing services in acute care settings. The Magnet Program requires that data are collected on at least 12 nurse-sensitive indicators, 10 of which are defined by a required list of baseline indicators. The remaining two indicators are selected by the organization from a list of preferred indicator choices or from supplementary lists of indicators for healthcare settings in which the preferred indicator list does not apply. The 10 required indicators are:

- Pressure ulcers prevalence
- Pressure ulcers occurrence
- Nursing care hours provided per patient day
- Nursing staff satisfaction
- Patient injury rates: falls occurrence
- Patient satisfaction in relation to:
 - Nursing care, Pain Management, Patient Education, Overall Care
- Skill mix of RNs, LPNs, and unlicensed staff

Since 1996, the Department of Nursing has been collecting and trending data on a list of performance indicators, reflecting those published in the American Nurses' Association's (ANA) **Nursing Report Card for Acute Care Settings: Nursing Quality Indicator Definitions and Implications**. This study built upon previous work between the ANA and Lewin-VHI to examine linkages between hospital performance measures and the quality of nursing services. For benchmarking, the hospital submits data on a quarterly basis to the National Database of Nursing Quality Indicators (NDNQI), a proprietary database of the ANA. The database collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States and creates unit-level comparative data reports for our use in performance improvement. Data are reported on eight of the required indicators, excluding nurse and patient satisfaction, and is submitted by unit cluster type. NDNQI reports are returned quarterly for each indicator and unit type, with comparisons for hospitals with greater than 500 staffed beds. Quarterly NDNQI reports are posted to the Performance Improvement Council intranet site.

NDNQI results are reported in the Department's Annual Nursing Outcomes Report (NOR) and for the annual interim Magnet monitoring report. The 11th Annual NOR was published in November 2005 and incorporated not only the NDNQI results but also a broad overview of safety and performance improvement activities within the Department. Our second annual Magnet report was submitted in January 2006. In addition to the required indicators, data was submitted on the following three optional indicators: cardiac arrests, ventilator-associated pneumonias (VAPs), and length of stay for

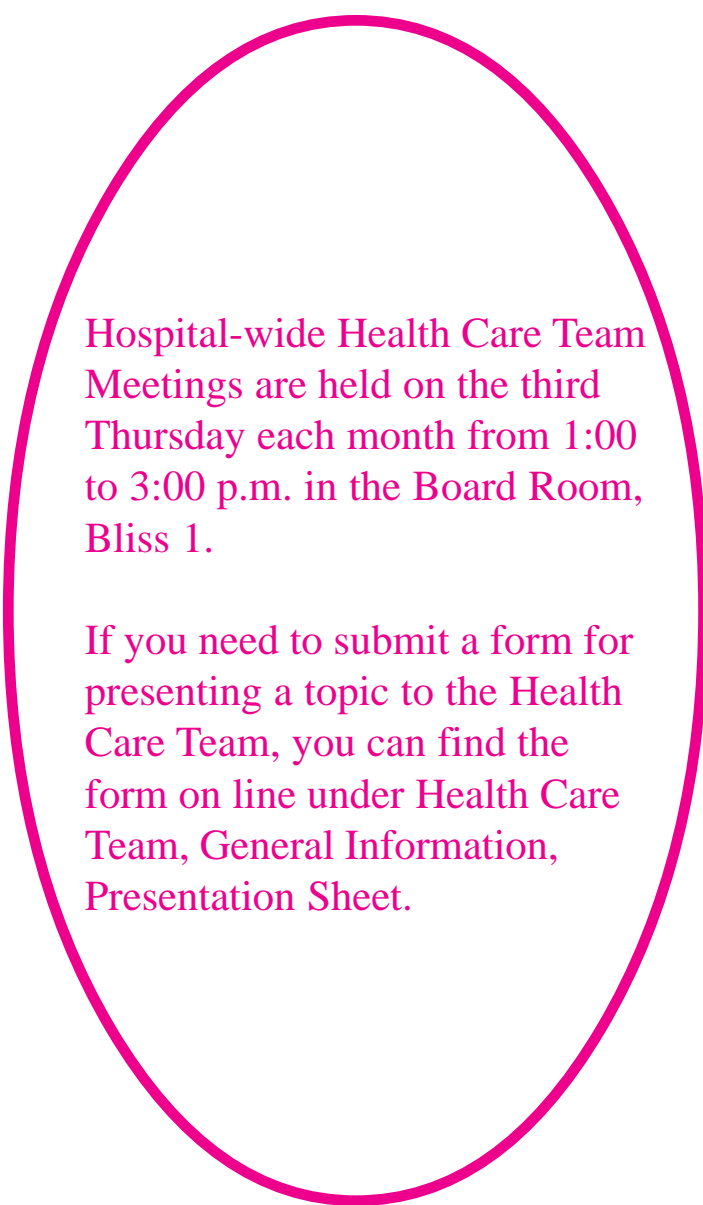
patients admitted with congestive heart failure. Our report was accepted without recommendation by the Magnet Program Office, ensuring our ongoing designation.

NDNQI results for falls and pressure ulcers are a major focus of the Clinical Performance Improvement Committee (CPIC). CPIC is one opportunity for nurses at all levels of the organization to participate in the quality improvement process. Cluster-based nurse representatives are accountable for disseminating information and for actively promoting quality improvement activities at the cluster or unit level. CPIC's multidisciplinary membership allows for a more integrated process to analyze data and recommend process improvements. Through the active participation of staff from Quality Management and Information Services, nurses have been provided the education, resources and support to facilitate their involvement in the quality improvement process.

Data on fall rates and pressure ulcer rates are posted on the PIC intranet site for easy access by all staff. Though the rate of falls with injuries has decreased for most unit types since the 2005 Magnet report, CPIC is setting targets at or lower than the NDNQI means for specific units within those unit types. Lynn Jansky, RN, MSN, Nurse Educator, and Christine Waszynski, APRN, Geriatrics Program, are collaborating on a CEU program in April designed to identify creative approaches in decreasing fall rates through unit-based case analysis. The rate of hospital-acquired pressure ulcers (HAPUs) decreased significantly between the last two NDNQI reporting periods. However, since most unit types remain above their respective NDQNI means, plans are being developed to continue to decrease these rates. Since we collect and submit data every six months on pressure ulcers, it is imperative that staff is prepared for the next pressure ulcer study on March 21. Barbara Hoak, RN, and Becky Morton, RN, our Wound Care Specialists, will be meeting with the unit-based resource nurses prior to the survey, addressing not only data collection practices but

also documentation issues that negatively impact our HAPU rates. The latter include failure to complete Braden scales upon admission and to implement the Skin Protocol for those patients identified at risk. Staff is encouraged to consult with their unit-based skin care nurse or visit the Skin Care home page on the Nursing Intranet site for additional resources.

Submitted by: Gail Nelson RN, MS, Nurse Director Psychiatry, Chair CPIC



Hospital-wide Health Care Team Meetings are held on the third Thursday each month from 1:00 to 3:00 p.m. in the Board Room, Bliss 1.

If you need to submit a form for presenting a topic to the Health Care Team, you can find the form on line under Health Care Team, General Information, Presentation Sheet.



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, Coordinator
Clinical Leader
Program

The Nursing as a Profession Committee at Hartford Hospital met on February 28, 2006. After member introductions, the attendees reviewed the purpose of the committee -- *to ensure the professional practice of nursing using evidence based practice, upholding the MAGNET standards and the evaluation of best practice for nursing throughout Hartford Hospital.*

Over the next month, committee members will select to be leaders for the following activities that this committee will oversee:

- Developing a new Strategic Plan for Nursing 2007 – 2010
 - Includes the revision of the Professional Practice Handbook
- Advancing the MAGNET Standards
 - Addressing the Gap Analysis with action plans to close the gap
- Stewards for the Nursing Corporate Compliance Plan
 - Plan will be totally revamped to meet today's conditions of participation (CMS)

- Promote Recruitment and Retention of Nurses and members of the Nursing Staff
 - Act on the Nursing Satisfaction Survey
- Evidence Based Practice
 - Sponsor two RN Fellows for two high-level Projects
Safe Patient Handling and Pain Management
- Engage Information Technology to Transform Nursing Practice
 - Knowledge Based Charting etc.

Please watch for further information on these important groups. Unit Based Champions will be needed for many of these with the goal of enlisting our staff nurses in this important work. Chair of these groups will be announced next month and project plan for each will be discussed in this column each month.

YOUR ACTIVE ENGAGEMENT AND PARTICIPATION IS GREATLY APPRECIATED!

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

Hartford Hospital Health Care Team Policies & Procedures Subcommittee

Chair: Nancy Bafundo RN, MS

Co-Chair: Marybeth Scanlon RN, MS, JD

Mentor: Julie Deshaies RN, Clinical Leader

Policies and Procedures continues to work on the identified need to improve the structure and the usability of the online availability of clinically based policies, procedures, protocols, guidelines and standards of care that are utilized at Hartford Hospital. We continue to work with Information Systems and Risk Management to resolve this fundamental goal and will be reconfiguring the intranet home page to provide one area to locate these resources. Our normal meeting date and time is the 3rd Thursday each month from 11:00 – 12:30 pm.

In addition, we are in the process of reviewing and will hopefully be approving the following this month (which will then be made available on the intranet): (**'s indicate first time on agenda*)

Policies: *Patient Identification at Time of Admission P&P; and *Reporting Critical Test Results P&P

Procedures: Definity Contrast Administration for Echocardiographic Testing; Lupron Depot; Care of patients receiving dorsal penile nerve block for neonatal circumcision; *Procedure for the Use of Misoprostol for the Induction of Labor in the Full Term Patient; Procedure for the Administration of Triamcinolone Acetonide (Kenalog) as Intralesional Steroid Injection; *Level 1 Fluid Warmer Procedure (awaiting feedback); *Transplant Program – Coordination of Medical Care for Stent, Drain, and IV access Catheters Procedure; *Procedure for the care of the patient with an ICD that is actively delivering shocks

Protocols: Hypoglycemic Protocol –awaiting re-formatting (**to be forwarded to P&T**)

Guidelines: Chemotherapy Anaphylaxis Guideline; and *Fluid Warming Cabinet Guideline

Standards of Care: None at this time

Hartford Hospital Health Care Team Clinical Performance Improvement Committee (CPIC)

Chair: Gail Nelson RN, MS

Mentor: Dan Madison, Quality Management

CPIC has transitioned from the former Performance Improvement Council and continues to meet the first Wednesday from 12:30 to 3:00 pm in JB118. As defined in the Bylaws, CPIC's accountabilities are:

- a. Ensure and monitor hospital –wide compliance with PI initiatives, including timely completion of audits;
- b. Identify opportunities for improvement and collaboratively develop action plans;
- c. Trend aggregate quality data/performance improvement activities; and
- d. Communicate action plans throughout the institution.

While continuing to focus on nurse sensitive indicators and the production of the annual Nursing Outcomes Report (NOR), CPIC's scope has been expanded to include the JCAHO Staffing Effectiveness indicators and work related to ongoing Magnet designation. The CPIC February meeting specifically focused upon review of the most recent benchmarking results (July – September, 2005) for our patient fall rates and hospital acquired pressure ulcer rates (HAPUs). The Department has submitted data to the National Database of Nursing Quality Indicators (NDNQI) for a number of years and receives quarterly reports providing benchmarked data with other 500+ bed hospitals for each of the unit clusters represented. Data was reviewed for each unit cluster as well as for the units within each cluster. Units whose rates fell below the NDNQI means for falls and/or HAPUs were identified. Unit/cluster representatives were charged with reviewing the data with their health care teams or performance improvement work groups with the goals of developing draft action plans for the March meeting.

As the semi-annual skin survey is scheduled for March 21, Barbara Hoak, RN, and Becky Morton, RN, Wound Specialists, reviewed the results of the last survey and specifically discussed identified documentation issues related to Braden Scale completion and implementation of the Skin Protocol.

HHCT Meeting Minutes February 16th 2006

Chair: Jen Ferullo APRN

Co-Chair: Marc Palter, MD

Mentor: Cheryl Ficara RN, MS

Safety Goals:

- 2006 National Patient Safety Goals distributed & include: Standardized “hand off”, improving the safety of & using medication in peri-op & other procedural areas.
- Medication reconciliation & a standardized approach to hand offs will be two major focus for HH this year
- Hospital will be updating the JCAHO pocket cheat sheets
- JCAHO is no longer announced: we need a constant state of readiness

Critical Test Result Reporting

- Team is devising a standardized policy to address the reporting of critical values (including lab / radiology): to be completed March 1st
- Policy to address regulatory citation / JCAHO requirements: an audit will be put in place to monitor our adherence to policy

Improve Throughput

- Identification of barriers to throughput to be addressed at next HHCT meeting
- Any identified barriers can be brought to the attention of your HCT chair who can forward to the HHCT.

Core Measures

- Immunization screening is not being completed as the standardized paper version is being overlooked with CPOE
- In the interim, we may need to connect standardized order sheet to the Nursing Database to ensure all patients are screened and immunized appropriately.
- Healthstream education regarding core measures for all licensed staff
- Physician educational plans need to be revisited

Glycemic Control

- Since CPOE, caution stickers regarding long acting insulin are not being utilized – P. Montenero RN, IS Director to follow-up on an alert mechanism in CPOE
- Glycemic control education will be an essential component of successful glycemic control improvement (nursing / MLP / physician / PCA...)
- Each service needs to identify a point person / clinical leader to support and facilitate glycemic control specific to their area
- Data and specific lab values will be disseminated to each HCT to identify trends / outcomes ... success with glycemic control..
- Dr Palter and Dr Wettstein continue to meet with Endocrine Division to discuss the need of some standardization
- Dr. Ross reminded the team of the importance of care across the continuum & individualized plans based on patient needs. For example, the patient may be on a fixed income – not have \$ for food, yet has medication coverage through Medicaid – hence, taking insulin without proper nutritional intake.

Colorectal Cancer Awareness Month

March is colorectal cancer awareness month. According to the American Cancer Society approximately 6% of the U.S. population will develop some form of colorectal cancer during their lifetime. While colorectal cancer is the third most common cancer it is the second leading cause of death in both men and women.¹ So why is awareness so important? The reason is because colon cancer is a preventable and a curable disease. With regular screening and testing one can reduce their risk.

According to the Cancer Research and Prevention Foundation colorectal cancer may develop with little to no symptoms placing emphasis on screening to detect the disease in its earliest stages. If the following symptoms are experienced for more than two weeks, they should be reported to your health care professional:

- **Rectal bleeding/ blood in stool**
- **Change in bowel habits**
- **Stools, which are more, narrow than usual**
- **Stomach discomfort (bloating, fullness, cramps)**
- **Diarrhea or constipation**
- **Frequent gas pain**
- **Weight loss for no obvious reason**
- **Persistent fatigue**
- **Vomiting**

Screening tests are performed to look for disease in individuals who may not display any symptoms. Screening is crucial since many signs of colorectal cancer are often silent.

Approximately 90% of colon cancer develops in individuals who are over the age of 50.² The American Cancer Society recommends the following screening for individuals age 50 and older:

- **Fecal occult blood test (FOBT) annually,**
- **Sigmoidoscopy every 5 years, or**
- **Colonoscopy every 10 years or,**
- **Double barium enema every 5 years.**

Several factors influence the course of treatment for individuals diagnosed with colorectal cancer including overall health, extent of tumor size and location. There are three main types of treatment for colorectal cancer, which include surgery, radiation and chemotherapy/biotherapy. Individuals should talk with their health care professional about their course of treatment and options.

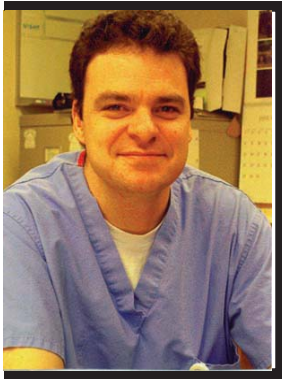
(Footnotes)

¹ American Cancer Society: *Cancer Facts and Figures- 2004*. Atlanta, American Cancer Society, 2004

² Yarbro, C., Goodman, M., Hansen, M. et al: *Cancer Nursing: Principles and Practice*. Sudbury Massachusetts, Jones and Bartlett, 2005, pp1157-1208.

Submitted by: Tammy Ratcliffe RN Oncology
Clinical Leader, Oncology HCT

IV Therapy News...



Lee Steere
RN, Nurse
Manager, IV
Therapy

How Does Nurse Ivy Prioritize and Organize Their Assignments?

The staff of the IV Therapy Dept. wish to share with all of you the proper way to request via Sunrise our services so that we may better meet the patient and the staffs IV needs. As part of our Service Excellent initiative we are all going to be evaluated on our response to IV site requests. We are going to be expected to assure sites are placed in a timely fashion going by the information provided by the staff nurse who requests our services via the Sunrise System. When an IV site request is sent via Sunrise a requisition is printed in the IV office. We utilize these sheets as well as frequent checks using the computers on the units to make sure no request is missed. Unfortunately we are constantly faced with the challenge of being able to prioritize our tasks, resulting in IV therapy delays. This occurs because the system that is currently in place is not used as it was designed. On most days one IV Therapy nurse is responsible for covering the house. This nurse responds to all peripheral IV site requests, changes PICC dressings which vary in number day to day, removing PICC's, PICC trouble shooting, accessing and de-accessing ports and providing staff with education and mentoring them with their insertions if requested. This nurse covers the whole hospital, to include Jefferson building, ED, Brownstone and at times trips to the IOL. There is not a place we will refuse to go if a patient is in need of our services. For all of us to be able to prioritize and succeed in providing excellent IV services to those who

utilize Hartford Hospital we rely solely on the information we receive when a request is generated by a staff nurse. This is where we are requesting your help and assistance. We believe the system can work and delays can be avoided if we are given the right information with each requisition. Below are the types of requests that a staff nurse or PAA can generate under the IV Therapy heading.

- 1) Routine IV site:** to be used when a patient has a working IV that is outdated and needs to be changed at some point before the end of the day.
- 2) Timed IV site:** to be used when a patient does or does not have a heplock in place, but will not need a new site until their next scheduled medication delivery. This type of request would also be appropriate when a patient needs a site for a scan or procedure and when the time that this will be occurring is known.
- 3) STAT:** all others. Every STAT IV site request needs to come with a brief comment indicating reason for its urgency, i.e. patient in pain, patient's blood sugar low, etc.

All PICC removal requests, if being done for a patient's discharge, should include with it the time of discharge. All requests for PICC line dressings to be changed and PICC line repositions will be done as soon as we can fit them into our busy schedule (we generally attempt to do them when we are on the units doing other tasks). The beeper should be reserved when a site is needed due to patient emergency or when a staff member has a question that cannot be communicated via Sunrise (this rule does not apply to outpatient areas including the ED). Providing correct information also applies for PICC line insertions requests. Below are the options to choose from when requesting a PICC line:

- 1) Presently no access – top priority. More emphasis is placed on patients with no access that is not in the critical care area.
- 2) Chemotherapy

- 3) TPN
- 4) Replace existing line (may get a higher priority if suspicion that line is infected)
- 5) Long term antibiotics (this may be given a top priority if patient is being discharged home on IV antibiotics).

This is the way Nurse Ivy organizes and prioritizes their assignments. We again ask all of you for your help in providing us with the right information that will allow us to meet our Service Excellent goals.

Submitted by the IV Therapy Department Staff

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Last month we announced the new Director of Clinical Ethics Consultation Services



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

Chest Pain Center Earns Accreditation

The Cardiology and Emergency Departments are pleased to announce that Hartford Hospital’s Chest Pain Center has been awarded accreditation by the Society of Chest Pain Centers, only the second center in Connecticut (the other is Bridgeport) to be so accredited and the 225th in the nation. Accreditation is granted after successfully meeting a set of stringent criteria and completion of on-site evaluations by a review team. Key areas of expertise include:

- ED integration with the local emergency medical system
- Rapid assessment, diagnosis and treatment of patients
- Effective treatment for patients at low risk for acute coronary syndrome and no clear cause of their symptoms
- Demonstrated full spectrum of care for high-risk ACS patient population

The people most directly responsible for this achievement deserve our thanks: Karen Habig, RN, MS; Ray McKay, MD; A. J. Smally, MD; and Marcin Dada, M.D.

**Hospital-Wide HCT newsletter
addition from the Respiratory Care
Department
February 23, 2006**

#1

Dawn Filippa, RRT, EMT-P, LIFE STAR Respiratory Therapist, was elected Surface and Air Transport Section Chair of the American Association of Respiratory Care. This is a three-year position that will oversee the transport section, which has over 300 members nationwide.



#2

Mary Ann Couture, Respiratory Care Practitioner at Hartford Hospital, was honored at the American Association for Respiratory Care International Conference in December 2005. She is the recipient of the Memorial Education Recognition Award from the American Respiratory Care Foundation. (ARCF). This award honors a Respiratory Care Practitioner pursuing post-graduate education leading to an advanced degree.



#3

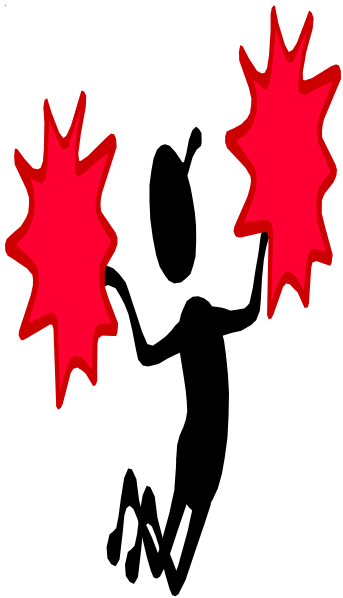
Welcome two new Respiratory Care Practitioners: Lori Doucette and Emanuela Hyska.

#4

The Respiratory Care Department is using Sim Man Technology to provide advanced CPR training with difficult airway management to all Respiratory Care Practitioners. This team-based approach will help our RCP's maintain clinical expertise in caring for our patient population.

Submitted by Susan Albino, RRT
Manager, Respiratory Care Department

KUDOS CORNER



Congratulations to go to Andrea M. Hagstrom, RN, MSN, CNOR, Nurse Educator, perioperative services for her publication in the February 2006 issue, Vol. 83, No. 2 of the AORN Journal. She has written an article entitled “Perceived Barriers to Implementation of a Successful Sharps Safety Program”. We appreciate Andrea taking the time and energy to share her knowledge and provide quality information to perioperative nursing..



**Andrea Hagstrom RN,
MSN, CNOR**

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Laura Caramanica RN PhD Vice President for Nursing is completing her second year on the American Organization of Nurse Executives’s (AONE) Board (2005 - 6) and chairs AONE Professional Practice Committee, Advisory Board for the AONE Institute for Nursing Research and is a member of the Strategic Planning Committee for AONE.

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Capital Graduate Story Published in Connecticut League for Nursing News February, 2006

“ Dear Friends, The student success story about Vicie Brooks that is available on our website was published in the Connecticut League for Nursing News February 2006. Way to go, Vicie!

A Capital Student Success Story!

Vicie Brooks, A. S. Nursing, Capital Community College.

Where is she now? Vicie is a Registered Nurse and Manager of a medical/surgical teaching unit specializing in the care of neuro/trauma/ENT patients at Hartford Hospital. Her full story: Vicie Brooks, described by family and friends as everyone’s ultimate caretaker, always wanted to be a nurse. In high school she worked in clinical settings through Allied Health classes, followed by jobs as a Dietary Aide and a Junior Nurses’ Aide at nearby Hartford Hospital while she was still a teenager.

Impressed with her positive attitude and hard work, Hartford Hospital encouraged her to continue her education and become a registered nurse. In 1993, Vicie graduated from Capital Community College

with an Associate in Science degree in Nursing. Capital's rigorous, innovative program, she says, equipped her with the essential patient care and professional teamwork skills to advance her career.

Today, Vicie Brooks RN, is the Nurse Manager on a 34 bed medical/surgical teaching unit specializing in the care of neuro/trauma/ENT patients. The inpatient unit is extraordinarily busy and deals with patients who have had head trauma, brain surgery, and spinal surgery. Vicie supervises 60 nurses and support staff and has 24-hour accountability for the unit. In addition to managing and training her staff, she rolls up her sleeves and provides care to the vulnerable patients on her unit. Vicie says that her greatest joy "is when patients get 100 percent of what they need." It is a surprise to no one who knows her that Vicie Brooks, RN, is loved and respected throughout Hartford Hospital.

Vicie Brooks has kept her connection to Capital, welcoming Nursing students from the college onto her unit every fall and mentoring their progress. She hires many Capital graduates, working with them to foster their development and help them grow into mature nursing professionals. Knowing first-hand the quality of the Nursing Program at Capital, she is confident of their ability to thrive on this complex patient care unit. Vicie also manages to find time to give back to the community, tutoring future nurses as a volunteer for the Northern Connecticut Black Nurses Association, helping to raise scholarship funds for their education, providing health information to members of her church, and participating in community health fairs providing blood pressure screening, glucose monitoring and health care information. "I'm very blessed," she said. "I've had the good fortune of having a supportive husband and wonderful mentors and colleagues."

Submitted by Cynthia Adams to Laura Caramanica RN, PhD., Vice President for Nursing

Creative Strategies To Prevent and/or Minimize Patient Falls and Injuries



Save the Date:

Thursday, April 13, 12 Noon - 3:00 PM,
JB 118

In spite of all the efforts we have made to decrease falls, we can still do better. We are offering this CEU program to nurses who want to help their units minimize patient falls.

Focus will be on **case analysis** as each unit has its own inherent fall risk profile.

We encourage each clinical unit to have 1-2 nurse representatives attend this session to help facilitate the unit's efforts to decrease patient falls.

We ask you to come to the class with some thoughts on issues that currently may be a barrier to creating a "fall free" environment. Look at your unit's "Fall Rates" over the past several quarters. Ask other staff members for their thoughts on fall prevention/reduction on your unit.

We will teach you how to analyze your unit as well as examine individual patient falls so that corrective measures can be taken.

PLEASE JOIN US. * Class size is limited to 65; Thursday, April 13th, 2006, Jefferson Building (JB) 118
Registration is Free; Registration Deadline is Monday, April 10th, 2006. Please register by phone 5-1888 or email at www.hrs@harthosp.org. Contact Hours will be awarded.

Program Coordinators: Chris Waszynski APRN 545-7043 or Lynn Jansky RN, MSN 545-0259

Department of Nursing Validation 2006

Remaining dates:

- 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.

ALUMNAE ASSOCIATION MEMBERSHIP DRIVE

The Alumnae Association of the Hartford Hospital School of Nursing presently has over 600 members. Did you know as a member you can apply for the "Alumnae Bed Fund" and Scholarships. Membership dues are \$30.00 per year. If you are interested in joining, please contact Gail Rapoza, President, at Grapoza@harthosp.org or Pat Ciarcia, Executive Secretary, at patciarcia@snet.net. You can also write to the Alumnae Association of Hartford Hospital School of Nursing, 560 Hudson Street, Hartford, CT 06106 or visit our website at www.HHSNalumnae.org for a printable reinstatement application.

DO SO TODAY!!



ANCC OFFERS CERTIFICATION/ RECERTIFICATION

If you are interested in obtaining your certification or recertification in your specialty, the American Nurses Credentialing Center (ANCC) continues to offer this opportunity. For more information about your specialty requirements, you can:

- Visit the ANCC Website at www.nursecredentialing.org
- Call 800-284 2378 or
- E-mail ANCC@ana.org

The National Board for Certification of Hospice and Palliative Nurses (NBCHPN) continues to offer the certified hospice and palliative nurse designation. For more information you can:

- Visit the NBCHPN Web site at www.hpna.org
- Call 412-787 9301 or
- E-mail nbchpn@hpna.org



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