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### MMC Nursing...Caring Through Leadership, Knowledge & Compassion

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# MMC Nursing...Caring through Leadership, Knowledge & Compassion







centered around you



Message

I am delighted to present this two-volume Report on Nursing for 2007-2008. The report is filled with the many accomplishments of our extraordinary nursing staff and leadership across the hospital. Volume 1 begins with our Nursing Vision, Mission & Philosophy created by our nurses in 2002. Those foundational statements come to life with the many achievements that fill this report. The pursuit of excellence in patient care is exemplified in the many quality initiatives listed in both volumes. The Partnership Care Delivery Model found in the Innovations in Practice section demonstrates Maine Medical

Center's commitment to empowering patients and engaging them in their care as full partners. Volume 2 identifies evidence based practice changes that have evolved to support the concept of partnership with the patient and family. I am pleased to report that new projects are continuously emerging.

The commitment to a highly knowledgeable staff is demonstrated in the Center for Clinical & Professional Development's exceptional programming to meet the needs of a diverse nursing staff. The description of the staff's commitment to the communities we serve is impressive and identifies their involvement in many organizations at the local, state and national level.

The second volume provides numerous examples of nursing research and quality initiatives. Research is a strong component of professional practice at MMC. Dozens of podium and poster presentations are listed as well as multiple publications which help spread best practice well beyond the walls of MMC.

This Report on Nursing showcases a progressive and dynamic Magnet staff engaged in the pursuit of exemplary professional excellence. Building on a strong foundation of compassionate care, the nursing staff at MMC continues to challenge themselves to achieve exceptional outcomes through the application of the best evidence available. This report is a tribute to their many accomplishments.

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Marjorie S. Wiggins, RN, MBA, DNP<sub>(c)</sub>, NEA-BC Vice President of Nursing & Chief Nursing Officer

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# Nursing

# Vision

Nursing at Maine Medical Center is the spirit and practice of caring for patients, families, and the community through leadership, knowledge, and compassion.

# Mission

- We create environments of care, which support patient and family needs and optimal patient outcomes.
- We provide equitable and culturally competent care to all patients and their families.
- We strive for excellence in health and healing for the body, mind, and spirit.
- We respect, support, and collaborate with one another and with other health care team members.
- We recognize we are part of a complex and evolving health care system and respond with flexibility and openness to new ideas and techniques.
- We engage in and promote ongoing professional education and advancement for ourselves and our colleagues.
- We play a critical role in coaching, mentoring, and retaining professional nurses in our practice setting.
- We are dedicated to providing progressive care through evidence based practice.

# Philosophy

We believe that nursing is both an art and a science incorporating multiple realms of care, including the physical, developmental, emotional, social, psychological, cultural, and spiritual. Nursing exemplifies the highest degrees of accountability, integrity, and honesty in all relationships with patients, families, colleagues, and the community. The nurse is a patient advocate committed to upholding The American Nurses Association's Code of Ethics for Nurses and other professional and regulatory standards of nursing practice and patient care.

As professionals, we practice in partnership with the patient, family, physician, and other health care providers to deliver quality patient care across the continuum. Our goal is to realize and surpass excellence in nursing practice and patient care. Integral to this goal is the provision of education for patients, families, and ourselves to facilitate the very best in health care decision-making and healing.

As leaders, we support and applaud competency, creativity, teamwork, and compassionate care for a diverse patient population and community of caregivers. We recognize our fiscal responsibility and act to promote Maine Medical Center's mission, vision, and viability as a premier health care organization.

Nursing and interdisciplinary research as well as performance improvement efforts form the basis of our clinical practice. Through evidence based practice and outcomes evaluation, we promote critical thinking and the expansion of nursing knowledge and expertise. In order to achieve excellence in practice, we commit to personal and professional development in a dynamic learning environment.

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# Magnet

# Magnet Status – Acceptance of the First Annual Report

On May 16, 2006, MMC celebrated the attainment of Magnet Status, an honor achieved by only 4.45% (258) of health care organizations in the United States. The attributes which demonstrate nursing excellence are referred to as the 14 Forces of Magnetism.

#### FORCES OF MAGNET

- Force 1: Quality of Nursing Leadership
- Force 2: Organizational Structure
- Force 3: Management Style
- Force 4: Personnel Policies & Programs
- Force 5: Professional Models of Care
- Force 6: Quality of Care
- Force 7: Quality Improvement
- Force 8: Consultation & Resources
- Force 9: Autonomy
- Force 10: Community & the Healthcare Organization
- Force 11: Nurses as Teachers Force 12: Image of Nursing
- Force 13: Interdisciplinary Relationships
- Force 14: Professional Development

Becoming a Magnet Hospital is the beginning of a journey that continues far beyond designation. The American Nurses Credentialing Center (ANCC) strives to ensure that the Forces are firmly embedded in each accredited organization and requires that an annual report be submitted to the Magnet Recognition Program. Carole Parisien, RN, MSN, Magnet Project Coordinator, organized the collection of the various documents and narratives that constituted the report.

The content of the annual report focuses on demographic information and nursing sensitive quality indicators (NSQI). The demographic information includes: nursing hours and skill mix on each unit, number of leadership and advanced practice nurses, education and certification information on the clinical and leadership staff. The six NSQIs are: nurse and patient satisfaction, urinary tract infections, length of stay, falls and pressure ulcers. Written narratives note trends, nurse driven initiatives, implemented interventions, and their impact. The account includes benchmarks, explanation of the scoring ranges and how MMC compares to the "best in class." Once the content was compiled from various authors, Denise Dende, Research Assistant, edited the report for submission to ANCC on May 31st. The first annual report was accepted without revisions in June 2007. The growth of MMC's Magnet culture is reflected in the numerous examples highlighted in the annual reports and this evidence will be used at the time of Magnet redesignation in 2010.



#### MAGNET MENTORING

A core value within the Magnet culture is mentoring. Magnet organizations are strong advocates of mentoring for the advancement of the nursing profession. Through its mentoring activities, Magnet organizations support other organizations through their pursuit of the Magnet philosophy and its impact on the practice environment. A Magnet organization shares its method of approach in developing a Magnet environment. The nurses in MMC's Center for Nursing Research and Quality Outcomes have participated in mentoring activities consisting of presentations on evidence based practice, research in the Magnet environment and nursing sensitive quality indicators. MMC has participated in 19 various mentoring activities totaling more than 29 hours of consultation since our designation in May 2006. Staff have contributed to informal discussions with individuals and groups including six formal presentations on topics ranging from "Magnet Journey Kick-off" to "Evidence Based Practice" and "Research in the Magnet Environment." The mentoring activities are summarized in Table 1.

Maine Medical Center has supported other Maine health care organizations in their pursuit of Magnet designation through the Maine Magnet Networking Collaborative. The collaborative was initiated by five hospitals: Maine Medical Center, Southern Maine Medical Center; Acadia Medical Center; Mid-Coast Hospital, and Mercy Hospital. Funding was obtained through a MaineHealth Access Grant to support the first meeting held in collaboration with ANA's Annual Meeting and the Organization of Nursing Leaders of Maine (OMNE). This new venture has created a forum for networking with colleagues from hospitals across the state that are on their Magnet journey to share knowledge, expertise, and best practices. In October, 17 hospitals attended a panel discussion to share "our stories" of where each facility is on their journey. Thirty-seven nurses participated in a survey to identify the top priorities of interest to serve as agenda items for future meetings. The Maine hospitals are at different phases of the process and wish to develop support and share strategies for success. The mentoring experience has been rewarding as MMC benefits from the exchange of ideas and approaches.

## Table 1. Mentoring Hospitals on their Magnet Journey

			Nature of Mentoring Activity				
Hospital	Date & Duration	Content	Call = C Email= E	MMC Site Visit	Conf Call	Formal Presentation	
Central Baptist Hospital Lexington, KY	3-26-07 120 mins	Two presentations @ Central Baptist Provided Keynote address; presentation on EBP & research in the Magnet environment				~	
Fletcher Allen Hospital Burlington, VT	10-26-07 30 mins	NDNQI data entry for pressure ulcers [risk assessment vs. staging] – review & clarify guidelines	С				
11th Annual Magnet	10- 5-07 360 mins	Poster: "Institutional Research Mentoring on the Magnet Journey"				V	
Conference 2007 Atlanta, GA	10-5-07 180 mins	Meeting: Magnet Process; Japanese Nurse Researchers					
Maine Magnet	9-27-07 120 mins	Planning meeting @ Mercy Hospital for October 2007					
Networking Collaborative	10-19-07 100 mins 11-8-07	Meeting @ ANA Annual meeting:; panel discussion Re: Magnet Journey				~	
	120 mins	Meeting @ Maine Hospital Association Office; review survey data, schedule 2008 meetings Informal presentation @ Mercy - kick-off to their				<b>~</b>	
Mercy Hospital Portland, Maine		Magnet journey; Staff nurse perspective Informal presentation @ Mercy; Shared governance					
Mercy Medical Center Baltimore, MD	7-16-07 60 mins	- Councils  Process for "Getting Started"; Gap Analysis; Magnet Steering Committee; Magnet Action Team; Magnet Committee Agenda/ Minutes; Journey Order of Events	C E				
	April 06 60 mins	Presentations @ Mid Coast; What is EBP & example of an EBP project presented to the Research Committee				~	
Mid Coast Hospital Brunswick, ME	10-4-07 60 mins	Informal discussion @ 11th National Magnet Conf on Shared Governance & Magnet Action Team, etc					
Branswert, me	2007 60 mins	Informal discussion @ Mid Coast At the Research Committee about MMC's Clinical Scholar Program					
Southern Maine	5-7-07 120 mins	Presentation @ SMMC - kick-off; Magnet journey				~	
Medical Center Biddeford, ME	9-6-07 150 mins	Meeting @ MMC:  Overview of NDNQI; Application  Data collection tools; Data entry  Site coordinator role  Tools to organize units by NSIs  Reports		V			
	10-17-07 30 mins	<ul><li>NDNQI Unit designation; NSIs</li><li>Unit assessment for data availability</li><li>Data contributors</li></ul>	С				
	10-26-07 10 mins	Request a Unit Enrollment Worksheet	Е				
	12-13-07 10 mins	NDNQI data submission Pain, PIV, Falls and tools	Е				
	12-19-07 10 mins	NDNQI data submission - turnover	Е				

### Table 1. Mentoring Hospitals on their Magnet Journey, continued

			Nature of Mentoring Activity				
Hospital	Date & Duration	Content	Call = C Email= E	MMC Site Visit	Conf Call	Formal Presentation	
Southern Maine Medical Center Biddeford, ME	2-11-08 5 mins	NDNQI data submission - turnover	Е				
Memorial Hospital Belleville, IL	2-08 30 mins	Shared governance model; how we do quality work; quality audit tool; Practice & Quality Councils	С				
Exeter Hospital Exeter, NH	5-16-08 10 mins	Council structure: purpose & functions on Journey	C E				
Central Maine Medical Family Bridgton, Rumford & CMMC	6-17-08 3 hours	Magnet site visit: All day Formal presentations; unit tours		V		~	
Mount Desert Island Hospital Bar Harbor, ME	7-23-08 3 hours	Half day Magnet site visit; shared governance; Quality Council mtg, formal presentations		<b>✓</b>		~	
Falmouth Hospital Falmouth, MA	7-28-08 30 mins	Policy approval process, etc.	С				
Bridgton Hospital Bridgton , ME	7-20-08 30 mins	Peer review, performance evaluations, Clinical competences	С				
Northern Maine Medical Center Fort Kent, ME	8-22-08 10 mins	Practice Council: membership, chairs, topics, frequency, decision-making body	E				
Sentara Obic; i Hospital Suffolk, VA	8-28-08 20 mins	Image of nursing: Resources and how nursing integral to organization	E				
Southern Maine Medical Center Biddeford, ME	dical Center 9-30-08 Indicator reports with NDNQI benchmarks		Fax				
	10-31-08 1.5 hours	NDNQI staff satisfaction targets & benchmarks	С				
UNE Nursing Research Class Biddeford, ME	11-4-08 1.5 hours	Teach "Quality in Hospital Setting" PowerPoint				~	
Midcoast Hospital Brunswick, ME	9-10-08 1 hour	Translating research evidence into best practice: Correct ECG electrode placement and lead selection to optimize cardiac rhythm monitoring				at Midcoast	
York Hospital York, ME		Peer review process	C		/		
Adena Regional Medical Center Chillicothe, OH		Patient hand overs	С				
Maine General Hospital Augusta, ME	4-6-09 1 hour	Magnet Recognition Program; 14 Forces; New Magnet Model; healthy work environment; Culture of safety			~	Informal discussion	
Elliot Hospital Manchester, NH	5-29-09 hour	Partnership Rounding: patient rounds with nurses to experience bedside reporting		<b>✓</b>			
	5-18-09 2 hours	Magnet structure, process, journey; getting started: gap analysis; engage staff; shared govn			~	Informal discussion	

# Innovations in Practice

## PARTNERSHIP CARE DELIVERY: AN EVIDENCE BASED PRACTICE MODEL

In 2004, Marjorie S. Wiggins, RN, MBA, DNP<sub>(c)</sub>, NEA-BC, Chief Nursing Officer requested the Nursing Practice Council develop a patient care delivery model that would support the hospital's vision of safe patient and family centered care. The concept of care developed became the model identified as the Partnership Care Delivery Model. The model is based on the assumption for care to be effective, a series of partnerships need to be in place. The primary partnership is that of the care provider and the patient and family. Other partnerships include the nurse and physician, and the nurse and all other disciplines.

Reflecting on the vision of care delivery, multiple steps were taken to develop the model. Early work is presented in an article in the July, 2006 edition of the Journal of Nursing Administration (JONA) entitled: The Partnership Care Delivery Model. In 2008, work was done to construct a framework for the care delivery model. Nursing models are comprised of concepts and carefully considered philosophical underpinnings. They are used to help nurses assess, plan, and implement patient care by providing a framework within which to practice.

The first step of the process was to identify the concepts that apply to the model. Partnership, empowerment, mutuality, trust, collaboration, facilitation, patient participation, and the nurse-patient relationship were among the concepts that seemed valuable to explore. The process of defining these, as they would relate to the model, required a great deal of work and thoughtful consideration. It began with a robust literature search and review, careful screening of peerreviewed concept analysis papers, critical analysis of structure, and the synthesis of antecedents, attributes and consequences for each concept.

Concurrent with the development of the conceptual model was the development of the theoretical framework. It was important for the model to be aligned with a grand nursing theory that would identify the broadest perspectives for nursing practice. Margaret Newman's "health as expanding consciousness" quickly became a focus. Dr. Newman is one of the most highly respected nursing theorists and her work is widely referred to as the most esoteric and fascinating of nursing theories. Her books and articles provided inspiration and context for further work. In July 2008, a small contingent from Maine Medical Center met with Dr. Newman to discuss the development of a model based on her theory. She was very intrigued by the vision of partnership which was articulated by the group and its association with her theory. She was happy to know that her model had been useful and

expressed her interest in seeing the Partnership Care Delivery Model realized.

Complexity science is another important component in the foundation of the model. It proposes that small groups of nurses, physicians, other health care professionals, and patients working together within clinical microsystems, adapt to circumstances in ways that improve quality of care. When empowered, they can create a shift in the paradigm of health care delivery.

Because the Partnership Care Delivery Model will be supported by evidence, a literature search was conducted to identify: evidence for successful implementation of a nursing care delivery model; empirical studies that support a change of practice and validated and reliable instruments testing the identified concepts. In addition, nursing sensitive indicators and metrics were evaluated for their potential to provide evidence for the model.

Collecting evidence entails studying concepts in clinical applications, identifying concepts within emerging project ideas, constructing the research design(s), ensuring validity and reliability of the data collection instruments and creating a master data collection plan. One of the first projects that presented an opportunity to operationalize the care delivery model was the Medication Adherence Project. This provides education for nurses on conducting motivational interviews with patients to stimulate their own interest in making behavior changes based on their own individual motivating factors. In support of this project and the related medication access project, MMC submitted grant proposals that yielded \$200,000 in financial assistance from the Hearst Foundation and Bank of America.

#### MEDICAL ADHERENCE PROJECT

The Medication Adherence Project began in the fall 2008. The first part of this project was the motivational interview training for the nursing staff. The training led by Stephen R. Andrew, LCSW, LADC, CCS, CGP, Chief Energizing Officer at the Health Education & Training Institute and a member of the International Motivational Interviewing Network of Trainers (MINT) was organized for a group of nurses from the following MMC inpatient units: R1, R3, R5, R7 and P3CD.

Table 2. Motivational Interviewing Education at MMC

Nursing Staff/Participants	Motivational Interviewing (MI) Training	Training Date
Associate Vice Presidents of Nursing, Nursing Directors, Nurse Managers, Clinical Nurse Leaders, Unit-based Educators, Nurse Practitioners, etc.	4 hour presentation/overview of MI and project	October 10, 2008
22 Core Team Nurses (Basic)	Attend 2, 8-hour days basic MI training	October 9 & 10, 2008
22 Team Leaders (Advanced)	Attend 2, 8-hour days advanced MI training	November 6 & 20, 2008
22 Team Leaders (Coaching)	1 hour, one-on-one continued coaching support with MI Trainer	On-going into December 2008 & January 2009
Bedside Nursing Staff (General info)	Attend a 2-hour introductory MI training which introduces Medication Adherence Research Project & preliminary screening tool to assist in targeting the research patient	To be determined

The next opportunity came from bedside nurses and actually preceded the beginning of the medication project by a year. It also created an important and foundational practice that is a critically important element in the care delivery model. Partnership Rounding is a method of bedside reporting between clinicians that engages the patient and family in a collaborative effort to increase communication. In the purest sense of "partnership," patients and families are empowered to become partners with the health care team. Nurses, patients and family members have greater access to information and more opportunity to participate in decision making about care. R6 was the pioneer unit which recognized the potential for empowering patients and it became a mentoring resource within the hospital. In addition, R6 and R7 hosted visitors from Baptist Hospital, Lexington, Kentucky to share their experiences of rounding. Christine Warrick RN, BC, MSN joined the group and, on behalf of Southern Maine Medical Center, has joined the partnership rounding research project.

The foundations of the model and core concepts were introduced throughout 2007.

#### **BEST PRACTICES**

Early in 2007, the Magnet Council undertook identifying all of the best practices that existed at MMC. Magnet defines best practice as a methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success. Best practice can be based on evidence found in the literature or on an innovation developed in response to patient needs.

The nurses conducted assessments of their unit initiatives and identified 55 best practices. The initiatives were plotted onto a grid consisting of elements critical to the determination of a best practice: clinical practice; treatment or intervention; goals; evidence prior to initiative; patient or staff outcome; and the associated Magnet Force (Table 3). The complete Best Practice Grid is available to all clinicians on all clinical and manager computers.

Magnet facilities were invited to submit abstracts of best practices to ANCC's Practice Innovations Program to be considered for inclusion in the newly created on-line repository at the Virginia Henderson International Nursing Library (VHINL). Debra Kramlich's Family Presence during Resuscitation practice was accepted and posted on the VHINL in June 2008.

Table 3. Best Practices at MMC

Best Practice	Contact	Magnet Force	Best Practice	Contact	Magnet Force
Adult Oncology Nursing Internship/Orientation for New RNs	Vachon, D., RN; Robert, J-A., RN; Nesbitt, M., APRN; Dann, E., RN; Pretorius, J., RN (Oncology - Gibson)	11 14	Implementation & Tracking of Abx Administration in Relation to "Cut Times" in the OR	Gilbert, J., RN (Ambulatory Surgical Unit)	7 13
			Implementation of the Gold Standard of ST Segment Monitoring in Patients with an Acute Coronary Syndrome	Lord, C., RN; Honess, C., CNS (Cardiac Intensive Care Unit)	6
			Improve Support to Families in the NICU	Kinder, J., RN (Neonatal Intensive Care Unit)	7
Assisted Ventilator Unit with Adult Ventilator Program	Demmons, K., RN; Killinger, A., RN (Assisted Ventilation Unit)	7 13	Improving Telemetry Practice on R7	Swan, N., RN (Medical/ Cardiology Unit)	7
Bereavement Program	Barra, L., RN (Special Care Unit)	10	IPOD: Improving Patient Outcomes through Discussion	O'Brien, C., RN (Radiation Oncology)	7
Brighton FirstCare Telephone Callbacks	Parenteau, S., RN (Brighton FirstCare)	10	Mentoring – CICU	Lord, C., RN (Cardiac Intensive Care Unit)	3 11 14
Buddy Bear	Beals, G., RN (Scarborough Surgery)	10	Nurse-to-Nurse Walking Rounds	Grant, B., RN; Colello, S., RN (Orthopaedic/ Neurology)	6
Building Relationships with Long-Term Care & Assisted Living Facilities	Libby, D., RN (Psychiatric unit))	10 13	Nursing Certification	Dann, E., RN (Oncology - Gibson)	11 14
Care of Burn Patients at Brighton FirstCare	Reeder, S., RN (Burn/Wound CNS)	7	Optimal Timing for Pre-operative Antibiotic Administration Implemented Fall 2007	Gilbert, J., RN; Bailey- McPherson, C., RN (Ambulatory Surgical Unit)	7 13
Catch a Falling Star	Libby, D., RN (Psychiatric Unit)	13	Parental Education for Accompanying Child for Anesthesia Induction	Coyne, J., RN (Scarborough Surgery Center)	11
Code Green	Libby, D., RN (Psychiatric Unit)	6 13	Patient & Family Journaling	Cleaves, J., RN (Medical/ Cardiology); Doliner, P., RN (Surgical)	7 13
Continuity & Quality of Care for Patients Treated with High Dose Chemotherapy & Autologous Stem Cell Support	Nesbitt, M., APRN-BC; Ault, K., MD; et al.	7 10 11 14	Patient Post-Calls	D'Amboise, S., RN (Ambulatory Cardiac Care Unit)	7

Best Practice	Contact	Magnet Force	Best Practice	Contact	Magnet Force
Creating a Study Group to Promote Certification	Bougie, C., RN (Radiation Oncology)	11 14	Patient Teaching	Bougie, C., RN (Radiation Therapy)	6
Decreased Use & Early Removal of Foley Catheters	Stevenson, J., RN (P3CD)	7	Peer Review	Kilroy, B., RN; Palleschi, C., RN (Cardiac Care Unit)	4 9
Decreased Vent Days / Vent Rounds	Orff-Ney, S., RN; Manchester, N., RN (SCU)	13	Post-operative Calls Within 24 hours of Surgery	Werner, L., RN (Ambulatory Surgical Unit)	7
Decreasing Duration of Bed Rest from 6 to 4 hours After Femoral Artery Puncture for Coronary Interventional Procedures	Honess, C., CNS (Cardiac CNS)	6 7	Pressure Ulcer (PU) Prevention in ICU	Orff, S., RN (Special Care Unit); Reeder, S., RN (Burn/ Wound CNS); Manchester, N., RN (Special Care Unit)	7
Development of Total Joint Pathway	Grant, B., RN; Colello, S., RN (Orthopaedic/ Neurology)	6 13	Quiet Initiatives	Hennessey, P., RN (Assisted Ventilation Unit)	6
Discontinuation of Auto- Transfusion Post-Op Total Knee Arthroplasty	Tabor, D., RN (Orthopaedic/ Neurology)	6	R1 / CTICU Glucose Management	Gallant, P., RN (Cardiac Step Down)	6
East Wing of the ED	Libby, D., RN (Psychiatric Unit)	5	R6 (Orthopaedic/Neurology) Staff Support Group	Grant, B., RN ; Colello, S., RN (Orthopaedic/ Neurology)	6 13
ED Hand-Off Walking Rounds & CHAT	Varnum, A., RN (Emergency Department)	6 13	Rapid Response Team	Orff, S., RN (Special Care Unit)	6
Family Involvement in Rounds in the NICU	Kinder, J., RN (Neonatal Intensive Care Unit)	7 13	Room Service for Patients	Vachon, D., RN; Robert, J-A., RN; Nesbitt, M., APRN; Dann, E., RN; Pretorius, J., RN (Oncology - Gibson)	7
Family Presence During Resuscitation	Kramlich, D., RN (Special Care Unit – Section 2)	5 6 7 9 12 13	Sleep Apnea Screening	D'Amboise, S., RN (Ambulatory Cardiac Care Unit)	6 11
Family Welcome Bag	Barra, L., RN (Special Care Unit)	10	ST Segment Monitoring	Lord, C., RN (Cardiac Intensive Care Unit)	7
Follow Up Phone Calls	Bougie, C., RN (Radiation Therapy)	10	Therapeutic Hypothermia	Lord, C., RN (Cardiac Intensive Care Unit)	7
Four hour Bed Rest	D'Amboise, S., RN (Ambulatory Cardiac Care Unit)	7	Therapeutic Recreation Evening Program	Libby, D., RN ; Sterling, E., RN; Nadeau, K., RN (Psychiatric Unit)	7 13
Hyperbilirubinemia Protocols for Newborns	Rickards, P., RN; Youth, B., MD; Cox, D., MD (Family Center)	7	Use of Buffered Lidocaine as Intradermal Anesthesia for IV Cannulation in Adults	Lancaster, K., RN (Scarborough Surgery Center)	6 7
Hypoglycemia Protocols for Newborns	Bowden, K., NNP (Perinatal Outreach)	6 13	VIP	Gallant, P., RN (Cardiac Step-Down Unit)	7

# Innovations in Education

#### CLINICAL NURSE LEADER (CNL)

In 2003, the American Association of Colleges of Nursing (AACN) and interested stake-holders from hospitals and colleges across the country drafted a white paper on a new role for nursing, the Clinical Nurse Leader (CNL). The CNL is by definition a generalist clinician with education at the Masters Degree level. The role emerged, following research and discussion, as a way to engage expert clinicians in outcomes-based practices and quality improvement. Clinical Nurse Leaders are primarily unit-based, accountable for a specific



First class of CNL graduates with Marge Wiggins: Rebecca Quirk, Sonja Orff, Danielle Tabor, Paulette Gallant, Marge S. Wiggins, Nicole Manchester, Lauri Wilson, Nina Swan

patient population, responsible for integrating evidene based practice into patient care, and most importantly, are part of the multidisciplinary team. The clinical focus for the CNL is to provide the patient and family with continuity of care and assistance in understanding their plan of care.

The populations that benefit from the role of the CNL are patients at greatest risk for fragmented care including those patients with complex clinical situations requiring consultation by multiple disciplines, longer lengths of stay, and multiple care transitions within the hospital. These patients gain from having a CNL as an advocate who knows their unique stories and helps coordinate their plans of care in partnership with the individual patient and the multidisciplinary team.

In addition to caring for vulnerable patients, CNLs have made significant contributions to quality of care at Maine

Medical Center by leading numerous quality initiatives that have improved patient outcomes while saving over \$1 million in expense. Currently, CNLs are involved in leading microsystem quality improvement projects with physicians as co-leaders of multidisciplinary groups.

In partnership with the University of Southern Maine, the MMC Department of Nursing continues to support the Clinical Nurse Leader role. The CNL curriculum, implemented as a pilot in the fall of 2005, continued through the spring of 2007 with a cohort of seven MMC nursing staff being the first to complete and graduate from this exciting program. Graduates sat for certification and are practicing as CNLs in different clinical settings where they are impacting patient care practices and outcomes throughout the organization.

At present, the second and third generations of the CNL program are underway with two MMC nurses to graduate in 2009 and four to graduate in 2010. MMC experiences and support meetings were created for the second round of students who engaged in their clinical immersions in the summer of 2008. The Center for Clinical and Professional Development is currently planning clinical immersions and ongoing support meetings for the third cohort for the summer of 2009 and beyond.

#### DOCTOR OF NURSING PRACTICE (DNP)

On October 27, 2006 in a historic move, the American Association of Colleges of Nursing (AACN) adopted a new position which recognized the Doctor of Nursing Practice (DNP) degree as the highest level of preparation for clinical practice. The courageous move on the part of nursing represented a milestone in the evolution of the nursing profession. According to Jean Bartels, President of AACN, this bold step puts in motion a future that recognizes and validates the unique expertise of nurses engaged in clinical practice at the highest level (AACN 2004). The Doctor of Nursing Practice Program was created in response to the 2006 guidelines set by AACN in which it recommends that all advanced practice nurses receive a DNP by 2015. The program is designed to prepare graduates to generate strategies to improve health care in complex clinical environments, help shape health care delivery and policy, and lead the health care community by providing excellence in advanced clinical nursing practice. The fastest growing doctorate in the United States with over 90 colleges offering the DNP and 100 more preparing to offer the program, nurses will have the opportunity to have a practice doctorate to advance their knowledge and practice.

#### VALERIE J. FULLER, DNP, FNP-BC, RNFA

Valerie Fuller, a family nurse practitioner in the Department of Surgery, is one of the first nurse practitioners in the State of Maine to complete her Doctor of Nursing Practice (DNP). In September 2008, Dr. Fuller graduated from the inaugural class at MGH Institute of Health Professions, a graduate school founded by Massachusetts General Hospital. The title of her doctoral capstone was: "An Educational Intervention to Reduce Delirium in Postoperative Vascular Surgery Patients."

Dr. Fuller was also the 2007-2008 recipient of the Christine Bridges Nursing Scholarship. This scholarship supports nurses who wish to return to school to become nurse educators. Dr. Fuller is currently continuing her education working on her post-masters nurse practitioner certificate in acute care. Congratulations to Dr. Fuller for being the first in Maine to achieve a Doctorate in Nursing Practice.



Valerie J. Fuller, DNP, FNP-BC, RNFA

# Nursing Excellence Awards

Each May during Nursing Staff Recognition Week, the Department of Nursing holds their annual Nursing Excellence Awards ceremony. This ceremony honors bedside nurses, who have been nominated by their peers and selected through a blind selection process, for their commitment to quality patient and family centered care, professional development, teaching, mentoring, and collaborative teamwork.

#### 2007 NURSING EXCELLENCE AWARD RECIPIENTS



Marjorie Wiggins, RN, VPN/CNO; Carol Maynard, RN (Cardio-Thoracic Step Down); Deb Kramlich, RN (Special Care); Maria Rivet, RN (Medical-Surgical); Elizabeth Sterling, RN (Inpatient Psychiatric).

2nd Row: Tricia Foley, RN (Medical-Surgical); Paulette Gallant, RN – Research (Cardio-Thoracic Step Down); Kelly Lancaster, RN - Research (Brighton Ambulatory Surgery); Jane Walker, RN (Family Birth Center); Gayle Barstow, RN (Cardio-Thoracic Step Down); Danielle Tabor, RN (Orthopedic-Neurology). 3rd Row: Rhonda Babine, RN (Cardiac); Gwen Lambert, RN (Ambulatory Surgery) Jeanne Parker, RN (Pediatrics); N. Jean Tourangeau, RN (Cardiac); Barbara Winship, RN - Research (Cardio-Thoracic Step Down).

## 2008 TEAM AWARD RECIPIENT SCARBOROUGH SURGERY CENTER



#### 2008 NURSING EXCELLENCE AWARD RECIPIENTS



Front Row (left to right): Janet Springborn, RN (Oncology); Colleen Robinson, RN (Psychiatry); Wilma Reed, RN (Newborn Nursery); Carol Nadeau, RN (Cardiology); Jane Cleaves, RN – Research (Medical/Cardiology); Marjorie Wiggins, RN, VPN/CNO. 2nd Row: Jamie Hinchcliff, RN (Cardiology); Lynette Augeri, RN (Pediatrics); Annette Palanda, RN (Family Center); Jane Quirk, RN (Special Care); Jana Jacobs, RN (Medical/Surgical); Simonne Sansoucy, RN (Cardiology). 3rd Row: Jeff McCabe, RN (Cardiology); David Dirsa, RN (Pediatrics); Peggy Doliner, RN – Research (Medical/Surgical); Jeff Brown, RN (Cardiology); Ed Thompson, RN (Birth Center). Missing from photo: Debra Kramlich, RN – Research (Special Care).

## 2007 TEAM AWARD RECIPIENT PEDIATRIC DIABETES DREAM TEAM



Front Row (left to right): Maurie Hill, CNS; Rebecca Quirk, RN; Kim Bockus, RN; Mary Buteyn, RD. 2nd Row: Jerry Olshan, MD; Jules Tremblay, R.PH; Maryann Biro, RN; Sherisse Wormell; Wendy Farr, RN; Dianne Roussel, RN. 3rd Row: Marie Hodge, OT; Suneela Nayak, RN; Louise Barton, RN; Rosemary Herd, RN; Lorraine McElwain, MD; Kate Sawyer, RN.

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#### LAURA VOGEL HUMANITARIAN AWARD

"You don't have to have any special background to be able to help and give your time, even if it's just to listen." Laura Vogel, RN

The Laura Vogel Humanitarian Award was given posthumously to Laura Vogel, RN, a NICU nurse who died unexpectedly in January 2007 while on a humanitarian trip to the Dominican Republic. This award recognizes an RN who generously shares his/her time and nursing skills outside of the confines of MMC. To honor Laura and the spirit of her work, this humanitarian award was created.



Laura Vogel, RN

#### CLINICAL NURSE ADVANCEMENT PROGRAM

The Clinical Nurse Advancement Program recognizes and rewards nurses with increasing levels of clinical expertise, commitment to patient care, MMC, and the nursing profession. Each November, we honor these nurses individually for their achievement

with an evening of celebration. Since the inception of the program in 2003, 140 nurses have advanced.

#### 2007 Clinical Nurse Advancement

Front Row (left to right): Amy Robinson, RN (FirstCare); Wendy Haskell, RN (Emergency); Shannan Morin, RN (Operating Room); Laurie Tardif, RN (Cardiac Intensive Care) Heidi Miller, RN (Cardiacc); Diane Vachon, RN (Oncology); Deborah Gregoire, RN (Post Anesthesia Care); Joan Smaha, RN (Dialysis).

Second Row (left to right): Cynthia Kilbride-Johnson, RN (Orthopedic-Neurology); Deborah Alyward, RN (Operating Room); Crystal Graves, RN (Operating Room); Paul Pelletier, RN (Special Care); Kate Sawyer, RN (Pediatrics); Karol Call, RN (Medical-Surgical); Bethany Drabik, RN (Cardio-Thoracic Intensive Care); Michelle Duval, RN (Nephrology-Urology); Marilyn Flanders, RN (Nephrology-Urology); Martha Mita, RN (Endoscopy).

#### 2008 Clinical Nurse Advancement

Front Row (left to right): Gail Beals, RN, CN III (Scarborough Surgery Center); Kathryn Downs Caiazzo, RN, CN III (Barbara Bush Children's Hospital); Carol Jo Morse, RN, CN IV (R3 Medical-Surgical); Cheryl Bougie, RN, CN III (Gibson – Oncology); Cynthia O'Brien, RN, CN III (Radiation Oncology); Catherine Lyden, RN, CN III (Special Care Unit); Lisa Joseph, RN, CN III (OR). Back Row: Rosemary Herd, RN, CN III (Barbara Bush Children's Hospital); Jana Jacobs, RN, CN III (R3 Medical-Surgical); Christine Robbins, RN, CN III (Thoracic Oncology Clinic); Jeanie Parker, RN, CN III (Barbara Bush Children's Hospital); Jill Binford, RN, CN III (Scarborough Surgery





Center); Shannon Cappen, RN, CN III (Barbara Bush Children's Hospital); Gloria Carlton, RN, CN III (R3 Medical-Surgical). Missing from photo: Kathryn Hale, RN, CN III (OR); Melanie Morneau, RN, CN III (Barbara Bush Children's Hospital).

#### CLINICAL SUPPORT STAFF

May 20, 2008 was a day of celebration for our clinical support staff which is comprised of Licensed Practical Nurses, Certified Nursing Assistants, Nursing Unit Assistants, Nursing Unit Secretaries, Nursing Unit Helpers, Certified Surgical Technicians, Emergency Certified Technicians, Central Sterile Department Technicians, Lead Operating Room Technicians, and Orderlies. On this day, the Clinical Nurse Advancement Council hosted our first annual Clinical Support Staff Advancement Celebration for support staff who advanced through their respective clinical ladders. Over 200 staff were honored for their hard work, dedication, commitment to professional development, and providing the very best care for our patients and families. Marjorie Wiggins, Vice President of Nursing and Chief Nursing Officer presented achievement certificates to attendees before an auditorium

filled with family, friends and coworkers. Immediately following the ceremony, a reception was held in the Dana Center Lobby.

Andrea L. Jordan Vivi Juwita Jessica L. Lane

#### **Certified Nursing Assistant**

Sheron A. Andrews Margaret M. Arsenault Molly K. Baker Margaret M. Bannon Sherrie D. Beauregard Jennifer L. Boudreau Sara L. Bourgoin Patricia A. Bowden Sarah J. Brown Jennifer A. Burnham Susan M. Campbell Marne L. Cawley Wanda Cookson Ellen T. Crosby Barbara G. Davis Karla B. Densmore Jeff Dupuis Maria Faizizada Marie A. Fields John Frechette Cheryl A. Gurney Donna E. Harbaugh Elizabeth B. Hawkes Tammy T. Hill Cynthia J. Howison Jenny Howitt Lisa S. Ireland Katie L. Jensen

#### Central Sterile Technician

Roger Acker-Wolfhagen Brian Ault Michael E. Beardsley Derek J. Bisson David Bodfish Patricia M. Burgess Chervl Cook Jodi E. Dvilinsky Sherry D. Elwell Kathleen A. Emerson Shannon S. Emery Stephen T. Fox Robert A. Fusco Jr Eric J. Hansen Jeanne L. Higgins Marjorie M. Kennedy Lori A. Kimball Anthony J. Martin Mary L. Norell Terry P. Norton Judy L. Nunn Richard J. Pinkos Sondra E. Pinkos Alice L. Preston Mario S. Rikpa Dale E. Roach Patricia A. Roach

Timothy C. Smith

Michelle M. Splude Kathleen M. Tait Susan M. Vance Paul R. Velez Jeffrey W. Walsh Stephen B. Williams Doreen L. Wilson Verian R. Wing Mezmure S. Workneh

#### Certified Surgical Tech

Robyn O. Brown Philip M. Carlton Lorrie L. Clow Judith A. Curran Lynn M. Frist Pamela A. Graves Ann M. Hugill Christina J. Jordan Diane S. King Michael P. MacLean Laura J. Marles Kenneth A. Matthews Darcel Moulton Susan E. Richard Timothy S. Roy Jennifer A. Saunders Christopher R. Shaffer Jami M. Smith Amanda M. St. Peter Christopher R. Stone

#### **ECT**

Michael McKayontinued Vicki Stevens

# Lead Certified Surgical Tech

John Garrett Steven Heim Robert Jones Robin Pratt-Pooler Patricia Wood

#### Licenced Practical Nurse

Pierrette D. Bicknell Susan L. Brume Barbara Doughty Elaine Duguay Ann E. Nealley Judy A. Philbrick Lorene A. Sabina Rosalie D. Trask

#### Nursing Unit Helper

Karen M. Acker Edna Ben-Ami Tashina R. Blanchard Sheila M. Brown Valerie M. Brown Esther E. Corcoran Sherry L. Dow Patrick J. Freeman George O. Gerrish Peter S. Gilbert Sarah A. Giles Jocelyn Giroux John Gladu Jr Mirko Injac Sue L. Johnson Diana L. Lampron Ada N. Mathews Anh N. Nguyen Jennifer Phillips Myrna J. Scott Ellen S. Thiboutot Jean M. Willard Mary J. Wolf

#### Nursing Unit Secretary

Doris Ames
Patricia Bernard
Gloria Brown
Patricia Burnham
Kathleen Carter
Mary Delgizzi
Mary Beth Dickson
Sharon (Cookie) Donahue
Laurie Farrell
Lynnell Gauvin

Janet Gildard Marilyn Gilmore Terri Gould Carol Hutchins Elizabeth Jensen Lisa Kelley Debra Kimball Julie Onesti Catherine Piper Laura Randall Nancy Wasson Nancy Witham Sheila Dorr Elizabeth Larsen Kirby Tabrea Lisa Werner

#### Orderly

John Beaupre Ben Chaisson Dick Gauthier Deb Hartford Eric Ng Theresa Petitpas George Smith



Clinical Support Staff recognized at our 1st Annual Celebration ceremony On May 20, 2008 in the Dana Center

# National Awards & Recognition

- Joint Commission National Quality Approval for Stroke & Heart Failure
- U.S News & World Report America's Best Hospitals for Heart & Heart Surgery & Orthopedics
- Cleverly & Associates 5-Star
   Community Value Hospital
- American College of Surgeons
   Committee on Trauma Level 1
   Trauma Center Verification
- Centers for Medicare & Medicaid Services (CMS) top 1% in nation for heart attack & Top 5% in nation overall cardiac mortality
- Most Wired Hospitals in America by Hospitals & Health Networks magazine
- Most Wireless by Hospitals & Health Networks magazine
- Health Facilities Management Environmental Services Department of the Year
- MMC received three-year approval with commendation from the Commission on Cancer of the American College of Surgeons for the quality of its comprehensive cancer care services.
- Special Care Unit Beacon Award for Critical Care Excellence by American Association of Critical-Care Nursing. This award is given to units that demonstrate a greater use of best practices, stronger teamwork, higher morale, better patient care and improved patient outcomes.
- Special Care Unit 2 received the Society of Critical Care Family

- Centered Care Award in February 2007. In the nomination application, "...while nurses are devoted to the care of critically ill patients, they are equally invested in the support of parents and family members. Through many different avenues, our families are emotionally helped and supported to become as active and comfortable as possible in the care of their loved one during a time of critical illness."
- R1 Cardio-Thoracic Step-Down Unit received the 2007 Innovation Award from AVATAR for their empowerment project.
- MMC & MaineHealth received three awards in the annual communications competition sponsored by the New England Society for Healthcare Communications. Minority asthma program won two design awards and strategy and execution of the Neurosurgery and Spine Associates acquisition news story won media relations category.
- 2008 Consumer Choice Award from the National Research Corporation as one of the "most-preferred" hospitals in the nation
- 2008 HHS Medal of Honor for Organ Donations by the U.S. Department of Health and Human Services
- American Stroke Association's
   Get With The Guidelines Stroke
   (GWTG-Stroke) Bronze Performance
   Achievement Award in recognition of
   MMC's success in implementing higher
   standard of stroke care

#### INDIVIDUAL STAFF RECOGNITION

Betsy St. Germain, MN, RN, AOCN, Oncology Clinical Nurse Specialist, Outpatient Oncology, received the American Cancer Society's 2007 Special Recognition Award for her passion and commitment to the needs of cancer patients in our communities.

Beth Thompson, RNC IV, Barbara Bush Children's Hospital, received the 2007 ANA Maine Sister Consuela White Spirit of Nursing Award. This award is given out annually to a Maine RN who demonstrates the spirit of nursing by the care, concern, respect and knowledge that he or she demonstrates in interactions with patients and families, coworkers, students, the profession and the community. Nancy Tkacz Browne wrote in her nomination, "Beth is the heart and soul of the pediatric unit at the Barbara Bush Children's Hospital at Maine Medical Center."

Emma Dann, RN, BSN, OCN, NEA-BC received the 2007 Agnes E. Flaherty Leadership Award from ANA-Maine. This award is given annually to a Maine RN leader who demonstrates leadership, courage and dedication in his or her interactions with patients and families, staff, coworkers, and the community.

Christine Lord, RN, BSN, Cardiac Intensive Care Unit, received the American Heart Association's 2007 Maine Cardiovascular Nursing Excellence Award.

Sandra Putnam, RN, BSN, MSN, FNP, Psych/MH NP, Virology Treatment Center, received the 2007 Maine Nurse Practitioner Award presented by the Maine Nurse Practitioner Association. This award is given to a nurse practitioner who has demonstrated excellence in practice, research, NP education, and community affairs.

**Kathleen A. Hale, RN, BSN, MS, NEA-BC,** Associate Vice President of Nursing was elected Secretary-Treasurer of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Board of Directors for a two-year term.

Deb Kramlich, RN, BSN, CCRN, CN IV (PICU) appointed to the Evidence based practiceWork Group of the American Association of Colleges of Nursing (AACN). The work groups accomplish an ongoing body of work on designated subject areas such as developing the National Teaching Institute® (NTI) program and others. Deb's work group reviewed and updated two of the Practice Alerts (Dysrhythmia and ST segment monitoring), developed educational PowerPoints and audit tools, and made recommendations for standardizing and reviewing future Practice Alerts.

Paulette Gallant, RN, CNL, Cardio Thoracic Step Down Unit, received the American Heart Association's 2008 Cardiovascular Nurse of the Year.

**Dan Bergeron, BSN, RN, MPH,** Director of Nursing Informatics, received Highest Scholarship award at the 2008 Summer Institute for Nursing Informatics hosted by the University of Maryland School of Nursing, Baltimore, MD.

**Sharon Lepich, RN, CBN,** MMC Bariatric Surgery Program, became the first and only Certified Bariatric Nurse in Maine and Northern New England in March 2008.



Betsy St. Germain, MN, RN, AOCN



Beth Thompson, RNC IV



Emma Dann, RN, BSN, OCN,NEA-BC



Christine Lord, RN, BSN



Kathleen A. Hale, RN, BSN, MS, NEA-BC



Debra Kramlich, RN, BSN, CCRN, CN IV



Paulette Gallant, RN, CNL



Dan Bergeron, BSN, RN, MPH



Sharon Lepich, RN, CBN

# The Center for Clinical and Professional Development

As both a premiere tertiary care and teaching institution and a community hospital for the Greater Portland area, Maine Medical Center is committed to its role in the provision of education for health care professionals not only within MMC but throughout and beyond the State of Maine.

In support of our mission and organizational priorities, the Center for Clinical & Professional Development (CCPD) operates in partnership with colleagues in nursing and other disciplines to promote best practices, quality health care and outcomes, and professional advancement. The Center offers a continuum of services designed to provide and impact direct patient care and to build upon the educational and experiential bases of nurses, students, and other members of the health care team in accordance with the complex demands of today's health care environment. CCPD staff participates in and/or may provide leadership for the multitude of departmental and institutional councils, committees, and task forces which serve the organization's mission and strategic plan.

Comprised of clinical nurse specialists, staff development specialists, Outreach nurse educators, parenteral therapy specialists, and nurse clinicians/educators, CCPD staff bring diversity of expertise to their roles and are integral to organizational work. As clinicians, educators, consultants, leaders, and change-agents, staff strive to optimize the quality of patient and family services, foster professional satisfaction and career mobility, and, ultimately, enhance the recruitment and retention of excellent clinicians.

Alliances within and beyond Maine Medical Center support cooperative educational strategies and efficient utilization of resources for professional advancement throughout the community and State of Maine.

#### UNIT-BASED EDUCATORS

Given the invaluable role of the unit-based educators (UBEs) in their respective clinical settings and their support in the achievement of quality and patient safety initiatives, the number of UBEs increased from 19 to 24. In addition to their contributions to MMC's Balanced Scorecard, they continue to oversee unit-based orientation, in-services, and continuing education on their units. They are also involved with the annual competency renewal of staff and guide the implementation of new procedures and equipment. UBEs meet monthly with staff development specialists to address priorities within the context of their roles. Coached by staff development specialists, UBEs reformatted these meetings relative to the nature of the group's work and also shifted the leadership role to a shared co-chair model. In addition to UBEs, there are nurses who serve as education liaisons who also contribute to educational efforts and join the UBEs for their monthly meetings.

In addition to monthly UBE meetings, divisional UBE meetings are held with the staff development specialist aligned with their clinical division. These meetings allow UBEs to address issues relative to division specific role initiatives and skill sets.

In support of educational tracking and recordkeeping, a centralized process for coding and electronic entry of education was decentralized to allow for unit-based educator engagement. Also of note is the design of a UBE tracking tool to aid in monitoring their

educational initiatives.

UBEs are not only active in their co-workers' educational needs, but a significant number of them are actively pursuing their own advancement. During 2007-2008, six UBEs successfully advanced in Maine Medical Center's Clinical Nursing Advancement program. Advancement entails a rigorous process of portfolio development and verification of achievement associated with advancement criteria. Of the 24 UBEs, 19 have advanced through our RN clinical ladder.

#### ACADEMIC AFFILIATES AND NURSING STUDENT ACTIVITIES

CCPD oversees year-round academic initiatives related to the education of student nurses at Maine Medical Center through clinical rotations of undergraduate students, specialized observations, and precepted senior and post-graduate experiences under the direction of MMC nursing preceptors.

Through the guidance and coordination efforts of CCPD, there were 2,258 student placements for undergraduate clinical rotations in 2007-2008. Although CCPD held academic agreements with 13 affiliates, the majority of these students were associated with our four major academic affiliates: College of Nursing and Health Professions at University of Southern Maine (USM), Southern Maine Community College (SMCC), St. Joseph's College (SJC), and the University of New England (UNE). Clinical settings now host students Monday through Friday on day and evening shifts with plans for weekend experiences.

Clinical placements included the coordination of individual practicums for 250 senior students in multiple settings. These students were precepted by an RN during their last course before graduation. Seniors included students from the local affiliates as well as the University of New Hampshire and the University of Maine, Orono.

Over 30 Graduate nursing students and other specialized RN students from the USM, Boston College, Mass General, Emory, Ball State University, and Metropolitan State University in the clinical nurse specialist, nurse practitioner, or other specialty clinician tracks were instructed and coached by individual preceptors.

#### CLINICAL FACULTY DEVELOPMENT: THE BETTERMENT FUND

In addition to being a key site for student placements, MMC continues as a rich source of faculty for our academic partners who recruit our expert staff as clinical faculty for undergraduate students in our settings and beyond.

Demands for recruitment and retention of qualified clinical faculty have been an ongoing focus within MMC's partnerships with local academic affiliates. In 2007-2008 the support for three MMC staff nurses to become clinical faculty over a period of three grant funded years has proved to be a successful venture. Clinical staff were introduced to the faculty role over one semester under the guidance and mentoring of a seasoned faculty member. These staff have since assumed faculty roles associated with two local affiliates. Staff, faculty, and student satisfaction have increased dramatically. Expert MMC clinicians have relished their own professional growth and also have impacted the quality of experiences for students given their expertise within their native practice environments. The model is of mutual benefit to MMC and our academic partners.

#### INTERNATIONAL PLACEMENT

A month long customized experience for a senior nursing student from the University of the West in Gloucestershire, Great Britain, was created and proved worthwhile for not only the student but also for MMC staff. The student's goals were to compare health care systems of the UK and the United States, to achieve understanding of the context of nursing research in the US and its relevance to findings in the UK, and to explore cultural and national influences.

#### STUDENT NURSE EMPLOYMENT PROGRAM

The Student Nurse Employment Program (SNEP) coordinated by Human Resources, CCPD, and the Nursing Staffing Office supported 38 Nurse Associates and 22 Geary Coop students during the summers of 2007 and 2008. This summer program is specifically designed for nursing students who would like to gain valuable clinical experience. The nurs-



Marge Wiggins and Anna Childs, senior nursing student from Great Britain

ing student works in a clinical area with an RN preceptor who is an experienced nurse assigned to work closely with the student to help him or her build confidence and skills in nursing practice. This 320 to 400 hour summer experience enhances the student's education and promotes the development of critical thinking, communication, and psychomotor skills, as well as acclimation to the health care environment.

A number of SNEPs are engaged in the Geary Coop Program named for its founder, Dr. Patricia Geary, former Dean of the College of Nursing and Health Professions at USM. Dr Geary, in partnership with MMC nursing leadership, developed this summer cooperative model. This educational opportunity combines a transferable two credit USM course elective with a paid summer clinical preceptorship with an RN at MMC.

#### JOB SHADOWS

Job shadow experiences for those with interest in and potential for nursing careers continue to rise and are coordinated by Staff Development with ongoing support from clinical staff. All requests are screened and facilitated based on nature of request and student or participant objectives. During the two-year period, we hosted over 60 shadow experiences.

Student requests from middle through high school are frequent and orchestrated based on age appropriate considerations. Experiences range from one-on-one nurse interviews to actual clinical shadows in a clinical setting. In addition to school based requests are those originating from MMC staff who wish to collaborate with Staff Development to arrange for student experiences.

Adults who are looking at nursing as a second career or college students considering a change in major are also introduced to nursing practice through this experience which has served as a successful recruitment tool.

#### **NEW EMPLOYEE ORIENTATION**

A five-day orientation for new employees within the Department of Nursing continues to be offered through CCPD coordination of multiple resources and presenters being revised as needed to assure quality, efficiency, and compliance with ever changing expectations and regulations. To expedite the process for experienced RN staff new to MMC, a special "Fast Track" was created in 2008 and has proven to be successful. Plans for a CNA "Fast Track" are underway for 2009. CCPD staff welcomed and conducted general orientations for more than 800 new staff during 2007 to 2008.

#### NURSING SCHOLARSHIPS

The Nursing Scholarship Program provides financial assistance annually for educational expenses to MMC employees as they pursue nursing degrees. The program is open to any MMC employee who has successfully completed six months or more of service and is enrolled in an accredited nursing program. For 2007 and 2008, \$135,670 in scholarships were awarded to MMC employees. Over the last 10 years, \$492,300 has been awarded assisting approximately 462 nursing students.

#### CLINICAL NURSING SABBATICAL

The Clinical Nursing Sabbatical was initiated in 2004 through a written proposal by two Special Care Unit nurses, Christine Bartram RN, and Judith Jenness RN. Their proposal was accepted by the Nursing Coordinating Council in May, 2004 with strong support from nursing administration to assure fiscal viability. Oversight of the program rests with the CCPD partnership with those identified as supportive mentors and coaches depending on the nature of the project.

The sabbatical program was designed for nurses who deliver direct patient care and provides for a RN to receive up to 200 hours of paid time off to address an issue that impacts practice and patient outcomes. This exciting opportunity offers support to develop and implement a scholarly or evidence based project, complete a research initiative, and/or promote systems innovations or improvements. The sabbatical also promotes professional development as one pursues a personal goal to benefit nursing practice and safe patient and family centered care.

The 2007 Sabbatical "Reduction of Hospital-acquired Urinary Tract Infections (UTI) in Elderly Trauma Patients" was awarded to Sarah Vreeland, BSN, RN, CN IV who practices on the Orthopedic/Neurology & Neurosurgical Unit. Sarah's project focused on evidence that indicates a greater susceptibility to trauma in elders and higher rates of infections in the setting of trauma which is heightened in the elderly.

With infectious complications comes higher morbidity and mortality in an aging population and UTIs are one of the most common concerns. The goal of the project was to reduce UTIs and ultimately morbidity in elder trauma patients through the identification of root causes, corrective interventions and monitoring of outcomes.

Sarah's project evolved far beyond the initial focus of the elder trauma population and has engaged professionals across MMC to implement initiatives to reduce house-wide UTIs.

In addition to the 2007 sabbatical project, the work of critical care nurse Debra Kramlich, BSN, RN, CN IV continued as she championed progress related to her 2006 Sabbatical award "Family Presence During Resuscitation." Debra initiated her work in the fall of 2006 engaging stakeholders throughout the organization to examine present practices and associated evidence including actual family perspectives from those who have experienced this critical situation. Her work increased professional awareness of issues surrounding family presence during resuscitation and with the investment of health care professionals across disciplines and specialties within MMC, she developed guidelines to assist staff in managing requests for family presence in a consistent manner. Debra continued her work in 2007 including training for family support staff and captured pre and post-implementation qualitative data for evaluation, future presentation and publication.

Deb's work on this project was submitted and accepted for ANCC's new Magnet Innovations program which began in 2008. Magnet organizations were invited to submit abstracts detailing clinical or organizational innovations to be considered for inclusion in the newly created on-line repository for Magnet Practice Innovations at the Virginia Henderson International Library through Sigma Theta Tau International. We look forward to



Sarah Vreeland, BSN, RN, CN IV



Debra Kramlich, RN, BSN, CCRN, CN IV



Elizabeth Sterling, RNC

the ongoing outcomes of this exceptional initiative.

The 2008 sabbatical recipient was Elizabeth Sterling, RNC from our inpatient psychiatry unit who will conduct a quantitative study of the effects of afternoon and evening recreational therapy activities on the behavior, mood, and level of function of geriatric patients. Elizabeth initiated plans for the study in late 2008 and will be conducting this work into 2009.

#### **NEW GRADUATE PROGRAMS**

Nursing welcomed over 172 new graduate nurses in 2007 and 2008. The new graduates represented schools of nursing within the State of Maine, New England, and across the country. Within the first year following their nursing orientation, new graduates are provided classes designed to emphasize the spiritual and physical aspects of care, the significance of clinical findings, as well as on-the-unit experiences with mentoring and coaching from expert RN preceptors. The development of new graduate nurses is a collaborative effort involving unit directors, educators, staff development specialists and clinical nurse specialists. Evidence based practice is highlighted throughout the experience, and culminates with the New Graduate Skills Fair.

#### INTERNSHIPS

Nurse internships continue to be offered for new graduates in areas such as Oncology, Critical Care/Cardiology, Emergency, OR, and the Family Birth Center. The high level of resource investment in these programs supports the successful development of new nurses and ultimately retention and staff satisfaction within settings which require a specific body of knowledge. CCPD involvement varies with the internship from that of consultant such as in the Emergency and OR settings to full oversight and presentation.

The expertise of our staff development and clinical nurse specialists in partnership with clinical leadership, unit educators and staff continues to be key to the development and ongoing provision of internship programs.

#### THE NEW NURSE IN TRANSITION PROGRAM

This holistic, reflective program is designed to provide resources for new nurses who are dealing with difficult issues in the first year of practice and to empower them as they venture more intensively into the role of a professional nurse. Offered twice a year by staff development specialists, this four-hour support session for new graduates provides an opportunity for additional development through shared experiences in the life of a new graduate during the first year of professional practice.

# IN-SERVICE AND MANDATORY EDUCATION / COMPETENCIES

CCPD staff continue to provide and support centralized and decentralized programming to meet staff and organizational requirements associated with many directives, including but not limited to, evolving regulatory and accreditation standards, patient safety and outcomes, quality, new policies and procedures, technology, and changes in patient populations, programs, clinical pathways and services.

Over 1,150 "live" programs ranging from one to four hours in length were provided within this category with over 27,000 staff encounters. Not included here were the numerous activities created in e-learn format which included annual mandatory competencies as well as other inservice events.

One such example championed by a staff development specialist in partnership with a mental health clinical nurse specialist and our manager for accreditation and regulatory

affairs was the design and implementation of an educational plan and skills/competency assessment to meet new requirements for restraint and seclusion training put in place by the Centers for Medicare and Medicaid Services. This extensive effort included the integration of new content within the nursing orientation while the same content was provided to experienced staff in the form of an e-learn. Both groups were required to pass a brief exam at the end of the program. The skills competency portion was accomplished through the development of a "Train the Trainer" model, with unit based trainers performing the verification for all experienced staff and staff development performing the verification for new nursing employees. The third component of the training utilizes an



Cynthia Honess, CNS teaching staff at a Skills Fair

already established training mechanism for management of aggressive behavior. This will be an ongoing required annual competency as are so many practices in our environment.

Another example includes the American Heart Association Basic Life Support (BLS) Training Cycle for nursing which began in August of 2007 and extended into June 2008 with the goal to prepare our staff to confidently use these life saving techniques. Much time and resources were dedicated to coordinating activities to support this effort which included hours of clinical instruction, performance demonstrations for verification of competence, and completion of post testing for each individual.

Preparation of the Instructor Trainers took place in July to prepare for the recertification of 96 MMC BLS Instructors and primary certification of 24 new instructors in August. This was accomplished as the precursor to MMC staff training for 2,200 nursing employees. Staff development specialists and associates worked closely with unit educators and liaisons to coordinate the unit-based recertification of all nursing staff. The new employee orientation three-hour program also supported the recertification of 368 Department of Nursing employees.

## CONTINUING EDUCATIONAL / PROFESSIONAL DEVELOPMENT

CCPD offers an expansive educational calendar for nurses and other professional colleagues within and beyond MMC. As an accredited provider of continuing nursing education by the American Nurses Credentialing Center, we are committed to quality education in support of professional requirements for licensure and opportunities for clinical advancement and certification.

In addition, CCPD partners with others in nursing to support setting/population specific educational initiatives in the provision of accredited education. Selected programs are also accredited through the MMC Department of Medical Education for continuing medical education credit for physicians. Many initiatives involve interdisciplinary work across teams and departments as we strive for enhanced quality and outcomes of care and the satisfaction of patients, families and health care professionals.

During 2007 and 2008, CCPD developed and supported over 300 "live," internal, contact hour accredited activities for MMC staff inviting other disciplines and clinicians within the region as appropriate. Factors leading to the creation of programming are dynamic with safe patient and family centered care, evidence based practice, and leadership development being core to ongoing professional education. Approximately 25,500 contact hours were awarded to over 6,400 participating MMC staff. In addition to MMC staff, colleagues in attendance from other practice settings throughout the region exceeded 4,000 with associated contact hour awards in excess of 22,000.

#### **CERTIFICATION PREPARATION**

CCPD supported certification achievement for nurses through the extensive scope of educational activities described in a prior section which provided numerous opportunities for staff to acquire continuing education hours sufficient to meet eligibility criteria for application to sit for certification exams. In addition, CCPD promoted the preparation for certification through the following:

#### Nursing Administration Certification Preparation Course

June 1, 2007 (Contact Hours – 6.7)

This one-day program featured Vicki D. Lachman, PhD, APRN, MBE, CS, CNAA of Philadelphia. Dr. Lachman is recognized nationally as an expert in consultation and training relative to the health care industry. Invitation to nursing executives, directors, and managers in area hospitals was extended as part of our commitment to professional outreach initiatives. The event hosted 29 participants representing 11 Maine hospitals including 13 directors and managers from MMC.

#### Critical Care Certification (CCRN) Review Course

September 6 & 7, 2007 (7.2 & 7.1 Contact Hours)



Cammy House-Fancher, ACNP, MSN, CCRN-CSC, PCCN

This two-day program featured Cammy House-Fancher, ACNP, MSN, CCRN-CSC, PCCN from the University of Florida, Division of Cardiothoracic Surgery, who is recognized for her practice relative to critical care and education. The program was made available to colleagues throughout the Maine and New Hampshire region and hosted 108 participants representing 22 hospitals. Maine Medical Center supported all requests for attendance which included 34 MMC RNs.

#### Medical Surgical Certification Test Site

In the spring, MMC again served as a test site for nurses in the region for the American Medical Surgical Nursing Certification. MMC has been asked to serve as a permanent test site to accommodate regional applicants and reduce travel demands to otherwise distant test sites in the United States.

#### POSTER & PODIUM PRESENTATIONS

Through CCPD leadership and support of program/setting specific initiatives to assure performance improvement and evidence based practice, CCPD staff have presented and/or partnered with staff in local, regional and national forums and are cited in the Center for Nursing Research & Quality Outcomes Report. In addition are the following:

#### **Podium Presentations:**

Maine Nursing Summit May 2007, Augusta, Maine

- Bridging Cultural Gaps: Integrating Workforce and Community
- Transforming Nursing Leadership at the Bedside through Empowerment and Shared Governance

New England Regional Conference April 2007, Mashantucket, Connecticut

- Eliminating Racial and Ethnic Health Disparities by 2010
- Bridging Cultural Gaps: Integrating Workforce and Community.

National Association of Clinical Nurse Specialists

February 2007- Phoenix, Arizona

■ Teaching Spirituality Content to Staff Nurse

MaineHealth Learning Community- September, 2007, Freeport, Maine

Spirituality: Completing the Circle of Quality Patient Care

National Association of Clinical Nurse Specialists, March, 2008, Atlanta, Georgia

Updating Registered Nurses' Knowledge of Diabetes: A Case Study Approach

MaineHealth Inpatient Diabetes Symposium, October, 2008, Freeport, Maine

Discharge Planning

#### **Poster Presentations:**

MMC's Research Forum: Centered on Science - May 2007

- Measuring Effectiveness of Clinical Education Design
- Designing and Implementing a Nurse Internship Program for the Family Birth Center

Maine Nursing Summit, May 2008, Augusta, Maine

 Designing and Implementing a Nurse Internship Program for the Family Birth Center

#### CERTIFIED NURSING ASSISTANT PROGRAM

Maine Medical Center's Certified Nursing Assistant (CNA) Program, in affiliation with Portland Adult Education is still going strong completing its ninth year in 2008 with over 500 graduates to date. Offered three times a year at no charge to students, this state-approved 200-hour course incorporates experienced MMC nursing staff as faculty/mentors within classroom presentations, skills labs, and supervised clinical experiences. MMC staff mentor these new team members, highlighting MMC's belief in CNAs as integral to the comfort and care of our patients. During the course, students also have the opportunity to become employed at MMC in the Companion Program where they gain familiarity with the hospital and at the same time support patient safety in the clinical setting. Near the end of this eleven-week program, students take the state certification examination.

The CNA program serves a need for MMC and for the community. In 2008 alone there were over 300 applicants for the program which sponsors a maximum of 25 students per session. In 2007 and 2008, the program graduated a total of 131 students with 105 becoming MMC employees and others seeking positions within the extended community. Many of our CNA graduates are now RNs having continued their education while working as CNAs. Some graduates have pursued other health care professions such as surgical technologist, radiology technician, respiratory therapist, and physician assistant. We recognize the valuable role of our CNAs within the health care team and are committed to their ongoing education and development. A clinical ladder program for CNAs was instituted for staff who wish to expand their role by serving on hospital committees, assisting with the orientation of new staff, and contributing to quality initiatives.

#### CNA/NUA CONTINUING EDUCATION PROGRAMS

In partnership with Staff Development, CNA representatives developed and offered three eight-hour conferences with content based, in part, on input from a CNA forum. Content featured clinical skill development (documentation, falls prevention, skin care and pressure ulcer prevention, infection control), and updates on MMC initiatives such as Safe Patient & Family Centered Care, the Partnership Care Delivery Model, and Culturally Competent Care. Over 90 CNAs and nursing unit assistants (NUAs) have attended these popular programs. Additional education activities specific to CNA practice have been offered in response to identified needs such as CNA care of the hospitalized elder patient.

CNAs and NUAs also receive a monthly newsletter specific to their practice which covers a clinical topic, issue, or disease process with a short quiz at the end. This format for



**CNA Students** 

staying current and for continued learning is appreciated as an individualized method. Unit specific annual competency renewal is also provided and seen as an effective strategy for CNA education.

#### **COMPANION TRAINING**

The Nursing Companion Program continued orientations for CNA students and classes for other hospital staff who have taken on this role as a second job. Orientation of companions is overseen by CCPD and Staffing Office staff with faculty including our Geriatric CNS and Mental Health CNS. Patient safety is enhanced by these dedicated employees who sit with patients to assure their well

being as an alternative to restraints.

#### CONSULTATION, RESOURCES & QUALITY OF CARE

CCPD's clinical nurse specialists and nurse clinicians provided a spectrum of consultation and educational services to patients, families and staff as well as supporting and leading clinical and professional initiatives within the system.

#### Burn, Wound, Ostomy, Continence Service

Inpatient care consults and the Wound Clinic constitute the majority of our clinicians' practice time. The following represents selected initiatives and achievements under their leadership:

- Staff education relative to burn, wound, ostomy, and continence care including assessment, clinical interventions and product selection, and preventive care.
- MaineHealth initiative to standardize skin & incontinence care across MaineHealth hospitals and the MMC Skin and Incontinence Care Product Standardization Project at MMC May 2007-October 2007. Project goals were to select products from one manufacturer, reduce duplication of products, promote high quality effective skin care, standardize MMC's approach to skin and incontinence care (algorithms plus products) and reduce incontinence associated skin breakdown in our patients. The project was supported by current published literature and best practice recommendations by IHI's 5 Million Lives campaign.
- Leadership of Pressure Ulcer Prevention Program: involved in all phases of data collection (coordination, analysis, implementation of interventions, and outcome analysis).
  - ~Ongoing leadership of the MMC Nursing Skin Committee with house-wide RN/CNA unit-based representation.
  - ~Oversight of an electronic Excel format allowed dissemination of instant feedback on pressure ulcer incidence and prevention documentation and has facilitated unit-based clinical tracking of Braden scale and pressure ulcer prevention intervention compliance.
  - ~Support of the Vascular Pressure Ulcer initiative ongoing since August 2007.
  - ~In October 2007, the Wound Team engaged in the VHA's 5 million lives pressure ulcer prevention initiative with the goal to decrease pressure ulcer incidence rates to 0% and increase nursing documentation of pressure ulcer prevention interventions to 100% by February 2008.
  - ~Initiation and ongoing leadership and support of unit-based skin rounds with reduction of hospital acquired pressure ulcers.

- ~Pressure Ulcer Prevention presented to the Board of Trustees Quality Ad Hoc Committee in September 2008.
- ~Reducing Pressure Ulcers in the ICU presented at Anthem Q-HIP in October 2008.
- MaineHealth ostomy conversion process. Staff nurses on all units were in-serviced on ostomy product selection and stoma care. During 2007-2008 new ostomy patients were seen and referred to a MMC-Product Secure Start Discharge Program. This program was put into place at MMC to improve continuity of product selection/ostomy care for the patient across all health care settings.
- Urinary catheter trial in surgical settings. Urinary catheters were reviewed and trialed in the OR, R3 and R5 as MMC looks to the provision of latex free catheters. This effort was coordinated by the continence nurses, urologists, staff nurses and UBEs. The team is now reviewing the literature and focusing attention on prevention of catheter associated urinary tract infections.
- Partnership/leadership in the house-wide Urinary Tract Infection (UTI) Prevention Project. The CWOCNs joined forces with key stakeholders from Infection Control, Nursing Informatics, and the 2007 RN Sabbatical recipient whose work related to UTI reduction. They worked with the Nursing Quality and Practice Councils to update current practice and to recruit team members for the current initiatives underway across clinical settings.

#### Mental Health

In addition to the ever increasing number of inpatient and staff consults for guidance and interventions related to mental illness and behavioral health issues, Mental Health CNSs provided support and leadership to these special initiatives:

- Nurse Wellness Committee in collaboration with MaineHealth Works on Wellness (WOW) Committee to improve the health and well-being of our staff.
- Coordination of 10 WOW Lunch and Learn sessions.
- Safe Patient & Family Centered Care Education Committee.
- Integrative Medicine Committee.
- "Just Not Glowing" Class for expectant parents in partnership with Childbirth Education.
- MMC Post Partum Adjustment Support Group.
- Mental Health Perinatal Alliance.
- Maine Maternal and Infant Mortality Resiliency Review Action Team.
- The Pregnancy and Infant Loss Group, which supports families who have experienced any type of pregnancy loss or newborn death, is the only ongoing group of its kind in Maine and entering its 24th year of providing support.
- The Massage, Pet Therapy and Preparing the Mind for Surgery programs.

#### Geriatrics

In association with the evolving Acute Care for Elders (ACE) program, patient screening, patient and family consults, and development of clinical staff in geriatric care continue to be a central component of the service. As a member of the geriatric team, the Geriatric CNS contributed to the renovation planning for the ACE unit that was completed in 2007. The CNS continues to provide support for geriatric best practices with increasing requests for consults from other settings within MMC. Contribution to other initiatives included, but not limited to:

- Decreasing the number of ACE Unit foley catheter days.
- Hospital-wide Falls Committee.

- Development of patient/family education booklet: Fall Prevention in the Hospital.
- Emergency Department Geriatric Initiative Team.
- Dementia Committee and creation of an Activity Box for use in the setting of patient confusion.
- Acquisition of a mini grant from the Southern Maine Agency on Aging to create Caring for Your Aging Family Members support group as well as a support group for people dealing with early dementia.
- Contributor to the development of the Geriatric Documentation program in SCM.
- Coordination of a re-commitment process as a Nurses Enhancing Care to Health System Elders (NICHE) site through the Hartford Institute for Geriatric Nursing.

#### Diabetes

In addition to growing numbers of adult and pediatric patient-family consults, areas of achievement were the support, consultation, education, and leadership provided by the Diabetes CNS and Diabetes Nurse Educator relative to:

- Program development and refinement of services through the CSSP Inpatient Glycemic Control initiative. This cross disciplinary, systems initiative throughout the MaineHealth network has required the continued expertise and intensive support of the Diabetes CNS and the Certified Diabetes Nurse educator. This initiative will be ongoing in 2009.
- Continuing leadership and support of the pediatric staff education model for the management of newly diagnosed children with diabetes and their families.
- Membership of the National Certification Board for Diabetes Educators-Item Construction Committee.
- House-wide and community education related to diabetes management.
- Support and provision of shared expertise for MaineHealth Clinical Integration initiatives related to Diabetes and Chronic Illness.
- Interdisciplinary work relating to spirituality and chronic illness.

#### Cardiology

Staff educational contributions and achievements include, but are not limited to:

- Critical Care Services Committee and the Ventilator Associated Pneumonia (VAP) Bundles initiative in relation to cardiology services.
- Nursing Research Clinical Scholar mentor to clinical staff in their journey to develop a research study or quality improvement project.
- In collaboration with cardiology nurses, initiation of a research study comparing application methods of nitroglycerin ointment to enhance vasodilatation.
- Preceptor for a CNS graduate nursing student practicum from the USM.
- Support of the 2007 Nursing Sabbatical "Family Presence During Resuscitation."
- Collaboration with and mentoring for preceptors and UBEs to orient new nursing staff to cardiology services and to advance existing knowledge for experienced nurses.
- Education for the interpretation of ECGs, treatment of arrhythmias and advanced ECG education to interpret 12 lead ECGs and other cardiac electrical recordings.
- Collaboration with UBEs and RNs to implement the Standard of Care for the addition of ST segment monitoring to the cardiac rhythm monitoring capabilities on R9W and CICU.
- Ongoing support as a bedside clinical resource for implementing telemetry upgrades and interpreting continuous cardiac monitoring via telemetry in medical/surgical departments and collaboration with UBEs to establish yearly competency in cardiac rhythm interpretation.

### Creating an Environment of Excellence...

### Strategic Priorities

- Assess educational needs of nurses and align education to those needs
- Develop implementation plan for annual organizational education "roll outs"
- Establish priorities and goals for future educational initiatives
- Enhance tracking processes for educational activities
- Support staff competency and ongoing development
- Standardize practices across IMC settings
- Partner with academic affiliates to create new models for student placement and clinical faculty development
- Collaborate across disciplines in the provision of interprofessional education

### VISION

### **Nursing Vision**

Nursing at MMC is the spirit and practice of caring for patients, families, and the community through leadership, knowledge and compassion

### Leadership

- Advance Partnership Care Delivery
- Ensure safe and high quality care
- Build a culture of retention and make MMC a workplace of choice
- Enhance financial performance and resource management

### Strategic Priorities

Develop a creative workforce strategy to ensure adequate staffing:

- Recruitment
- Retention
- Recognition
- Succession planning for leadership

### Resource management:

- "Go Green"
- Build organizational capacity through effective patient flow
- Build float pool capability

Advance Quality Improvements through microsystem approach to quality development

### STRA

### Education

### The MMC academic m

- Encourage professiona
- Sustain staff competer
- Develop opportunitie
- Create new and/or bu affiliate alliances

### Recognition of Nursin

- Develop a plan to inc
- Expand the disseminate by clinical staff

### Innova

### Research:

Expand the scope of the currer multiple disciplines and organi

### Evidence Based Practice:

- Leverage cutting edge techniques
- · Effect the translation of new
- Develop practices that prom

Contribute to innovations a environment design a

### **TEGIC PLAN 2008-2011**

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related to space and work and IT development

### Strategic Priorities

- Increase patient and family engagement
- Continuum Summit
- Develop staffing and scheduling practices, processes and priorities to improve flexibility

### Practice

### Partnership Care Delivery:

• Continue to evolve, apply, and evaluate as a Professional Practice Model

### **Interdisciplinary Care:**

- Build strong relationships with other disciplines
- Create collaboration across multiple settings and along the continuum of care

Respond to community needs Build a culture of safety, quality care monitoring and improvement

### GOALS

### Outcomes

### Recognized Nursing Excellence:

- Magnet Redesignation
- Exceptional staff satisfaction
- High level of patient and family satisfaction and engagement
- Nursing Sensitive Quality Indicators that exceed national benchmarks
- MMC presentations/publications

Strong financial viability
Continuity across the continuum of care

### Strategic Priorities

- Daily Care Plan for patients
- Medication adherence discharge information and plan for patients
- Improve systems for patient flow
- Enhance information sharing with other disciplines
- Optimize access to EBP through best practices grid, knowledge bank and other existing resources
- Expand the educational resources and tools for patients/ families to make informed and shared decisions
- Facilitate Council coordination to enhance translation of new knowledge into practice

... for patients, families and staff

- Nursing Practice Council and review of both nursing practice and institutional policies.
- Nursing Research Council member responsible for the maintenance of the research website.

### Oncology and Ethics

Beyond consultation selected initiatives included:

- Oversight for and participation in the six month Adult Oncology Nursing Internship program for new graduates.
- Provision of Oncology Nursing Society Cancer Chemotherapy/Biotherapy Courses for MMC staff and colleagues throughout the state.
- Medication Safety Committee initiatives.
- Chemotherapy FMEA relative to cancer chemotherapy.
- Leadership of interdisciplinary teams in the creation or revision of selected oncology medication related policies and procedures.
- Nursing Research Clinical Scholar mentor to clinical staff in oncology.
- Provision of nursing leadership on the MMC Clinical Ethics Committee.
- Contributions to the Professional Advisory Board for the Cancer Community Center.
- Facilitation for the Cancer Community Center Support Group for Stem Cell Transplant.

### **OUTREACH EDUCATION**

In addition to CCPD's contributions to other agencies, hospitals, and community efforts described elsewhere in this report, the department offers program specific educational services to health care professionals within the region.

### **Professional Nursing Outreach Services**

Staff Development continues to coordinate external requests for networking, information or specialized clinical experiences at MMC for practicing health care professionals in order to support and enhance current practices in other hospitals or agencies in the region. Experiences are facilitated in alignment with the MMC Access Policy and customized based on specific objectives given the context and time line of projected services. Examples of these services include:

- Hosting RNs from Penobscot Bay Medical Center and Southern Maine Medical Center on separate occasions to advance their knowledge relative to specific parenteral therapy practices.
- Waldo County General Hospital requested access to our OR internship classes.
- Memorial Hospital sent two staff members to spend time in critical care to meet objectives related to clinical competencies.
- Two nurses from Frisbee Memorial Hospital spent two weeks individually in the Family Birth Center with a focus on high risk scenarios.

CCPD and clinical colleagues work together to support requests and provide optimal experiences which model best practices, promote patient safety, and strengthen professional relationships.

Of special note were staff from Justinian Hospital in Haiti who came for a week-long visit with various representatives within the health care system. CCPD coordinated an opportunity for the Haitian Medical Director, Nursing Director and Director for the School of Nursing to spend time with a Staff Development Specialist, Unit-based Educator and Nurse Analyst to examine our nursing governance structure, model for nursing education, and the Clinical Nursing Advancement program.

### The Outreach Education Council

Created as an informal multi-hospital educational cooperative in 1981, the Outreach Education Council (OEC) completed its 28<sup>th</sup> year of programming in 2008. Currently comprised of 18 Maine hospitals including MMC, the OEC provides an annual calendar of educational conferences designed in alignment with the needs of member hospitals. Originally intended for RNs in critical care, the program now has relevance for health care professionals in multiple settings and roles. MMC serves as the administrative and educational base for the organization. Representatives from all member hospitals meet quarterly with Paula White, MS, RN, Director of and Education Coordinator for the Outreach Council, to identify priorities for programming and evaluate services.

Twelve OEC full-day conferences in 2007 and 2008 featured multiple local and national faculties with presentations designed for interdisciplinary groups and varied experiential bases. These events reached over 1,400 health care professionals representing 46 hospitals and agencies within the region including over 500 MMC clinicians.

In addition to these programs, CCPD opens all MMC nursing educational conferences to Outreach member hospitals and others.

- Clinical Challenges in Critical Illness: Updates & Considerations for Practice January 19, 2007, 6.5 Contact Hours, 171 Registrant
- Understanding & Interpreting Laboratory Tests

  Day I: March 9, 2007, 6.0 Contact Hours, 6.0 Hours Category 1 CMEs, 201

  Registrants, National Faculty Day II: March 16, 2007, 6.0 Contact Hours, 6.0 Hours Category 1 CMEs, 218 Registrants
- Herbs, Drugs, Supplements & the Body, June 8, 2007, 6.0 Contact Hours, 6.0 Hours Category 1 CMEs, 204 Registrants, National Faculty
- Critical Care Certification (CCRN) Review Course,
   Day I: September 6, 2007, 7.2 Contact Hours, 122 Registrants, National Faculty
   Day II: September 7, 2007, 7.1 Contact Hours, 123 Registrants, National Faculty
- Creating & Sustaining a Healthy Collaborative Work Environment, September 28, 2007, 5.7 Contact Hours, 5.7 Hours Category 1 CME credit, 191 Registrants, 2 National Faculty
- Diabetes Care 2008: Directives for Multidisciplinary Disease Management, November 2, 2007, 6.0 Contact Hours, 6.0 Hours Category 1 CME credit, 175 Registrants
- Addictions: Moving from Problems to Solutions, January 25, 2008, 6.5 Contact Hours, 6.5 Hours Category 1 CME credit, 252 Registrants
- Vascular Access Devices: Choices & Challenges, March 14, 2008, 6.5 Contact Hours, 166 Registrants, National Faculty
- Sepsis 2008: Clinical Advances & Team Management Across the Spectrum of Care, September 19, 2008, 6.7 Contact Hours, 6.75 Hours Category 1 CME credit, 299 Registrants (Overflow room), 5 National Faculty (Presented in partnership with Department of Emergency Services)
- Wound Care: Clinical Challenges & The Impact of Vascular Disease, November 14, 2008, 6.5 Contact Hours, 6.25 Hours Category 1 CME credit, 191 Registrants, National Faculty, (Presented in partnership with The Vascular Center at MMC)

In addition, the service structure provided for inclusion of ongoing consultation with CCPD and other services dependent on individual member hospital needs and changes in health care and educational methodologies.

### THE PERINATAL OUTREACH PROGRAM

The Perinatal Outreach Education team provided 85 lectures for approximately 1,500 participants including physicians, nurses, social workers, and students. Commonly requested topics/programs were Perinatal Substance Abuse, Electronic Fetal Monitoring, Patient Safety in Obstetrics, Neonatal Resuscitation, and First Trimester, Nuchal Translucency Screening and Shaken Baby Syndrome.

The team also participated in 16 transport case conferences which serve as a mechanism for quality improvement within community hospitals in Maine. Cases of pregnant women and neonates who were transported to Maine Medical Center are discussed in conjunction with education and discussion of national standards and guidelines. Over 280 health care providers participated in these multidisciplinary case discussions.

The Perinatal Outreach Educator was a leader in facilitating the annual perinatal conferences held at MMC. The 2007 conference, Perinatal Addiction, hosted expert national faculty who presented topics on addiction related to pregnancy and newborn care. The 2008 conference, Perinatal Mood and Anxiety Disorders, featured Jean Watson Driscoll, a nationally recognized nurse expert in perinatal mental health. Both conferences drew broad multidisciplinary audiences of nearly 200 health care professionals from around New England.

The Perinatal Outreach Nurse Educator continues to facilitate quarterly meetings of the Perinatal Nurse Managers of Maine. Topics discussed over the past two years include: Perinatal Mental Health, Cultural and Linguistic Competence, Update on Maine's HIV testing law changes, Cystic Fibrosis Testing in Newborns, Shaken Baby Syndrome, The National Children's Study, Caring for the Sexual Assault Survivor in the Perinatal Setting, Updates to Maine's Newborn Hearing Program and Family Center Care, and Maine's Domestic Violence Response Initiative and Birth Outcomes.

The nurse managers had a chance to meet with MMC Perinatal Leadership, Dr. Hector Tarraza and Dr. John Bancroft. This was an opportunity to discuss 'hot topics' from around the state

The March of Dimes remains our community partner and we continue our activities with the Prematurity Awareness Campaign. November is Prematurity Awareness Month and MMC held lighting ceremonies each year in their courtyard which was lit with pink and blue lights for the entire month. In 2008, MMC held a press conference in which the March of Dimes released its first annual report card on preterm birth. This report card provides us with state and comparative national data with recommendations on focus areas to reduce the preterm birth rate.

Current public health activities for the Perinatal Nurse Educator include participation in the Maine Safe Families Initiative, the Perinatal Substance Abuse Collaborative, the Abusive Head Trauma Workgroup, and the Maternal and Infant Mortality Review.

# Community

### Community Service

MMC nurses give back to their communities in a variety of ways: whether it's fundraising for an organization or a special project; participating in health fairs or clinics; providing education to elders, children or new mothers; or swinging a hammer – they work tirelessly to improve the lives of others in their communities. Their compassion, expertise, and leadership extend beyond the walls of MMC.

As part of our Magnet culture, MMC nurses reach out into our communities to develop strong partnerships that support improving the health of the people within the communities we serve. Each year, the Magnet, Marketing & Communications Council develops community outreach programs that involve nurses across MMC. As you can see from the small sampling of events listed below, MMC nurses are committed to caring for our communities. The Community Involvement Appendix at the end of this report lists activities and organizations that our nurses share their time, energy and expertise with.

### LONG ISLAND HEALTH FAIR

In September 2007, the Magnet, Marketing & Communications Council took the power of magnetism to the island community of Long Island in Casco Bay. Long Island has a year round population of approximately 200 and a summer population that swells to 2,000. A day-long health fair was held in early Fall with the focus of assisting year-round residents with documenting their vital health information (personal medical history, current medications and dosages, allergies, PCP and emergency contact) in a clear and accurate manner. Nurses from all over MMC agreed that the need for clear and accurate health information at the time of admission is vitally important. The island community has a spectrum of age groups, from infants to elderly, and the fair offered something for everyone.

Also during the health fair, connection was made with a representative from the Changing Tides organization – an organization that assists islanders with crisis issues. With the assistance of our nurses, linkages were established between MMC resources and the organization.

### LARRABEE VILLAGE HEALTH FAIR

In 2008, council members decided to focus on the elder population. The Southern Maine Area Agency on Aging (SMAAA) was contacted about working collaboratively with them. SMAAA was very excited to have us work with them. After many emails, phone calls, and planning sessions, the Larrabee Village Health Fair was held on October 18, 2008. Larrabee Village is an elderly housing complex located in Westbrook, Maine. Thirteen MMC staff (RNs, CNAs, and Social Workers) provided residents with health screenings, medication verification, health history documentation, and advance directive education. The residents shared many stories and "thanks" for the individual attention they received.

### PASSION FOR LIFE - LIFE CAFES

In the fall of 2008, MMC hosted a two-day conference on the Swedish program Passion for Life. This program provides seniors with strategies to stay healthy, active and safe as they age. The six modules of the program are called Life Cafes with a focus on: safety, nutrition, social networking and activity. While MMC nurses were at Larrabee Village, they introduced residents to the Passion for Life program, which was a first in the State of Maine.



Lynda Werner, RN with Island Resident



Nancy Knudsen-Plourde, RN with resident

### **VOTE & VAX**

On election day, November 4, 2008, Maine Medical Center nurses collaborated with MaineHealth, Anthem Blue Cross & Blue Shield of Maine, HomeHealth Visiting Nurses, Portland Public Health, Southern Maine Area Agency on Aging, and Mercy Hospital to host Maine's first ever "Vote & Vax" program. This national program, which was funded locally by the Anthem Foundation, teamed up with local agencies to provide flu vaccinations at 250 polling locations around the country. The local program provided flu vaccinations at four locations: Portland, South Portland, Harrison and Biddeford.

Maine's first Vote & Vax had 36% of the total number of vaccines given in the 50-64 age groups. Twenty four RNs from MMC participated at three different polling sites and 675 people received the vaccine.



Charlotte Bailey-McPherson, RN with voter

### ENHANCING PRENATAL CARE FOR SOMALI WOMEN

The OB/GYN Clinic provides pregnancy care to a diverse multi-cultural population where English is often the second language. One third of the prenatal patients we serve are women of Somali origin. Delivering safe patient centered prenatal care to Somali immigrant women is complex and challenging because of significant differences in cultural beliefs, habits, and attitudes. In an effort to improve patient care by enhancing a more culturally sensitive prenatal program for Somali women, we endeavored to gain a deeper and richer understanding of the women's beliefs about pregnancy and the childbirth experiences by completing a qualitative research study in December 2007.

The OB/GYN Clinic was awarded a grant by the March of Dimes in 2008, "Enhancing Prenatal Care for Somali Women," to develop a culturally sensitive prenatal program to better meet the needs of the Somali population based on our research findings. The goals of the program are to: 1) Improve understanding of prenatal care, labor and delivery, and postpartum care within our Somali population through design and implementation of a Somali-specific educational curriculum for patients seen in the OB/GYN Clinic; and 2) Improve understanding by MMC staff and Birth Center staff of the cultural specifics and needs of our Somali pregnant patients. Several competency workshops were held for MMC healthcare providers. Six Somali women leaders in the Somali community were recruited as liaisons in our efforts to reach the greater Somali community with cross-cultural information on prenatal care. They have been important participants in this project acting as advisors, interpreters, and educational assistants as well as serving as cultural brokers in the development of educational materials and prenatal educational sessions in the community. They have also helped to ensure improved communication and support the credibility of the approach with the Somali patients we serve.

Because of this collaborative initiative, a culturally sensitive prenatal program for our Somali patients was enhanced to better meet the needs of this patient population.

The Magnet nurses at MMC are committed to our communities and want to positively impact and improve their lives. That is what community is all about.

## Councils

### Clinical Nurse Advancement Council

To formally recognize and reward increasing levels of clinical expertise and commitment to patient care. Members of the Clinical Nursing Advancement Council will review staff applications monthly, as needed, and make decisions on advancement of peers. Committee members will also ensure the integrity of the Program and make changes to the program as appropriate.

### **ACCOMPLISHMENTS**

- Advanced 23 Candidates in 2007; 19 in 2008.
- Magnet Presentation.
- Initiated, organized, developed, and planned recognition celebration of clinical support staff advancements.
- Survey of Magnet Hospitals with RN advancement programs to evaluate/compare our program.
- Annual Celebration of RNs who have advanced over the past year.
- Incorporated new nurse managers to have one as co-chair and one in training.
- Continuous improvement of program.

### CO-CHAIRS



Jeanette Pretorius, RN



Beth Thompson, RN

### MEMBERSHIP

Terri Babb, RN Janet Beecher, RN Sandra Bryan, RN Jane Cleaves, RN Debbie Aylward, RN Jeanie Coyne, RN Rachel Dalgleish, RN Rhonda Diphilippo, RN Heather Docherty, RN Margaret Estee, RN Lori Furey, RN Mary Genest, RN Jackie Gilbert, RN Terry Grover, RN Cindy Kilbride-Johnson, RN Janice Kroot, RN Christine Lord, RN Paula McGinty, RN Joseph McSweeney, Advisor Jason Morgan, RN Shannon Morin, RN Muriel Morse, RN Suzanne Parenteau, RN Helen Pride, RN Marie Rivet, RN Amy Robinson, RN Ann Marie St. Pierre, RN Betty Stuart, RN Maggie Torrchio, RN Kathy Warner, RN Debra Wilson, RN Carol Wishman. Administrative Assistant

### CO-CHAIRS



Ellen Hopkins, RN



Alleen Eastwood, RN

### MEMBERSHIP

Deborah Bachand, RN Mary Bauer, RN Emily Benevento, RN Richard Boisselle, RN Bonnie Boivin, RN Denise Boshea, RN Mary Bowne, RN Donna Burnell, RN Theresa Colston, RN Peggy Doliner, RN Alice Drake, RN Alleen Eastwood, RN Tricia Foley, RN Renee Fortin-Shoemaker, RN Amy Fournier, RN Paulette Gallant, RN Jackie Gilbert, RN Betty Grant, RN Crystal Graves, RN Anne Marie Gray, RN Jean Hammond, RN Kathleen Keane, RN Teresa Leeman, RN Lois Lefebvre, RN Kelly Madore, RN Carole Parisien, RN Therese Qualey, NR Mary Rohde, RN Nicole Shaffer, RN Eileen Shanahan, RN Nina Swan, RN Jean Tourangeau, RN Andrea Varnum, RN Angie Vereshko, RN Caroline Wagner, RN Lauri Wilson, RN Barbara Winship, RN Holly Dell'Aquila, Administrative

### Nursing Clinical Quality Council

The Clinical Quality Council oversees the collection, analysis and improvement initiatives of nursing sensitive quality indicators. The Council provides the leadership of quality measurement and improvement at the unit level, resulting in impacts on practice and improved communication of quality outcomes to staff nurses. The quality nurses are responsible for coordinating the data collection at the unit level for submission to the National Database of Nursing Quality Indicators (NDNQI) and Maine Quality Forum (MQF).

### **ACCOMPLISHMENTS**

- Fully implemented the Raw Data Bank with unit specific indicators.
- Conducted an assessment of unit-based quality indicators.
- Prioritized monitoring of quality indicators according to National Patient Safety Goals, Regulatory Standards of Practice, and internal performance expectations.
- Chart Audits:
  - ~ Restructured audit process; CPI developed scanable tool.
  - ~ Revised chart audit tool to streamline the number of items audited each month; 10 audits per month.
  - ~ Created guidelines for chart audit process.
- Added three indicators to nursing scorecard: Research Projects, RN Education, Chart Audits.
- Added four indicators to Joint Commission scorecard: Assessments: Falls, Braden, Pain; and Unapproved Abbreviations.
- Granted RNs & LPNs access to three scorecards: Performance Improvement, Nursing, Joint Commission.
- Added four indicators to NDNQI reporting: Nosocomial Infections (3), Restraints.
- Added three indicators to Maine Quality Forum reporting: Nosocomial Infections (2), Restraints.
- Introduced new NRC+Picker Patient Satisfaction Survey; training & access.
- Repeat Visual Infusion Phlebitis (VIP) inter-rater reliability study and establish VIP Committee.
- Participated in Performance Improvement Fair:
  - ~ 41 Quality Improvement posters in 2007.
  - ~ 30+ Quality Improvement posters in 2008.
  - ~ Council created poster for fair
- Create VIP Staging Committee
- Skin Care Committee:

Assistant

- ~ Conducted study of incontinence products
- ~ Braden Assessments on admission
- Infection Control
  - ~ Handwashing Campaign
  - ~ C-Difficile Update
  - ~ Immunizations Update
  - ~ UTI Prevention Initiative
- Prioritized monitoring of quality indicators according to National Patient Safety Goals, Regulatory Standards of Practice, and internal performance expectations
- Best Practices shared and network between units
- Joint Commission Readiness Updates

### CO-CHAIRS



Bettyanne Grant, RN



Karol Call, RN

### MEMBERSHIP

Laura Barra, RN Gail Beals, RN Cheryl Bougie, RN Elizabeth Brookes, RN Janice Charek, RN Brenda Clark, RN Sandy Colello, RN Kristen Cooper, RN Stephanie D'Amboise, RN Kathie Demmons, RN Deborah Dobson, RN Cathy Hickson, RN Valerie Hodgdon, RN Priscilla Kennie Andria Killinger, RN Barbara Kilroy, RN Nancy Knudsen-Plourde, RN Donna Libby, RN Claudette Mimeault, RN Heidi Montagne, RN Sonja Orff-Ney, RN Cathy Palleschi, RN Carole Parisien, RN Sheila Parker, RN Rosemarie Powers, RN Martha Richardson, RN Bobbi Shirley, RN Bonnie Smith, RN Karen Souza, RN Jessica Stevenson, RN Jan Stilkey, RN Nina Swan, RN Danielle Tabor, RN Marianne Tufts, RN Lynda Werner, RN

### Magnet, Marketing & Communications Council

Identify and promote the work of all councils through a variety of methods of communication. In addition, the council plays a major role in marketing the Magnet program and improving the image of nursing at MMC.

### **ACCOMPLISHMENTS**

- Worked collaboratively with Practice Council on Partnership Care Delivery Model.
- Best Practices:
  - ~ Worked collaboratively with CNRQO in developing grid
  - ~ Collected best practices throughout Maine Medical Center
  - ~ Reviewed and revised Best Practices
  - ~ Prepared and submitted 17 abstracts to ANCC's Magnet Innovations
- Community Outreach
  - ~ September 29, 2007 16 RNs hosted health fair on Long Island to assist residents with compiling their health history, completing advance directives, and providing health screenings.
  - October 18, 2008 12 RNs in collaboration with Southern Maine Area Agency on Aging hosted a health fair at Larrabee Village elderly housing complex. Nurses did blood pressure checks, assisted residents in completing medication cards, and provided information on advance directives.
  - ~ October 18, 2008 First of six Life Cafes, a program developed in Sweden, was held at Larrabee Village elderly housing complex. Life Cafes is a series of programs for the elderly to keep them healthy, safe and active.
  - ~ November 4, 2008 Vote & Vax collaborative community project with MaineHealth and Portland Public Health held Election Day at four sites (Harrison, Portland, South Portland and Biddeford). The Vote & Vax Project was a national project held at 250 polling locations around the country. Goal was to provide flu shots to adults age 50 and over when they voted. MMC nurses assisted at three of the sites.
- Nurses as Volunteers developed a day-long program showcasing nurses who volunteer in our communities local, state, national or international.
- Certification Day, March 19, 2008 a day-long celebration for certified nurses as well as information sharing on becoming certified.
- Nursing at the Center Newsletter published throughout the year with news and information about nursing at MMC.
- Conversations with Marge quarterly meetings for nurses to meet with VPN/CNO to share what's happening in the world of nursing.
- Coordinating and planning of Nursing Staff Recognition Week events.
- Continued development of our internet and intranet websites.

- Four council members attend National Magnet Conference in October annually.
- Keeping Magnet spirit alive as we work towards redesignation in 2010.
- Hosted Magnet Site Visits for Maine Hospitals who are beginning their Magnet journey:
  - ~ June 17, 2008 CMMC, Bridgton & Rumford Hospitals
  - ~ July 23, 2008 Mt. Desert Island
  - ~ September 2008 Southern Maine Medical Center
- Participation in the state networking group Maine Magnet Networking Collaborative.
- Planning for our Magnet redesignation in 2010.

### CO-CHAIRS



Lois Hayworth, RN



Iane Cleaves, RN

MEMBERSHIP Ellen Assante, RN Rhonda Babine, RN Cindy Belanger, RN Jackie Bourgue, RN Bridget Burke, RN Debbie Cobb, RN Beth Coughlan, RN Susan Curtis, RN Carole Duperre, RN Suzann Farnsworth, RN Sandy Fournier, RN Cynthia Honess, RN Judy Howes, RN Connie Jackson, RN Jana Jacobs, RN Gael Jackson, RN Gail Labbe, RN Julie Lamson, RN Bernie Lehouillier, RN Deb McPherson, RN Janet Oliver-Palanca, RN Carole Parisien, RN Sarah Scott, RN Cindy Smith, RN Nina Swan, RN Laurie Tardif, RN Shelly Wilkins, RN Elaine Zappala, RN Debra Martin-Smedal,

### Practice Council

The Nursing Practice Council defines, implements and maintains the highest standards of clinical nursing practice. The Council reviews, approves, and revises clinical standards of nursing care consistent with national and state standards of practice and regulations. An interdisciplinary collaborative process is utilized for integrating evidence based practice and nursing research to achieve optimum patient outcomes.

### **ACCOMPLISHMENTS**

- Approved 55 Policies / 29 Standards of Care / 7 Guidelines.
- Electronic charting input.
- Removed bedside unit stock medications: Triple antibiotic ung, chlorhexidine, nystatin powder, Oil of peppermint.
- Interdisciplinary Screens: support new process to ensure consistent Nutrition referrals.
- Established safe storage of unit stock items: hemoccult / gastroccult.
- Tobacco Cessation Program Update.
- Add TB Screens on admission Health History & Assessment.
- Designed new NPO Signs to standardize practice across the organization.
- RNs request PT / OT / ST consult on admission.
- Diabetes focused education series.
- New drug handbooks adult / pediatric.
- Foley Catheter SCM upgrades to encourage early removal of catheters, revised 135 department order sets.
- Restraint guidelines four side rails.
- Infection Control Updates
  - ~ Management of patient with C-Difficile Update
  - ~ Hand washing
  - ~ Cleaning equipment from DRO rooms
  - ~ UTI Prevention
  - ~ Immunizations
- Medication Safety
  - ~ Review ISMP Alerts
  - ~ Pre-filled saline syringes designed for flushing only not mixing meds
  - ~ Medication labeling: Heparin & Insulin
  - ~ Unapproved abbreviations
  - ~ Medication Reconciliation: Medication History list
  - ~ Independent verification for high alert medications
  - ~ Acetaminophen alert
  - ~ Pyxis overrides
- Partnership Care Delivery Model
  - ~ Brainstormed characteristics of ideal care delivery system with patient input and reviewed various care delivery systems

Administrative

Assistant

### Research Council

The Nursing Research Council's mission is to create an institutional culture of nursing scholarship by promoting evidence based practice within interdisciplinary partnerships and collaboration throughout MMC and our community. This is accomplished through:

- Promoting, supporting and mentoring health care professionals in all aspects of research and evidence based practice
- Dissemination of knowledge of the nursing research process
- Raising institutional and community awareness of the work of the NRC
- Encouraging renewal of the professional spirit through curiosity, reflective thinking, and passionate practice
- Support of the development of the Partnership Care Delivery Model

### **ACCOMPLISHMENTS**

- Redefined Nursing Research Council's mission and set goals for 2008.
- Development of quarterly Nursing Research Grand Rounds to promote awareness and knowledge of various aspects of the nursing research process. Topics: EBP Models, Microsystems, Informed Consent
- Publication of a bi-monthly newsletter.
- Development of the Knowledge Bank.
- Further development of the web site.
- Creation of a nursing research listserv.
- Participation in Nursing Orientation to promote nursing research at MMC.
- Administration of a survey to determine success of the Clinical Scholar Program.
- Promotion of the consultative services of the council through invitation of primary investigators to present their projects during council meetings.
- Continuing education and development of council members through writing for publication, qualitative research and NVivo workshops.
- Expansion of the Clinical Scholar Program to include other MaineHealth organizations as well as professionals from health care disciplines other than nursing.
- Increased awareness and knowledge of nursing research and evidence based practice through presentations at various organizations within the MaineHealth system.
- Annual Nursing Research and Evidence Based Practice Awards presented during Nurses' Week
- Research Fair
- Members shared their research through national and international poster and podium presentations and publication.

### CO-CHAIRS



Kelly Lancaster, RN



Deb Kramlich, RN

### MEMBERSHIP

Jason Aucoin, NP Rhonda Babine, RN Deb Palmer, RN Bethany Emerson, RN Renee Fortin-Shoemaker, RN Paulette Gallant, RN Deborah Gregoire, RN Nancy Hill, RN Cynthia Honess, RN Kristiina Hyrkas, RN Nicole Irvin, RN Pamela Jordan, RN Trudy Kent, RN Christine Kuhar, RN Louise Marcotte Michelle McDonald, RN Carol Jo Morse, RN Darlene Rouleau, RN Laurie Shields, RN Joan Smaha, RN Tania Strout, RN Louise Wakefield, RN Advisors: Phyllis Healy, RN (University of Southern Maine) Jennifer Morton, RN (University of New England) Deb Riendeau, RN (St. Joseph's College) Debra Martin-Smedal, Administrative Assistant

### Certifications

MMC nurses recognize the importance of certification and its relationship to patient outcomes. Becoming certified in their specialty is a validation of a nurse's knowledge, expertise, and commitment to quality patient and family centered care. Our nursing leadership continuously encourages and supports staff in becoming certified by:

- Providing review classes;
- Providing financial support for review classes;
- Encouraging staff to attend Test Taking Skills class;
- Coordinating study groups; sharing study guides and books;
- Formally recognizing certified nurses;
- Displaying names of certified nurses in highly visible areas throughout the hospital;
- Encouraging certification at staff annual performance reviews.

Acute Care Nurse Practitioner Deborah A. Hoch, NP

### Adult Health - Clinical Nurse Specialist

Cynthia A. Honess, RN

### Adult Nurse Practitioner

Jason A. Aucoin, NP Caroline A. Baker, NP Georgann S. Dickey, NP Cindy L. Frost, NP Marianne N. Harmon, NP Priscilla Hennessey, NP Margaret J. Kelley, NP Judith Kerr, NP Pamela LaJeunesse, NP Catherine S. Lapointe, NP Kristen M. Martin, NP Iulianne B. Ontengco, NP Caryn P. Radziucz, NP Lynn I. Reid, NP

### Adult Psychiatric & Mental Health Clinical Nurse Specialist

Margaret Bradstreet, RN Maureen E. Callnan, RN Heather Emerson, RN Linda H. Iacobson, RN Jeanne M. Mullen, RN Jo A. Palmacci, RN Patrice M. Roy, RN Patricia R. Todorich, RN

### Adult Psychiatric & Mental Health Nurse Practitioner

Georgann S. Dickey, NP Heather Emerson, NP Leslie A. Gatcombe-Hynes, NP Amy L. Liston, NP Ellen M. Moulton, NF Sandra T. Putnam, NP Patrice M. Rov. NP Leah M. Vosmus, NP

### Advanced Oncology Certified Nurse Marylou Nesbitt, RN

### Advanced Practice Mental Health

Ellen R. Assante, NP Ruth D. Corbett, NP Louis M. Dudek, NP Kathryn J. Eliscu, NP Shelley A. Larain, NP Elizabeth A. Largey, NP Lisa D. Love, NP Colleen H. Robinson, NP Elizabeth S. Sterling, NP Susan J. Winslow, NP

### Advanced Practice Registered Nurses

Donna R. Ross, RN

### Alcohol Drug Counsel Deborah A. Hoch, RN

### **Ambulatory Care**

Diane Bryant, RN Judith E. Howes, RN Martha C. Richardson, RN Ann M. Stickney, RN Margaret V. Viola, RN Robin D. Wellington, RN

### Ambulatory Perianesthesia

Colleen Allen, RN Linda D. Aspinall, RN Elaine Enochs, RN Patricia Fauk, RN Patricia G. Fischer, RN Janna M. Frank, RN Jaclyn Gilbert, RN Tammy W. Hulst, RN Martha S. Johnston, RN Gail E. Labbe, RN Gwen A. Lambert, RN Kelly E. Lancaster, RN Mary J. Morgan, RN Danielle M. Nelson, RN Lisa J. Paquet, RN Lvnda M. Tanabe, RN

### Cardiovascular Nursing

Rhonda L. Babine, RN Emily A. Benevento, RN Jane Cleaves, RN Alleen Eastwood, RN Lori E. Sturgeon, RN Christine Warrick, RN

### Case Manager

Katherine F. Brancely, RN Jennifer S. Bridges, RN Susan L. Cahoon, RN Marie I. Calvert, RN Olia S. Cobb, RN Jacqueline Collins, RN

Linda A. Edgerton, RN Karen A. Eldridge, RN Carolyn A. Hale-Tinsman, RN Susan Harper, RN Lawrence LaPointe, RN Barbara S. Lincoln, RN Kristi K. Macarelli, RN Kimberly M. Murray, RN Deborah J. Osborn, RN Ann D. Rust, RN Kathryn Ware, RN

### Certified Specialist Poison Control

Janet L. Lund, RN Coleen L. Muse, RN Tami W. Perron, RN

### Child Psychiatry & Mental Health Clinical Nurse Specialist

Leslie A. Gatcombe-Hynes, RN

### Childbirth Educator Lorande J. Furey, RN

Elizabeth E. Stuart, RN Diane F. Tupper, RN

### Clinical Research Coordinator Kathleen Bermingham-Mitchell, RN

### Clinical Nurse Leader Paulette S. Gallant, CNL

Nicole L. Manchester, CNL Mary K. Melson, CNL Sonja C. Orff, CNL Rebecca L. Quirk, CNL Nina L. Swan, CNL Danielle N. Tabor, CNL Lauri A. Wilson, CNL

### Certified Clinical Research Coordinator

Claire M. Berg, RN Joanne S. Burgess, RN Robert A. Cormier, RN Helen M. Cyr-Alves, RN Jane C. Kane, RN Jennifer R. Powers, RN

### Critical Care Nursing

Jason A. Aucoin, RN Laura R. Barra, RN Christine M. Bartram, RN Kathleen S. Bennett, RN Robin L. Chase, RN

### ■ 1,727 RNs at **MMC**

- 33% certified
- 6% dual certification
- 51% BSN
- 27% have 20+ years at MMC

Carla E. Cutting, RN Kristine B. D'Agostino, RN Rachel A. Dalgleish, RN Carol P. Doane, RN Bethany K. Drabik, RN Nicole R. Farrell, RN Anne-Marie P. Gray, RN Deborah A. Gregoire, RN Marshall J. Higgins, RN Deborah A. Hoch, RN Cynthia A. Honess, RN Deborah J. Jackson, RN Patricia A. Jordan, RN Linda M. Josti, RN Kathleen M. Keane, RN Catherine Lyden, RN Janet P. Maguire, RN Nicole L. Manchester, RN Gail Marchigiano, RN Mary C. Otis, RN Anthony T. Otis, RN Paul M. Pelletier, RN Melinda M. Rankin, RN Patricia A. Rodrigue, RN Suzanne Satterfield, RN Susan B. Sepples, RN Theresa R. Stevens, RN Micheline Wilkins, RN Andrea C. Withers, RN Elaine M. Zappala, RN

### Critical Care - Clinical Nurse Specialist

Mary C. Otis, RN

### Critical Care - Adult

Linda A. Gardiner, RN Debra L. Kramlich, RN

### Critical Care - Pediatric

Debra L. Kramlich, RN Catherine D. McMahon, RN Wendy K. Scott, RN

### Clin Transplant Nursing

Roxanne M. Taylor, RN Diabetes Educator Rachel H. Girard, RN

### Dialysis Nurse

Laurel A. Valley, RN

### **Electronic Fetal Monitoring**

Cindy L. Frost, RN Lena M. Strange, RN

### EMT-1

Micheline Wilkins, RN

**Emergency Nurse** Roland D. Auger, RN Jane G. Baxter, RN Richard P. Boisselle, RN Carla E. Cutting, RN Brian Ericson, RN Dawn M. Fairfield, RN Robin M. Hall, RN Marianne N. Harmon, RN Priscilla Hennessey, RN Tina M. Inman, RN Kandy J. Lefebvre, RN Darlene D. Lessard, RN Steve P. Moody, RN Cherry A. Moreno, RN Kimberly A. Nicolet, RN Barbara L. Senko, RN Angela M. Smith, RN Andrea W. Varnum, RN Louise Wakefield, RN Tori M. Willis, RN

### Emergency Nurse - Pediatric

Doreen G. Barnard, RN Ann F. Bishop-Kodis, RN Kimberly A. Bockus, RN Heather L. Boisot, RN Richard P. Boisselle, RN Ann Marie C. Bolduc, RN Theresa R. Boulos, RN Beth A. Carnicella, RN Heather L. Close, RN Lori J. Crowley, RN David D. Dirsa, RN Andrea F. Elmere, RN Heather Emerson, RN Brian Ericson, RN Melissa A. Fairfield, RN Dawn M. Fairfield, RN Leslie A. Gatcombe-Hynes, RN Jeanne M. Gebhart, RN Georgia L. Golder, RN Kimberly A. Gullikson, RN Wendy J. Haskell, RN Tina M. Inman, RN Pamela J. Jordan, RN Stephanie A. Jordan, RN Margaret J. Kelley, RN Judith Kerr, RN Pamela LaJeunesse, RN Catherine S. Lapointe, RN Jeffrey S. L'Heureux, RN Athena H. Mains, RN Kristen M. Martin, RN Margaret K. Mason, RN Jessica L. Michaud, RN Claudette Mimeault, RN Steve P. Moody, RN Melanie L. Morneau, RN Iulianne B. Ontengco, RN Amy L. Owens, RN Theresa L. Peterson, RN Caryn P. Radziucz, RN Lynn I. Reid, RN Sarah A. Scott, RN Seth I. Seder, RN Kathryn L. Shevenell, RN Judith A. Sinclair, RN Brenda K. Slivinsky, RN Angela M. Smith, RN Karen D. Taylor, RN Elizabeth Winchenbach, RN Joann Wood, RN Barry G. Worthing, RN Kathleen L. Wurgler, RN Victoria J. Young, RN

### Family Nurse Practitioner

Tamiko N. Davies, NP Patricia A. Fahey, NP Daniel J. Feltovic, NP Susan Fielding, NP Valerie J. Fuller, NP Donna L. Gordon, NP Janene S. Gorham, NP Rebecca S. Hitchcock, NP Stacey L. Kelley, NP Darlene D. Lessard, NP Dawne E. Miller, NP William F. Nevins, NP Annette O'Gorman, NP Elizabeth A. Pavao, NP Janice L. Pflugradt, NP Sandra T. Putnam, NP Jennifer A. Rogers, NP Susan J. Sullivan, NP Sara L. Thompson, NP Tiffany L. Townsend, NP

### Gastroenterology Nurse

Caroline A. Baker, RN Stephanie Curran, RN Cynthia Ferland, RN Martha Mita, RN Rosemarie T. Powers, RN

### Geriatric Care Manager Leanne M. Noyes, RN

### Gerontological Clinical Nurse Specialist

Patricia J. Garrett, RN Kathy K. Nadeau, RN

### Healthcare Project Management Kim Tierney, RN

### Healthcare Quality

Mary L. Johnson, RN Gwendolen J. Schollard, RN

### Infusion Nurse

Stephanie M. Baker, RN

### Inpatient Obstetrics Nursing

Pamela C. Brennan, RN Kimberley L. Carnevale, RN Veronica Carter, RN Colette L. Dunfee, RN Julie V. Fortier, RN Lorande J. Furey, RN Shirley M. Giles, RN Margaret M. Grazewski, RN Leslie A. Grimes-Fischer, RN Barbara J. Henley, RN Kristi Leland, RN Amy L. Liston, RN Janet M. Oliver-Palanca, RN Caren M. Priest, RN Patricia D. Rickards, RN Lena M. Strange, RN Elizabeth E. Stuart, RN Pamela K. Tozier, RN Natalie A. Twaddel, RN Michelle M. Vaughan, RN Jane Walker, RN Melinda B. Walker, RN

### Lactation Consultant

Julia M. Anderson, RN Beth E. Bejcek, RN Pierrette D. Bicknell, RN Veronica Carter, RN Iacqueline Collins, RN Emily S. Dubord, RN Denise M. Goode, RN Bonnie Jewett, RN Ellen L. Rathbun, RN Karen J. Robbins, RN Veronica H. Sweeney, RN Carole R. Tubbs, RN Celine Whitehead, RN

### Lactation Counselor

Cynthia A. Deveau, RN

### Legal Nurse Consultant

Erica M. Campbell, RN Kathryn Ware, RN

### Low Risk Neonatal

Dorthy R. McAllister, RN

### LPN First Assist

Judith A. Curran, CST

### Maternal Newborn Nursing

Patricia Crosby, RN Rhonda L. George-Stitt, RN Amy Thurston-Mckague, RN Medical-Surgical

Grace Abourjaily, RN Ellen R. Assante, RN Lori A. Barron, RN Holly A. Beaulieu, RN Cindy I. Belanger, RN Louise A. Bell, RN Emily A. Benevento, RN Kathleen C. Bennett, RN Mary E. Blue, RN Iacqueline G. Bryson, RN Laura P. Burke, RN Karol E. Call, RN Gloria D. Carlton, RN Anita L. Chadbourne, RN Brenda T. Clark, RN Deborah S. Cobb, RN Beth S. Coughlan, RN Nancy F. Craig, RN Kathleen A. Demmons, RN Rachel S. Drury, RN Michelle Duval, RN Mary E. Ekholm, RN Edwin A. Emerson III, RN Anne H. Esposito, RN Patricia Fauk, RN Marilyn R. Flanders, RN Janna M. Frank, RN Patricia C. Friberg, RN Dana T. Galbraith, RN Paulette S. Gallant, RN Patricia J. Garrett, RN Kathleen A. Gilliam, RN Dorothy M. Golder, RN Brandi L. Gordon, RN Bettyanne H. Grant, RN Mary R. Greene, RN Ianet T. Gross, RN Heidi A. Gwinn, RN Tracy L. Hall, RN John R. Harbottle, RN Maryann B. Henick, RN Diane M. Higgins, RN Olga L. Higuera, RN Jami S. Hill-Graffam, RN Diane C. Howitt, RN Lynn M. Huck, RN Constance E. Jackson, RN Jana L. Jacobs, RN Christine V. Johnson, RN Christine M. Jones, RN Virginia C. Jordan, RN Sarah M. Keller, RN Barbara L. Kilroy, RN Iulie A. Lamson, RN Joanne M. Leary, RN Amanda L. Leque, RN Patricia R. MacDonald, RN Carol E. Maynard, RN Jennifer R. Mirone, RN Norma I. Moore, RN George A. Moreau, RN Carol J. Morse, RN Michel Ohayon, RN Elna M. Osso, RN Richard W. Pierce, RN Elizabeth A. Powers, RN Barbara M. Prescott, RN Jeanette Pretorius, RN Wanda Reutt, RN Darlene J. Rouleau, RN Karen J. Sanborn, RN Eileen T. Shanahan, RN Rona Shriner, RN Danielle L. Silva, RN Cindy E. Smith, RN Kristie J. Souza, RN

Eleanor A. Spear, RN Nina L. Swan, RN Beth A. Thivierge, RN Donna M. Thorpe, RN Caroline Wagner, RN Debra L. Wilson, RN Lauri A. Wilson, RN Barbara B. Winship, RN Virginia Woodman, RN Dorothy A. Zieba, RN

### Multiple Sclerosis

Georgann S. Dickey, RN

### Neonatal Intensive Care

Margaret P. Allegretta, RN Terri A. Babb, RN Jane M. Begin, RN Kristi A. Bennett, RN Kelley A. Bowden, RN Ann T. Carroll, NNP Valerie M. Cook, RN Sandra L. Fournier, RN Elizabeth A. Gaudet, RN Patricia A. Goodwin, RN Bonnie L. Hopper, NNP Cynthia L. Jesseman, NNP Annette M. Kissin, NNP Dorothy L. McLaughlin, RN Carole B. Messenger-Rioux, NNP Vicki L. Schaffer, NNP Lori Smith, RN Susan J. Sullivan, FNP Karen E. Wadman, NNP Mary Weinstein, NNP Diane M. Wentzel-Carrier, NNP

### Nephrology Nurse

Sandra L. Bryan, RN James R. Kavanagh, RN

### **Nurse Anesthetist**

Heidi J. Alpern, CRNA Lucy E. Bauer, CRNA Jonathan B. Bradstreet, CRNA Gregory A. Cyr, CRNA Niki A. Day, CRNA Paul E. Dionne Jr, CRNA Karen E. Donovan, CRNA Alison L. Drury, CRNA Rae D. Geren, CRNA Susan S. Holloran, CRNA Marjorie D. Humeniuk, CRNA Annette L. Lofft, CRNA Lora L. Manning, CRNA Bruce W. Martell, CRNA Kathleen McCarthy, CRNA Kathleen A. McNally, CRNA Philip D. Meyers, CRNA Claire A. Miner, CRNA Ann E. Misterovich, CRNA Monique L. Patterson, CRNA Nancy A. Quint, CRNA Rebecca A. Roy, CRNA Ann Marie Sellinger, CRNA Hugh J. Sharp, CRNA Christine G. Sheetz, CRNA Elizabeth A. Smith, CRNA Suzanne M. Snowden, CRNA Jean M. St Pierre, CRNA Lise M. Stone, CRNA Jill M. Terranova, CRNA Drew C. Wilson, CRNA Vance A. Wormwood, CRNA

### Nurse Midwife

Stacy F. Brenner, RN Phyllis L. Reames, RN Nursing Administration

Joanne L. Chapman, RN Gail W. Chop, RN Emma L. Dann, RN Deborah A. Dolan, RN Kathleen Hale, RN Gayle Hincks, RN Jani M. Kinder, RN Donna L. Libby, RN Jeanette Pretorius, RN Cheryll St Onge, RN

### Nursing Administration - Advanced

Jonathan E. McCarthy, RN Martha A. Riehle, RN Marjorie S. Wiggins, RN

### Occupational Health

Cindy L. Frost, RN Margaret J. Kelley, RN Lawrence LaPointe, RN

### Oncology Nursing

Rachel R. Abbott, RN Donna Akerson Green, RN Nicole I. Connor, RN Robin S. Corrao, RN Emma L. Dann, RN Virginia Gilmore, RN Jami S. Hill-Graffam, RN April R. Hothersall, RN Carla R. Hutchinson, RN Gael S. Jackson, RN Gail S. Kolbe, RN Mark P. Leclerc, RN Daniel J. MacLeod, RN Michelle M. Powell, RN Julie-Ann Robert, RN Janet L. Springborn, RN Elizabeth B. St Germain, RN Patricia M. Stasinowsky, RN Ludmila A. Svoboda, RN Diane D. Vachon, RN Angelo P. Verdelli Jr, RN

### Operating Room Nurse

Katrina A. Anderson, RN Deborah L. Aylward, RN Gail Beals, RN Maureen E. Bien, RN Jill S. Binford, RN Linda M. Boyd, RN Karen M. Dumond, RN Dana L. Eustis, RN Clarence A. Fenton, RN Ann M. Gill, RN Crystal C. Graves, RN Kathryn D. Hale, RN Darcie M. Harkins, RN Valerie S. Hodgdon, RN Debra L. Irish, RN Michael J. Jackson, RN Anita Johnston, RN Lisa T. Joseph, RN Kerry L. Lepage, RN Janice S. Littlefield, RN Kathleen Marlowe, RN Shannan L. Morin, RN Heidi L. Muse, RN Linda A. Philbrick, RN Rhonda F. Quirk, RN Jessica A. Reed, RN Teresa A. Regan, RN Liana M. Ross, RN Catherine M. Shea, RN Marianne G. Tufts, RN Katherine J. Warner, RN

Orthopedic Nurse

Cynthia Kilbride-Johnson, RN Sarah J. Vreeland, RN

Pediatric Chemo Biotherapy

Rosemary D. Herd, RN Jeanne A. Parker, RN Maria F. Sesto, RN

### Pediatric Hematology & Oncology

Jennifer R. Caiazzo, RN

Pediatric Nurse Practitioner

Janice B. Charek, NP Janice E. Dudley, NP Bonnie L. Hopper, NP Rachel A. Rivard, NP

Pediatric Nurse

Laura R. Barra, RN Bridget A. Burke, RN Janice B. Charek, RN Rosemary D. Herd, RN Elizabeth S. Matheson, RN Jessica L. Michaud, RN Teresa A. Morgan, RN Melanie L. Morneau, RN Jeanne A. Parker, RN Elizabeth M. Thompson, RN

Pediatric Oncology

Bridget A. Burke, RN Kimberly L'Heureux, RN Cynthia E. O'Brien, RN Rebecca L. Quirk, RN

Perianesthesia Nursing

Joanne E. Biery, RN Keri P. Breuer, RN Mary B. Charest, RN Janet Chartier, RN Ruth S. Cote, RN Jeanie K. Coyne, RN Deborah A. Gregoire, RN Patricia B. Peters, RN Diane P. Vasile, RN Lynda E. Werner, RN

### Poison Control

David A. Kemmerer, RN

**Post Anesthesia Nursing** Keri P. Breuer, RN

Lois M. Hayworth, RN

**Procurement Transplant** Roxanne M. Taylor, RN

Psychiatric Critical Care Angela M. Albert, RN Psychiatric Nurse Practitioner Angela M. Albert, NP

Rehabilitation Nursing

Andrea C. Killinger, RN Louise A. White, RN

RN First Assist

Jill S. Binford, RN Dana L. Eustis, RN Michael J. Jackson, RN

School Nurse

Bobbi-Jo F. St Peter, RN

Sexual Assault Nurse

Melissa E. Bowden, RN Heather L. Close, RN Donna M. Hahnel, RN Ellen M. Moulton, NP Erin E. Petrocelli, RN Sandra T. Putnam, NP Amy R. Strum, RN

**Stable Baby** Sarah Lee, RN

Sterile Process

Anne White, CSPT

**Transplant Critical Care** Patrice M. Roy, NP

Trauma Nurse Critical Care

Ellen R. Assante, RN Doreen G. Barnard, RN Iane G. Baxter, RN Jennifer L. Beaudoin, RN Angela M. Berry, RN Ann F. Bishop-Kodis, RN Heather L. Boisot, RN Ann Marie C. Bolduc, RN Peggy Bouchard, RN Theresa R. Boulos, RN Beth A. Carnicella, RN Ruth D. Corbett, RN Ruth Anne Coro, RN Colombe G. Cote, RN Lori J. Crowley, RN Marie Dempsey, RN Louis M. Dudek, RN Melissa A. Fairfield, RN Jeanne M. Gebhart, RN Georgia L. Golder, RN Rebecca Graves, RN Kimberly A. Gullikson, RN Donna M. Hahnel, RN Robin M. Hall, RN Wendy J. Haskell, RN

Pamela J. Jordan, RN

Kandy J. Lefebvre, RN Jeffrey S. L'Heureux, RN Margaret K. Mason, RN Claudette Mimeault, RN Cherry A. Moreno, RN Marylou Nesbitt, RN Kimberly A. Nicolet, RN Amy L. Owens, RN Erin E. Petrocelli, RN Bonnie L. Ross, RN Sarah A. Scott, RN Seth I. Seder, RN Barbara L. Senko, RN Kathryn L. Shevenell, RN Jill D. Skrabalak, RN Brenda K. Slivinsky, RN Diane M. St Jean, RN Amy R. Strum, RN Karen D. Taylor, RN Andrea W. Varnum, RN Leah M. Vosmus, RN Louise Wakefield, RN Carrie J. Walker, RN Tori M. Willis, RN Joann Wood, RN Barry G. Worthing, RN Kathleen L. Wurgler, RN

Women Health Care Nurse

Practitioner

Cynthia K. Dexter, NP Kerry T. Les, NP Michelle M. Vaughan, NP

Wound Care Nursing

Susan W. Reeder, RN Nicole A. Shaffer, RN

Wound Ostomy Continence Tricia P. Foley, RN

### Professional Associations

MMC nurses also recognize the importance of being a member of a professional organization. Membership allows nurses to grow in knowledge, leadership, and expertise, as well as allowing them to share and connect with clinicians locally, regionally, nationally and internationally.

### Academy of Medical-Surgical Nurses

Linda D. Allen, RN Emily A. Benevento, RN Bonnie C. Boivin, RN Jacqueline G. Bryson, RN Laura P. Burke, RN Karol E. Call, RN Gloria D. Carlton, RN Joanne L. Chapman, RN Brenda T. Clark, RN Deborah S. Cobb, RN Georgann S. Dickey, RN Anne H. Esposito, RN Ellen F. Hopkins, RN Jana L. Jacobs, RN Christine M. Jones, RN Angela D. Logue, RN Carol J. Morse, RN Wanda Reutt, RN Gail L. Savage, RN Eileen T. Shanahan, RN Joann Shoemake, RN Cindy E. Smith, RN Eleanor A. Spear, RN Mary E. Strever, RN Nina L. Swan, RN Elizabeth C. Thompson, RN Donna M. Thorpe, RN Dorothy A. Zieba, RN

### Academy of Neonatal Nursing

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Nancy E. Bickford Ann J. Bowman Katherine F. Brancely Ellen C. Brown-Bucknell Mary E. Callahan Marie I. Calvert Denise L. Carpenter Anita L. Chadbourne Kaija L. Comin Parker R. Conner Ellen T. Crosby Maria E. Cushing Tamiko N. Davies Gail DiFiore Deborah J. Dobson Marguerite A. Doliner Leslie A. Douglass Joseph F. Doyle Louis M. Dudek Kim S. Durost Ramona M. Dyer Rebecca L. Eastman Arthur J. Edgecomb Noreen E. Edwards Kathryn J. Eliscu Edwin A. Emerson III Kimberly C. Esty Wendy L. Farr Lori A. Fasulo Clarence A. Fenton Susan Fielding Shannon M. Fields Kristine L. Folan Jacquelyn D. Fournier William R. Fyler Ir Leslie A. Gatcombe-Hynes Kathleen A. Gilliam Lynne S. Gobeil Michelle L. Gosselin Maureen Griffin Carolyn A. Hale-Tinsman Margaret Halpin Candie J. Hazelton Rosemary D. Herd Diane M. Higgins Anne C. Hill Gayle Hincks Rebecca S. Hitchcock Susan S. Holloran Cindy L. Horr Tammy W. Hulst Donna J. Kennedy Rhoda Kennedy-Dudevoir Donna L. Kennie Jane A. Kerns Barbara L. Kirby Louise Kuusela Karen A. Libby Kathryn E. Lindahl Deborah A. Linscott Catherine Lyden Theresa A. McCluskey Michelle L. McDonald Dorothy L. McLaughlin Lynda M. Morgan-Moore Shannan L. Morin Carol J. Morse Dawn Nadeau Jamie K. Nowinski Michel Ohayon Janet M. Oliver-Palanca

Cynthia L. Pallozzi

Diane M. Higgins

Deborah A. Hoch

Carol A. Hughes

Lisa J. Paquet River L. Payne Joyce E. Perron Rosemarie T. Powers Sandra T. Putnam Phyllis L. Reames Yueer Ren Martha A. Riehle Christine L. Robbins Norbert Rodriguez Helene P. Rodriguez-Levinsky Irene Rounds Patrice M. Roy Ann D. Rust Gail L. Savage Pamela B. Schlichting

Timmi L. Sellers Bobbi R. Shirley Joann Shoemake Joan Smaha James K. Smith Maureen S. Spencer Ann Marie St Pierre Donna L. Stevens Ann M. Stickney Michelle B. Stirling Tania D. Strout Suzanne C. Sullivan Melissa C. Sulloway Nina L. Swan Veronica H. Sweeney Elizabeth M. Thompson Marianne G. Tufts Brian D. Vogel Sarah J. Vreeland

### Virginia Woodman Cultural / Arts

Lori L. Walker

Barbara B. Winship

Andrea C. Withers

Linda D. Aspinall Deborah L. Aylward Lawrence D. Barker Ashley B. Dasch Leslie A. Gatcombe-Hynes Diane M. Higgins Nancy M. Hill Dorothea J. McKenzie Elizabeth A. McLellan Jeanne M. Mullen Sonja C. Orff Yueer Ren Patrice M. Roy Judith Sanborn Sarah Skillin Woodard Shana M. Walsh Qamar M. Yousaf

### Disaster Relief / Support

Jane G. Baxter Ericka J. Fairfield Katarzyna E. Nason Francis M. Noble James K. Smith

### Elder Issues / Organizations

Lori A. Fasulo Rae D. Geren Bettyanne H. Grant Leanne M. Noyes William V. St Pierre Sr Jeanne C. Subilia Marianne G. Tufts Nancy P. Vachon

### **Environmental Organizations**

Helen M. Aylward Kendra M. Brown Sandra L. Bryan Larry Busby
Rae D. Geren
Pamela A. Graves
Maria-Lyn A. Heroux
Nancy M. Hill
Jennifer L. Lamb
Sue Malcolm
Ellen L. Rathbun
Debra M. Sawtelle
Melissa C. Sulloway
Patricia R. Todorich
Diane F. Tupper
Barbara B. Winship

### Fire & Rescue

Martha V. Aiguier Grace M. Brown Anita L. Chadbourne Noreen E. Edwards Daniel J. Feltovic William R. Fyler Jr Jessica L. Howe Lisa K. Johnson Janet L. Lund Michael E. McKav Robin S. McKenzie Michelle L. Roan Colleen H. Robinson Jennifer A. Roy Coleen A. Simpson Sherry Ann St Pierre Suzanne C. Sullivan Sandra L. Volkernick Louise Wakefield Micheline Wilkins

### Health Awareness / Education

Organizations
Eileen R. Albert
Ellen R. Assante
Jason A. Aucoin
Gail B. Ayre

Charlotte R. Bailey-McPherson Carolyn Barber

Mary K. Beeaker Sophie M. Belanger Daniel F. Bergeron Kelley A. Bowden Stacy F. Brenner Cynthia I. Bridgham Susan L. Cahoon Kathryn R. Caiazzo Margaret J. Carmichael Carla E. Cutting Cynthia A. Deveau Gail DiFiore Eileen Dockendorf Kim S. Durost Noreen E. Edwards Clancy J. Erickson Clarence A. Fenton Virginia M. Field Lorande J. Furey Paulette S. Gallant Suzanne E. Gokey Robin M. Hall Jean E. Hammond Christina R. Hart Kimberly L. Harvey Lori Heseltine Maxey B. Hevey Nancy M. Hill

Rebecca S. Hitchcock

Joshua S. Hunt

Nicole Y. Irvin

Gail E. Labbe

Dina M. Ingraham

James R. Kavanagh

Patricia E. Lacombe

Donna L. Libby Deborah A. Martin Rebecca L. Miller Joy-Lyn H. Moody Jennifer L. Morton Lisa A. Murch Marylou Nesbitt Lisa L. Nutt Cynthia E. O'Brien Barbara B. Perry Patricia B. Peters Sandra T. Putnam Rebecca L. Quirk Rhonda F. Quirk Simonne C. Sansoucy Kathy A. Sawyer Rebekah L. Schroer Sally I. Semple Robyn C. Shaw Debra A. Smith Amanda M. St Peter Lori E. Sturgeon Tamara L. Supinski Lynda M. Tanabe Roxanne M. Taylor Diane P. Vasile Louise Wakefield Christina L. Walsh

### Historical / Preservation

Denise L. Carpenter Kathleen A. Gilliam Barbara J. Henley Bonnie Jewett Dorothea J. McKenzie Elizabeth A. McLellan Ellen M. Moulton Phyllis L. Reames Patrice M. Roy Kenna L. Small

### Hospice

Catherine A. DiDominicus Patricia Horan Dianne C. Massey Karen L. Metzger Susan Simpson Kathryn Ware

### Humane Societies/Animal Shelters/

Animal Rescue
Margaret P. Allegretta
Joanne E. Biery
Mary E. Biggar
Robyn O. Brown
Teresa Champagne
Deborah S. Cobb
Carolyn M. Greene
Karen A. Libby
Lynda M. Morgan-Moore
Andrea M. Morin
Cynthia L. Pallozzi
Eileen T. Shanahan
Bobbi R. Shirley

### Humanitarian Organizations

Jeremy Beaulieu Jennifer L. Lamb Lisa D. Love Catherine Lyden Rita D. Menard Philip D. Meyers Kathy A. Sawyer Timmi L. Sellers James K. Smith Dorothy A. Zieba

Kenna L. Small

Tania D. Strout

Interpreters

Dolores A. Barcebal Maria E. Cushing Yueer Ren Qamar M. Yousaf

### Medical Clinics / Support Groups

Iessica B. Begley Beth E. Bejcek Robyn O. Brown Ann T. Carroll Nancy F. Craig Virginia M. Field Jamie K. Hinchliff Gayle Hincks James R. Kavanagh Donna J. Kennedy Debra L. Kramlich Jennifer L. Lamb Kathleen Marlowe Rebecca L. Miller Kimberly M. Murray Marvlou Nesbitt Janet M. Oliver-Palanca Lisa I. Paquet Christine L. Robbins Donna R. Ross Robyn C. Shaw Bobbi R. Shirley Ann Marie St Pierre Elizabeth S. Sterling Suzanne C. Sullivan Amanda R. Toman Brian D. Vogel Sarah J. Vreeland

### **Medical Missions**

Grace M. Brown Ann T. Carroll Cindy L. Horr Rosemarie T. Powers Patricia D. Rickards Lori E. Shaw Bonnie L. Smith Donna L. Stevens Michelle B. Stirling

### Military Reserves / Organizations

Colombe G. Cote Edwin A. Emerson III Kevin G. Kenny Josephine Ristich William V. St Pierre Sr

### Recreational / Sports Programs

Gail Beals Ianet M. Beecher Susan Curtis Edwin A. Emerson III Ericka J. Fairfield Patricia G. Fischer Lorande J. Furey Susan S. Holloran Bonnie Jewett Nicholas D. Maravell Theresa G. McKay Iessica L. Michaud Kimberly M. Murray Anthony T. Otis Amy E. Ouellette Sally M. Paterson Paulene J. Perham Nancy H. Ravin Martha C. Richardson Julie-Ann Robert Melissa C. Sulloway Cynthia Watson Carey A. Woods

### School Organizations / Athletics

Mary Agnew-Welch Eileen R. Albert Leisa M. Archambault Deborah L. Aylward Rhonda L. Babine Laura R. Barra Mary H. Bauer Jeanne M. Benger Pamela C. Brennan Janice M. Broda Ellen C. Brown-Bucknell Susan L. Brume Susan L. Cahoon Karol E. Call Serena Casey Teresa Champagne Brenda T. Clark Sandra H. Colello Heather R. Cushman Gail DiFiore

Marguerite A. Doliner Leslie A. Douglass Anne H. Esposito Kimberly C. Esty Maria Faizizada Kristine L. Folan

Leslie A. Gatcombe-Hynes

Lynne S. Gobeil Patricia A. Goodwin Brandi L. Gordon Diane Green Rhonda L. Haley Mindy V. Hart Candie J. Hazelton Susan S. Holloran Linda E. Hurley Debra L. Irish Bonita M. Jensen James R. Kavanagh Janet L. Kemberling Natalie I. Leveille Christine A. Lord Sheryl J. Maristany

Patricia A. McGinty Robin S. McKenzie Rita D. Menard Sarah E. Minott Susan M. Mortenson Debra L. Mullen Jamie K. Nowinski Amv E. Ouellette Cynthia L. Pallozzi Lisa J. Paquet Danielle L. Pinkerton Michelle M. Powell Carvn P. Radziucz Nancy H. Ravin Martha C. Richardson Carol A. Ritter Amy L. Robinson Kathleen B. Santamore Joann Shoemake

Kenna L. Small

Debra A. Traugh

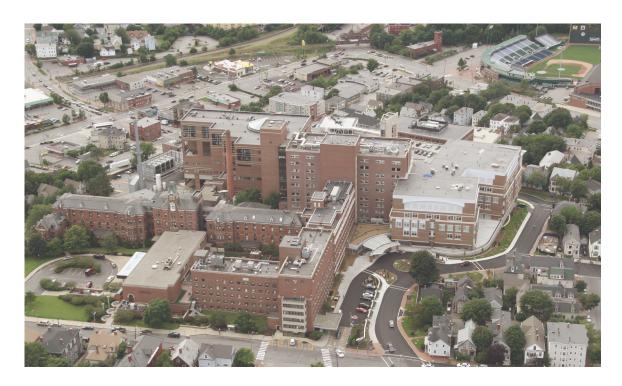
Margaret V. Viola

Bonita C. Valls

Cynthia Watson Louise A. White Jessi L. Woodman Susan M. Wright

### Soup Kitchens / Food Pantries

Carolyn Barber Susan L. Cahoon Ann P. Clifford Pamela A. Graves Jane A. Kerns Donna L. Libby Linda A. Philbrick Julie F. Porter Michelle M. Powell Nancy A. Quint Patricia D. Rickards Rebecca S. Roper Philip A. Scavotto Lori E. Shaw



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